

# Ambulance Services Policy and funding guidelines

2008-09



A Victorian  
Government  
initiative





**Ambulance Services  
Policy and funding guidelines  
2008-09**

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## About the guidelines

These guidelines are the primary mechanism for communicating policy, budget and funding information to Ambulance Victoria, government and the wider community.

These guidelines:

- Support the Victorian Government Department of Human Services' objective of being transparent, accountable and openly communicative in its activities.
- Describe how government, departmental and program policies and environmental influences link to ambulance service policy direction and activities.
- Complement the *Statement of priorities* that is entered into by the Minister for Health and the Chairs of Ambulance Victoria.

These guidelines are referenced in the *Statement of priorities* and it is a formal requirement that Ambulance Victoria meet the policies and other requirements documented in the plan.



## 1. Government policy context

### 1.1 Victorian Government policy statements

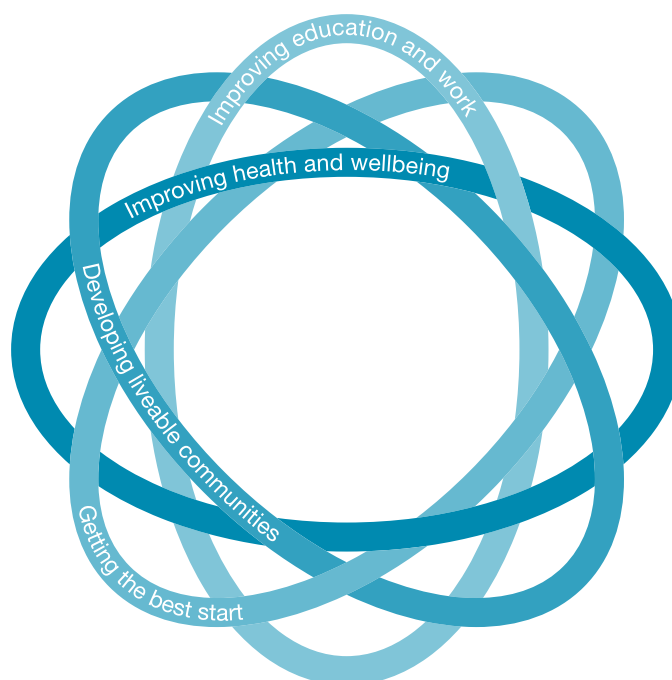
In November 2001, the Victorian Government released *Growing Victoria Together*, a statement about the state's priorities for the next 10 years. This vision was refreshed in March 2005 to reflect emerging community needs and concerns.

For the human services portfolios, the primary goals from *Growing Victoria Together* are:

- High-quality, accessible health and community services.
- Building friendly, confident and safe communities.
- A fairer society that reduces disadvantage and respects diversity.
- Protecting the environment for future generations.
- Greater participation and more accountable government.

More information about *Growing Victoria Together* is available at [www.growingvictoria.vic.gov.au](http://www.growingvictoria.vic.gov.au)

Complementing this overarching vision statement is *A Fairer Victoria*, a whole of Government social policy action plan to address disadvantage and promote inclusion and participation. This policy statement describes the actions to be taken to tackle disadvantage by improving access to vital services, reducing barriers to opportunity, strengthening assistance for groups and locations experiencing disadvantage and ensuring people get the assistance they need. In May 2008, the government released *A Fairer Victoria: strong people, strong communities* to concentrate government action on four priorities for social inclusion, where it is expected increased investment will have the biggest impact and matter most to Victorians.



**Figure 1: A Fairer Victoria 2008 priorities**

More information about *A Fairer Victoria* is available at [www.dpcd.vic.gov.au](http://www.dpcd.vic.gov.au)

## 1.2 2008-09 DHS Budget initiatives

The government announced a number of significant initiatives in the 2008-09 State Budget to manage the state's population growth as well as support the actions described in A Fairer Victoria and reflect the vision and priorities set out in Growing Victoria Together.

### New initiatives in Health

Additional funding in the 2008-09 State Budget will include:

- \$812 million over five years to treat more elective surgery patients sooner, ease pressure on emergency departments and improve access to outpatient services.
- \$186 million over four years to fund additional and upgraded road ambulance services and expand air ambulance capability.
- \$150 million over four years to invest in innovative cancer prevention, treatment and research activities.
- \$42 million over four years to address the growing impact of chronic disease including preventing the development of risk factors, early detection and intervention of those at risk and better care and management for those with existing conditions.
- \$17 million over four years to reduce rates of HIV transmission and prevent other chronic communicable diseases.
- \$55 million over four years to train 211 additional doctors to meet future workforce challenges, particularly in rural areas.
- \$25 million for the Dandenong Hospital emergency department redevelopment.
- \$26.9 million to support the operation of the Health Shared ICT service.
- \$23.6 million for the Hospital Energy Supply project.
- \$21 million for the redevelopment of the Latrobe Community Health Service at Morwell.
- \$25 million for the Olivia Newton-John Cancer Centre.
- \$14 million to develop a day hospital at Sunbury.
- \$73.5 million to expand and redevelop Sunshine Hospital.
- \$70.1 million for the second stage of the Warrnambool Hospital redevelopment.
- \$14 million for the expansion of Werribee Mercy Hospital.

