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EMS Down Under

Attila J. Hertelendy, MHSM, CCEMT-P, NREMT-P, ACP, & Bill Lord, EMT-P, BHthSc, GDipICBL, MEd
Created: August 1, 2005

International EMS

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This article is intended to give a general orientation to EMS in Australia. By no means is this article all-encompassing, but rather it allows for comparisons of service models in Australia and highlights the relative differences found with EMS delivery in North America.

Australian EMS shares many similarities with that in the United States. Paramedics in Australia provide emergency medical care and convey the sick and injured to and between health facilities by several modes of transport, sometimes across large distances in remote or regional areas of the country. However, unlike the U.S., where fire departments have a major role in the provision of EMS, in Australia, the role is assumed by ambulance services. These agencies have additional responsibilities that include, but are not limited to, rescue, major incident and disaster management planning and coordination, research and community education.

Challenges

Challenges facing ambulance services in Australia include the provision of effective and efficient prehospital healthcare to a population that is distributed across vast geographical areas. Additionally, these services have to meet increasing demand, due largely to an aging population. This increase in demand has forced healthcare agencies to identify equitable means of applying limited health resources to meet public health needs and expectations.

More recent issues facing Australian ambulance services include preparedness for incidents involving chemical, biological or radiological agents. Much work has already been done in developing multi-agency action plans and in equipping agencies to deal with these threats. The Ambulance Service of New South Wales took a lead role in developing such strategies when planning for the provision of services during the 2000 Olympic Games held in Sydney.

Other challenges facing ambulance services here include clinical governance and continuous quality improvement, funding, education, political and regulatory issues, and the effect of technology on service delivery.

Government funding, insurance, subscription schemes and transport fees are the main funding sources for Australian ambulance services. In some cases, business units derive additional funding through activities such as consultancies and public first-aid education. There is pressure to examine a range of funding options to reduce reliance on government support, as this source of funding faces many competing demands for finite resources.

While much of the Australian population is centered around major cities on the south-eastern seaboard, significant numbers of people live in remote regions, in climates ranging from tropical to alpine to desert. At 2,966,151 square miles, the total land area of Australia is less than that of the U.S. (3,717,796 square miles) with vastly different population densities as well. Australia has a population density of just over six people per square mile, compared to a density of 75 people per square mile in the U.S. This reflects the fact that the population of Australia numbers only 19.6 million, while the U.S. has well over 250 million.

Organizational Structure

Australia has six states and two territories. Additionally, it has jurisdiction over several islands and the


Australian Antarctic Territory. Approximately 4.1 million people reside in just one city—Sydney, the capital of New South Wales—with another 3.5 million located in the state of Victoria’s capital of Melbourne. These two cities accommodate almost 40% of the total population.

The country has a somewhat unique infrastructure for the delivery of prehospital care. There is generally just one agency for emergency ambulance services in each state and territory. The roles and responsibilities are

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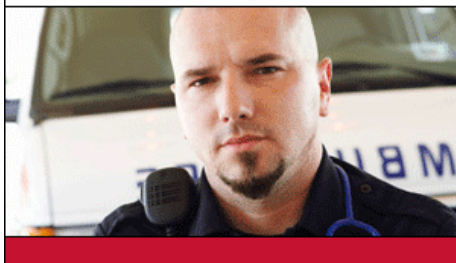
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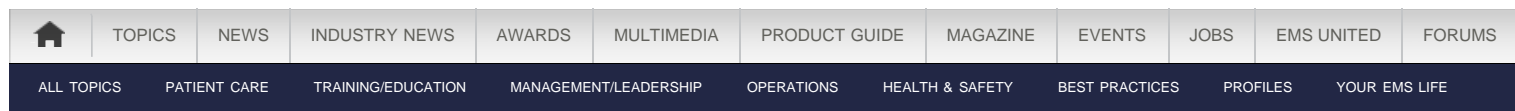
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International EMS

In the 2001–2002 reporting period, this ambulance service responded to over 858,000 cases and transported 572,485 patients. The organization operates a fleet of four Beechcraft King Air B200C air ambulances, and coordinates other aeromedical emergency responses and emergency and intensive care retrievals in the state via the Medical Retrieval Unit (MRU). Rotary wing emergency response and retrieval, which includes interhospital transfers, is also coordinated by the MRU. Several medically certified helicopters are available for this purpose, including those operated by the CareFlight organization. This not-for-profit organization operates aircraft such as the Bell 412, which is crewed by a paramedic employed by ASNSW, a physician with accreditation in anesthesia or emergency medicine, a pilot and a crewman.

Conclusion

Australian ambulance services share similar features and challenges with services elsewhere. However, a distinguishing feature of these services is their size. With most states and territories having just one agency responsible for EMS, the size of the organization required to deliver this service can be considerable. This offers many economies of size, enables uniform communications and control systems, and provides standardized levels of service. Data collection by individual agencies enables extensive data analysis of large numbers of clinical cases, a feature that facilitates research and quality improvement. Recent initiatives that aim to develop a national research agenda for prehospital care in Australia and which encourage multicenter collaborative studies should help to inform practice in Australia. In this respect, Australian ambulance services are well placed to develop new initiatives in prehospital care and to maintain a position of best practice that is of an exceptionally high level.



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