House of Assembly Petition No 84 of 2021 – SA Ambulance Service Resourcing

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The Australasian College of Paramedicine (the College) welcomes the opportunity to make a submission in response to the House of Assembly Petition No 84 of 2021 – SA Ambulance Service Resourcing.

The College is the peak professional body representing and supporting more than 10,000 paramedics and student paramedics across Australia and New Zealand, including over 750 South Australian based members. ACP champions the role of paramedics in emergency, out-of-hospital primary, and palliative care, and we are committed to enhancing patient-centred care. The College is future-focused and brings together paramedics from across Australasia to represent, advocate, promote and celebrate the achievements of this important registered health profession and drive a connected, multidisciplinary approach to high quality health care in all communities.

House of Assembly Petition No 84 of 2021

The College commends the Committee for progressing this petition and investigating SA Ambulance Service Resourcing to:

1. Provide a long-term sustainable funding stream that provides the resource capacity needed to respond to the escalating demand for ambulance services.
2. Eradicate the practice of ramping at South Australian hospitals through whatever means necessary, including additional funding.

The focus of the College is on providing a response to point 2 and the eradication of the practice of ramping, which is covered in detail below.

In relation to point 1 and long-term sustainable funding, the College supports outcomes-based funding that provides sufficient volume and distribution of paramedics to provide equitable and quality patient centre care for all the South Australian population.

The College wishes to register an interest in presenting oral evidence to the Committee should the opportunity arise.

Eradicate the practice of ramping at South Australian hospitals through whatever means necessary, including additional funding

The term ramping is used to describe ambulances being stuck at hospital emergency departments waiting to offload their patients. Ramping typically occurs with low acuity cases, with emergency cases given priority access to emergency departments. Crucially however, having an ambulance ramped with a patient waiting to be offloaded to a hospital, prevents that ambulance from being available to respond to patient calls in the community. This leads to longer ambulance response times, which places community members at risk by decreasing the available health resources to attend to situations as they arise.

Ramping is generally a symptom of inpatient hospital services unable to meet patient demands. Access block, typically the inability to move acute patients from emergency departments to hospital wards, is a significant contributor to emergency department overcrowding leading to ramping issues. The delay in discharge of patients from hospital, due to limited post discharge care and concerns about re-admission, is also a factor in access block.

Rather than focussing on ramping as an isolated issue, the College supports a range of system wide interventions being put in place to help address this, and other health access issues.

The Australian Institute of Health and Welfare data from 2019-20 showed 321,202 ED presentations in South Australia where the consumer was not admitted or referred. This equates to 60% of all ED presentations at a cost of $260m per year. Whilst the College acknowledges that many patients do genuinely require assessment, diagnostics, and treatment in EDs, providing care to even a subset of these patients in the community through Urgent Care Centres, GPs and multidisciplinary teams would deliver considerable savings to the SA health system, likely more than $100m per year.

Alternative service delivery models to meet the needs of the community and address ramping

Community Paramedicine / Extended Care Paramedic

The College is proposing the wider introduction of Community Paramedics as defined in South Australia and across other jurisdictions, as a model of care where paramedics apply their training and skills in non-traditional community-based environments outside of the usual emergency response/transport model[1].

In South Australia, there are several domains of care that have historically been withheld from paramedic practice, despite successful models elsewhere. These include a wider distribution of

[1] International Roundtable on Community Paramedicine. 2020. Available from international roundtable on community paramedicine > About Us (ircp.info)

extended care/community paramedic education and skills, wider access to non-hospital referrals pathways, widespread paramedic delivered palliative care, and others.

Since the introduction of paramedic registration, paramedics are increasingly working across a variety of health care settings, not just within jurisdictional ambulance services. Paramedics are being used in various primary, community or extended paramedic models of care internationally and across Australia. These models utilise the highly qualified paramedic workforce that is uniquely placed to support existing health infrastructure to deliver responsive, flexible, high-quality, and affordable primary and community health care services.

The role of a Community Paramedic is differentiated from that of acute, emergency ambulance services by the broader domains of practice and models of care that incorporate urgent care, primary care, aged care, community engagement, preventative care, response to unplanned care needs, and integration with medical, allied health, aged and social care services[2,3]. While Australian and international models of care for Community Paramedic programs are varied in response to local need, they share a similar focus on the prevention and management of chronic diseases, the utilisation of interprofessional collaboration, specific and global home health assessment, follow-up care post hospital discharge, management of frequent users of ambulance services, and identification and assistance to at-risk populations[4,5].

