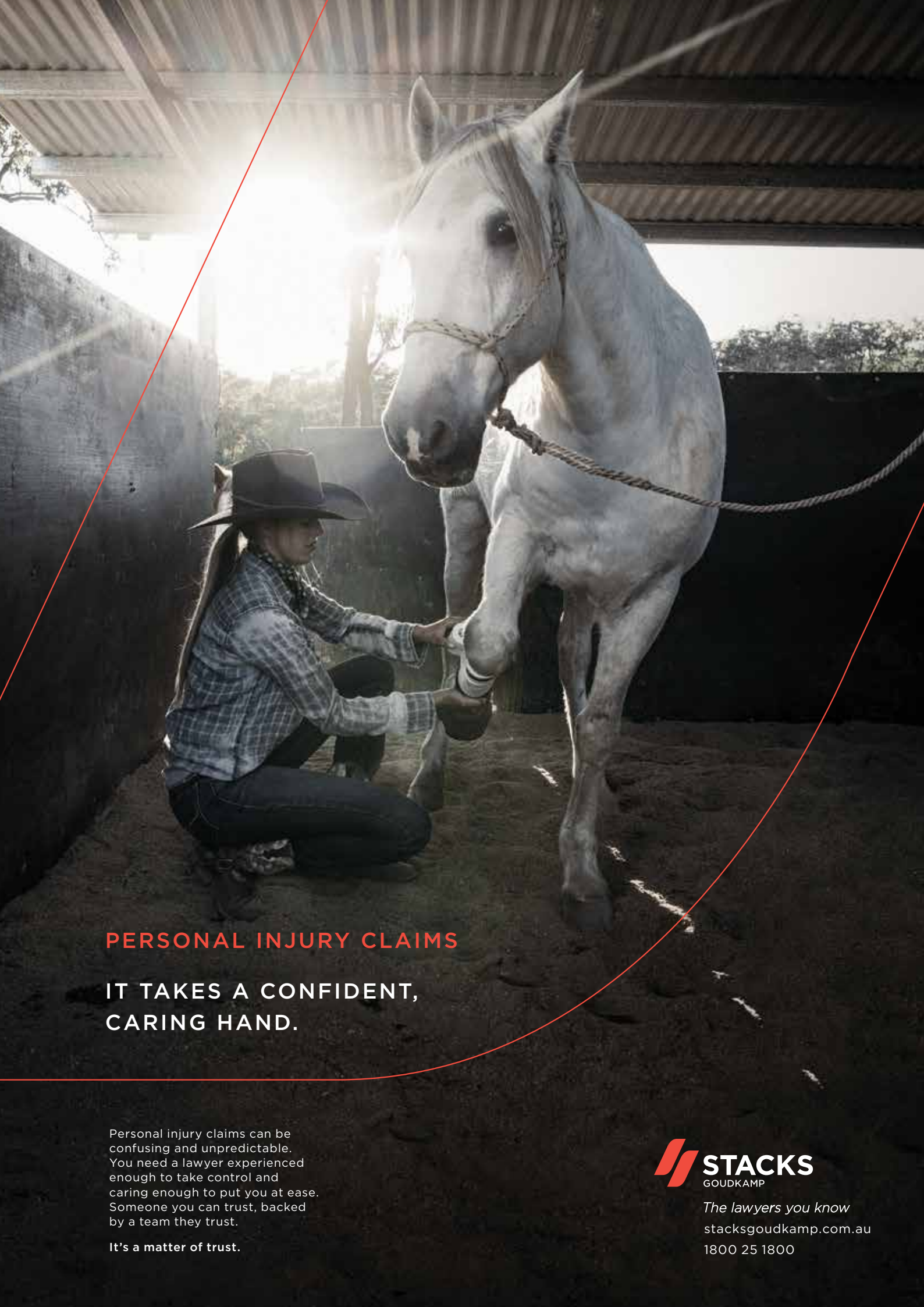


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AMBULANCE ACTIVE

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AMBULANCE ACTIVE

VOLUME 14 ISSUE 1 2023

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ON THE COVER:

Lee Mack Operations Response
Manager and paramedic Bradley Dale.
Credit: Andrew Ritchie/The West Australian



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If you're hurt at work, you need specialist help.

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Did you know that the risk of serious injury among Australian paramedics was found to be more than seven times higher than the Australian national average?

When it comes to NSW ambulance workers compensation claims, it would be very hard to find a more experienced solicitor than Chantille Khoury. Chantille is a principal at Australia's largest specialist personal injury firm, Law Partners, where she specialises in emergency service worker claims.

"When paramedics are injured at work, either physically or mentally, many are reluctant to seek compensation, or they don't know who to turn to."

As a member of NSW Ambulance you put yourself at risk every day and injuries from aiding immobile patients, drug-affected patients, motor vehicle accidents and exposure to traumatic events are all too common. If you're hurt at work, it's important to get good advice on your options.

"With ambulance workers, it's not just a matter of processing a workers comp claim. They have their own set of rules relating to workers comp,

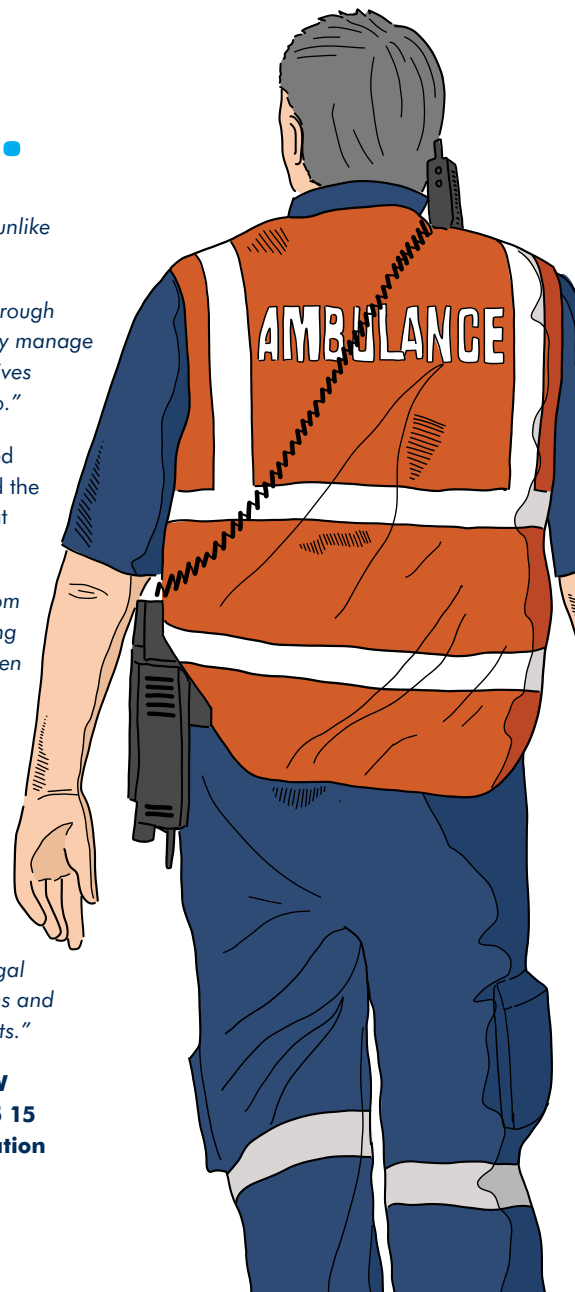
TPD and income protection which are unlike any other worker in NSW."

"It takes extensive experience and a thorough understanding of the system to properly manage a claim and make sure the officer receives absolutely everything they're entitled to."

Unfortunately claims are often processed as a standard workers comp claim, and the ambulance worker will never know what they missed out on.

"In particular, PTSD claims can result from exposure to traumatic events over a long period of time, so care needs to be taken to build these cases thoroughly. Many PTSD paramedics come to me in their 40s and 50s and they're broken. They start their careers very optimistic about their future, but by the time I see them they're changed people. They can't continue doing the job they know and love and are at a loss, not knowing where to turn. I can at least provide them with a dedicated legal team, support them through their claims and make sure they get their full entitlements."

If you've been hurt at work in NSW you can call Law Partners on 13 15 15 to arrange a confidential conversation with Chantille.



Chantille Khoury – Principal, Law Partners

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FROM *the* PRESIDENT

AS I WRITE THIS, THE POLITICAL

changes over the past 12 months are starting to settle and things politically are becoming business as usual. With the exception of Tasmania, we are now working for state-based services that are governed by a Labor Government, with our National Governments also Labor run. While I acknowledge the potential benefits that a Labor government can bring, we must not take for granted that they will automatically address our needs without a fight. It is our responsibility to actively assert our interests and fight for the betterment of our profession.

A Labor government, traditionally aligned with workers' rights, may introduce policies that appear favourable on the surface, such as increased investment in healthcare and improved working conditions. However, we cannot assume that our concerns and the future needs of Paramedicine will be fully addressed without persistent and strategic advocacy efforts. This means staying engaged and active as union members.

We must actively engage with policymakers to ensure that our voices are heard, and our needs are met. We cannot afford complacency. We must actively participate in discussions, consultations, and public hearings, making our presence felt at both state and federal levels. And most importantly, as members, we need to engage with our communities, the

people we respond to every day. We know the best way to bring about change is through having our communities on board. This cannot be done by 'the union' as an office. It can only be done by members. When we say unions are only as strong as our members, this is not just a throwaway phrase. It's one of the most important statements, and we must not only believe it, but act it. By doing so, we can actively shape policies that align with our profession's needs, promoting fair remuneration, adequate resources, and a supportive healthcare system.

While acknowledging state-based challenges, we must also look to the future and advocate for a cohesive national approach to paramedicine. Collaboration, information-sharing, and standardised practices will ensure consistent standards of care across borders, enabling us to collectively address national challenges and champion advancements in pre-hospital emergency medicine. As Paramedic scope of practice expands to work alongside Allied Health models of care, this will become more important.

A Labor government brings potential benefits, but we must not rely on them alone to meet our needs. As members of the Australasian Council of Ambulance Unions, we need to remain active, and resilient in our advocacy efforts. As Paramedics, PTO's, Control Centre staff, we need to unite, speak up, and fight



for the betterment of our profession, ensuring that our voices are heard, and our aspirations are met. Labor Governments may traditionally be on the side of workers, but we can't take it for granted, and as change is rapidly happening in the professionalisation of paramedics, we certainly can't take our foot off the pedal now!

Tess Oxley
ACAU President



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FROM the SECRETARY

HI EVERYONE

HEART 2 HEART WALK

I am very much looking forward to participating in the Heart2Heart Walk, which kicked off on July 1st 2023. The Heart 2 Heart Walk is a long-distance walk to raise awareness around first responder mental health and wellbeing; including suicide, post-traumatic stress disorder (PTSD) and premature mortality. Walkers and support crew will be represented by current and former first responders, and their families.

The walk has been organised to highlight the lack of government action on the recommendations of the Senate Inquiry into the *Mental Health and Wellbeing of Emergency Services Workers and First Responders*. The ACAU and its member unions made detailed submissions to this inquiry, with many of us speaking in person to Senators at the public hearings that were held as part of the inquiry around Australia. It will commence at Lambert Centre of Australia (Heart of Country), on the Northern Territory/South Australia border in early July and arrive Thursday 28 September 2023 at Australian Parliament House, Canberra (Heart of Nation).

In February 2019, the Australian Senate's Education and Employment References Committee (a bipartisan standing committee) completed an *Inquiry into First Responder Suicide, Post Traumatic Stress Disorder (PTSD) and Premature Mortality*. Key outcomes from this inquiry included:

- Fourteen (14) detailed recommendations;
- Coalition/Government Members of the Committee abstained from supporting the recommendations (see the senate page for their reasoning);

- The (then) Australian Government response to the Inquiry Report was not forthcoming for a further 12 months (quietly released in late February 2020, at the commencement of a burgeoning pandemic);
- Of the 14 recommendations, the (then) Australian Government (see attached):
 - 'Supported in Principle' eight (8) recommendations;
 - 'Noted' five (5) recommendations; and,
 - 'Supported' only one (1) recommendation.

The full Senate report can be found here: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth/Report

Over three years since the release of the Inquiry's report, there has been little or no progress to any of the recommendations. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth/Report/section?id=committees%2freportsen%2f024252%2f26970

The key objectives of the Heart2Heart Walk are as follows:

- 1 Raise awareness around the impacts of first responder mental health and wellbeing of serving and retired (veteran), and families, of first responders;
- 2 Seek commitment from the Federal Government to implement all recommendations from the 2019 Senate Inquiry: 'The people behind 000: mental health of our first responders', and specifically into First Responder suicide, Post-Traumatic Stress Disorder (PTSD) and premature mortality;

3 Raise funds in order to;

- (a) undertake academic research to obtain empirical evidence into the impacts upon serving and retired first responder mental health and wellbeing to devise strategies to deal with same; and,
- (b) Explore and provide meaningful and positive education opportunities for first responders, past and present, and their families, to better support them all;

4 Support the establishment of a National First Responder Mental Health and Wellbeing Commission, to provide greater command, communication, coordination and leadership of effort, to complement the Defence and Veteran's Suicide Commission. The walk will arrive in Canberra in the middle of this years ACAU Annual Conference. Planning is underway to include delegates in the final leg of the journey to Parliament House and to put pressure on the politicians and decision makers to implement the full recommendations of the Senate Inquiry.

