



New Zealand Nurses Organisation

Feedback to the National Ambulance Sector Office on the Draft New Zealand Ambulance Service Strategy

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INTRODUCTION

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on this draft strategy.
2. NZNO is the leading professional body of nurses and nursing union in Aotearoa New Zealand. We have consulted widely with NZNO staff (Management, Professional Nursing Advisors, Policy Analysts, and Industrial Advisors) and NZNO members, many of whom work either directly in or closely with the ambulance sector. This submission is informed by their comments and, in particular, by our expert professionals in the College of Emergency Nurses, the Flight Nurse Association, the NZ College of Practice Nurses and the Primary Health Care Sector.
3. NZNO strongly supports a national ambulance service which is coordinated with the public health system and operationally integrated with other health services.
4. We acknowledge the unique nature of the service provided by volunteers in New Zealand and support secure and proper funding to retain and leverage their contribution. We suggest ways of enlisting support besides government funding and community donations.
5. Ambulance Services are an essential, but not exclusive, component of the provision of first line emergency interventions. The Ambulance Strategy needs to sit alongside and be integrated with other national strategies and existing workstreams.
6. We strongly support the direction of the Strategy but believe it lacks an overarching context..
7. NZNO believes that for the strategy to deliver at the frontline, the emphasis needs to be on action rather than policy and we would specifically recommend that:

- a lead agency, for example the National Ambulance Strategy Office, is identified and made accountable for the delivery of a national coordinated Ambulance Service;
 - proper processes for consultation, monitoring, auditing and co-ordinating as outlined by the State Services Commission's Guidance Series Public Service Principles, Conventions and Practice (1995) are followed;
 - double crewing is mandated;
 - paramedics are regulated under the Health Practitioners' Competence Assurance Act (2003); and
 - specific timeframes are set to actions.
8. We discuss these recommendations and the strategy in more detail below.
9. NZNO was pleased to see and supports the recommendation for mandating the recently revised New Zealand Standards for Ambulance and paramedical services: NZS 856:2008.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

10. The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents over 42 000 nurses and health workers. NZNO is the leading professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals.
11. The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships and are united in their professional and industrial aspirations.

DISCUSSION

12. NZNO suggests that the strategic position of this document, that is the circumstances and policy settings that dictate its recommended actions,

needs to be clarified. We suggest you consider a more comprehensive introduction, briefly explaining the context in which it has been developed, with specific reference to:

- the historical development of ambulance services and relevant funding and health policies;
- the current provision of services; structure, workforce, funding etc.;
- relevant reports, policy and regulation including the important, recently revised New Zealand Standards 8156:2008 Ambulance and Paramedical Services (2008) and the Health and Disability Sector Standards;
- relevant committees, task groups, advisory panels etc.; and
- other strategies/policies/initiatives/programmes with which it should be aligned.

13. NZNO agrees that ambulance services are respected and trusted and can provide a high standard of vital emergency care. However, first line emergency intervention is needed and provided in a number of community and health settings and the vision does not capture this.

14. We think this presents a risk, because it separates the service from other health services instead of being seen as an integral part of them. We believe ambulance volunteers and paramedics are part of the health workforce and should identify as such, rather than as an independent body providing a service that is different: first line emergency care is no different if it is delivered at home, in hospital or in an ambulance.

15. We believe it is a priority to integrate ambulance services, and *ambulance workers*, within the wider health sector and to secure funding for this purpose. (We note that ambulance services need also to be closely aligned with other government and community agencies such as the police, civil defence, sporting associations etc.)

16. This will require identification of a lead agency or group with specific goals.

17. We also see the need for long term planning, and for meeting community emergency health needs but observe that this is captured in integrating services.

QUESTIONS:

Question 1: Do you support this vision for the future of the ambulance sector?

Question 2. If not what is missing? Or what is there that ought not to be?

No. Ambulance services are not the sole provider of first line emergency intervention and NZNO believes a more inclusive vision that reflects ambulance services as an integral part of the health system, and ambulance workers as an integral part of the health team, would be more helpful.

Question 3: Does the Draft Strategy identify the right goals for the sector?

Yes. The goals are pointing in the right direction but NZNO suggests the strategy ought to identify a lead agency, and prioritise integration of services and personnel within the health system. A further goal could be added to capture the need to liaise with other relevant government and community agencies.

Strategic leadership

18. NZNO acknowledges that ambulance services are in transition from community provision of basic first aid and transportation to local hospitals to the expectation of on-call highly technical, professional emergency intervention. We believe ambulance services are a vital component of healthcare and should be properly funded as part of the health system; an essential service should not rely on donations to operate effectively.

19. NZNO agrees that there is potential for the extension of services, particularly in primary health care and rural areas, but suggests that this is a long term

goal; it may be premature to talk about extending services before they are properly integrated. Nevertheless, it would be useful to show how these could be aligned with existing strategies such as the Primary Health Care Strategy, and what that would be dependent upon.

