



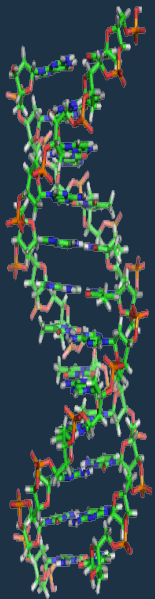
PARAMEDICS

A U S T R A L A S I A

AHCRA National Health Reform Summit 2014

The Forgotten Health Profession

Meeting the needs of the community through
expanding paramedic practice



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July 2014

Community expectations

Access and equity with consistent and comparable service / practice standards

Redress grave inequities in indigenous / rural

Economy, efficiency and effectiveness

Strong community trust / confidence in care

Ensure public safety and accountability through transparent regulatory processes

Independent complaint mechanisms with community engagement



So – did you know?

Paramedics today ...

"... deliver treatments that would only have been done by doctors 10 years ago..."

*Transforming urgent and emergency care services in England
Sir Bruce Keogh, NHS England Medical Director - November 2013*



A paramedic snapshot

- ~ 12000 practitioners in Australia
- > 120 employers & agencies (pvte & public)
- ~ 34% live in rural & remote postcodes
- ~ 4.2M responses by ambulance services alone *
- ? Responses by other non-govt service providers
- > 5500 U/G and P/G university students (2014)

None are registered (unless nurses or doctors)

* Report on Government Services (ROGS) 2014 Chapter 9



Paramedics in transition

Rapid development of educational pathways

Expansion of interventions / clinical aspects

Enhanced competencies and CPD demands

Advances in technology / communications

Benefits of inter-professional team practice

Changing demographics – ↑% female/younger

Rural and remote challenges – access / equity



Mobilising paramedic care

Let's explore just two reform innovations:

Hospital in the home – out of hospital care
(extended care or community paramedics)

Pathways to care

(On the scene triage and care referrals)



HHH – International moves

In the US, Canada, NZ and elsewhere ...

“ ... The concept of community paramedicine represents one of the most progressive and historically-based evolutions available to community-based healthcare and to the Emergency Medical Services arena ...”

Joint Committee on Rural Emergency Care,
National Association of State EMS Officials, December 2010



HIH – Australian studies / pilots

The screenshot displays the Health Workforce Australia website. At the top, there is a blue navigation bar with 'Health Workforce Australia' and 'HWA Connect' on the left, and 'Help' and two 'A' icons on the right. Below this is a white header area featuring the Health Workforce Australia logo (a stylized atom) and the text 'HealthWorkforce AUSTRALIA'. To the right of the logo is a search bar with the placeholder text 'Enter keywords...' and a magnifying glass icon.

The main navigation menu is a blue bar with the following items: HOME, ABOUT US, OUR WORK, NEWS & EVENTS, RESOURCES, and CONTACT US. The 'OUR WORK' item is highlighted.

Below the navigation bar is a large image showing a paramedic in a green uniform and white gloves attending to an elderly woman seated in a chair. A red and black medical device is visible in the foreground.