ACAU CONFERENCE 2023

The 2023 ACAU Annual Conference is fast approaching and will be held from **Wednesday September 27th (late PM) to Friday September 29th 2023 in Canberra**. I am really looking forward to catching up face to face with delegates from around Australia and from New Zealand. We will be conferencing in some iconic Canberra venues, including pre-conference drinks at Parliament House. Start finalising your attendance plans! Stay safe out there everyone!

Jim Arneman

ACAU Secretary



About Jim: Jim is a Registered Intensive Care Paramedic who works for the ACT Ambulance Service. He was the inaugural Secretary of the *National Council of Ambulance Unions*, a position he held for three years. He has worked as a paramedic for over three decades in metropolitan, rural, regional and remote settings in several ambulance services. He is the current ACT TWU Ambulance Caucus Secretary and was elected unopposed as the inaugural Secretary of the Australasian Council of Ambulance Unions in 2019.

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ACT



ANNUAL GENERAL MEETING 2023

The TWU ACTAS Caucus AGM was held on July 21st 2023. The election for the 2023-2026 caucus was declared. It is pleasing to see that a solid core of the 2020-2023 delegates have stuck around to continue their great work and are being joined by some new faces who are keen to represent their fellow members and help continue the drive for change and modernisation in our work place.

At the meeting, members reflected on the achievements of the past three years. Significant progress has been made in the implementation of our new 44-hour roster. The government has agreed that the ComCen and NEPT agreed Rolled in/ Composite Rate of pay is scheduled to be implemented within a week of the signing of the new agreement. Under significant pressure from our members, the failed 'One ComCen' reform has been abandoned and the Ambulance Communication Centre returned to ACT Ambulance Command and Control. Similarly, Workforce Planning (who oversee ambulance rostering and leave) have also been returned under ACTAS

line management. Finally, Operations Support services are also in the process of transitioning back.

These have been significant wins that have been achieved via industrial action but also by the advocacy and persistent pressure that has been applied by a united Caucus over a sustained period of time. At the start of its term, the outgoing Caucus adopted a strategic plan to underpin the ongoing reform and modernisation of ACTAS. A significant number of our objectives have now either been achieved or are substantially in train.

NEW 44-HOUR ROSTER FOR AMBULANCE OPERATIONS

Significant progress has been made towards implementing a new roster for emergency operations staff in the ACT. The highlight of the new roster is a reduction to a single nightshift, away from the 10/14 model that has underpinned service delivery for over 30 years. The new roster will see a reduction from 48 hours to a 44-hour cycle. An implementation date has been agreed for February 2024.

PROTECTED ACTION BALLOT

A protected action ballot was held in June 2023 as part of our strategy towards modernising the current Enterprise Agreement. Pleasingly, over 98% of members voting in the ballot supported all the proposed actions. We

are optimistic that we will not have to resort to action to achieve our aims. The membership however have flagged their resolve to head down this path if required.

ENTERPRISE AGREEMENT

Significant work has occurred on our log of claims to underpin the modernisation of our Enterprise Agreement. The incorporation of significant changes to accommodate the ambulance operations roster have been a priority. We look forward to engaging with the employer to finalise this document which will underpin the modernisation of the ACT Ambulance Service into the future.

WALKER REVIEW

Finally, after two votes of 'no-confidence' in the Emergency Services Agency (ESA) Commissioner, Georgeina Whelan, by TWU members at well attended mass meetings, the ACT Government agreed to an independent review of the ESA executive leadership. A damning report, which fully supported the vast majority of issues raised by the TWU over a protracted period, has left the Commissioner in an untenable position. We are waiting to see if the ACT Government will heed the recommendations and renew the ESA Executive Leadership team.

Yours in Unity,

Jim Arneman

TWU Ambulance Caucus Secretary.

NSW

ADHSU PARAMEDICS IN PURSUIT OF PROFESSIONAL RECOGNITION

CLINICAL EXCELLENCE AWARDS HIGHLIGHT THE UNION'S ROLE IN ADVOCATING FOR PARAMEDICS

ADHSU paramedics in NSW have embarked on a steadfast journey to attain the professional recognition they deserve. Amidst this ongoing fight, their efforts have gained momentum, leading to escalating industrial actions.

ADHSU Paramedics in NSW have long advocated for professional recognition and improvements in their working conditions. Their tireless dedication to serving the community and providing life-saving care has often been overshadowed by inadequate acknowledgment. Despite their invaluable contributions, paramedics



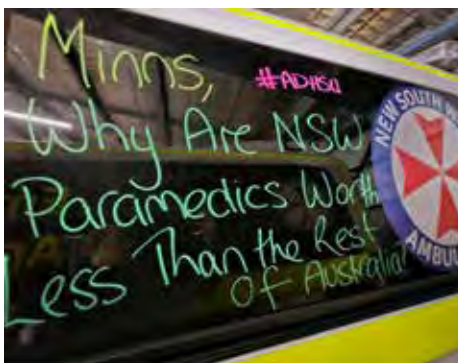
have faced challenges in obtaining the recognition commensurate with their skills and expertise.

In their pursuit of professional recognition, NSW paramedics have resorted to escalating industrial actions. These actions, which include weekly stop-work meetings, chalking of vehicles an impromptu rally in the centre of Sydney CBD outside the Premiers Office. The actions are aimed at drawing attention to the urgent need for improvements in paramedic work conditions, wages, and career development opportunities. By amplifying their collective voice, ADHSU paramedics seek to bring about positive change that will benefit not only themselves, the communities they serve and also the wider national paramedic workforce.

THE CLINICAL EXCELLENCE AWARDS:

Recognizing the crucial role played by the HSU in advancing the clinical agenda, the introduction of Clinical Excellence Awards is a significant step forward. These awards serve as a formal acknowledgment of the union's dedication to advocating for paramedics' rights and the betterment of patient care. The awards highlight the union's unwavering commitment to elevating the status and recognition of paramedics as valued healthcare professionals.

The introduction of Clinical Excellence Awards not only recognizes the invaluable contributions of union members but also reinforces the significance of collaboration between paramedics and their representative organizations. By amplifying the voices of paramedics and providing a platform for their achievements,



these awards demonstrate the union's commitment to fostering a culture of excellence in the paramedic profession.

LOOKING TO THE FUTURE:

The ongoing fight for professional recognition by NSW paramedics is far from over. With the introduction of the Clinical Excellence Awards, the union has taken a decisive step towards raising awareness about the crucial role played by paramedics and their representatives. As the campaign gains traction, it is hoped that the efforts of these dedicated professionals will lead to meaningful changes, improving



the recognition, working conditions, and career prospects for paramedics across the state.

The battle for professional recognition continues to be a driving force for NSW paramedics. Through their escalating industrial actions and the introduction of Clinical Excellence Awards, members are making significant strides in their quest for acknowledgement and respect. The dedication and unwavering commitment of the Health Services Union and its members serve as a beacon of hope, paving the way for a future where paramedics are recognized as the integral pillars of healthcare that they truly are.

NZ

ST JOHN

First Union has now been in bargaining for 9 months with St John, the last 3 waiting for St John to confirm if they have government funding. Unfortunately St John required a confidentiality clause with bargaining which meant the deal could not be revealed to members until they had confirmed funding. Later this month the bargaining team will meet again to confirm the deal before taking out to members to ratify. This has been a long process which often occurs with

St John not effectively budgeting for improvements to the collective agreement and having to go to government to ask for further funding.

WELLINGTON FREE

First Union and Wellington Free are currently in bargaining and are hoping to improve their working conditions and wages to keep up with the ambulance industry in New Zealand. Wellington Free has expressed in the past wanting to create a multi-employer collective with St John but given the vast difference in terms and conditions there is a lot of advancements that first need to occur.

MANDATORY BREAKS

Due to staffing shortages, we are still seeing issues occurring with mandatory rest breaks to keep in line with the legal requirements for driving hours in New Zealand. This is a frequent conversation that is happening with St John and although it was originally exacerbated during covid we are still seeing many crews not having their first break until well into their shift and often missing out on their second breaks. St John has created mandatory break rules for metro areas Auckland and Christchurch but these rules are still often being changed, frustrating road crews and dispatchers alike.

QLD

As well as the day to day work of United Workers Union in Queensland around Casual conversions, Higher Duty Conversions, Flexible Work Agreements and ongoing disciplinary matters, discussions have continued with QAS around the implementation areas in the new EBA which need agreement from the parties to the EBA to move forward.

EB IMPLEMENTATION

QAS COMMUNICATION REGARDING FLEXIBILITY ALLOWANCE

On Friday 19th May, QAS circulated information around the application of the Flexibility Allowance clauses as contained in the new Certified Agreement.

This communication to Supervisors was a result of advocacy from the United Workers Union delegates on the EB implementation committee. Delegates raised grave concerns around the viability of ongoing discussions due to mis-information being circulated by managers across the state. Mis-information around extra hours being required of supervisors on top of those rostered to maintain the payment of the 23% loading.

To be clear...

The requirement for Supervisors being paid the 23% Flexibility allowance is to be flexible around "when" they work their 40 hours. Not to have to work extra hours without remuneration.

The "when" and for "what" will be discussed with their Assistant Commissioner or their delegate District Director and agreement reached about how that will be achieved.

LARU

At the last implementation meeting a process for those officers who hold LARU skill sets but do not currently work in a LARU designated role may apply to be remunerated at the extended role pay point in the classification structure.

QAS will be emailing with links to the documentation on the staff Portal for those eligible staff to complete.

FATIGUE MANAGEMENT

ON CALL OFFICERS OOS TO RETURN TO LOCAL AREA.

As part of the measures in 15.4(b) of the Certified Agreement – Improved support to employees on-call, a SOP has been provided to Operation Centre Staff and will be broadly circulated to on road staff, regarding the Out of Service code to be applied when crews find themselves away from their local response area whilst on call.

This can occur when transport to hospital is required, taking the On Call crew out of the local area and into busier locations in the region.

This can often result in those On Call crews who have already performed 10 or 12 hour shifts during the day, then being used as part of the night shift response in the more built-up areas across the state. This results in periods of time worked far exceeding what is safe.

While this SOP has already been endorsed by the implementation group, a further layer of communication and education around the application of the SOP is being worked on.

This will ensure that all parties are clear about the obligations to reduce fatigue is being utilised..

The Fatigue Management Working Group continues to meet regularly to look at better processes and practices in supporting those employees working in On Call environments.

OOS END OF SHIFT

The key focus and majority of work for the EB implementation group is around Clause 15 of the new Certified Agreement - Monitoring Finish on Time.

One of the most positive measure agreed to by the group, which is currently awaiting sign off by QAS executive, is the amended End of Shift Out of Service SOP.

The changes agreed to during bargaining will be as followed (showing agreed tracked changes)

Excerpt from Mandatory Out of Service Operational Procedure OP03.0

3.6 Staff ~~who have already worked more than 12 hours~~ will be placed in an 'Out of Service End of Shift' status at the completion of their shift, irrespective of shift duration, and should not be dispatched past the rostered end of shift. However, in exceptional circumstances, this is permissible under the discretion/approval of a supervisor.

3.7 When returning to station in OOS status, ~~for shifts less than 12 hours~~, operational crews will only be recommended to respond to code 1A ~~or 1B~~ incidents in an 'Out of Service Other' status.

This means that regardless of the length of shift you are working, you will only be dispatched to code 1A after the end of your shift.

While we are hopeful that the other measures being put in place to ensure a focus on the last hour of each officer's shift, this is a measure that at least should ensure that regardless of the length of their shift, crews will not be sent on lower acuity cases after the end of their shift.

There is work happening around the pilot/trial of the 96 HLT Officers and how these roles will facilitate getting crews able to finish on time and access to breaks. The pilot sites are Ipswich and Gold Coast Hospitals and communication to staff in those areas has been thorough and transparent. There will be a number of SOP's in place to manage the work flow in this space and will remain in draft form throughout the pilot/trial to enable any feedback from the pilot/trial to be incorporated along the way. Your implementation team have suggested some significant changes to the body of work done to date to ensure the focus on finish on time is clear and are awaiting further information at this point.

There are 104 other positions which were gained out of the successful lobbying during the bargaining period which will go towards enhancing Patient Transport Services, OpCen capacity, targeted initiatives such as Cultural Capability, Mental Health Liaison Support, Station enhancements and Fatigue Risk Management initiatives such as some OIC's in On Call environments coming off core roster in order to support staff to access to fatigue breaks and support for employee and social well being.

Where there are changes to what currently exists, UWW bargaining representatives have been very clear that there needs to be proper consultation with effected staff. That local nuances are taken into account, along with the impact any change may have on individual officers. There are potentially unintended consequences of some of these changes and there needs to be avenues for these to be addressed as they arise.

SICK LEAVE

At the eleventh hour, United Workers Union has been advised that the Pandemic related sick leave provisions which were due to cease on 30th June 2023 will continue until the Communicable Diseases Network of Australia (CDNA) review isolations requirements for management of health care workers with or exposed to COVID-19 .

This is great news!

For now.....

Members would be aware of the pandemic related sick leave provisions currently in place –

- No reduction in Agg rate when off on sick leave over a weekend
- 10 hour cap on hours deducted from sick leave balances regardless of length of shift
- Access to pandemic leave for isolation purposes when COVID positive.

