Ambulance Victoria 2023-2024

Annual Report

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#### Acknowledgement of Country

Ambulance Victoria acknowledges the Traditional Owners of the lands in Victoria. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present and recognise Aboriginal self-determination is a human right. We commit to working with our Aboriginal communities to improve our care and services in the spirit of partnership.

# Board Chair and CEO Report

We are incredibly proud of the unique and trusted role we play in serving the community, working to provide best care across 2023-24 to all Victorians, no matter where they are. We thank all our people for their hard work, resilience and passion in the belief that everyone has the right to access quality and effective patient-focused healthcare so they can live their best lives.

While we have achieved much in 2023 -24, the year has not been without challenge and, at the outset we want to acknowledge the continued commitment of our operational and corporate teams who remained focused on patient care while we worked to resolve a number of significant issues impacting our organisation.

Without question, our people are our greatest asset – our paramedics, first responders, specialist clinicians, volunteers and our corporate teams – and it’s through them that we continue to lead the way in patient care, including delivering the nation’s best out-of-hospital cardiac arrest survival rates.

Our full-time equivalent on-road clinical workforce of just below 5,000 includes 258 paramedics recruited in 2023-24. In February 2024, the largest-ever cohort of 29 new MICA paramedics graduated from the AV MICA Bridging Program.

We also undertook the biggest roster reform program in 50 years by implementing People Based Rostering (PBR), a person-centred approach to rostering aimed at reducing fatigue and improving work-life balance for our people while aligning with operational demand. PBR has been implemented in a number of metropolitan Melbourne areas and has already been shown to maximise ambulance availability for periods of peak demand.

Throughout the year we faced record demand for emergency care, responding to 1,092,818 incidents across Victoria by road and in the air, while our Triage Services managed 310,173 phone calls.

We reached 66.3 per cent of Code 1 cases within 15 minutes - below the state-wide target of 85 per cent – but higher than our performance last year. Our average Code 1 response time was 15 minutes and 10 seconds - a 47 second improvement on last year. For the most critically ill Victorians – our Priority 0 cases – we were on scene delivering life-saving care within our 13-minute target in 77.3 per cent of cases.

While important, we are measured by more than just our response times. We’re committed to improving the experience of our people and our patients and over 2023-24 we met or exceeded all our patient quality and care measures, leading to better outcomes in the survival and quality of life for heart attack, stroke and trauma patients. More than 97 per cent of respondents to the latest Victorian Healthcare Experience Survey said their experience was positive, and that they felt safe and cared for.

But we are more than just lights and sirens. While ambulances are always provided to patients when required, about one in five calls to Triple Zero (000) do not need an emergency ambulance response.

Our Secondary Triage team provides expert health advice or connects non-urgent Triple Zero (000) callers to alternative care options. It is now the largest service of its type within any ambulance service in the world and in 2023–24 156,149 people who did not need an emergency ambulance were instead connected to more appropriate care.

And in an Australasian first, during the year in review, our Secondary Triage team trialled and introduced game changing Video Assisted Triage (VAT) technology to enhance our assessment of patients. VAT enabled Triage Practitioners to both see and hear the patient and provide a more accurate assessment of their condition, improving the patient’s experience and safety. It is a wonderful example of how we are leading the country in innovative, patient-centred, Best Care practices.

Our commitment to care extends beyond our patients and the health and safety of our people remains a priority, and we continue to undertake improvements to ensure that we can keep our people safe at work. A new occupational violence framework and work plan was developed, allowing us to implement new initiatives to assist frontline crews and call takers from being harmed by occupational violence. Throughout the year, incidents of occupational violence and aggression increased, and we will continue to educate the community and advocate for the safety of first responders, paramedics and call takers who have the right to get home safely each time they are on shift.

Another key achievement of 2023 was the launch of our *Strategic Plan 2023 – 2028: Transforming for better.*

The plan defines our core purpose and is centred around four key pillars - *People, Patients, Impact and Connection*. These pillars help us focus on our collective goal – to bring world leading patient-focused, out of hospital, mobile and emergency healthcare to the Victorian community.

We are still in the early stages of our transformation journey and are proud of the progress made so far to create a safe, fair and inclusive workplace for our people.

In 2023-24, AV continued implementing all 43 recommendations made by the independent Victorian Equal Opportunity & Human Rights Commission (VEOHRC) review into our workplace culture. While we still have more to do, we have come a long way building the foundations for long-term, systemic, sustainable change.

In 2023, we co-designed new organisational values of Care, Accountability, Respect and Excellence - and will continue to work hard to embed these across the organisation throughout the coming years.

We are also well on our way to transforming into an efficient and modern organisation that is digitally enabled and environmentally sustainable, reducing our impact on the planet.

In 2023-24, we launched our new intranet, OneAV, providing a single hub for employees to access the tools, links and information they need to do their job and better connect with each other. Work is also well advanced to replace devices used by paramedics to complete patient care records with iPads and roll out new digital radio technology across regional Victoria.

We are also committed to investing in a sustainable future at AV. This means sustainability is a part of what we do every day, for our people, patients and the community. Our Social and Environmental Responsibility Framework and Action Plan has delivered on 77 actions.

In 2023-24, we have rolled out more energy efficient LED lighting, increased our fleet of hybrid vehicles to drive down emissions and installed live water monitoring and metering to respond immediately to water leaks.

We also continue to advance cultural safety for our Aboriginal and Torres Strait Islander community through the launch of our ‘Reflect’ Reconciliation Action Plan.

In 2023-24, with funding from the Victorian Government, we delivered on opening the doors to six new modern ambulance branches. These new branches – at Yuroke, Clyde North, Gisborne, Langwarrin, Morwell and Oak Park – are providing better and safer working conditions for paramedics. Thank you to the Victorian Government and our partners in the Department of Health for their ongoing support and funding as we work together to deliver best care to the community.

The renovated Bairnsdale Ambulance Branch was completed in November 2023, thanks to a very generous donation by the Bairnsdale Ambulance Auxiliary, which funded more than half the project.

Our transformation also includes the way we engage with the community and our partners across the health sector. In 2023-24, we launched our Community and Consumer Engagement Plan (CCEP) 2023-2028 following an extensive co-design process with consumers and community members.

The CCEP enables us to strengthen our relationships with each other, our patients, our partners and across our healthcare system through meaningful engagement, which means listening to understand lived experiences and then working together to provide the right care at the right time to all Victorians.

We proudly represent the community that we serve. To do this effectively, we seek advice directly from patients, consumers and the community in the way of our Community Advisory Committee (CAC). CAC informs and guides us as a leadership team (Board and Executive) on key issues, and this year the engagement with CAC directly informed the development of the CCEP. Thank you to all of our CAC members for their ongoing contributions: they are a valuable source of insights that help us to better deliver our services.

As we acknowledged earlier, the year has not been without its challenges. We have seen an increased demand on the health system overall, which has impacted our people and our ability to provide the most timely response to the community. We also acknowledge that negotiations on a new enterprise agreement for our operational workforce took far longer than desired, impacting the relationships and trust we value so highly. Our focus for the year ahead will be on creating a better experience at work for our people and working collaboratively with our people, their representatives and health system partners to address the increasing pressures and complexities in the health system.

Reflecting on 2023-24, we thank the community who continue to support us by treating us with kindness and respect when we are caring for you, and for accessing the right care at the right time for you through alternative care services that relieve pressure across the entire health system.

Most significantly, we thank our people for their dedication and passion for their work, and for all that they have delivered throughout the year for the people of Victoria.

Signed by Shelly Park, Board Chair and Anthony Carlyon, Acting CEO

# Our Values

## Overview

In 2023, we commenced a comprehensive project to reset our organisational values.

A two-stage co-design process with our workforce, Board and key partners included online surveys, focus groups, virtual sessions, stakeholder interviews, and visiting our paramedics while at hospitals.

There was a high level of engagement across the workforce, with 2,350 AV people across more than 32 locations engaging and sharing their experiences and feedback.

We are proud of our new values, which are aligned with our vision and principles, serving as key enablers of our strategy and representing who we are as a safe, fair and inclusive workplace.

### New Values

#### Care

We care in ways that nurture trust and collaboration

* I empathise with our people, patients and community
* I consider how others are impacted by my actions
* I acknowledge good work when I see it

#### Accountability

We are accountable in our roles and to each other

* I perform my role responsibly, fairly and transparently
* I follow through on the commitments I make and the expectations of me
* I take responsibility for creating a safe environment in which to speak up

#### Respect

We are respectful and consciously inclusive

* I communicate and act respectfully all the time
* I recognise others’ contributions, unique perspectives and experiences
* I behave with integrity and contribute to a safe workplace

#### Excellence

We strive to be our best for our people, patients, and communities

* I seek opportunities to continuously develop and grow
* I promote a curious learning environment by teaching, coaching and guiding others
* I collaborate to empower the people around me to deliver quality and be their best

# Strategic Plan

## Belief and Purpose

### Our Belief

We believe that everyone has the right to access quality and effective patient-centred health care so that they can live their best lives.

### Our Purpose

To bring world-leading, patient-focused, out-of-hospital, mobile, and emergency health care to the Victorian community.

## Strategic Plan

The *Ambulance Victoria Strategic Plan 2023-2028: Transforming for better* outlines our roadmap for delivering world-leading, patient-focused, out-of-hospital, mobile, and emergency health care to the Victorian community. This comprehensive strategy is built on our belief that everyone has the right to access quality and effective patient-centred health care, enabling them to live their best lives. It encompasses a clear purpose and is structured around four strategic pillars—People, Patients, Impact, and Connection—that define our goals and aspirations for the next five years.

Our strategic plan aims to create a safe, fair and inclusive workplace, where our people thrive because they feel engaged, valued and well – and with our commitment to inclusion and diversity, our people are as diverse as the community we support. We aim to provide timely and culturally sensitive care to our patients that connects them to the broader healthcare system, resulting in optimal clinical outcomes and patient experiences. This pillar is supported by ongoing research, innovation, and patient-informed design to evolve our clinical model.

To achieve high impact, the strategic plan emphasises the importance of an efficient and modern organisational model that is financially and environmentally sustainable. We will enhance our structure, processes, systems, and assets to deliver consistent organisational performance and make reliable, data-driven decisions. By fostering seamless connections within our organisation and with our patients, partners, and the wider healthcare system, we aim to drive deeper engagement, research, advocacy, innovation, and co-design.

## Strategic Pillars

### People

By 2028, we will be the employer of choice in our healthcare system. Our people will be proud of Ambulance Victoria. They will deliver sustained outcomes because they are engaged, well-trained, equipped, and connected to each other by our contemporary systems and practices. Our leaders will ensure everyone in the AV team feels valued, safe, healthy, and included in a skilled team that is constantly developing.

### Patients

By 2028, patients across Victoria will experience world-leading mobile and out-of-hospital emergency care. This care will be timely, culturally sensitive, and will connect patients to the right part of the broader healthcare system, resulting in optimal clinical outcomes and patient experiences across our community. We will continue to evolve our clinical model through research, innovation, and patient-informed design.

### Impact

By 2028, our organisation will achieve high impact through an efficient and modern organisational model. We will have an outstanding operating and governance model that is financially and environmentally sustainable. We will evolve our structure, processes, systems, and assets to deliver more impact through consistent organisational performance. We will make reliable decisions grounded in clear and accurate data and insights.

### Connection

By 2028, we will be seamlessly connected to each other, our patients, our partners, and the wider healthcare system. Our connection to our people, patients, and partners will be enabled through deeper and ongoing engagement, research and advocacy, innovation and co-design, digital enablement, and data sharing. We will influence and advocate for broader system innovation and improvement.

## Strategic Enablers

### Innovation

Expanding and integrating innovation into all practices across the organisation.

### Digital

Embracing digital technologies to improve patient care, operational efficiency, communication, collaboration, and innovation.

### Research

Conducting research to improve patient care, inform evidence-based decisions, and develop new services and solutions.

### Sustainability

Reducing environmental impact, developing sustainable business models, and future-proofing operations.

# Declarations and Attestations

## Responsible Body Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Ambulance Victoria for the year ended 30 June 2024.

Signed by Shelly Park, Chair of the Board

Melbourne, 7 October 2024

## Data Integrity Declaration

I, Anthony Carlyon, certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Ambulance Victoria has critically reviewed these controls and processes during the year.

Signed by Anthony Carlyon, Acting Chief Executive Officer

Melbourne, 7 October 2024

## Financial Management Compliance Attestation Statement

I, Dipak Sanghvi, on behalf of the Board, certify that Ambulance Victoria has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and instructions.

Signed by Dipak Sanghvi, Chair of the Audit and Risk Committee

Melbourne, 7 October 2024

## Integrity, Fraud and Corruption Declaration

I, Anthony Carlyon, certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Ambulance Victoria during the year.

Signed by Anthony Carlyon, Acting Chief Executive Officer

Melbourne, 7 October 2024

## Conflict of Interest Declaration

I, Anthony Carlyon, certify that Ambulance Victoria has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a ‘Conflict of Interest’ policy consistent with the minimum accountabilities required by the VPSC.

Declaration of private interest forms have been completed by all executive staff within Ambulance Victoria and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each Board and Board Committees meeting.

Signed by Anthony Carlyon, Acting Chief Executive Officer

Melbourne, 7 October 2024

# A Year in Numbers

## Performance Data

* Statewide average response time to Code 1 cases was 15 minutes and 10 seconds
* 407,347 time-critical Code 1 cases
* 7,548 cardiac arrests attended to
* Victorian Virtual Emergency Department (VVED) provided virtual care to more than 42,875 patients referred by AV

## People Data

* 258 new paramedics welcomed to AV
* Branches opened in Yuroke, Clyde North, Gisborne, Langwarrin, Morwell and Oak Park
* 207 Community Emergency Response Team volunteers (CERTs) at AV
* 952 casual Ambulance Community Support Officers (ACOs) providing emergency response

## Major Emergencies

SEP 2023

* Traffic incident, Weir View

OCT 2023

* Flooding, Gippsland
* Fires, Gippsland
* Traffic incident, Shepparton
* Aircraft incident, Lake Connewarre

NOV 2023

* Flooding, Gippsland
* Traffic incident, Daylesford
* Optus outage, Several regions

DEC 2023

* Traffic incident, Myrniong

JAN 2024

* Flooding, Several regions

FEB 2024

* Fires, Gippsland
* Storms and major power outage, Several regions

MAR 2024

* Triple Zero (000) outage, Several regions
* Traffic incident, Irymple
* Mine collapse, Ballarat

## Membership Subscription Scheme

* 2.78M people covered
* 1.36M membership policies
* 400K direct interactions with the contact centre
* 83K new memberships
* $103M direct revenue provided
* 330,000 phone calls
* 14,000 online chats
* 50,000 emails and letters
* 97% customer satisfaction

## Research Impact

* 105 active research projects
* 76 peer-reviewed publications
* 13 new research agreements
* 1937 citations in peer-reviewed literature
* 38 citations in policy or scientific statements
* 18 conference presentations

# Our People

Improving the experience of our people at work has been at the heart of many of the innovative programs and strategic initiatives undertaken over the past year. By focusing on creating a supportive and inclusive work environment, we aim to ensure our workforce is engaged, expertly trained, equipped, and connected. Major initiatives have included a new rostering design to reduce fatigue and improve work-life balance, comprehensive health, safety and wellbeing measures to protect our employees and keep them safe, and ongoing training and professional development opportunities.

Here’s what our workforce is saying:

I really appreciate the consultation and that AV is quite clearly listening to everyone saying 10/14 is fatiguing. We needed this change and I think it is a very positive step forward to a more equitable roster across the region.”

The PBR roster… was amazing comparatively to both 10/14 and 2 car blend. I found that even with more incidental OT than I was used to in that month, the roster was far less fatiguing, and promoted a better work life balance.”

Having completed the roster, I highly advocate for its introduction to the rest of metro, and a fair and equitable roster for everyone.”

## People Based Rostering

We commissioned the People Based Rostering (PBR) project to provide a people-centric approach to rostering aimed at reducing fatigue, improving work-life balance, and aligning with operational demand. Initially focused on metropolitan Melbourne, the project also looked at the issue of fatigue among our MICA crews and rural workforces. The goal was to design a roster that met three guiding principles: operational coverage, workforce acceptability, and safety for people and patients. This challenge was compounded by the complexities of existing roster patterns, embedded for over 50 years.

To address this, the approach recommended removing 10/14 rosters (two 10-hour day shifts followed by two 14-hour night shifts) and introducing equitable rostering among operational teams. We saw the successful implementation of the PBR roster in four Ambulance Service Areas this year, removing 50 per cent of the 10/14 rosters across metropolitan Melbourne and 100 per cent for the MICA workforce. Preliminary evaluations show a decrease in paramedics undertaking incidental overtime and fewer late, missed, and spoilt meal breaks, indicating improved overall wellbeing.

## YourAV

We are committed to creating a safe, fair, and inclusive environment. By staying focused on this vision and building on the strong foundation we have established, we have made strong progress in implementing key recommendations from the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) Independent Review into Workplace Equality.

Over the past year, we have introduced reflective practice and enhanced the Professional Standards and Behavioural Department (PSBD), conducted a comprehensive safety audit of 70 isolated work environments, and developed a detailed implementation plan to address areas needing improvement. Additionally, we took proactive steps to increase diversity on our Board and strengthened our governance documents to ensure greater transparency and accountability.

Progress has also been made in developing our prevention strategy and uplifting our leaders’ capability through the Leading Together Program. Our focus has also been on embedding our organisational values. Additionally, the launch of two Equal Employment Opportunity (EEO) training modules marks a key milestone in our efforts to foster a more equitable workplace. To maximise the reach and impact of learning, both EEO modules contain a mix of knowledge-based content and scenario learning-based which are based on AV case studies. To sustain our focus on equal employment for all, the Anti-Bullying and Anti-Harassment modules are a feature of our Welcome to AV online induction.

Our efforts have positioned us well as we approach 2024-25. We are preparing for the upcoming VEOHRC progress evaluation and our next steps as an organisation to build long-term, sustainable cultural and workplace change. Additionally, we are set to enhance workplace flexibility, ensure workplace equality through reasonable adjustments and equal pay, and build a strong prevention and speak-up culture.

## Health and Safety Action Plan

The Health and Safety Action Plan 2023-2026 outlines priority focus areas driven by the principle that our workforce is engaged and empowered to drive health and safety improvements. It highlights the need for systems designed for people, data to support decision making, actions to develop safety competency, and frameworks to respond to critical risks. This approach will foster a culture that proactively monitors and manages emerging risks, delivers targeted interventions to decrease common workplace hazards, and results in fewer workplace injuries.

Four important workgroups have been established to focus on critical risks: Fatigue, Manual Handling, Psychosocial Wellbeing, and Occupational Violence. These groups are guiding the identification and implementation of safety guidelines and systems to address emerging and known risks, reducing the risk of injury or illness associated with the workplace. In late 2023, AV received ISO 45001 accreditation, confirming our evidence-based framework for managing occupational health and safety risks. The Health Safety and Claims System has undergone an initial upgrade, and further enhancements are planned to continue to improve the capture of hazards and incidents, improving performance and security functions.

### Case Study: First Responder Conference

AV’s First Responder Conferences returned this year following a pause due to the COVID-19 pandemic. These conferences serve as vital gatherings for our first responders to learn, network, and receive recognition.

It was excellent across the board. Well done team!”

– Ambulance Community Officer

The learning topic was well covered over the eight sessions and it has built on my confidence in attending to future jobs.”

– Ambulance Community Officer

### Case Study: GippSim

A Victorian-first mobile simulation ambulance, known as ‘GippSim’, is helping our paramedics practise high-risk skills and save lives.

Based in Gippsland, GippSim provides mock scenarios for incidents such as cardiac arrest, seizure, choking, overdose, and asthma attacks. Available three days per week at regional hospitals, training sessions are mentored by senior paramedics while crews are in-between caring for patients.

