



**Australian Nursing Federation
(Tasmanian Branch)**

**Submission for the Parliamentary Inquiry into
Cost Reduction Strategies of the Department of
Health & Human Services**

**Appendix A
CENA Submission**

December 2011

Submission to the Legislative Council Government Administration Committee “A”
Sub-Committee Inquiry into Cost Reduction Strategies of the Department of Health and Human Services.

The Tasmanian Branch of the College of Emergency Nursing Australasia would like to raise the following points.

- Emergency presentations have been increasing over the past 4 years, and there is a need to maintain the qualified staff to cope with this increasing demand for emergency department services. This is a worldwide issue due to reasons as lack of affordable after hours care in the private sector, patient self-referral to avoid the cost of the service, ease of access to emergency departments, and increasing population especially the elderly needing complex care.
- Loss of qualified emergency nurses who are currently on contracts that are ending from Tasmania will drastically impact on timely and quality care. College members have been actively involved in educating less experienced staff through the sharing of clinical knowledge to ensure a highly skilled emergency nurse workforce in this state.
- Emergency nursing is recognised as a specialty in its own right. It uses evidence-based practice when assessing, evaluating and case managing emergency department (ED) patients to ensure their functional status is optimised on discharge. Emergency nurses require in-depth knowledge and clinical expertise to provide care across the lifespan and to effectively manage situations such as overcrowding and complex technology. Any budget cuts that compromise the emergency department workforce and skill mix will impact on patients presenting to EDs.
- The supply of nursing staff within an emergency department needs to be balanced to effectively manage workloads, and needs to be flexible enough to accommodate patient presentations per hour to the emergency department.
- Appropriate nurse staffing levels and staffing skill mix are necessary to achieve the National Emergency Access Targets (the 4-hour target). This will assist the Department of Health and Human Services in their recruitment and retention of quality nursing staff. Any reduction in inpatient beds and loss of qualified staff will likely exacerbate access block making it more difficult to achieve the 4-hour target.
- The College is working towards a statement on minimum standards for safe staffing in emergency departments.
- As part of the National Health Reform Agreement, the Australian Government has made a commitment to improve public patient access to elective surgery, emergency department and sub acute services. On 2 August 2011, all states and territories signed a revised National Partnership Agreement on Improving Public Hospitals. Under this Agreement, a performance target has been set for emergency departments – by 2015, it is expected that 90 per cent of emergency department presentations will be admitted, referred for treatment to another hospital or discharged within four hours.

- The College supports initiatives and targets aimed at improving the patient access to emergency services. Furthermore, performance based targets can serve to focus attention on service deficits and promote reform. However, the College position is that any pursuit towards efficiency targets should not occur at the expense of patient safety or quality of care provided for patients presenting to EDs.
- The College acknowledges the cost saving strategies that do not impact directly on frontline service have merit. For example, the College support the review of supplies costs and also the staffed model in ED for the Northern Area Health service as this is more cost effective than using locum staff.

The College sees this as an opportunity to redesign our health service and models of care but there needs to be more consultation with clinicians to ensure that the people of Tasmania receive quality health care from a quality health service that is fiscally responsible.

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