Your Union is in regular discussion with QAS and the Health Ministers office regarding the need to continue these provisions permanently. These provisions

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need to continue, to allow for the fact that Ambulance employees are placed in an environment where far greater risk exists to contract communicable disease as part of the job. To remove these provisions would mean real reductions in both pay and entitlements for Ambulance Employees.

United Workers Union doesn't think staff should be penalised for falling sick on a weekend, we don't think staff should be using their sick leave at such a drastic rate because of the long shift patterns they can work, and we don't think they should

have to use 7 days of their personal leave if they happen to contract COVID and are directed to isolate.

We have a short timeframe to gain agreement from decision makers. We know QAS would like the provisions to cease, so it will require us making decision makers aware of the impact rolling back these provisions would have on the Ambulance workforce.

While we hope the decision makers see the sense of the arguments above, it may come to Ambulance workers taking

these arguments to their local members of parliament to explain what this would mean to them.

Please take this short survey to let us know your thoughts.

Survey results 96% of respondents feel strongly about keeping current sick leave provisions

Hundreds of those respondents are keen to get knocking on the doors of local MP's to talk to them about the impact stripping away these entitlement would have.

Watch this space.

SA

VIOLENCE AND AGGRESSION

Our members are all impacted by increasing rates of violence and aggression in their workplace. Tragically, the gravity of this threat was deeply felt in our members' hearts earlier this year with the violent assault of NSW comrade Steven Tougher, who tragically never made it home from his night shift on Friday, 14th April.

The AEA and its members honoured Steven's family's wishes by not mourning him, but instead, by celebrating his life. Steven lived his life in the service of his community. He was known for his genuine warmth and empathy, and his passion for helping others.

It is a passion shared by ambos collectively.

AEA members honoured Steven on International Workers' Memorial Day by chalking their ambulances with messages of support and solidarity, and by wearing a black ribbon for their fallen comrade, and the hundreds of Australian workers who tragically never made it home to their families.

This shocking event has brought the serious problem of violence and aggression against our members back into the spotlight.

In SA, our members reported 197 assaults in the last year alone – and these are only the ones that went reported, with growing concerns of under-reporting of these kinds of incidents.

The AEA has raised our serious concern about the increasing assaults of our members with SA Ambulance Service. We have called for more and more effective measures aimed at improving members' safety in the workplace.

'Keep your hands off our Ambos' was a public awareness campaign run 8 years ago in response to the alarming rates of violence & aggression towards Ambos that was occurring back then. Since that time, violence and aggression has continued to escalate, yet there have been no public campaigns.

Our members are fortunate to have individual portable radios with duress alarms which, when activated, alert



emergency services to their location and need for assistance and ensure a rapid police response. Operational Safety training is also provided regularly to our members, equipping them with defensive skills they can rely on if required. Since 2017, SA has also been fortunate to have Gayle's Law – which was enacted following the horrific murder of nurse Gayle Woodford in remote SA by the family member of a patient she was called out at night to attend – which restricts solo response dispatches in remote areas.

But more can, and should, be done to provide safer workplaces for our members.

SAAS recently trialled a specialised Mental Health Clinical Telephone Assessment Paramedic role, responsible for providing 24/7 support to mental health patients. Paramedics in this role were able to access patient records on hospital-based systems and provide relevant information – such as information about a patient's medical condition, triggering flags, or history of violence – to crews on their Mobile Data Terminal,

before they arrive at the patient's address. This information wouldn't otherwise be known to the crew prior to arrival. Sadly, this trial role has not been afforded ongoing funding. But in the short time it was operating, it demonstrated benefits for patient care as well as for the sharing of critical safety information to help protect members.

PROTEST LAWS

SA has recently introduced harsher laws to restrict public protest. In May, AEA members and staff stood alongside other unions, organisations and community groups to protest the Labor Government's proposed amendments to s 58 of the Summary Offences Act 1953 (SA).

Labor, with the support of the Liberals, were seeking to significantly expand the offence of "Obstruction of Public Places". Highly respected lawyers, unions and other organisations considered Labor's proposed changes to be an overreach and a threat to South Australians' democratic rights and freedom to protest. In response to community outrage, Labor agreed at the last minute to support amendments from one of the minor parties which resulted in the passing of a more moderate version of the bill on 31 May 2023. The bill:

- Increased the maximum penalty for obstructing the free passage of a public place from \$750 to \$50,000;
- Made "indirect" obstructions to the free passage of a public place an offence; and
- Made offenders liable for the reasonable costs and expenses of emergency



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services (not including SAAS) who deal with the obstruction. While the offence has been expanded, and its expansion is a concern because it could limit public protest, organised rallies are still protected (provided notice is given in accordance with the Public Assemblies Act). The AEA and its members know the power of collective action and that our right to protest must be defended – as we utilised this against the anti-worker, anti-union Liberal Government in the lead up to the last state election in order to safeguard members' rights and entitlements, and to ensure safe staffing and funding of the ambulance service.

RAMPING

Ramping remains a prevailing issue in South Australia with lost hours to ramping hitting a peak of almost 4,000 hours in a single month this year, equivalent to 11 ambulance crews ramped each day for their entire shift. Just prior to the State Election last year the then Liberal Government cancelled elective surgery, dramatically reducing ramping, and resounded this as a huge success. However this emergency measure to free up bed capacity was only temporary, and once elective surgery resumed (along with the cessation of COVID public health measures) ramping returned to the same record high levels.

There remains a strong commitment from the new Labor Government to explore every possible way to reduce ramping. The AEA, along with other health unions, are continuing to play their part in advocating for measures aimed at fixing ramping. Lack of capacity across SA public hospitals remains the primary driver for ramping. We remain hopeful that the 550 additional beds promised as part of the SA Government's election commitments will go a long way to resolving these issues and we are assured that they are being brought online as quickly as possible.

In the past year, significant progress has been made at bolstering SAAS's frontline



resourcing as part of the Government's election commitments. This has meant a dramatic improvement in Emergency Response Times, even during peak periods of ramping and demand.

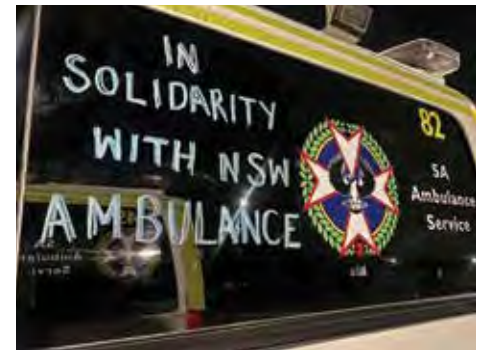
The AEA continues to advocate for the bolstering of bed capacity and;

- The introduction of transit wards at all major Adelaide Hospitals for both sitting and bed bound patients.
- The establishment of a state-wide bed manager to coordinate interhospital transfers ensuring direct admissions occur, bypassing hospital ramps.
- The implementation of rapid off-load procedures across all major Adelaide hospitals that ensures ambulances are not ramped for more than 30 minutes.

AMBULANCE RESPONSE TIMES BILL

The SA Greens have introduced a bill to Parliament (The Health Care (Ambulance Response Targets) Amendment Bill 2023) which seeks to legislate the requirement for publication by the Government of emergency ambulance response time performance. The bill aims to protect these important metrics from political tampering and holds the Government of the day accountable to meeting them.

Part of the bill prescribes that this data must be made public to afford transparency on the state of the Ambulance Service. Under the previous State Liberal Government, ambulance response time and ramping data ceased being shared with the AEA. Ramping data was only sporadically released to the public in the form of media releases.



Since the change in State Government this data, along with detailed data on members' crib break performance, utilisation rate, ramping and response times, are shared on a monthly basis with the AEA. Current and historical response time and ramping data is also made publicly available on SA Health's website. However, we cannot be assured that this current commitment to transparency and consultation will be shared by future governments.

Another part of the proposed bill requires the Ambulance Service to publish when an OPSTAT White (where 'Operational capacity, capability and/or resources are insufficient to maintain effective service delivery for high acuity cases') occurs. This real time publication would help the public to make informed decisions about their healthcare during times of extreme demand.

The AEA have provided support and feedback on the bill to both the SA Greens and the state Labor Government and looks forward to continuing to work with these parties to progress this important bill.

TAS

LONG AWAITED CHANGES TO GRADUATE PARAMEDIC PROGRAM

Following feedback gathered during the Cultural Improvement Action Plan and extensive worker consultation, Ambulance Tasmania has proposed a much-needed revision of the Graduate Paramedic Program.

The revised program introduces a structured framework comprising five on-road phases, each incorporating essential learning and assessment components. The primary

objective of the framework is to ensure that graduates receive comprehensive and timely feedback to foster their learning and progression. It also equips Education and Clinical Support with the necessary tools to intervene promptly in cases where learning difficulties arise.

The introduction of a structured program with clear milestones and feedback mechanisms addresses a longstanding concern within the previous system. Graduates often struggled to navigate their learning journey, with limited opportunities for timely interventions

or support. The revamped program seeks to rectify these deficiencies and provide a more robust framework for the development of aspiring paramedics.

Another noteworthy aspect of the revised program is the emphasis on early intervention. By closely monitoring the progress of each graduate, Education and Clinical Support can identify any learning difficulties promptly. This proactive approach allows for timely interventions, such as additional support, mentoring, or customized learning plans, to address the specific needs of each individual.

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The overarching goal of these long-awaited changes to the Graduate Paramedic Program is to create a learning environment that fosters growth, resilience, and professionalism.

The changes represent a significant step forward in addressing the deficiencies of the previous program. The structured framework, the incorporation of structured feedback, and the emphasis on early intervention will undoubtedly enhance the learning experience of Graduate Paramedics in Tasmania. This revamp is a move in the right direction for providing a safe and supported environment for the development of future paramedic professionals.

IMPLEMENTING IMPROVEMENTS FOR LONG STANDING ISSUES

As part of the most recent Ambulance Tasmania Agreement, the parties have agreed that a number of matters must be agreed between the parties within a specified timeframe. The most important of these being a time bound transfer of care or policy to end the scourge of ramping.

The first working group meeting has taken place and the Department of Health has committed to ensuring the maximum time an ambulance crew will have to wait at a hospital is 60 minutes. They've also told us that's just the start and their real aim is to half that time within 5 years.

We'll be keeping the ball rolling and ensuring the much talked about solution

to ramping is finally delivered. We're also discussing reform to rosters; classifications and the structure; and Rostering Review & Reform; processes for workers compensation; end of shift rules; overtime allocation and fatigue management.

OPERATIONAL RESEARCH IN HEALTH (ORH) REPORT HIGHLIGHTS NEED FOR MORE PARAMEDICS

Recently we received the Operational Research in Health (ORH) Report, a crucial analysis that will play a significant role in shaping Ambulance Tasmania's growth and strategic direction over the next decade. The comprehensive work conducted by ORH involved a detailed retrospective analysis of operational activity across Tasmania, coupled with predictive modeling to forecast future demand for ambulance services in the state. This analysis was then compared to similar jurisdictions to identify current performance trends and project future requirements.

The primary objective of the modeling was to achieve a target median emergency response time of 10 minutes in urban areas and 15 minutes in rural areas by 2031/32. To accomplish this, it is vital to optimize processes, allocate appropriate resources, and invest in necessary infrastructure.

Before proceeding with any plan or implementation, AT have committed to gather feedback from key stakeholders, including HACSU and volunteers, to evaluate the appropriateness and

achievability of the targets outlined in the ORH Report.

The report outlines three primary mechanisms for improving response performance until 2031/32. These mechanisms include operational efficiencies, such as reducing activation and mobilization times, optimizing time spent on scene and at the hospital, and effectively managing calls through Secondary Triage. Additionally, the report proposes the consideration of four potential new locations, as part of the Location Optimisation. The report suggests enhancing frontline resourcing by exploring options like expanding Community Paramedic positions and allocating increased resources to identified geographic areas to meet the rising demand over the next decade.

Implementing these proposed enhancements will require careful planning and staging. It will involve the development of new infrastructure, phased recruitment strategies to accommodate graduate paramedics, and an assessment of operational and volunteering models to support the anticipated changes in service delivery.

Engagement with HACSU and other stakeholders has already commenced and it is clear that like elsewhere, a significant number of paramedics will be required to fill the shortfall that already exists and the projected service demand increases into the future.

VIC

ST JOHN PRIVATE SECTOR ENTERPRISE BARGAINING

The Victorian Ambulance Union continues to take Protected Industrial Action at St John Ambulance Victoria to progress a new enterprise agreement for Patient Transport Officers and Ambulance Transport Attendants. We have been at the table with St John for 19 months and members have been taking industrial action including wearing campaign t-shirts and writing on window of their trucks.

ESTA ENTERPRISE BARGAINING

The VAU has continued to bargain on behalf of our ESTA members alongside other unions. Bargaining is continuing to be facilitated by former Fair Work Commissioner, Julius Roe. Since the last update, the VAU, UFU and CWU have put forward joint claims that would see staffing levels enshrined into the Agreement and a classification structure that would recognise more years of service. Unfortunately, ESTA has failed to put forward a position that would meet these claims.

Instead, they have spent months considering the proposals. Given this, the unions are starting to prepare for the potential taking of protected industrial action.

