



Legislative Council Government Administration Committee A of the Tasmanian Government: August 2018

ADDITIONAL ANALYSIS FROM ACEM INTO THE CAPACITY OF TASMANIA'S MAIN HOSPITALS TO IMPROVE PATIENT OUTCOMES

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide further comments to the re-established Committee A of the Legislative Council Government Administration (the Committee) in undertaking the Inquiry into acute health services in Tasmania.

ACEM is the not-for-profit organisation responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand. As the peak professional organisation for emergency medicine, ACEM has participated throughout the Committee's work since it commenced in 2017 and considers it necessary to bring the following matters to the Committee's attention:

1. Access block prevalence report – Tasmanian data and what this means for patient care;
2. Tasmanian government provision of \$1.5 million for Launceston General Hospital (LGH) and Royal Hobart Hospital (RHH) emergency departments;
3. LGH accreditation – impact on patients and staff;
4. Other issues, as appropriate.

ACEM provides the following response:

1. A) 2018-1 Access block prevalence report

As part of its commitment to improving patient outcomes, ACEM has undertaken regular engagement with Members since 2008 to analyse data on the prevalence of access block across Australian and New Zealand emergency departments. In July of this year, ACEM issued the latest figures across all jurisdictions, including Tasmania¹.

The data is clear – patients in Tasmanian emergency departments are more likely to be impacted by, or experience, access block.² Where access block occurs, ACEM considers it is indicative of a whole-of-hospital problem that is underpinned by systemic inefficiencies, such as a lack of inpatient resources (particularly beds and staff). A measure of this systemic inefficiency is patients spending eight hours or more waiting in the emergency department, which is highest across Tasmanian, Northern Territory and Australian Capital Territory jurisdictions. Tasmanian patients are also more likely to experience waits longer than 24 hours in emergency departments compared to other Australian jurisdictions.³

¹ Australasian College for Emergency Medicine, 2018. *Access Block Point Prevalence Survey Summary 2018-1*. Melbourne, Australia

² The data collected for Tasmania is grouped with the Northern Territory and the Australian Capital Territory to reduce the likelihood of specific hospitals, and by extension emergency departments and their staff, being identified through this process.

³ As at 1

ACEM considers that access block and overcrowding in hospital emergency departments remain significantly unaddressed in Tasmania. This recent data, and anecdotes provided by Members at the Faculty's annual meeting and scientific conference in August this year, highlights that patients remain at high risk of adverse care outcomes. It is ACEM's view that the situation in emergency departments in Tasmania is deteriorating rather than improving.

ACEM considers that access block can be reduced through a combination of increased resources, realistic targets properly implemented and improved hospital management. Specifically:

- Ministerial notification of access block exceeding 24 hours has been effective in Victoria in reducing very long waits in emergency departments. ACEM's most recent Access Block Survey found that patients were waiting for 24 hours or longer in every state and territory. It is noteworthy that the exception is Victoria, where hospital CEOs must alert the Health Minister when a patient's length of stay in the emergency department exceeds 24 hours.
 - ACEM recommends that the Tasmanian government, through the Tasmanian Health Service, implement a system of ministerial notification for access block exceeding 24 hours.

B) Mental health access block

Mental health access block is also a significant problem for emergency departments in Tasmania. Recent research published by ACEM found that across Australia, mental health presentations comprise only 4% of patient presentations to emergency departments but they comprise approximately 28% of patients waiting longer than eight hours for an inpatient bed.⁴

Many patients in Tasmania wait for days in the emergency department, which are not designed or resourced⁵ to provide mental health care. Emergency departments are full of physical hazards for people at risk of harm or self-harm. The lack of certainty about how long people might have to wait for a bed or a transfer, and the stimulation from noise and lights of the emergency department environment, is harmful for people experiencing mental health crisis and behavioural disturbance. The risks of violence, sedation or patients leaving without being treated also escalates the longer a patient waits.

These circumstances combine to undermine rather than support their recovery while also placing additional demands on already stretched emergency departments.

- ACEM recommends that Tasmania commits to a planned investment in acute and community mental health services.

Given the significant issues highlighted in ACEM's research, and the feedback received across Australia from community representatives, our Fellows and trainees, ACEM will be conducting a Mental Health in the Emergency Department Summit on 16th October 2018. This one day Summit will hear from emergency specialists, psychiatrists and consumers about their experiences in emergency departments, will explore different approaches to addressing these issues and develop solutions to improve the safety and quality of care provided in the ED setting.

⁴ Australasian College for Emergency Medicine, 2018. *Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions*. Melbourne, Australia

⁵ Note also that while waiting in the emergency department, patients are not receiving mental health treatment.

