

# Ambulance Services

Timely access to emergency care is critical to improving health outcomes in cases of cardiac events and other conditions.

The *Guidelines for the management of acute coronary syndromes (2006, updated 2007 and 2011)* highlight treatment for heart attack should be initiated within 60–90 minutes from the onset of symptoms, to significantly reduce death and long-term disability.

Evidence suggests the median patient delay time in Australia is 3–4 hours, with approximately 30% of patients presenting to hospital with chest pain more than 8 hours after the onset of symptoms.

There is strong evidence showing the potential cost of ambulance transport results in people delaying or avoiding calling Triple Zero (000) for life-threatening conditions. Ambulance utilisation for the most urgent conditions (triage categories 1 and 2) is much lower in states and territories with a fee-for-service model compared to Queensland and Tasmania which provide universal coverage.

## AHHA POSITION:

- ✧ Ambulance care is an essential component of a universal health system, providing life-saving treatment and transition into hospital care.
- ✧ The current variable system of ambulance service funding across jurisdictions does not support equitable access to potentially lifesaving care.
- ✧ It is impossible to justify the fact that people suffering suspected heart attacks are delaying or avoiding calling an ambulance due to concerns about costs.
- ✧ Funding of ambulance care should be a shared responsibility of Commonwealth, state and territory governments.
- ✧ In 2013-14 expenditure on patient transport services was \$3.188 billion, with nearly 80 per cent of this directly funded by government.
- ✧ Immediate action is required to improve service access and to recognise the role of paramedics and the ambulance services in the provision of emergency health care.