BIG WIN FOR ESTA MEMBERS IN MAGISTRATES COURT

In a major victory for VAU and CWU members working at ESTA, the Magistrates' Court has confirmed that Workplace Trainers (WPTs) are entitled to a mentoring allowance when performing mentoring duties. The VAU, together with the CWU, brought a claim on behalf of employees who are employed as WPTs and also perform mentoring duties. The unions and these members have raised a number of disputes about this issue over several years and ESTA has always refused to pay the mentoring allowance. However, the Court found that they are also entitled to the Allowance.

AMBULANCE VICTORIA

The VAU has continued to for a new agreement to replace the Ambulance Victoria Enterprise Agreement 2020. We have a 12-month renegotiation clause, but



with six months to go until the agreement expires, we have made little progress.

AV must do more to improve the working lives of our members so that they can enjoy a long-term career in ambulance and retain experienced staff. Ambulance should be a job for life, not a job for five years.

Current Government wages policy allows for a 3% per year increase and an additional 0.5% for productivity improvements. Our members have been screaming from the rooftops that they want to be more productive, but they are severely limited due to a call-taking and dispatch system that creates unnecessary caseload and a hospital system that won't allow paramedics to respond to patients who need their help.

NEPT REVIEW

The VAU successfully lobbied the State Government for a review into NEPT to evaluate the existing procurement arrangements for private patient transport ambulances. The review will also assess whether outsourcing remains the most effective model to deliver patient transport services.

In the 1990's the Kennett Government in Victoria privatised patient transport services to a number of private contractors. Members who work for these companies, deal with significantly lower pay, poorer working conditions and degraded safety standards. Ambulance run up to 800,000km before they are taken out of service.

The VAU submission will call on the Minister to bring patient transport back into the public sector with the same uniform, wages and conditions, as their equivalent positions in AV.

This change will deliver monumental and lasting improvements to the working lives of our NEPT members. It will also provide the ability for more effective referral of low acuity patients so that paramedic crews are able to respond to emergency cases.

We are seeing private companies pull out of contracts that they have entered into with the Government. This leaves massive parts of rural Victoria with a huge shortfall in NEPT resourcing and paramedic crews required to pick up the shortfall. Over 20,000 non-emergency cases each year are unable to be covered by the private providers and come back to emergency crews.

EYNESBURY BUS ACCIDENT - PATIENT TRANSPORT SHOULD NEVER HAVE BEEN PRIVATISED

Recently the VAU was made aware of private crews contracted to AV and scheduled to work an AV shift, being directed not to log in as an AV resource and reassigned to perform work under other private contracts with health services.

Along with sending 15 AV emergency crews to the Eynesbury bus accident included, several private patient transport ambulances



that were contracted to AV, were also sent to assist with transport of lower acuity patients.

Two patient transport ambulances were scheduled to start their shifts out of West Melbourne around the time the accident occurred. At late notice, the private contractor advised that due to sick leave, they were unable to staff those two resources. Despite informing the company that a major emergency had occurred and those crews were needed, dispatchers had no choice than to send private crews from much further away.

The VAU has since been told that the West Melbourne shifts were in fact staffed. All four crew members were there on time, they were not unwell, and they would have been ready to respond to Eynesbury if sent. But they were allegedly told by their employer not to log in on the AV system as they were rostered, and were instead reassigned to perform work for that companies' other private contracts that they hold with health services.

While there is no suggestion of any detriment to any patient, the VAU has been advised that those crews would have been sent to Eynesbury if the shift had been provided as contracted. But due to a business decision, those crews were not available when they were needed.

Unfortunately, this is not an isolated incident, and we receive reports of private NEPT shifts being dropped with short notice on an almost daily basis. Information obtained by the VAU indicates that approximately 20,000 cases dispatched to non-emergency crews every year are unable to be covered by private companies, resulting in those cases coming back to AV paramedic crews.



Over many years of enterprise bargaining negotiations, the union has listened to private companies threaten to pull out of the patient transport industry if profit margins do not improve. We have seen several companies withdraw from the industry already. Recently a company withdrew from a contract in Rural Victoria leaving a gaping hole in patient transport services.

These examples highlight that the current outsourcing of patient transport services to private contractors is no longer working in the interests of patients and the broader health system. This is why the VAU continues to advocate for patient transport services to be brought back into the public sector.

Patient transport should never have been privatised. AV is the only State ambulance service that contracts almost all its patient transport services to private contractors. With so much of the increased workload placed on the ambulance and patient transport industry coming from lower acuity caseload, there is a clear need for a reliable and resilient public sector patient transport service in Victoria that is focused on their staff, their patients, and the health system.

The VAU continues to advocate for this reform through the NEPT review which is currently underway.

WA

BODY CAMS/STAB VESTS – SURVEY FEEDBACK

Members provided feedback in relation to these proposed initiatives by St John. 89% of our members were not in favour of Body Worn Cameras (BWC), and 63% indicated support for Stab Vests (Vests). The support of Vests seemed contingent on a number of issues which will be outlined below, along with the feedback in relation to BWC.

The common concerns relating to BWC are:

- Patient trust and confidentiality of their medical information.
- Patient outcomes could be compromised.
- Consent – particularly those unable to provide proper informed consent.
- BWC won't prevent violence, will only gather evidence.
- Potential to agitate already aggressive patients.
- Who will have access to the footage (AHPRA etc).
- St John may use the footage for disciplinary matters.

- How will the BWC be worn (comfort/ climate etc).

The common concerns in relation to Vests are:

- If a vest is needed, why would members attend without police.
- CPR may be compromised if movement is limited.
- Infection control
- Will they be individually issued, or two per truck.
- Members do not want it to be mandatory.
- Weight/comfort – particularly in summer months.

MEETING WITH SJA RE BWC AND VESTS

UWU Delegates met with St John in relation to these initiatives and presented the common member feedback and survey results to St John. In attendance were Scott Higgins, Chief Performance and Risk Officer, Drew McKibbin, WHS Manager and Natalie Adams, ER Manager.

St John disputed our member responses in relation to the BWC (89% no) and put to UWU that from what 6 HSRs have said, and conversations on road, that the support for the BWC was at about 50/50.

SJA are still looking into the legalities of BWC, and the handling of the footage keeping in mind patient confidentiality. SJA stressed that this trial was not a 'pilot' and that they had only proposed this with a view to seeing if it was viable or not.

UWU raised concerns in relation to whether a scene could become more threatening, if a patient or even a bystander realised that they were being recorded. St John advised that the HSRs had not raised those issues and were generally very supportive of the vests. However, SJA did understand that there might be a tendency for staff to be a little more "gung ho" about entering a scene if they had BWC.

SJA also acknowledged that there would have to be strong policies in place before even the 'trial' commenced, in particular around legalities, privacy and also industrial considerations (ie would BWC be used as a management tool).

We asked if SJA had any research supporting the use or otherwise of BWC, and they advised they had not looked into any research and had only had a conversation with NSW Ambulance and intended talking to Ambulance Victoria.

Copied below are links to some research that we have found:

Charles Sturt University – Implementation of Body Worn Cameras | Rapid Review of Current Research and Practice https://researchoutput.csu.edu.au/ws/portalfiles/portal/301473503/Final_Rapid_Review_Report.pdf

International Journal of Mental Health Nursing, "What evidence supports the use of Body Worn Cameras in mental health inpatient wards? A systematic review and narrative synthesis of the effects of Body Worn Cameras in public sector". Services <https://onlinelibrary.wiley.com/doi/10.1111/inm.12954>
Effect of Body-Worn Cameras on EMS Documentation Accuracy: A Pilot Study <https://www.tandfonline.com/doi/full/10.1080/10903127.2016.1218984>



As an alternative to BWC cameras, a suggestion from a member was that cameras be installed outside the ambulance to capture 360 visual, sans audio, and also in the rear of the ambulance capturing the back of the patient, sans audio.

We also discussed Vests, and the common concerns raised by members. St John advised that if they went ahead with this initiative, they would be individual issue, not 2 per truck. They are yet to look at example products but will have member common concerns in mind when they do, as they need to know that their workforce will buy into the use of the product.

UWU members also raised a number of things that St John could do to help prevent occupational violence, and we put to SJA that:

- SJA could ensure SOC have clear and robust protocols on sending WAPOL and never attempt to pressure crews on entering a scene if the crew raise any concerns or requests police attendance due to safety concerns.
- The process for adding / reviewing location warnings needs to be improved by streamlining the process.
- Portable radios for duress are long overdue.

St John advised that they can do other things as well as continuing to push radios - they are just waiting for the network to come online. Further, St John advised that Police Liaison Officers will be going into SOC, and that in the future they are hoping for SJA staff to go into WAPOL, that will be dependent on clearances etc.

UWU supports any initiatives that St John considers will assist with keeping their workforce safe. However, we are led by our members, and at every step of the process we will be putting member views to St John. At this point in time, we cannot say our members support the introduction of body worn cameras. This may or may not change as St John develop policies, alleviate legal/privacy concerns and members have a better understanding of what will be made available to them.

UNIONS FOR YES

The whole of Union movement will be campaigning for a "Yes" vote in the upcoming referendum for a change to our Constitution.

After over 65,000 years of continuous culture, it's time Aboriginal and Torres Strait Islander people are recognised in our 122-year-old Constitution. Aboriginal and Torres Strait Islander people want recognition in a practical form by having a say on issues and policies that impact their lives.

The Union movement will be working with First Nations Peoples, employers, communities and most importantly, our members, to make history.

Need more information about the Indigenous Voice to Parliament? Then look no further than the *Indigenous Voice Co-design Process Final Report to the Australian Government July 2021*. <https://www.niaa.gov.au/news-centre/indigenous-affairs/indigenous-voice-final-report-now-available> In the forward of the report, co-chairs of the Senior Advisory Group, Prof. Dr Marcia Langton and Prof Tom Calma have said:

"An Indigenous Voice will provide the right mechanism, working with and strengthening existing arrangements, for the voices of Aboriginal and Torres Strait Islander peoples to be heard on issues that affect us. The consideration of our vast experiences and diverse perspectives will lead to better policy outcomes, strengthen legislation and programs and, importantly, achieve better outcomes for our people."

This year the union movement has the chance to make history by campaigning for a "Yes" vote in the upcoming referendum, and UWU will be working hard to achieve this outcome as well. If you are interested in getting involved, please contact the Union office. <https://unitedworkers.org.au/voteforvoice/>





Paramedics previously 'chalked' their ambulances with messages as part of industrial action. Photo: Transport Workers' Union.

'OVERPROMISED AND UNDER-DELIVERED':

PARAMEDICS PASS SECOND NO-CONFIDENCE VOTE IN ESA COMMISSIONER

Paramedics have yet again expressed zero confidence in Emergency Services Agency (ESA) Commissioner Georgeina Whelan as their union caucus begins to investigate how to separate the ACT Ambulance Service (ACTAS) from the organisation.

IT'S THE SECOND NO-CONFIDENCE

motion regarding the Commissioner that has been passed in the past six months.

Transport Workers Union (TWU) Ambulance Caucus secretary Jim Arneman said it was due both to lack of and slow progress on a number of key items that paramedics had been asking for.

One in particular was the initiation of a 44-hour roster for emergency operations. Currently paramedics work two 14-hour night shifts and two 10-hour day shifts over four days, then have four days off.

It was promised this would be changed to two day shifts, one afternoon shift and one 10-hour night shift over four days. It was originally promised to begin in July, 2022, and then November.

"The Commissioner hasn't been actively engaging with us on these things," Mr Arneman said.

"Quite frankly [the ESA and government] have been dragging their feet."

Paramedics took industrial action in November last year to publicise the roster issue.

It's now been promised this new roster will begin February 2024, with 30 paramedics already funded and accounted for in the current budget. However Mr Arneman said an extra 30 were still needed to cover the new roster.

"It's the forward resourcing for the roster that will be our next battle I'm sure," he said.

Issues have also been raised about Commissioner Whelan's conduct during meetings with the paramedics' union representatives.



ACTAS union members previously held strike action over working conditions and faith in the ESA Commissioner in November last year. Photo: Transport Workers' Union.

Mr Arneman said joint workshops with the Commissioner had broken down "very quickly" after she took on the role, and described instances where it was felt she had been "quite disparaging" towards delegates.

"The stuff we were seeing would have landed us in all types of trouble [conduct-wise]," he said.

There was also a feeling the Commissioner had "overpromised and under-delivered" on a number of issues for ACTAS.

An independent review into ESA leadership is currently underway.

The union also voted for the caucus to begin investigating how ACTAS would devolve from the ESA into a standalone statutory authority.

The ESA also stands underneath the Justice and Community Safety Directorate.

Mr Arneman said the general view was they would be better off directing their own course than what was happening at the moment.

"Most sensible people are saying [the new roster] would have been done two years ago if it had just been in our hands," he said.

"There seems to be no value add [for ACTAS] from the Directorate or ESA."

Mr Arneman said there was a feeling among members that those in charge didn't fully appreciate or understand the work they were doing or pressures they

faced, and that if they did there would have been movement on a number of key issues much sooner.

"We're reading it as them being disrespectful in this relationship," he said.

"Ultimately [being separate] would mean the people who know our business best ... are the ones making the decisions moving forward.

"We want to be the masters and mistresses of our own destiny."

Other areas of contention have been transitioning ACTAS's communications centre and operations support back into their management line.

Both were promised last year.

The government has committed to transferring the communications centre by 7 June, but operations support is still up in the air.