## New initiatives in Mental Health and Drugs

Additional funding in the 2008-09 State Budget will include:

- \$77 million over four years to commence the rebalancing of mental health services towards earlier intervention and supporting recovery within an integrated community-based system.
- \$37 million over four years to address alcohol problems in Victoria, including \$14 million to strengthen early intervention and quality care to assist families and \$4 million to reduce risky drinking in Victoria.
- \$5.5 million to redevelop acute mental health facilities at the Ballarat Hospital.
- \$3 million to plan the redevelopment of mental health services at Dandenong Hospital.
- \$15.5 million to expand Heidelberg Repatriation Hospital's mental health services.
- \$10.4 million to develop the second stage of Prevention and Recovery Care (PARC) services.

## New initiatives in Disability Services

Additional funding in the 2008-09 State Budget will include:

- \$233 million to continue the reform and enhancement of services in Victoria, focusing on: improving accommodation; the support needs of people with a disability; expanding and reforming respite services; more aids and equipment; and greater access to individual support packages.
- \$50 million in 2007-08 for new Disability Housing Trust facilities.
- \$10 million in 2007-08 for new community-based purpose-built accommodation for younger people with disabilities.
- \$1.2 million for planning the future of Colanda Centre residents.

## New initiatives in Children, Youth and Families

Additional funding in the 2008-09 State Budget will include:

- \$39 million to protect the state's most vulnerable children and provide the support carers need to give vulnerable children the best care.
- \$7 million to provide new services to people who grew up in care and may have experienced harm and abuse between 1920 and 1989.
- \$25 million over five years to strengthen the response to family violence.
- \$56 million over four years to improve the affordability of water, energy and other essential services for low-income Victorians.

## New initiatives in Aged Care

Additional funding in the 2008-09 State Budget will include:

- \$11 million to expand Home and Community Care (HACC) services.
- \$6 million in 2007-08 to establish a regional food kitchen.
- \$2.5 million to continue the Aged Care land bank initiative.

- \$13.6 million to replace the Stella Anderson nursing home in Bendigo.
- \$8 million to redevelop the Trentham campus of the Hepburn Health Service.
- \$45 million for the second stage of the Kingston Centre redevelopment.

### **New initiatives in Housing**

Additional funding in the 2008-09 State Budget will include:

- \$36 million over four years to provide more support and services for people experiencing homelessness.
- \$201.3 million to expand the supply of social housing and acquire over 1,000 properties for low-income Victorians.
- \$194 million to make tenants homes more comfortable.

More information about 2008-09 budget initiatives is available at [www.dhs.vic.gov.au/budget](http://www.dhs.vic.gov.au/budget)

## 2. The Department of Human Services

### 2.1 Objectives and strategic directions

Mission	
Protect and enhance the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need	
Objectives	Outcomes
<b>1</b> Building sustainable, well managed and efficient human services	<ul style="list-style-type: none"> <li>• Sustainable and productive human services</li> <li>• Good governance of human services</li> <li>• Strong relationships with human service and other partners</li> <li>• A skilled and high performing workforce across Victoria</li> </ul>
<b>2</b> Providing timely and accessible human services	<ul style="list-style-type: none"> <li>• Services better able to manage increasing and changing demand</li> <li>• More capacity in high demand human services</li> <li>• Improved continuity of care</li> <li>• Enhanced preparedness for emergencies</li> </ul>
<b>3</b> Improving human service safety and quality	<ul style="list-style-type: none"> <li>• Better human service quality</li> <li>• Safer human services</li> <li>• Improved occupational health and safety</li> </ul>
<b>4</b> Promoting least intrusive and earliest effective care	<ul style="list-style-type: none"> <li>• Most appropriate care in the most appropriate setting</li> <li>• More individualised support in home and community based settings</li> <li>• Intervention at the most effective point in the development of ill health or harm</li> </ul>
<b>5</b> Strengthening the capacity of individuals, families and communities	<ul style="list-style-type: none"> <li>• More people living independently</li> <li>• More people living healthy lifestyles</li> <li>• Resilient individuals, families and communities</li> </ul>
<b>6</b> Reducing inequalities through improving health and wellbeing, particularly for disadvantaged people and communities	<ul style="list-style-type: none"> <li>• Healthy and thriving children</li> <li>• Healthier and stronger Aboriginal families and communities</li> <li>• Reduced inequalities in health and wellbeing in access to services</li> <li>• Lower rates of homelessness</li> <li>• Reduced burden of disease</li> </ul>

Every year the department articulates a range of priority actions and targets which are intended to address these outcomes. The department's objectives, outcomes and priority actions are closely aligned to *Growing Victoria Together* and *A Fairer Victoria*.

More information about 2008-09 priority actions and their relationship to *Growing Victoria Together* and *A Fairer Victoria* is available in the Department of Human Services *Departmental Plan*, which is found at [www.dhs.vic.gov.au/dhsplan](http://www.dhs.vic.gov.au/dhsplan)



## 3. Divisional policy context

### 3.1 Charter of Human Rights and Responsibilities

The Victorian *Charter of Human Rights and Responsibilities* became law on 25 July 2006. The charter imposes obligations on public authorities to act in a way that is compatible with the rights in the charter and to take account of these rights when making decisions. These obligations commenced on 1 January 2008.

Under the charter, public authorities include public officials (for example, departmental staff, ministers, local government and Victoria Police). It also includes entities established by statute that have functions of a public nature (such as public hospitals and ambulance services). It does not apply to private businesses or non-government organisations except when, and to the extent that they may be, exercising functions of a public nature on behalf of the state or a public authority.

Ambulance Victoria, an entity established by statute, will be subject to work within the *Charter of Human Rights and Responsibilities*.