2. Provision of \$1.5million by the Tasmanian government for LGH and RHH

On the 8th of August the Premier announced \$1.5 million package of funds to reduce pressure on emergency departments at LGH and RHH. ACEM understands that the committed funds are earmarked for:

- Patient flow support teams established at the RHH and the LGH, led by senior emergency medicine specialists with additional nurse support.
- Streamlined admission processes.
- Extended hours for the pathology service and increased on-call resources to help care to be provided faster.
- Boosted cleaning capacity to improve bed turnover, as well as more on-call resourcing, during periods of high demand.”⁶

While this limited fixed term funding is welcome, much more is needed to address the systematic inadequacies. ACEM considers that additional financial commitments from government are an important component of improving patient outcomes as it provides capacity to address existing and projected gaps in emergency department resourcing (for example, inpatient resources and ED staffing levels). These gaps are significant in Tasmania, in particular staffing modelling and staffing levels, and our previous submission outlined ACEM’s recommended *Guidelines on constructing and retaining a senior emergency medicine workforce* for emergency departments.⁷ This remains relevant at LGH and RHH and was a significant influencing factor to withdraw training accreditation at the LGH in March 2018.

ACEM considers that utilising this modelling in Tasmania’s emergency departments will greatly improve patient outcomes by more efficiently managing patient admission and patient flow processes through both hospitals. Concurrent to this, ACEM also recommends employing permanent salaried staff to better address gaps in staffing numbers, rather than relying on Visiting Medical Officers and their equivalents, as a policy solution.

As emergency departments function within the broader hospital and health care system, this operational relationship requires engagement and partnership with in-patient and community based services in order to maximise the impact from any additional funding. ACEM supports the establishment of a multi-sector Committee to oversee how this investment can better target necessary improvements within LGH and RHH emergency departments, and to evaluate the benefits to patient outcomes from this investment.

ACEM also draws the Committee’s attention to the work being undertaken in Victoria through the *Patient Flow Partnership* initiative (the Partnership) run by Better Care Victoria.⁸ The Partnership’s “...sharing-focussed learning system...” echo’s ACEM’s position that collaboration and engagement across emergency departments and related health services must underpin efforts to improve patient outcomes. ACEM recommends that the Committee considers the findings of this initiative to evaluate what elements could be transferred to the Tasmanian context.

⁶ Tasmanian Government, 2018. *\$1.5 million support package to reduce pressure on EDs*. [Internet] Media release: Minister for Health. Department of Premier and Cabinet, Hobart, Australia. As viewed on 23 August 2018. Available from [http://www.premier.tas.gov.au/releases/\\$1.5_million_support_package_to_reduce_pressure_on_ed](http://www.premier.tas.gov.au/releases/$1.5_million_support_package_to_reduce_pressure_on_ed)

⁷ Australasian College for Emergency Medicine. Background paper – Guidelines on constructing and retaining a senior emergency medicine workforce (G23). Melbourne: ACEM 2015

⁸ Better Care Victoria, 2016. *Patient Flow Partnership*. [Internet] State of Victoria. As viewed on 23 August 2018. Available from <https://www.bettercare.vic.gov.au/improvement-partnerships/patient-flow>

3. Launceston General Hospital accreditation

The Committee will be aware that in March 2018, ACEM removed its emergency medicine training accreditation of LGH. This follows significant work undertaken by ACEM to work with the LGH Executive to rectify its concerns following a Focussed Site Inspection of LGH on 28 November 2017.

During this inspection, a number of key concerns were identified, including:

- a. the then level of FACEM staffing did not meet minimum accreditation guidelines;
- b. a lack of adequate on-the-floor supervision, oversight and teaching by all FACEMs rostered to clinical duties;
- c. a lack of tailored primary and fellowship examination preparation programs; and
- d. over reliance upon the DEM to fulfil and undertake the many departmental roles that should be shared amongst the FACEM group.

The ACEM Council of Education informed the LGH Executive of its decision to withdraw accreditation of LGH Emergency Department for Emergency Medicine Specialist training on 16 March 2018.

ACEM considers it is the responsibility of LGH to address ACEM's concerns and seek re-accreditation. ACEM further considers that the loss of accreditation follows from long standing demand management pressures and unresolved resourcing issues in emergency departments and the broader health system in Tasmania.

4. Other issues for the Committee's consideration

ACEM also takes this opportunity to outline to the Committee its relief that the Tasmanian government has reneged on its election commitments surrounding gun control.⁹

ACEM has recently joined the Gun Safety Alliance, given our Members witness firsthand the effects of gun violence in emergency departments. ACEM considers that the commitments made by government during the election to wind back existing safeguards would have increased the risks to the community from gun related violence.

ACEM would support policies delivered by the Tasmanian parliament that aligns with the National Firearm Agreement. ACEM notes that recent analysis demonstrates that no State or Territory fully complies with the contained resolutions.¹⁰ ACEM views the raising of these issues as an opportunity for Tasmania to lead by example and strengthen provisions that better protect community safety and patient outcomes.

Thank you for the opportunity to provide additional feedback. Should you require clarification or further information, please do not hesitate to contact the ACEM Policy Officer Lee Moskwa on (03) 9320 0444 or via email at lee.moskwa@acem.org.au.

Yours sincerely,



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President



Dr Brian Doyle
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⁹ Tasmanian Government, 2018. *Review of Firearms Policy*. [Internet] Media Release: Premier of Tasmania. As view on 23 August 2018. Available from http://www.premier.tas.gov.au/releases/review_of_firearms_policy

¹⁰ Alpers, P & Rossetti, A 2017. *Firearm legislation in Australia 21 years after the National Firearms Agreement*. GunPolicy.org, Australia