

'What we heard'

A summary of stakeholder feedback on the Standards for Safe and Timely Ambulance and Emergency Care for Victorians

Context

The Department of Health (the department) developed the Standards for Safe and Timely Ambulance and Emergency Care for Victorians (the Standards) through extensive consultation. This included clinicians, operational staff and health sector leaders across hospitals and Ambulance Victoria. A draft of the Standards was circulated to stakeholders, including hospitals, Ambulance Victoria, unions, peak bodies, colleges, and Safer Care Victoria, in late 2024 for feedback. This paper sets out the key themes that emerged throughout consultations and how this feedback was reconciled in the finalised Standards, which were released in February 2025.

What we heard: Key themes and reconciliation

Structure: create an accessible document that aligns with patient flow

Several stakeholders commented on the structure of the draft Standards, with suggestions that it was too long and inaccessible for staff to engage with and operationalise, and the order of the Standards did not reflect patient flow across the system.

Response to feedback:

- The draft was restructured to significantly reduce length and focus on action-oriented language.
- A clear delineation between hospital- and Ambulance Victoria- accountabilities was introduced.
- The order of the Standards was revised to reflect patient flow across the system.

Scope: ensuring the Standards apply to the right services

Various stakeholders provided views on the scope of the document, with several proposing that it should include unplanned non-emergency patient transport services. There were divergent views on whether the Standards should apply to subregional public hospitals with emergency departments.

Response to feedback:

- The scope of the Standards was updated to clarify that they do apply to unplanned non-emergency patient transport services.

- A clarification was made that, while not formally in-scope of the Standards, subregional public hospitals with emergency departments and urgent care centres are strongly encouraged to adopt actions from the Standards.
- The implementation guidelines will identify the major public hospital sites that the Standards apply to.

Organisation-wide expectations: driving strong performance

There was some stakeholder feedback that the expectation related to 'no paramedic crew taking longer than 40 minutes to clear a hospital' could be challenging in scenarios where there is complex patient care documentation.

Response to feedback:

- Considerable thought was given to what is a reasonable period of time for paramedics to efficiently complete their clearance processes.
- Data analysis of current performance validated that 40 minutes is a reasonable expectation to complete a clearance process.
- Clearance processes that take longer than 40 minutes for valid reasons, for example, complexity of paperwork, can be explained—rather than limiting good practice overall.

Operationalisation: maximising improvement opportunities

Some stakeholders provided advice on how the language in the draft Standards could be improved to ensure it was pragmatic and implementable, enabling the greatest chance of operational success. Others made suggestions to include additional expectations to maximise opportunities to improve performance.

Response to feedback:

- Edits were made throughout the document to reflect stakeholder's additional suggestions.

For example, a standardised approach to using video-assisted technology by Ambulance Victoria Secondary Triage Services was included; an expectation that senior nursing staff should provide clinical oversight in alternative emergency department areas (related to safe-to-wait) was added; and language was amended to change a 'senior emergency physician' to a 'senior decision-maker' to expand the scope in regard to early senior reviews.

- Case studies were included to provide tangible examples to health services on how initiatives could be operationalised.
- In addition, 'how to guides' were developed to sit alongside the Standards to set out practical steps to support health services implement specific initiatives.

Data collection: improving transparency and accountability

Some stakeholders suggested additional data collection and further disaggregation of data to better monitor the effectiveness of the Standards, and called for a 'single source of truth'.

Response to feedback:

- Each standard has a commensurate section on monitoring and metrics to oversee the impact of its implementation.
- Further data collection will be considered in the review and update of the Performance Monitoring Framework in 2025-26.
- The department is also developing a new performance and improvement dashboard that health services will be able to access to assist with implementation, continuous improvement and monitoring.
- In addition, consistent data collection tools, such as templates, will be considered and developed as part of the department's implementation guidance.

Implementation: supporting health services to adopt the Standards

Many stakeholders provided feedback on the implementation of the Standards, including health services' varying implementation readiness, and how services will be supported and monitored.

Response to feedback:

- Stakeholder feedback has shaped the implementation approach and guidance that the department will release to support health services to implement the Standards.
- For example, the implementation approach will include:
 - a phased approach to implementation, with select standards identified for prioritised implementation
 - a tailored approach that aligns progression expectations with health services' respective capability and capacity
 - consistent metrics that seek to measure the level of impact of each standard.

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