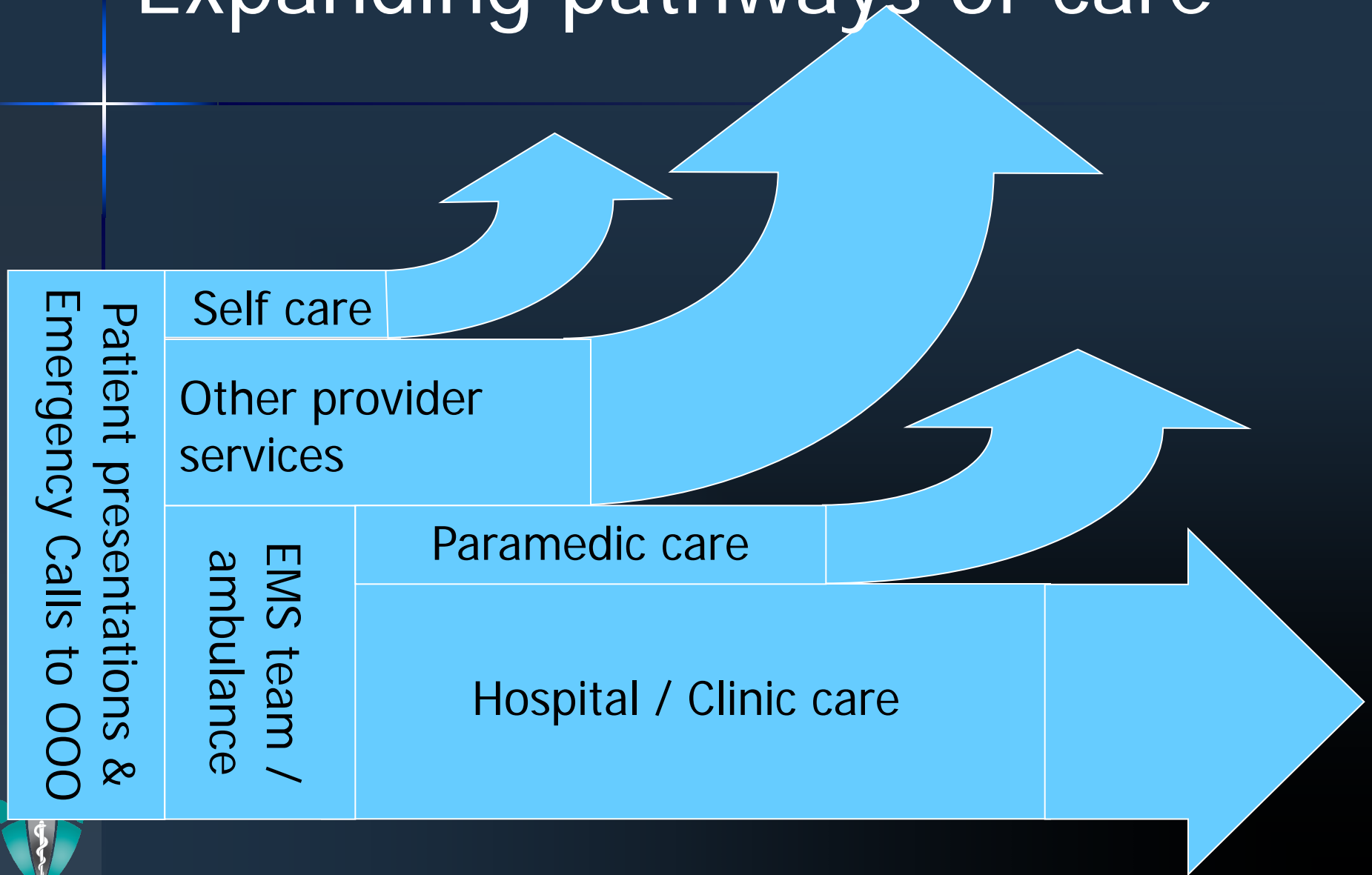
To the right of the image is a teal sidebar menu with the following items: 'HWA Strategic Plan and Work Plan', 'Reform to reality', 'Current programs' (with a right-pointing arrow), 'Program archive', and 'Grants and tenders' (with a right-pointing arrow).

Below the image is a breadcrumb trail: 'Home > Our Work > Current programs > Expanded Scopes of Practice Program >'. Below this is the main heading 'Extended Care Paramedics' in a large teal font, followed by the sub-heading 'Overview' in a smaller teal font.

At the bottom right, there is a teal box with the text 'Engage & Connect' and a right-pointing arrow, and below it, another teal box with the text 'HWA Connect' and a right-pointing arrow. At the very bottom, there are partial icons for social media platforms like Facebook, Twitter, and LinkedIn.



