Annual Report 2015-16

The Council of Ambulance Authorities

Ambulance Leadership — Est. 1962

www.stjohnambulance.com.au

www.saambulance.com.au

www.stjohnnt.org.au

esa.act.gov.au

ambulance.qld.gov.au

www.dhhs.tas.gov.au/ambulance

www.wfa.org.nz

www.ambulance.nsw.gov.au

www.ambulance.vic.gov.au

www.stjohn.org.nz

Providing leadership for the provision of Ambulance Services

About CAA

The Council of Ambulance Authorities (CAA) is the representative body for the principal statutory providers of ambulance services in Australia, New Zealand and Papua New Guinea.

CAA was formally incorporated in December 2002, after operating as an informal grouping of the ambulance services in these countries since 1962.

CAA's aim is to influence, advise and develop superior pre-hospital care and ambulance services in the Asia Pacific region.

The CAA actively contributes to public policy through the development of a body of knowledge comprising research, information exchange, monitoring and common KPI reporting; devising and implementing standards for improved quality of care and services, and facilitating the development of common systems and processes to leverage jointly funded initiatives for a common outcome.

Chair's Report

The CAA oversaw an array of important initiatives in the past year.

A particular milestone for our sector was reached this year with the Council of Australian Governments' (COAG) approval for the registration of paramedics.

It was welcome news that our efforts to obtain formal recognition for the work our paramedics undertake every day was successful. We look forward to the finalisation of the process with legislation in states and territories to confirm paramedics' standing as health care professionals.

In continued support of our member services employees – from call takers and administrators to paramedics in the field - CAA began work with beyondblue to build on their First Responder Program (FRP) to create a framework for paramedics wellbeing in a challenging working environment.

The Board also adopted a position statement on occupational violence, stressing zero tolerance and deterrent penalties for attacks on paramedics. The statement is included in this report and is available on the CAA website.

Our annual Conference in October 2015, which combined the International Roundtable on Community Paramedicine (IRCP) in Melbourne, was an outstanding success with more than 300 delegates from Australia, New Zealand, the UK, America and Canada.

The Conference was also an opportunity to acknowledge our members' innovation and leadership with our Awards for Excellence and to farewell distinguished members of our Board:

- Greg Sassella, former CEO of Ambulance Victoria, departed after an impressive 30 years' service in the sector.

- Ray Creen retired from the Board and left his role as the CEO of NSW Ambulance to become the CEO of St John Ambulance South Australia.

- Robert Morton, former CEO at SAAS, retired to take up a post as the Chief Executive of the East of England Ambulance Service NHS Trust.

Members of the CAA Board travelled to Canada for the joint Paramedic Chiefs of Canada (PCC) and IRCP Conference to learn more about their approach to issues we have in common, including service delivery in rural and

L-R David Foot (ACT Ambulance Service), Ross Coburn (St John Ambulance NT), Peter Bradley (St John NZ), Diana Crossan (Wellington Free Ambulance), Tony Ahern (St John Ambulance WA), Tony Walker (Ambulance Victoria), Keith Driscoll (SA Ambulance Service), Stephen Gough (Queensland Ambulance Service), Dominic Morgan (Ambulance Tasmania), David Dutton (NSW Ambulance).

remote areas, and successful systems that support the mental health for paramedics in a constantly changing environment.

The PCC's innovative leadership program was a key feature of the conference and a program we hope to reference in our 2016 Conference in Brisbane, Queensland.

David Waters was appointed as Chief Executive. David has been acting in the position and brings a wealth of experience to a demanding role. Originally from the UK, David is now based in Wellington, New Zealand, where he is President of the Aeromedical Society of Australasia and Chief Executive of Ambulance New Zealand. We look

forward to building on our achievements under his stewardship.

Ross Coburn
Chair, CAA

Chief Executive's Report

I was delighted to accept the role of Chief Executive for the Council of Ambulance Authorities (CAA) and continue working towards CAA's mission to ensure effective representation of ambulance services empowered by the adoption of policy and research to aid improved service quality.

The 2015-16 financial year saw a range of important achievements for our sector including:

• The Paramedic Registration Project was advanced as health ministers agreed to include paramedics in the National Registration and Accreditation Scheme (NRAS). It is anticipated that registration will begin in late 2018, acknowledging that a legislative framework is required to adopt uniform changes across all states and territories.

• CAA joined Ambulance Victoria to host a master class based on the acclaimed American Resuscitation Academy. The positive response led to a commitment to develop the Academy's work in Australia and New Zealand with the aim of accurately defining best practice for treating out of hospital cardiac arrest to increase survival rates.

• CAA in conjunction with the Australasian Fire and Emergency Service Authorities Council (AFAC) drafted a new set of guidelines for Emergency Medical Response (EMR).

• Our Strategic Business Committee worked with the Productivity Commission (PC) to have ambulance services reviewed in the Health volume of the annual Report on Government Services (ROGS) to reflect the sector's alignment with health issues. The sector will continue to be represented in the Emergency Management chapter to ensure all aspects of ambulance services are recognized.

• The Operations Committee made great strides in investigations into a range of factors impacting on operational issues including alcohol and drug testing, a workforce snapshot and occupational violence.