In August 2023, ALS paramedics Nathan Looby and Kerry Senior undertook airway training in the GippSim, not knowing the skills they practiced would be needed just minutes later. After their GippSim session, they were dispatched to a man who had collapsed in a bakery. Using the skills they had just sharpened, they treated John Sewell, a Gippsland man who had gone into cardiac arrest. John was flown by air ambulance to the Victorian Heart Hospital in critical condition and, incredibly, was discharged five days later.

## Vehicle Upgrades

As part of our commitment to enhancing patient care in all environments across Victoria, we upgraded aspects of our fleet with state-of-the-art equipment.

In 2024, we began transitioning to a new fleet of fixed-wing aircraft, incorporating cutting-edge technology including a world first pilot fatigue detection system. This new fleet will deliver a smoother, more efficient, and comfortable experience for our patients and operational employees. Additionally, our fixed-wing aircraft are equipped with an innovative high-tech Stryker stretcher loading system, which reduces patient transfer time by up to 20 minutes and enhances our capability to provide timely, high-quality care.

With the onset of the snow season, we introduced new Can-Am Defenders and Skidoos, tailored for Victorian snow conditions. Deployed to Falls Creek, Mount Hotham, and Mount Buller, these advanced vehicles have significantly improved our ability to navigate mountainous terrains safely and efficiently, ensuring both paramedic and patient safety.

## Awards

### Ambulance Service Medals

Three Ambulance Victoria (AV) paramedics and two Ambulance Community Officers (ACO) were recognised for their outstanding service in the 2023 Ambulance Service Medal (ASM) national honours.

#### Lindsay Bent – MICA Paramedic

Lindsay began his outstanding career as a Victorian paramedic in 1989 and has maintained a high level of training and operational skill as a Mobile Intensive Care Ambulance (MICA) paramedic.

Over his 34-year career with AV, he has worked in a variety of complex and rewarding roles, including clinical operations, operational communications, Adult Retrieval Victoria, MICA, and emergency management. Lindsay’s contributions have been far-reaching and impactful, consistently focused on delivering exceptional care to Victorian communities.

#### Barry Curtain – Team Manager

Barry has made many important contributions since commencing with AV in 2001. As an Advanced Life Support (ALS) paramedic, Barry has volunteered as a manual handling facilitator for 14 years and served as the manual handling coordinator for five years.

From 2009 to 2023, Barry made significant contributions to manual handling and paramedic workplace safety. He authored much of AV’s manual handling policy and procedure, helping to reduce risks associated with manual handling activities in the workplace. His efforts ensured that paramedics work safely, comfortably, and productively when caring for patients. Barry’s work has led to major improvements in equipment and the development of safe work practices to prevent paramedic injuries.

#### Lindsay Mackay – Operational Communications

Lindsay has worked as a paramedic across the UK and Australia for over 17 years. As Executive Director of Operational Communications, she applied her extensive experience and leadership to support our communications centres and improve community access to ambulance services through the expansion of Australia’s largest Secondary Triage team.

Lindsay was instrumental in establishing change at AV by developing innovative alternative models of care through the expansion of secondary triage services. She championed the implementation of a new patient pathway, TelePROMPT, which connects patients with mental health conditions to the care they need through alternative care pathways, avoiding unnecessary transport to an emergency department.

Lindsay designed and championed the implementation of a new clinical oversight model for Triage Services, building clinical expertise and capability within the function and enhancing the day-to-day operations.

#### Ian Walsh – ACO

Ian Walsh commenced service with Ambulance Victoria in 2007 and has since served as an Ambulance Community Officer (ACO) in Charlton. As a first responder, Ian has always been focused on caring for his community. This was most notably demonstrated by his efforts during the Charlton floods in January 2011, when he spent countless hours working to assist the township.

As a longstanding member of the Charlton Ambulance Team, Ian has been a committed leader, mentoring newer team members and supporting and encouraging them to reach their potential. Ian has always demonstrated a selfless attitude and unwavering commitment to improving the lives and wellbeing of patients and members of the community.

#### Alan Wilkins – ACO

Alan Wilkins joined AV in 2006 as an inaugural member of the Paynesville Ambulance Team and continues to serve his community as an Ambulance Community Officer (ACO).

Alan has significantly contributed to health and emergency education within the Paynesville community through his work as an ACO and as a volunteer with the local Ambulance auxiliary. He has educated many people in life-saving skills, including cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs) across various community groups. Alan was instrumental in securing 20 AEDs for the Paynesville community.

He also provided guidance to the isolated Raymond Island community to ensure it had a 24/7 accessible AED in a public location. Within a month, this AED was successfully used to defibrillate a patient.

### CAA Awards

The Council of Ambulance Authorities (CAA) Awards recognise the innovative work of ambulance services across Australia, New Zealand, and Papua New Guinea. In the 2023 awards, AV won the Excellence in Technology Award.

The winning project, ‘2021 Clinical Response Model: An evidence-based approach to improve ambulance resource allocation and response performance during the COVID-19 pandemic’, was developed in response to challenges associated with the easing of pandemic restrictions in 2021.

As a result, AV reviewed its Clinical Response Model and emergency response dispatch grid, discovering that a high volume of low acuity patients could be diverted to Secondary Triage to increase the availability of ambulances for emergencies.

The initiative led to an almost 30 percent increase in low acuity patients being referred to alternative service providers, ensuring critically ill patients were more likely to receive a timely response.

Additionally, six outstanding women from Ambulance Victoria were honoured this year as part of the CAA Women in Ambulance Awards.

These awards highlight successful and hardworking women in ambulance services across Australia, New Zealand, and Papua New Guinea. They aim to empower and inspire future generations to pursue careers in ambulance services and progress into leadership and management roles.

#### Our 2024 CAA Women in Ambulance Award recipients

* Jo Algie, ALS Paramedic
* Belinda Delardes, ALS Paramedic
* Rebecca Veitch, ALS Paramedic
* Deb Bright, Ambulance Community Officer
* Carina Gibson, MICA Paramedic
* Emily Nehme, Research Governance Manager

# Clinical Advancements

Our dedication to clinical excellence drives us to continuously innovate and improve our healthcare services. From state-of-the-art retrieval services and a groundbreaking cardiac arrest strategy to comprehensive educational programs and international partnerships, our clinical advancements are at the forefront of transforming health care nationally.

## Adult Retrieval Victoria

Adult Retrieval Victoria (ARV) provides statewide critical care clinical advice and coordinates the transfer of critically unwell patients across the state, and beyond. ARV also plays a central role in the state trauma system, supporting the retrieval coordination of major trauma patients and providing clinical expertise.

This year, ARV relocated to the new Essendon Fields Operations Centre and introduced a new initiative to coordinate access to life-saving blood products for crews in the pre-hospital environment. Our pivotal role in the pre-hospital ICU bypass initiative also allowed MICA paramedics to balance intensive care unit loads, preventing secondary transfers due to bed shortages.

* 147,747 Total calls received
* 4,602 Total retrievals
* 52 Total ECMO[[1]](#footnote-1) transfers
* 19 Total clinical authorisation cases
* 7,110 Total cases
* 1,231 Total medical retrievals
* 1,054 Total pre-hospital cases
* 170 Total pre-hospital ICU bypass

| State | Number of Cases |
| --- | --- |
| Victoria | 6569 |
| New South Wales | 76 |
| Tasmania | 6 |
| Northern Territory | 3 |
| Queensland | 3 |
| South Australia | 2 |
| Australian Capital Territory | 1 |
| Overseas | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Cases | Air Retrievals | Road Retrievals |
| Barwon South West | 738 | 307 | 233 |
| Gippsland | 1141 | 351 | 453 |
| Grampians | 607 | 159 | 255 |
| Hume | 1152 | 623 | 193 |
| Loddon Mallee | 1177 | 568 | 282 |
| Metro | 1754 | 7 | 1158 |

## Cardiac Arrest Improvement Strategy

In 2023, we developed an Australian-first Cardiac Arrest Improvement Strategy to address the impact of the COVID-19 pandemic on systems of care in Victoria.

The strategy aims to drive improvements in the care of out-of-hospital cardiac arrest (OHCA) patients between 2023 and 2028. It is based on international best practices, local expertise, and over two decades of insights from the Victorian Ambulance Cardiac Arrest Registry. The strategy identifies 38 programs across four priority areas:

* Community CPR and public access defibrillation
* Comprehensive system response
* High-performance CPR
* A culture of excellence.

We aim to achieve a 30 per cent improvement in OHCA survival by 2028, potentially saving over 70 lives annually.

### Shocktober campaign reached 6.13 million people, training 6,700 in CPR

* Launched the PANDA trial on adrenaline versus noradrenaline for cardiogenic shock
* Reached 500 enrolled patients in the First Responder Shock Trial
* Notified paramedics in writing when cardiac arrest patients they treated were discharged alive
* Rolled out end-of-life education training to all paramedics
* Expanded Kids Save Lives program across Victorian schools
* Debuted the Cardiac Arrest Improvement Strategy at the New Zealand Resuscitation Council Conference

### Case Study: Cutting-Edge Technology Saves Hawthorn Father

Ambulance Victoria (AV) is proud to be the only ambulance service in Australia, and one of only four in the world, utilising cutting-edge ECMO (Extracorporeal Membrane Oxygenation) technology in the field to save lives. This advanced heart-lung machine is a game-changer for patients in refractory cardiac arrest, offering a significant improvement in survival rates.

Data from the Victorian Ambulance Cardiac Arrest Registry highlights the dire statistics for patients in refractory cardiac arrest, with only about 4 per cent surviving even with mechanical CPR during transport to hospital. However, survival rates improve to around 20 per cent if the patient is transported to a hospital equipped to place them on ECMO. The challenge, however, lies in the time taken to reach the hospital, which often exceeds 60 minutes from the onset of cardiac arrest.

By initiating ECMO within approximately 25 minutes after cardiac arrest, we have seen nearly 30 per cent of these patients survive with positive outcomes.

In October 2023, this world-leading medical technology being trialled by AV and Alfred Health helped save a Hawthorn man’s life. Thanks to the prompt response and the application of ECMO technology at the scene, this method not only stabilised his condition rapidly but also significantly increased his chances of survival compared to traditional methods.

The Hawthorn father’s experience exemplifies the life-saving potential of ECMO technology in pre-hospital settings. Upon arrival, paramedics swiftly assessed his condition, and a responding MICA paramedic was joined by intensive care specialists from Alfred Health. The team initiated ECMO on-site, providing critical support that maintained his heart and lung function during the crucial minutes following his collapse. His subsequent recovery in hospital highlighted the effectiveness of early ECMO intervention, offering hope to countless other patients who might benefit from this advanced treatment.

## Our Research

AV’s Centre for Research and Evaluation is an international leader in pre-hospital emergency care, health services and resuscitation research. Between July 2023 and June 2024, 105 active research projects were registered in the AV research governance system and employees led or contributed to the publication of 76 peer-reviewed manuscripts, many in top-ranking journals in fields of emergency medicine, cardiology, and pre-hospital emergency care. Our research programs are internationally recognised, attracting almost 2,000 citations across peer-reviewed literature in 2023-24, including 38 citations in policy and scientific statements or treatment guidelines. Our research is highly collaborative, involving partnerships with universities, hospitals, and research institutions. In 2023-24, we proudly signed 13 new research agreements with partners, helping us achieve our strategic goal of being a strong, connected, and collaborative research centre.

### Highlights

#### The First Responder Shock Trial (FIRST) reaches 500 enrolled patients

Automated external defibrillators (AEDs) can help to double or even triple the survival rates of cardiac arrest patients when used by bystanders or community volunteer responders. The First Responder Shock Trial (FIRST) is a binational collaborative trial which is being conducted to increase rates of early defibrillation by members of the community. This trial aims to test whether providing community volunteer responders with a single-use, ultraportable AED can improve the survival rates of cardiac arrest patients compared to retrieving the closest AED in the community. The trial reached an important milestone of 500 enrolled patients this year and is expected to complete recruitment in 6-12 months. The trial’s methods were published in the Resuscitation Plus journal this year.

#### The PANDA clinical trial launches recruitment

Shock is a common medical condition that can lead to low blood pressure, organ dysfunction and death. Clinicians use medications that constrict blood vessels or increase the heart’s pumping function to manage low blood pressure in patients with shock. However, there is limited information on which medication is safer and more effective. PANDA (which stands for PAramedic Randomised Trial of NoraDrenaline Versus Adrenaline in Cardiogenic Shock) is a world-first clinical trial that aims to compare noradrenaline and adrenaline, the two medications commonly used by paramedics and doctors for the treatment of shock. Almost 1,200 cardiogenic shock patients, including those experiencing heart attacks and cardiac arrest, will be enrolled into the trial by paramedics in Victoria over a two-year period. The trial is being delivered as part of our Cardiac Arrest Improvement Strategy and will help improve outcomes for patients with this life-threatening condition.

#### A world-first study exploring sex differences in resuscitation quality

Women are known to be disadvantaged compared with men when receiving community-based interventions for cardiac arrest (e.g. bystander CPR and defibrillation). This year, the Centre for Research and Evaluation conducted a world-first study to explore whether the quality of resuscitation treatment provided by paramedics differs by patient sex. The study showed that although CPR quality did not vary by sex, sex-based disparities were seen in the quality of post-resuscitation care, including the management of low blood pressure and the duration of resuscitation. The findings suggest that more can be done to improve the quality of post-resuscitation care for women and the science will now be used to address this important treatment gap through education.

#### Study supports paramedic scene discharge and referral decisions

The outcomes of patients who call an ambulance but are discharged at scene reflect the safety and quality of ambulance care. This year, the Centre for Research and Evaluation led an investigation describing the outcome of patients 72 hours after being discharged at scene by paramedics. The study, published in the Emergency Medicine Journal, found the occurrence of hospital admission and adverse events was rare in those discharged at scene and the lowest in the world compared to other regions. The strongest driver of serious adverse events was the presence of an abnormal vital sign on assessment, which will be used to inform education and clinical practice.

#### Portable heart-lung machines in ambulances

In certain hospitals, patients with cardiac arrest are cared for with a highly-specialised treatment involving a heart-lung bypass machine known as Extra-Corporeal Membrane Oxygenation (ECMO). The CHEER3 prospective trial is an Australian-first collaboration between Ambulance Victoria and Alfred Health. It aims to equip an ambulance rapid response vehicle with a portable heart-lung machine (ECMO) to give potentially life-saving treatment to patients faster before they are taken to the hospital. The preliminary results of the trial were published this year, demonstrating survival rates of 40 per cent in patients who could not be revived from almost 50 minutes of conventional treatments. The trial continues to recruit eligible patients in metropolitan Melbourne.

### Research Funding

AV researchers were lead investigators of several new National Health and Medical Research Council (NHMRC), Medical Research Future Fund (MRFF) and National Heart Foundation (NHF) research grants in 2023-24.

Research grants underpin our ability to invest in clinical innovation and support the critical infrastructure required to deliver world-leading clinical trials and cohort studies. In 2023-24, AV researchers attracted over $7 million in research funding, including:

* NHMRC Investigator Grant for ‘Advancing the evidence-base in cardiac arrest and resuscitation’. Funding: $1,483,020.
* MRFF Clinician Researcher’s Grant for ‘Optimising chest pain pathways that ensure earlier access to definitive care for patients in remote and rural communities’. Funding: $1,496,271.
* Victorian Medical Research Acceleration Fund for ‘Evaluating a new model of care to accelerate the provision of definitive care for patients with chest pain (ACCELERATE-CP)’. Funding: $499,312.
* NHMRC Targeted Call for Research Grant for ‘Advancing Quality and Safe Virtual Diabetes Care in Emergency Settings (VIRDI)’. Funding: $998,231.
* Laerdal Foundation Project Support Grant for ‘Drowning Out-of-Hospital Cardiac Arrest in Australia and New Zealand’. Funding: $49,958.
* NHF Vanguard Grant for ‘Creating and using the world’s largest multi-source cardiac arrest registry to discover causes of sudden cardiac death’. Funding: $150,000.
* NHF Vanguard grant for ‘Developing a national strategy for improving out-of-hospital cardiac arrest outcomes: using advanced simulation modelling to identify local interventions to save lives’. Funding: $150,000.
* MRFF Research Data Infrastructure Grant for ‘The National Intensive Care Data (NICE-Data) Infrastructure Initiative. Funding: $2,497,605.

### Awards

The Centre for Research and Evaluation received multiple awards in 2023-24 recognising its contribution to science in the field of pre-hospital emergency care.

The Centre was again recognised with industry-leading awards from the Council of Ambulance Authorities, receiving the Excellence in Technology Award for informing the evidence-base and methodology behind Ambulance Victoria’s Clinical Response Model improvements during the COVID-19 pandemic. Belinda Delardes (Resuscitation Coordinator) and Emily Nehme (Research Governance Manager) also received the Council of Ambulance Authorities Women in Ambulance Award, recognising their tireless efforts to advance pre-hospital research. Our Director, Dr Ziad Nehme, was also recognised with Citizen CPR Foundation’s ‘Top 40 Under 40’ Award, recognising his continued leadership in cardiac arrest research in pursuit of improving patient outcomes. Finally, Monash University PhD candidate and Jordanian Paramedic, Abdulrahman Alhenaki, was awarded the Best Free Paper Award at the New Zealand Resuscitation Council’s Conference in Wellington, New Zealand, for a study using Ambulance Victoria’s cardiac arrest data to examine trends in the incidence and outcome of refractory out-of-hospital cardiac arrest. These awards are strong acknowledgment of the impact of AV’s research.

### Research Publications

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### Clinical Insights & Grand Rounds

We launched new communication channels this year to share clinical knowledge and advancements, and generate discussion among our clinical and operational workforce.

Focusing on a key theme, the quarterly Clinical Insights newsletter and Grand Rounds webinars provide an in-depth look at clinical care, patient safety, and improved patient experiences. Topics covered to date have included patient deterioration, and managing respiratory problems.

#### Case Study: Singapore Civil Defence Force

In a landmark move, AV has partnered with the Singapore Civil Defence Force (SCDF), a world-leading emergency services provider. This collaboration, formalised with a Memorandum of Understanding (MoU), aims to enhance paramedic practice through sharing information, training, and research opportunities. This partnership represents our commitment to mutual growth, innovation, and improving the quality of emergency medical services.

AV will benefit from learning about the advances SCDF has made in communication and coordination of ambulance resources, including the use of artificial intelligence and video calling, and SCDF will benefit from learning from our clinical care with paramedicine being a profession in Australia for much longer than Singapore. By working closely with SCDF, we blend our clinical expertise with its strengths in communication and technology, positioning ourselves at the forefront of global emergency medical services.

We are proud of this new chapter and look forward to the positive impact it will have on our services and the communities we serve.

# Right Care, Right Patient, Right Time

We continue to work with our partners to find new and innovative ways of improving patient care, ensuring that our patients receive the most appropriate care for their needs, and saving ambulances for emergencies.

Over the past year we have continued to develop and expand alternate service pathways and leveraged technology to strengthen our triage capabilities.

Our work towards improving the experience of patients with mental health conditions as part of Victoria’s mental health reform program is another example of our commitment to delivering the right care to the right patient at the right time.

## Video Assisted Triage

A three-month proof-of-concept trial was conducted to determine if Video Assisted Triage (VAT) could enhance patient assessment and support our triage practitioners through visualising the patient’s condition.

The trial outcomes demonstrated that VAT increased rates of safe and effective diversion from emergency responses, enhanced utilisation of alternate services and care pathways, improved triage practitioner confidence in decision making, and strengthened the ability to establish rapport and provide reassurance to patients.

Following the trial’s success, VAT was implemented across all Secondary Triage workstations, enhancing the experience for both our people and patients.

The missing piece of the secondary triage puzzle.”

– AV Triage Practitioner on VAT

## Alternate Services Strategy

Our Alternate Services Strategy has been developed to improve emergency response availability, enhance processes and systems, and increase the use of alternative services for specific patient groups. This includes our embedded care pathways for older persons (RACER), frequent complex callers, and individuals experiencing a mental health crisis (TelePROMPT).

The strategy ensures callers are connected with the most appropriate care response, improving their experience and outcomes. Key focus areas in phase one have included establishing improvements in data monitoring and reporting for continuous improvement, uplifting technology to support these processes, and implementing a comprehensive employee communication and engagement strategy to provide our people with the latest information and support related to alternate services.

