

"YOUR AMBULANCE SERVICE"

by P. LAFSKY



Panel Van Ambulance.

A recent survey was conducted to test a population reaction to emergency services. One of the questions asked of the participants was, "What is the most significant thing you are aware of regarding an ambulance service?" The predominant answer was, "Vehicles travelling fast, sirens and red flashing lights, and accident victims".

The above answer is a broad statement taken from the questionnaire and, in actual fact, is far from the truth when comparing statistics of actual calls taken from the January to November 1979 computer sheets of the St. John Ambulance Service.

Total metropolitan ambulance calls for these 11 months were 62,088. This figure is for true ambulance calls only, and does not include the Clinic Service. Of the total ambulance cases, only 5.6% (3,532) were vehicle accidents and of this portion, 14% (518) required second vehicles to attend on a Green Priority. Industrial, home, sporting and "other" types of accidents make a total of 12% (7,982) of all calls, and most of these cases are also attended on a Green Priority, due to patients being vetted by industrial nurses and/or doctors.

The "Medical Section", which provides the broad basis of ambulance work, totals 45% (28,357) of our overall activities, and includes:

Respiratory	2.8%	(1,748)
Cardiac	6.9%	(4,306)
C.V.A.	1.9%	(1,236)
Diabetic	0.7%	(439)
Poisoning	1.5%	(962)
Convulsion	0.5%	(684)
Maternity	0.5%	(333)
Psychiatric	0.6%	(393)
Other	29.3%	(18,217)

The Priority given to calls in each category is very much dependent on information received from the caller. The statistical data is dependent on the information recorded on the case card by the ambulance crew. Unfortunately, the great number of cases carried by our

service prohibits follow-up investigation to check on the accuracy of the Ambulance Officer's diagnosis.

In this Medical Section, 16.5% (4,701) of the total carries requested a Red Priority for the vehicle going to the scene. However, on the return trip to hospital, 815 were taken in on a Red Priority, representing only 17% of the outward Red Priorities.

The "Miscellaneous Section" covers Air Ambulance, Retrievals, hospital transfers, sporting, standby, etc., and accounts for 27% of all ambulance calls.

Of the overall case total of 62,088, 19% were outward-bound Red Priorities. Only 2% of all cases were deemed to be Red Priorities for the journey to hospital. This difference is influenced by (1) correct diagnosis and initial treatment by ambulance crews, allowing for stabilisation prior to transport, or (2) insufficient or incorrect information being supplied by the caller to the Radio Room telephonist, resulting in crews deeming the case to be non-urgent, with the patient simply requiring care and transport to hospital.

An interesting aspect of ambulance work is that 81% of the total 62,088 cases is classified as "general Transport" (as distinct from "emergency transport"), in which care and attention for the patient is a major governing factor. It has been stated that modern technology is demanding an upgrading in the Ambulance Officer's status and that the emphasis is for more "professionalism". I certainly hope that this will not be to the detriment of the old well-known "T.L.C." (Tender Loving Care) which all of our patients of any age require.

AMBULANCE PLANNING

Historically and statistically it has been proven that the greater portion of patients requiring ambulance transport is the middle-aged to elderly group. For example, Unley and Norwood areas are known to have a predominantly elderly population, and indeed, this has been supported by the establishment of many private hospitals within their boundaries.

The newer suburban areas, such as Elizabeth, Modbury and Noarlunga, are relatively widespread in age groups, although Elizabeth's population is now tending towards the middle-aged, and ambulance carries are increasing. Private hospital accommodation in that area is also starting to increase accordingly.

In the younger age group areas, patients who need hospitalisation often arrange for family members to supply transport. Young children benefit from being transported in the family car, as this keep the family together in times of crisis. This younger age bracket tends to be more vulnerable to high speed vehicle crashes, and therefore, ambulances need to be stationed in these areas for this contingency. Establishing Ambulance Centres in young age group areas must continue, with special emphasis on expansion at a later date according to the area's development.



Em-Care Ambulance.