• CAA launched an online Research Register to allow member services to more effectively share and generate more exposure for their important work, and avoid duplication of effort.

Every year we celebrate the remarkable work of individuals and services with our annual Awards for Excellence held in conjunction with our national Conference. The 2015 winners and their projects are included in this report.

The vital contribution of our committees, forums and working groups, and the CAA Secretariat also merits special thanks.

David Waters
Chief Executive
The Council of Ambulance Authorities

CAA committees and forums

Strategic Business Committee

The committee worked with the Productivity Commission (PC) to have ambulance services relocated in the Health volume of the Report on Government Services (ROGS) to better reflect the sector's alignment with health issues.

Our sector will continue to be represented in the Emergency Management chapter to ensure all aspects of ambulance services are recognized.

The committee completed data quality information statements for all indicators reported in ROGS.

In 2016, the committee began a full review of the ROGS, as part of a two-year initiative by the PC.

The committee's work plan for the year included demand management, a response matrix as well as examination of the patient satisfaction survey, staff satisfaction surveys and ramping.

The demand management review was completed in 2015 with a comprehensive report on programs and initiatives services have in place for tackling constant and growing demand for ambulance services.

A research project was completed in partnership with Ehrenberg-Bass Institute, which evaluated a decade of results from the CAA Patient Satisfaction Survey to identify patient behaviors. The committee conducted a trial survey in 2015 to include surveying accompanying persons.

The committee oversaw a review and update of the CAA Data Dictionary. This was an extensive and comprehensive project that delivered a new meta-data dictionary which is used for the CAA Consolidated Returns, that inform the ROGS data collections.

Work on the response matrix continues to compile better and more comparative information on services' response times and 000/111 prioritization.

Operations Committee

The operations committee was established in 2015 to address operational issues in more detail. The committee's work included examination of alcohol and drug testing, a workforce snapshot, manual and workforce Injuries, PTSD and occupational violence.

The committee was given oversight of CAA's new Fleet Forum and Wellbeing & Mental Health Forum.

The first iteration of Workforce snapshot was completed with a focus on major issues and workforce concerns. The work provided excellent insight into recent workforce data including attrition and student numbers. The committee is collecting a second Snapshot, which delves deeper into gender numbers and employment statistics including permanent, casual, part-time arrangements and longevity of employment among other factors.

The committee's inquiries on alcohol and drug testing elicited important information from services on their current practices, concerns and positive outcomes. This was a timely initiative as most services were conducting or about to begin setting up policies on drug and alcohol testing.

The committee also began to collect data on manual and workforce injuries, and occupational violence incidents. The committee is keen to understand the underlying issues, the extent of injuries and develop protocols to help prevent workforce injuries and those incurred in violent attacks.

Mental health is a significant area of research across the ambulance services. A specific forum will be established to further investigate these issues, which to date has included research into PTSD in emergency services.

Rural and Remote Group

The Rural and Remote Group was formed to foster liaison between service providers outside metropolitan areas and build relationships with their counterparts locally and internationally. The 2015 Conference combining

the International Roundtable on Community Paramedicine (IRCP) provided unparalleled opportunities for collaboration and insights into a range of issues pertinent to rural and remote areas, such as nurse practitioners.

CAA's representation on the National Rural Health Alliance (NRHA) Council has also contributed to greater awareness of health issues in these communities.

CAA congratulated **Gordon Gregory OAM**, the first Executive Director (later CEO), of the National Rural Health Alliance (NRHA) on his retirement.

Mr Gregory, a highly regarded champion for rural and remote people and their health issues, was farewelled after 23 years at the helm.

Ambulance Education Committee

The AEC Committee continued to oversee the Paramedic Education Program Accreditation Scheme which includes 18 participating Australian and New Zealand Universities.

The Committee advanced work on the following important initiatives:

- Clinical placement guidelines
- Major/Minor Change Policy
- Paramedic Career Framework
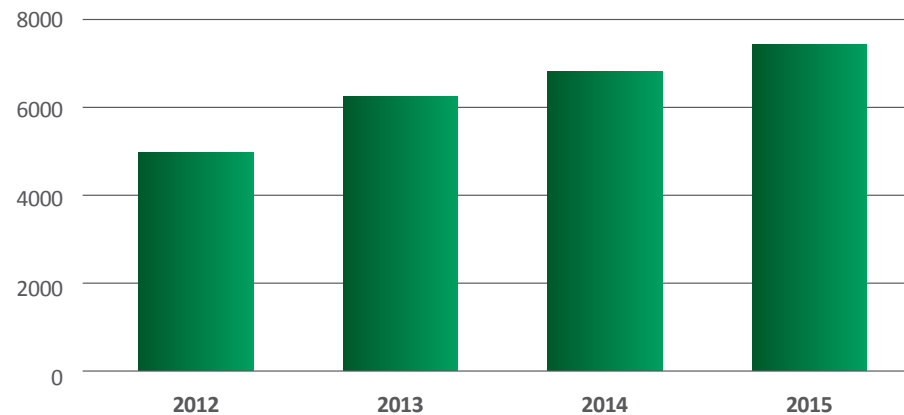
Student Enrolement Australia and New Zealand
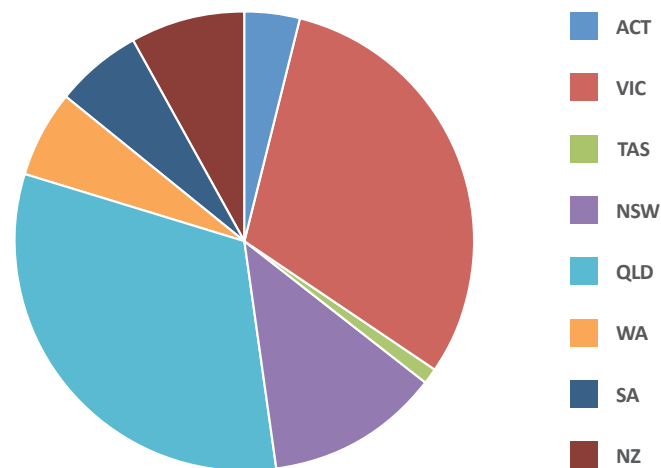
2015 Enrolments for Australian states/territories & New Zealand