## Patient Management Team

Our patient management team is committed to supporting the delivery of Best Care to patients identified as frequent and complex by tailoring service provision to best meet their social and healthcare needs.

We develop Patient Management Plans and Mental Health Information Plans to support AV employees to make informed decisions and provide individualised and tailored healthcare to patients.

The team created 104 new Patient Management Plans in 2023-24, actively reviewed 160 plans, and developed 84 on scene plans for paramedics to tailor support and care coordination.

## Victorian Stroke Telemedicine

The Victorian Stroke Telemedicine (VST) service delivers critical acute stroke care via telemedicine to emergency departments across 19 Victorian and three Tasmanian hospitals. This includes recent additions in Mersey Community Hospital in north-west Tasmania and Portland District Health - VST’s first Urgent Care Centre.

This year, VST managed 4,777 consultations, recommended thrombolysis with tissue plasminogen activator (TPA) for 328 cases, and endovascular clot retrieval (ECR) for 258 cases.

## Victorian Virtual Emergency Department

The Victorian Virtual Emergency Department (VVED), operated by Northern Health, provides patients with in-home virtual emergency doctor clinical assessments, advice, treatment, and referrals to appropriate healthcare providers such as GPs or residential in-reach services.

Available to all Victorians 24/7 via the VVED website, this free service has significantly enhanced accessibility to emergency care and freed up ambulances for emergencies.

Since its launch, VVED has provided virtual care to more than 82,475 patients referred by AV. In 2023-24, VVED managed to see over 42,875 patients, with an impressive 77 per cent of them not requiring transport to, or in-person care at, an ED. This innovative approach has not only eased the burden on physical emergency departments but also ensured that patients receive timely and efficient care from the comfort of their homes.

## Mental Health Reform

AV is a partner agency in delivering the Royal Commission into Victoria’s Mental Health System’s Recommendation 10, which aims to achieve a health-led response for people experiencing mental health crises. Under the new Mental Health and Wellbeing Act 2022, which commenced on 1 September 2023, paramedics have care and control powers for transporting a patient under an inpatient or compulsory order.

Our paramedics have been through comprehensive training to understand the Act and how it applies to paramedic practice in terms of improving the experience of people in a mental health crisis. We have also implemented IT system changes to align with the legislation, run a pilot in de-escalation training for paramedics to best support people in a mental health crisis, and established a multi-agency incident management mechanism with the Office of the Chief Psychiatrist, Department of Health, Victoria Police, and health services to address serious incidents in a collaborative way.

Understanding the assault cycle, the anger iceberg and the physical breakaway techniques were most useful.”

– Feedback from paramedic on the de-escalation pilot.

# Digital Advancements and Connection

Our commitment to innovation and connectivity is transforming how we deliver care, making our operations more agile and our patient interactions more seamless. By adopting the latest technologies and enhancing our communication networks, we are empowering our people with the tools they need to respond swiftly and effectively.

## Digital Radio Upgrade Program

We are well on the way to transitioning our regional radio operations to the Regional Mobile Radio (RMR) network to replace the existing analogue network.

Scheduled for completion in 2026, this program is part of Victoria’s Emergency Management Operational Communications Program, led by the Department of Justice and Community Safety.

In 2023-24, significant progress was made, including establishing contracts and beginning the development and implementation of radio equipment and the RMR Network Uplift. A fleet centre was set up in Ballarat to manage equipment upgrades across the rural ambulance fleet, ensuring minimal operational impact.

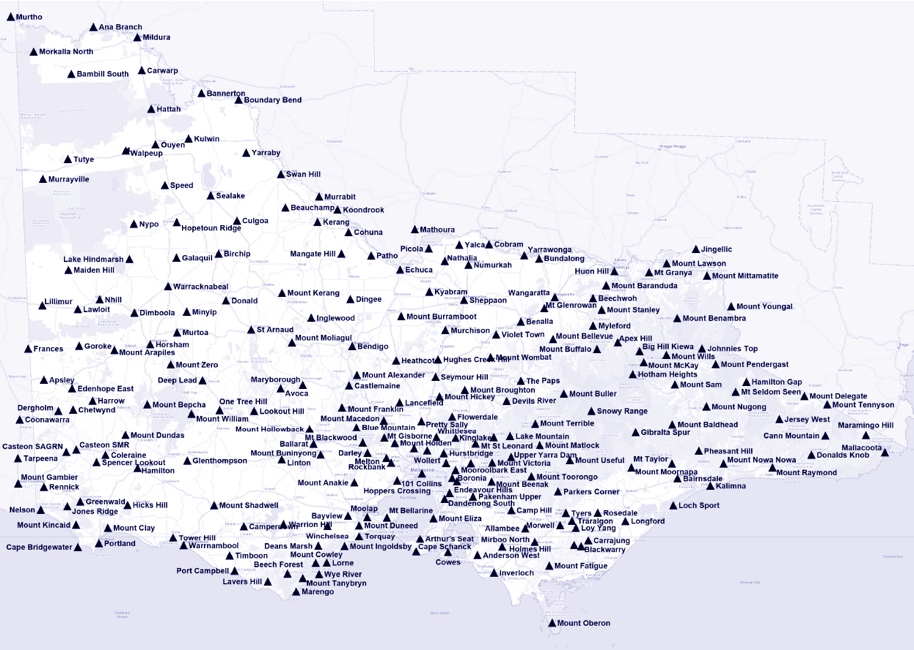
Key features of the new system include:

* A statewide common radio network with improved coverage, reliability, and security through encryption
* Noticeably better digital audio quality
* Enhanced inter-regional communication and dispatch capabilities, especially during large multi-casualty events
* Improved operational efficiency and response using selcall (a radio signalling protocol)
* Better communication with dispatchers, duty managers, clinicians, air ambulance and emergency department employees
* Up-to-date and accurate information on emergency incidents, improving patient focus and outcomes
* Enhanced paramedic safety in the field through GPS tracking and improved duress functionality
* Triple Zero Victoria will measure radio occupancy to better manage rural dispatcher wellbeing and workload.

### Current (RAVNet Analogue) network



### Future (RMR Digital) Capability network



## VACIS Modernisation Project and iPads for Paramedics

The VACIS Modernisation Project represents a transformational change in our digital working environment, significantly enhancing the technology tools available to our paramedics when recording clinical information. Outdated VACIS tablets, which paramedics presently use to record electronic patient care records, will be replaced with personally issued iPads that feature a redesigned, modernised front-end application.

In-field testing of the new devices commenced this year, allowing us to assess their viability and impact on reducing administrative time in the field. This evaluation will help quantify improvements in response performance and the quality of our patient care records ahead of their statewide roll out, planned for 2024-25.

## OneAV

In April 2024, our OneAV project saw our end-of-life SharePoint 2013 intranet migrated to an updated and secure SharePoint Online platform, building on our established Microsoft 365 product landscape.

In addition to an upgrade in technology, our new OneAV intranet delivered an uplift in employee engagement on key content, campaigns and organisational priorities. OneAV offers our people a contemporary digital employee experience where key pain points such as excessive, repetitive and duplicated information are removed.

# Our Community

A strong, connected community is essential for ensuring the health and wellbeing of every individual. By actively engaging with and supporting our communities, we foster a culture of care, resilience, and empowerment. Through education and awareness initiatives we work together to provide life-saving skills, promote health education, and ensure inclusivity and support for all.

## CPR in Schools

The Kids Save Lives program is an Australian-first pilot we launched in Victorian schools in February 2023.

It aims to teach students life-saving cardiopulmonary resuscitation (CPR) skills and raise awareness of automated external defibrillators (AEDs) to improve cardiac arrest survival rates. The pilot, supported by Greg Page of The Wiggles, sent 5,547 Call Pull Shock kits to 56 schools across Victoria. In October 2023, the program expanded to include Year 7 to 10 students. Our partners include Heart of the Nation, the Heart Foundation, the Australian Resuscitation Council, the Council of Ambulance Authorities, the Department of Education, and Monash University.

Preliminary evaluation results are promising, with teachers reporting confidence in teaching the program and noting high student engagement. Notably, 50 per cent of students surveyed felt confident performing CPR.

## Shocktober

AV’s ‘Shocktober’ campaign aims to improve community confidence in responding to cardiac arrest, promote the Call, Push, Shock steps, increase AED registration, and boost GoodSAM app sign-ups.

Our paramedics and volunteers conducted 340 face-to-face engagement sessions in October 2023, teaching CPR and AED awareness to over 7,600 community members, exceeding our target of 5,000. An extensive media, social media and internal communications campaign led to significant awareness, 282 new AED registrations and 616 new GoodSAM Responder sign-ups.

### Case Study: Baw Baw Auxiliary Merger

Formed from the merger of the Neerim Noojee Ambulance Auxiliary and the Warragul Ambulance Auxiliary, the Baw Baw Combined Ambulance Auxiliary provides significant assistance to ambulance branches in Warragul, Drouin, Neerim South and Rawson, and the seasonal branch at Mt Baw Baw.

With a rich history spanning several decades, both original Auxiliaries have significantly contributed to their communities. This merger not only strengthens the resources available to our AV branches but also solidifies the Auxiliary’s role as a crucial link between our people and the local community.

In early 2024, the Baw Baw Combined Auxiliary hosted a Restart A Heart BBQ at Warragul Bunnings to raise funds and promote heart health in the community. The event featured the Community Education van, where locals learned the Call Push Shock method for responding to cardiac arrests. Funds raised from these events are put towards training equipment and AEDs, benefiting both our branches and the broader community.

### Case Study: You’re Safe with Me Badges

In September 2023, AV received heartwarming feedback from an anonymous patient who was deeply moved by seeing a paramedic wearing a ‘You’re Safe with Me’ pin.

This simple gesture made the patient feel safe, respected, and affirmed. A post on AV’s internal engagement channel was viewed by more than 1,000 employees, received 44 likes, and resulted in 946 pins being distributed to employees and volunteers statewide.

Letter from the anonymous patient:

Recently I knew something was seriously wrong, so I had to call an ambulance. The ambulance came from Daylesford and one of the ambos had a rainbow badge on her shirt. Seeing it made me feel safe, respected and loved; like I was in good hands. Because I was feeling unwell and vulnerable, the badge was an affirmation of me as a person. It helped me knowing that she was really there for me. It felt like a safety net knowing she was on my side.

Your service must deal with a lot of older LGBTIQ+ people who are not as out as me. If they saw someone with a rainbow badge it would mean all of a sudden, they would feel a little better inside. It would boost their confidence. The badge could be a turning point for them knowing they don’t have to worry about hiding their LGBTIQ+ identity. It could help them know they are not going to be put upon or chucked out of the ambulance if someone finds out they are LGBTIQ+. They could be more at ease with themselves - relax a bit, which is so important when you are sick. When you are going through all that stress that leads you to call an ambulance, it’s good if you can relax, your symptoms might improve. Your blood pressure might drop.

I want to send a hug to the ambo who wore the pin. She helped me to feel at ease and less vulnerable - and improved my mental health and wellbeing. Thank you.”

# Workforce Data

This workforce information is provided in accordance with the Minister for Finance’s Reporting Direction 29: ‘Workforce data disclosures in the report of operations – public service employees.’

## Total Employee Numbers

Full-Time Equivalent (FTE) Employees 2023-24 (size of the workforce):

|  |  |  |
| --- | --- | --- |
| Employee Numbers (FTE) – Annual Report Category | 2023-24 | 2022-23 |
| On Road Clinical Employees1 | 4886.9 | 5,055.4 |
| Operation Support and Managerial Employees | 651.1 | 622.0 |
| Other Managerial, Professional and Administrative Employees | 628.3 | 592.0 |
| TOTAL | 6166.3 | 6269.4 |

1. On Road Clinical Employees– includes but not limited to Paramedics, Team Managers, Patient Transport Officers, Retrieval Registrars, Clinic Transport Officers and Clinical Instructors. Following multiple years of growth, factors contributing to 2023-24 data following multiple years of growth includes an increased number of employees moving into flexible work arrangements, and the permanent appointment of on-road clinical employees into management and operational support positions.
2. Operation Support and Managerial Employees – includes but not limited to Senior Team, Area and Regional Managers, Rosters employees, Communications employees, Rehab Advisors, OHS Advisors, Logistics employees, Fleet employees, Duty Team Managers, Telecommunication employees and Clinical Practice employees.
3. Other Managerial, Professional include all other employees who do not fall into the above two categories.

## Mobile Intensive Care Ambulance paramedics (MICA)

This group of MICA employees forms part of AV’s Full-Time Equivalent Employees 2023-24:

| MICA Employee Numbers | 2023-24 | 2022-23 |
| --- | --- | --- |
| MICA Full-Time Equivalent Employees | 503.4 | 525.7 |
| MICA Full-Time Equivalent Trainees | 82.9 | 55.4 |
| TOTAL | 586.3 | 581.1 |

## Ambulance Community Officers (ACOs)

AV employs 952 casual Ambulance Community Support Officers (ACOs) who provide emergency response. These employees are represented in the above on-road clinical employee FTE numbers based on their hours worked converted to equivalent full-time positions.

## Community Emergency Response Team volunteers (CERTs)

In addition, AV engages 207 Community Emergency Response Team volunteers (CERTs) who provided emergency response in 2023-24.

## Newly recruited paramedics

The 2023-24 approved operational recruitment target was 195 recruits, which included nine recruits from the Medium Acuity Transport Graduate Bridging Program (MATSGBP) and 11 from the Inter Graduate Paramedic Program (IPGP) who started with AV in 2023-24.

258 paramedic employees were recruited by AV in 2023-24. This recruitment comprised 47 paramedics from the MATSGBP, 11 from the IPGP, three transitioning from casual to permanent positions, and 134 graduate ambulance paramedics. The additional 83 paramedics who commenced their roles in May and June 2024 will be part of the 2024-25 recruitment program.

# Health, Safety and Wellbeing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2023-24 | 2022-23 | 2021-22 | 2020-21 |
| Number of workplace fatalities | 1 | 0 | 0 | 0 |
| Lost Time Injury Frequency Rate (LTIFR)1 | 96.4 | 77.99 | 72.6 | 71.6 |
| Average number of Standard claims per 100 FTE (Full time Equivalent) employees1 | 10.4 | 10.8 | 8.0 | 6.6 |
| Average number of Standard claims per 1,000,000 hours worked1 | 66.7 | 69.5 | 50.6 | 40.3 |
| Average cost per WorkCover Standard claim2 | $111,806 | $101,120 | $113,268 | $100,261 |
| Number of hazards/incidents/injuries reports lodged3 | 4,956 | 3,728 | 3,356 | 4,086 |
| Percentage of WorkCover Standard claims with a RTW plan initiated4 | 86% | 100% | 100% | 100% |
| Percentage of employees immunised against influenza (including ACOs) 5 | 91.3% | 88.1% | 54.4% | 93.8% |
| Number of Health and Safety Representatives (HSR) positions filled6 | 341 | 297 | 376 | 294 |

Notes:

1. An increased number of Standard WorkCover claims in 2023-24 negatively impacted the LTIFR, the average number of Standard Claims per 100 FTE and the average cost per WorkCover Standard Claim rates. The average number of standard claims per 1,000,000 hours worked is impacted by both an increase in volume of standard claims received, and the fluctuating nature of productive hours worked. There were a number of months in 2023-24 with a markedly lower number of productive hours worked, which has compounded the increase in this measure over 2023-24.
2. Claims costs mature over time, and as such the data captured reflects the costs received as at the end of June 2024. Claims costs from previous financial years will have matured and consequently figures and will differ from previous annual reports.
3. The number of hazards / incidents / injuries (HIIs) as logged in AV’s Health Safety and Claims System.
4. Percentage of Standard claims with return-to-work plans is calculated from a sample and excludes claims with less than 10 days’ time loss. AV’s result of 86 per cent reflects the significant increase in overall claims volume, and the resulting resourcing impact.
5. Percentage of employees immunised is reflective of final percentage with the 2023-24 influenza season, August 2023.
6. HSRs have increased in number over the past three years and align with the growth in the paramedic workforce and the number of AV locations. Number includes Deputy HSRs.

Definitions:

* 1. Accepted WorkCover claims – accepted WorkCover claims that were lodged in financial year.
  2. Lost Time – defined as greater than one day.
  3. Standard Claim- a WorkCover claim that has exceeded the employer liability period of either 10 days lost time and/or medical expenses (cost indexed yearly).

# Occupational Violence

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2023-24 | 2022-23 | 2021-22 | 2020-21 | 2019-20 |
| WorkCover accepted claims with an occupational violence cause per 100 FTE | 0.9 | 1.0 | 0.9 | 0.9 | 0.6 |
| Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked. | 5.4 | 6.0 | 5.0 | 5.3 | 3.7 |
| Number of Occupational Violence Hazard, Incidents or Injuries (HII’s) reported. | 903 | 653 | 564 | 631 | 696 |
| Number of Occupational Violence HII’s reported per 100 FTE | 14.6 | 10.4 | 9.2 | 11.4 | 13.1 |
| Percentage of Occupational Violence HII’s resulting in injury, illness or condition | 6.20% | 9.95% | 9.40% | 7.77% | 4.74% |

A new occupational violence framework and work plan was developed and released to assist in implementing a broad range of initiatives to assist Frontline crews and call takers from being harmed by occupational violence (OV). A working group was established to provide a broad cross section of views and insights into strategies to address occupational violence.

While most of OV reporting is for incidents without injury the potential to be injured does contribute to elevated stress levels and is why preventative programs and employee care pathways remain our top two priorities.

Those injured as a result of OV have higher observed rates of WorkCover claims indicating that, when injured, the injury is of a more severe nature.

All graduates received a full day of OV training while existing employees have access to refresher training covering such topics as de-escalation, behaviour of concern risk scoring and scene positioning eLearn programs.

Development of an OV training module and several mentoring videos started development in Quarter 4.

Occupational violence HII reports for 2023-24 totalled 903 compared to 653 reported in the previous financial year.

The number of occupational violence HII’s reported per 100FTE in 2018-19 was 13.2, then lowered to 9.2 over the COVID pandemic in 2021-22 due to a decrease in near miss reporting. The ratio for this reporting period increased from 10.4 last financial year to 14.6 for this reporting period.

Trends in occupational violence severity as measured through accepted WorkCover claims per million hours worked (or per 100 FTE) has steadily increased since 2018-19.

AV encourages a culture of reporting. Reporting of OV Hazards, Incidents and Injuries (HII) increased compared to previous years. Hazard reporting alone increased over 80 per cent compared to 2022-23 while the percentage of injuries reduced from 9.95 per cent to 6.2 per cent. While reporting of incidents has increased, reports of injuries as a result of OV has declined when compared to the previous financial year.

# Alcohol and Other Drugs

AV’s Alcohol and Other Drugs (AOD) testing program consists of four distinct areas which are listed below, with a key performance indicator (KPI) set at 20 per cent of the AV workforce (N=8261), KPI (N=1652). The AOD program achieved a figure just over 100 per cent (N=1672) for 2023-24.

* Pre-employment testing for operational paramedic applicants (269)
* Random testing for the existing workforce via randomised AV locations (1275)
* For cause/post incident testing (29)
* Workgroup testing (99)

Pre-employment AOD testing is conducted as part of the medical selection process prior to being employed with AV. Just over one percent of candidates returned positive results for declared medications with the remainder returning negative results.

In workforce testing (Random, For Cause, Post Incident and Workgroup) programs in 2023-24, AV conducted the following testing numbers: Random (N=1275), For Cause (N= 18), Post Incident (MVA) (N= 11) and Workgroup (N= 99), with results as follows:

* Less than 0.5 per cent of employees tested positive for illicit substances or AV medications. In post incident testing all employees tested returned negative results.

AV complied with relevant National Standards to report employees to the Australian Health Practitioner Regulation Agency (AHPRA) during the financial year as required.

All employees who test positive are given assistance through AV’s supportive framework and the AOD Specialist Welfare with referral to treatment facilities as required.

