



Australasian College for Emergency Medicine

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22 December 2021

Committee Secretariat
Legislative Review Committee
Parliament House
North Terrace
Adelaide 5000
South Australia

Sent via email: seclrc@parliament.sa.gov.au

Dear Committee Members,

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide this submission in response to the House of Assembly Petition No 84 of 2021 – SA Ambulance Resourcing.

ACEM is the peak body for emergency medicine in Australia and Aotearoa New Zealand and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for ensuring the advancement of emergency medicine in Emergency Departments (EDs) across Australia and Aotearoa New Zealand, as well as the training of emergency physicians in these regions.

The College commends the Committee for responding to this petition, in light of the increasingly urgent problems facing the acute care system in South Australia. We are in no doubt that this is in response to the consistent, high levels of ambulance ramping that have been occurring over the last few years. In this submission we will be responding to point 2 of the petition - *Eradicate the practice of ramping at South Australian hospitals through whatever means necessary, including additional funding.*

Ambulance ramping is a symptom of a health system in crisis. When patients in the emergency department (ED) cannot be admitted to inpatient care due to a lack of available beds, the ED does not have capacity to accept new patients arriving in ambulances. This lack of ED capacity is an indicator of systemic health care dysfunction that reduces patient safety and increases the risk of adverse health outcomes.

ACEM members were left frustrated and distressed after our meeting with the Minister for Health, the Hon. Stephen Wade, on 24 June 2021, when responsibility for addressing issues concerning patient flow and access block (as the causes of ambulance ramping) were declared not to be the responsibility of the Minister, but solely that of LHNs. The Chief Executive of SA Health's extraordinary recent directives to simply 'stop ramping' is unhelpful and offensive. To direct EDs to stop ramping as an action in itself is to ignore the antecedents to this as a symptom of health system failure and the exhaustive advice from experts and clinicians.

Furthermore, there is significant risk from the gap between the hospital-based directives having any appreciable effect, and the implementation of the same directives by SA Ambulance Service to offload their patients into the ED. Emergency clinicians in SA are concerned these directives will soon lead to the return of "corridor medicine" as part of our daily expectations, that patients in the waiting room will effectively be ignored in preference to patients in an ambulance and that non-clinician executives will attempt to direct clinical care.

A whole-of-hospital and whole-of-system approach is required to address access block and the resulting ambulance ramping. Creating larger EDs or procuring more ambulances will not solve this problem. Transformational change implemented across the entire health system is required, with the identification of system-wide clinical process redesign solutions that are tailored to local needs. ACEM is in the early stages of advocating for reforms to emergency access targets – namely NEAT which, as a single point target, failed to recognise the different needs of ED patients – to hospital access targets as a new, flexible set of targets that will better reflect the nuances of different patient groups. This needs to be supported with greater investment in hospital capacity and seven-day service, the flow from acute inpatient beds to subacute care and mental health non-acute beds, and community-delivered care after discharge and as part of a hospital avoidance package.

Our members have reported that their interactions with the ambulance service are professional and have praised SA paramedics for the difficult jobs that they do. In particular, our members have singled out high quality structured and accurate clinical handovers, high quality pre-hospital care for patients, and the patient-centred approach that ambulance services are able to provide, even when ramping is occurring. However, the College must stress that the ambulance ramping crisis and its related problems will not be addressed or resolved solely by channelling more resources into the ambulance service. Greater funding must be provided to the whole health system to address shortages of hospital beds, workforce and extended-hours service provision to allow more efficient patient flow into and through the hospital system.

Thank you again for the opportunity to provide feedback to this consultation. If you require any further information about any of the above issues or if you have any questions about ACEM or our work, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement (jesse.dean@acem.org.au; +61 3 9320 0444).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M Edmonds', with a long horizontal flourish extending to the right.

Dr Michael Edmonds
South Australia Faculty Chair, ACEM