

# Victoria—Ambulance Services Policy and Funding Guidelines

2002

2003

**Victoria - Ambulance Services  
Policy and Funding Guidelines 2002–2003**

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# Foreword

Each Division in the Department of Human Services is producing Policy and Funding Guidelines for 2002–2003. The Guidelines support the Department’s objective of being transparent, accountable and more openly communicative with its funded agencies and the community.

The Department is pleased to present the Ambulance Services Policy and Funding Guidelines for the year 2002–2003. This is the first time the Ambulance Services program has prepared its own Policy and Funding Guidelines.

The Ambulance Services Policy and Funding Guidelines describe the policy, environment and budget/funding context in which the Ambulance Services program delivers services and programs to the community.

The Ambulance Services Policy and Funding Guidelines present, as a single resource, comprehensive information covering six main topics:

<b>Government and Departmental Policies</b>	Overview of the Government’s policy framework and the Department’s strategic objectives and directions.
<b>Policy Context</b>	The Ambulance Services strategic initiatives and program priorities for 2002–2003.
<b>Operating Environment</b>	Summary of Ambulance Services providers and products.
<b>Budget Context</b>	Overview and highlights of the Ambulance Output Group 2002–2003 budget.
<b>Funding Context</b>	The Ambulance Services Program approach to funding and accountability, including specification of the funding mechanisms proposed for new and growth funding.
<b>Service Agreement Information</b>	Supplementary Service Agreement information detailing activities funded, service standards and guidelines and accountability requirements for the Department’s funded agencies.

The Guidelines aim to describe the links between policy goals, environmental influences and funding.

It is expected that the Ambulance Services Policy and Funding Guidelines will be of interest to funded agencies, service providers, clients, staff, policy makers and researchers as well as the wider community. It is hoped that the Guidelines will promote greater understanding of the Ambulance Services activities and, importantly, partnership between the Department and the ambulance services.

The Policy and Funding Guidelines are a continually evolving document and, your feedback on the 2002–2003 Guidelines would be greatly appreciated.



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# 1. Introduction

## 1.1 About the Department of Human Services

The Department of Human Services' mission is to enhance and protect the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need.

The Department's charter covers the responsibilities of the Ministers for Health, Community Services and Housing and Senior Victorians. The Department funds, monitors, regulates or directly delivers a diverse range of services within these broad portfolios.

Most services are provided by agencies under service agreements with the Department. These include agencies such as public, aged care providers, local governments, community health services, ambulance services and a range of non-government organisations. The Department also provides some services directly, including public rental housing, disability services, the school nursing service, child protection and juvenile justice services.

The Department of Human Services is the State's largest Government Department. The Department's budget for 2002–2003 is \$8,538.0 million, an increase of \$604 million or 7.6 per cent over the 2001–2002 budget.

The Department's responsibilities include:

- Funding high quality and efficient health care services through the public hospital system, community health centres and ambulance services.
- Promoting positive community perceptions of ageing and positive attitudes to older people through the Office of Senior Victorians.
- Funding residential and rehabilitation care for older people as well as support and assistance to enable them to continue to live at home for as long as possible.
- Providing a range of accommodation and support services aimed at enhancing the quality of life of people with disabilities.
- Funding accommodation and assistance for homeless people.
- Funding a wide range of health and community services for Victorian families, such as preschool, early intervention and family support services.
- Promoting and protecting the health of Victorians through population health monitoring, preventative services, education and regulation.
- Providing a range of alcohol and drug prevention and treatment services.
- Meeting the State's statutory responsibilities for vulnerable children and young people in relation to child protection and juvenile justice.
- Providing secure, affordable and appropriate housing to low income Victorians.
- Managing neighbourhood renewal and community building projects to address relative inequality and build local capacity towards successful thriving communities.
- Implementing the Government's service delivery response to problem gambling.
- Providing Government concessions to low income groups to improve the affordability of key essential services.



## 2. Policy Context

### 2.1 The Government's Policy Framework

In November 2001, the Government released *Growing Victoria Together*, a statement about its priorities for the next ten years. This statement expresses the Government's broad vision for the future and balances economic, social and environmental goals.

#### **Victoria 2010: A Vision for Victoria**

The Government's vision for Victoria is that by 2010 we will be a State where:

- Innovation leads to thriving industries generating high quality jobs.
- Protecting the environment for future generations is built into everything we do.
- We have caring, safe communities in which opportunities are fairly shared.
- All Victorians have access to the highest quality health and education services all through their lives.

To make this vision a reality the Government has identified strategic issues that are important to Victorians.

These issues are:

- Valuing and investing in lifelong education.
- High quality, accessible health and community services.
- Sound financial management.
- Safe streets, homes and workplaces.
- Growing and linking all of Victoria.
- Promoting sustainable development.
- More jobs and thriving, innovative industries across Victoria.
- Building cohesive communities and reducing inequalities.
- Protecting the environment for future generations.
- Promoting rights and respecting diversity.
- Government that listens and leads.

As part of its commitment to addressing these issues, the Government has also developed a set of priority actions to guide work in these areas.

The Department of Human Services has identified the issues and priority actions that are the primary responsibility of the Department along with those that are related to its functions.

#### **Primary Department of Human Services Issues and Priorities**

- ***High quality, accessible health and community services***
  - Build, improve and integrate hospitals and community health centres.
  - Link and invest in services for mothers and children through pregnancy to age eight.
  - Support older people to live active lives in the community.
  - Reduce drug abuse and harm.
  - Tackle health issues linked to inequality, including mental and dental health.
- ***Building cohesive communities and reducing inequalities***
  - Support new community building initiatives and develop partnerships with local government around local communities' needs.
  - Enhance community participation and engagement in cultural activities.

- Encourage employers, workers and families to better balance their work and family responsibilities and their ability to participate in community life.
- Reduce unemployment and rejuvenate those areas worst affected by social and economic disadvantage.
- Expand the supply of secure, affordable and appropriate public housing.

#### **Related Issues and Priorities**

- *Valuing and investing in lifelong education*
  - Expand opportunities for training and learning all through life.
- *Sound financial management*
  - Maintain responsible financial management.
  - Invest in long term social and physical infrastructure such as schools, hospitals, roads, public transport and waste management.
- *Safe streets, home and workplaces*
  - Reduce family violence.
  - Improve road and workplace safety.
- *More jobs and thriving, innovative industries across Victoria*
  - A greater share of innovative Research and Development activity will be in Victoria.
- *Protecting the environment for future generations*
  - Ensure water authorities continue to supply affordable, good quality drinking water.
- *Promoting rights and respecting diversity*
  - Improve awareness of rights and promote equal opportunity.
  - Improve access to services for culturally and linguistically diverse Victorians.
  - Increase the diversity of representation on decision making boards and in local government.
- *Government that listens and leads*
  - Make Government more democratic, open and inclusive through better access to decision making processes including numerous Community Cabinets each year.
  - Strengthen the capacity of the public sector to deliver high quality, responsive, accessible and efficient services.

The strategic issues and priority actions identified in Growing Victoria Together form the basis of the framework to be used by the Department in 2002–2003 to manage the planning and delivery of human services. For more information about *Growing Victoria Together* go to [www.growingvictoria.vic.gov.au](http://www.growingvictoria.vic.gov.au).