Paramedics are educated and experienced at providing emergency care, as well as low acuity health care to people in a variety of different settings. Paramedics attend to a wide variety of patient presentations, ranging from critical, traumatic injury to chronic, complex medical syndromes in aged care facilities, mental health illness, substance use disorders, and palliative and end-of-life care.

There is scope for Community/Extended Care Paramedic roles to be expanded in metropolitan, rural and remote communities, in hospitals and health clinics, in aged care and other key primary health care settings. Expansion of these models of care could support hospital avoidance initiatives and potentially reduce costs to the health system associated with emergency department presentations. Additionally, it may improve the management of chronic health conditions, and reduce early entry into aged care. Community paramedics can play a role in supporting GP services, rural health clinics, urgent care centres and minor injury units, and would see paramedics work more comprehensively as part of an integrated multidisciplinary teams.

The expectation for Community Paramedics is that they are Ahpra registered paramedics and have completed a postgraduate diploma in community paramedicine, primary or urgent care.

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[2] O'Meara P, Stirling C, Ruest M, Martin A. Community paramedicine model of care: an observational, ethnographic case study. BMC health services research. 2016;16(1):39-.

[3] Elden OE, Uleberg O, Lysne M, Haugdahl HS. Community paramedicine—cost–benefit analysis and safety with paramedical emergency services in rural areas: scoping review protocol. BMJ open. 2020;10(9):e038651-e.

[4] Chan J, Griffith LE, Costa AP, Leyenaar MS, Agarwal G. Community paramedicine: a systematic review of program descriptions and training. CJEM. 2019;21(6):749-61.

[5] Leyenaar MS, McLeod B, Penhearow S, Strum R, Brydges M, Mercier E, et al. What do community paramedics assess? An environmental scan and content analysis of patient assessment in community paramedicine. Canadian Journal of Emergency Medicine. 2019;21(6):766-75.

The College is advocating for both the expansion of Community/Extended Care paramedic roles, but also the wider credentialling of existing paramedics with Community/Extended Care scopes of practice.

Each year, approximately 2,400 student paramedics graduate from their paramedicine degree programs. Jurisdictional ambulance services collectively employ around 1,200-1,400 graduate paramedics per year, leaving over 1,000 graduate paramedics available to help address the health workforce shortage. Since 2014, more than 1000 graduate paramedics have moved to the United Kingdom to offset their workforce shortages, with many of these paramedics having worked in primary health care as part of their roles. A sizeable percentage of these highly skilled paramedics are looking to return to Australia now and in the coming years, but many will struggle to find paramedic roles in Australia under the current limited jurisdictional ambulance service roles.

Numerous reports highlight the ongoing workforce shortages and limited access to primary health care services for different communities, especially in rural and remote Australia, and we would contend that paramedicine is one health profession underutilised and unrepresented in supporting primary health care.

The College recommends the wider implementation of Community/Extended Care Paramedic practice across South Australia, both as part of, and separate to, the SA Ambulance Service, to play a key role as part of the health workforce in multidisciplinary teams alongside GPs, nurses, and allied health professionals.

Community Paramedics should be utilised:

- In Urgent Care centres (see more detail below)
- With GP clinics and health clinics to provide clinic and in home health care as part of multidisciplinary teams and utilising telehealth (see more detail below)
- With aged care, NDIS and home care service providers
- As part of palliative care teams
- In Hospital in the Home programs
- With SA Ambulance to treat and refer low/mid acuity patients in the community away from ED
- In rural and country areas to be utilised across the health service, providing the emergency response ambulance service, and supporting the volunteer ambulance officers, but also working with the local GPs and health clinics, and country hospitals.

The introduction of Community Paramedics in these areas would reduce hospital ED presentations / re-presentation, help hospital outflow by providing in home post discharge care allowing more patients to be discharged knowing they will be cared for appropriately, and provide a larger available health workforce to address workforce shortages and meet the health care needs in the community

Recommendation 1:

Wider implementation of Community/Extended Care Paramedics practice across urgent care, primary care, and aged care, to support quality patient-centred care through organised health care networks.

Telehealth

The College believes that telehealth has a crucial role to play in the delivery of health services in all areas but particularly in rural and remote South Australia.

The ongoing shortage of general practitioners, health professionals and other health services, especially in rural and remote areas, is a significant barrier to the health of South Australians resulting in delays to care and unnecessary transport and hospital admissions. Many rural and remote communities have a reliance on paramedics for the delivery of health care highlighting the key role paramedics play in the health and welfare of their communities, particularly where primary health care services are difficult to access or unavailable[6].

By introducing a comprehensive telehealth service, in addition to the Community Paramedic model outlined above, paramedics would be well placed to provide a wider range of health interventions with the assistance of medical specialists located across Australia.