More information about the *Charter of Human Rights and Responsibilities* is available at [www.justice.vic.gov.au/humanrights](http://www.justice.vic.gov.au/humanrights)

### 3.2 Department of Human Services Cultural Diversity Guide

The delivery of culturally responsive, equitable services is a core quality expectation of Department of Human Services programs and funded organisations, underpinned by key government legislation, program standards and guidelines. The Cultural Diversity Guide has been developed to assist service providers by identifying a range of available strategies to improve cultural responsiveness, recognising that there are many different pathways to equitable, high-quality service provision.

The guide includes examples of good practice that already occur across the human services system. Topics covered in the Cultural Diversity Guide include:

- Understanding clients and their needs.
- Partnerships with multicultural and ethno-specific organisations.
- A culturally diverse workforce.
- Using language services to best effect.
- Encouraging participation in decision making.
- Promoting the benefits of a multicultural Victoria.
- Where to go for further information.

An electronic copy of the Cultural Diversity Guide can be downloaded at: [www.dhs.vic.gov.au/multicultural/downloads/multi\\_cultural\\_diversity\\_plan\\_2007-08.pdf](http://www.dhs.vic.gov.au/multicultural/downloads/multi_cultural_diversity_plan_2007-08.pdf)

### 3.3 Multiple and Complex Needs Initiative

The Multiple and Complex Needs (MACN) Initiative is a joint initiative of the Department of Human Services and the Department of Justice. The MACN Initiative has established a new model of service planning and delivery for those individuals whose multiple and complex needs challenge existing legislative frameworks and service systems.

The Human Services *Complex Needs Act 2003* underpins the MACN Initiative. This legislative framework facilitates the delivery of co-ordinated welfare, health, mental health, disability, drug and alcohol treatment and housing and support services to people deemed to be eligible under the Act. A copy of the Act is located on the Department's website at [www.dhs.vic.gov.au/operations/regional-operations-performance/multiple-and-complex-needs-unit](http://www.dhs.vic.gov.au/operations/regional-operations-performance/multiple-and-complex-needs-unit)

The MACN Initiative promotes collaborative cross-program planning and support at the local level to improve individual outcomes, wherever possible. In addition, it provides a specialist intervention for 50 new referrals each year that aims to:

- Pursue planned and consistent therapeutic goals for each person.
- Provide a platform for long-term engagement in the service system.
- Stabilise housing, health, social connection and safety issues.

The MACN Initiative is complementary to, and does not replace, existing services or systems of support for individuals with multiple and complex needs.

Successful implementation of the MACN Initiative requires existing service providers to respond to the needs of people within the target group in accordance with the guiding principles of the Act.

MACNI eligibility criteria are intentionally broader than current program guidelines as it is recognised that people within this target group require a more flexible and co-ordinated cross-sector service response.

While in many cases people eligible for MACNI will already be eligible for services under existing program guidelines, there will be circumstances where they would normally be ineligible for existing program services.

The department advises that, in such circumstances, service providers will be authorised to utilise current program funding to provide services to persons eligible under the Act.

The department acknowledges that decisions about appropriateness and priority for service will need to be negotiated on a case-by-case basis.

Access to the MACN Initiative is via consultation with the MACN Regional Co-ordinator appointed in each region. For further information please contact Anne Leonard, Manager MACN Initiative on 9616 7995 or by email at [anne.leonard@dhs.vic.gov.au](mailto:anne.leonard@dhs.vic.gov.au)

### **3.4 Working with Aboriginal community-controlled organisations**

Health and well-being outcomes for Aboriginal Victorians are significantly below those for the non-indigenous population. Both 'mainstream' and Aboriginal community controlled organisations have important roles in addressing this disadvantage. As part of ensuring that services delivered in 'mainstream' organisations are accessible to and appropriate for Aboriginal people, organisations should review their services to ensure that they are culturally relevant and that Aboriginal people and families feel safe in accessing them.

Organisations are also strongly encouraged to establish links with relevant Aboriginal organisations. Effective partnerships with these organisations assist service planning, provision and monitoring that is inclusive of the needs of Aboriginal people. Funded mainstream organisations requiring advice on contact details for relevant Aboriginal organisations should seek information from their Department of Human Services Program and Service Advisor (PASA).



## 4. Ambulance Service policy context

### 4.1 Ambulance Service program objectives

The department's key objectives for the Ambulance Services Program for 2008-09 are:

- a. Deliver benefits to the community from the creation of Ambulance Victoria:
  - Improve service delivery across former service boundaries.
  - Obtain economies of scale in procurement.
  - Provide opportunities for staff to develop skills in new areas.
  - Improved decision making about utilisation of resources.
- b. Progressive integration of administrative functions within Ambulance Victoria while maintaining head office functions at both Ballarat and Doncaster without reducing staffing levels.
- c. Implement the new and upgraded services funded in the 2008-09 State Budget to improve response times performance against targets:
  - Ten new or upgraded 24-hour metropolitan paramedic teams.
  - Twelve new metropolitan paramedic peak period units (PPU).
  - Reconfiguration of mobile intensive care ambulance (MICA) paramedic services within metropolitan areas.
  - Six rural services upgraded with additional crews.
  - New rural MICA rapid responders.
  - Function times for Rural Station Officers.
  - New retrieval helicopter and preparation for commencement of Warrnambool-based helicopter.
  - Secure the operation of the fixed wing service of Air Ambulance Victoria.
  - Replacement or major refurbishment of nine ambulance stations.
- d. Strengthen the relationship between ambulance service planning and the broader health system:
  - Improve the distribution and reception of ambulance crews at emergency departments.
  - Contribution to the development of service plans, for example, the Mental Health Act review.
  - Consider the opportunities for broader roles for paramedics as part of health service delivery in rural areas.
  - Explore opportunities for extended scope of practice for paramedics.
- e. Develop strategies to improve non-emergency patient transport (NEPT) service, service delivery and the use of resources.
- f. Pursue strategies to assist in meeting increasing demand for ambulance and NEPT services:
  - Demand management strategy including substitution of services.
  - Examine options arising from the Concession Reform program.