# Environmental Report

AV is committed to reducing our impact on the environmental footprint. Our Sustainability Action Plan outlines the steps we are taking to play our part in creating a better environment for us all, and our commitment to achieving net zero carbon by 2045 remains strong.

AV’s environmental reporting for 2023-24 is developed in line with Financial Reporting Disclosure requirements (FRD24) from the Victorian Government Department of Treasury and Finance.

## Electricity EL1-EL4

Energy efficiency projects such as LED lighting replacement and heat pump water replacement has reduced demand for electricity by three per cent overall.

The conversion of all State Purchasing Contract sites to 100 per cent GreenPower resulted in a 40 per cent increase of total electricity offset.

## Stationary Energy F1-F2

Stationary energy use has reduced across the last three years with 2023-24 resulting in the lowest consumption across the three years. Stationary energy, which consists of natural gas from a pipeline and liquid petroleum gas (LPG), contributes to less than one per cent of AV emissions. AV has seen an overall reduction in gas usage as a result of an active transition from gas to electric.

## Transportation Energy T1-T4

AV continues to be challenged in reducing fuel usage and the associated emissions from our fleet due to the duty cycle and payload of our vehicles, together with the requirement for specific road vehicles and aircraft platforms.

AV is committed to transition our fleet away from fossil fuels. A Zero Emission Vehicle Plan is currently being developed to help AV achieve net zero carbon by 2045.

In total, greenhouse gas emissions from transport went up by nine per cent. Transport emissions continue to be the main contributor to AV’s Scope 1 emissions.

## Total energy use E1-E4

Electricity energy consumption continued to decrease while transport energy has continued to increase. The greater transport energy usage results in an overall increase in energy consumption. Pleasingly, the renewable energy component of this increased energy consumption went up significantly year on year.

## Water use W1-W2

Water use has remained relatively constant since 2021-22. Typically, the bulk of AV’s water is consumed at corporate sites. Usage patterns at these sites are consistent with occupancy post COVID-19.

## Waste and recycling WR1-WR5

Waste reduction activities conducted during 2023-24 include AV’s partnership with the container deposit scheme, donation of old uniforms, out of date consumables, AEDs and specialty equipment bags. The use of our asset donation register is a key tool in rehoming assets or consumables that are no longer of use to AV and reducing waste to landfill.

Organics ‘green waste’ (food and garden) has increased with more program availability internally (via composting and worm farming programs offered to branches).

## Greenhouse Gas Emissions G1-G3

AV maintained a strong focus on emission reduction in 2023-24, however Scope 1 emissions still increased by approximately nine per cent this year. This has been influenced by the increase in both road and air transport fuels and the recent addition of medical anaesthetic gas (methoxyflurane, or the ‘green whistle’) to the AV greenhouse gas inventory.

The transition of all AV sites on the electricity State Purchasing Contract to 100 per cent GreenPower was a significant achievement for AV to reduce Scope 2 emissions by 12 per cent.

Growth in demand on the ambulance service has seen an approximately five per cent increase in case numbers in 2023-24. This increase in case numbers and decreased emissions demonstrates that we have improved efficiency in delivering healthcare services.

| ELECTRICITY USE | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| --- | --- | --- | --- |
| EL1 Total electricity consumption segmented by source [MWh] | | | | |
| Purchased | 7,491.37 | 8,077.77 | 8,349.12 |
| Self-generated | 391.88 | 380.66 | 350.75 |
| EL1 Total electricity consumption [MWh] | 7,883.25 | 8,458.42 | 8,699.87 |
| EL2 On site-electricity generated [MWh] segmented by: | | | | |
| Consumption behind-the-meter | | | | |
| Solar Electricity | 391.88 | 380.66 | 350.75 |
| Total Consumption behind-the-meter [MWh] | 391.88 | 380.66 | 350.75 |
| Exports | | | | |
| Solar Electricity | 100.41 | 132.66 | 141.12 |
| Total Electricity exported [MWh] | 100.41 | 132.66 | 141.12 |
| EL2 Total On site-electricity generated [MWh] | 492.29 | 513.31 | 491.87 |
| EL3 On-site installed generation capacity [kW converted to MW] segmented by: | | | | |
| Solar System | 0.45 | 0.45 | 0.44 |
| EL3 Total On-site installed generation capacity [MW] | 0.45 | 0.45 | 0.44 |
| EL4 Total electricity offsets segmented by offset type [MWh] | | | | |
| LGCs voluntarily retired on the entity’s behalf | 0 | 0 | 0 |
| GreenPower | 6,815.05 | 4,864.28 | 2,703.48 |
| RPP (Renewable Power Percentage in the grid) | 1,408.38 | 1,514.13 | 1,559.70 |
| EL4 Total electricity offsets [MWh] | 7,491.37 | 6,378.41 | 4,263.18 |

| STATIONARY ENERGY | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| --- | --- | --- | --- |
| F1 Total fuels used in buildings and machinery segmented by fuel type [MJ] | | | | |
| Natural gas | 1,409,113.83 | 2,103,320.31 | 2,479,520.28 |
| LPG | 57,053.70 | 68,853.00 | 43,576.60 |
| Diesel | 76,675.00 | 115,900.30 | 101,228.60 |
| F1 Total fuels used in buildings [MJ] | 1,542,842.53 | 2,288,073.61 | 2,624,325.48 |
| F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e] | | | | |
| Natural gas | 72.61 | 108.38 | 127.77 |
| LPG | 3.46 | 4.17 | 2.64 |
| Diesel | 5.38 | 8.14 | 7.11 |
| Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e] | 81.45 | 120.69 | 137.52 |

| TRANSPORTATION ENERGY | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| --- | --- | --- | --- |
| T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ] | | | |
| Non-emergency transport (Health service operated) - Gasoline | 3,384,011.60 | 4,165,211.40 | 4,486,349.50 |
| Non-executive fleet - Gasoline | 2,995,690.90 | 3,154,943.10 | 3,113,913.30 |
| Road ambulance - Gasoline | 26,297,098.10 | 25,508,764.50 | 22,999,168.00 |
| Petrol | 32,676,800.60 | 32,828,919.00 | 30,599,430.80 |
| Non-emergency transport (Health service operated) - Diesel | 9,429,821.70 | 8,309,372.20 | 7,060,715.70 |
| Non-executive fleet - Diesel | 2,690,122.50 | 3,198,387.80 | 3,356,644.50 |
| Road ambulance - Diesel | 212,496,867.60 | 167,803,849.90 | 164,430,592.30 |
| Diesel | 224,616,811.80 | 179,311,609.90 | 174,847,952.50 |
| Air ambulance - fixed wing - Aviation Turbine Fuel | 89,746,478.40 | 92,896,219.80 | 92,757,807.60 |
| Air ambulance - rotary wing - Aviation Turbine Fuel | 73,721,476.80 | 80,228,151.00 | 66,950,526.90 |
| Aviation turbine fuel (ATF) | 163,467,955.20 | 173,124,370.80 | 159,708,334.50 |
| Electricity for Road Vehicles from Public or Private Chargers | 58.40 |  |  |
| Electricity for Road Vehicles from Victorian Government Facilities | 2,620.10 |  |  |
| Electricity (Transport Energy) | 2,678.50 |  |  |
| Total energy used in transportation (vehicle fleet) [MJ] | 420,764,246.10 | 385,264,899.70 | 365,155,717.80 |
| T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category | | | |
| Road vehicles | 1704 |  |  |
| Two and three- wheeled vehicles | 5 |  |  |
| Petrol | 5 |  |  |
| Passenger vehicles | 678 |  |  |
| Petrol | 395 |  |  |
| Diesel | 148 |  |  |
| Petrol hybrid | 130 |  |  |
| PHEV | 1 |  |  |
| NULL | 3 |  |  |
| EV | 1 |  |  |
| Goods Vehicles | 1021 |  |  |
| Petrol | 36 |  |  |
| Diesel | 981 |  |  |
| Hybrid | 4 |  |  |
| T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e] | | | |
| Non-emergency transport (Health service operated) - Gasoline | 228.83 | 281.65 | 303.37 |
| Non-executive fleet - Gasoline | 202.57 | 213.34 | 210.56 |
| Road ambulance - Gasoline | 1,778.21 | 1,724.90 | 1,555.20 |
| Petrol | 2,209.61 | 2,219.89 | 2,069.13 |
| Non-emergency transport (Health service operated) - Diesel | 664.19 | 585.89 | 497.85 |
| Non-executive fleet - Diesel | 189.48 | 225.52 | 236.68 |
| Road ambulance - Diesel | 14,961.90 | 11,815.07 | 11,577.56 |
| Diesel | 15,815.57 | 12,626.48 | 12,312.09 |
| Air ambulance - fixed wing - Aviation Turbine Fuel | 6,301.10 | 6,522.24 | 6,512.53 |
| Air ambulance - rotary wing - Aviation Turbine Fuel | 5,175.98 | 5,632.82 | 4,700.60 |
| Aviation turbine fuel (ATF) | 11,477.09 | 12,155.06 | 11,213.12 |
| Electricity for Road Vehicles from Public or Private Chargers | 0.01 |  |  |
| Electricity for Road Vehicles from Victorian Government Facilities | 0.48 |  |  |
| Electricity (Transport Energy) | 0.50 |  |  |
| Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e] | 29,502.76 | 27,001.43 | 25,594.34 |
| T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity employees on commercial or charter aircraft) | | | |
| Total distance travelled by commercial air travel | 82,137.09 | 148,742.01 |  |
| T(opt1) Total vehicle travel associated with entity operations [1,000 km] | | | |
| Total vehicle travel associated with entity operations [1,000 km] | 41,578.46 | 37,414.69 | 41,161.68 |
| T(opt2) Greenhouse gas emissions from vehicle fleet [tonnes CO2-e per 1,000 km] | | | |
| tonnes CO2-e per 1,000 km | 0.71 | 0.72 | 0.62 |

| TOTAL ENERGY USE | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| --- | --- | --- | --- |
| E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ] | | | |
| Total energy usage from stationary fuels (F1) [MJ] | 1,542,842.53 | 2,288,073.61 | 2,624,325.48 |
| Total energy usage from transport (T1) [MJ] | 420,764,246.10 | 385,264,899.70 | 365,155,717.80 |
| Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ] | 422,307,088.63 | 387,552,973.31 | 367,780,043.28 |
| E2 Total energy usage from electricity [MJ] | | | |
| Total energy usage from electricity [MJ] | 28,379,691.90 | 30,450,320.05 | 31,319,544.13 |
| E3 Total energy usage segmented by renewable and non-renewable sources [MJ] | | | |
| Renewable | 28,379,693.52 | 24,333,653.41 | 16,610,136.17 |
| Non-renewable (E1 + E2 - E3 Renewable) | 421,079,869.60 | 395,039,999.40 | 383,752,147.62 |
| E4 Units of Stationary Energy used normalised | | | |
| Energy per unit of Cases [MJ/Cases] | 34.47 | 39.80 | 42.03 |
| Energy per unit of floor space [MJ/m2] | 198.41 | 202.45 | 221.75 |

| SUSTAINABLE BUILDINGS AND INFRASTRUCTURE | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| --- | --- | --- | --- |
| B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings | A set of guidelines has been developed for the construction of ambulance branches, known as the Branch Design Guidelines. In 2021 sustainability options were identified and included as an addendum to the Branch Design Guidelines. There have been no changes to this process in 2023-24. | | |
| B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule | Higher-rated sustainable office buildings are preferred for lease when the option is available. For example, when sustainability is considered alongside requirements such as location. | | |
| B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised) | There were no newly completed/occupied entity-owned office buildings or substantial tenancy fit-outs. | | |
| B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million | There were no newly completed entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million. | | |
| B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted | No environmental performance ratings were conducted. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| WATER USE | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| W1 Total units of metered water consumed by water source (kl) | | | |
| Potable water [kL] | 31,739.57 | 32,051.22 | 29,358.19 |
| Total units of water consumed [kl] | 31,739.57 | 32,051.22 | 29,358.19 |
| W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity | | | |
| Water per unit of Cases [kL/Cases] | 0.04 | 0.04 | 0.04 |
| Water per unit of floor space [kL/m2] | 0.21 | 0.21 | 0.20 |

| WASTE AND RECYCLING | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| --- | --- | --- | --- |
| WR1 Total units of waste disposed of by waste stream and disposal method [kg] | | | |
| Landfill (total) | | | |
| General waste - bins | 177,376.28 | 178,332.71 | 68,956.48 |
| General waste - skips | 111,645.48 | 95,062.84 | 63,633.51 |
| Offsite treatment | | | |
| Clinical waste - incinerated | 1,580.08 | 4,154.76 | 207.45 |
| Clinical waste - treated | 103,212.71 | 149,373.23 | 13,507.80 |
| Recycling/recovery (disposal) | | | |
| Batteries | 541.17 | 168.79 | 527.36 |
| Cardboard | 58,038.20 | 53,925.30 | 23,383.61 |
| Commingled | 261,067.95 | 231,263.23 | 43,645.88 |
| E-waste | 7,503.53 | 5,834.70 | 5,118.75 |
| Fluorescent tubes | 68.75 | 5.73 | 17.82 |
| Grease traps | 4.15 | 9.67 | 15.54 |
| Organics (food) | 26,284.29 |  |  |
| Organics (garden) | 8,834.73 | 26,601.27 |  |
| Paper (confidential) | 12,663.83 | 16,914.22 | 15,699.74 |
| Paper (recycling) | 25,630.77 | 18,906.32 | 21,280.48 |
| Toner & print cartridges | 118.57 | 115.36 | 171.28 |
| Total units of waste disposed [kg] | 794,570.50 | 780,668.11 | 256,165.69 |
| WR1 Total units of waste disposed of by waste stream and disposal method [%] | | | |
| Landfill (total) | | | |
| General waste | 36.37 | 35.02 | 51.76 |
| WR1 Total units of waste disposed of by waste stream and disposal method [%] | | | |
| Offsite treatment | | | |
| Clinical waste - incinerated | 0.20 | 0.53 | 0.08 |
| Clinical waste - treated | 12.99 | 19.13 | 5.27 |
| Recycling/recovery (disposal) | | | |
| Batteries | 0.07 | 0.02 | 0.21 |
| Cardboard | 7.30 | 6.91 | 9.13 |
| Commingled | 32.86 | 29.62 | 17.04 |
| E-waste | 0.94 | 0.75 | 2.00 |
| Fluorescent tubes | 0.01 | 0.00 | 0.01 |
| Grease traps | 0.00 | 0.00 | 0.01 |
| Organics (food) | 3.31 |  |  |
| Organics (garden) | 1.11 | 3.41 |  |
| Paper (confidential) | 1.59 | 2.17 | 6.13 |
| Paper (recycling) | 3.23 | 2.42 | 8.31 |
| Toner & print cartridges | 0.01 | 0.01 | 0.07 |
| WR2 Percentage of office sites covered by dedicated collection services for each waste stream | | | |
| Printer cartridges | Not reported |  |  |
| Batteries | Not reported |  |  |
| e-waste | Not reported |  |  |
| Soft plastics | Not reported |  |  |
| WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method | | | |
| Total waste to landfill per Cases [(kg general waste)/Cases] | 0.33 | 0.33 | 0.16 |
| Total waste to offsite treatment per Cases [(kg offsite treatment)/Cases] | 0.12 | 0.19 | 0.02 |
| Total waste recycled and reused per Cases [(kg recycled and reused)/Cases] | 0.46 | 0.43 | 0.14 |
| WR4 Recycling rate [%] | | | |
| Weight of recyclable and organic materials [kg] | 400,755.94 | 353,744.57 | 109,860.45 |
| Weight of total waste [kg] | 794,570.50 | 780,668.11 | 256,165.69 |
| Recycling rate [%] | 50.44 | 45.31 | 42.89 |
| WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e] | | | |
| tonnes CO2-e | 511.29 | 553.25 | 190.11 |

| GREENHOUSE GAS EMISSIONS | Apr-23 to Mar-24 | Apr-22 to Mar-23 | Apr-21 to Mar-22 |
| --- | --- | --- | --- |
| G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e] | | | |
| Carbon Dioxide | 29,361.72 | 26,916.36 | 25,537.12 |
| Methane | 4.69 | 4.41 | 4.22 |
| Nitrous Oxide | 217.29 | 201.34 | 190.51 |
| Total | 29,583.71 | 27,122.12 | 25,731.85 |
| Scope 1 GHG emissions from stationary fuel (F2) [tonnes CO2-e] | 81.45 | 120.69 | 137.52 |
| Scope 1 GHG emissions from vehicle fleet (T3) [tonnes CO2-e] | 29,502.26 | 27,001.43 | 25,594.34 |
| Medical/Refrigerant gases | | | |
| Methoxyflurane whistles | 18.01 | 14.68 |  |
| Total scope one (direct) greenhouse gas emissions [tonnes CO2e] | 29,601.73 | 27,136.81 | 25,731.86 |
| G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e] | | | |
| Electricity | 4,985.25 | 5,641.59 | 6,207.81 |
| Electricity for Road Vehicles from Public or Private Chargers | 0.01 |  |  |
| Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e] Market based methodology | 4,985.26 | 5,641.59 | 6,207.81 |
| G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e) | | | |
| Commercial air travel | 16.80 | 25.90 |  |
| Waste emissions (WR5) | 511.29 | 553.25 | 190.11 |
| Indirect emissions from Stationary Energy | 630.92 | 707.91 | 699.34 |
| Indirect emissions from Transport Energy | 15,862.20 | 14,904.95 | 11,952.73 |
| Paper emissions | 23.02 | 23.78 | 22.37 |
| Any other Scope 3 emissions | 52.47 | 55.66 | 53.55 |
| Total scope three greenhouse gas emissions [tonnes CO2e] | 17,096.70 | 16,271.46 | 12,918.11 |
| G(Opt) Net greenhouse gas emissions (tonnes CO2e) | | | |
| Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e] | 51,683.68 | 49,049.86 | 44,857.78 |
| Electricity for Road Vehicles from Public or Private Chargers - Green Power Electricity | -0.02 |  |  |
| Green Power Electricity | -6,282.50 | -4,672.98 | -2,745.64 |
| Any Reduction Measures Offsets purchased (EL4-related) | -6,282.51 | -4,672.98 | -2,745.64 |
| Any Offsets purchased | -6,282.51 | -4,672.98 | -2,745.64 |
| Net greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e] | 45,401.17 | 44,376.88 | 42,112.14 |
| Normalisation factors | | | |
| 1000km (Corporate) | 1,839.25 | 1,607.34 | 1,525.40 |
| 1000km (Non-emergency) | 2,787.16 | 2,479.10 | 2,813.40 |
| 1000km (Road ambulance) | 36,952.05 | 33,328.25 | 36,822.89 |
| Cases | 868,080.00 | 822,562.00 | 807,523.00 |
| FTE | 6,291.00 | 6,270.00 | 6,098.00 |
| Flying hour (Fixed) | 5,790.69 | 5,684.32 | 5,689.76 |
| Flying hour (Rotary) | 3,602.07 | 3,668.75 | 3,648.98 |
| TotalAreaM2 | 150,809.36 | 161,713.27 | 153,075.25 |
| Patient transport (ambulance road) | 717,883.00 | 689,360.00 | 682,508.00 |
| Patient transport (fixed air) | 2,817.00 | 5,467.00 | 5,282.00 |
| Patient transport (non-emergency road) | 143,510.00 | 125,313.00 | 117,257.00 |
| Patient transport (rotary air) | 1,935.00 | 2,422.00 | 2,476.00 |

# Social Procurement

Through our buying power, we generate social, economic and environmental outcomes that benefit the Victorian community and the environment. Our Social Procurement Framework provides the basis of our collaboration with our suppliers, to improve the social and environmental value of our purchasing decisions.

Our Social Procurement Framework sets the governance requirements by which AV intends to apply social procurement to achieve our related enterprise performance objectives.

AV’s approach to social procurement is grounded by nine key objectives, based on the Victorian Government’s Social Procurement Framework objectives. These objectives are considered in purchasing decisions to deliver the social and environmental value we strive for.

