



**Submission to the Legislative Council Government Administration
Committee A of the Tasmanian Government:
August 2017**

**INQUIRY INTO THE CAPACITY OF TASMANIA'S MAIN HOSPITALS TO IMPROVE
PATIENT OUTCOMES**

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide comments to the Tasmanian Government Subcommittee Inquiry into the capacity of Tasmania's main hospitals to improve patient outcomes in acute care (the Inquiry). It is in the public interest to have a high quality and responsive health system. Achieving this outcome is of vital importance to each patient's health care experience and to the quality of life for the individual, their family and the broader community.

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 in Australasia, ACEM has a vital interest in improving the quality of training and clinical supervision of its Members, while ensuring the highest standards of emergency medical care are provided for all patients.

ACEM believes that the Inquiry provides an avenue to identify the challenges facing Tasmania's main hospitals¹. The Terms of Reference (ToRs) are broad in scope and provide ACEM with the opportunity to provide expert commentary and data. However, ACEM calls on the Tasmanian Government to engage with the Inquiry findings in a bipartisan spirit. Improving patient outcomes should underpin and drive the efforts of all sides of Government and of the acute health care system.

As suggested by the ToRs, there are multiple factors impacting on the capacity and capability of Tasmania's main hospitals to improve patient outcomes.

ACEM considers that ED staff face increasing workplace demand pressures from:

- An increasing number of patients presenting at EDs, including in Tasmania. (1)
- The political discourse over hospital resources for the ongoing care needs of patients. (2)
- Governance structures and leadership practices that have led to a reactive culture, detracting from a focus on improving patient outcomes. (3)

ACEM also considers that existing performance and accountability measures² stemming from The Council of Australian Governments' National Health Reform Agreement (the Agreement) provide ample evidence of a system in crisis. Much of the data and information reported by the Australian Institute of Health and Welfare (AIHW) is an insightful resource that assists to safeguard the accountability and transparency of the acute health sector. For example, there were 153,541 ED presentations reported in Tasmania in 2015-16 – an increase of 2.3% from 2014-15. (1)

¹ Tasmania's main hospitals are considered to be: Royal Hobart Hospital; Launceston General Hospital; North West Regional Hospital; and the Mersey Community Hospital. For the purpose of this submission, Royal Hobart Hospital and Launceston General Hospital form the majority of examples used.

² The responsibility of which lies with the Australian Institute of Health and Welfare

One of the indicators of the Agreement is the number of patients that depart the ED within four hours (departures within four hours), which is available as a data source on the Tasmanian Government's HealthStats website. For example, for all major hospitals with EDs in Tasmania, the percentage of patients who departed the ED within four hours decreased from 69% in April 2016 to 63% in March 2017, with Royal Hobart Hospital (RHH) and Launceston General Hospital (LGH) at 59% in March 2017. (4) This is amongst the worst performance in the country.

Member feedback demonstrates that these pressures contribute to the effectiveness of staff to provide specialist care required to ED patients. ACEM believes that State and Commonwealth Governments must provide more support to address these demand pressures. ACEM believes that the leadership of RHH and LGH, and in particular the Executive of Tasmanian Health Services (THS), must take actions to address the systemic problems at all of Tasmania's main hospitals and across the broader health care sectors.

ACEM recommends that the Committee seeks additional data to assist its role in considering the systemic factors influencing patient outcomes in Tasmania's acute health care system. These include ED deaths; Adverse events; Access block; Available ED capacity at 8am each morning; Did Not Waits; >24hr ED lengths of stay (including patients identified as requiring specific mental health in-patient care); Performance against National Emergency Access Targets (NEAT); Staff leave (including sick leave); Staff shift structures (number of double shifts; instances of overtime).

ACEM further recommends that a formal mechanism for clinical engagement³ with front-line staff is a necessary outcome of the Inquiry. 'Safer Care Victoria' is an excellent example of a Government response to systemic crisis that had adverse patient outcomes. (5) ACEM acknowledges that this is a new initiative and recommends that the Committee considers the approach undertaken by the Victorian Government, and engages with Safer Care Victoria directly. ACEM notes that the need for clinical engagement is a common theme from other recent inquiries, including the Mid Staffordshire Inquiry in the United Kingdom and the Princess Margaret Hospital review in Western Australia. (6, 7, 8)


ACEM is willing to work with Governments, hospital leadership and the THS Executive to develop the necessary response and actions to improve patient outcomes, and looks forward to working with the Committee in the anticipated next steps of this Inquiry.

Thank you for the opportunity to provide feedback to this Inquiry. The majority of our submission is provided separately as 'in-confidence'. 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,



Dr Simon Judkins
President Elect
ACEM Board



Dr Yusuf Nagree
Chair
Council of Advocacy, Practice and
Partnerships

³ "Clinician engagement is about the methods, extent and effectiveness of clinician involvement in the design, planning, decision making and evaluation of activities that impact the Victorian healthcare system." (reference 25)

References

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7. Francis, R 2013. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Executive Summary*. The Mid Staffordshire NHS Foundation Trust. United Kingdom Government.
8. Geelhoed, G et al 2017. *Child and Adolescent Health Service (CAHS) Review of the morale and engagement of clinical staff at Princess Margaret Hospital (PMH)*. Department of Health. Government of Western Australia

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