

AMBULANCE PORTFOLIO

1. Please provide a copy of the evaluation of motorcycle paramedic units to the Committee.

(Pages 10 and 12 of the Ambulance Services portfolio transcript)

Ambulance Victoria engaged ACIL Allen Consulting to undertake an evaluation of the impact of the Motorcycle Paramedic Unit over its three year pilot. The evaluation report examines the effectiveness and efficiency of the Motorcycle Paramedic Unit and analyses whether it should be incorporated into Ambulance Victoria's future services.

The evaluation found that motorcycle paramedic units play an important role as an adjunct service and that, based on its performance to date and the suitability of the units to the inner city environment, the motorcycle unit should form a permanent part of Ambulance Victoria's service delivery model. Given these results, Ambulance Victoria is making the unit permanent and ongoing in the inner city, and to support other operational activities as appropriate (for example, regional placement during summer and use during selected public events where it can improve access).

A more detailed summary of the findings is annexed to this response.

2. Please advise how much of the ambulance station upgrade funds are budgeted for the new station at Wendouree and a list of the other station to be upgraded using the remainder of the \$20 million.

(Pages 11-12 of the Ambulance Services portfolio transcript)

The Department of Health and Human Services is working with Ambulance Victoria to identify high priority ambulance stations to be redeveloped with this funding. As that work is still being finalised, I cannot indicate the final budget for the new station at Wendouree.

I look forward to considering their recommendations and the program for implementation.

Annexure: Ambulance Victoria Motorcycle Paramedic Unit Evaluation: Summary of Findings and Recommendations

Summary of findings:

Overall, the motorcycle paramedic units (MPUs) played an important role in reducing response times, improving availability of ambulances and lowering costs. However, their limitations mean they can only be an adjunct rather than a substitute service.

The MPUs appear to be good value for money in that they cost substantially less to run than traditional stretcher ambulance. While the utilisation rates for MPUs are lower than traditional ambulances, this has been increasing each year. Most incidents attended by an MPU were in the City of Melbourne or City of Port Phillip.

The majority of incidents (80%) attended being Priority 0 or Code 1. MPUs have lower (better) response times than traditional ambulances and was the only platform attending 90% of emergency cases within 15 minutes. The MPU quick response also enabled an at-the-site triage service, meaning that stretcher ambulances could be cancelled where not required. This further freed resources for deployment to other cases.

The evaluation found that Ambulance Victoria had put in place strong systems and guidelines to manage the additional Occupation Health and Safety risks associated with the MPUs, although it was noted that some of the training could be improved with regard to maximising MPU performance.

Summary of recommendations:

Based on the findings, it was recommended that the MPUs should be retained as a permanent fixture in the Ambulance Victoria suite to provide flexibility for responses particularly in the inner city. Further, the current protocols that primarily allocate Priority 0 and Code 1 to MPUs should continue due to the strong response times that complement and alleviate existing resource allocation.

At this stage, it is not necessary to expand the number of MPUs operating however this would need to be reconsidered at a later date as utilisation continues to grow. That said, consideration should be given to purchasing a third MPU to facilitate training and serve as a back-up unit if an MPU is out of operation.