

FOREWORD

Best Again

The people of New South Wales expect their ambulance service to be the equivalent of any in the World in its quality of care and speed of response.

While ambulance officers enjoy a high level of respect and support from the community, our performance as a Service has come under increasing public scrutiny, with clear indications of where reform and improvements are required.

Best Again is an overview of key strategies to be implemented between 2002 - 2007, to put us in the forefront of the World's ambulance services.

The strategies are presented under four broad headings:

Technical Capability:

Strategies to ensure that we have the equipment, fleet, bases, and communication and information systems to operate at contemporary best practice standards.

Clinical Capability:

Strategies to ensure that we are trained for best practice, that we have the right mix of skills, and that we are measuring and improving quality care.

Operational Performance:

Strategies to ensure that our operational protocols and work practices are geared to delivering quality care quickly.

Management Practice:

Strategies to ensure that we develop a management culture to support best practice, characterised by: open communication; fair and equitable treatment of individuals; delegation of authority to the most effective level; accountability; effective development of managers; and effective representation of the interests of the Service.

The Strategies outlined in Best Again will form the core of our strategic planning for the next five years.

Greg Rochford
Chief Executive Officer

The Challenge

If we are to achieve World best practice in our operations, we need the tools for the job - equipment, vehicles and communication and information systems which are at the leading edge of technology and which operate reliably.

Procurement of equipment planned in advance of need

In the extensive round of recent consultations, officers repeatedly emphasised frustration with equipment which was not suited to its purpose, which was unreliable or which lay idle because insufficient officers were trained in its use. Our challenge in the next five years is to move from a situation of "catch-up" in equipment replacement, management and maintenance to a position where procurement and deployment is planned well in advance of need.

A modern reliable fleet

We are well advanced in our program of fleet replacement - both road and air. We must ensure that we pursue this program to deliver a modern and reliable fleet. We need to ensure also that we deploy the most effective mix of vehicles in line with changes in demand and service mix.

Communications - our most complex technical challenge

The most complex challenge we face in building our technical capability is the development of effective, comprehensive and reliable communication systems to support our operations in the field. It is clear that in the immediate term the Government Radio Network is not going to deliver the capacity we require to support our communication systems Statewide. But we have to go forward and interim arrangements to ensure appropriate coverage must be implemented.

Assets can be liabilities

A comprehensive strategy for developing our technical capacity must include the planned development of our stations and other fixed assets. Assets can sometimes be liabilities: the recent Operational Review showed that our current distribution of stations within Sydney is holding us back from achieving optimal response. Our strategy must provide for disposal of low utility capital assets for reinvestment in acquiring and upgrading the capital assets we need to enhance our operations.

Our Response So Far

The Asset Strategic Plan

In 2001 the Asset Strategic Plan for the Ambulance Service of New South Wales was completed. This is the first time that we have put together a comprehensive plan for our total capital needs for the future. The Plan is not a static document and will be progressively revised in line with ongoing reassessment of our needs. But it is a landmark document for two reasons:

- ✘ It gives us the framework for effective forward planning of our procurement and getting our priorities right in capital expenditure.
- ✘ It enables us to present Government with a clear picture of the scope of capital expenditure required to deliver an ambulance service of World standard.

In the past two years we have made a number of capital investments to address priority needs, including:

Capital Works Projects 2000/02

Fleet

Replacement of 200 Ford F100s with 200 Mercedes Sprinter ambulances.
Replacement of Toyota Tarago ambulances with Volkswagen T4 ambulances.

Key Capital Investments

Buildings

New ambulance stations at Coffs Harbour, Morisset, Bowral, Cooma and Warren.
Additional ambulance stations at Tanilba Bay and South West Rocks.
New Training Centre at Macksville.
\$1.25m allocated to building maintenance.

Equipment

Commencement of replacement program for defibrillators.
Commencement of replacement program for soft bag/mask resuscitators.

Information Technology And Communications

Upgrading of Servers for the computer aided dispatch system.
Provision of additional radio base stations and changeover of aerials to UHF.
Initial rollout of intranet system.