## **2.2 Department of Human Services**

### **2.2.1 Mission and Objectives**

The mission of the Department of Human Services is to enhance and protect the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need.

To help the Department achieve its mission and to address the strategic issues identified by Government, six organisational objectives have been developed.

These are:

- Achieving benchmark waiting times.
- Improving service quality.
- Building sustainable, well managed and efficient services.
- Building strong communities and family services.
- Increasing the proportion of family or community based service responses.
- Reducing inequalities in health and wellbeing and improving access to services.

### 2.2.2 Service Priorities For 2002–2003

In the context of these objectives, the Department has identified a series of service priorities that will be pursued in 2002–2003. These include six 'Flagship Projects' that will address the most pressing issues facing the human services system. Flagship projects aim to draw together programs and resources from across the organisation and are focused on bringing about longer-term, large-scale improvements.

#### Objective 1: Achieving benchmark waiting times

Reducing waiting times for elective surgery

Managing demand for hospital emergency services

Maintaining waiting times for early housing allocations

Managing demand for ambulance services

Better managing demand for disability support services

#### Objective 2: Improving service quality

Planning and managing for better service quality

Improving outcomes for children and young people in statutory care

Investing in a quality workforce

Responding better to those with complex needs

Better outcomes for people with disabilities

Better services for public housing tenants

Supporting quality public sector aged care services

#### Objective 3: Building sustainable, well managed and efficient services

Strengthening partnerships with funded agencies

Strengthening planning for metropolitan health services

Creating a vision for Human Services in regional Victoria

Making a difference in rural health

Maintaining efficient health services



Harnessing technology to support service delivery

Strengthening the disability support system

Building safe, successful and rewarding workplaces

**Objective 4: Building strong communities and family services**

Developing a strategy for Senior Victorians

Strengthening disadvantaged communities

Preventing avoidable admissions to hospitals

Promoting healthy lifestyles

Preventing avoidable disease

Reforming primary health

Responding to the cultural and linguistic diversity of Victorians

Improving child health, development, and wellbeing

**Objective 5: Increasing the proportion of family or community based service responses**

Delivering improved services for children and young people in statutory care

Supporting vulnerable families

Supporting older people to remain in their own homes

Delivering sensitive child and family services for indigenous communities

**Objective 6: Reducing inequalities in health and wellbeing and improving access to services**

Improving the lives of people with mental illness

Reducing homelessness

Improving access to preschool services

Containing the harm caused by drugs

Expanding the supply of public and community housing

Expanding access to public dental services

For more information about the Department's priorities in 2002–2003, including details of how each priority will be addressed, refer to the 2002–2003 Departmental Plan at [www.dhs.vic.gov.au/about](http://www.dhs.vic.gov.au/about).

### **2.2.3 Partnership Framework**

The Department recognises that the non-government community sector, local government and other funded agencies are essential to the achievement of its objectives and the Government's social policy goals. The Department is seeking to develop with funded agencies an agreed partnership framework, based on shared values, to guide the future relationship and to achieve the common goals of better

health and welfare outcomes for clients and the wider Victorian community. This will aim to clarify roles, improve communication and promote consistency across the State in the Department's relationships and dealings with agencies.

In 2001–2002, the Department held a series of discussions on partnership issues with key peak organisations. The Funded Agency Partnership Project Working Group, comprising senior Departmental officers and representatives from peak organisations, was established to oversee the development of a partnership agreement, a regular partnership forum and an annual funded agency satisfaction survey.

It is expected that the three elements of the partnership framework will be fully implemented by the end of 2002–2003.

The Department recognises that the partnership approach will require change in Departmental culture and business processes. Key areas for process change will be funding and service agreements, and data collection and reporting. The designation of partnership activities as a Departmental Flagship Project signals the high priority the Department is giving in 2002–2003 to the reforms needed to underpin an effective partnership framework.

## **2.2.4 Funding Principles**

The Department's funding policy is based on the principles of best value, partnerships and financial responsibility. The policy broadens the rationale for allocating funds from value-for-money criteria, assessed through commercial, competitive processes, to a client and outcome focus. This acknowledges that the environment in which human services are provided is rarely of a commercial nature. A brief summary of the three principles follows.

### **Best Value**

Ensuring the most valuable outcome for citizens and clients is the primary concern when determining a funding mechanism. On the one hand, this may mean obtaining the greatest possible benefit in terms of effectiveness, quality, access, responsiveness, equity, or timeliness for a given purchase price. On the other, it may mean securing cost savings by minimising the purchase price for a given provision of value.

### **Partnerships**

Wherever possible, the funding mechanism should help foster partnership between Government and funded agencies, and among funded agencies. This is not only because partnering can assist in achieving best value outcomes, but also because collaborative relationships between Government and funded agencies can strengthen the social fabric and infrastructure of our community.

Partnerships are based on the desire to achieve a common goal through mutual understanding, cooperation and flexibility. A partnership approach acknowledges that both sides have different things to contribute towards mutual goals.

### **Financial Responsibility**

The process for the selection of service providers must be fair, transparent and efficient. Service providers must be accountable for performance, but not to the extent that these selection and accountability mechanisms hamper the achievement of best value outcomes for clients.

## 2.2.5 Values

The Department has articulated a set of values to guide its day-to-day activities and promote the behaviours required to achieve the Department's objectives. These Values and underpinning behaviours were formally adopted in August 2001.

The five core Values have been identified as essential to enhancing people management in the organisation as they guide how staff carry out business in the organisation.

Figure 1: Department of Human Services Values



The Values are:

**Client Focus**

We work towards improving the health and wellbeing of our clients and community.

**Professional Integrity**

We treat all people with dignity and respect.

**Quality**

We always strive to do our best and improve the things we do.

**Collaborative Relationships**

We work together to achieve better results.

**Responsibility**

We commit to the action we take to achieve the best possible outcomes for our clients and community.

A range of behaviours – acceptable and unacceptable – has also been identified to define and clarify the Values. The primary challenge now is to imbed these Values as a natural characteristic of how we go about our work. A strategy has been developed to achieve this, which involves implementing a number of initiatives over the next 12 to 18 months.

The initiatives include:

- Incorporating Values and behaviours in Executive Officers' performance plans.
- Implementing management development and guides focused on enhancing people management capability in line with the Values.
- Developing a whole-of-Department Reward and Recognition program, which recognises behaviour consistent with the organisation's Values and behaviours.
- Integrating Values into organisational policies and procedures.
- Encouraging staff consultative forums to provide feedback to local management on how Values can be integrated into the workplace.

**2.2.6 Relationship between the Policy and Funding Guidelines and Service Agreements**

The Policy and Funding Guidelines are complementary documents to the Service Agreements that exist between the Department and each of its funded agencies. The Service Agreements remain the principal mechanism by which the Department formalises the details of the funding provided to agencies, that is, the magnitude of funding and the volume of service to be delivered.

However, in response to agencies' concerns about the length and complexity of Service Agreements, a significant amount of descriptive information has been removed from the Service Agreements. This information is presented in the Policy and Funding Guidelines together with detailed contextual background to give greater meaning to the services, agencies are being funded to provide. This allows the Service Agreements to focus on the specification of funding levels and service targets.