CAA committees and forums

Research Forum

The Research Forum, collaboration between CAA member services, seeks to promote and advance research methodology and governance, and facilitate the translation of research into operation and clinical practice.

The committee, comprising directors, managers and staff involved in research strives to lead the Australian and New Zealand ambulance research agenda incorporating a range of strategies including identifying emerging issues.

The Research Forum maintains links with other CAA committees, working groups and forums in addition to relevant external bodies including universities, peak bodies, governments and other key stakeholders.

- A research paper by Svetlana Bogomolova, P. J. Tan and S. P. Dunn, all from the Ehrenberg-Bass Institute for Marketing Science, University of South Australia, and CAA's Data, Research & Policy Consultant Mojca Bizjak-Mikic was published in the Health Marketing Quarterly, a Philadelphia USA publication for academics and practitioners.

Understanding the factors that influence patient satisfaction with ambulance service analysed ten years of survey data to reveal factors that systematically bias ambulance satisfaction ratings. "Taking into account these biases provides more robust comparison of ambulance performance over time or across different jurisdictions".

- Another research paper, published in the New Zealand Medical Journal, put the case for national regulation of paramedics.

Regulating our emergency care paramedics was authored Bronwyn Tunnage, Director, Paramedics Australasia and Senior Lecturer in Paramedicine, School of Clinical Sciences, Auckland University of Technology, Auckland; Andrew H Swain, Medical Director, Wellington Free Ambulance and Senior Lecturer in Emergency Medicine, Department of Surgery & Anaesthesia, University of Otago, Wellington; and CAA's CE David Waters who is also Chief Executive, Ambulance New Zealand and President of the Aeromedical Society of Australasia.

The paper, which discusses how the regulatory environment has not kept pace with the expansion of paramedic practice beyond the traditional ambulance role, is available on the Journal's website http://bit.ly/29ADp64 and at ww.caa.net.au

Emergency Management Forum

The activities of the EMF include the ongoing provision of advice to the CAA Board on to issues affecting resource capacities and development and technical advice as they relate to major emergencies.

EMF members represent the CAA on a number of national committees which assist in ensuring the ambulance agenda is continually represented when emergency management issues are discussed at a national level including the Australian Health Protection Principle Committee (AHPPC).

The EMF looks at the involvement of ambulance services in major emergencies with a view to distilling the lessons to be applied to future events.

Australian Emergency Management Volunteer Forum (AMEMVF)

The Australian Emergency Management Volunteer AEMVF fosters a spirit of cooperation and partnership between volunteer emergency management services, service providers, volunteers and their families.