Expanding pathways of care



UK - NHS Pathways project

Objective to deliver innovative evidence-based clinical assessment tool

Rapid assessment of calls to both urgent and emergency care

Concurrently link the clinical assessment with dynamic service directory to match the clinical skills required with their availability

Piloted successfully with >1m calls

An evaluation of the accuracy and safety of NHS Pathways
Janette Turner, Val Lattimer, Helen Snooks June 2008
<http://nwaslibrary.blogspot.com/2009/07/nhs-pathways-research-study-now.html>



Developing holistic health care

Health care begins with the patient and not at the hospital door - needs holistic approach

Critical importance of front-end/primary care

Effective triage and screening can alter balance of demand on hospital / clinic / health system

Paramedics currently underutilised resource

Paramedic skills can be deployed in broader independent community health roles to meet current demands / improve access & equity



Some impediments to realisation

Paramedic practice absent from national health policy landscape – not even included within the Commonwealth definition of a health profession

Research & outcomes data on the workforce and patient journey is deficient

Health policy has consistently overlooked paramedics - 'the forgotten health profession'

Community access to available paramedic care is thus limited – need to unshackle mindsets



What about risk ?

Table 9 Risk factor assessment for health professions under the National Scheme

	Use of an instrument, hand or finger in body cavity	Distraction of attention	Exposure to a hazardous form of radiation	Exposure to caustics, irritants, or corrosives below dermis, mucous membrane, in or below surface of eye or teeth	Dispensing a scheduled drug, including a scheduled drug (includes compounding), supervising that part of a pharmacy that dispenses scheduled drugs	Injecting a scheduled drug or substance by injection	Ingesting or inhaling substances for ingestion	Initiating or assisting in labour or delivering a baby	Performing or assisting in a procedure that has a potential for harm	Performing or assisting in a procedure that involves a fracture of a bone or casting a fracture of a bone or casting dislocation of a joint	Performing or assisting in a procedure that involves a referral from a health care practitioner who sees patients with or without a referral from another health care practitioner	Performing or assisting in a procedure that is not commonly performed without a referral from another health care practitioner	Performing or assisting in a procedure that is commonly required to disrobe a patient
Medical radiation practitioners			X	X							X		X
Nurses and midwives			X	X	X		X	X	X		X		X
Optometrists					X						X		
Occupational Therapists			X								X		X
Osteopaths		X									X		X
Pharmacists					X		X				X		
Physiotherapists		X	X								X		X
Podiatrists				X	X						X		
Psychologists									X		X		
			UNREGISTERED			UNREGISTERED			UNREGISTERED				
Paramedics**	X			X		X	X	X	X		X	X	X

Paramedics tick 9/13 AHMAC risk factors

** Paramedics included for comparison only. This risk assessment is not included in the original reference source.

Trust is central in healthcare

Trust has several dimensions in healthcare

- Trust in the practitioner competence
- Trust in the procedures / interventions
- Trust in the provider / system

To ensure public safety - healthcare is subject to strict regulation - AHPRA* currently registers 14 professions with risk profiles < paramedics

And yet

Paramedics inexplicably are not registered

* Under NRAS – National Registration & Accreditation Scheme



Paramedics are already trusted *

1. Paramedics
2. Firefighters
3. Rescue Volunteers
4. Nurses
5. Doctors
5. Pilots

Paradoxically - that level of trust introduces additional risk from potential fraud and misrepresentation – need protection of title

* Readers Digest Australian Survey – June 2014



How will registration help?

To quote the NRAS website:

"...Under the National Law health professionals will be able to move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce."



What is happening now?

Working Group established under the WA Department Health on Paramedic Registration

Final Risk Impact Study to go to next Ministers' Meeting - expected in August 2014

Separately, AHMAC is preparing for regulation of lower acuity practice by "un-registered health workers" via a national code of conduct

Paramedics Australasia and overwhelming consultation advocacy is for AHPRA registration



Community/AHCRA implications ?

Expand access to community care

Mobilise the capacity of paramedics as another participant in providing HIH / OOH health care

Opportunities for inter-professional practice

Ensure collaborative community practice models

Enhance mobility and available resources for community care through supporting national paramedic registration & extended care models



And registered or not – in the public interest - can Australia afford to ignore this valuable and highly competent but largely forgotten paramedic health workforce in future policy settings?





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