20. NZNO agrees with the list of issues confronting the sector that the Strategy identifies.
21. NZNO would like to see the Strategy discuss some of the options for achieving the goals it mentions, for example, devolution to DHBs, nationalization and international models, in order to raise awareness and promote discussion. We note for instance that in Australia some states have state funded ambulance services and other are run by St John. It would be useful to understand such comparative models, just as it would be useful to see if there were any other useful linkages with Australia.
22. We applaud the Strategy's recognition of the unique and valued contribution of volunteers in the New Zealand's ambulance system and strongly support continuing to enlist their services. However, there are health and safety issues associated with volunteers working extended hours, just as there are funding issues with government meeting the full cost if the volunteer workforce were replaced. We suggest both problems could be alleviated if employers were encouraged to support the service by paying volunteer employees for call out time.
23. NZNO strongly supports mandating ambulance standards, regulating paramedics and utilizing ambulance capacity for health promotion and injury prevention.
24. We agree with most of the initiatives and objectives but fear that the actions are couched in such vague and non specific language - examine, review, explore, encourage, consider, improve – as to generate more policy, without effecting change at the front line. Almost the only specific action identified is the intention to mandate the ambulance and paramedical services standards.

We suggest that you consider reframing the actions more positively and aspirationally in terms of what is going to be done and put timeframes around them.

25. Framing it in those terms may also help to prioritize actions. There are so many different actions in so many directions, often starting at ground level, often repeating rather than feeding into existing workstreams, that there is a concern that the strategy will be too large and expensive to implement, may get bogged down trying to address everything at once, or will be ineffectual because resources will be too widely and thinly spread.

Strategic leadership

QUESTION

Question 4 : What is your feedback on the initiatives for change under strategic leadership?

Initiative 1. NZNO suggests it is important to identify what agencies exist – Ministry of Health, DHBNZ, NASO, ACC.etc. and recommend a lead agency.

Initiative 2. NZNO does not believe sponsorship and donations should be considered as a means of funding a vital service, so should not be included in the Strategy.

Funding for ambulance services will come out of existing health funding streams so it is important that the ambulance sector builds relationships within the sector; the aim should be to tap into existing programmes so that they are seen as a resource helping boost efficiency and productivity, rather than undermining existing programmes by taking funding away.

Initiative 3: We recommend identifying the main strategies, including those other than health which the Ambulance Strategy should align with, for example.

Framework for Performance measurement – refer to the national Quality Improvement Committee (a statutory committee established under the New Zealand Public Health and Disability Act 2000) and the five programmes it has established;

Technology capability: align with Health Information Standards Organisation (HISO) and health information Standards Advisory committee (HISAC) Health Information Strategy-NZ (HIS-NZ).

Initiative 4: NZNO strongly supports mandating the Standard NZS 8156: 2008

We believe robust auditing is essential.

We suggest reference to the Health and Disability Commissioner, the health Practitioners Competence Assurance Act 2003 and the Health and Disability Sector Standards.

Community resilience

26. We note that the State Service Commission's Guidance Series: Public Service Principles, Conventions and Practice (1995) provides concise and reliable guidance for robust engagement and consultation with the public.

27. Exposure to increasing violence, co-morbidity issues, multiple crashes etc. along with public expectations for high level intervention make double crewing essential for the safety of both patients and crews. Ambulance officers, and especially volunteers, should not be expected to go into any situation alone. It is what the sector has advocated for a long time; evidence has been presented by the paramedics to the Health Sector Committee that this is the 'bottom line' of international best practice.

28. NZNO draws your attention to the Report of the Safe Staffing/Healthy Workplaces (SSHW) Committee of Inquiry and the work of the SSHW Unit established by DHBNZ and the Ministry of Health when considering clinical skill mix.
29. Similarly the DHBNZ programme Health Workforce Information Programme should provide baseline information, since ambulance services provide intra and inter hospital services.
30. NZNO supports regulation of paramedics since their work encompasses restricted activities under the Nursing Scopes of Practice. The HPCA Act offers assurance health and safety by regulating health practitioners and, to be consistent, this protection should extend to emergency intervention by paramedics. We warn, however, that the process is slow and bureaucratic: anaesthetic technicians, for example have still not been registered. We note that currently the HPCA Act is under review.
31. We caution against relying on fast-tracking skilled migrants as a means of addressing skills shortages. NZNO has extensive experience with overseas trained nurses since these constitute at least a third of the nursing workforce and we are aware of both positive and negative consequences for the individuals concerned and generally. The issues around training, regulation and induction processes are complex and cannot be considered in isolation from broader immigration and employment issues. Overseas trained professionals need specific support, cannot always be slotted into a New Zealand context; and are vulnerable to exploitation.
32. Volunteers should be supported but there are safety issues in working extended hours.
33. Education programmes should be aligned with the Health Career Framework and the NZ Skills Strategy.

34. We recommend addressing ED and paramedic links in terms of education with opportunities for shared training and work experience, as happens in some districts. This would need standardising.
35. The NZ College of Practice Nurses NZCPN stresses the heightened risk to patients with volunteers working on the ACUTE emergency call outs. "Skills, exposure and experience to handling the ACUTE scenario, may result in limited assessment. Recommendations point towards clinical working supervision, and additional training to increase skill level in a formalised and accredited fashion."
36. A national incident reporting plan is one of the initiatives of the QIC. Similarly there are strategies for the Management of Emergency Response which ambulance services must already be involved in, so these should not be pursued separately.