From those objectives, AV was particularly strong in the following objectives:

* Providing opportunities for Victorian Aboriginal people.
* Providing opportunities to Victorians with disability.
* Providing opportunities for disadvantaged Victorians.
* Engaging social enterprises, Australian disability enterprises and Aboriginal businesses where possible.
* Consideration of a project’s environmentally sustainable outputs.

Over the year AV continued its social procurement commitment by continuing its memberships of Social Traders and Supply Nation.

Social Traders continue to analyse AV’s spend and using the category profile of this spend data, they then link and suggest suppliers within those spend categories. AV also continues our membership of Supply Nation, reporting on a quarterly basis and we continue to use the Supply Nation Indigenous job advisory board (MOB) to advertise our main procurement opportunities.

In the Indigenous space, AV has established a Reconciliation Action Plan (RAP) and is presently preparing and planning for the next stage of the RAP by reviewing our processes and practices to make it easier for Indigenous and social entities to do business with Ambulance Victoria.

Key deliverables include:

* Supporting the RAP by completing the required action items, the main one being to sign up with Supply Nation. We have reported our spend into their portal quarterly and have also been using their Indigenous jobs message board.
* Continued analysis of the AV procurement spend profile in conjunction with Social Traders and Supply Nation identifying social procurement opportunities. This has identified several target areas and resulted in supplier meetings and increased awareness internally for future opportunities.
* Delivered social procurement guidance to project teams within AV.
* Supported growth within AV to purchase social and sustainable products offered by our stationery provider (copy paper, bottled water, paper cups, etc).
* Conducted attestation process/procedure for social procurement data reporting.
* Providing an internal register of social providers on AV’s intranet.
* Continuing increase of social suppliers in AV’s supply chain, with two new suppliers onboarded.
* Continued integration of social and environmental responsibility requirements within tenders.
* Social procurement spend analysis (see below).

AV’s Indigenous spend with Supply Nation registered suppliers was $342k and non-registered Indigenous supplier spend was $33.9k for a total Indigenous spend of $375.9k, a small reduction on the 2022-23 spend of $382k but still significant given the financial and spend reduction pressures on the health sector over the financial year.

It should be noted that AV’s addressable spend pool reduced from $539m in 2022-23 to $366m in the 2023-24, a change of over 30 per cent. Given our Indigenous spend held its own against the 2022-23 spend is a satisfactory result.

#### Table 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2023 Q1 | 2023 Q2 | 2023 Q3 | 2023 Q4 | Total $ |
| Supply Nation Data | 144,455 | 86,644 | 60,070 | 50,902 | 342,071 |

For the second consecutive year, the data set from the responsible government department for social procurement (Department of Government Services – DGS), known as the ‘wash tool’ has been amended, this year removing a large number of social suppliers previously contained in our reporting metrics.

Some 19 suppliers which were part of the previous data sets were removed from the certified list severely changing our social spend amount by comparison to past years. It is again worth noting that the overall ‘addressable spend’ data reduced.

#### Table 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2023-24 | 2022-23 | 2021-22 |
| Social procurement spend | $20.7m | $21.3m | $27.7m |
| Social procurement ‘addressable spend’1 | $ 339.9k | $1.1m | $3.4m |
| Number of social suppliers2 | 88 | 86 | 76 |

1. Nineteen previously certified suppliers were removed from 2023-24 data sets by the DGS wash tool.
2. Cumulative year on year total.

# Donations Summary

General Donations and Bequests greater than or equal to $1,000

| Name of Donor | Donation Amount |
| --- | --- |
| Estate of Margaret Elaine Walker | $154,343.39 |
| Estate Ivan Ernest Liersch | $58,139.43 |
| Anonymous | $31,269.09 |
| Edwards Foundation | $20,000.00 |
| Judith F Stembridge | $20,000.00 |
| Alma Sylvia & Carmen Figuerola Trust | $16,933.87 |
| Ritchies Stores | $15,152.98 |
| Mallacoota Fundraising Group | $10,701.36 |
| Anonymous | $10,000.00 |
| Anonymous | $10,000.00 |
| Equity Trustees Charitable Foundation – The Dr David & Jennifer Komesaroff Trust | $6,666.00 |
| Estate of Anne Elisabeth U’Ren | $5,000.00 |
| Anonymous | $5,000.00 |
| LLANDS Helping Hands, a giving fund of the APS Foundation | $4,000.00 |
| Anonymous | $3,900.00 |
| Rosedale Community Newsletter | $3,588.00 |
| John Brian Little | $3,000.00 |
| Anonymous | $3,000.00 |
| Annabel and Rupert Myer | $2,500.00 |
| Anonymous | $2,500.00 |
| Apex Club of Goroke | $2,053.00 |
| Anonymous | $2,000.00 |
| Nicky Shea | $2,000.00 |
| Anonymous | $2,000.00 |
| Estate of Eric J Vagg | $1,645.19 |
| Anonymous | $1,200.00 |
| Anonymous | $1,200.00 |
| Barbara Long | $1,000.00 |
| Anonymous | $1,000.00 |
| Casterton & District Drag Racing Club Inc | $1,000.00 |
| Anonymous | $1,000.00 |
| Dorae Jesberg | $1,000.00 |
| Graeme & Karen Best | $1,000.00 |
| Lorna M Axon | $1,000.00 |
| Rita and Paul Dossis | $1,000.00 |
| Mark Neven | $1,000.00 |
| Anonymous | $1,000.00 |
| Anonymous | $1,000.00 |
| Total | $408,792.31 |
| General Donations and Bequests under $1,000 | $311,617.99 |
| Total General Donations and Bequests | $720,410.30 |

### Auxiliary Donations and Bequests greater than or equal to $1,000

| Name of Donor | Auxiliary | Donation Amount |
| --- | --- | --- |
| Anonymous | Paynesville | $40,000.00 |
| Beaufort Service Group | Beaufort | $20,000.00 |
| Paynesville Community Church | Paynesville | $10,000.00 |
| The family of GG & ER Botica | Tambo Valley-Ensay | $10,000.00 |
| Gippsland Wool Growers | Helimed 1 | $9,823.40 |
| Mallacoota Op Shop | Mallacoota | $5,000.00 |
| Tamboritha Committee of Management | Heyfield | $5,000.00 |
| Ritchies Community Rewards | Paynesville | $3,999.80 |
| Anglican Parish of Bairnsdale | Bairnsdale | $3,000.00 |
| Judith Thompson | Lakes Entrance | $2,833.15 |
| Maryborough Highland Society | Maryborough | $2,080.00 |
| Bendigo Bank | Romsey-Lancefield | $2,000.00 |
| K Smith | Maryborough | $2,000.00 |
| North Central Garden Club | Charlton | $2,000.00 |
| Parkridge Social Club | Paynesville | $2,000.00 |
| Bairnsdale Golf Club | Paynesville | $1,832.00 |
| Anonymous | Beaufort | $1,000.00 |
| LLANDS Helping Hands, a giving fund of the APS Foundation | Woodend | $1,000.00 |
| Loch Sport Lions Club | Loch Sport | $1,000.00 |
| Yarram Campdraft Club | Helimed 1 | $1,000.00 |
| Total |  | $125,568.35 |
| Auxiliary Donations and Bequests under $1,000 |  | $186,399.56 |
| Total Auxiliary Donations |  | $311,967.91 |

Visit www.ambulance.vic.gov.au/donations if you wish to make a donation to Ambulance Victoria.

# Governance

## AV Charter

AV aims to improve the health of the community by providing high quality pre-hospital care and medical transport. AV provides emergency medical response to a population of almost 6.7 million people.

AV is a statutory authority required by the Ambulance Services Act 1986 to provide state-wide emergency pre-hospital ambulance services to all Victorians. This includes 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 transporting patients.
* provide safe, patient-centred and appropriate services.
* provide specialised transport facilities to move people requiring emergency medical treatment.
* provide services for which specialised medical or transport skills are necessary.
* foster continuous improvement in the quality and safety of the care and services it provides.
* foster public education in first aid.

AV was established on 1 July 2008 following the merger of the Metropolitan Ambulance Service, Rural Ambulance Victoria and the Alexandra and District Ambulance Service.

AV reports to the Hon. Mary-Anne Thomas MP, Minister for Ambulance Services.

Appointed by the Governor in Council on the recommendation of the Minister, the Board of Directors (the Board) is responsible for the provision of comprehensive, safe and efficient ambulance services to the people of Victoria. While organisational operations and management is vested in the Chief Executive and the Executive team, the Board is accountable to the Victorian Government and Minister for the overall and ongoing performance of AV.

The Board operates in accordance with the AV By-Laws (approved by the Department of Health Secretary), as well as other Board and government policies and frameworks. These support AV to meet its statutory obligations and, in doing so, comply with appropriate standards of governance, transparency, accountability and propriety. All Board and committee members are independent, non-executive Directors.

The Board’s qualifications, skills and experience are diverse and extensive, with expertise across government (state and federal), technology and transformation, finance, accounting, law, commerce, diversity, leadership, governance, not-for-profit settings, community engagement, and culture. The Board also ensures it maintains regular engagement with representatives of other health services, government department officers, external specialists and other Board Chairs to ensure it remains connected to contemporary practices and initiatives in health, risk and governance.

The Board Chair works with the Department of Health and the Minister to ensure the Board has the requisite skills, competency and diversity mix to provide strong and insightful stewardship of the organisation. This includes ensuring the Board has the attributes required not only for today’s needs, but also for future years where the Board will need to respond to a more technologically, financially and socially complex environment and ensuring that AV is safe, fair and inclusive.

## Board Committees

The Board maintains three statutory committees, two advisory committees, and a Remuneration and Nominations Committee to support its functions.

All committees are governed by Board-approved Terms of References, which set out each forum’s role, responsibilities, membership, quorum and voting structures. The Board appoints all committee members (reviewed annually) and ensures annual performance and effectiveness reviews are conducted and reported.

Committee activities continue to be periodically reviewed, to ensure they remain fit-for-purpose, aligned to legislation and government frameworks and best practice governance, and advance the Board’s role and responsibilities under the Ambulance Services Act 1986.

## Finance Committee (section 18 requirement)

The Finance Committee advises the Board on AV’s financial and business plans, strategies and budgets to ensure the long-term financial viability of the organisation. The committee assists the Board in monitoring strategies that seek to maximise revenue, and the effective and efficient use of AV financial resources and assets. Specific responsibilities include:

* financial strategy
* financial reporting, and
* business and financial planning and performance.

The committee is assisted in its work by the extensive commercial, finance and accounting experience of its members, including an independent member. The committee continuously improves its insights into AV through regular presentations on key areas of the business which present both financial opportunities and challenges for the organisation.

## Audit and Risk Committee (section 18 requirement)

The Audit and Risk Committee assists the AV Board in fulfilling its responsibilities in the areas of compliance, internal control, financial reporting, assurance activities and contemporary risk management. Specific responsibilities include:

* financial risk and internal controls
* financial reporting and management
* internal and external audit
* AV’s compliance with laws, regulations, internal policies and industry standards
* enterprise risk management (sharing responsibility with the Quality and Safety Committee in overseeing clinical risks).

Throughout the year, the committee regularly engaged with AV’s internal auditors (Ernst & Young) and external auditors (Victorian Auditor General’s Office). This ensured the committee provided the Board and AV with robust and informed oversight of matters mandated by its Terms of Reference, the Department of Health, and the Department of Treasury and Finance.

The committee’s work is supported by a strong cross-section of skills and experience which was further enhanced this year with the inclusion of a new independent committee member.

The committee continues to update and refine AV’s risk and risk appetite framework, as well as staying connected to internal and external emerging risks. In 2023-24, the committee continued its oversight of material risks including, but not limited to, the ICT, security, patient safety, privacy and organisational culture.

## Quality and Safety Committee (section 18 requirement)

The Quality and Safety Committee is responsible to the Board for monitoring the performance of AV with regard to whether:

* effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of services provided by AV;
* any systemic problems identified with the quality, safety and effectiveness of ambulance services are addressed and the results reported in a timely manner; and
* AV continuously strives to improve the quality of the services it provides and to foster innovation.

The committee actively monitors the performance of quality care and service provision against the five domains of the Safer Care Victoria Clinical Governance Framework and AV’s own Best Care Framework. The committee has also overseen AV’s response to the introduction of Statutory Duty of Candour regulations.

Membership includes AV Directors (each with health service, legal and clinical governance experience), paramedic observers and Community Advisory Committee members.

The committee maintains an ongoing commitment to evolving its knowledge and consideration of new clinical governance practices and frameworks, comprehensive quality and safety reporting, and ways to effectively monitor and measure patient care, safety and experience. This is supported by the connection of its directors to emerging best practices across public health generally, as well as the advancements in data and clinical practices delivered by management.

Patient case examples remain a consistent part of this committee’s work plan, to provide members with a direct connection to patient experiences, AV clinical practices and clinical governance performance.

## People and Culture Committee

The People and Culture Committee advises the Board on material policies and strategies to improve the health, safety, wellbeing, development and performance of AV employees. The committee monitors the development and implementation of strategies to ensure the organisation fosters and promotes a positive culture that enables delivery of high-quality patient care, and a safe and supportive environment for all employees. From January 2024 the People and Culture Committee had oversight of the AV’s YourAV program to support the implementation of the recommendations made by the VEOHRC in its *Independent Review into Workplace Equality in Ambulance.*

The committee’s focus remains: workforce health, safety, workplace cultural programs, employee engagement, operational structure reviews, emerging technology practices relevant to manual handling, strategic workforce planning, and other initiatives that drive a safer, fairer, more inclusive work environment for our people.

In 2023-24, the committee maintained a strong focus on the health, safety and wellbeing of AV’s workforce.

## Equality and Workplace Reform Committee (concluded December 2023)

The AV Board is committed to the realisation of AV as a safe, fair and inclusive workplace. To support that mission, and to support the implementation of the recommendations made by the VEOHRC in its *Independent Review into Workplace Equality in Ambulance Victoria*, the Board established the Equality and Workplace Reform Committee.

The Committee supported governance by providing regular and detailed oversight of the implementation of the recommendations of the Review. The Committee aimed to ensure that the organisation is taking appropriate and timely action to implement the recommendations.

As the work is fundamental to the best interests of AV’s employees and patients, the Equality and Workplace Reform Committee worked collaboratively and in alignment with all other committees of the Board, particularly the People and Culture, and Quality and Safety Committees.

Membership of the committee was aligned to that of the People and Culture Committee in recognition of the focus on an improved work experience for our people. The committee was concluded as part of a revised governance framework for the Workplace Reform project.

## Community Advisory Committee

The CAC informs and guides the Board and Executive on key issues associated with AV’s work with the community.

Independent community members come from a diverse range of backgrounds, experience and education sets and have been an important part of the CAC’s successful contribution to service design planning and AV’s patient care commitments. In 2023-24 we recruited new members to the Committee who are providing us with invaluable contributions that strengthen voice of the community in our service design processes and decision making.

In 2023-24, the Board appointed the Committee’s first independent Chair who shared regular reports to the Board on the work of the Committee. The CAC has become a valued source of patient, consumer, and community insights as to how we can better deliver our services.

Through engagement with our CAC, we have developed our new Community and Consumer Engagement Plan.

# Board Director Profiles

## Shelly Park

Shelly Park was appointed as Chair of the Board of Directors on 26 August 2022.

Ms Park brings 25 years as an experienced Non-Executive Director and CEO and senior executive roles leading and governing complex organisations with circa billion-dollar budgets. Her extensive experience and knowledge of high-performing Boards in the area of health care, brings a broad strategic focus to her role as a non-executive director.

Ms Park brings strength in financial stewardship, is an experienced crisis leader and demonstrates passion for quality leadership, safety and risk governance. Her work is informed by deep experience in leading turnaround strategies and transformations in large and complex health/life science related organisations (including business process, automation, technology, digital and ICT security).

She has a strong passion for leadership, strong stakeholder engagement (including government and regulatory bodies) and achievement of strategic outcomes in highly complex and regulated environments. Ms Park has a strong track record of delivering on strategic goals by applying her understanding of the voice of the patient, clinical and professional leadership, people leadership and embedding governance frameworks.

Ms Park chairs the Remuneration and Nominations Committee and attends other committees ex-officio.

## Wenda Donaldson

Wenda Donaldson has been an AV Board Director since July 2020.

Wenda is a public sector and not-for-profit senior executive, combining her non-executive Board career with her role as a General Manager at Uniting Victoria/Tasmania. Previous executive roles have been held with the Australian Red Cross, Australian Department of Education and the Australian Sports Commission.

Wenda has proven expertise in advocacy for policy reform and investment to enhance outcomes for those experiencing vulnerability or disadvantage. She has also been involved in the establishment of inter-governmental and multi-sector partnership agreements to deliver on major public policy reforms.

Previous governance roles have included Chair of the Refugee and Asylum Seeker Reference Group, State Emergency Management Team, Panel Member – Bourke Street Mall Fund, Indigenous Reading Project, ACT Justice Reform Advisory Committee and the ACT One Canberra Reference Group.

Wenda is a member of the Board’s People and Culture Committee and was a member of the Equality and Workplace Reform Committee.

## Dr Joanna Flynn AM

Dr Jo Flynn had been an AV Board Director since December 2015 and concluded her tenure with AV on 30 June 2024.

Jo is a medical practitioner and has held many governance and advisory roles in health at federal and state level over many years.

Jo is the President of Berry Street. She also chairs the Ministerial Advisory Committee advising the Minister for Health regarding Health Board appointments.

Across her significant governance career, Jo was Chair of Eastern Health (10 years) and the Medical Board of Australia (nine years) and a member of the Forensicare Board of Directors.

She is a member of the Order of Australia and in 2018 was recognised in the Victorian Public Sector’s Top 50 Public Sector Women Awards.

Jo chaired AV’s Quality and Safety Committee since 2016 and was also a member of the Community Advisory Committee.

## Ian Forsyth

Ian Forsyth had been an AV Board Director since December 2015 and concluded his tenure with AV on 30 June 2024.

After a private and public sector executive career including more than three decades’ experience developing and leading teams across complex, high profile and transitioning organisations, Ian recently retired as an executive, with the goal of assisting other companies as an adviser or board director.

Current Board Director appointments include the Australian Centre for the Moving Image (ACMI), the Emergency Services Foundation, and the Victorian Institute of Forensic Mental Health (Forensicare).

Most recently as managing director with one of Australia’s leading behaviour change communication consultancies, Ian’s executive roles included Deputy CEO, WorkSafe Victoria, Managing Director, Norwich Union Life Australia, and Chief Information Officer, Transport Accident Commission (TAC).

Ian was a member of Ambulance Victoria’s Finance Committee, Audit and Risk Committee, People and Culture Committee and was a member of the Equality and Workplace Reform Committee.

## Denise Heinjus OAM

Denise was appointed as a new Director with Ambulance Victoria from 1 July 2023.

She is an experienced leader in driving positive cultural and clinical change for the mutual benefit of an organisation, its people, and the community.

Denise is passionate about shaping ‘just’ workplace cultures, in which an organisation’s people thrive as individuals and team members. Throughout her career, she has worked closely with employees and volunteers to create strategies, procedures and resources to minimise harm from occupational violence and sexual harassment.

Denise values the importance of and fosters environments of shared leadership and teamwork and genuine community consultation and engagement. She is committed to closing the health gap for First Nations people and encouraged to see the increasing numbers of health workers identifying as First Nations people.

Denise was Executive Director of Nursing at the Royal Melbourne Hospital (RMH) for 16 years. Prior to her appointment at RMH, she held similar roles as Executive Director of Nursing and Midwifery at Monash Health, Illawarra Area Health Service and Northern Sydney Central Coast. Her roles have included managing nursing services, workforce and education, residential aged care, allied health services, Aboriginal health and emergency management.

Denise was recognised for her services to nursing in the 2024 King’s Birthday honours.

Denise is a member of the Quality and Safety Committee and the People and Culture Committee.

## Peter Lewinsky AM

Peter Lewinsky has been an AV Board Director since December 2015. Peter’s tenure with AV concluded on 30 June 2024.