Paramedics already attend to a wide variety of patient presentations, ranging from critical, traumatic injury to chronic, complex medical syndromes in aged care facilities, mental health illness, substance use disorders, and palliative and end-of-life care. Many of these attendances have traditionally fallen within the domain of primary and preventative care; however, due to the prolonged shortages of rural doctors and the limited availability of community nursing staff, patients are increasingly being managed by the paramedic workforce, especially in regional, rural, and remote areas.

A comprehensive telehealth service could further support this, providing an even wider scope of treatments being able to take place in communities, reducing the need for patient transport services.

Recommendation 2:

Expansion of comprehensive telehealth services to support quality patient-centres care across South Australia.

Urgent Care Centres

Urgent Care Centres are one viable option to assist in reducing ramping, by diverting low-mid acuity patients away from hospital emergency departments, resulting in ambulances being able to return on-road in a reduced timeframe. Data collected from WA urgent Care Centres shows that 16 out of 20 most common emergency department presentations can safely be managed in a non-emergency department setting, such as an Urgent Care Centre[7]. We note that South Australia has a handful of urgent care centres currently in operation, and the College supports the utilisation of urgent care centres as a system wide solution. The Urgent Care network should be expanded and further

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[6] Batt A, Morton J, Simpson M. RETHINKING. Rural Remote Health. 2015;14(3):2821.
[7] St John WA's Urgent Care offers ED alternative for patients. Business News. 2021. Available from St John WA's Urgent Care offers ED alternative for patients (businessnews.com.au)

integrated and coordinated with emergency departments and ambulance services to ensure patients are guided to the most appropriate mode of care.

Research out of Europe has highlighted the importance of integrating urgent care centres with emergency responses (such as emergency call management systems, and ambulance responses) to direct lower acuity patients to more suitable health pathways[8]. In Denmark, they introduced requirement for referral from urgent care call centre or GP to attend an emergency department (unless clearly an emergency). This saw 10-27% reduced in ED presentations across different regions. Implementing a similar system across South Australia has the capacity to have comparable results, reducing ongoing ramping issues, and providing more appropriate patient-centred care for communities.

The College believes that the focus needs to be on improving the integration between emergency departments, urgent care centres and ambulance services, and the wider health system, as well as targeted patient education initiatives so that communities are comfortable in receiving care away from the traditional hospital emergency setting that they may be used to.

Successful implementation and integration of urgent care centres has shown to take time to provide real benefit to the health system and emergency department presentations[9], as patients and health services get used to a new systematic health approach to low-mid acuity patient care.

The College urges the Department of Health to extend and expand the Urgent Care system and focus on integrating and tailoring the service to ensure that they have impact in South Australia.

Recommendation 3:

Extend and expand the Urgent Care system across South Australia by increasing the number and scope of the Priority Care Centres and/or replicating the Central Adelaide Local Health Network Sefton Park model, ensuring full integration in the health system.

Other relevant matters

Chief Paramedic Officer

The College strongly supports the appointment of a Chief Paramedic Officer for South Australia. When Governments are making key decisions that impact on the health care of their communities, the College feels strongly that the role of a Chief Paramedic Officer would add value to the existing chief clinical officer positions.

Like other senior officers in health roles (such as Chief Health and/or Medical Officer, Chief Nursing and Midwifery Officer, etc.), the role of Chief Paramedic Officer should be included as part of the clinical leadership team for health. The role should sit in a suitable governmental entity, but outside

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[8] Baier, Natalie, et al. 2019. "Emergency and Urgent Care Systems in Australia, Denmark, England, France, Germany and the Netherlands – Analyzing Organization, Payment and Reforms." Health Policy 123 (1): 1–10. doi:10.1016/j.healthpol.2018.11.001.
[9] Carlson, Lucas C., et al. 2020. "Impact of Urgent Care Openings on Emergency Department Visits to Two Academic Medical Centers Within an Integrated Health Care System." Annals of Emergency Medicine 75 (3): 382–91. doi:10.1016/j.annemergmed.2019.06.024.

of jurisdictional ambulance services, to fully encompass and represent all paramedics working across a variety of health settings.

The role is critical to ensure that difficult problems facing health systems can be addressed with a co-designed, multidisciplinary, interprofessional approach. A Chief Paramedic Officer would enable the South Australian government to have an expert paramedic available to advise how paramedics could contribute to existing health systems through their unique clinical skill set and help to address some of the health workforce challenges seen across the health system, particularly around the metropolitan, rural, remote divide.

Recommendation 4:

Introduce the role of Chief Paramedic Officer within the senior health officer roles to engage and better utilise the paramedic workforce.