- g. Improve sustainability of ambulance revenue base and infrastructure replacement:
  - Reassess membership scheme coverage, financial positioning and marketing.
  - Further development of the property replacement strategy.
  - Complete the vehicle replacement strategy.
  - Reassess the emergency and non-emergency fees against full-cost recovery principles.
- h. Complete an enterprise bargaining agreement with the Liquor Hospitality and Miscellaneous Union that recognises the valuable role of paramedics and is financially responsible.
- i. Consolidate adult retrieval services into Ambulance Victoria and strengthen state-wide service coverage.

## 4.2 Role of the ambulance service

The *Ambulance Services Act 1986* sets out the objectives for Ambulance Victoria. These are to:

- Respond rapidly to requests for help in a medical emergency.
- Provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while moving people requiring those skills.
- Provide specialised transport facilities to move people requiring emergency medical treatment.
- Provide services for which specialised medical or transport skills are necessary.
- Foster public education in first-aid.

## 4.3 A new state-wide ambulance service – Ambulance Victoria

Victoria's three former ambulance services, Metropolitan Ambulance Service, Rural Ambulance Victoria and Alexandra District Ambulance Service, have been integrated to form a new state-wide agency, Ambulance Victoria. This followed a public consultation process that identified significant positive support for service amalgamation.

Ambulance Victoria has been created under section 23 of the *Ambulance Services Act 1986*, effective from 1 July 2008. The amalgamation enables the establishment of a single, integrated strategy for ambulance services, which will enable service delivery to be improved and provides the opportunity to realise efficiencies and economies of scale.

All efficiency savings are to be reinvested into ambulance service delivery, to improve patient care and working environments.

Ambulance Victoria will maintain two administrative headquarters – at Doncaster and Ballarat.

Under the Act, all staff transferred to the new service have retained their accrued rights and benefits.

Ambulance auxiliaries and Community Emergency Response Teams will continue to play an invaluable role in supporting service delivery in local communities under Ambulance Victoria.

## Services provided

Ambulance Victoria is responsible for pre-hospital emergency medical care and patient transport and the majority of non-emergency patient transport service for the 5.2 million people living in Victoria – a total land area of 227,416 square kilometres.

In the metropolitan area, services are provided through 91 ambulance branches, using more than 1,427 career paramedic staff, and three community emergency response team locations. In the rural area, services are provided by 150 dispersed ambulance branches (26 of which are ambulance community officer branches) and 26 community emergency response team locations, using more than 935 career paramedic staff and 428 retained volunteer operational staff (ambulance community officers).

## 4.4 Non-emergency patient transport services

The non-emergency patient transport sector has undergone significant change since the early 1990s with some segments of that market now being contestable. As a result, private companies compete directly with the government-funded ambulance service for non-emergency work.

Ambulance Victoria contracts out most of its non-emergency workload in the metropolitan area. Private providers deliver the majority of non-emergency patient transport services through either a direct arrangement with purchasers, such as public hospitals, or through a contractual arrangement with Ambulance Victoria. Ambulance Victoria provides most of the non-emergency transport in rural Victoria and also uses private providers to perform transports when it does not have sufficient resources. Some rural hospitals also have contracts with private providers.

In October 2003, the *Non-Emergency Patient Transport Services Act 2003* was passed. New regulations have subsequently been developed in consultation with stakeholders and, as of 1 February 2006, all non-emergency transport providers are required to be licensed.



## 5. Ambulance service environmental context and performance

### 5.1 Emergency road and air services

Emergency ambulance services are available to all people who are seriously ill or severely injured. Ambulance Victoria is the exclusive provider of emergency road treatment and transport ambulance services.

It also operates Adult Retrieval Victoria and Air Ambulance Victoria.

#### Quantity

Ambulance Victoria expects to respond to 319,000 metropolitan and 127,000 rural emergency road cases in 2008–09.

Air Ambulance Victoria (AAV) operates a state-wide fleet of fixed-wing and helicopter air ambulances. AAV has a minimum of four fixed-wing air ambulance aircraft available for use at any one time.

Three air ambulance helicopters based in Essendon, Morwell (Latrobe Valley) and Bendigo transport time-critical patients to hospitals. A fourth helicopter, providing 24-hour, seven-day-a-week neonatal and adult retrieval will commence operating in 2008–09. A fifth helicopter to be based at Warrnambool, complementing the current fleet and providing coverage to south-west Victoria, will be operational early in 2009–10.

In 2008–09, it is expected that AAV will attend 2,500 emergency medical, surgical and trauma cases.

Ambulance Victoria also provides state-wide adult retrieval services, including critical care advice and coordination of critical care bed access.

In many rural and remote communities, ambulance services are not always able to respond to patients within clinically optimal timeframes. Appropriately trained community volunteers can effectively administer several life-saving medical treatments before the ambulance arrives. This is particularly important in cases of cardiac arrest and conditions where the patient is unconscious or not breathing.