Peter has an extensive private and public sector career spanning investment banking, corporate and government advisory, and stockbroking both in Australia and internationally. Over the past 27 years, he has been appointed across various Victorian Government departments in governance roles, often as a finance, audit and risk specialist.

Peter’s appointments in 2022-23 include Chair of Risk and Audit Committee, Environment Protection Authority and Chair Finance, Risk, Audit and Performance Committee at Victorian Civil Administrative Tribunal.

Peter stepped down as the Chair of Holmesglen Institute, but continues with TAL Superannuation Ltd, the Audit and Risk Committee (Department of Energy, Environment and Climate Action)), Audit and Risk Committees of each of the Labour Hire Authority Victoria, Essential Services Commission and the Environment, Planning and Sustainable Development Directorate in the ACT.

Peter was a member of the Audit and Risk Committee and is Chair of the Finance Committee.

## Dipak Sanghvi

Dipak Sanghvi was appointed to the AV Board in July 2022.

Mr Dipak Sanghvi is a pharmacist and is currently Chair of Member Benefits Australia Pty Ltd, Chair of Monash Health Board and a Board member of Director of Musculoskeletal Australia.

His previous positions include President of the Pharmacy Guild Victoria Branch 2006-2011, Chair of Gold Cross Products and Services, Chair of Return of Unwanted Medicines, Board member of Guild Insurance and Superannuation, and Meridian Lawyers, as well as several other board positions in the community and the pharmaceutical industry.

Mr Sanghvi is Chair of the Audit and Risk Committee and is a member of the Quality and Safety Committee and the Remuneration and Nominations Committee.

## Vijaya Vaidyanath

Appointed July 2022.

Vijaya Vaidyanath was the inaugural CEO of Homes Melbourne - a special entity of City of Melbourne, until the end of 2023. Prior to this role, Vijaya was the CEO of City of Yarra from July 2012 – January 2022. Vijaya spent over a decade as CEO at Waitakere City Council a very large metro city in New Zealand and as the CEO of Rodney District Council in New Zealand. She has been a Board Member of Procurement Australia, Zoos Victoria, Parks Victoria, and Vision Super.

Vijaya’s exemplary qualifications include a Senior Executive Fellow of the John F Kennedy School of Government, Harvard University, MBA from JMKatz Graduate School of Business in Pittsburgh USA, Master of Arts (Economics) and a Bachelor of Arts (Economics) from the University of Bangalore.

Vijaya draws inspiration from a variety of global thought and academic leaders as well as from her overseas mentors who have shaped her world view. It led to her interest in social justice and value-based leadership. She has been a leader from the very early stages of her career in sectors such as commercial and central banking, international finance for two decades and Local Government in the last two decades in New Zealand/Australia.

Vijaya is renowned for her innovation, integrity, inspiring leadership style and a unique ability to deliver results. She instils a strong sense of pride and passion in her employees who deliver exemplary outcomes for our communities. Her strong belief in building coalitions and harnessing community capacity has been her work philosophy.

Vijaya is a member of the Finance Committee, Remuneration and Nomination Committee and the Community Advisory Committee.

## Amanda Watt BCom LLB (Hons) LLM GAICD MAPP

Appointed July 2022.

Amanda’s 30 years’ experience advising in the public and private sectors across education, health, essential services and manufacturing has seen her work with clients on strategic and sustainable workplace solutions, reflecting a comprehensive understanding of risk management, particularly around employee relations and culture.

Amanda has extensive expertise in employment, industrial, and equal opportunity law. She has a deep appreciation of the human, societal and economic impact of systemic sexual harassment and discrimination in our workplaces. She was a contributor to the Champions of Change Coalition’s report: Disrupting the System – preventing and responding to sexual harassment in the workplace and has supported the work of the Respect@Work Council on its best practice guidance for confidentiality agreements.

Amanda has been independently recognised by Best Lawyers in the areas of Employee Benefits, Labour and Employment, Government, and Education, and as a leading individual in Employment Law by the Legal 500 Asia Pacific.

Amanda is a member of the People and Culture and Quality and Safety Committees and was the Chair of the Equality and Workplace Reform Committee.

## Board Diversity

### Identify as Aboriginal and Torres Strait Islander

* 100% No

### Cultural and linguistically diverse background

* 14.29% Yes
* 85.71% No

### Identify as a person with a disability

* 14.29% Yes
* 85.71% Yes

### Gender

* 28.57% Man
* 71.43% Woman

### Age group

* 42.86% 65+
* 42.86% 55-64
* 14.29% 45-54

### Principle place of residence

100% Metro

# Meetings

|  | Board | | Finance Committee | | Audit & Risk Committee | | Quality and Safety Committee | | People & Culture Committee | | Community Advisory Committee | | Remuneration & Nominations Committee1 | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chair S Park | | Chair P Lewinsky | | Chair D Sanghvi | | Chair Dr J Flynn AM | | Chair I Forsyth & W Donaldson | | Chair C Furlanetto OAM | | Chair S Park | |
|  | H | A | H | A | H | A | H | A | H | A | H | A | H | A |
| Board of Directors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S Park (AV Chair) | 11 | 12 | Ex Offi-cio | 7 | Ex Offi-cio | 3 | Ex Offi-cio | 4 | Ex Offi-cio | 4 | Ex Off-icio | 2 | 1 | 1 |
| W Donaldson | 9 | 7 |  |  |  |  |  |  | 5 | 5 |  |  |  |  |
| Dr J Flynn AM | 11 | 12 |  |  |  |  | 5 | 5 |  |  | 3 | 4 |  |  |
| I Forsyth | 12 | 12 | 11 | 11 | 5 | 5 |  |  | 5 | 5 |  |  |  |  |
| D Heinjus OM | 11 | 12 |  |  |  |  | 5 | 5 | 5 | 5 |  |  |  |  |
| P Lewinsky AM | 9 | 12 | 11 | 11 | 5 | 5 |  |  |  |  |  |  |  |  |
| D Sangvhi | 11 | 12 |  |  | 5 | 5 | 5 | 5 |  |  |  |  | 1 | 1 |
| V Vaidyanath | 12 | 12 | 11 | 11 |  |  |  |  |  |  | 2 | 2 | 1 | 1 |
| A Watt | 11 | 12 |  |  |  |  | 5 | 5 | 5 | 5 |  |  |  |  |
| Allison Smith (ARC Independent Member) |  |  |  |  | 5 | 5 |  |  |  |  |  |  |  |  |
| Kathryn Brown (Finance Independent Member) |  |  | 11 | 11 |  |  |  |  |  |  |  |  |  |  |
| J Shuttleworth# |  |  |  |  |  |  | 4 | 5 |  |  |  |  |  |  |
| J Handley# |  |  |  |  |  |  | 3 | 5 |  |  |  |  |  |  |
| C Furlanetto OM |  |  |  |  |  |  |  |  |  |  | 4 | 4 |  |  |
| Kane Treloar^ |  |  |  |  |  |  | 4 | 5 |  |  | 4 | 4 |  |  |
| Zeinab Mourad^ |  |  |  |  |  |  |  |  |  |  | 3 | 4 |  |  |
| David McCarthy^ |  |  |  |  |  |  |  |  |  |  | 3 | 4 |  |  |
| Laura Collister ^ |  |  |  |  |  |  |  |  |  |  | 4 | 4 |  |  |
| R Coverdale^^ |  |  |  |  |  |  | 4 | 5 |  |  | 4 | 4 |  |  |
| Baruch Goberman^ |  |  |  |  |  |  |  |  |  |  | 1 | 4 |  |  |
| Pauline Rogers ^ |  |  |  |  |  |  |  |  |  |  | 4 | 4 |  |  |

H = Meetings eligible to attend (excludes those held by circular resolution) vs A = meetings attended

\* includes one (1) joint meeting   
\*\* includes two (2) joint meetings   
^ Community members of the Community Advisory Committee.

^^ R Coverdale & K Treloar are also voting members of Quality & Safety Committee

# Paramedic representative (no voting rights).

Note

1. The committee convened regularly throughout the period, including for decisions and on matters for action, by way of circular resolution.

# Executive Group

## Chief Executive

### Jane Miller

##### As of 30 June 2024

Responsible to the Board of Directors for the overall management and performance of AV.

## Chief Operations Officer

\*Position was abolished due to functional realignment

### Elizabeth Murphy APM

##### Until 9 November 2023

### VACANT

##### November 2023 – June 2024

Responsible to the CEO to ensure a collaborative approach to the delivery of integrated, effective and efficient state-wide operational services in line with organisational performance targets. This includes the management of response to the community and logistical services.

## Executive Director Regional Operations

\*Previously Executive Director Clinical Operations until functional realignment

### Danielle North

##### Commenced 8 May 2024

### Anthony Carlyon

##### Acting July 2023 – May 2024

Responsible for the provision of quality state-wide emergency ambulance operations with Advanced Life Support (ALS) and Mobile Intensive Care (MICA) paramedics, Ambulance Community Officers (ACO) and Community Emergency Response Teams (CERT), and delivery of AV’s specialist Complex Care services.

## Executive Director Enterprise Services

\*Previously Executive Director Corporate Services until functional realignment

### Garry Button

##### As of 30 June 2024

Responsible for AV’s financial strategy, financial and management accounting services, including compliance with accounting standards, taxation, billing and debt collection, commercial and procurement services, property services, legal and Freedom of Information. Corporate Services is also responsible for asset management, privacy advice, audit and risk management, strategic planning, major projects as well as the Ambulance Victoria Membership Scheme.

## Executive Director People and Culture

### Samira Richards

##### As of 30 June 2024

Responsible for providing leadership and direction for the organisation’s workforce strategy, organisational development and cultural programs. This includes diversity and inclusion, expertise and support in the areas of health and safety, wellbeing and support services, human resources, employee relations and payroll services.

## Executive Director Strategy and Engagement

\*Previously Executive Director Communication and Engagement until functional realignment

### Alison Errey

##### As of 30 June 2024

### Cindy Joffe

##### Acting to August 2023

Responsible for leadership of strategic internal and external communication; engaging our people, community and stakeholders with AV’s contemporary role in Victoria’s public health system.

## Executive Director Quality and Clinical Innovation

\*Previously Executive Director Quality and Patient Experience until functional realignment

### Nicola Reinders

##### As of 30 June 2024

Responsible for providing leadership and direction for clinical governance, patient safety and quality systems, and supporting a culture of continuous improvement in the delivery of patient centered care to ensure AV delivers Best Care every time.

## Executive Director Specialist Operations and Coordination

\*Previously Executive Director Operational Communications until functional realignment

### Anthony Carlyon

##### As of 30 June 2024

### Lindsay MacKay ASM

##### Acting July 2023 – August 2023

### Danielle North

##### Acting August 2023 – May 2024

Responsible for providing direct specialist care, and clinical advice to the Victorian community and health services through retrieval, aeromedical and stroke specialist services. This division facilitates patient access by coordinating ambulance resourcing and support to responders on day of operations through emergency and non-emergency ambulance response and access to alternate care pathways following secondary triage assessment.

## Executive Director Operational Strategy and Integration

\*Position was abolished due to functional realignment

### Cindy Joffe

##### Until 31 December 2023

Responsible for the delivery of priorities in relation to driving sustainability, operational strategy, service innovation and improvement to create a collaborative and integrated approach to support AV better to deliver Best Care and improving performance outcomes by using its resources as efficiently as possible.

## Executive Director Equality and Workplace Reform

\*Position was abolished due to functional realignment

### Simone Cusack

##### Until 4 February 2024

Responsible for providing leadership of AV’s program of work to implement and oversee the long-term and meaningful reforms needed to make AV a safe, fair and inclusive organisation for our people and our patients. Established in 2022, the creation of the Equality and Workplace Reform Division achieved implementation of Recommendation 11 arising from the VEOHRC Independent Review into Workplace Equality in Ambulance Victoria.

## Medical Director

### Associate Professor David Anderson

##### As of 30 June 2024

Responsible for providing expert medical advice, clinical research, and development of clinical practice guidelines.

## Chief Information Officer

\*Previously for Digital & Technology Services until functional realignment

### Gavin Gusling

##### As of 30 June 2024

Responsible for ICT strategy, digital and technology innovation, security and policy setting. Development of systems architecture, major system changes or introduction / integration of new systems, master data management and data governance. Also responsible for data sharing agreements, ongoing maintenance of applications and infrastructure and hardware, including real-time support for IT end-users consistent with our service level objectives. The Business Technology and Programs Division is also responsible for all Program, Project delivery and Organisational Change management.

# Executive Structure

## As of 30 June 2024

## Ambulance Victoria Board of Directors

### Chief Executive

Jane Miller

### Executive Director Regional Operations

Danielle North

### Executive Director Enterprise Services

Garry Button

### Chief Information Officer

Gavin Gusling

### Executive Director Specialist Operations and Coordination

Anthony Carlyon

### Executive Director Quality and Clinical Innovation

Nicola Reinders

### Medical Director

Associate Professor David Anderson

### Executive Director People and Culture

Samira Richards

### Executive Director Strategy and Engagement

Alison Errey

# Statement of Priorities

The following summaries provide attestation of achievements against AV’s commitments under the Minister’s Statement of Priorities.

The Statement of Priorities forms an annual agreement between AV, the Minister for Ambulance Services and the Department of Health (DH) regarding ambulance service performance and improvement for the relevant year. This agreement facilitates delivery of, or progress towards, the government’s commitments for the financial year.

## Part A Department of Health Strategic Plan

| DH System Priority 1: Excellence in clinical governance | | |
| --- | --- | --- |
| We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.  Goals  Continue to improve patient health outcomes and experiences by delivering timely, high-quality care and connecting patients to alternative services where safe and appropriate.  Continue to learn, innovate and implement initiatives that improve the delivery of services and support better health outcomes for Victorians. | | |
| AV Deliverables | Associated AV Annual Plan Initiative | AV Achievements |
| AV will work with our health service partners (including through the Timely Emergency Care Collaborative) to implement strategies to improve access to timely pre-hospital care and system-wide patient flow. This will include progressively increasing the use of alternative service pathways in target regions by promoting the use of VVED and Priority Primary Care Centres and understanding and addressing barriers for using these services, and by using education and guidance to reduce hospital wait times. | 2.1: Timely Emergency Care | AV has worked with our health service partners to contribute to the Timely Emergency Care Collaborative which has identified a range of initiatives to improve access to timely emergency care. Deliverables have included a trial of video-call technology to assist secondary triage and guidance to support ‘Fit to Sit’ processes. |
| AV will revise and consolidate the Best Care clinical governance framework which encompasses all elements of clinical/patient service delivery including alternative service pathways by March 2024. This ensures that our patient safety climate supports safe, high-quality care and patient experience. | 2.1: Best Care Refresh | In April 2024, AV finalised the Best Care Framework ‘*Best Care Everywhere*’ and the clinical governance structure, which encompasses all elements of clinical/ patient service delivery so that our patient safety climate supports safe, high-quality care and patient experience. |
| To ensure AV’s response is most appropriately aligned with the patient acuity and resource availability for the management of critical emergencies in the community, AV will:  review the changes embedded since the Clinical Response Model evaluation in 2021;  consider lessons learnt from the recent ProQA upgrade; and  develop the next clinical response model update. | 2.3: Clinical Response Model Review | Previous changes to the Clinical Response Model (CRM) were reviewed and further CRM changes were identified through AV’s continuous improvement process and were provided to Triple Zero Victoria for implementation in July 2024. Planning for the next ProQA version update is underway and scheduled to occur in late 2024. |
| To strengthen our clinical monitoring and risk management, enhance employee development and training, and ultimately deliver best care for our patients and communities, by June 2024 AV will implement a new framework for Secondary Triage best practice. | 2.3: Framework for Secondary Triage Best Practice | AV has implemented the new Framework for Secondary Triage Best Practice which is comprised of a number of initiatives, including updates to the Secondary Triage Assessment Clinical Practice Guidelines and improved governance, training, reporting and feedback processes. |
| AV will implement the first year of the Cardiac Arrest Improvement Strategy (to drive improvements in patient care and survival rates over the next five years) including:  providing enhanced feedback to paramedics;  better monitoring of patient outcomes and performance; and  actively seeking investment in cardiac arrest research. | 2.3: Cardiac Arrest Improvement Strategy | AV progressed a number of initiatives from the Cardiac Arrest Improvement Strategy to drive improvements in cardiac arrest survival rates including defibrillation education, promotion of GoodSAM, improved feedback to paramedics about the outcomes of cardiac arrest treatment, and recruitment to the PANDA clinical trial. |

| DH System Priority 2: Working to achieve long term financial sustainability | | |
| --- | --- | --- |
| Ensure equitable and transparent use of available resources to achieve optimum outcomes.  Goals  Deliver more impactful and sustainable services to the community through organisational efficiency, digital innovation and environmentally sustainable practices.  Implement reforms that support financial sustainability. | | |
| AV Deliverables | Associated AV Annual Plan Initiative | AV Achievements |
| AV will review and streamline governance across the organisation including the number of governance committees, and the processes for approvals via delegation to reduce administrative overhead and create efficiencies with our governance processes. | 3.1: Business Process and Governance Improvements | A new committee and governance structure has been designed and implemented, along with updates to financial and HR delegations to improve efficiencies. Realignment of Executive portfolios (Stage 1 of AV’s Operating Model) has been designed and implemented. |
| AV will build a foundational data platform which manages the collection and application of data for business insights and dashboards. This platform is a critical step towards enabling AV’s digital strategy which outlines the future direction for a modern digital health service at Ambulance Victoria and the steps we will take to get there. The data platform will ensure the organisation has current, reliable and structured data to inform service delivery, improvement and planning including the modelling of operational scenarios to support decision-making. | 3.1: Data enablement (Enterprise Data Warehouse Project) | AV has completed build of a foundation data platform layer. New daily performance data hub and reports are now being utilised to support huddles and decision making. |
| Following the successful trial in 2022-23 to assess the feasibility of devices to replace VACIS tablets (used by Paramedics for completion of Patient Care Records), AV will complete in field testing of the selected replacement device by June 2024. This pilot will allow AV to assess the viability of the replacement devices and the impact on reducing in-field administrative time so that we can quantify the improvement to response performance and the quality of patient care records. This will inform the business case for the further roll-out of devices. | 3.2: VACIS Modernisation device pilot: | AV has procured the devices to be used in-field by paramedics and has built and tested the electronic Patient Care Record (VACIS) application for these devices. Final field testing and rollout of the VACIS tablets has been delayed due to Protected Industrial Action activities and will be completed as soon as practicable in 2024-25. |
| AV will complete a Financial Sustainability Improvement Program, with the objective of improving operational efficiency, capability in financial planning and analyses and the annual budgeting and forecasting processes. In 2023-24, this will focus on development of a financial budgeting and forecasting tool, and associated processes, by February 2024, to support development of the 2024-25 budget. | 3.1: Business Process and Governance Improvements | A Financial Sustainability Strategy was prepared to identify opportunities to improve the financial sustainability of the organisation. Many of the initiatives will be incorporated into operating activities from 2024-25. |

| DH System Priority 3: Improving equitable access to healthcare and wellbeing | | |
| --- | --- | --- |
| Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.  Ensure that communities in rural and regional areas can have equitable health outcomes irrespective of locality.  Goals  Continue to strengthen Ambulance Victoria’s commitment to ensure Aboriginal communities have access to culturally safe and sensitive services.  Strengthen cultural safety in the delivery of services. | | |
| AV Deliverables | Associated AV Annual Plan Initiative | AV Achievements |
| AV will continue to expand the use of the Victorian Virtual Emergency Department (VVED) and increase state-wide utilisation. This will include promoting utilisation of VVED through AV’s Secondary Triage service and via in-field referral from paramedics and other responders for all suitable patients; and ensuring continuous improvement of processes and systems associated with the safe use of virtual care, including providing employees and consumers with appropriate support and communications. | 2.1 Enhanced Alternate Service Pathways | AV has increased the use of alternate pathways such as Victorian Virtual Emergency Department (VVED) and care at home which has increased the number patients (by 25 per cent compared to 2022-23) who avoided a physical presentation at a hospital emergency department.  AV has delivered community awareness and education (via social media, in-person sessions at aged care facilities and an educational video for GPs and aged care), paramedic awareness and education (via a podcast, VVED bulletin and in-field engagement) and a paramedic Feedback After Referral channel to understand experiences and barriers to utilising alternate pathways. |
| AV will work with the CFA to develop and implement the Fire Medical Response program (FMR). The program is being developed to align with the Emergency Medical Response program and aims to utilise CFA personnel to provide rapid responses and specific treatment to targeted medical emergencies including Priority zeros. | Operational Capability BAU initiative | AV is collaborating with CFA to equip 50 brigades across Victoria with essential skills to enhance their response to sudden cardiac arrest. This program aims to empower brigades to administer vital CPR and Defibrillation during critical cardiac and respiratory arrest emergencies. Efforts in 2023-24 have been concentrated on refining the training materials, with the first nine CFA brigades set to begin responding to patients by late 2024. |