The Policy and Funding Guidelines are referenced in Schedule 1 of the Department's 2002–2003 Service Agreements and it is a formal requirement that agencies meet the policies and other requirements documented in the Guidelines.

## 2.3 About the Metropolitan Health and Aged Care Services and Rural and Regional Health and Aged Care Services Divisions

Within the Department of Human Services there are two divisions responsible for health and aged care services within the state of Victoria:

- Metropolitan Health and Aged Care Services Division;  
and
- Rural and Regional Health and Aged Care Services Division.

Metropolitan Health and Aged Care Services Division is responsible for the full range of health and aged care services in metropolitan Melbourne. The Rural and Regional Health and Aged Care Services Division is responsible for the full range of health and aged care services in rural and regional Victoria.

Program branches within Metropolitan Health and Aged Care Services provide operational support for both the Metropolitan and Rural and Regional Divisions in meeting each Division's geographical responsibilities.

Metropolitan Health and Aged Care Services has state wide policy and program direction responsibility for specific program areas:

- Acute, sub-acute, ambulance and mental health services.

Rural and Regional Health and Aged Care Services has State wide policy and program direction responsibility for:

- Aged and home care, primary health, dental health and public health and drugs.

## 2.4 Role of the Ambulance Services Unit

The Ambulance Services Unit, on behalf of the Victorian community, seeks to ensure time responsive treatment and transport services in the pre-hospital environment, thereby delivering better health outcomes for all Victorians. The Unit works to achieve this by:

- Developing policy to achieve and maintain best practice delivery of ambulance services, through the Ambulance Services.
- Providing funds for emergency and non-emergency ambulance transport and treatment services.
- Seeking to pursue evidence based research, which informs standards for improved health outcomes in the pre-hospital environment; and ongoing monitoring of service performance in relation to operating and clinical standards.

Under the new Department of Human Services structure, responsibilities for the operational performance at Rural Ambulance Victoria is assigned to the Rural and Regional Health and Aged Care Division while policy and program development and Service Agreements will continue to be managed by the Ambulance Service Unit, which is part of the Metropolitan Health and Aged Care Division. The Ambulance Services Unit works to both Executive Directors (Metropolitan Health and Aged Care Services and Rural and Regional Health and Aged Care Services) and all significant policy issues are developed in consultation with both Divisions to ensure that there is an integrated approach to ambulance services policy development.

The Ambulance Services Unit has adopted a new way of working within the Department to reflect the dual internal client service responsibilities.

# 3. Ambulance Services Operating Environment

## 3.1 Role of the Ambulance Services

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

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

## 3.2 Ambulance Providers

There are three Ambulance Services in Victoria. The two largest Services are the Metropolitan Ambulance Service (MAS) and Rural Ambulance Victoria (RAV), both of which are statutory corporations established under the *Ambulance Services Act 1986*. The third ambulance service, the Alexandra and District Ambulance Service (ADAS), is a volunteer service with a Committee of Management, elected from among its members. MAS, RAV and ADAS are referred to collectively as Ambulance Service Victoria (ASV).

Both the MAS and RAV report to the Minister of Health through the Department of Human Services.

The MAS is responsible for pre-hospital emergency medical care and patient transport for the 3.5 million people living and working in Greater Melbourne – an area of more than 9,000 square kilometres extending from the Central Business District to the Mornington Peninsula and the peripheral rural communities of Bacchus Marsh, Whittlesea, Warburton and Koo-Wee-Rup.

RAV is responsible for provision of services in the rest of the State, except for a small area encompassing the towns of Alexandra, Eildon and Marysville, which is covered by ADAS. RAV services a population of 1,370,099, covering an area of approximately 215,000 square kilometres. These services are provided through 116 dispersed ambulance branches with utilising more than 1,160 full time volunteer operational staff.

Alexandra and District Ambulance Service is a self funded service formed in 1948 providing a volunteer service to a small area, incorporating the towns of Alexandra, Eildon and Marysville, and operates pursuant to the Act. It covers an area of approximately 3,400 square kilometres with a permanent population of about 7,000.

These three Services provide all emergency treatment and transport and the majority of non-emergency ambulance services.

In addition, there are also private non-emergency transport providers. The non-emergency patient transport sector has undergone a significant change since the early 1990s. Since that time the industry has evolved from one where the government ambulance services were the monopoly providers of non-emergency patient transport services, through to the current situation where some segments of that market are now contestable. As a result a number of private companies now operate in those contestable market segments, and compete directly with the government ambulance services for non-emergency work.

MAS, in the early 1990s made a decision to contract out service delivery for most of its non-emergency workload, including those markets that are not currently contestable. This has resulted in private providers providing the majority of service delivery for the entire metropolitan non-

emergency market segment, through either a direct arrangement with purchasers such as public hospitals, or through a contractual arrangement with MAS. RAV is more directly involved in non-emergency service delivery in rural Victoria.

### 3.3 Products – Outputs

The Ambulance Services Output Group budget is structured into four key outputs:

#### 3.3.1 Emergency Road and Air Services

Emergency ambulance services are available to all people who are seriously ill or severely injured. There is no need for authorisations by a doctor for calling an ambulance under these circumstances. To obtain help in an emergency, a person dials 000, which activates a series of events, leading to the dispatch of an ambulance.

Emergency ambulance services are provided exclusively by MAS, RAV and ADAS and include:

- Emergency road – both metropolitan and country.
- Rotary air wing patient treatment and transport services.
- Fixed air wing patient treatment and transport services.

#### Quantity – Resources

MAS resources, including 147 emergency stretcher road vehicles, 66 operational support vehicles, 86 professional ambulance stations, 188 Mobile Intensive Care Ambulance (MICA) paramedics and 687 ambulance paramedics will enable MAS to respond to 231,000 emergency road cases in 2001–2002.

RAV's 275 emergency stretcher road vehicles, 81 operational support vehicles, 116 ambulance stations, 142 MICA paramedics, 431 ambulance paramedics and 406 Ambulance Community Officers will enable RAV to respond to 80,000 emergency road cases in 2001–2002.

Air Ambulance Victoria (AAV), managed by MAS, operates a statewide fleet of fixed wing and helicopter air ambulances. AAV has three fixed wing air ambulance aircraft available for use at any one time and an additional one in times of maintenance.

AAV transports time critical, medical, surgical and trauma patients to emergency departments. The aircraft service country Victoria and adjoining States and generally operate to locations greater than 150 kilometres from Melbourne.

Air Ambulance fixed wing patient transports have grown an average 8.5 per cent since 1996–1997. The improved efficiencies offered by the four new King Air pressurised aircraft, especially their significantly reduced flight times, were a major factor in enabling AAV to meet the 20.2 per cent increase in patient transports in 2000–2001. During 2001–2002, it is expected that Air Ambulance will undertake 800 emergency fixed wing patient treatment and transport services.

Three air ambulance helicopters, one based in Melbourne, one in Morwell (Latrobe Valley) and one in Bendigo transport time critical (emergency) patients to hospital emergency departments. Helicopters generally operate in a radius from 50 to 150 kilometres from their base.