- Public access defibrillators are available at 21 selected public venues. Ambulance services have trained the venue staff in the ‘chain of survival’ sequence: calling ‘000’ for emergency ambulance assistance, and providing early cardiac pulmonary resuscitation and early defibrillation using a semi-automatic external defibrillator.
- Emergency Medical Response involves the simultaneous dispatch of paramedics and appropriately trained Metropolitan Fire Brigade officers to suspected cardiac arrest cases in Melbourne. This ensures a quicker response time and more rapid application of defibrillation, which may save the patient’s life. In 2007–08, a pilot implementation of a similar program commenced in the outer metropolitan area with County Fire Authority (CFA) volunteers. In 2008–09 it is intended to extend the pilot to include a number of integrated CFA brigades (including professional fire fighters). The pilot will be evaluated after 12 month’s operation.
- Community emergency response teams are dispatched to Code 1 medical emergencies simultaneously with ambulance in remote locations. In 2008–09, 29 community emergency response teams across the state will deliver emergency care in these areas.

- Ambulance Victoria has state-wide responsibility for facilitating video-based community cardiopulmonary resuscitation training for 'at risk' sectors through the '4 Steps for Life' program. In 2008-09, efforts will continue to target information at vulnerable groups such as Culturally and Linguistically Diverse people, Aboriginal people and those aged over 50 years.

## Demand management

Demand for emergency ambulance services has been increasing over many years. Following implementation of a range of demand management initiatives, the rate of emergency case growth is expected to increase by approximately four per cent in 2008-09.

## Quality

The quality of intervention by emergency ambulance crews is monitored through audits that determine compliance to clinical protocols. The aim of the case audits is to ensure high standards are maintained in the practical delivery of advanced clinical procedures. In 2008-09, a minimum of 95 per cent of audited cases are expected to meet clinical practice standards. In addition, 85 per cent of audited cases attended by community emergency response teams are expected to meet clinical practice standards.

Improving patient management is a key focus of out-of-hospital paramedic practice. The 'level of pain' reported by patients experiencing severe cardiac and traumatic pain is an important measure. In 2008-09, the objective is that 90 per cent of such patients will record a significant reduction in the level of pain.

The Department of Human Services, through the HealthSMART program, has made funding available to develop and implement the Victorian Ambulance Clinical Information System. The system will allow the introduction of handheld computers in ambulances. This will strengthen the data collection process through electronic capture of patient care details, thereby allowing for improvements to clinical practice and service operations. The Victorian Ambulance Clinical Information System is fully operational in the metropolitan area and three regional areas and the rural roll-out will be completed in 2008-09.

Patient satisfaction surveys determine how satisfied patients are with their ambulance experience. Conducted independently, the surveys ask about key areas of the service experience. In 2008-09, it is expected that 95 per cent of patients will have been satisfied or very satisfied with the care provided by paramedics.

## Timeliness

In 2008-09, state-wide Code 1 response times will be reported against a target of 85 per cent of cases responded to within 15 minutes. In addition, Code 1 response times will be reported against a target of 90 per cent within 15 minutes in centres with a population of more than 7,500, in aggregate.

In 2008-09, it is expected that 85 per cent of community emergency response teams will arrive prior to ambulances.

## 5.2 Non-emergency road and air services

As noted in section 3.4, Ambulance Victoria provides non-emergency patient transport including non-emergency road (metropolitan and rural) and fixed air wing patient treatment and transport services.

Although available to all people, access to these services is restricted to those patients whose medical need for these services has been certified by a doctor.

### Quantity

Non-emergency road transport services are available for patients who meet the service eligibility criteria. In 2008–09, it is expected that there will be 222,800 metropolitan cases and 55,000 rural non-emergency road cases.

Air Ambulance Victoria also provides non-emergency transport services. In 2008–09, it is expected that Air Ambulance Victoria will provide approximately 4,100 non-emergency transports.

### Quality

Auditing cases aims to ensure high standards are maintained in providing pre-hospital care and transport services. In 2008–09, 94 per cent of audited non-emergency cases state-wide are expected to meet clinical practice standards.

## 5.3 Ambulance paramedic education

In 2005, the ambulance services jointly decided to transition to a pre-employment paramedic education model by 1 July 2008. The transition to pre-employment brings to fruition the objective of moving paramedic education to the university sector, thus qualifying all new paramedics at degree level.

In the future, the major source of recruits for Ambulance Victoria will be the three Victorian Universities currently offering paramedic courses (Monash University, Victoria University and the University of Ballarat).

Under contract to Ambulance Victoria, Monash University will continue to deliver the Graduate Diploma of Mobile Intensive Care Ambulance Paramedic Studies course to qualified paramedics.

