Introduction

The Australasian College for Emergency Medicine (ACEM; The College) is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in New Zealand and Australia. As the peak professional organisation for emergency medicine, ACEM has a vital interest in working with governments and communities to give healthcare services the best opportunity to meet the current and projected needs of patients.

The College welcomed the increased funding for healthcare provided in the 2020-21 Tasmanian Budget, in particular funding committed to an expanded Emergency Department (ED) at Royal Hobart Hospital (RHH) and a greater number of beds for Tasmanian mental health patients. We believe that while the significant sum of money committed to healthcare will start to lead toward better outcomes for patients, greater steps can be taken in future budget commitments that will reduce mortality rates, dangerously high waiting times and overcrowding by addressing specific ED issues.

There are many issues that our members cite as causing negative patient outcomes in Tasmanian EDs. Many of these can be distilled down to a state-wide lack of resources, whether that be a lack of beds for inpatients, a severely understaffed ED, inadequately linked information technology, or an absence of out of hours mental health services.

We have identified three key priorities requiring State investment. These are not the only areas which require greater investment in resources, and we will be happy to provide further recommendations if requested.

Summary of recommendations

1. Reduce waiting times in Tasmanian EDs
   - 1.1 Increase hospital and alternative care capacity (beyond the UCC model), including increases in physical inpatient bed capacity of public hospitals.
   - 1.2 Extend inpatient and community mental health services outside of “business hours”.
   - 1.3 Increase inpatient staff specialists and/or senior decision makers working after hours and on weekends to ensure inpatient beds are made available in a timely and clinically appropriate fashion.

2. Improve information technology systems in Tasmanian EDs
   - 2.1 Roll out Medtasker to all Tasmanian EDs.
   - 2.2 Provide training to senior decision makers working in the ED on how to use data effectively to better improve patient care.

3. Build a healthcare workforce for today and the future
   - 3.1 Introduce an effective workforce strategy in Tasmanian care giving facilities that takes in to account the demands of the population.
   - 3.2 Increase the number of EM specialist positions in EDs in Tasmania.

1. Reduce waiting times in Tasmanian EDs

Since 2011-12, Tasmanian patients requiring admission to hospital from the ED have experienced the longest waits across Australia. In 2018-19, it took over 22 hours for 90 per cent of all admitted patients to depart Tasmanian EDs (in comparison, the national average was just over 11 hours).[1]

Findings were worse for ED patients experiencing a mental health crisis, with 90 per cent of this patient group waiting for over 30 hours to depart the ED. Again, this was by far the longest length of stay seen across Australia.[2]

Tasmania also had the greatest proportion of admitted ED patients experiencing access block (whereby patients become stuck in the emergency department because of a lack of inpatient beds or services to be transferred to for the next stage in their care). In 2018-19, 39 per cent of admitted patients experienced access block, with 22 per cent of these accessed blocked patients (4,508 patients in total, equivalent to 12 patients per day) waiting more than 24 hours for admission into hospital.[3]

ACEM's own research supports these findings. Specifically, two 'point-in-time' access block snapshot surveys undertaken across Australian EDs in June and September 2019 showed that:

- In June 2019, Launceston General Hospital (LGH) had 17 access-blocked patients out of 30 (57 per cent) being treated, with 11 of these patients waiting over 24 hours. RHH had 13 access-blocked patients out of 26 (50 per cent) being treated, with six of these patients waiting over 24 hours. Of the 124 EDs across Australia and New Zealand that provided data for these surveys, these findings made LGH and RHH the worst and second worst performing EDs, respectively, across Australia.
- In September 2019 the situation at RHH had deteriorated markedly from June, with 20 access-blocked patients out of 35 (57 per cent) awaiting treatment, and seven patients staying more than 24 hours.
- In June 2019, the number of admitted patients waiting for an inpatient bed accounted for 62 per cent and 60 per cent of the ED workload at RHH and LGH, respectively. In September 2019, the number of admitted patients waiting for an inpatient bed accounted for 71 per cent and 54 per cent of the ED workload at RHH and LGH, respectively.

Across both surveys, RHH and LGH accounted for 29 per cent of all access block within the Australian hospitals that responded, despite making up less than 2 per cent of the hospitals that responded to the surveys. Dangerously high levels of access block across LGH and RHH has remained a consistent issue, and staff at North West Regional Hospital (NWRH) are now reporting that access block is becoming a significant issue for their EDs as well.

For over a decade, long waits and access block within the ED have been associated with poor patient outcomes, including: longer hospital stays; increased errors in care; an increased likelihood of dying while in hospital; and increased use of restrictive practices when patients are violent or behaviourally disturbed in a way that places themselves or others at risk. Access block now also presents an additional risk of exposure to COVID-19.[4]

The College is aware that Urgent Care Centres (UCCs) are being considered by the Tasmanian Government as a means to help address overcrowding and access block issues facing Tasmanian hospitals. The College acknowledges that access to UCCs – which aim to provide patients with immediate, non life-threatening health issues with alternatives to visiting emergency departments – would be welcomed in communities where it has been difficult to access urgent GP appointments. However, 'GP-type' patients with minor ailments are not the cause of overcrowded and access blocked EDs – seriously sick or injured patients requiring admission are. Urgent care models have been trialled in a number of jurisdictions and there is scant evidence of their effectiveness in reducing ED crowding. UCCs on their own will not solve the many issues hospitals and EDs are currently facing, so the Government must consider additional measures.