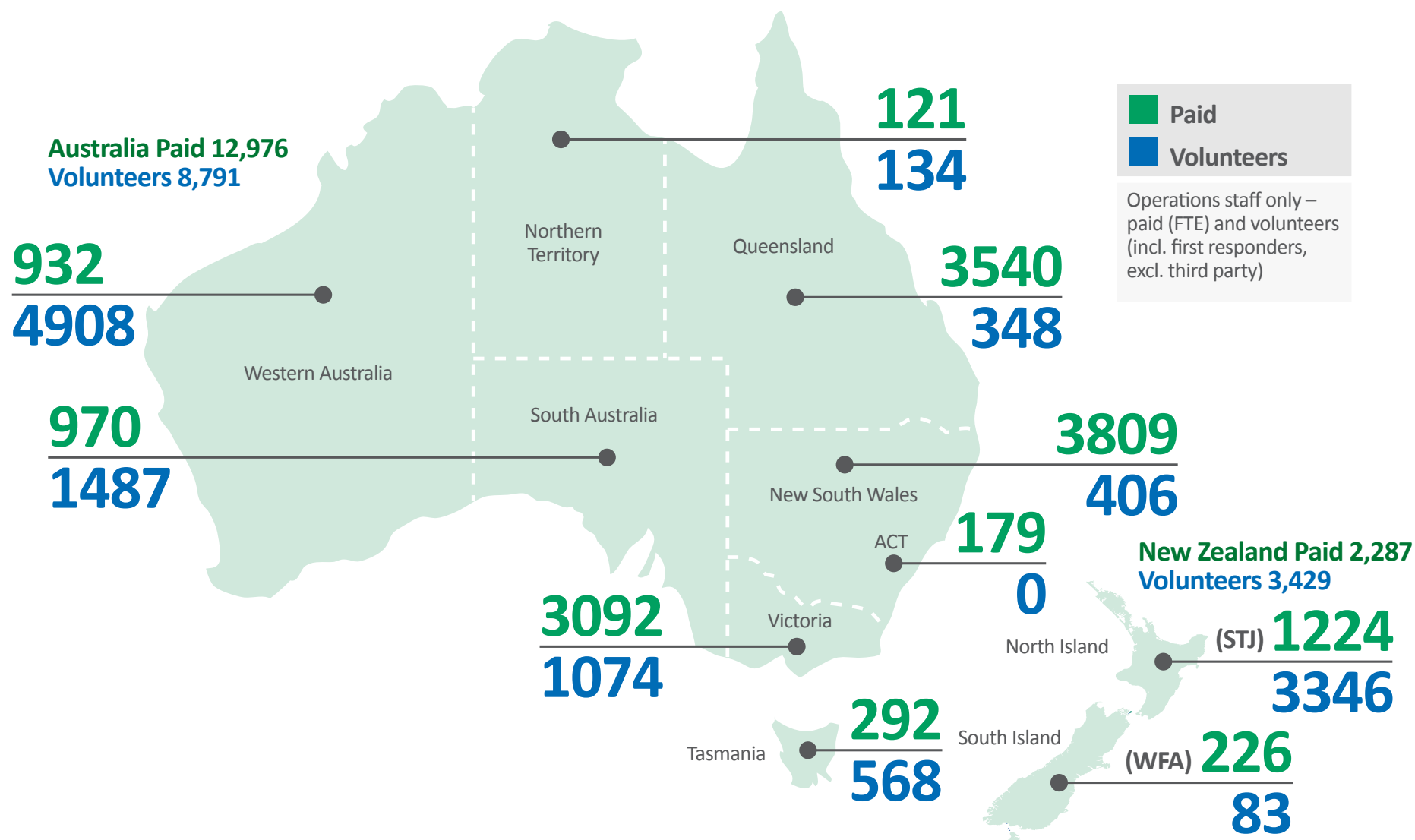CAA is a member of the Forum and acts as a conduit to member services.

Clinical Forum

The Clinical Forum enables senior clinical managers to collaborate on matters relating to patient safety and improvement in the delivery of ambulance services.
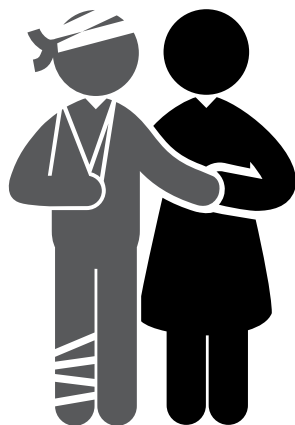
The forum's projects include:

- Establishment of the Clinical Indicators;

- Development of the Clinical Skills Matrix across all jurisdictions;

- Measurement of "Clinical Quality";

- Ongoing engagement with the National Safety and Quality Health Service Standards.

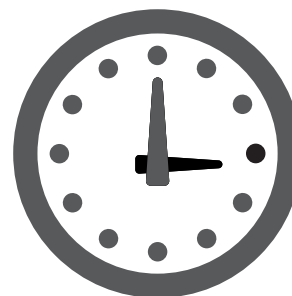# *Operational staff and volunteers in Australia and New Zealand*

Australia Paid 12,976
Volunteers 8,791

121
134
Northern Territory · Queensland

932
4908
Western Australia

3540
348

Paid
Volunteers

Operations staff only –
paid (FTE) and volunteers
(incl. first responders,
excl. third party)

970
1487
South Australia

3809
406
New South Wales

179
0
ACT

New Zealand Paid 2,287
Volunteers 3,429

3092
1074
Victoria

(STJ) 1224
3346
North Island

292
568
Tasmania · South Island

(WFA) 226
83

Meeting patients' needs (2014-15)

Australia

New Zealand

Attended patients	Patients each day	Patients an hour	Patients every minute
3,200,917	**8,770**	**365**	**6**
514,647	**1,410**	**59**	**1**

Occupational Violence in the Workplace – Position Statement

The CAA Board adopted a position statement on occupational workplace violence. Examples of campaigns are available at www.caa.net.au or by linking to the services listed below.

Position Statement

Every day more than 14,000 paramedics in Australia and New Zealand are on call to save people's lives. Every day they risk an unprovoked attack. Every year hundreds of those who strive to rescue, revive, or transport injured and sick people, our call takers and dispatchers, are the victims of some form of violence. With each injury, or blow to their mental health, there is one less service member available to do his or her job.

Zero Tolerance

The Council of Ambulance Authorities (CAA) has adopted a zero tolerance position on physical and verbal attacks on all health care workers, including paramedics.

Illness, illicit drug abuse, drunkenness, and extreme emotional trauma cannot, and must not excuse unprovoked attacks on people doing their job.

