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My name is Paul David Cross, I am the President and Publicity officer of Colac Otway Shire We Count! Inc. [CosWeCount! Inc.]

I would like to bring to the Senate Committee's attention the following facts:

In May 2012 I was approached by Health worker Whistle Blowers and informed of serious concerns in relation to the Colac Ambulance.

Since that time CosWeCount! Inc. have obtained numerous Ambulance Victoria FOI Documents that prove the allegations' of the "Whistle Blowers" which are listed below:

Since August 2011 the Colac Ambulance station had been staffed by only two Paramedics, given that each Ambulance must be staffed by two paramedics this results in only one Ambulance being available for the Colac catchment area. The Colac Catchment area includes Colac and 30 Km surrounding Colac which has a population of approx 17,000.

This situation results in the Colac Ambulance not being able to cover the area efficiently, as the distance is too far to maintain adequate response times [Code one Emergency response should be 17 minutes or less.

Compounding this situation greatly is the fact that Colac Area Health [ CAH ] [Colac Hospital] have been using the Colac Emergency Ambulance for non Emergency patient inter Hospital transfer.

Protocol for non Emergency inter Hospital Patient transfer states:

A Non Emergency patient transfer vehicle [NEPT] should be used so that no Town is left without an Emergency vehicle.

CAH have been using the one available Colac Ambulance for non Emergency inter Hospital transfer to [Winchelsea and Geelong 75 Km away ] both of which are outside the Colac catchment area since August 2011 knowing full well that in doing so Colac is left with no Ambulance.

The nearest available Ambulance to Colac is Camperdown 43 Km away. Camperdown has only one Ambulance.

When the Colac Ambulance is not available Camperdown must respond to any Emergency in Colac and catchment area this results in response times blowing out to 25 minutes to 45 plus depending on weather conditions and road conditions.

Ambulance Victoria have a Regional call centre which takes all Emergency calls outside of metropolitan Melbourne, it is located in Ballarat . It does not recognize that an Ambulance belongs to a particular area. All Ambulances within Regional Victoria are the same as far as the computer system is concerned.

Hence when CAH send the Colac Ambulance to Geelong, once the non emergency patient has been transported and the Colac Ambulance is "Clear" the regional call centre will see that an Ambulance is now available.

This results in the Colac Ambulance being used for code one in Geelong catchment area where it can be used for the rest of the shift in Geelong .

I can sight an example where CAH sent the Colac Ambulance was sent from Colac hospital to Geelong [non Emergency] and once in Geelong the Colac Ambulance was then sent to the royal Children's Hospital leaving Colac with NO Ambulance for over 10 hours.

As of June 2012 The members of CosWeCount! Inc. call for the resignation of the CAH Board and the CEO Mr. Geoff Iles.

The urgent care Closure "decision"

On the 18th of January 2013 the Colac herald [Colac local paper] front page reported that the CAH Board had decided to close the urgent care department at the Hospital from 10pm to 7am each day.

In doing so the Community would be left with no health care option during this time but to call 000 and request an Ambulance or drive to geelong 75Km away to seek medical assistance.

This would put an added stain on the already under resourced Ambulance service available to the Colac area and as a result the Health worker consultants advised CoaWeCount! Inc. that "People will Die"

One of the most disturbing aspects in relation to the "closure" was the fact that CAH knew about the upcoming Federal Government Indexation Fluctuation back in October / November 2012 yet CAH failed to consult with Colac Ambulance, Visiting medical officers [VMO's], Aged care services, Colanda , nor the Public.

CAH Annual reports expose the deficits in years 2010 / 2011 / 2012, The Victorian State Government capped the CAH deficit, and the Auditor general report placed CAH at High risk.

The real question is why did the CAH Board agree to close urgent care, what was their motivation for doing so?

CAH placed posters at urgent care claiming that the closure was a "Direct result of Federal Funding Cuts".

