

ANMF

Tasmanian Branch

AUSTRALIAN NURSING & MIDWIFERY
FEDERATION (TASMANIAN BRANCH)

SUBMISSION

**Select Committee on
Transfer of Care Delays
(Further ANMF Submissions)**

22 July 2024

Australian Nursing & Midwifery Federation (Tasmanian Branch)

Organisation Overview

The Australian Nursing and Midwifery Federation (ANMF) is both the largest nursing and midwifery union and the largest professional body for the nursing and midwifery teams in Tasmania. We operate as the State Branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents around 8000 members and in total the ANMF across Australia represents over 250,000 nurses, midwives and care staff. ANMF members are employed in a wide range of workplaces (private and public, urban and remote) such as health and community services, aged care facilities, universities, the armed forces, statutory authorities, local government, offshore territories and more.

The core business of the ANMF is the industrial and professional representation of nurses, midwives and the broader nursing team, through the activities of a national office and branches in every state and territory. The role of the ANMF is to provide a high standard of leadership, industrial, educational and professional representation and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policy is perceived to be detrimental to good, safe patient care.

Contact Information

Emily Shepherd, Branch Secretary
Australian Nursing & Midwifery Federation (ANMF) Tasmanian Branch

182 Macquarie Street, Hobart TAS 7000

Ph: (03) 6223 6777

Fax: (03) 6224 0229

Email: enquiries@anmftas.org.au

Website: www.anmftas.org.au

Contents

1. Introduction	3
2. Background.....	3
3. Key Issues and Impacts.....	3
4. ANMF Support for Major Hospital ED Review Recommendations	4
5. Conclusion	5
6. Recommendations	5

1. Introduction

This report provides further feedback to the Select Committee on Transfer of Care Delays following the recess of the Committee, its re-establishment, and regarding the recent introduction of the Transfer of Care procedure in public Emergency Departments (EDs) across the State. The Australian Nursing and Midwifery Federation (ANMF) (Tasmanian Branch) and its members have raised concerns about the implementation and operational experience of this procedure.

2. Background

The government introduced a non-mandatory Transfer of Care Procedure in public emergency departments following an application by the ANMF seeking a status quo order and further consultation. This was due to:

- Lack of information and consultation with nurses.
- No additional resources allocated to EDs in terms of staffing.
- No assessment of the suitability of existing EDs for rapid patient offloading.
- Limited improvement in patient flow and inpatient admission times to facilitate greater ED capacity.

Despite the non-mandatory nature of this procedure, operational experiences have varied, with significant pressure on EDs to manage additional patients without additional staff.

3. Key Issues and Impacts

1. Operational Pressures in EDs

- **Increased Patient Load:** EDs have faced significant pressure to manage additional patients with no additional staffing. This has resulted in patients being cared for on trolleys in corridors and chairs, known as treatment points, with one nurse often caring for up to 14 patients.
- **Resource Constraints:** Existing resources have been stretched thin, leading to compromised patient care and increased stress on nursing staff.

2. Impact on the Royal Hobart Hospital (RHH) and Launceston General Hospital (LGH)

- **Capacity Constraints:** The RHH has limited capacity to line corridors with trolleys. Although a few additional staff were allocated, they were reassigned from existing positions, further depleting scarce nursing resources.

- **Similar Operational Experience:** Despite the limited impact on transfer of care delays, the RHH has faced similar pressures as other EDs, such as overcapacity scenarios regularly and insufficient staffing affecting both patient care and staff wellbeing.

3. Failure to Improve Patient Care

- **Patient Care Quality:** The procedure has failed to improve patient care. Patients may enter the ED more quickly, but they do not always receive immediate care. At times, the care and monitoring provided in the ED are less adequate than what they would have received on an ambulance stretcher.
- **Resource and Monitoring Deficiencies:** Many treatment points lack essential monitors, oxygen, and suction. Critically ill patients are sometimes cared for by a nurse responsible for multiple other patients, leading to compromised care.

4. Ignored Recommendations for Improving Access and Flow

- **Lack of Holistic Approach:** The ANMF's calls for improving access and flow before implementing the procedure were ignored. This has led to deteriorating patient care quality and increased staff stress.
- **Overcapacity Situations:** Instances like the one at the Launceston General Hospital (LGH) on June 7, where EDs were overrun with patients, ambulances and the LGH ED staff were desperately trying to find monitors from across the hospital to support the patients, while still 7 ambulances were ramped, highlight the ineffectiveness of the procedure without addressing broader systemic issues.

5. Staff Impacts

The new procedure raises significant safety and patient care concerns and adversely affects staff workloads, stress levels, and burnout. Many staff members have reduced their hours to protect their mental health, experiencing significant distress before each shift due to fears of inadequate patient care. The procedure has shifted staffing and care delivery issues from the community and Ambulance Tasmania to emergency department staff. Despite addressing paramedic concerns, the government has ignored the operational, safety, and wellbeing impacts on nursing staff, claiming the procedure's success by moving patients from ambulances to corridors, away from public and ministerial scrutiny.

4. ANMF Support for Major Hospital ED Review Recommendations

The ANMF supports the recommendations of the Major Hospitals ED Review in principle, contingent on several factors:

- **Expansion of Community Paramedic Program:** The program should include Nurse Practitioners and nursing staff for expert clinical assessments and referrals to community nursing programs.

- **Holistic Nursing Care:** Nursing staff should provide comprehensive care in the community, supported by Nurse Practitioners, to reduce ED presentations.
- **Appropriate Staffing:** Any new services must be introduced with appropriate staffing without depleting existing clinical areas, addressing current staff deficits estimated to be close to 1,000 vacant positions.

5. Conclusion

To improve access and flow issues in EDs, a holistic approach is necessary. Simply banning ramping places undue pressure on already overcapacity EDs. Implementing the Major Hospitals recommendations, such as care@home programs and additional mental health support with proper resourcing and staffing, will improve patient flow across the healthcare system. The ANMF remains available to provide further evidence to the committee if required.

6. Recommendations

1. **Comprehensive Consultation:** Engage in thorough consultation with nursing staff and stakeholders before implementing procedures.
2. **Adequate Resourcing:** Ensure EDs are equipped with the necessary resources and staffing to manage increased patient loads.
3. **Holistic Approach to Flow Improvement:** Address systemic issues affecting patient flow from community care through to hospital discharge.
4. **Support for Community Programs:** Expand and adequately staff community programs to reduce ED presentations and improve patient care.
5. **Government Commitment to Address Existing Staffing Issues:** Review existing nursing and midwifery staffing shortfalls and address these immediately prior to implementing any further services or opening any additional beds.

The ANMF looks forward to continued collaboration with the government to enhance the quality of patient care and the working conditions of nursing staff and are available to provide further evidence to the committee if required.



Emily Shepherd
ANMF (Tas) Branch Secretary