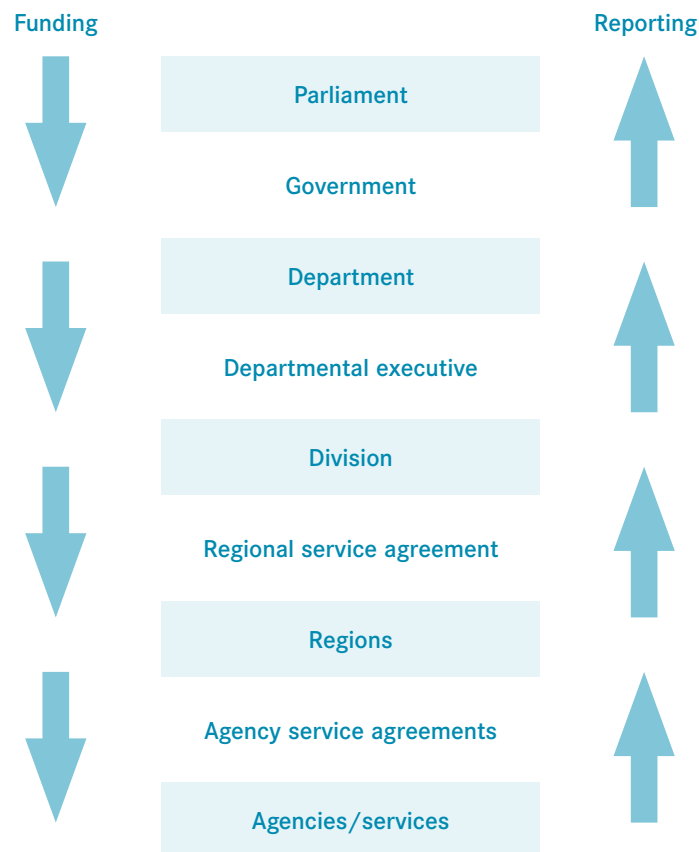


## 6. Budget context

### 6.1 Overview of funding and accountability framework

Financial responsibility is a core commitment of the Victorian Government. Decisions that impact on funding are made by government, the department and services. These include decisions about broad policy direction at the parliamentary and departmental level, allocating funds to service providers at the regional or divisional level, and the procurement of the end goods and services required to deliver the service at the agency level (refer Figure 2).

**Figure 2: Funding and accountability framework**



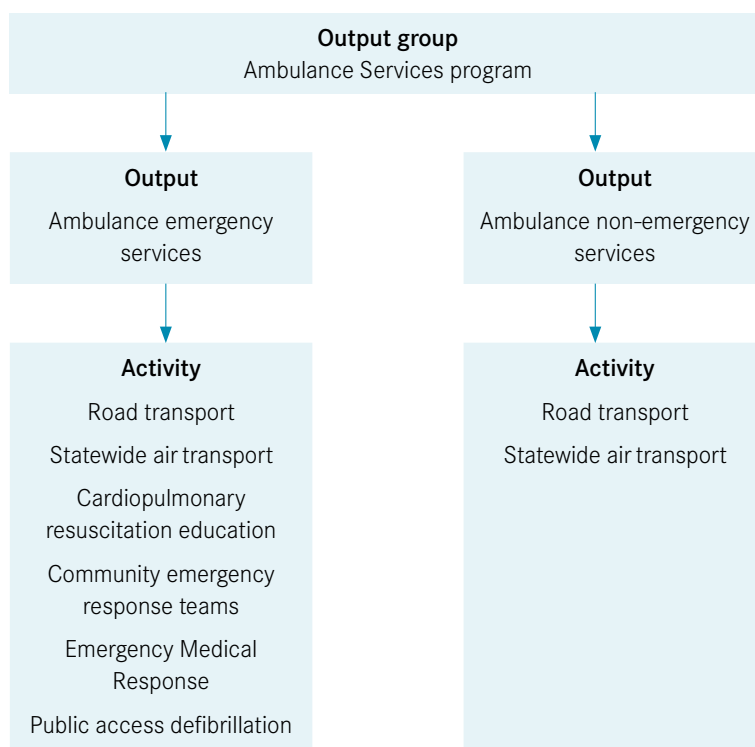
It is important to the department that there be a close and collaborative relationship with the agencies and service providers it funds. Effective partnerships with agencies are critical to achieving departmental objectives and fulfilling government policy commitments. Partnerships recognise the complementary roles and responsibilities of each partner.

In terms of the funding and accountability framework, agencies help the department perform its monitoring and decision-making roles by collecting data relating to their service activities. This information also contributes towards broader, long-term planning and government policy development, underscoring its importance.

## 6.2 Ambulance Services program output structure

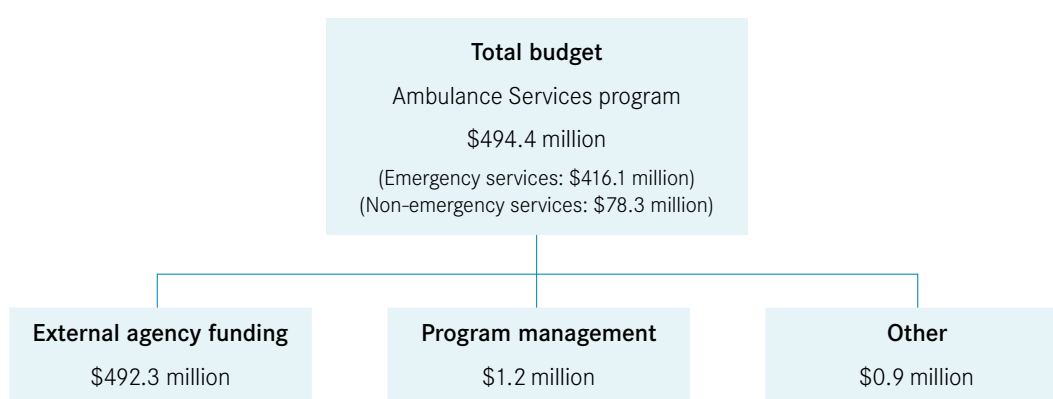
Figure 3: The Ambulance Services output structure for 2008–09

The Ambulance Services output structure for 2007–08 is as follows:



## 6.3 Ambulance Services budget

Figure 4: Ambulance Services budget by output group for 2008–09



The total budget figure of \$494.4 million for 2008–09 reflects the total accrual cost of the program, including new government initiatives, depreciation, capital charge and provision for leave accruals. Direct revenue, which the service collects through subscriptions, transport fees (excluding inter-hospital transfers) and other revenue (for example, donations), is a significant part of the total budget.