Key Strategies 2002-2007

Government endorsement of Asset Plan

The cornerstone of our strategy to build our technical capability will be to obtain Government endorsement of the scope of capital investment defined in the Asset Strategic Plan; and to secure a stream of funding to support the timely delivery of priority capital needs.

An important component of our asset planning will be the development of a comprehensive Equipment Management Program.

Significant capital investment priorities for 2002 - 2007 will include:

Fleet

Replacement of Air Ambulance fleet of four aircraft.
Replacement of remaining Ford F100 series ambulances.
Acquisition of additional rapid response vehicles.

Capital Investment Priorities

Buildings

Refurbishment of Paddington Ambulance Station.
New stations at Queanbeyan, Wellington and Finley.
New Training Centre at Gilgandra.
New and replacement stations in growth areas.

Equipment

Continuation of the defibrillator and soft bag/mask resuscitation equipment roll-out.
Program for provision of glucometers.

Information Technology And Communications

Replacement of CAD workstations.
Electronic patient record system.
Service-wide intranet available with computers on all stations.

Enhanced Communications

We will enhance our communications by continuing the roll-out of Mobile Data Terminals and the use of Automatic Vehicle Location Systems. To achieve this, negotiations will be pursued with the Office of Information Technology to finalise interim data network coverage for the Greater Sydney Area and rural NSW.

The Challenge

Skills upgrade

The immediate challenges facing us in developing our clinical capability are the need to upgrade the skills of Level 3 officers and the need to fast-track the training of an additional 200 paramedics. In rural NSW, in particular, we have a need to rapidly address our equity of clinical coverage.

The need for a Clinical Governance Structure

But there is a more fundamental program of reform that we must implement if we want to lay claim to World best practice - the development of a Clinical Governance structure that applies clinical evidence to every aspect of our operations: training, workforce planning, service planning, capital planning and operational policies and procedures.

Information through Clinical Review

At present we are only measuring one dimension of our performance - the time we take to do things, including the time taken to instigate clinical care. We are not measuring the clinical outcomes of our performance in a systematic way. While we have clinical protocols in place we do not have feedback on the effectiveness of their application. We need to develop and implement a process of Clinical Review as the core component of the development of our clinical capacity. The Review will provide a supportive framework for the maintenance and development of skills.

Applying the Information

The application of information from Clinical Review will enhance the professional development of individual officers, the development of teams as clinical units and the development of the expertise of the Service in the management of pre-hospital care.

Our Response So Far

In response to our immediate challenges: skills upgrading of Level 3 officers is in train; and the Minister has recently approved the training and deployment of an additional 200 paramedics.

Clinical Protocols and Quality Improvement

We have reviewed our clinical protocols and the revised document was released in November 2001. The Ambulance Service of New South Wales Clinical Quality Improvement Strategy is being developed for launch in 2002. In regard to the development of our Clinical Governance structure with the implementation of Clinical Review at its core, we are really just at the threshold and the hard work lies ahead.

Recognition of Clinical Role

Significant progress has also been made in having the Ambulance voice heard in the broader Health forum with senior officers appointed to Department of Health policy committees in areas such as Emergency Services, Trauma, Mental Health and Infection Control. The Department's decision to collocate the Statewide Counter Disaster Unit, with administrative support provided through the Service, also demonstrates growing recognition of our clinical role.

Key Strategies 2002-2007

Major training projects

The upgrade of all level 3 officers to 3C status will be completed by 2003.

Training of an additional 200 paramedics will be fast-tracked for completion by 2005.

Implementation of the Ambulance Clinical Quality Improvement Strategy will commence in 2002.

Clinical Governance Committee

A Clinical Governance Committee of the Board will be established and tasked with the oversight of the development of a comprehensive clinical governance structure for the Service. Membership of the committee will incorporate medical, operational and systems expertise.

Implementing Clinical Review

A clinical review process will be developed in 2002 for implementation in 2003. Following the establishment of a comprehensive clinical governance framework, the clinical review process will take advantage of the increased data collection and analysis capacity afforded by implementation of the new patient health care record.