During 2001–2002 it is expected that the air ambulance helicopters will undertake 2,000 emergency rotary wing patient treatment and transport services.

Both fixed and rotary wing transport medical equipment, personnel and/or retrieval teams. AAV is a critical component of Victoria's specialist medical retrieval systems, providing medical teams with quick access to critically ill newborn babies and critically ill or injured children and adults.

During 2000–2001 the AAV provided emergency transport for 112 Newborn Emergency Transport Service (NETS) patients, 112 Paediatric Emergency Transport Service (PETS) patients and 113 Medical Emergency Adult Retrieval Service (MEARS) patients.

### **Demand growth**

Demand for emergency ambulance services in the MAS catchment has increased at a trend growth rate of around 8.9 per cent per annum since 1996–1997. The recent Klynveld Peat Marwick Goerdeler (KPMG) review projected that this emergency demand would continue to increase at an average of eight per cent per annum to 2006, with an increasing proportion of Treat No Transport cases.

Demand for rural emergency ambulance and acute services is expected to increase from approximately 83,000 to 88,000 over a five year period. This is an increase of 6.02% over the five-year period, an average annual growth rate in demand for emergency services of approximately 1.2 per cent, which is three times the growth rate of the population in rural Victoria.

### **Quality**

ASV is committed to ensuring Victorians have access to ambulance services, which provide high quality emergency ambulance treatment and transport services. The auditing of cases aims to ensure high standards are maintained in the practical delivery of advanced clinical procedures. It is expected that the implementation of the Victorian Ambulance Clinical Information System will make this a more formal structure of compliance and review of standards.

### **Timeliness**

MAS's objective is to respond to 90 per cent of Code 1 cases in 13 minutes or less. This was achieved in the first four months of 2001 with the overall performance for the year remaining at 14 minutes. The aim of having an ambulance on scene in eight minutes or less was also achieved in 50 per cent of cases.

At present, the budget papers only specify response time performance targets for metropolitan ambulance. Work is currently being undertaken towards the development of a statewide response time policy for ambulance with regard to the variations in population density and the distribution of scarce ambulance resources in rural Victoria.

### **3.3.2 Non-Emergency Road and Air Services**

In addition to their primary role as providers of emergency ambulance services, MAS, RAV and ADAS provide non-emergency patient transport services, which include:

- non-emergency road – both metropolitan and rural;  
and
- fixed air wing patient treatment and transport services.

While these services are available to all people, their use is restricted to those whose medical need for them has been certified by a doctor.

## Quantity

MAS provides non-emergency stretcher transport services for semi-urgent and stable patients. These services are provided by a number of private companies sub-contracted to MAS. Clinic car transport services are also provided for stable patients who are confined to a wheelchair or able to walk.

In 2000–2001 MAS undertook 142,263 road cases and is expected to undertake 156,000 road cases in 2001–2002.

RAV primarily undertakes non-emergency transports from within its existing resources. However, RAV has strategic relationships with private providers for the provision of non-emergency transport services in several locations.

RAV undertook 37,760 road cases in 2000–2001 and is expected to undertake 42,000 cases in 2001–2002.

AAV also provides non-emergency services. Seventy-five per cent of the workload for the fixed wing aircraft is for the non-emergency transport of rural Victorians. Fixed wing ambulance aircraft transports patients to specialty or outpatients clinics at regional or metropolitan hospitals. It is expected that AAV will undertake 3,800 non-emergency transports during 2001–2002.

## Quality

The auditing of cases aims to ensure high standards are maintained in the provision of pre hospital care and transport services.

### 3.3.3 Training

#### Ambulance Paramedic Training

Under contract to the Department of Human Services, Monash University Centre for Ambulance and Paramedics Studies (MUCAPS) is the provider of education and training of ambulance paramedics in Victoria. The MUCAPS also offers post basic training courses in specialist skills such as Mobile Intensive Care Ambulance (MICA), Clinical Instructor and Flight Attendant.

#### Basic Life Support

The chain of survival concept aims to improve the survival rate of out of hospital cardiac arrest, by teaching people how to respond calmly and efficiently when witnessing such an episode. The Basic Life Support strategy elements include:

- Funding for community emergency response teams as part of integrated ambulance service delivery models. The MAS is supported by three local volunteer Community Emergency Response Teams (CERT). RAV has a pilot community emergency response team in Lavers Hill. These teams comprise of community volunteers with basic life support skills who respond to emergencies and await ambulance assistance.
- Learn CPR The Key To Survival – three training providers undertake Cardio Pulmonary Resuscitation (CPR) training across the state. The focus of this training is the 40+ population and on single rescuer adult resuscitation.
- The two Ambulance Services collaborate in delivering first aid education in the community.
- First Responder Program - The Metropolitan Fire and Emergency Services Board is also supporting the MAS in a First Responder program, which involves simultaneous dispatch of ambulance and suitably trained and equipped fire fighters to cases of suspected cardiac arrest (currently only in part of metropolitan Melbourne).

# 4. Ambulance Services Policy Context

## 4.1 Ambulance Service Program Objectives

The Government's objectives for the ambulance services are reflected in the *Plan for A Better Ambulance System*, which commits to retaining public ownership of Ambulance Service Victoria and ensuring the services are accountable to the public and operates to standards and procedures that accord with the world's best practice.

The Department's key objectives for the Ambulance Services during 2002–2003 are:

- Meet quality objectives as measured in terms of response times.
- Provide better quality care in the pre-hospital setting.
- Improve deployment and coverage of emergency and ambulances resources.

## 4.2 Priorities for 2002–2003

The Ambulance Services Unit and the Services have identified the following priorities for 2002–2003:

### Demand Management and Analysis

- Undertake a demand analysis of metropolitan non-emergency ambulance service delivery.
- Meet growth in demand for emergency ambulance services in a cost effective way, increasing the understanding of growth drivers and responding to these drivers.
- Consolidate metropolitan response times for Code 1 emergencies at 13 minutes in 90 per cent of cases and non-metropolitan response times at existing levels.

### Performance and Monitoring

- Implementation of Victorian Ambulance Clinical Information System in 21 metropolitan and 16 rural sites.
- Further develop MAS quality performance indicators for clinical service delivery.
- Undertake an evaluation of government initiatives through analysis of financial and health care record data.
- Establish an ambulance service minimum financial and clinical dataset, which incorporates major billing category information to be updated on a monthly basis.
- Development of performance measures for rural ambulance service delivery.
- Development of a statewide ambulance response time policy.
- Continue and support the further development of benchmarking through the Convention of Ambulance Authorities and through comparison with other Australian ambulance services, including assessments of patient satisfaction.
- Provide opportunities to acknowledge achievements in growing and improving Victorian ambulance services.

### Service Planning and Development

- Statewide Integrated Public Safety Communications Strategy – preparation for the introduction of mobile data terminals for MAS in 2003–2004 and Statewide Personnel Alert System for RAV. Support the development of a Business Case to introduce structured call taking and computer aided dispatch into RAV Operational Centres and the upgrading of existing communications infrastructure to maintain viable systems.
- Complete effective transition to the State of the operation of metropolitan emergency call taking and dispatch as part of the *Whole of Government* project for Victorian Emergency Service Organisations.