CAA member services' initiatives highlight the threats, trauma, violence and the ultimate impact on paramedic services. Each story, each example another reason to support zero tolerance.

Penalties

Penalties for those convicted of assaulting paramedics should be seen to reflect paramedics' and the community's zero tolerance for this abhorrent behaviour.

The critical work undertaken by paramedics, their social service and sense of social justice must not be undermined by inadequate penalties for those who seek to thwart their efforts or worse, inflict pain and suffering.

The CAA supports proportional penalties that reflect the serious nature of these offences, and also serve as a deterrent.

Our members will be vigilant in pursuing appropriate penalties through the criminal justice system.

Community education

CAA member service campaigns provide compelling tools for public education on the incidence and impact of assaults.

Extensive dissemination of this information in conjunction with a broad program to educate the community will help to instil a culture of zero tolerance, and support for paramedics to do their job without the threat of violence or injury.

Safe workplace

Education and training for paramedics to enable them to properly assess potentially violent situations and de-escalate any threat will assist in the creation of a safer workplace.

Empowering paramedics to stay safe with the skills to assess risks and identify flashpoints to diffuse and manage potentially violent situations, redirect inappropriate behaviour and calm volatile individuals or groups, will foster a safer environment for all.
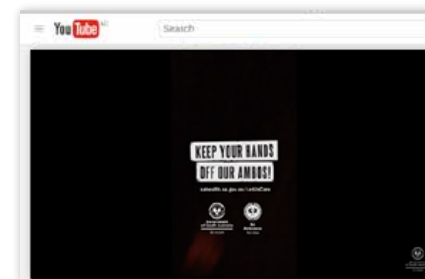
Links to campaigns in NSW, Queensland and South Australia:

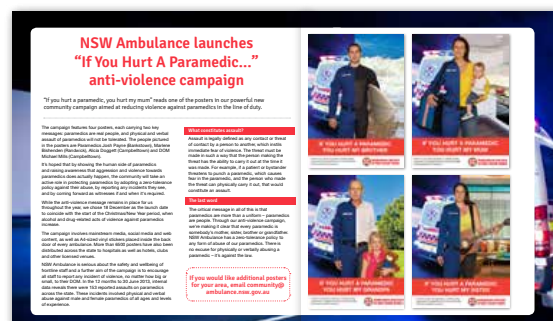**QAS – Assault isn't part of the job. It's a crime.**

www.youtube.com/watch?v=IYTOVXM8cq4

SAAS – Keep your hands off our Ambos!

www.youtube.com/watch?v=UOX3fXSoNJk

www.ambulance.nsw.gov.au/Media/docs/Antiviolencecampaign-f94c056f-68c5-466b-8ed7-2833369d8c28-0.pdf

CADLink – real time computer aided dispatch system

Ryan Lovett, Executive Staff Officer, Office of the Chief Executive, NSW Ambulance

The CADLink Web View provides a dispatcher's view to front line managers, including pending and active incidents, unit statuses with geographic representation on a map.

CADLink is a suite of tools designed to provide critical real time computer aided dispatch system data to NSW Ambulance PCs and hand held devices.

It was developed in response to a call from front line managers for a rich, easy to use, ambulance friendly information tool to provide a real time view of activity in their area, the locations of their units and staff, and any developing pressure points.

Historically, these managers used an outdated web based tool that did not provide real time information, was not able to be accessed from mobile devices, was not able to be customised and was not tailored to their work environment.

As an adjunct, the CADLink environment was designed to be infinitely extensible and provide a platform for innovation around operational data. This design choice led to the development of Notify, Navigation and Look Back as rapid additions to the original idea.

Background

NSW Ambulance required a secure, cost effective, extensible way to bring this key operational information from the control centres into the field.

The CADLink lead identified a solution whereby real-time computer aided dispatch system data could be selectively replicated to a server outside of the sterile dispatch system environment and a tool developed using free and open source programming languages that support web based standards and rapid development.

The first CADLink tool, Web View had a viral take up when it was released to operational managers in 2014. The other CADLink tools are:

- **Notify:** a real time, two way SMS engine driven by CAD data. Notify provides dispatch advice, unit times, and assignment details to any SMS capable device. Users can customise their experience from their registered device.

- **Navigate:** a self-managed dynamic SMS tool for paramedics to receive real time turn by turn navigation links to Apple/Google maps for incidents to which they are assigned.

- **Look Back:** a tool that allows managers to 'turn back the clock' and view pending and active incidents, unit status and assignments, and incident details as they appeared to a dispatcher at a specific point.

Due to the increased demand for CADLink, it has since undergone a major software re-write to improve performance and reliability.

It has evolved into an indispensable operational management, governance and situational awareness tool and is rated as the most valuable technology adjunct by most front line managers.

Future Scope

From an innovation perspective, the lessons learned and ideas realised as part of the CADLink development process (such as the Apple/Google maps turn by turn navigation links) are immediately applicable across ambulance jurisdictions.

Logic and system refinement around notification, escalating and alerting processes are designed to mirror existing NSW Ambulance workflow, which could promote discussion in other jurisdictions (as well as in NSW) if the system were to be shared.

Future plans for CADLink include migration of priority software tools to the common operating environment, along with enhanced customisation and modernisation.