QUESTION

Question 5: What is your feedback on the initiatives for chance under the goal of Community Resilience.

As indicated above there are several existing streams of work which ambulance services can tap into or are already a part of. These should be included and referred to in the strategy.

We believe the sector already understands that double crewing is essential and that this does not require further review.

We strongly support regulating paramedics under the HPCA act .

We suggest business, employers, government agencies could support volunteers, and ensure public safety by allowing employees paid 'on-call' ambulance leave.

We urge caution with regard to fast tracking skilled overseas paramedics as there are complex support and ethical issues that need to be considered.

Seamless Delivery

37. NZNO believes national clinical governance for ambulance services is wholly appropriate and we support links to the PHC Advisory council.
38. Integration of Long Term Condition (LTC) management protocols may be a tool to link in with the PHC to affect improved patient outcomes.
39. We believe it is essential that ambulance services link in to those providers who are PRIME responders such as PHC nurses, especially in rural communities where the service generally lacks paramedics and relies heavily on volunteers.
40. Consideration should be given to extending PRIME training and linking the provision of emergency healthcare and after hours PHC, especially in rural situations where, nurses note, other health professionals who may contribute to pre-hospital care are an often unrecognised and underutilised resource.
41. Although it may be premature to consider extending the role of the paramedic when it has not yet been scoped, consideration could be given to include the capacity to treat at home and to decline to transport on the basis that it is not a limb/life threatening event.
42. In the absence of a national strategy requiring elder rest home/residential care people to have a documented resuscitation status as part of their care plan, consideration could also be given to paramedics having the right to decline to transport moribund elderly who have significant CVA/cardiac arrest, for instance, although we acknowledge that discussion around 'end of life' decisions needs far wider debate.
43. We note that short transit times do not lend easily to paramedics providing tangible health promotion which again needs to be measurable in terms of making a difference to patient care. Linking in with PHO community events/ health promotion projects may offer a solution for this focus.
44. Clinical protocols should be co aligned with ED and, similarly, PHC will address continuity of patient care approaches across the sector. In this

context we note that “Optimising the Patient’s Journey” is one of the national QIC programmes.

45. Linking ambulance sector information systems with existing primary and secondary patient information systems is essential and NZNO strongly feels the emphasis should be on how to effect this rather than determining if it is possible.
46. NZNO would be interested in supporting and being involved in the National Clinical Advisory Group and other clinical decision-making support groups where we could make a meaningful contribution, if it would be of assistance.

QUESTION

Question 6: what is your feedback on the initiatives for change under the goal of Seamless Delivery

We strongly support national clinical governance aligned, links with existing bodies, strategies, training programmes etc..

We believe there is potential for an extended role for paramedics and more complementarity with ED and PHC nurses, particularly in rural areas.

We support an extended community education role for ambulance services.
NZNO would like to be represented on the proposed National Clinical Advisory Group.

ADDITIONAL QUESTION

Question 7: What do you think are the three most important initiatives to progress immediately and why?

1. Strategic Leadership because the Strategy risks being swamped or sidelined unless evidence-based decisions are made and implemented.
2. Integration with the wider health sector with particular consideration of synergies in the rural PHC services and EDs.
3. Securing funding within the public health system - because nothing will happen without it.

CONCLUSION

47. In conclusion, the New Zealand Nurses Organisation recommends that you:

- **note** our support for the direction of this strategy
- **note** our support for a properly funded national ambulance service;
- **note** our support for retaining the unique character of the NZ ambulance service by supporting voluntary work, but not at the expense of their health and safety or that of the public;
- **agree** that the this document needs to be strategically positioned with reference to other policy documents, agencies and programmes within the health and other sectors;
- **note** that we do not support the vision that the NZ Ambulance service is seen as the first line of emergency intervention in the continuum of healthcare;
- **note** our support for mandating *New Zealand Standards for Ambulance and paramedical services: NZS 856:2008*

- **agree** that double crewing is essential for the safety of public and staff
- **agree** that a lead agency, for example the National Ambulance Strategy Office, is identified and made accountable for the delivery of a national coordinated Ambulance Service;
- **agree** that integration of ambulance services and workers, including paramedics and volunteers, within the health sector is a priority;
- **agree** that proper processes for consultation, monitoring, auditing and co-ordinating as outlined by the State Services Commission's Guidance Series Public Service Principles, Conventions and Practice (1995) are followed;
- **note** support for regulating paramedics under the Health Practitioners' Competence Assurance Act (2003);
- **agree** that timeframes be set to actions;
- **agree** that business, government and other agencies could support voluntary ambulance work by allowing paid leave for on-call hours;
- **note** we do not support fast-tracking overseas trained paramedics unless there are very robust ethical systems to support them;
- **note** our support for national clinical governance and closer links with ED and PHC services;
- **note** our support for an extended community education role for ambulance services;
- **note** our support for increased training and recruitment especially for rural staff; and
- **note** that we would prioritise leadership, integration and funding as the three key areas to progress.

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