Mr Arneman said they also needed a fit-for-purpose facility for ambulance call takers, who he said took more calls per year than fire and police combined.

"They're the glue who hold our emergency response together and they're in a sub-standard facility," he said.

Union members also voted they could take strike action if they felt it was needed during upcoming enterprise bargaining agreement negotiations.

Emergency Services Minister Mick Gentleman said the government was proud of the current emergency services

model, and that its highest priority was ensuring delivery of ambulance services were maintained to the "highest standards possible".

He confirmed he had given in principle support for moving to the new roster when it was "safe and practicable".

"The implementation of a new ambulance roster requires sufficient lead time to ensure adequate budget, administration, FTE, communication, and training for staff is in place," Mr Gentleman said.

"The ACT Government and the ESA are committed to delivering a new roster and have been working diligently to move to implementation in a timely manner."

He said a Roster Working Group and Risk Oversight Committee would be established to develop the roster and assess how many more personnel were needed to implement it safely.

"Since 2018, the ACT Ambulance Services (ACTAS) has recruited a total of 101 paramedics and has invested more than \$50 million in funding," Mr Gentleman said.

"Future staffing decisions are subject to Budget considerations."

Mr Gentleman also reaffirmed his confidence in Commissioner Whelan.

By Claire Fenwicke
the-riotact.com

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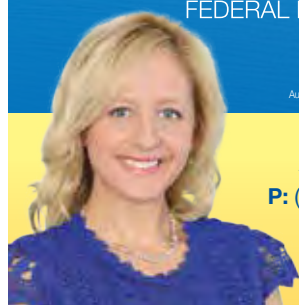
The Hon Sonia Hornery MP – State Member for Wallsend
Deputy Speaker

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FEDERAL MEMBER FOR LINDSAY



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THE NSW GOVERNMENT LAUDS PARAMEDICS AS HEROES BUT TREATS US LIKE TRIPLE ZEROS

Paramedics are at the forefront of a struggling health system, but we don't need a pat on the back – we need a pay rise.

RIGHT NOW, OUTSIDE HOSPITAL

emergency departments across the state, flocks of ambulances sit empty, an unnaturally occurring phenomenon known as “ramping”. Their operators, highly skilled paramedics, mill around minding their patients in cramped and chaotic corridors while hospital staff scramble to clear beds.

More and more people are wandering into emergency departments for minor ailments because they can't access a GP, but they can hardly be blamed. The failing health system leads people to take desperate measures. And yet the premier, Dominic Perrottet, has denied there is ramping issue in NSW and refused to budge on the wage cap for paramedics like myself; an effective pay cut bestowed upon us by his government while we were busy battling the pandemic.

We don't want a pat on the back, we want a pay rise. If you group together the fact that NSW paramedics are the worst paid in the country, according to the Health Services Union, face vanishing affordable housing within decent proximity to our stations (a necessity with shift work), it's no wonder we're losing our talented workforce to other states. While we recently earned professional status after registration with the National Health Authority became compulsory in line with these other states, all it means practically is we now must pay an annual fee of \$270 to our employer, the government, just to keep our jobs.

What it didn't earn us, unlike other states, was a pay increase to align with the increased risk and responsibility we have but hey, “registered paramedic” sounds pretty impressive. I'm not sure how it helps the average punter while they wait hours for an ambulance.

Our unions have implemented a myriad campaigns to earn us professional recognition. But if we walk off the job, people die.

We don't want to put a single patient at risk. We're constrained by matters of conscience. It feels like we're screaming



Boosting paramedic numbers looks great on paper, but the impact on the existing workforce continues to be ignored. Photograph: Dan Himbrechts/AAP

but no one can hear us and, unfortunately, that's what NSW Health count on.

We're bleeding staff who've turned their back on the profession, which wouldn't happen if the root cause was addressed – retaining paramedics through proper remuneration. Workers who feel appreciated are more likely to stick around, despite the many hazards the job brings.

If we get injured at work, we're banished to the dreaded “base wage”, which means no more penalty rates, effectively halving our pay. It's insult being added to injury. A decent paycheck should not rely on being forced to work extra hours on top of punishingly long shifts, missing meal breaks, the discomfort of ignoring nature's call, not to mention the physical and mental health risks you take simply by turning up to work every day. We should not be penalised if we're assaulted by a patient. Earning a living wage shouldn't actively kill us.

Chris Minns' Labor has vowed to scrap the wage cap if elected, which is a good start, but so much more needs to be done. Boosting paramedic numbers looks great on paper, but in the frenzy to hire record numbers of untrained recruits, the impact on the existing workforce continues to be ignored.

When a qualified paramedic is paired with a trainee, which is now almost always, they become their mentor.

They gain the heavy responsibility of making critical decisions without an experienced partner to bounce off and ultimately bear the consequences of those decisions. It takes time and effort to teach clinical skills and write reports while trying to create a positive learning environment when we are at the end of our emotional tether and being harassed to respond to the next job. We feel burdened by the pressure to produce clinically sound, well rounded and mature paramedics in ever-shortening training periods while fighting off burnout. We are not qualified educators and, most importantly, we do not get paid a single dollar for the pleasure.

I struggle to think of another industry where an employee's scope of responsibility can be changed so drastically at the whim of their employer, where they're expected to act in a role they have no qualification for, where the results of these changes are literally life or death, yet their payslip never changes.

But, as usual, we will continue to slog it out because we're not allowed to complain. The government lauds us as heroes yet treats us as triple zeros knowing that we'll just grin and bear it.

By Patrick Lukins

Paramedic, freelance writer, domestic violence officer and campaign director at Doctors 4 Refugees



The Australian Paramedics Association has sounded the alarm on ramping issues ahead of flu season, warning things could get worse. Picture: NCA NewsWire / Damian Shaw

RECORD STRAIN ON PARAMEDICS AND EMERGENCY ROOM STAFF, ACCORDING TO NEW DATA

Record levels of ambulance call-outs in one state have put emergency workers on edge, as they fear the problem will only get worse.

CRITICAL HEALTH SERVICES ARE under unprecedented strain in NSW as the number of patients requesting emergency treatment reaches record levels.

New records for ambulance responses and emergency department attendances were set between January and March this year, according to the Bureau of Health Information's (BHI) Healthcare Quarterly report.

The new results show NSW public health services continue to be "very busy", according to BHI Chief Executive Dr Diane Watson.

NSW Paramedics responded to 347,720 incidents during that time, the highest of any quarter since BHI began reporting in 2010.

"Ambulance services and emergency departments experienced record demand as the upward trend in activity that began before the pandemic continued," Dr Watson said.

"Despite the increasing demand, ambulance response performance has continued to improve following record long response times in mid-2022."

Nearly two thirds (64.6 per cent) of those of the highest priority were reached within 10 minutes, while 44.1 per cent of

those in the second highest priority were reached within 15 minutes.

Patients who were taken to hospital by ambulance continue to wait longer to get into treatment than before the pandemic, with one in 10 waiting longer than an hour to be transferred in urban areas.

One in four patients in these areas are having to wait over half an hour for a transfer into hospital, a time the Australian Paramedics Association (APA) says is "too long".

The APA says the numbers show patients are continuing to suffer due to ongoing ramping.

The organisation's president Chris Kastelan fears the worst is yet to come as cases of respiratory illnesses are set to rise in winter.

"We're about to head into flu season where we see our system even further overloaded every year. We are really concerned for our patients and for ourselves," he said.

"Standing outside a hospital in a car park in the middle of winter for five, six hours gets very cold. When it rains, some hospitals don't even have adequate shelter for us or our patients."

In addition to the increased load of patients from ambulances, emergency departments (ED) were under increased pressure from all attendants.

There were 770,089 attendances to the ED over the quarter, the highest of any January to March period since records began.

It was not only ambulance transfers being forced to wait, the high demand saw patients "wait longer and spend longer in the ED than before the pandemic", according to Dr Watson.

Two thirds of all patients (67.4 per cent) had their treatment start on time, the lowest of any first quarter since 2010.

Meanwhile, nearly half (46 per cent) of those who had an immediately life-threatening conditions that needed treatment within 10 minutes did not have their treatment start on time, also a record low for the quarter.

Patients also spent more time in hospital, with two in five (41.8 per cent) people spending more than four hours in the emergency department.

One in ten spent an average of 10 hours and 17 minutes in the emergency department.

Health Services Union secretary Gerard Hayes said the situation was expected to get worse unless the state government did more to boost the number of workers in the sector.

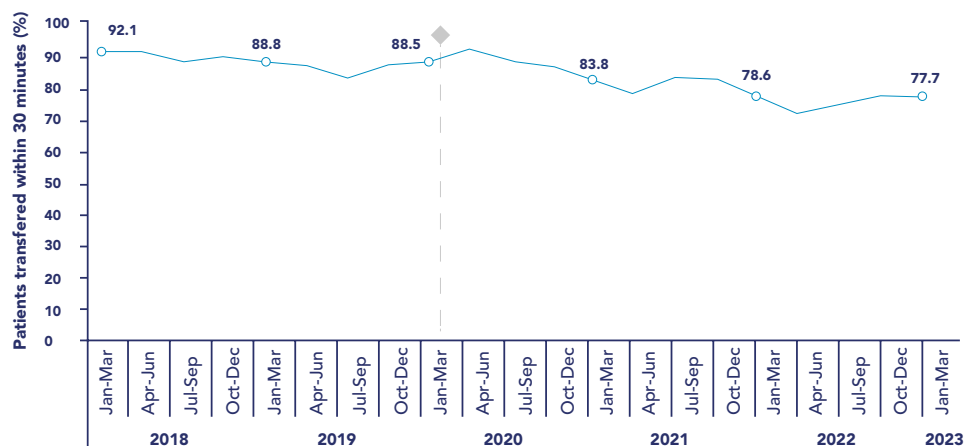
"Our ambulances and emergency departments are under greater strain now more than ever, yet we are struggling to attract and retain the essential health care workers we need to respond to emergencies, look after patients and return them to health," he said.

"Unless we receive the wages and conditions needed to plug the gaping and growing holes in the health workforce, the situation will deteriorate.

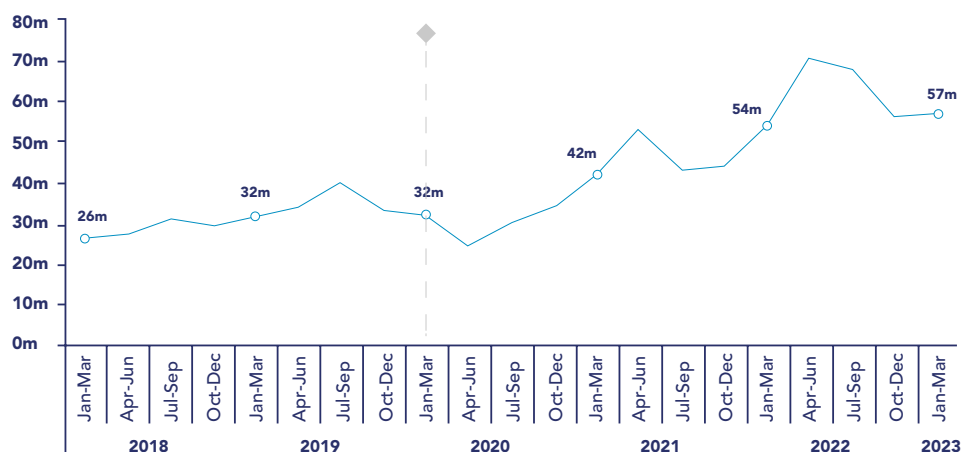
"Health care workers need a pay deal that reflects their workload, enhanced skills and the scorching increase in the cost of living."



The Health Services Union has called on the state government to do more to attract and retain medical staff to help ease the strain on the system. Picture: NewsWire/ Monique Harmer



77.7 per cent of patients were transferred to hospital within 30 minutes. Source: BHI



In January to March 2023, one in 10 patients in urban hospitals waited longer than 1 hour 2 minutes to be transferred and one in 10 patients in rural hospitals waited longer than 42 minutes. The average waiting time across the state was 57 minutes. Source: BHI

By Eli Green

news.com.au



St John says the extra ramping time has resulted an average of nine fewer ambulance shifts each day

AMBULANCES WAITING LONGER TO DROP OFF PATIENTS TO HOSPITAL - 'THEY JUST HAD NO ROOM'

The equivalent of nine ambulances a day are unable to respond to callouts because they are stuck outside emergency departments, waiting to drop off patients.

FIGURES PROVIDED TO RNZ BY HATO Hone St John Ambulance show 'ramping' (the extra time crews spend waiting for patients to be admitted) has increased more than threefold nationwide since 2019.

The service allows 30-minutes for a crew to hand over a patient to hospital staff, complete documentation, restock and debrief. Any minute over that counts as ramping.

In the first three months of this year, those extra minutes added up to 10,249 hours - or 427 days. In the same period in 2019 the figure was about 3300 hours.

New Zealand Ambulance Association national secretary Mark Quin said only five or six years ago, it took 15 minutes on average to transfer a patient.

"That's just unrealistic now. I spent two-and-a-half hours sitting at the emergency department with a patient recently because they just had no room."

Quin, a Palmerston North paramedic, said overflowing hospitals were "effectively using ambulances as extra wards".

"So now we're stacking them around the corridors and creating makeshift rooms, which are basically a number on the wall with a stretcher parked next to it."