CADLink will shortly be coming out of change freeze and will commence next phase of major development against the version 2 core. This body of work will see NSW Ambulance transition from a number of disparate web based monitoring systems to standardise on the CADLink platform.

In transition is the Digital Dashboard, a real time operational pressure monitoring and reporting system, and the Ambulance Status Board, a pre-arrival notification system for hospital emergency departments.

Both of these legacy systems have been in use in NSW for a number of years and will benefit from a refresh of underlying technologies and potentials for innovation to be introduced during the re-development process. This will also result in these tools being available to front line managers on mobile devices for the first time.


The CADLink Web View provides a dispatcher's view to front line managers, including pending and active incidents, unit statuses with geographic representation on a map.

Art applied to paramedicine

*Digital Clinical Practice Manual
(DCPM) Project Team,
Queensland Ambulance Service*

The Queensland Ambulance Service (QAS) Digital Clinical Practice Manual (DCPM) represents an important advancement in the communication of clinical information to QAS paramedics.

The DCPM is arguably the most forensic and precise 'diagrammatic' representation of pre-hospital patient management guidelines currently available in clinical practice manuals, both within Australia and internationally.

The DCPM is meticulously presented to accurately communicate contemporary ambulance clinical practice to QAS clinicians. Of particular note is the incorporation of detailed medical illustration art which depicts essential information directly relevant to ambulance clinical practice.

The creation of clear concise colourful illustrations depicting the interaction of anatomical features, equipment assembly and application significantly assists the paramedic's education allowing for a detailed understanding of the task. The illustrations also provide a consistency in learning outcomes as the evidence is irrefutable – everyone sees the same picture.
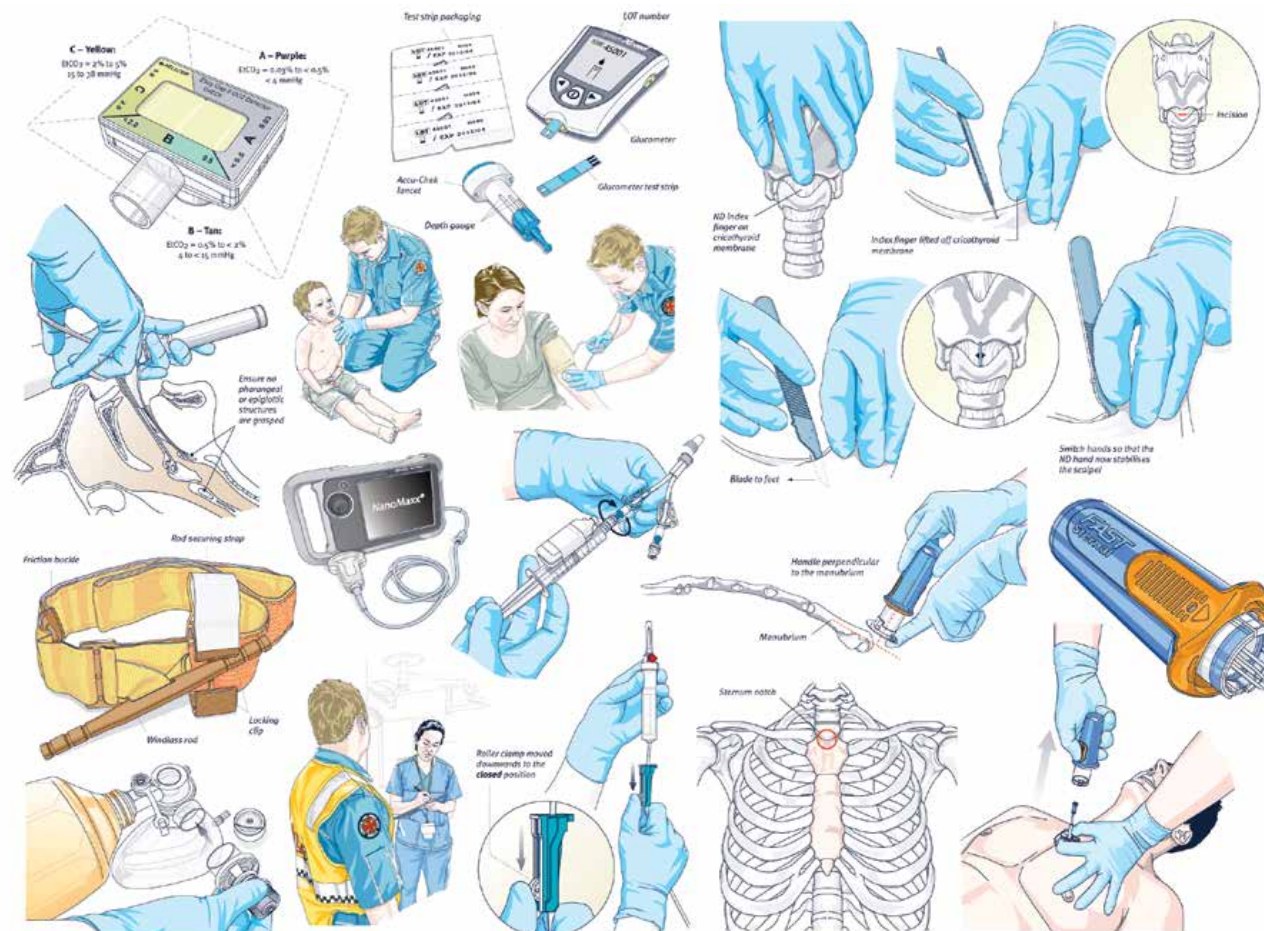
The DCPM supersedes the 2011 printed CPM which was presented in an A5, 293 page loose leaf binder. The geography of Queensland and the demographics of the workforce posed logistical challenges relating to the distribution, currency and cost of the previous printed edition of the CPM.