**External agency funding** relates to program funding managed by service providers and includes government grants, revenue collected, depreciation, capital charge, provision for leave accruals and insurance for the agencies. The Basic Life Support program is included.

Funding for St John Ambulance Victoria is also included. St John is a volunteer-based organisation with a charter to provide certain services, including:

- First-aid at public and sporting events.
- First-aid in civil emergencies under Victoria's *Emergency Management Act 1986* (Displan).
- Workplace and public first-aid training courses (including languages other than English and for the sight and hearing impaired) and sales of first-aid kits and manuals.

Since the 1980s, the Ambulance Services program has provided an annual grant in support of St John volunteers to meet a small proportion of operating costs incurred in relation to the Emergency Management Act. The 2008–09 allocation is \$144,400.

**Program management** includes operating costs and salaries of the department's Ambulance Services Unit staff.

**Other** relates to a range of external funding commitments such as initiatives that advance paramedic education, administrative costs associated with Red Cross patient transport and reimbursement of costs to other states/territories for Victorian pensioner transport.

## 6.4 Recurrent funding in 2008–09

A major aim of government policy is to foster long-term investment in the human services sector. The uncertainty caused by compulsory periodic competitive re-tendering of services can prove counterproductive to this goal; agencies have been unable to retain experienced staff and are reluctant to make longer-term investments in service systems and infrastructure.

To address this, the department's funding policy promotes the rollover of recurrent funding to existing service providers, conditional on service providers meeting minimum performance targets and service quality standards.

The ambulance service budget summarised in the *Statement of priorities* is based on the previous year recurrent funding adjusted for departmental and divisional budget policies, removal of non-recurrent items and the allocation of additional approved funding.

The ambulance service budget takes into account:

- The previous year's budget base.
- Indexation of the eligible expenditure non-wage component, according to the Department of Treasury and Finance guidelines.
- Adjustments that account for changes to awards or enterprise agreements, endorsed by the State Government.
- Funding received through the state budget process for agreed growth or new initiatives.

### Ambulance service recurrent funding

Ambulance Victoria receives recurrent funding from the department in addition to direct revenue from the Ambulance Membership Subscription Scheme, fees from patient transport and treatment, first-aid activities and donations. Departmental funds assist services to meet:

- Community Service Obligations (non-fee paying), treatment and transport costs.
- Approved enterprise bargaining agreements.
- Air Ambulance Victoria contracts.
- Extension of services.
- Operation of community emergency response teams.
- Group Entitlement Scheme for Department of Veterans' Affairs veterans.

The department also provides an annual allocation for capital projects, including:

- minor works
- vehicle replacement program
- vehicle renewal and development program.

## 7. Funding context

The Victorian Government continues its commitment to expand and upgrade ambulance services to deliver a safe and high-quality service to all Victorians. It recently announced the biggest single investment to date (\$170.8 million over the next four years and \$14.9 million in one-off capital) into Victoria's ambulance services, which includes two new medical helicopters and 59 new and upgraded services that will be rolled out across 48 towns and suburbs across Victoria. Before this recent budget announcement, investment in ambulance services across the state had increased by \$112 million.

To meet the growing demand for ambulance services, the 2008–09 Budget focuses on investing in new ambulance services and capital expansions statewide.

### 7.1 Funding of new and upgraded ambulance services

The 2008–09 Budget provides a recurrent funding boost of \$26.22 million for ambulance services for new and additional ambulance services.

The following services will be funded to commence during 2008–09:

#### New and upgraded services

- \$9.92 million for eight new paramedic teams based at Box Hill, Broadmeadows, Croydon, Laverton, Fawkner, Hillside, Frankston and Dandenong.
- \$7.78 million for 12 new peak period units in Abbotsford, Coburg, Ivanhoe, Frankston, Berwick, Hallam, Patterson Lakes, Prahran, Pakenham, Bacchus Marsh, South Morang and Yarra Junction, to boost ambulance services at busy times of the day.
- \$1.06 million for additional paramedics to upgrade PPUs to 24-hour operation at Beaconsfield and Greensborough.
- \$2.68 million for extra paramedic crews to be stationed on major country transport corridors at Gisborne, Kilmore, Kyneton, Woodend and Colac.
- \$1.2 million for the introduction of paramedics to work with Ambulance Community Officers at Anglesea, Timboon, Apollo Bay and Mirboo North.
- \$0.3 million for additional paramedics to enable two-day crews to operate from the Alexandra branch.
- \$2.0 million for the employment of 20 additional paramedics to release rural station officers from their operational roster to dedicate more time to manage staff.
- MICA single responder units will be introduced at Hillside, Nunawading, Chelsea, Coburg, Prahran, Ivanhoe, Box Hill, Frankston, Dandenong, Ringwood, Laverton, Bundoora, Geelong, Bendigo, Ballarat and Latrobe.
- MICA peak period units will be introduced at Footscray, Clayton, Malvern and Richmond.
- New 24-hour MICA units will also commence in Werribee, Eltham North and Boronia.

## 7.2 Capital expansion associated with new and upgraded services

The 2008-09 Budget allocates a total of \$16.81 million to upgrade and rebuild ambulance stations and purchase extra ambulance vehicles in the metropolitan and rural area.

### Metropolitan Melbourne

- \$2.4 million for the purchase of 16 stretcher ambulance vehicles for the eight new paramedic teams.
- \$3.9 million for the purchase of 26 stretcher ambulance vehicles for the new 12-hour Peak Period Units.
- \$0.9 million has been provided for the refurbishment of ambulance stations at Hastings, Pakenham and Sunbury.