St John ambulance manager Stuart Cockburn said the extra ramping time had resulted in a reduction, on average, of nine ambulance shifts per day. That was not good for ramped patients - nor those in the community waiting for an ambulance, he said.

"It's certainly not ideal. We're working really hard with our partners at Te Whatu Ora to minimise the times that this occurs and the frequency.

Unfortunately it's an international problem."

If it looked like wait times were starting to ramp up, St John alerted hospitals to get in extra staff, he said.

"If they can't, or if they can only provide one person for example, then we will use one of our ambulance crews to look after three or four patients at a time."

St John has identified 15 hospitals nationwide where ramping is a problem.

The average transfer time over the year to March 2023 was 33 minutes, but some were taking much longer.

Hutt Hospital Emergency Doctor Tanya Wilton said the pile up means patients were waiting longer for an ambulance at home.

"The backlog of being able to provide good care and timely care for patients that is a huge problem and again that adds complexity and complications for patients to recover when they've had long waits, people lying for a long-time on the floor waiting for an ambulance to come," Wilton said.

She feared it was a problem that had been growing for many years.

"For example in a hospital, you've got bed that are filled, so high hospital occupancy and it means it's then difficult to move patients from the emergency department into hospital beds and some of that is a factor of staffing as well. So while there might be physical beds available in the hospital there's an inability to provide nursing and other care for patients so some of those other beds are unable to be utilised," Wilton said.

She said another consequence of ambulance ramping was loss of face-to-face communication.

"I used to see a lot more of the paramedics and I would get a hangover from them directly where as now I'm often tied up and they're out in another area of the department transferring their patients over."

At Auckland City Hospital, ramping increased nearly 600 percent since 2019 and at Waikato, it was up more than 680 percent.

Australasian College for Emergency Medicine New Zealand chair Kate Allan said ramping was a symptom of the pressure on the whole health system.

To cure ambulance ramping and ED overcrowding, New Zealand

Hospital	Avg Time at hospital (in Minutes)	Vehicles Hours Ramping
Auckland City Hospital	48	7514
Middlemore Hospital	41	6461
Waikato Hospital	41	5843
Christchurch Hospital	33	4214
North Shore Hospital	39	4217
Waitakere Hospital	40	1917
Palmerston North Hospital	32	1548
Hawkes Bay Hospital	29	1066
Tauranga Hospital	24	602
Southland Hospital	30	655
Taranaki Base Hospital	25	413
Nelson Hospital	28	416
Dunedin Hospital	26	564
Rotorua Hospital	30	526
Whangarei Hospital	25	362
All Hospitals	33	38948

The length of time ambulances are waiting at emergency departments when dropping off patients at 15 hospitals, April 2022 to March 2023. Data source: St John Photo: Supplied

needed more staffed hospital beds, more mental health beds, more aged care beds - more of everything, she said.

"This will then free up hospital beds for those patients stranded in the

emergency department waiting for one, and help get ambulances back on the road faster, too."

By Ruth Hill
rnz.co.nz

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James Stewart, Regional Manager of St John NT moved over from NZ and has never looked back. Picture: Bethany Griffiths

ST JOHN AMBULANCE NT RECRUITING UK, NZ PARAMEDICS TO FILL STAFF SHORTAGES

NT ambulance services are looking across the ditch to attract staff, with two remote stations short 80 per cent of their workforce.

INTERNATIONAL PARAMEDICS ARE

being called on to fill staff shortages in remote Northern Territory towns, with financial incentives on offer for those who make the move.

Currently both St John NT stations at Nhulunbuy and Tennant Creek have just one permanent staff member, with paramedics from bigger centres being flown out for a month at a time.

Each station has five long-term positions to fill.

Positions are also vacant in Darwin and Alice Springs, with both stations expanding services with additional ambulances and longer hours, as data shows ambulance wait times reached a decade-long high.

A social media-driven campaign targeting qualified paramedics in New Zealand and the United Kingdom, as well as from other services in Australia was launched last month.

St John NT ambulance services director Andrew Thomas said recruitment in the industry was always difficult.



St John Ambulance NT Director Ambulance Services Andrew Thomas is looking for international recruits to join the force. Picture: Liam Mendes

"We are continuing to see recruitment and movement of paramedic staff across the services in Australia," Mr Thomas said.

"Our plan is to offer paramedics a chance to expand their clinical practice while enjoying everything the Territory has to offer."

The latest attrition rates for the NT were the highest in the country, at 18.7 per cent, up from 16.6 per cent in 2020-21 but down from 20.2 per cent in 2019-20.

St John paramedic and regional general manager James Stewart joined the NT team from New Zealand and said he was drawn in by the learning opportunities available to him here.

"Though the paramedicine field in the Territory is tough it may be one of the most rewarding places to work," he said.

"We're privileged to be able to address a lot of social issues and be exposed to wide

range of patients which you just wouldn't be exposed to in New Zealand.

"There was also the allure of a smaller service in that it's more nimble and more able to easily change according to need and demand."

The enticing financial incentive was also a factor, with the recruitment drive promoting additional benefits for those who take up a remote placement.

"Australia and particularly the NT rewards paramedics financially really well," Mr Stewart said.

"Recruitment into these locations includes additional incentives such as housing relocation allowances and for example in Nhulunbuy we've introduced an extra \$1000 a fortnight payment for paramedics willing to relocate there for over three months."

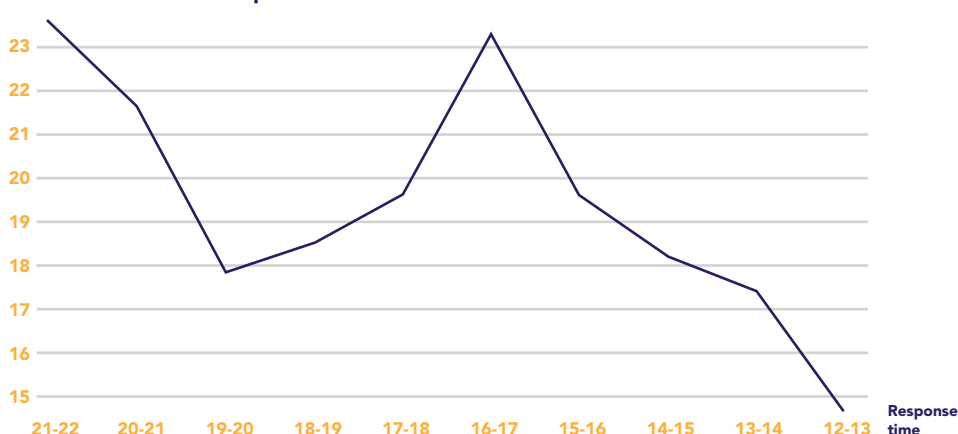
Mr Stewart said the remote centres were the main focus of the campaign, to give those communities continuity of care for the medium to long term.

"We are unashamedly looking to other services and preaching what the NT has to offer," he said.

"We would like to get some substantive staff there to build some relationships with the community."

Mr Stewart said a usual case for a remote centre might be needing to four-wheel

Darwin's ambulance response time



James Stewart, Regional Manager of St John NT moved over from NZ and has never looked back.
Picture: Bethany Griffiths

drive into really isolated communities for people with really complex medical conditions.

He said the transient nature of the Territory meant most paramedics stayed for just a couple of years but that wasn't necessarily a bad thing.

"We want to market it to what it is, which is you will accrue so much experience working in a remote community for a year, to take back to your home service or another service," he said.

"You're going to meet some amazing people and gain some lifelong friends."

"You'll never fight that transience, particularly when it's right across the Territory"

The first of multiple application rounds closes on March 5, and so far 20 qualified paramedics and 50 trainees had already expressed interest.

By Bethany Griffiths

ntnews.com.au



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Holly Patti, Lisa Jack (patient) and Emma Vaughan.

STANTHORPE PARAMEDICS REUNITE WITH LISA JACK AFTER RARE AND RISKY PROCEDURE

Regional paramedics helped save the life of a 61-year-old Stanthorpe woman after she experienced her first cardiac event, thanks to a rare and risky medical procedure.

STANTHORPE AMBULANCE STATION was the site of a heartfelt reunion between a cardiac patient and the treating officers, who provided what is known to be a rare and risky procedure, which ultimately saved the patient's life.

Exactly two weeks ago to the day, 61-year-old Stanthorpe woman Lisa Jack woke at 6am, experiencing her first ever cardiac event.

Thanks to quick-thinking and well-trained treating ambulance officers, Ms Jack managed to recover with next to no damage to her heart.

"I just woke up early that Friday morning not feeling well and (my partner) Nik (Hills) phoned triple-0," Ms Jack said.

Stanthorpe Ambulance Station officers Holly Patti and Emma Vaughan were the first responders to the triple-0 call and after considerable medical assessment,

gave Ms Jack a clot-busting drug, which fortunately prevented her from going into cardiac arrest.

"From a bystanders' point of view, they did an amazing job. They were both so calming in the moment," Mr Hills said.

Despite both ambulance officers having extensive experience in the medical field, administering the lifesaving drug was a first for them due to the strict protocols and criteria that needed to be followed and met before the drug could ultimately be administered.

"There's a significant risk of bleeding occurring with this type of drug, so we have to follow strict protocols to ensure criteria is met," Ms Patti said.

The drug works to break up the blockage to the blood vessels in the body and these quick-thinking efforts of both ambulance officers were highly

commended by doctors at a Brisbane's Princess Alexandra hospital, where Lisa was rushed via an Rural Flying Doctor Service plane and later underwent a procedure to have a stent put in.

"It was quite a quick recovery. I was admitted Friday night and then discharged and back home in Stanthorpe by Sunday night," Ms Jack said.

"Now I'm feeling fantastic."

Both Ms Jack and Mr Hills were very grateful for the dedicated efforts and the care they received from the Stanthorpe ambulance officers and joked about renaming their first born after the officers.

"I know it sounds humorous, but we offer the biggest heartfelt thank you," Mr Hills said.

By Jessica Klein
Courier Mail



Cooroy's ambulance brigade

COOROY'S 100-YEAR AMBULANCE SERVICE

"We've come a long way," was the remark of Cooroy ambulance officer-in-charge Sam Eager and the shared observation of attendees who browsed the historical display staged at the Cooroy Memorial Hall last Saturday to mark 100 years since the establishment in 1923 of the town's Queensland Ambulance Transport Brigade Honorary Centre.

THE COOROY BRANCH OF

Queensland Ambulance Service (QAS) now boasts a staff of 24 university-trained ambulance officers, three acute emergency vehicles and patient transport vehicles.

Each paramedic carries an iPad linking them to back up services including hospital medical services and a High Acuity Response Unit with critical care paramedics, doctors and helicopter transport.

Sam is excited about the future for the ambulance services with ever-changing advances in medicine and equipment.

A couple of years ago new heavy lifting

equipment was added to the ambulance fleet enabling the motorised lifting of loads of more 500kgs from ground level to the vehicles and now all stretchers have automatic lifting.

Today's service is a far cry from the 'load and go' transportation originally provided by ambulance officers.

QAS heritage manager Mick Davis said the service began in 1892 in Brisbane when military medic Seymour Warrian called a public meeting after witnessing some well intentioned, but ill-advised bystanders go to the aid of a horse rider who had fallen off and broken his leg. Their efforts

to escort the rider off the field only worsened his injuries and served as a sharp example of the need for trained medical attendants and transporters.

The Queensland Ambulance Transport Brigade, as it was, started with stretchers in the suburbs of Brisbane then expanded to regional areas where stretchers could be wheeled to the train station for transport to hospital, Mick said.

The transportation progressed to stretchers on horse-pulled sulkies, then in cars.

Mick started driving ambulance vehicles 58 years ago in Rockhampton at the



Cooroy ambulance officer in charge Sam Eager with an earlier ambulance. Photo: Rob Maccoll



QAS heritage manager Mick Davis and Critical Care paramedic officer in charge Ben Phipps. Photo: Rob Maccoll



Queensland Ambulance Transport Brigade was established in 1982. Photo: Rob Maccoll



Ambulance officer Hayley Salethorne with Pomona's first ambulance. Photo: Rob Maccoll



In 1991 the QATB merged with emergency response centres to become the Queensland Ambulance Service. Photo: Rob Maccoll



QAS officers Wayne Sachs and Robin Taylor. Photo: Rob Maccoll

age of 19 after training to be a medic on the railways.

"The stretches weren't secured. They were just dropped into a frame. They could come loose on the journey," he said.

"Training was not much better than first aid but you could learn from doctors, chemists, hospital staff and we had some good medics from the railways."

Mick said earlier equipment included only oxygen, painkillers, splints and bandages and antiseptic for wounds. The key to a patients survival was in the speed to get them to hospital with drivers regularly hitting 80-90 miles/hr (about

140km/hr). Driver training was introduced in the 1970s-80s.

Mick has witnessed huge changes during his years in the ambulance service. He said the work had been very satisfying and had taught him a lot about people and life.

"You meet the best and worst of humanity over time," he said.

"It's made me not worry about getting old. I've seen death at all ages from newborn to 105. When your time comes it comes."

Mick said a loss of life can have a devastating impact on ambulance officers but the service now had more mental health support for staff.

"You learn you can't fix everything. That's got to be accepted," he said.

In addition to the historic displays visitors to the centenary celebration were able to learn some first aid skills including CPR while past and present staff were in attendance to cut a celebratory centenary cake and acknowledge officers who received National Service Medals for their exemplary efforts during Cyclone Debbie in 2017.