- Strengthen integration of planning with other elements of the health service system (Victorian Rural Human Services Strategy and the Metropolitan Health Strategy).
- Introduce legislation to enable regulation of the non-emergency patient transport sector and develop draft regulations.
- Finalise plans for the implementation of Government's *Plan for A Better Ambulance System* on public duty attendance.
- Implement government policy on reintroducing paramedics in the metropolitan ambulance communications centre.
- Provide preliminary advice regarding existing and new basic life support initiatives and funding allocations for 2003–2004.
- Complete review of ambulance paramedic education options and ensure implementation.

### **Financial Viability**

- Acquisition of sponsorship arrangements to assist in funding the recent upgrade of ambulance aircraft.
- Continue the review of ambulance pricing and funding analysis to develop a more appropriate funding model to suit the service system.
- Resolve contractual issues with the Transport Accident Commission regarding the interpretation of the Funding Agreement.
- Support a proactive relationship with the Department of Veterans' Affairs (DVA) and renegotiate the discount factor for the next DVA agreement.
- Develop and implement a membership marketing strategy, which increases membership numbers in a cost effective way.
- Investigate the viability of an alternative approach to revenue to address the possibility of the long term declining profitability of the Ambulance Membership Subscription Scheme.
- Undertake an assessment of current level of subsidy applied to fixed and rotary wing transport and charging protocols.

### **Business Support Initiatives**

- Implement the outcomes of the 2001 Certified Agreements with the Ambulance Employees Australia and Health Services Union of Australia and commence negotiations for the 2003–2004 enterprise bargaining round.
- Implement the outcome of the Australian Industrial Relations Commission's (AIRC) decision regarding 'reasonable hours test case'.
- Complete phase one of the Victorian Workcover Authority Safety Development Fund project.
- Respond to the Royal Commission's recommendations to review the Ambulance Services Act.
- Commence implementation of the MAS Information Management and Information Technology Strategic Plan.
- Finalise MAS and RAV priority building refurbishment program and develop a strategic approach to future building repairs and maintenance.
- Undertake a review of MAS and RAV Information Technology and other capital equipment future replacement requirements with a view to establishing a funding basis for cyclical replacement.

### **Other MAS and RAV Specific Priorities for 2002–2003**

#### **MAS**

- Establish a 000 referral service for patients ringing 000 who do not require an emergency ambulance attendance, and whose needs could be better met by another service.
- Commence establishment of three new 24 hour emergency response ambulance teams (one in 2002–2003 and two in 2003–2004). The new teams will be located in the Albert Park/St Kilda area, Bentleigh/Brighton area and Bundoora/Reservoir area.
- Continue development of quality systems to improve organisational procedures and practices.
- Develop a simulation model of emergency operations to assist in the evaluation of alternative resource strategies.
- Continue staff overtime reduction strategy.

#### **RAV**

- Implement outcomes of the Deloitte Touche Tohmatsu projects to enable better management of key cost drivers such as overtime, patient transport.
  - Complete the following service developments:
    - Establishment of Romsey and Torquay ambulance stations.
    - Commence building of the new Colac ambulance station.
    - Establishment of Loch Sport Community branch and Blackwood CERT.
    - Finalise evaluation of Lavers Hill CERT.
    - Finalise the service model for Omeo.
- Finalise the review of communication centres encompassing:
  - Future information technology/capital requirements.
  - Training of dispatchers/call takers.
  - Standardisation/dispatching protocols.

#### **MAS and RAV**

- RAV and MAS continue to identify project areas where potential economies of scale or opportunities for maximising investment and return exist and work to integrate effort, for example, procurement; uniforms; vehicles; property; Public Education Unit; contract management; ambulance research.
- Enhance customer research systems to provide feedback from community regarding MAS services.
- Commence planning for the new stations in 2002–2003.



# 5. Budget Context

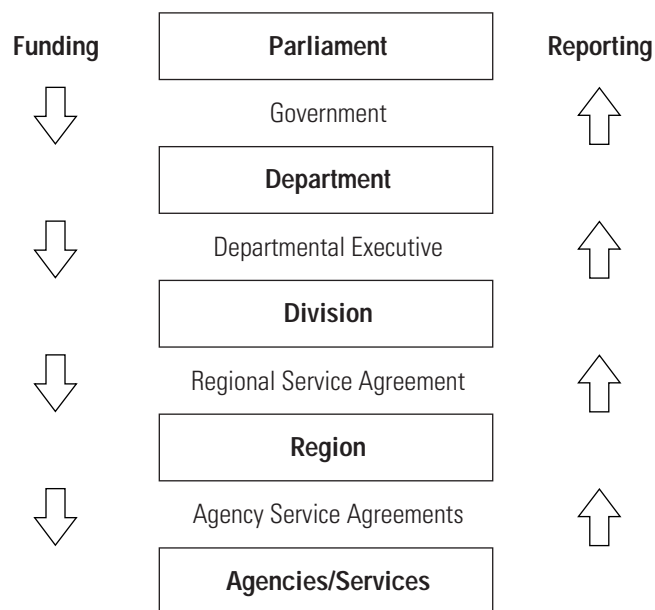
## 5.1 Overview of Funding and Accountability Framework

Financial responsibility is a core commitment of the Victorian government. Figure 2 provides an overview of the decision making process used in the allocation of public funds and the accountability framework associated with such funding. It shows the overarching bureaucratic hierarchy, which oversees and allocates public resources.

Funding decisions are made at each level within this framework - from decisions about broad policy direction at the parliamentary and departmental level, to decisions about allocating funds to service providers at the regional or divisional level to the procurement of the end goods and services required to deliver the service at the agency level.

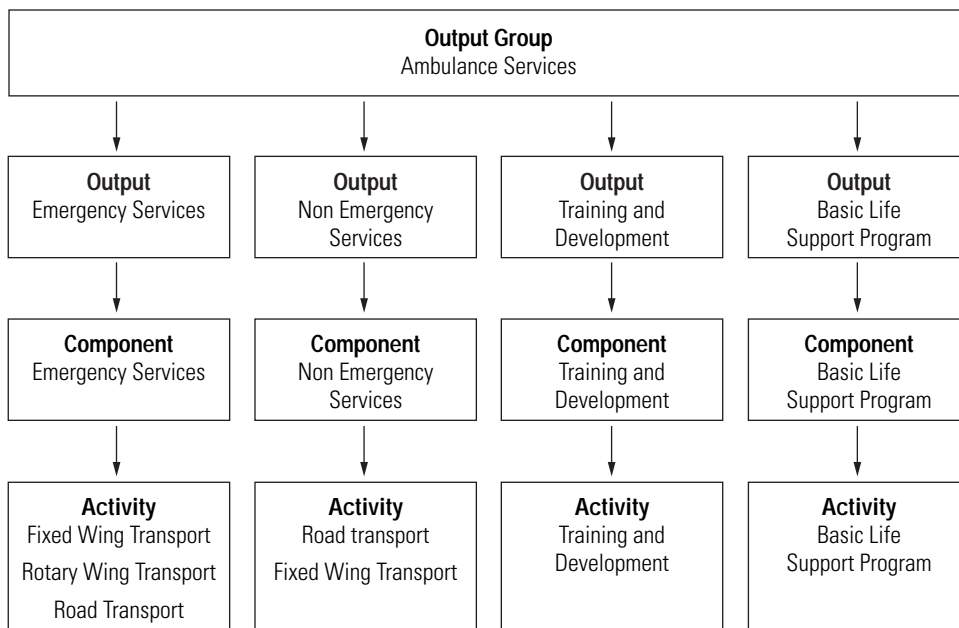
The framework also shows that, in order to monitor the use of funds and facilitate future decision making, performance reporting is required at each level. Agencies collect detailed data on their individual services, which is progressively aggregated through each level and ultimately presented to Parliament in the State Budget Papers.