The DCPM provides paramedics with ready access to an intuitive, fully networked, instantly updateable, controlled and searchable digital clinical practice manual via QAS issued iPads as part of a broader mobility strategy.

The DCPM is available to the general public and the higher education sector on the QAS public website https://ambulance.qld.gov.au/clinical.html

Vollie TV

The Vollie TV Mascot

Charmaine Marshall, St John Ambulance, Western Australia

Western Australia has the single largest ambulance jurisdiction in the world, with 2.5 million square kilometres to service.

The vast distances necessitate alternatives to face-to-face training for more than 3,000 St John ambulance volunteers who are spread out across the length and breadth of the state in 160 locations.

The limitations on the ability to deliver in-person training make digital technologies an ideal solution.

After intense research and feedback from volunteers following training during 2012/13, it was evident a new training package and approach was needed to assist in engaging with and developing skills.

Key to this would be the accessibility of training resources. Delivering the right training in the right place at the right time required new training mediums.

The release of the new Volunteer Ambulance Officer Development Program introduced online learning and eLearning activities rather than print-based guides. In these resources, hyperlinks are used for the reader to immediately access other resources and media.

After developing electronic participant guides for the new training package, which are accompanied by hyperlinks to training videos and eLearning activities, the St John Volunteer Education department wanted another initiative with "wow factor" – something that was unique and would make learning fun.

After discussing a monthly TV channel for volunteers and staff with the eLearning team, it was decided to introduce an episodic learning series.

During these discussions the character of Vollie TV was born.

Vollie TV answers the questions volunteers have always wanted to ask but have not necessarily felt comfortable to raise during training, using an animated character mascot.

The training package is mapped to on-road clinical skills and clinical practice guidelines, rather than units of competencies from a national training package.

Each month a new episode is filmed and uploaded onto the intranet for volunteers and paid staff to view at their leisure.

Each episode brings the viewer an opportunity to meet a different department member, gain new knowledge around a chosen topic and have their previously submitted questions answered.

Development & implementation

Before Vollie TV, we found there were volunteers who were not comfortable asking questions, a point constantly raised at weekly handover meetings by trainers.

An alternative avenue for asking questions was needed. To bring this to fruition extensive planning and implementation included researching topics and skills that volunteers find harder to grasp; relating the new training mechanism to volunteers' nickname, "vollies"; the volunteer Education Manager writing storyboards overseen by paramedics; clinical governance and the Executive Manager Education checking for accuracy.

The following topics have been covered since the first episode was released in December 2014:

- Episode I: Cardiac Conditions
- Episode II: Trauma And Fractures
- Episode III: Anaphylaxis
- Episode IV: Diabetes
- Episode V: Respiratory Conditions
- Episode VI: Electronic Patient

Care Reporting and iSoBAR (documentation and communication)
- Episode VII: Burns

Outcomes

The first episode had 120 views in the first five minutes. On average each episode is viewed 350 times a month and growing in popularity.

We expect this to have a positive impact on ambulance service delivery and improved attendance rates of continuous education program sessions for volunteers.

Launching Vollie TV at the same time as the new training package saw improved delivery of training and garnered overwhelmingly positive feedback from volunteers.

"We love Vollie TV and can't wait for the next episode each month"

"Vollie TV is fun and always seems to answer the questions that us volunteers have always wanted to know"

"Although I'm a paramedic I still look forwarded to viewing Vollie TV each month to increase my knowledge"

Next steps for the project include making our "vollie" mascot interactive, so questions can be answered live at conferences.

On the technical side, plans are underway to develop an augmented reality link with Vollie TV as well as syncing with the Learning Management System.

NSW Ambulance Command Program

Desiree O'Brien, Manager, Capability & Resilience, Special Operations, NSW Ambulance

Building on workforce profiling conducted in the mid 2000s, it was recognised that NSW Ambulance operational management was a progressively ageing workforce group accompanied by escalating retirement rates.

It was determined that the organisation needed to embark on a process of equipping newly appointed operational managers with enhanced training and tools to undertake the function of NSW Ambulance command at incidents and therefore, enhance patient outcomes.

To this end a five stage project of work practice transformational change was undertaken.

Aim of the Project

The overall project was designed to provide NSW Ambulance Commanders with an ongoing structured program to develop and maintain their knowledge, skills, competencies and confidence to professionally manage any incident of any size together with the command tools to undertake the role.

The implementation of the NSW Ambulance Command program (ACP) focuses on achieving operational objectives including providing operational managers with a comprehensive, nationally accredited and contextualised program of incident management training to develop their incident leadership and capability and embedding the program into the mainstream ambulance curriculum for all personnel seeking promotion to operational management positions.