By Margie Maccoll
Noosa Today



Ambulance ramping increased by 5.8 per cent in May, according to SA government data. (ABC News: Che Chorley)

AMBULANCE RAMPING RISES OUTSIDE SA'S EMERGENCY DEPARTMENTS AS PARAMEDIC RESPONSE TIMES IMPROVE

Ambulance ramping at South Australia's hospitals has increased, with the state government blaming a rise in people presenting to emergency departments for the jump.

SA GOVERNMENT DATA SHOWS

ramping increased 5.8 per cent in May compared to April's figures, with patients left waiting in an ambulance for a combined 2,972 hours before being admitted to hospital.

The Royal Adelaide Hospital saw a 205 hour jump in ramping compared to April, but the Lyell McEwin Hospital saw a 131 hour drop in wait times, according to SA Health data.

The state government said May's jump in ramping coincided with a 5.2 per cent rise in ambulance transports to hospitals, compared with the previous month.

However, the government said ambulance response times improved in May, with 68 per cent of urgent Priority 1 cases seen within the recommended



Ramping at the Royal Adelaide Hospital jumped by 205 hours. (ABC News: Che Chorley)

eight minutes — exceeding SA Health's 60 per cent target.

Fixing ramping was a major election commitment of the current government before it came to power in March last year.

Opposition spokesperson Ashton Hurn said the ramping results were "really disappointing".

"Peter Malinauskas went to the election with one key election commitment and



Chris Picton said the government is adding 150 beds to SA emergency departments. (ABC News: Che Chorley)



Hayley Handler says the flu vaccine prevented the disease from spreading in her family. (ABC News)

that was his promise to fix ramping in South Australia," Ms Hurn said.

"The government shouldn't be popping the champagne corks on this. They've got to roll up their sleeves, knuckle down and deliver on their promise to fix ramping exactly like they said at the election."

Ramping figures were released in the same week Adelaide metropolitan hospital emergency departments were placed under a code white on three separate occasions, meaning all their emergency department beds were in use.

Meanwhile, an email obtained by the ABC revealed the Royal Adelaide Hospital was placed at level three demand escalation on Friday afternoon, with multiple ambulances ramped and no emergency department beds available.

An SA Health spokesperson confirmed to the ABC that the hospital was still at that pressure rating on Saturday afternoon.

Ms Hurn said the government needed to "use every lever possible" to alleviate pressure on the hospital system ahead of the winter surge.

GOVERNMENT 'THROWING THE KITCHEN SINK' AT RAMPING

Leah Watkins from the Ambulance Employees Association said a volunteer ambulance crew was ramped at the Flinders Medical Centre for seven hours on Friday with a single patient.

"That was a particularly concerning one ... and that was the particular reason I had reached out to the health minister to make sure that he was aware of that," Ms Watkins said.



Ashton Hurn said May's ramping data was "disappointing". (ABC News: Che Chorley)

She said while ramping at South Australian hospitals was at "unacceptably high levels", the situation was better compared to last year.

"I feel that we are on the right track and unfortunately the numerous initiatives that the government has focused on ... are all going to take some time to implement."

Health Minister Chris Picton said the government increased the use of private hospital beds in recent days to meet heightened demand.

"I've been in pretty regular contact with our health leaders across the network who have been putting in place a number of measures in terms of making sure that we can meet that demand," Mr Picton said.

He said the government was adding more than 150 beds to South Australian hospital emergency departments by the end of next year to ease pressure on the system and improve ramping times.

"We are throwing the kitchen sink at this in terms of a whole lot of investment going into our hospitals to make sure that we've got all the capacity that we need," Mr Picton said.

By Joshua Boscaini and Stephanie Richards

abc.net.au

TASMANIAN HOSPITALS: JUNE 2023 DASHBOARD RELEASED AS COMMUNITY PARAMEDICS DIVERT 1260 PATIENTS IN LESS THAN ONE YEAR

Tasmania's latest health dashboard reveals mild improvement in several measures, while the impact of a community paramedics program has seen hundreds diverted from our under-pressure hospitals.

TASMANIA'S LATEST HEALTH SYSTEM

dashboard figures have shown a declining elective surgery waitlist, a reduced median wait time for ambulances and no change on the percentage of emergency department patients seen within four hours.

The news comes as Premier and Health Minister Jeremy Rockliff feted the Community Paramedics program, introduced last August, saying the 12 paramedics across the state had made 2100 call-outs and diverted 1260 lower-acuity patients from the state's hospitals.

The latest health system dashboard figures for May were released on Friday.

Among the key measures, the median emergency response time for ambulances reduced to 13.8 minutes from 14.2 minutes – the "lowest in 18 months," according to Mr Rockliff – the elective surgery waitlist lowered to 8114, down from 8233 in April, and 53 per cent of patients left hospital emergency departments within four hours, the same as in April.

Across the state, 61 per cent of elective surgery patients were seen in the clinically recommended time frame – down a percentage point from April.

Mr Rockliff described the stats overall as "really welcome news".

He said a key program in reducing the pressure on ambulances and hospitals, both of which received a greater number of call-outs/ presentations in May than April, was the Community Paramedics program, introduced last August by the state government.

He said that the 12 paramedics, representing 9 FTE positions across the state, had made 2100 call-outs since its inception.

Of those, 60 per cent of patients, 1260, were able to be treated in their homes.



"It's great that they've been able to support Tasmanians in need in that lower acuity environment because what that does is it frees up the paramedics and the ambulances for emergency and urgent care," Mr Rockliff said.

Gary White, acting executive director of Ambulance Tasmania, said emergency response ambulances, crewed by two paramedics, typically were only able to treat 20–23 per cent of patients in their own home, making the program "a significant change in the way we deliver care".

"It takes a load off our emergency resources," Mr White said.

Community paramedic Sebastian Groves, a former nurse who was one of the first trained under the program, said that not only could he treat people in their homes, he could also refer them to GPs and other community services.

"I can spend as long as I want on-scene and get to know the community a bit better," he said.

Launceston woman Miki Pearce said that Mr Groves attended her house in April after she suffered a fall in the wake of a hospital discharge, and he returned the following day for a check in.

"Seb's been wonderful... There's not a thing he hasn't done," she said.

Heather Elphick said that Mr Groves' attended her residence to look after her ailing 94-year-old husband, who has sadly since passed.

"He sat with him for two hours because there were no ambulances available," Ms Elphick said.

By Alex Treacy
Mercury



CALL FOR SUMMIT TO ADDRESS AMBULANCE RAMPING, AS STATISTICS INDICATE DEEPENING CRISIS

The Greens have hit out at the state government for “deliberately” giving out-of-date data showing the scale of Tasmania’s ambulance ramping problem.

THE GREENS HAVE ACCUSED THE state government of deliberately misleading the public regarding the extent of ambulance ramping in the public hospital system, claiming data has been misrepresented in an attempt to minimise the scale of the problem.

The Sunday Tasmanian reported that more than 15,000 patients were ramped at hospitals across the state in the first nine months of the 2022-23 financial year alone and waited an average of two hours to be transferred from ambulance to hospital.

A government spokesperson cited data from the Australian Medical Association showing that almost 80 per cent of patients in Tasmania were transferred within 30 minutes.

But Greens health spokeswoman Rosalie Woodruff said this particular data was

for 2020-21 and that the situation had worsened significantly since then.

“The information the Greens extracted from the government in [budget] estimates shows things have become so much worse since then, with a large drop to just 67.5 per cent of arrivals being transferred within 30 minutes,” she said.

“What the Liberals have done is deliberately provide out-of-date information to try and mislead Tasmanians, in a futile effort to defend their terrible record on ramping.”

Deputy Premier Michael Ferguson said there was currently “higher demand” for health care in the community and the government was employing more paramedics and opening additional beds in hospitals to try to bring down ramping rates resulting from the spike.

“Labor and the Greens were the ones who cut health and hospital funding. We’ve had to reverse all of those [cuts],” he said.

“But still the challenge is real and we, of course, have a growing population. So we’ll continue to provide the support that’s needed.”

There are calls for the state government to convene an urgent summit to address the worsening ambulance ramping crisis, after newly released figures revealed more than 15,000 patients were left ramped outside hospitals in the first nine months of this financial year alone.

According to official Health Department statistics, nearly half (47.8 per cent) of all ambulances at the Royal Hobart Hospital (RHH) were ramped on arrival in 2022-23, up from 42.6 per cent in the previous year.

The number has risen by a significant 17.1 per cent over the past five years.

At the Launceston General Hospital, the situation isn't much better, with 43.1 per cent of all ambulances being ramped on arrival this financial year (+1.9 per cent on 2021-22). At Burnie's North West Regional Hospital, the figure sits at 21.4 per cent and at the Mersey Community Hospital, it's 13.6 per cent.

The data for 2022-23 was released to the Greens after the party's health spokeswoman, Rosalie Woodruff, put a question on notice to Premier and Health Minister Jeremy Rockliff in budget estimates earlier this month.

Dr Woodruff said the numbers were "so disturbing" and that urgent action needed to be taken to fix the snowballing problem.

"This rapid, enormous increase of ramping is the terrible result of a decade where the Liberals have under-invested and refused to plan," she said.

"The government has been warned for years about the rising demand for hospital care and ambulance services from our ageing and sicker population. Instead of planning for this predictable growth, and funding the resources to manage it, they've put their focus elsewhere."

For the first time, statistics have been provided relating to the total number of patients ramped at each hospital.

A total of 15,686 patients were ramped in the first nine months of 2022-23, with 1743 ramped per month, at an average of two hours per patient. There were 9135 patients ramped at the RHH alone.

Ramping occurs when emergency departments reach capacity, forcing patients to wait in ambulances on the ramp outside the hospital, often depriving them of the full medical treatment they require.

There is a dedicated room at the RHH where ramped patients are able to be treated by paramedics, while at the LGH it's more likely the patients would remain in the back of ambulances.

Health and Community Services Union (HACSU) assistant secretary Robbie Moore said the government should call an "urgent crisis meeting" to tackle the ramping issue head-on and highlighted a lack of beds and staff in the public hospital system as key factors causing the problem.

"We need a summit where it's all put out there, all ideas are on the table, and it should be involving all parliamentarians, all parties, and all levels of government," he said.

"Because this shouldn't be happening in a developed wealthy country like Australia."

Mr Moore said ambulances were not the appropriate setting for comprehensive medical care.



"We've seen people die on the ramp," he said. "And the inaction by the government, they're putting lives at risk and people will die while this situation continues."

A government spokeswoman said emergency departments were seeing "increased pressure" as a result of greater numbers of people presenting to hospital who could not get in to see a GP.

"This is impacting on ambulance transfers, but recent AMA data shows almost 80 per cent of patients in Tasmania were transferred from ambulance to hospital within 30 minutes – one of the highest rates in Australia," she said.

"Hospitals are continuing to implement new initiatives to deal with the challenge including our Statewide Access and Patient Flow Program, and alternate models of care such as our Secondary Triage, Community Paramedics and

PACER program that offer care without the need of an ambulance."

The spokeswoman said if the Commonwealth government was to boost GP numbers, it would "make a real difference".

A Health Department spokesman said the government had "ongoing engagement" with HACSU regarding "transfer of care delays" and demand for ambulances.

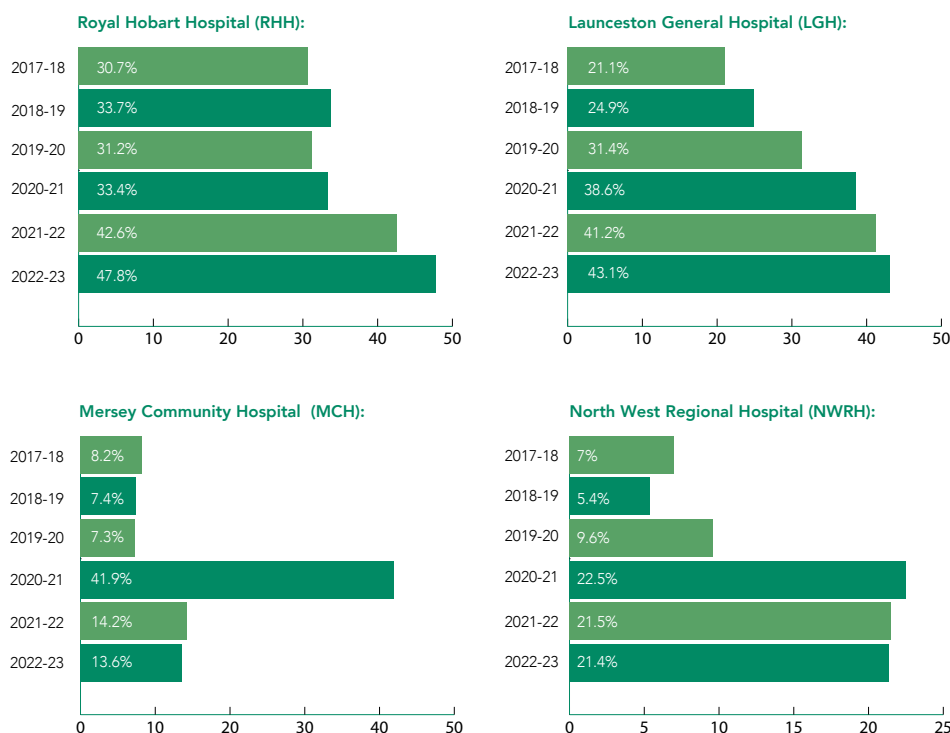
"The department has consulted with HACSU on a range of measures to address these issues," he said.