Review of re-certification

The current recertification process will be reviewed in the context of the implementation of clinical review, with the objective of integrating re-accreditation and operational review of clinical performance.

Registration

Registration of ambulance officers as health professionals will be pursued at a National and State Government level.

Medically prioritised dispatch

Commencement of call prioritisation for 000 calls to assess the urgency and appropriateness of the Service's response.

Advanced clinical practice

We will pursue opportunities for expanded clinical practice in collaboration with other health providers in rural and remote communities.

OPERATIONAL performance

The Challenge

The Operational Review which commenced in 2001 gave us the opportunity to take a hard look at our efficiency relative to World best practice. The Sydney Review has now been finalised and the Outside Sydney and Operations Centres Reviews are in the consultation stage.

The Operational Review for Sydney, provided a detailed analysis of our performance and there are three inescapable conclusions we must take from the study:

- ✘ We are currently performing well below the best ambulance services in terms of our response times.
- ✘ We cannot fully bridge this performance gap without additional resources.
- ✘ We can, however, make substantial performance improvements within our existing resources through reform of operational policies and work practices.

Conclusions from the Operational Review

Better matching of resources to demand

The required reforms centre on better matching of resources to demand and deploying a more efficient skills mix across NSW. These changes will necessarily mean the negotiation of new roster formats. Our challenge will be to determine work formats which provide the flexibility required for efficient operation but which preserve the overall quality of working conditions which staff currently enjoy. We must find the meeting point to go forward.

We can anticipate that the Outside Sydney and Operations Centres Reviews will pose similar challenges in terms of reform of current work practices.

More effective strategies for emergency department turnaround

Another critical factor affecting our operational performance is our interface with the hospital system. Despite very much improved communication between the Service and the Area Health Services we are not seeing sustained improvement in the turnaround times at emergency departments. We need more effective strategies to recover this lost capacity.

Expanding patient transport

While our major operational focus will be on enhancing our emergency retrieval performance we must also develop our routine patient transport role. A major challenge will be to develop a competitive service and pricing structure to regain work lost to internal Area transport services.

Our Response So Far

Improvements to Operational performance

There have been significant improvements through response times, introduction of rapid response and the patient transport service as a dedicated tier.

Ministerial approval and funding

The Sydney Operational Review has been submitted to the Minister who has endorsed the recommendations and committed additional funding to implement the first phase of reforms in Sydney. The Minister has clearly indicated that commitment to the enhancement component is conditional on the implementation of the work practice reforms necessary to match resources to demand.

Key Strategies 2002-2007

We will implement the approved recommendations of the Operational Reviews for Sydney, Outside Sydney and the Operations Centres. The key components of our strategy will be:

- ✘ Adopt performance targets to drive the reform process across the State.
- ✘ Introduction of a Rapid Response tier.
- ✘ Extension of the Patient Transport tier.
- ✘ Increases in funded establishments of ambulance officers, patient transport officers and paramedics.
- ✘ Crewing of paramedics with ambulance officers.
- ✘ Revision of roster formats to match resources to demand.
- ✘ Review and implementation of improvements to Operations Centres functions.
- ✘ Develop new service delivery models appropriate to rural and remote communities.

Implementation of operational reforms

Collaboration with HREA

The collaboration with HREA in the development of the operational strategy will be continued in the implementation phase to resolve work practice issues associated with the reforms.

An ongoing process

The model employed in the Operational Review in assessing demand, resourcing and performance will be utilised in our ongoing planning of service enhancements to meet future demand. We will also use the model to measure our progress in improving performance.

Incentives linked to Emergency Department performance

We will continue our collaboration with Area Health Services to address the issues associated with emergency department turnaround times. As part of this process we will be proposing the introduction of financial incentives linked to emergency department performance.