Figure 2: Funding and Accountability Framework



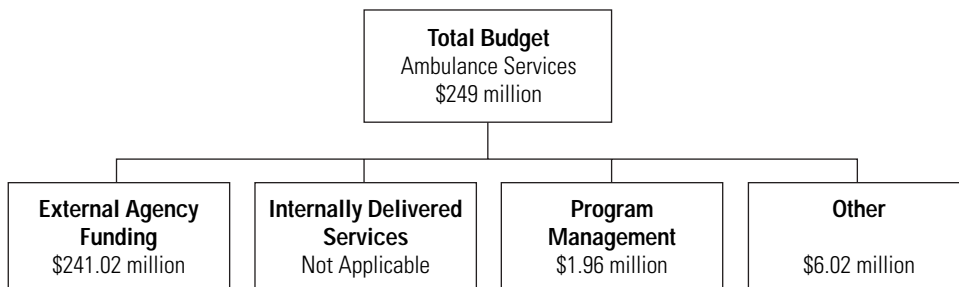
The Department is seeking to emphasize a closer and more collaborative relationship with the agencies and service providers it funds. Partnerships with agencies are critical to achieving departmental objectives and fulfilling Government policy commitments. Partnerships recognise the complementary roles and responsibilities of each partner. In terms of the funding and accountability framework, agencies help the Department perform its monitoring and decision making roles by collecting data relating to their service activities. This information also contributes towards broader long-term planning and government policy development, underscoring its importance.

## 5.2 Ambulance Services Output Structure – Chart of Accounts



External Service Agreements between the Department of Human Services and the Ambulance Services

## 5.3 Ambulance Services Budget By Output Group



The total budget figure of \$249 million reflects the total accrual cost of the program, including Expenditure Review Committee initiatives, depreciation, capital charge and provision for leave accruals. Revenue, which the services collect through subscriptions, transport fees (excluding inter-hospital transfers) and other revenue (eg. donations), is a large part of the total budget.

The category 'Other' relates to non Service Agreement Management System programs, including Learn CPR and the MUCAPS contract.

## 5.4 Ambulance Financial Objectives

Ambulance service program financial objectives for 2002–2003 are that the services:

- Maintain a current asset ratio of at least 0.7.
- Maintain an accrual break-even or surplus position, after exclusion of capital income and depreciation.

### Financial Result

	Surplus–deficit as reported in the audited annual statement
–	Capital purpose income
+	<u>Depreciation expense</u>
Total	Adjusted surplus–deficit

- A Trade Creditors Ratio of 2.0 is to be an appropriate minimum of liquidity. This benchmark is based on two month's trade creditors being a reasonable payment term for ambulance services, with one month's trade creditors allowing for creditor payments over the following month, with a further month's trade creditors providing protection of liquidity.

These objectives are consistent with current hospital financial monitoring practice.

## 5.5 Centrally and Regionally Administered External Agency Funding by Output

Only one element of the total output group is delivered through the regions. This is the Cardio Pulmonary Resuscitation Education and Training activity.

<b>Outputs</b>	<b>Gippsland</b> \$ million	<b>Hume</b> \$ million	<b>Grampians</b> \$ million	<b>Loddon</b> Mallee \$ million	<b>Barwon</b> South West \$ million	<b>Eastern</b> Metro \$ million	<b>Northern</b> Metro \$ million	<b>Southern</b> Metro \$ million	<b>Western</b> Metro \$ million	<b>Central</b> \$ million	<b>Total</b> \$ million
Emergency Services										131.75	131.75
Non-Emergency Services										16.75	16.75
Training and Development										2.1	2.1
Basic Life Support Program	0.051	0.051	0.063	0.058	0.062	0.10	0.076	0.157	0.081	1.3	2.0
<b>Output Group Total*</b>	<b>0.051</b>	<b>0.051</b>	<b>0.063</b>	<b>0.058</b>	<b>0.062</b>	<b>0.10</b>	<b>0.076</b>	<b>0.157</b>	<b>0.081</b>	<b>151.9</b>	<b>152.6</b>

\* The output group total \$152.6 represents the grants provided to the services. It excludes third party revenue with respect to membership and transport fees.

## 5.6 Methodology Used To Allocate Regionally Administered External Agency Budgets Between Regions

Learn CPR funds are allocated to regions based on the percentage of people over 40. It also takes into account indigenous groups based on presence and numbers in regions.

## 5.7 Explanation of Changes To Recurrent External Agency Funding

The Ambulance Services 2002–2003 budget is based on 2001–2002 recurrent funding adjusted according to general Departmental and Divisional budget policies, removal of non-recurrent items and the allocation of additional funding.

The funding policies that impact on the Ambulance Services budget, and ultimately have some effect on agency budget allocation from 2002–2003 is described in this section. The Ambulance Services 2002–2003 budget takes account of:

- 2001–2002 budget base.
- Productivity savings.
- Full impact of embedded tax savings required as a result of the Commonwealth Government's tax reform package.
- Increased funding based on indexation of the non-wage component of recurrent budgets.
- Increased funding based on wage related adjustments that resulted from various award changes or agreements, or the superannuation guarantee levy.
- Funding received through the State budget process for growth or new initiatives.

This section describes these funding policies in more detail and explains how they affect Ambulance Services budget allocations.

### Productivity Savings

The Government's productivity savings policy requires annual reductions in expenditure of 1.5 per cent across all State Government departments and their funded services. The policy requires that savings occur through increased productivity so that the level of service delivery to clients is not reduced.

### Embedded Tax Savings

The need to make embedded tax savings flows from a Commonwealth–State agreement in relation to the impact of Commonwealth taxation reforms. Ambulance Services apportions this budget reduction taking into account the size of the service.

### Indexation

The non-wage component of budgets has been indexed at a rate of 2.5 per cent based on the Department of Treasury and Finance estimate of the Consumer Price Index in Victoria for 2002–2003.

### Wage Adjustments

The 2002–2003 budget includes adjustments that account for changes to awards and/or enterprise agreements to the level endorsed by the State Government.

### Funding for Growth and Budget Initiatives

These funds will be allocated to Ambulance Services through their annual service agreements or through variations to those agreements.

## **5.8 Overview of New and Growth External Agency Funding for 2002–2003**

### **5.8.1 New Initiatives for 2002–2003**

#### **Direct Cost of Marginal Growth**

Additional funding of \$2.4 million has been provided to meet the cost of providing additional ambulance transports.

Ambulance services, and the Metropolitan Ambulance Service in particular, have been experiencing significant growth in demand for services over the past several years. Growth in utilisation of the service by pensioners, who are provided with ambulance transport free of charge, has been particularly significant.