This in itself is a political statement, as there was no mention of any State Government funding cuts at any time.

CAH have made a reprehensible decision in relation to patient health care, and have clearly put an increase Executive salaries at a higher priority than urgent care as the \$255,000 CAH claim was required to keep urgent care open was indeed the same amount given to the increase in Executive salaries. The bias reporting of the Colac Herald has helped push the notion that the Federal Government were totally responsible for the closure of urgent care, this is simply not true.

The real reason was the fact that CAH had no resources available to it because it had over spent on salary increases whilst at the same time for example had reduced funding expenditure on food at CAH.

The CAH Board members are responsible to the Community and if one reads the

CAH applied for \$497,000 from Rural development Australia Fund {RDAF} for a "Industrial Safety Centre" which initially was intended to provide urgent care only to employees of "certain" businesses but this was rejected. Again no time to consult with Ambulance , GP's, Public? But time to make applications?

Now the Barwon Medicare Local [BML] have given \$75,000 to CAH and will assist the Board in "reviewing" it's original decision.

CAH at the same time are re applying to RDAF for the same "Industrial Safety centre" idea requesting the \$497,000 be given for Hospital funding which is not what RDAF is actually for as Governments both State and Federal have Health budgets for Hospitals.

I would like to show figures in relation to CAH Annual reports. 2012/ 2011 / 2012.

Which clearly expose the true state the CAH finances.

In the past Three financial years [2012, 2011, 2010] see next page.

Colac area health [CAH] Annual Reports have reported a combined cash operating deficit / loss of: \$2.4 Million Dollars

[2012 \$1.1 Million Dollars cash loss,

2011 \$600,000 cash loss,  
2010 \$700,000 cash loss.

The accounting loss [after non -cash depreciation of capitol / fixed assets charges in the same CAH Annual reports was a combined accounting loss of \$ 7.4 Million Dollars:

[2012 \$3.5 Million dollars accounting loss,  
2011 \$1 Million Dollars accounting loss,  
2010 \$2.9 Million Dollars accounting loss].

Also see the \$255,000 explained: see below:

It has been reported that the annual cost of the Colac area health [CAH] Urgent care Dept, that CAH had decided to close, is \$255,000. The CAH annual report for 2012 reports the Executive pay [ON TOP OF the CEO's pay to Mr. Geoff Iles which increased by \$10,715 from \$192,069 in 2011 to \$202,784 in 2012] increased from \$367,813 in 2011 to \$622,250 in 2012, by exactly \$254,437.

Colac deserves much better than this:

CosWECOUNT! Inc. have been advised that CAH spend \$3.2 Million on VMO's each year:

Colac Hospital could vastly improve upon having an "Urgent care " category 3 which is non Emergency and really is an afterhours Doctor Clinic as Category three states the patient can wait 30 minutes for medical attention.

In the event of an Emergency [Code One] the Colac Ambulance would bypass Colac Hospital and go to Geelong Hospital Accident and Emergency [Patient requires Immediate attention/ life threatening]

If the Urgent care at Colac Hospital was to be replaced with an Accident and Emergency Department the outcomes for Patients in Colac and area would improve greatly.

Also this would mean that on most occasions the Colac Ambulance would not have to go to Geelong with Emergency patients code one lights and sirens.

CosWECOUNT! Inc. believe the Urgent care issue should not have happened at all, it was a political / strategic move by CAH,

This would indicate a possible privatization of urgent care and at least shows that CAH have no interest in funding urgent care at the Hospital.

CosWECOUNT! Inc. Believe the actions of CAH Board and Management should be investigated thoroughly as the financial mismanagement and the priorities of those responsible should result in CAH be held accountable particularly in relation to the Ambulance abuse which has more than likely contributed to people's deaths.

The issue in Colac is nmuch more than a blame game it is one of Responsibility and the shifting of it on to funding issues is simply not good enough!

Paul David Cross: President: CosWECOUNT! Inc.

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