| DH System Priority 4: A stronger workforce | | |
| --- | --- | --- |
| There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.  Goals  Provide a safe, inclusive and well supported working environment where people feel valued, connected and empowered to effectively deliver the best patient-focused pre-hospital care.  Continue to embed a culture of learning and improvement by building the capability of the workforce, including developing effective leadership. | | |
| AV Deliverables | Associated AV Annual Plan Initiative | AV Achievements |
| AV will develop and implement an Employee Engagement Framework by June 2024 that sets out our goals, measures and approach for communication, engagement and recognition of our employees and volunteers. At the same time, AV will operationalise our AV Values, so that we can improve and evaluate the engagement, trust and job satisfaction of our people. AV will have a particular focus on strategies and initiatives that help build morale and connection across all parts of AV, supporting a safe, fair and inclusive culture. | 1.1: Employee Engagement Framework and Values Embedding | AV implemented a new intranet and engagement platform (OneAV and VivaEngage) to improve internal communication and information sharing, and support engagement across the workforce. A Communication Strategy was developed including regular forums and briefings, and more proactive communication across our social media channels. A further plan to enhance engagement will be developed in 2024-25. AV has released and embedded new AV values, including a visual identity and communication strategy to share the Values with all employees. |
| By June 2024, AV will develop a clear action plan to support AV to take a long term, intersectional approach to embedding diversity and inclusion in all areas of the organisation. | 1.1: Diversity and Inclusion Framework and Action Plan | AV’s first consolidated Diversity & Inclusion Action Plan was developed through broad consultation and was endorsed by Executive for delivery from 2024-25. AV has also established a Diversity & Inclusion Advisory Group. |
| AV will deliver a range of initiatives to improve workforce safety in 2023-24 including improvements to our mental health and well-being support and education, implementation of a suicide prevention model, development of a psychosocial risk framework to improve knowledge of psychosocial hazard exposure and management (by March 2024); and development of a prevention plan to address drivers of workplace harm (by May 2024). | 1.2: Workforce Safety | A number of initiatives have been completed to support the uplift to the safety of our employees, including an implementation plan for safety in isolated environments (building on an audit completed in 2022-23), development of a framework to identify, prevent and manage psychosocial risks, and development and implementation of the SIREN suicide prevention model. |
| AV will continue to implement the actions defined in our Gender Equality Action Plan 2022-2025, ensuring AV makes meaningful and material progress towards organisational gender equality. | 1.1 Gender Equality Action Plan | AV’s Gender Equality Action Plan was progressed through completion of the Workforce Gender Audit, development of a Participation Plan, development of an Inclusive Language Guide, and progress on a Gender Pay Gap Report. AV’s commitment to conducting bi-yearly Workplace Gender Audits will support us to understand the state of gender equality at AV, and where future actions need to be focused to continue meaningful and material change. |
| To lead the cultural change in local teams to create a fair, safe and inclusive culture, AV will embed tools such as Upstander Program and reflective practice and build the capability of our frontline leaders through Leadership training and a people leader toolkit. | 1.4: Leadership | The Leading Together program has been delivered to over 500 leaders and aspiring leaders, along with ongoing access to leadership tools and information. In addition, leaders have received training in leading wellbeing and reflective practice. The Upstander program has been designed and will be rolled out in 2024-25. |

| DH System Priority 5: Connection to patients, partners and the wider healthcare system | | |
| --- | --- | --- |
| Goals  Form strategic partnerships with key stakeholders to provide high quality services and support improved health outcomes.  Partner with consumers and their families to improve the design and delivery of ambulance services. | | |
| AV Deliverables | Associated AV Annual Plan Initiative | AV Achievements |
| AV will consult and develop our strategy for engaging with Triple Zero Victoria, our key stakeholder in Operational Communications, so that we are more efficient and effective in progressing joint priorities, managing risks and escalating key issues. | 4.2 Communications Stakeholder engagement Strategy | Engagement with Triple Zero Victoria has strengthened and work to embed new governance structures has been completed. |
| AV will Identify and develop new strategic partnerships to increase the sharing of health messaging from both AV and partner organisations to enhance our reach into communities. | 4.3: Community and Consumer Engagement Plan | AV has strengthened its strategic partnerships through formal programs with Heart Foundation and through aged care, as well as via the Timely Emergency Care Collaborative, and will continue to identify and build further strategic partnerships. |
| AV will undertake targeted community education and awareness programs, including Heart Safe Communities, Shocktober and Call Push Shock, so that we empower bystanders to provide CPR and use AEDs with the aim of improving survival from cardiac arrest. |  | Our community engagement has continued to drive positive change in communities across Victoria including strong attendance at Heart Safe Communities and Call Push Shock sessions, 202 new public access AEDs added to the AV AED Register, and a successful Shocktober program with significant community reach via social media, website, training videos and new GoodSAM and AED registrations. |
| AV will continue to develop, deliver and lead authentic consumer engagement activities to improve the quality and accessibility of services we provide. This will include building the capability of our community engagement employees through the delivery of public engagement training and rollout of the AV consumer engagement playbook. |  | AV provided training and 1:1 coaching to uplift capability of community engagement coordinators to assist delivery of the regional engagement plan. AV continued to develop partnerships with residential aged care facilities, the Heart Foundation and with the Department of Health for the Winter campaign. |

| DH System Priority 6: Care close to home | | |
| --- | --- | --- |
| Goals  Continue to innovate and improve alternative care pathways to connect people to the right care where safe and appropriate.  Increase the capability and confidence of the workforce to effectively access alternative care pathways where safe and appropriate. | | |
| AV Deliverables | Associated AV Annual Plan Initiative | AV Achievements |
| AV will enhance processes and systems including decision support tools, performance monitoring and reporting, and employee and consumer engagement to increase safe utilisation of our embedded alternate care pathways for older persons (RACER), frequent complex callers (patient coordination), and persons experiencing a mental health crisis (TelePROMPT). | 2.1 Enhanced Alternate Service Pathways | AV delivered a range of tools and education with a focus on older person referral options, infield paramedic referral and TelePROMPT workflows. We also actively rolled out communications on the use of alternate service channels and Victorian Virtual Emergency Department (VVED) and expanded VVED to all telehealth suitable patients presenting to Secondary Triage |

## Part B Performance Priorities

| Domain | Key Performance Indicator description | 2023/24 Target % | 2023/24 Actual % |
| --- | --- | --- | --- |
| High quality and safe care | Percentage of healthcare workers immunised for influenza | 94 | 94 |
| Percentage of respondents who rated care, treatment, advice and /or transport received from the ambulance service as good or very good # | 95 | 94.4 |
| Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly | 90 | 92.1 |
| Percentage of adult stroke patients transported to definitive care within 60 minutes | 90 | 98.6 |
| Percentage of major trauma patients that meet destination compliance | 85 | 95.5 |
| Percentage of adult cardiac arrest patients surviving to hospital | 50 | 56.7 |
| Percentage of adult cardiac arrest patients surviving to hospital discharge | 25 | 33.1 |
| Percentage of respondents who rated care and treatment received from paramedics as good or very good | 95 | 97.4 |
| Strong governance, leadership and culture | People Matter Survey - percentage of employees with an overall positive response to safety culture questions | 62 | 50 |
| Timely access to care | Percentage of emergency (Code 1) incidents responded to within 15 minutes - statewide | 85 | 66.3 |
| Percentage of emergency (Priority 0) incidents responded to within 13 minutes - statewide | 85 | 77.3 |
| Percentage of emergency (Code 1) incidents responded to within 15 minutes in centres with a population greater than 7,500 | 90 | 70.2 |
| Percentage of triple zero cases where the caller receives advice or service from another health provider as an alternative to an emergency ambulance response – statewide | 15 | 17.7 |
| Percentage of patients transferred from ambulance to ED within 40 minutes | 90 | 65 |
| Average ambulance hospital clearing time | 20 mins | 29.8 mins |
| Effective financial management | Operating Result ($m) | 0.0 | -$26.8 |
| Average number of days to pay trade creditors | 60 days | 60 Days |
| Average number of days to receive patient fee debtors | 60 days | 81 days |
| Adjusted Current Asset Ratio | 0.7 | 0.25 |
| Variance between forecast and actual Net Result from Transaction (NRFT) for the current financial year ending 30 June | Variance ≤ $250,000 | Not Achieved |
| Actual number of days available cash, measured on the last day of each month | 14 days | 9 days |

# Statistical Summary

|  | 2023-24¹ | 2022-23¹ | 2021-22 | 2020-21 | 2019-20 | 2018-19 |
| --- | --- | --- | --- | --- | --- | --- |
| EMERGENCY ROAD INCIDENTS² | | | | | | |
| Metropolitan Regions | | | | | | |
| Code 1 | 285,796 | 278,606 | 266,066 | 223,062 | 217,717 | 213,557 |
| Code 2 | 156,155 | 139,877 | 143,904 | 163,020 | 163,968 | 160,169 |
| Code 3 | 50,521 | 44,433 | 54,479 | 64,704 | 59,571 | 58,565 |
| Total Metropolitan Emergency Road Incidents | 492,472 | 462,916 | 464,449 | 450,786 | 441,256 | 432,291 |
| Rural Regions³ | | | | | | |
| Code 1 | 121,551 | 122,277 | 111,320 | 100,504 | 92,373 | 87,779 |
| Code 2 | 80,048 | 73,944 | 73,210 | 77,816 | 72,965 | 70,722 |
| Code 3 | 30,551 | 30,223 | 33,529 | 31,386 | 27,366 | 27,923 |
| Total Rural Emergency Road Incidents | 232,150 | 226,444 | 218,059 | 209,706 | 192,704 | 186,424 |
| All Regions | | | | | | |
| Code 1 | 407,347 | 400,883 | 377,386 | 323,566 | 310,090 | 301,336 |
| Code 2 | 236,203 | 213,821 | 217,114 | 240,836 | 236,933 | 230,891 |
| Code 3 | 81,072 | 74,656 | 88,008 | 96,090 | 86,937 | 86,488 |
| Total Statewide Emergency Road Incidents | 724,622 | 689,360 | 682,508 | 660,492 | 633,960 | 618,715 |
| NON-EMERGENCY ROAD INCIDENTS | | | | | | |
| Total Metropolitan Non-Emergency Road Incidents | 249,683 | 263,086 | 263,112 | 258,798 | 254,020 | 246,594 |
| Total Rural Non-Emergency Road Incidents | 110,771 | 100,835 | 97,282 | 96,748 | 85,710 | 74,865 |
| Total Statewide Non-Emergency Road Incidents | 360,454 | 363,921 | 360,394 | 355,546 | 339,730 | 321,459 |
| Total Metropolitan Road Incidents | 742,155 | 726,002 | 727,561 | 709,584 | 695,276 | 678,885 |
| Total Rural Road Incidents | 342,921 | 327,279 | 315,341 | 306,454 | 278,414 | 261,289 |
| ROAD INCIDENTS (ALL REGIONS) | | | | | | |
| Emergency Code 1 | 407,347 | 400,883 | 377,386 | 323,566 | 310,090 | 301,336 |
| Emergency Code 2 | 236,203 | 213,821 | 217,114 | 240,836 | 236,933 | 230,891 |
| Emergency Code 3 | 81,072 | 74,656 | 88,008 | 96,090 | 86,937 | 86,488 |
| Non-Emergency | 360,454 | 363,921 | 360,394 | 355,546 | 339,730 | 321,459 |
| Total Road Incidents | 1,085,076 | 1,053,281 | 1,042,902 | 1,016,038 | 973,690 | 940,174 |
| AIR INCIDENTS (ALL REGIONS) | | | | | | |
| Fixed Wing - Emergency | 2,045 | 2,179 | 1,962 | 2,017 | 1,771 | 2,235 |
| Fixed Wing - Non-Emergency | 3,310 | 3,288 | 3,320 | 3,048 | 2,693 | 2,661 |
| Total Fixed Wing Incidents | 5,355 | 5,467 | 5,282 | 5,065 | 4,464 | 4,896 |
| Helicopter Incidents (All Emergency) | 2,387 | 2,422 | 2,476 | 2,642 | 2,343 | 2,587 |
| Emergency Air Incidents | 4,432 | 4,601 | 4,438 | 4,659 | 4,114 | 4,822 |
| Non-Emergency Air Incidents | 3,310 | 3,288 | 3,320 | 3,048 | 2,693 | 2,661 |
| Total Air Incidents | 7,742 | 7,889 | 7,758 | 7,707 | 6,807 | 7,483 |
| ADULT RETRIEVAL | | | | | | |
| Cases handled | 7,110 | 6,562 | 6,365 | 5,587 | 4,833 | 5,172 |
| Retrievals | | | | | | |
| Road retrievals - ARV Crew (Doctors and/or Critical Care Registered Nurse) | 599 | 651 | 829 | 571 | 474 | 546 |
| Road retrievals – MICA paramedic only | 770 | 575 | 456 | 477 | 424 | 364 |
| Road retrievals – ALS paramedic only | 1,163 |  |  |  |  |  |
| Road retrievals - doctor & paramedic | 254 | 195 | 218 | 218 | 183 | 195 |
| Total road retrievals | 2,786 | 1,421 | 1,503 | 1,266 | 1,081 | 1,105 |
| Air retrievals - paramedic only | 1,349 | 1,319 | 1,217 | 1,161 | 1,023 | 1,221 |
| Air retrievals - doctor & paramedic | 471 | 478 | 376 | 531 | 476 | 542 |
| Total air retrievals | 1,820 | 1,797 | 1,593 | 1,692 | 1,499 | 1,763 |
| Total adult retrievals | 4,606 | 3,218 | 3,096 | 2,958 | 2,580 | 2,868 |
| CODE 1 RESPONSE TIME | | | | | | |
| Proportion of emergency (Code 1) incidents responded to in 15 minutes or less | 66.3% | 62.8% | 67.5% | 77.2% | 82.3% | 84.0% |
| Proportion of emergency (Code 1) incidents, located in centres with a population greater than 7,500, and responded to in 15 minutes or less⁴ | 70.2% | 66.5% | 71.9% | 82.5% | 87.6% | 89.3% |
| REFERRAL SERVICE | | | | | | |
| Percentage of 000 cases resulting in callers receiving health advice or service from another health provider as an alternative to emergency ambulance response⁵ | 17.7% | 18.7% | 19.8% | 17.6% | 17.6% | 15.5% |
| PATIENTS TRANSPORTED² | | | | | | |
| Road transports (Metropolitan Regions) | | | | | | |
| Emergency Operations | 327,301 | 327,431 | 336,652 | 349,714 | 342,400 | 330,564 |
| Non-Emergency Operations Stretcher | 130,432 | 140,764 | 146,139 | 141,464 | 137,461 | 129,745 |
| Non-Emergency Clinic Transport Services | 101,381 | 96,709 | 93,025 | 99,104 | 100,234 | 97,033 |
| Total Metropolitan Regions | 559,114 | 564,904 | 575,816 | 590,282 | 580,095 | 557,342 |
| Road Transports (Rural Regions)³ | | | | | | |
| Emergency Operations | 170,419 | 168,889 | 167,167 | 168,930 | 156,326 | 150,872 |
| Non-Emergency Operations Stretcher | 59,694 | 60,273 | 62,177 | 67,670 | 68,507 | 60,946 |
| Total Rural Regions³ | 230,113 | 229,162 | 229,344 | 236,600 | 224,833 | 211,818 |
| Total Patients Transported by Road | 789,227 | 794,066 | 805,160 | 826,882 | 804,928 | 769,160 |
| AIR TRANSPORTS (ALL REGIONS) | | | | | | |
| Fixed Wing transports | 4,445 | 5,062 | 4,835 | 4,699 | 4,333 | 4,806 |
| Total Helicopter Transports | 1,963 | 1,950 | 1,981 | 2,159 | 1,973 | 2,175 |
| Total Air Transports | 6,408 | 7,012 | 6,816 | 6,858 | 6,306 | 6,981 |
| Total Patient Transports | 795,635 | 801,078 | 811,338 | 833,740 | 811,234 | 776,141 |
| ROAD PATIENTS TRANSPORTED (ALL REGIONS) - CHARGING CATEGORIES⁶ | | | | | | |
| Compensable Transports | | | | | | |
| Veterans’ Affairs | NA | 10,552 | 12,605 | 14,199 | 16,400 | 18,837 |
| Transport Accident Commission | NA | 13,853 | 12,804 | 13,055 | 14,701 | 16,285 |
| WorkCover | NA | 3,055 | 3,207 | 3,778 | 3,697 | 4,087 |
| Public Hospital Transfers | NA | 35,767 | 32,032 | 30,306 | 27,949 | 28,338 |
| Private Hospital Transfers | NA | 2,576 | 2,541 | 2,389 | 2,226 | 2,069 |
| Ordinary | NA | 69,824 | 67,363 | 62,315 | 62,790 | 61,161 |
| Subscriber | NA | 160,885 | 165,995 | 164,165 | 155,817 | 144,811 |
| Total Compensable Road Transports | NA | 296,512 | 296,547 | 290,207 | 283,580 | 275,588 |
| Community Service Obligation Road Transports | NA | 489,062 | 500,833 | 528,933 | 513,545 | 485,262 |
| Other⁷ | NA | 8,492 | 7,780 | 7,742 | 7,803 | 8,310 |
| Total Patients Transported by Road | 789,227 | 794,066 | 805,160 | 826,882 | 804,928 | 769,160 |

Notes

1. Figures for 2022-23 have been updated where applicable to include data received after the completion of last year’s report. Figures for 2023-24 are subject to change, and will be updated accordingly.
2. Prior to 2023-24, incidents and transports were categorised as metropolitan or rural based on the location of the resource used. This has been updated to location of the incident to more accurately reflect demand, and avoid double counting. The impact to reported figures is <0.5%, and data is comparable to previous years.
3. Rural regions includes cross-border responses into NSW and SA.
4. Based on the Australian Bureau of Statistics Urban Centre boundaries and resident population data.
5. Referral results have been updated to include doctor request (CLINMRT) and referral welfare check cases that were diverted from emergency dispatch. This change has been implemented to correct an inconsistency between Emergency and Referral Services reporting. Figures prior to 2019/2020 are incomparable.
6. The charge class assigned to patients transported is subject to change during the period when an account is being finalised, and significant movements between charge classes can occur after the end of the financial year. Charge class figures for 2023-24 are “NA” due to delays in accessing this data during protected industrial action.
7. The “other” category includes the road components of multi-legged road transports which have not been assigned a charge class. The “Other” category also includes road transports not yet assigned a charge class.

# Glossary

This glossary is applicable to the Performance Priorities, Statistical Summary and Public Reporting sections.

## Incident

An event to which one or more ambulances are dispatched.

## Emergency Incident

An incident to which one or more ambulances are dispatched in response to a Triple Zero (000) call from a member of the public, or a medical request for transport requiring an emergency ambulance (due to patient acuity or transport timeframe).

## Dispatch Codes

Priority 0 is a subset of our Code 1 caseload and indicates the most urgent events requiring a time-critical response. These usually involve patients with life-threatening conditions such as suspected cardiac arrest.

Code 1 incidents require urgent paramedic and hospital care, based on information available at time of call.