This funding will deliver an additional 15,000 emergency and 13,500 non-emergency ambulance responses per annum with \$2.3 million allocated to the Metropolitan Ambulance Service and \$0.1 million to Rural Ambulance Victoria.

#### **New Services**

The 2002–2003 Budget continues the Government's commitment to delivering more responsive and safer services to all Victorians. Additional funding will address growing demand and provide new ambulance stations operational from 2003–2004 at Mildura, Shepparton and three metropolitan Melbourne locations.

#### **Metropolitan Services**

Funding of \$1.7 million is provided to commence training of paramedics to establish three new metropolitan ambulance stations to be located in Bundoora/Reservoir, Albert Park/St Kilda and Bentleigh/Brighton.

These additional resources will assist the Metropolitan Ambulance Service in meeting the high level of demand in these areas and consolidate improvements in response time performance.

#### **Rural Services**

Funding of \$0.7 million is provided to commence training of paramedics to establish new ambulance stations at Mildura and Shepparton. This initiative will significantly strengthen the emergency health infrastructure available to these rural communities and improve current response times.

#### **Second Level Triage**

Funding of \$0.2 million is provided to the Metropolitan Ambulance Service to enhance the existing telephone triage processes. This will enable the service to identify callers to '000' who do not require an emergency ambulance response to be referred to appropriate alternative services thus maximising the availability of emergency response resources.

Description of New-Growth Funding	Emergency Services		Non-Emergency Services		Total
	MAS	RAV	MAS	RAV	
Direct marginal cost of growth	\$628,400	\$58,300	\$1,665,700	\$39,900	\$2,392,300
New metropolitan/rural services	\$1,718,300	\$714,400	Not Applicable		\$2,432,700
Second level triage	\$175,000		Not Applicable		\$175,000
<b>Total</b>	<b>\$2,521,700</b>	<b>\$772,700</b>	<b>\$1,665,700</b>	<b>\$39,900</b>	<b>\$5,000,000</b>

The marginal cost of growth is apportioned on an estimated caseload growth basis.

### Capital

As part of establishing the five new ambulance services, capital funding of \$3.0 million has been provided for buildings, vehicles and equipment.

\$0.4 million has been allocated to meet the cost of enhancing call-taking software to assist in managing non-urgent calls to '000'.

A further \$1.4 million has been provided to rebuild the ambulance stations located at Hopetoun, Ararat, Colac and Kyneton as part of the redevelopment of other health services.

Rural Ambulance Victoria will also benefit from additional funding for essential station upgrades.



## 6. Funding Context

### 6.1 Departmental Policy on Funds Allocation to External Agencies

The Government's policy on funded agencies acknowledges that the notion of 'purchasing' human services through compulsory competitive tendering is generally impractical and often results in adverse outcomes for clients, communities and service sector participants. To address this, the Department's funding policy has removed compulsory periodic competitive tendering and replaced it with a range of funds allocation methods and quality assurance strategies to promote the key principles of best value for clients, partnerships and financial responsibility (refer Section 2.2.4).

#### New and Growth Funding

Within this framework, the Department's funding policy identifies three alternative funding mechanisms for new and growth funding – advertised submission, invited submission and direct allocation. Competitive tendering is available as a fourth mechanism. However, it is only to be used if it is consistent with the three key principles of the policy.

The approach for new ambulance funds for 2002–2003 is direct allocation to the ambulance services, which involves no contestable markets.

Learn CPR funds have been allocated directly to three training providers through DHS regions.

### 6.2 Recurrent Funding in 2002–2003

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

To address this, the Department's funding policy promotes the rollover of recurrent funding to existing service providers via the renegotiation of annual Department of Human Services Agreements to provide agencies with a greater degree of funding certainty and promote service continuity for clients. Of course, all funding rollovers are conditional upon service providers meeting minimum performance benchmarks and service quality standards.

### 6.3 Approach to External Agency Funding by Output

The Ambulance Services Program is funded on a block/historical basis, with adjustment for the projected marginal cost of growth.

Output	2002–2003	
	Percentage	\$ million
Emergency Services	86.3	131.75
Non-Emergency Services	11.0	16.75
Training and Development	1.4	2.1
Basic Life Support Program	1.3	2.0
<b>Total</b>	<b>100</b>	<b>152.6</b>



# 7. Service Agreements

## 7.1 Specific Conditions of Funding

The Specific Conditions of Funding for MAS and RAV are outlined in the Service Agreements. Please refer to these for more detail.

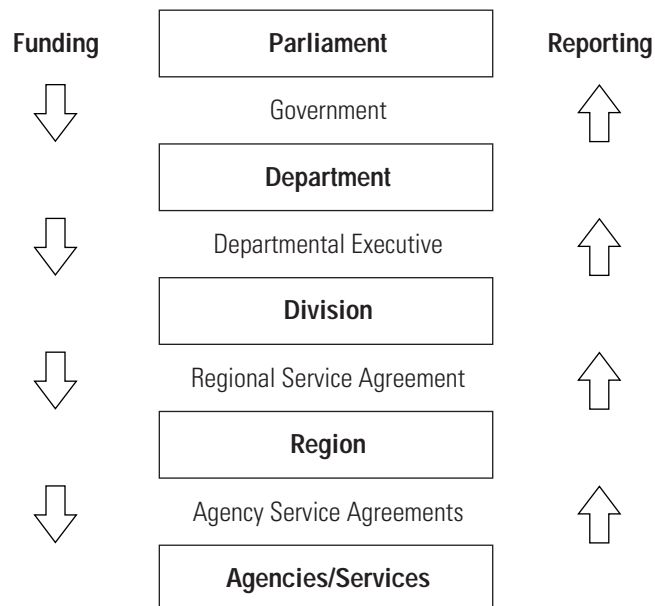
## 7.2 Overview of Agency Monitoring and Review

Financial responsibility is a core commitment of the Victorian government. Figure 3 provides an overview of the decision making process used in the allocation of public funds and the accountability framework associated with such funding. It shows the overarching bureaucratic hierarchy, which oversees and allocates public resources.

Funding decisions are made at each level within this framework - from decisions about broad policy direction at the parliamentary and departmental level, to decisions about allocating funds to service providers at the regional or divisional level to the procurement of the end goods and services required to deliver the service at the agency level.