### Rural Victoria

- \$1.1 million for the refurbishment of Gisborne and Woodend stations and two stretcher ambulance vehicles for the Colac ambulance station.
- \$4.5 million for the re-development of ambulance stations at Anglesea, Timboon, Apollo Bay and Mirboo North.
- \$0.1 million for the purchase of four sedan vehicles for the four new MICA Rapid Response Units.
- \$1.12 million for the refurbishment of ambulance stations at Ballarat and Avoca.
- \$2.19 million for new ambulance stations at Hamilton and Neerim South.
- \$0.6 million for the replacement of four ambulance vehicles in rural ambulance stations.

## 7.3 Air Ambulance expansion

The Air Ambulance service has been given an injection of \$5.3 million recurrent funding for the establishment of a new retrieval helicopter service providing 24-hour adult, neonatal and paediatric retrieval coverage based at Essendon Airport, and to meet the cost of the air ambulance fixed wing contract through to 2010-11.

Capital funding of \$1.5 million is to be provided for an additional emergency air ambulance helicopter to service south-west Victoria, based in Warrnambool.

## 8. Activities for funding purposes

### 8.1 Activity descriptions

Output group: Ambulance Services program			
Output: Emergency services, non-emergency services			
Component	Activity no.	Activity name	Description
Emergency services	12003	Fixed-wing transport	This activity is the funding associated with providing emergency fixed-wing Air Ambulance Victoria services. The grant is for some of the operating and salary expenses of this service.
	12004	Rotary-wing transport	This activity is the funding associated with providing rotary-wing (helicopter) Air Ambulance Victoria services. The grant is for some of the operating and salary expenses of this service.
	12008	Road transport	This activity relates to the funding associated with Ambulance Victoria providing emergency road services. The operating grant provides for salaries, operating expenses and some motor vehicle replacement.
	12006	Cardio-pulmonary resuscitation education	This activity funds the dissemination of cardiopulmonary resuscitation videos to specifically targeted groups in the 50 to 70-year-old demographic and family and friends of patients undergoing cardiac rehabilitation. This grant is for the operating and salary expenses associated with the strategy element.
	12030	Community Emergency Response Teams	This activity funds the Community Emergency Response Team program. The grant is for the operating and salary expenses associated with maintaining these teams.
	12031	Emergency Medical Response	This activity funds Ambulance Victoria's First Responder program. The grant is for the operating expenses associated with this strategic response.
	12032	Public access defibrillation	This activity funds the establishment of public access defibrillation sites at large public venues. The grant is for the operating and salary expenses associated with this strategic response.
Non-emergency services	12010	Road transport	This activity relates to the funding associated with Ambulance Victoria providing non-emergency road services. The operating grant provides for salaries, operating expenses and some motor vehicle replacement.
	12013	Fixed-wing transport	This activity is the funding associated with providing non-emergency fixed-wing Air Ambulance Victoria services. The grant is for some of the operating and salary expenses of this service.

## 8.2 Activity definitions and reporting frequency

Service plan name	Activity no.	Activity name	Measure type	Measure description	Unit of measure	Reporting frequency	Status
Emergency services	12003	Fixed-wing transport	Key output	Number of cases	Cases	Monthly	Mandatory
	12004	Rotary-wing transport	Key output	Number of cases	Cases	Monthly	Mandatory
	12008	Road transport	Key output	Number of cases	Cases	Monthly	Mandatory
			Defined	Audited cases meeting clinical practice standards	Percentage	Quarterly	Mandatory
			Defined	Emergency incidents (Code 1) responded to within 15 minutes – state-wide	Percentage	Monthly	Mandatory
			Defined	Emergency incidents (Code 1) responded to within 15 minutes in centres with more than 7,500 population	Percentage	Monthly	Mandatory
			Defined	Reported level of pain is reduced significantly	Percentage	Annually	Mandatory
			Defined	Patient experiencing severe cardiac and traumatic pain	Percentage	Annually	Mandatory
			Defined	Patients' satisfaction	Percentage	Annually	Mandatory
		12030	Community Emergency Response Teams	Defined	Audited cases attended by Community Emergency Response Teams that meet clinical practice guidelines	Percentage	Annually
Non-emergency services	12010	Road transport		Community Emergency Response Team arrival prior to ambulance for Code 1 cases	Percentage	Quarterly	Mandatory
			Defined	Audited cases meeting clinical practice	Percentage	Quarterly	Mandatory
	12013	Fixed-wing transport	Key output	Number of cases	Cases	Monthly	Mandatory
				Ambulance students successfully completing diploma course	Percentage	Annually	Mandatory

### 8.3 Service standards and guidelines

<b>Ambulance Victoria's Improvement System procedures and manuals</b>	12006 – CPR education
	12030 – Community Emergency Response Team
	12031 – Emergency medical response
	12003 – Fixed-wing transport
	12013 – Fixed-wing transport
	12032 – Public access defibrillation
	12010 – Road transport
	12004 – Rotary-wing transport
<b>Ambulance Victoria's customer service guidelines</b>	12006 – Cardiopulmonary resuscitation education
	12030 – Community Emergency Response Team
	12032 – Public access defibrillation
	12008 – Road transport
	12010 – Road transport

### 8.4 Data collection requirements

<b>Annual project report</b>	12030 – Community Emergency Response Team
	12032 – Public access defibrillation
<b>Monthly performance indicators report</b>	12003 – Fixed-wing transport
	12013 – Fixed-wing transport
	12008 – Road transport
	12010 – Road transport
	12004 – Rotary-wing transport