Recommendations

1.1 Increase hospital and alternative care capacity (beyond the UCC model), including increases in physical inpatient bed capacity of public hospitals.

1.2 Extend inpatient and community mental health services outside of "business hours".

1.3 Increase inpatient staff specialists and/or senior decision makers working after hours and on weekends to ensure inpatient beds are made available in a timely and clinically appropriate fashion.

2. Improving information technology systems

Currently, EDs in Tasmania use a digital medical record system (TrakED) that is not integrated with the digital medical record system that the rest of the hospital system uses, causing inefficiencies. ED staff need to log into a different digital record system to access time-sensitive information from pathology and imaging services. In addition:

- Many inpatient teams are unable to use TrakEd to access ED notes, requiring ED staff to print out ED notes before a patient is transferred to a ward.
- TrakED has limited functionality to provide real-time statistics to assist in management of flow within the ED, such as the average length of stay and presentations per hour. The Tasmanian Health Service's analytical system HEART does provide a useful dashboard for ED flow, but only Heads of Departments and a select few others have access. This makes it difficult to measure access block and other markers of access to emergency care. Better data, evidence and reporting is essential to improving emergency care and outcomes.

We welcome the start of the roll out of Medtasker at the RHH, but as yet the introduction of this tool has not begun in LGH, NWRH or Mersey Community Hospital. The budget should consider opportunities to improve hospital ICT systems to ensure better integration between the ED and other hospital ICT systems, and better access for senior decision makers working in the ED to data for reporting on emergency care flow, access and outcomes.

Recommendations

2.1 Roll out Medtasker to all Tasmanian EDs.

2.2 Provide training to senior decision makers working in the ED on how to use data effectively to better improve patient care.

3. Building a workforce for today and the future

Across Tasmania, our members report that inadequate staffing, geographic maldistribution and an overreliance on locum staffing are all issues challenging their EDs:

- Inadequate staffing in EDs, which particularly impacts the level of care that the workforce can provide to Tasmanian patients in the ED. Beyond the negative impact on patient outcomes, understaffed EDs also affect emergency physician wellbeing through high levels of burn out, professional isolation and moral injury. Tasmanian EDs struggle to attract emergency medicine specialists and trainees. According to ACEM's 2019 Annual Site Census, 50 per cent of Tasmanian respondents reported having unfilled FACEM Trainee FTE that they had been trying to fill for 6 months or more, and 100 per cent reported having unfilled FACEM FTE that they had been trying to fill for 6 months or more.[5]
- Geographic maldistribution of the emergency medicine workforce, resulting in inequitable access to emergency care in rural, regional and remote locations (compared with metropolitan locations). This has a particular impact on Aboriginal people who are more likely to present to EDs located in regional areas as opposed to metropolitan areas.
- An over-reliance on short-term/locum staffing, particularly in regional, rural and remote areas. The Tasmanian ED FACEM (Fellow of ACEM) workforce is more likely than the ED FACEM workforce in any other Australian jurisdiction to work part-time. The North West of Tasmania in particular has an overreliance on locum staffing, and the inability of locums to travel into

Tasmania due to COVID-19 restrictions has caused immense challenges for EDs, resulting in reduced hours of operation due in order to maintain safe staffing levels. Without clinical leads permanently driving ED care, regional areas will receive poorer care than those in metropolitan areas. Reliance on a locum-only workforce also impacts on the quality of care available to local communities in regional areas. While locum doctors provide high quality care, they lack the local knowledge and connection to the area to integrate the work of the ED with other local services and implement systems and processes that improve care and outcomes for patients.

Noting the existing workforce shortfalls and the inability of the health system to adequately meet the needs of Tasmanians, we are particularly concerned that Tasmania will not be able to meet increasing healthcare needs as the population simultaneously grows and ages. ACEM is currently working with our membership to develop long-term strategies to address workforce challenges.

Recommendations

3.1. Introduce an effective workforce strategy is Tasmanian care giving facilities that takes in to account the demands of the population.
3.2. Increase the number of EM specialists working in EDs in Tasmania.

Contact Us

If you require any further information, please do not hesitate to contact either Nicola Ballenden, Executive Director Policy and Strategic Partnerships (Nicola.Ballenden@acem.org.au; 0417 729 077), Juan Ascencio-Lane, Tasmania Faculty co-chair (juan.ascencio-lane@ths.tas.gov.au) or Viet Tran, Tasmania Faculty co-chair (v.tran@utas.edu.au).

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