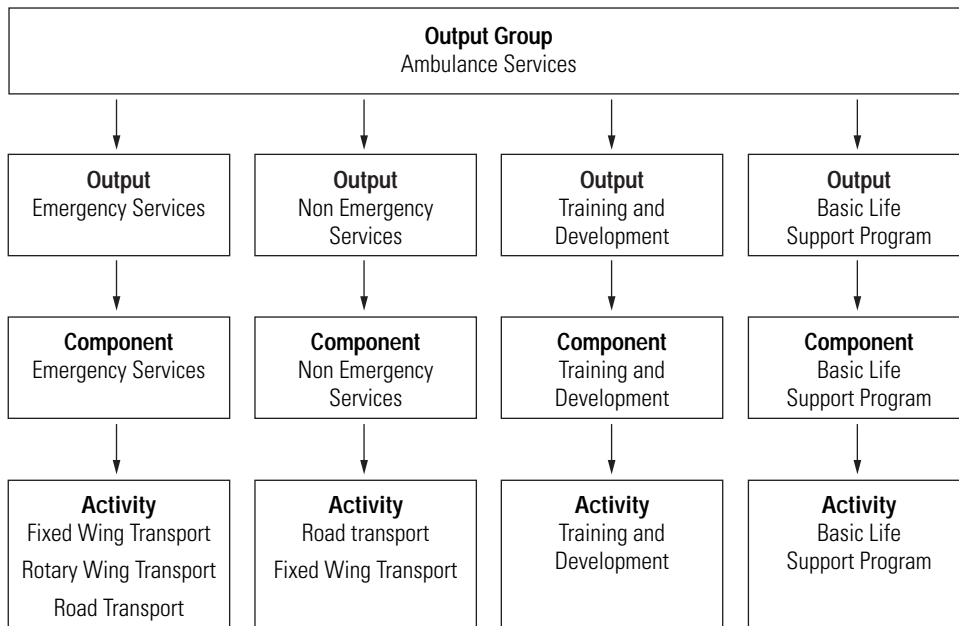
The framework also shows that, in order to monitor the use of funds and facilitate future decision making, performance reporting is required at each level. Agencies collect detailed data on their individual services, which is progressively aggregated through each level and ultimately presented to Parliament in the State Budget Papers.

Figure 3: Funding and Accountability Framework



The Department is seeking to emphasize a closer and more collaborative relationship with the agencies and service providers it funds. Partnerships with agencies are critical to achieving departmental objectives and fulfilling Government policy commitments. Partnerships recognize the complementary roles and responsibilities of each partner. In terms of the funding and accountability framework, agencies help the Department perform its monitoring and decision making roles by collecting data relating to their service activities. This information also contributes towards broader long-term planning and government policy development, underscoring its importance.

## 7.3 Service Activities



External Service Agreements between the Department of Human Services and the Ambulance Services

## 7.4 Service Plans, Service Aims and Related Activities

**Output Group:** Ambulance Services

**Output:** Emergency Services, Non-Emergency Services

2002–03 Service Plan Name	Service Plan Aims	Activity No.	Activity Name
Emergency Services	To provide high quality, cost effective ambulance-based emergency medical care and transport services as a critical link in the health care chain.	12003	Fixed Wing Transport
		12004	Rotary Wing Transport
		12008	Road Transport
Non-Emergency Services	To provide high quality, cost effective ambulance-based non- emergency medical care and transport services as a critical link in the health care chain.	12010	Road Transport
		12013	Fixed Wing Transport
Basic Life Support Program	To implement a variety of emergency medical service initiatives with a view to improving health outcomes in the pre-hospital environment by building on a concept known as the "Chain of Survival".	12102	Basic Life Support Program

## 7.5 Activity Descriptions

**Output Group:** Ambulance Services

**Output:** Emergency Services, Non-Emergency Services

Component	Activity No.	Activity Name	Description
Emergency Services	12003	Fixed Wing Transport	This activity is the funding associated with the provision of emergency fixed wing Air Ambulance Victoria services. This grant is for some of the operating and salary expenses of this service.
	12004	Rotary Wing Transport	This activity is the funding associated with the provision of rotary wing (helicopter) Air Ambulance Victoria services. This grant is for some of the operating and salary expenses of this service.
	12008	Road Transport	This activity relates to the funding associated with the provision of emergency road services by Rural Ambulance Victoria and Metropolitan Ambulance Service. This operating grant provides for salaries, operating expenses and some motor vehicle replacement.
Non Emergency Services	12010	Road Transport	This activity relates to the funding associated with the provision of non-emergency road services by Rural Ambulance Victoria and Metropolitan Ambulance Service. This operating grant provides for salaries, operating expenses and some motor vehicle replacement.
	12013	Fixed Wing Transport	This activity is the funding associated with the provision of non-emergency fixed wing Air Ambulance Victoria services. This grant is for some of the operating and salary expenses of this service.
Basic Life Support Program	12102	Basic Life Support Program	This activity is the funding associated with implementing a variety of emergency medical service initiatives, with a view to improving health outcomes in the pre-hospital environment by building on a concept known as the "Chain of Survival".

## 7.6 Activity Performance Measures

Service Plan Name	Activity No.	Activity Name	Measure Type	Measure Description	Unit of Measure	Reporting Frequency	Status
Emergency Services	12003	Fixed Wing Transport	Key output	Number of cases	Cases	Monthly	Mandatory
	12004	Rotary Wing Transport	Key output	Number of cases	Cases	Monthly	Mandatory
			Defined	Audited cases meeting clinical practice standards	Percentage	Quarterly	Mandatory
Non-Emergency Services	12008	Road Transport	Key output	Number of cases	Cases	Monthly	Mandatory
			Defined	Audited cases meeting clinical practice standards	Percentage	Quarterly	Mandatory
			Defined	Emergency response time (Code 1) in 50% of cases	Time	Monthly	Mandatory
			Defined	Emergency response time (Code 1) in 90% of cases	Time	Monthly	Mandatory
Non-Emergency Services	12010	Road Transport	Key output	Number of cases	Cases	Monthly	Mandatory
			Defined	Audited cases meeting clinical practice standards	Percentage	Quarterly	Mandatory
Basic Life Support Program	12013	Fixed Wing Transport	Key Output	Number of cases	Cases	Monthly	Mandatory
			Defined	Audited cases meeting clinical practice standards	Percentage	Quarterly	Mandatory
Basic Life Support Program	12102	Basic Life Support Program	Key output	Number of people trained by target group	Numbers	Monthly	Mandatory

## 7.7 Activity Service Standards and Guidelines List

Accounts Receivable – Patient Care Records Procedure (MAS)	12003 - Fixed Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport 12004 – Rotary Wing Transport
Clinical Education System Manual (MAS)	12003 - Fixed Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport 12004 – Rotary Wing Transport
Clinical Quality Assurance Plan (MAS)	12003 - Fixed Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport 12004 – Rotary Wing Transport
Emergency Management and Internal Emergency Procedures Plan (MAS)	12003 - Fixed Wing Transport 12004 – Rotary Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport
Specific Conditions of Funding (MAS)	12003 – Fixed Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport 12004 – Rotary Wing Transport
Operational Procedures Manual (MAS)	12003 - Fixed Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport 12004 – Rotary Wing Transport
Purchasing Policy and Procedures Manual (MAS)	12003 - Fixed Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport 12004 – Rotary Wing Transport
Quality Manual (MAS)	12003 - Fixed Wing Transport 12013 – Fixed Wing Transport 12008 – Road Transport 12010 – Road Transport 12004 – Rotary Wing Transport
Rural Ambulance Victoria Customer Service Guidelines	12008 – Road Transport 12010 – Road Transport
Australian Resuscitation Council Policy Statements: Guidelines for course content and practical skills	12102 – Basic Life Support Program
Australian Resuscitation Council Victorian Branch: two hour CPR Curriculum Guidelines	12102 – Basic Life Support Program
Tender specifications for Community Training in Cardiopulmonary Resuscitation: two and four hour course	12102 – Basic Life Support Program