Code 2 incidents are acute and time sensitive, but do not require a lights and sirens response, based on information available at time of call.

Code 3 incidents are not urgent but still require an ambulance response, based on information available at time of call.

## Non-Emergency Incident

Request for patient transport where patient has been medically assessed and the transport is medically authorised; covered by the NEPT regulations and usually pre-booked.

## Compensable

Not funded by the Department of Health; patient or third party (e.g. hospital, Department of Veterans’ Affairs, WorkSafe, Transport Accident Commission, Member Subscription Scheme) responsible for fee.

## Community Service Obligation

Partially funded by Department of Health – Pensioner or Health Care Card Holder exempt from fee.

## Retrieval

A retrieval is a coordinated inter-hospital transfer of a patient, who has a critical care or time critical healthcare need, which is unable to be met at the original health service. Retrieval services are provided by specialised clinical crews with advanced training in transport, retrieval and critical care medicine, operating within a structured system which ensures governance and standards. Cases handled by Adult Retrieval Victoria include the provision of adult critical care and major trauma advice, coordination of critical care bed access and retrieval of critical care patients state-wide.

## Triage Services

AV Triage Services provides a secondary triage service that aims to connect lower acuity Triple Zero (000) callers to alternate care options that better meets their needs. Suitable callers are referred to other service providers as an alternative to an emergency ambulance dispatch or emergency department care. Alternate patient pathways and care options include self-care advice, referral to the Victorian Virtual Emergency Department, locum general practitioners, nursing services, hospital response teams and non-emergency ambulance transport.

Triage Services also manages all AV alternate service agreements and processes to ensure efficient and effective referral and service provision. Patient Management is also a key function within Triage Services, supporting best care plans and responses for AV’s frequent and complex callers.

## Response Time

Response time measures the time from a Triple Zero (000) call being answered and registered by Triple Zero Victoria, to the time the first AV resource arrives at the incident scene.

From 1 July 2013 all response times are based on data sourced from the Computer Aided Dispatch (CAD) system.

## % <= 15mins

This is the percentage of Code 1 first responses arriving in 15 minutes or less. This is calculated by dividing the number of Code 1 first responses arriving in 15 minutes or less by the total number of Code 1 first arrivals.

When AV respond to an incident, we sometimes dispatch multiple AV resources to that incident. ‘First response’ refers to the first AV resource to arrive at the incident scene.

## Average Response Time

The average response time is the average response time for the area being reported, which is calculated by dividing the sum of the response times by the number of response times within the area being reported. The average response time is provided in minutes and seconds.

## Number of First Responses

This is the total number of first arrivals within the reported time period.

## UCL (Urban Centres and Localities)

Urban Centres and Localities (UCLs) are Australian Bureau of Statistics (ABS) statistical divisions that define urban areas and capture residential populations. AV reports performance for larger UCLs where population exceeds 7,500 persons.

## LGA (Local Government Areas)

Local government in Victoria comprises of 79 municipal districts. They are often referred to as local government areas (LGAs). The number of LGAs and their boundaries can change over time. LGAs are as defined by Local Government Victoria, which is part of the Department of Transport, Planning and Local Infrastructure.

# Statutory Compliance

## Freedom of Information Act 1982

Ambulance Victoria received 3,060 requests under the Freedom of Information Act 1982 for the 2023-24 financial year.

Full access to documents was provided in 1967 requests.

Exemptions under the Act were applied to534 requests.

Partial access was granted for 534 requests whilst 2 requests were denied in full.

The most common reason for AV seeking to partially exempt documents was the protection of personal privacy in relation to request for information about persons other than the applicant. Other exemptions applied include Internal Working Documents, Legal Privilege, Commercial in Confidence & Matters Communicated in Confidence.

The below table shows most applications were received from members of the public, insurance firms, psychologists, and lawyers/solicitors. The FOI unit also received requests from media and Members of Parliament.

### Non-Statute FOI Requests 2023-24

|  |  |
| --- | --- |
| Origin of request | Total |
| Public | 447 |
| Dr/Hospital | 540 |
| Insurance | 195 |
| Media | 2 |
| Member of Parliament | 9 |
| Lawyer / Solicitor | 1753 |
| Other | 54 |
| Psychologist | 21 |
| Workcover | 9 |
| Total | 3060 |

The Unit collected $63,516.80 in application fees under The Act.

AV collected nil dollars in access charge fees to facilitate access to documents.

In addition, the Unit processed the below requests outside of the FOI Act applying the relevant statute law.

### Statute FOI Requests 2023-24

| Origin of request | Total |
| --- | --- |
| Coroner | 444 |
| Child Protection/DFFH | 181 |
| TAC | 359 |
| Aged Care Commissioner | 8 |
| Other | 44 |
| Medical Practitioners Board |  |
| Total | 1036 |

| Freedom of Information Requests | 2023/2024 |
| --- | --- |
| Requests received during the year | 3,060 |
| Request transferred to another agency | 2 |
| Request transferred from another agency | 1 |
| Request withdrawn or not proceed with by the applicant | 102 |
| Access granted in full | 1967 |
| Access granted in part (exemptions applied) | 534 |
| Access denied in full (exemptions applied) | 2 |
| Request where no relevant documents could be located | 223 |
| Request not deemed valid | 135 |
| Requests awaiting completion at the end of the financial year | 94 |
| Total | 3,060 |
| Request not completed within the statutory period of 30 days | 52 |
| Office of the Victorian Information Commissioner (OVIC) |  |
| Reviews/Complaints accepted by FOI Commissioner | 9 |
| VCAT appeal lodged | 0 |

The Unit also processed requests from Victoria Police for Patient Care Records and paramedic statements and processed subpoenas for documents and for paramedics to attend court.

## Building Act 1993

AV is compliant with Victoria’s legislative framework for building activity. All building construction activities carried out during the year were conducted in accordance with the requirements of the Building Act 1993, the Building Regulations 2018 and the relevant provisions of the National Construction Code. Maintenance and annual reporting of Essential Safety Measures was completed in accordance with requirements of the Building Regulations 2018.

## Public Interest Disclosures Act 2012

Under the Public Interest Disclosures Act 2012, complaints and allegations about certain improper conduct involving public health services in Victoria should be made directly to the Independent Broad-based Anti-corruption Commission (IBAC). AV is required to encourage concerned individuals to make relevant public interest disclosures within the meaning of the Act, directly to IBAC.

## Statement on National Completion Policy

The State of Victoria is a party to the intergovernmental Competition Principles Agreement, which is one of three agreements that collectively underpin the National Competition Policy. The Victorian Government is committed to the ongoing implementation of the National Competition Policy in a considered and responsible manner. This means that public interest considerations should be taken into account explicitly in any Government decisions on the implementation of this policy. We adhere to this, and AV complies, to the extent applicable, with the National Competition Policy.

## Carers Recognition Act 2012

AV acknowledges and values the important contribution that people in care relationships make to the community, recognising differing needs and promoting the benefit that care relationships bring in accordance with the Carers Recognition Act 2012. AV is committed to ensuring its policies and procedures comply with the care relationship principles in the Act, and will work to ensure the role of carers is recognised within the organisation.

## Local Jobs First Act 2003

The *Local Jobs First Act 2003* applies to all projects valued at $3 million or more in metropolitan Melbourne or state-wide. The policy also applies to projects in regional Victoria valued at $1 million or more.

During 2023-24 AV commenced three Local Jobs First Standard contracts totalling $38.6 million. All contracts were state-wide.

The Local Jobs First commitment outcomes expected from these contracts are:

* An average of 91.51 per cent of local content committed.
* A total of 168.44 jobs (annualised employee equivalent) committed, including the creation of 63.72 new jobs and the retention of 104.72 jobs.
* A total of 19.28 positions for apprentices, trainees and cadets committed, including the creation of 18.61 new apprenticeships, traineeships and cadets, and the retention of 0.67 existing apprenticeships, traineeships and cadets.

During 2023-24 AV completed four contracts subject to the Local Jobs First policy totalling $276.86 million. Three of these contracts were statewide. The Major Project Skills Guarantee Policy applies to all construction projects valued at $20 million or more. No projects during 2023-24 were subject to policy.

## Gender Equality Act 2020

As a defined entity under the Gender Equality Act 2020, AV has been progressively taking steps to meet its legislative obligations. This year we continued our implementation of the Gender Equality Action Plan 2022-2025 including establishment of a cross-functional gender equality working group, development of the Inclusive Language Guide, active engagement across the health, emergency services and government sector, continued to investigate the impacts of the gender pay gap, and developed an approach for the collection of diversity data. AV continues to report to the Commission for Gender Equality in the Public Sector on our progress, including a Workplace Gender Audit.

## Code of Conduct

AV employees are subject to the Code of Conduct for Victorian Public Sector Employees (Code). AV has policies and procedures that are consistent with the Code. These documents contain the expected workplace conduct and behaviours specific to AV. The AV Code of Conduct is built on our values, professional and ethical standards, and the additional obligations we are required to adhere to as a Victorian Government Agency. Our policies and procedures are reviewed on a regular basis to ensure compliance with our legal obligations.

## Additional information available upon request

Details in respect of the items listed below have been retained by AV and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

* Declarations of pecuniary interests have been duly completed by all relevant officers;
* Details of shares held by senior officers as nominee or held beneficially;
* Details of publications produced by the entity about AV, and how these can be obtained;
* Details of changes in prices, fees, charges, rates and levies charged by AV;
* Details of any major external reviews carried out on the AV;
* Details of major research and development activities undertaken by AV that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
* Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
* Details of major promotional, public relations and marketing activities undertaken by AV to develop community awareness of AV and its services;
* Details of assessments and measures undertaken to improve the occupational health and safety of employees;
* A general statement on industrial relations within AV and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
* A list of major committees sponsored by AV, the purposes of each committee and the extent to which those purposes have been achieved;
* Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement. The AV website at ambulance.vic.gov.au contains information about AV and is regularly updated with the latest statistics, developments and media releases.

# Consultancies

## Details of Consultancies (under $10,000)

In 2023-24, there was one consultancy where the total fees payable to the consultants was less than $10,000. The total expenditure incurred during 2023-24 in relation to these consultancies was $3,000 (excluding GST).

## Details of Consultancies (valued at $10,000 or greater)

In 2023-24, there were three consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2023-24 in relation to these consultancies was $404,200 (excluding GST). Details of individual consultancies are below.

AV secured the services of consulting firms to undertake the following consultancies that were valued at more than $10,000 and completed over two or more financial years.

* Develop Board and Organisational Reflective Practice
* Strategic Support to Develop Future Operating Models
* Design of Human Resource Management Program

### Details of Individual Consultancies – over two or more years

| Consultant Name | Purpose of Consultancy | Start date | End date | Total Approved Project Fee (excl GST)  $’000 | Expenditure 2023-24 (excl GST)  $’000 | Future Expenditure (excl GST)  $’000 |
| --- | --- | --- | --- | --- | --- | --- |
| Workwell Consulting Pty Ltd | Develop Board and Organisational Reflective Practice | Aug-22 | Mar-24 | 200 | 38 | - |
| Price Waterhouse Coopers | Strategic Support to Develop Future Operating Models | May-23 | Oct-23 | 127 | 55 | - |
| Deloitte Consulting Pty Ltd | Design of Human Resource Management Program | May-23 | May-24 | 439 | 309 | - |

# ICT Expenditure

## Details of Information and Communication Technology (ICT) Expenditure

For the 2023-24 reporting period, AV had a total ICT Expenditure of $45.20m (excl. GST) with the details shown below ($m).

|  |  |  |  |
| --- | --- | --- | --- |
| All operational ICT Expenditure | ICT Expenditure related to projects to create or enhance ICT capabilities | | |
| Business As Usual (BAU) ICT Expenditure | Non‑Business as Usual (non‑BAU) ICT Expenditure | Operating Expenditure | Capital Expenditure |
| (Total) | (Total = Operating Expenditure and Capital Expenditure) |
| $37.19m | $8.01m | $7.65m | $0.36m |

# Asset Management Accountability Framework

## AMAF Maturity Assessment

Through consideration of the evidence available to support alignment with the Standing Directions and Introductions (e.g. policies, procedures and practices) a comparative analysis of AV’s maturity rating was performed. The below maturity assessment demonstrates the assessment of asset management maturity for 2023-24.

## Detailed AMAF Maturity Assessment Observations

The following outlines key insights derived from completing the AMAF Maturity Assessment. The table also includes a comparison to prior year results to demonstrate where AV has either maintained or needs to improve maturity.

| AMAF Chapter | Maturity Rating | 2022-23 Results | 2023-24 Results |
| --- | --- | --- | --- |
| Leadership and Accountability (22 requirements) | Developing | 2 requirements | 5 requirements with lower rated maturity are related to establishing processes to align with recording, monitoring, and managing asset performance. |
| Competence | 20 requirements | 17 requirements related to established policies and practices that align to the AMAF. |
| Planning (5 requirements) | Competence | 5 requirements | 5 requirements related to established policies and practices that align to the AMAF. |
| Acquisition (2 requirements) | Competence | 2 requirements | 2 requirements related to established policies and practices that align to the AMAF. |
| Operation (17 requirements) | Developing | 5 requirements | 6 requirements with lower rated maturity are related to establishing processes to align with asset systems, information and risk management strategies. |
| Disposal (1 requirement) | Competence | 12 requirements | 11 requirements related to established policies and practices that align to the AMAF. |
| Competence | 1 requirement | 1 requirement related to established policies and practices that align to the AMAF. |

Note: AV is aiming for a maturity rating of 3 across all AMAF requirements (as shown by the red circle)

Maturity Rating Scale:

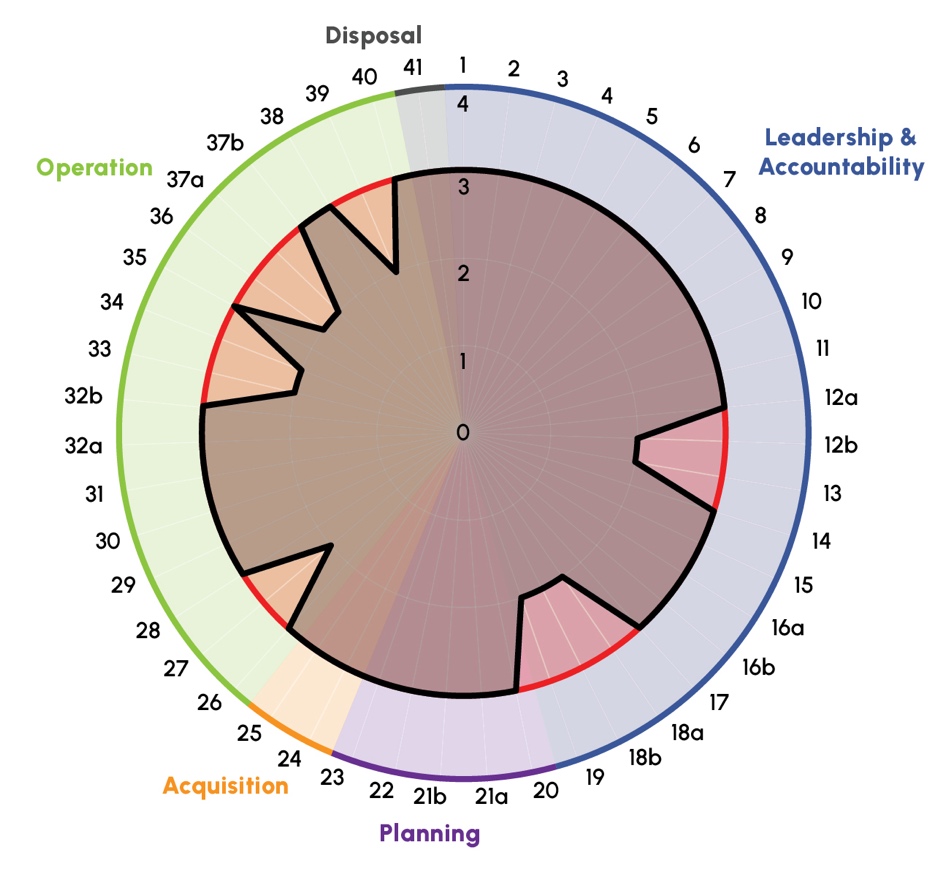
Innocence (0)

Awareness (1)

Developing (2)

Competence (3)

Optimising (4)



# Financial Overview

| Summary of Financial Results | 2023-24 $000 | 2022-23 $000 | 2021-22 $000 | 2020-21 $000 | 2019-20 $000 |
| --- | --- | --- | --- | --- | --- |
| Total Income from Transactions | 1,482,636 | 1,614,373 | 1,481,874 | 1,288,269 | 1,188,563 |
| Total Expenses from Transactions | (1,494,416) | (1,607,483) | (1,453,587) | (1,298,929) | (1,175,241) |
| Net Result from Transactions | (11,780) | 6,890 | 28,287 | (10,660) | 13,322 |
| Total Other Economic Flows | (14,940) | (44,133) | 357 | 10,891 | (31,531) |
| Net Result | (26,720) | (37,243) | 28,644 | 231 | (18,209) |
| Total Assets | 1,399,989 | 1,039,734 | 1,065,675 | 1,051,955 | 1,009,164 |
| Total Liabilities | 960,655 | 702,954 | 716,849 | 749,793 | 721,527 |
| Net Assets | 439,333 | 336,780 | 348,826 | 302,162 | 287,637 |

Government funding to support the State’s COVID-19 response ended in 2022-23, and as a result was the main driver of the reduction in income during 2023-24. Although AV experienced continued workload increases, there was also a reduction in transport fee income due to protected industrial action (associated with ongoing enterprise agreement negotiations) that commenced in March 2024, which limited AV’s ability to invoice patients. A change in the funding arrangements associated with Triple Zero Victoria also resulted in reduced income, however was offset with a corresponding reduction in expenditure).

Total service delivery expenditure decreased in 2023-24 largely driven by the cessation of COVID-19 related activities and changed funding arrangements with Triple Zero Victoria. However, workload growth and performance improvement programs continued, including additional ambulance services (both emergency and non-emergency including Medium Acuity Transport Services), recruitment of additional paramedics and increased supplies and consumables.

AV delivered a $26.2m Statement of Priorities Operating Result deficit for 2023-24. While this is the key measure used to monitor health services financial performance, it excludes bad and doubtful debts, of which AV incurred $19.1m during the year and is included in Other Economic Flows and Net Result.

|  |  |
| --- | --- |
| Reconciliation between Net Result from Transactions & Statement of Priorities | 2023-24  $000 |
| Operating Result | (26,222) |
| Capital and Specific Items | |
| Capital Purpose Income | 131,432 |
| Specific Income | - |
| Assets Received Free of Charge | - |
| Assets Provided Free of Charge | - |
| Other Non-Operating Expenses | (471) |
| Depreciation and Amortisation | (105,667) |
| Impairment of Non-Financial Assets | - |
| Finance Costs | (10,253) |
| Net Result from Transactions | 11,780 |

# Disclosure Index

The annual report of Ambulance Victoria is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department’s compliance with statutory disclosure requirements.

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# Financial Report

## AMBULANCE VICTORIA

Board Chair’s, Acting Chief Executive Officer’s and Chief Financial Officer’s Declaration

The attached financial statements for Ambulance Victoria have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements. We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2024 and the financial position of Ambulance Victoria at 30 June 2024.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 7 October 2024.

Signed by Shelly Park,Chair of the BoardMelbourne 7 October 2024

Signed by Anthony Carlyon Acting Chief Executive Officer, Melbourne 7 October 2024

Signed by Garry Button FCPA, Chief Financial Officer Melbourne 7 October 2024

## Independent Auditor’s Report and Financial Statements

This section is not available in an accessible format. Please refer to the PDF version of the Annual Report published on the Ambulance Victoria website [www.ambulance.vic.gov.au/about-us/our-performance](https://www.ambulance.vic.gov.au/about-us/our-performance/) or email [corporatecommunications@ambulance.vic.gov.au](mailto:https://www.ambulance.vic.gov.au/about-us/our-performance/) for assistance.

## The End

1. Extracorporeal membrane oxygenation machine [↑](#footnote-ref-1)