"An example is the rostering of paramedics at the Royal Hobart Hospital since July 2022 to assume care of patients awaiting transfer of care, to enable the release of paramedics to respond to other cases in the community."

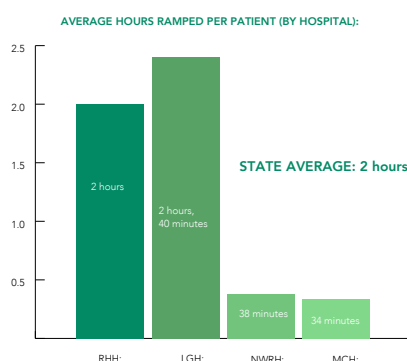
A study released by Ambulance Victoria last year found that delays in offloading patients were associated with about 70 preventable deaths in the state in 2018.



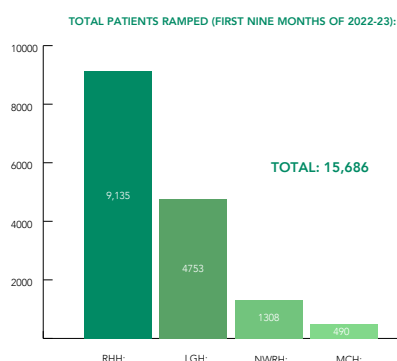
PERCENTAGE OF AMBULANCE ARRIVALS RAMPED BY HOSPITAL (2017-18 - 2022-23):



AVERAGE HOURS RAMPED PER PATIENT (BY HOSPITAL):



TOTAL PATIENTS RAMPED (FIRST NINE MONTHS OF 2022-23):



PERCENTAGE OF AMBULANCE ARRIVALS RAMPED BY HOSPITAL (2017-18 - 2022-23):

Royal Hobart Hospital (RHH):

2017-18: 30.7 per cent
 2018-19: 33.7 per cent
 2019-20: 31.2 per cent
 2020-21: 33.4 per cent
 2021-22: 42.6 per cent
 2022-23: 47.8 per cent

Launceston General Hospital (LGH):

2017-18: 21.1 per cent
 2018-19: 24.9 per cent
 2019-20: 31.4 per cent
 2020-21: 38.6 per cent
 2021-22: 41.2 per cent
 2022-23: 43.1 per cent

North West Regional Hospital (NWRH):

2017-18: 7 per cent
 2018-19: 5.4 per cent
 2019-20: 9.6 per cent
 2020-21: 22.5 per cent
 2021-22: 21.5 per cent
 2022-23: 21.4 per cent

Mersey Community Hospital (MCH):

2017-18: 8.2 per cent
 2018-19: 7.4 per cent
 2019-20: 7.3 per cent
 2020-21: 41.9 per cent
 2021-22: 14.2 per cent
 2022-23: 13.6 per cent

TOTAL PATIENTS RAMPED (FIRST NINE MONTHS OF 2022-23):

RHH:

9,135

LGH:

4,753

NWRH:

1,308

MCH:

490

TOTAL: 15,686

AVERAGE HOURS RAMPED PER PATIENT (BY HOSPITAL):

RHH:

2 hours

LGH:

2 hours, 40 minutes

NWRH:

38 minutes

MCH:

34 minutes

STATEWIDE AVERAGE: 2 hours

PRIVATE AMBULANCE OPERATORS ALLEGEDLY DIRECTED STAFF TO CONTRACT JOBS ON DAY OF EYNESBURY SCHOOL BUS CRASH

- In short: Non-emergency patient transport operators contracted to assist Ambulance Victoria are redirecting their crews to private jobs instead, putting further strain on the state's ambulance network, the union and workers say
- What's next? Minister for Ambulance Services Gabrielle Williams says a government review of the non-emergency patient transport system will examine the issue

PRIVATE AMBULANCE CREWS ASKED TO

help on the day of last month's horror Eynesbury school bus crash were instead directed to do non-urgent private contract jobs, workers have alleged, saying operators are putting profit over patient care every day.

Multiple students were left with traumatic injuries, including amputations and crushed limbs, when a school bus carrying 45 children collided with a truck on May 16 in Melbourne's outer west.

Workers with knowledge of the crash response have told the ABC that despite receiving requests from Ambulance Victoria to help on the day, at least two non-emergency patient transport crews took on private jobs instead.

"When I got to work around the same time the bus accident occurred, the company I work for said 'Don't clock on for Ambulance Victoria, we've told them no-one is available to cover that shift and we are going to get you to do private work instead'," Nick* said.

Nick said he was rostered on a dedicated Ambulance Victoria shift but was instead sent to a private job after his employer allegedly told the emergency operator crews had called in sick.

"My partner and I were pretty pissed off," he said.

"It was the most awful feeling, we had a mass casualty with children and we couldn't help — instead we were taking patients to doctors' appointments."

PROBLEMS WITH PRIVATE AMBULANCE COMPANIES WIDESPREAD, WORKER SAYS

Victoria is the only state in Australia where non-emergency patient transport (NEPT) is run by private operators.

There are seven NEPT companies in Victoria that have contracts with Ambulance Victoria, as well as hospitals, to transport patients who do not require lifesaving care.



Some students suffered serious injuries from the bus crash at Eynesbury. (ABC News)

Workers say the Eynesbury incident is indicative of what is happening in the sector every day.

Nick said triple-0 operators had to call in non-emergency crews from much further away than where his crew was based, meaning the help arrived at the scene later.

"It's happening almost daily, in every NEPT company," he said.

"They pull crews away from Ambulance Victoria and we are told we need to cover the private shifts which pay more.

"They are constantly putting profit over patient care."

In the end, a minivan was used to take some children who were not injured away from the scene.

The non-emergency provider declined to comment on the allegations and referred the ABC to Ambulance Victoria.

An Ambulance Victoria spokesperson said there was no shortage of NEPT crews on May 16.

They said using private bus transport for uninjured patients, escorted by paramedics, was a normal part of

Ambulance Victoria's emergency response to major incidents.

NON-EMERGENCY SYSTEM IS 'FAILING', UNION SAYS

The majority of the work NEPT providers do is for Ambulance Victoria, from helping with triple-0 emergencies to taking patients to dialysis.

The Andrews government announced a review into the performance of the system in December, to investigate timeliness, efficiency and the quality of the public and private services NEPT provides.

The review is being led by Labor MP and former Ambulance Union secretary Steve McGhie, with a final report to be presented to the government by the end of this year.

Ambulance Victoria Union secretary Danny Hill said about 20,000 non-emergency cases ended up being completed by emergency paramedics each year because NEPT crews were unavailable.

"So much of the work that is crushing our system at the moment is non-emergency work, so we need a strong non-

emergency patient transport sector, but unfortunately it's failing," he said.

"We are hearing daily these crews are being redirected to do work for their private contracts, that takes them out of the system and we can't rely on them, it has a massive flow-on effect and ties up emergency paramedics."

Vicki*, another worker who works in the operational side of the non-emergency sector, said it was a daily occurrence that non-emergency patient transport deliberately refused Ambulance Victoria jobs for their own private work, putting further pressure on an already strained system.

"It's written in their contract they must provide Ambulance Victoria with a certain number of vehicles, why does their private work take precedent over Ambulance Victoria? Those jobs should be a priority," she said.

MINISTER SAYS ISSUES WITH NEPT 'NEED TO BE RESOLVED'

The ABC understands non-emergency transport companies will face fines for dropping dedicated Ambulance Victoria shifts in favour of private work.

Minister for Ambulance Services Gabrielle Williams said the government's



Gabrielle Williams says she is aware of issues with the system, which will be looked at in a government review. (ABC Central Victoria: Tyrone Dalton)

review into the NEPT system would look at the issue of private companies regularly dropping Ambulance Victoria shifts.

"These are issues that are currently being considered as a way of working through what the best solutions are going forward to enhance those services," Ms Williams said.

"The fact we are holding a review would indicate that we share the opinion that there are issues with it currently that need to be resolved."

The ABC invited several of Victoria's NEPT providers to comment on this story.



Danny Hill says the failure of the non-emergency transport system is putting more pressure on emergency paramedics. (ABC News: Bridget Rollason)

Some declined to comment on the claims and referred the ABC to Ambulance Victoria.

One operator said while it made every effort to fill every shift, it was unable to fill 18 per cent of Ambulance Victoria shifts this year due to staffing challenges relating to COVID and influenza.

*Names have been changed.

By Bridget Rollason
abc.net.au



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Labor Senator for Tasmania



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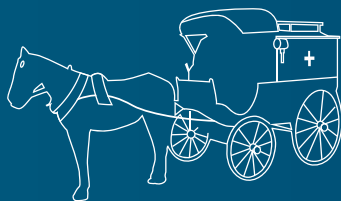
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AMBULANCE EVOLUTION



1880

1883

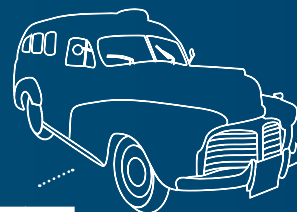
- First ambulance services begin in Melbourne via St John Ambulance Association.

1887

- Six Ashford Litters (person-powered wagons) are bought and placed at police stations and the Metropolitan Fire Brigade headquarters.

1899

- First horse-drawn ambulance goes into service.



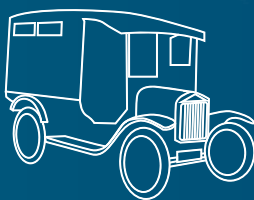
1940/50

1944

- Some ambulances receive one-way radio transmissions.

1950

- Two-way radios are fitted to the fleet and the first communication centre begins operations.



1920

1923

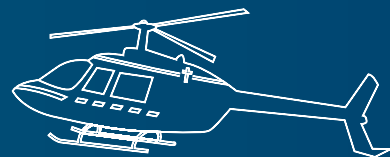
- Fleet comprises six motor vehicles, a motorcycle and sidecar, three horse-drawn ambulances and 27 operational staff.

1923

- Rural services begin at Yarram, Yarra Junction and Rushworth.

1925

- Horse-drawn era ends.



1970

1970

- Angel of Mercy ambulance helicopter commences operations.

1970

- Fixed wing Air Ambulance crashes into a helicopter at Moorabbin, with five people killed.

VICTORIA TIMELINE

1990



1992

- Computer Information System in metro region streamlines dispatch of ambulances.

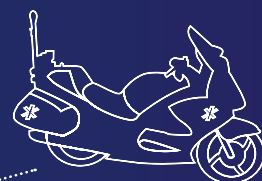
1993

- First two rural paramedics qualify as MICA and commence operations in Geelong.

1994

- MICA workforce sharply increases from 75 to 126 paramedics.

2010



2011

- Paramedic motorcycle unit begins work in Melbourne.

2010-2014

- RINSE trial for patients in cardiac arrest.

2017

- MICA responds to tragedy after a stolen car ploughed through pedestrians in Bourke Street, killing six people and injuring a further 27.

2000



2005

- Remote Area Nurses begin responding to medical emergencies.

2008

- Ambulance Victoria (AV) is formed by rural and metropolitan service merger.

2020



30 June 2021

- Ambulance Victoria has 519 MICA and Clinical Support Officer paramedics.

9 September 2021

- MICA reaches 50 years.



Figures obtained by The West Australian reveal paramedics are being subjected to disgraceful acts of aggression at an average rate of more than five times a week. Pictured: St John WA operations response manager Lee Mack. Credit: Andrew Ritchie/The West Australian

WA PARAMEDIC LEE MACK REVEALS WHAT IT'S REALLY LIKE WORKING IN PERTH:

'WE'RE BEING TREATED LIKE PUNCHING BAGS'

In her 25 years as a paramedic, Lee Mack has had knives pulled on her and she has been punched, bitten, spat on and kicked so hard while treating a patient that her hip dislocated.

AS AN OPERATION RESPONSE

manager with St John WA, it is also Ms Mack's job to respond to "code black" incidents — triggered when an ambulance crew is threatened with violence.

"I've gone to crews having knives pulled on them, I've gone to crews that have been assaulted physically, punched in the face, kicked, bitten, spat on and just general verbal aggression that is escalating," she said.

"In my career, I've had knives pulled on me and I've been chased by a patient with a knife. I've been punched, bitten, spat at, but probably the biggest one is having my hip dislocated when I was kicked by a patient."

Ms Mack said the patient was in police custody and agreed to be treated before he kicked her and knocked her off her feet.

"I was lucky that ... it was a minor dislocation. I was off work for two weeks ... so it wasn't a huge impact on work, but mentally, going back to dealing with aggression again and



Figures obtained by The West Australian reveal paramedics are being subjected to disgraceful acts of aggression at an average rate of more than five times a week. Pictured: St John WA paramedic Bradley Dale and Lee Mack operations response manager Lee Mack. Credit: Andrew Ritchie/The West Australian

trying to face that sort of behaviour is a hard thing to get over sometimes," she said.

Ms Mack said she welcomed any initiative that would support the safety of paramedics, believing abuse had escalated over the years.

"I don't think I go a day without hearing of a crew that's been at the hospital talking about being verbally assaulted or physically assaulted," she said.

Shannon Hampton
The West Australian



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