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Ambulance Victoria

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Judge Jennifer Coate
Coroner, State of Victoria
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Judge Coate

Re: Coroners Case 5862/08 Veronica Therese Campbell

I refer to the Inquest into the death of Veronica Therese Campbell. Ambulance Victoria wishes to express its thanks to Her Honour Coroner Stuthridge for her assistance during the hearing.

Coroner Stuthridge made a number of recommendations in relation to Ambulance Victoria. Ambulance Victoria's responses to these recommendations are:

- 1. Hospital facility descriptions, summarising the facilities available at rural hospitals, should be created and utilised by Ambulance Victoria. These hospital descriptions need to be readily available to dispatchers.**

Ambulance Victoria accepts this recommendation and has developed a database accessible by the paramedic Clinician and Duty Manager to ensure information about the facilities available at rural hospitals. The database is housed in the Operational Centres (OpCens) to also provide ready availability to dispatchers.

- 2. Ambulance Victoria increases the number of ambulances available in the Shepparton region on evening and night shifts.**

Ambulance Victoria accepts this recommendation and has already increased ambulance numbers along with the implementation of a new roster for Shepparton. This has ensured that along with the increased numbers the Ambulances are also available over 24 hours, seven days a week. An additional 5 paramedics will be allocated to Cobram branch with the first additional 2 staff having already commenced. Full roster implementation is scheduled for July 2011. In addition, a new Mobile Intensive Care ambulance (MICA) Single Responder Unit (SRU) will also commence in Shepparton in April 2011.

- 3. Ambulance Victoria undertakes a complete systems review to determine the optimum ratio of dispatching staff to ambulance vehicles, on each shift.**

Staffing must be at a level sufficient to enable staff to enter information on the Medical Dispatching System (or New Case Card system).

Staffing should be at a level that ensures dispatchers and call takers are able to take appropriate breaks.

Ambulance Victoria accepts this recommendation and has already commenced the transfer of dispatch and call taking responsibilities for all rural Operational Centres (OpCens) to the Computer Aided Dispatch (CAD) based Emergency Services Telecommunications Authority (ESTA). This significantly improves the capability of AV to use satellite positioning information, clinical oversight



and audit. As a critical part of the transition, the staffing levels will also increase sufficient to provide breaks along with improved call taking and dispatch, clinical and managerial oversight on a 24 hours, seven days a week basis.

- 4. Clear lines of responsibility and decision making should be mapped out between Ambulance Victoria and hospitals with respect to the delivery of clinical information and requests for priority upgrades.**

Where there is disagreement, or the dispatcher is considering not providing an upgrade, there should be a structured decision making process. This process should include communicating the decision to the treating doctor.

Ambulance Victoria accepts this recommendation and discussions between AV and hospitals have already been completed. The newly introduced, 24 hours a day, seven days a week paramedic "Clinician" role has also been introduced on a statewide basis. The Clinician is the relevant senior MICA paramedic with the authority to assess requests on a clinical basis and upgrade them as necessary along with being able to hold discussions with hospitals and doctors directly as necessary to better assess the time criticality and patient condition when required.

- 5. Information on the response time of Air Ambulance needs to be available to dispatchers before a decision to use Air Ambulance is made. This information should be obtained and considered before a decision to use Air Ambulances. This assessment should be mandatory when the transport of a patient is time critical.**

Ambulance officers should consult the treating doctor if a decision may result in a delay in transport, so all issues can be considered.

Ambulance Victoria accepts this recommendation. Air Ambulance response times are made available to dispatchers and consideration of the use of Air Ambulance in emergency situations includes projected response times in relation to the clinical care needs of the patient.

A Work Instruction has been developed, with Adult Retrieval Victoria (ARV) doctors input, to support a structured clinical decision making process between Hospitals, Ambulance Victoria and Adult Retrieval Victoria. The decision making process will be used to rapidly identify the best option for treatment and transport of time critical patients and will include consideration of the level of clinical care required for the patient and timeframes for arrival of aircraft to the scene.

- 6. Ambulance Victoria and the Victorian Government develop a viable method of providing blood products in emergencies in rural communities.**

Ambulance Victoria accepts this recommendation. AV has entered into contracts for blood products to be carried on its helicopters and thereby has the capability to transport blood or blood products to a scene when required.

In addition, AV has negotiated access to blood products through the Royal Melbourne Hospital and is in the process of including refrigerators in MICA Single Responder Units (SRU). This initiative will broaden the statewide base for improved, rapid availability of blood and blood products.

In respect to the supply of blood and blood products to rural hospitals, AV is of the opinion that such discussions should be undertaken by the relevant body representing rural Hospitals and the Department of Health. AV has committed to raising this matter with the Department of Health in order to assist development of this recommendation.

Ambulance Victoria appreciates the Coroner's recommendations are made to assist AV perform at the highest level in its service to the community. AV had commenced a number of the above actions immediately after the merger of the three previous ambulance services and therefore a number have been in place for some time, while others are still being implemented as priorities.

Yours sincerely



GREG SASSELLA
Chief Executive Officer