As the need to expand the ambulance service will obviously grow, so too will the need to review regularly the types of vehicles in use. In the past, ambulance services were able to alter manufactured vehicle designs to suit, and much time and effort was put into this activity. However, each State's ambulance service acted independently on vehicle design, and a certain amount of rivalry existed as to which State had the best units.

South Australia has, for many years, utilised Holden Panel Vans converted to ambulances. These units were economical and proved to be ideal in helping country ambulance services to become established. However, it has always been the aim of the St. John Ambulance Service in South Australia to produce an ambulance that would be suitable to more comprehensive patient care. After much frustration, time and effort, the six-wheeled "Em-Care" was introduced, using the World Health Authority recommendations as a criteria. Since the Em-Care was first produced, it has been acclaimed by medical and ambulance staff as an excellent patient care unit. So much so, that 35 Em-Cares are currently in operation in South Australia, six of which are approaching 300,000 kms. So far, Em-Cares have logged over 3.4 million kilometres, which is equivalent to 85 times around the Equator.

There is a well-known phrase, "life wasn't meant to be easy", and ambulance body builders would certainly support that statement. Australian Design Rules (A.D.R.) virtually prohibit body builders from altering the original vehicle design of the manufacturer, such as G.M.H., Ford, etc. Certain exemptions apply to ambulance services, but resale limitation to the general public causes ambulance authorities to be wary of major vehicle alterations.

It is possible to import vehicles built specifically as ambulances into Australia, but import duty, maintenance and spare parts, and high initial costs are prohibitive.

Recently, Ford Motor Company advised that a Transit Van, with suitable power and



F100 Multi Berth Ambulance.

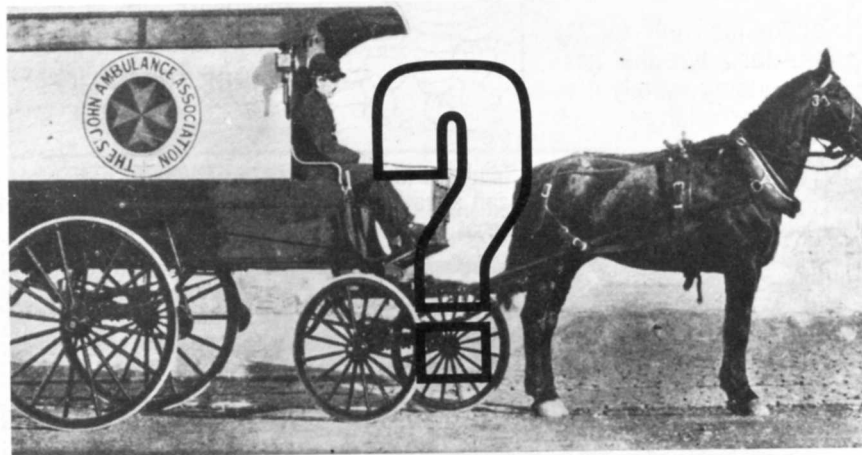


Ford Transit Ambulance.

increased interior room, was to be marketed in Australia. St. John and Ford negotiated on the production of this unit as an ambulance for South Australian use. Transit Van ambulances have been in use

in the United States for many years and the concept is not new there. Ideas were borrowed from America and local sources, resulting in a prototype Transit Van Ambulance being built by the Ford Motor Company in Victoria. This unit has been received in South Australia as an ideal replacement for the Panel Van. Even Ambulance Officers who were used to the larger F-100 have decided that the new concept should become the standard ambulance of the future. One pleasing feature of this unit is that the Ford Motor Company build the complete unit, thereby eliminating the need for the ambulance authority to deal with a vehicle manufacturer and a body builder. (In the past, this has not always been successful).

Who knows what the future may bring, when we consider fully the fuel crisis, the carnage on the roads and new vehicle designs. We may even have to harvest our own fodder for our horsepower! One thing is certain, St. John will continue to forward plan in order to provide the kind of service to the public that is appreciated and respected by all in the community.



Ambulance of the future?