A competitive PTS

We will develop a competitive Patient Transport Service and pricing structure to expand our activity in inter-hospital transport in both metropolitan and rural settings

Collaboration with rural health services

Develop strategies to achieve greater health care for rural and remote communities through participation in health system programs such as RHHSP (Rural Hospital and Health Service Program).

The Challenge

Are we up to the challenge?

The previous sections of Best Again outline the major challenges we face to put ourselves at the forefront of the World's ambulance services. Are we up to the challenge? The 2001 Corporate Culture Survey and subsequent consultation with management and staff demonstrated widespread dissatisfaction with many aspects of the way we function as an organisation. Reform of our management and organisational culture will be the key to our success in meeting the technical, clinical and operational challenges we face.

A professional health service

At the heart of this reform must be the recognition that we are a professional health service and we must strive to develop the organisational climate which is characteristic of the best professional organisations: where the contribution of the individual is valued and recognised; where open communication is encouraged; where people are confident they will be treated fairly; where self-criticism is valued as a means of improving performance; where achievement is celebrated; and where there is a shared sense of purpose.

Devolved authority and accountability

Our management structure and procedures must be geared to devolving authority to the level at which it is most effectively exercised. Devolution of authority must be matched by increased accountability for operational, clinical, financial and people management. Our managers need to be confident that performance assessment is geared to continuous improvement and is not a punitive mechanism.

Training and workforce planning

The devolution of authority must be matched with the training and development of managers in the skills required to do the job effectively. Our promotion and workforce planning programs must be geared to provide opportunity and encouragement to people with the capacity and desire to take on management roles.

Representing the interests of the Service

To develop a strong sense of shared purpose, management and staff at all levels must perceive that the interests of the Service are being effectively represented by the Board and Senior Executive. Progress in securing the resources required to build our technical and operational capacity will be a key measure of the effectiveness of the Board and Senior Executive.

Our Response So Far

In the past two years we have laid a firm foundation for management and organisational reform.

More open communication

The Corporate Culture Survey was a necessary, if painful, first step in assessing our health as an organisation. We have moved quickly to open channels of communication within the Service with: face to face meetings between the Senior Executive and managers and staff at all levels throughout the State; more regular publication of information on important issues; and a commitment to establishing an Ambulance Service intranet to improve communication between staff and management.

Ambulance Advisory Councils

The establishment of Ambulance Advisory Councils in a number of areas of concern to staff has proved an effective line of communication with the Industrial Associations.

A new Executive structure

We have implemented our new executive management structure, geared to implementing the process of reform and to the devolution of management authority and accountability, whilst ensuring support of front line ambulance officers. Delegations have been reviewed to reinforce devolution and are ready for implementation.

Our Response So Far

Performance Agreement

A Performance Agreement has been finalised between the Service and the NSW Health Department, which will provide the basis for the development of an initial set of performance indicators to measure our operational and management performance.

Management assessment and development.

Our senior managers have completed an executive assessment program, which has established relative management strengths and weaknesses - both as individuals and as a management team. The assessment process will assist in our planning of management training and development. A Learning and Development Officer has been appointed to drive this program. A Performance Management Unit was established in 2001.

Key Strategies 2002-2007

Our commitment to the process of open communication will be reinforced by:

Commitment to communication

- ✘ conducting the Senior Executive "roadshows" on an annual basis.
- ✘ re-surveying all staff every 18 months to obtain feedback on our progress in reforming our management culture.

Performance measurement

An initial set of Key Performance Indicators will be developed for implementation in the 2002-03 financial year. The initial KPIs will be progressively expanded and refined in line with our developing sophistication in clinical and operational measurement.

Development of a performance management system for the Service's managers, incorporating annual review against agreed objectives, will be implemented in 2002.

Management of People

The Service's current policies and procedures relating to human resource management will be reviewed and a policy statement developed which states the values and principles which will govern our management of people.

Developing managers

All managers will undertake training in core management competencies, with specific emphasis on the management of people in a professional environment. The program will commence this year for senior and middle level managers and in 2003 for frontline managers.

Regular information

The Senior Executive will regularly report to staff on progress on the key strategies for the Service.