Background

Examination of existing training systems and the extent of operational staff involvement led to the immediate introduction of a suite of activities to begin bridging the knowledge gap, including: table top exercises, guest speaker presentations and case studies/discussions.

While attendance at short, external emergency management courses conducted by other agencies and providers has been accessible, it was apparent that the generic nature of these courses was not equipping operational managers with sufficient contextualised knowledge and tools to enhance their incident management.

The vast geographical nature of NSW and the competing workload priorities of operational managers also demanded a more flexible and cost effective solution to this training conundrum.

Method

In 2011, grant funding enabled the project team to realistically explore alternative solutions to traditional classroom based education such as the eLearning Program.

A gap analysis also helped identify 13 key areas requiring further education and development including:

- the role of the NSW Ambulance Control Centres and the Aeromedical Operations Centre;
- scene management; incident communications, systems and tools;
- Counter terrorism awareness and suspicious substance management and major events including risk analysis planning and operations.

Other stages involved the integration of modules in the Ambulance Management Qualification (AMQ); implementation of specific command tools to enhance incident management; development of a Currency/Competency framework for all Ambulance Operational Managers; and the development of a lessons learned management process.

Outcomes/Evaluation

The NSW Ambulance Command Program achieved a range of positive outcomes including:

- For the first time, contextualised, consistent nationally accredited incident command training for NSW Ambulance personnel.
- The online delivery platform has meant that all 4500+ staff, regardless of location or position held, have had equitable access to relevant, contextualised incident management and command training.
- Efficiency savings where a financial costing of placing staff in a classroom for the equivalent face to face teaching hours (where 1 on-line hour = 3 face to face) already has the efficiency savings calculated at $1.94 million, based on the weekly wage of a Paramedic Year 2.
- Command tools now provide less experienced operational managers with an easily understood "road map" for managing incidents.
- Collection and analysis using new incident documentation facilitates quick acquisition of associated multi-media resources for scenario/exercise development.
- The program has demonstrated that all staff are willing to take responsibility for their own emergency management/incident management learning.

Future Scope

The program has demonstrated great relevancy to other ambulance services as a model of incident command best practice, providing comprehensive, contextualised ambulance command training and the tools to do the job.

The project has also been a model of outstanding collaboration with participants working across different business units to develop, transform and embed operational work practice change.
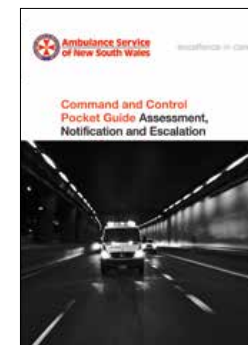
Publications

Avaialble at www.caa.net.au
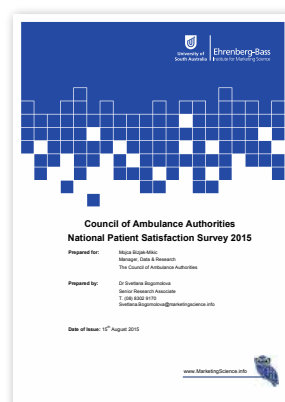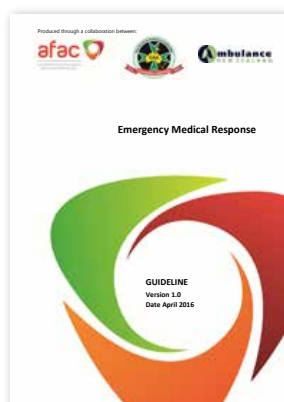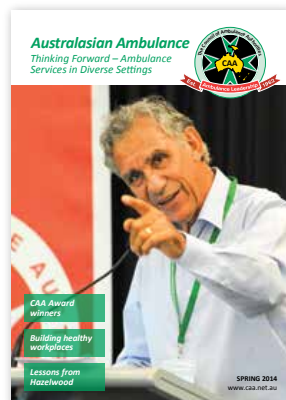
The Council of Ambulance Authorities Incorporated
ABN 66 599 489 972

Accru⁺
Melbourne

Independent Audit Report to the members of The Council of Ambulance Authorities Incorporated

Report on the Financial Report

We have audited the accompanying financial report being a special purpose financial report, of The Council of Ambulance Authorities Incorporated (hereafter the 'Association'), which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the board.

Board's Responsibility for the Financial Report

The Board of the Association is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1, is appropriate to meet the requirements of the *Associations Incorporation Act (SA) 1985* and is appropriate to meet the needs of the members. The Board's responsibility also includes such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, made by Board, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Board's financial reporting obligation under the *Associations Incorporation Act (SA) 1985*.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional ethical pronouncements.

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of the Association as at 30 June 2016, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and *Associations Incorporation Act (SA) 1985*.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report which describes the basis of accounting. The financial report is prepared to assist the Association to comply with the financial reporting provisions of *Associations Incorporation Act (SA) 1985*. As a result, the financial report may not be suitable for another purpose.

ACCRU MELBOURNE (AUDIT) PTY LTD
Chartered Accountants
19 August 2016

G D WINNETT
Director

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Auditor

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