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INQUIRY INTO HEALTH SERVICES IN SOUTH AUSTRALIA

The Australasian College for Emergency Medicine (ACEM) is the peak body for emergency medicine in Australia and New Zealand, with responsibility for the training and ongoing education of emergency physicians, including accrediting emergency departments as training providers for Emergency Medicine Specialists in Australia or New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in the advancement of professional standards in emergency medicine and setting the highest standards for emergency care to all our communities.

ACEM welcomes the opportunity to provide its response to the Select Committee of the South Australian Legislative Council established to inquire into and report on Health Services in South Australia (the Inquiry). ACEM considers that the Inquiry provides a timely opportunity to formally report on the challenges facing South Australia's (SA) emergency departments (ED), broader hospital and health care system, and outline ACEM's recommendations.

ACEM provides the following comments and recommendations for improvement related to on the Inquiry's terms of reference.

a) *The opportunities to improve the quality, accessibility and affordability of health services including through an increased focus on preventative health and primary health care;*

Access block, overcrowding and ambulance ramping in EDs

Since 2011 all Australian governments have committed to a four hour target for completed care in the ED. Access block is when patients' time in the ED exceeds eight hours, causing overcrowding as patients who should be cared for on the wards wait for a bed to become available. These patients needing continual monitoring of their health status as well as advocacy by ED doctors for their admission to be completed. Research shows that caring for patients waiting for inpatient beds represented more than a third of the ED workload. Overcrowding is when the number of patients waiting to be seen, undergoing assessment and treatment, or waiting to be admitted, exceeds either the physical or staffing capacity of the ED. Ambulance ramping then follows from access block and overcrowding; it is when paramedics are unable to complete the transfer of their patient to the ED within a clinically appropriate timeframe due to the lack of space and staff in the ED.

Each of these events is a clear warning that the hospital as a system is in crisis and each represents an unacceptable threat to patient safety. The evidence linking compliance with four hour targets to reduced inpatient mortality confirms the importance of monitoring and minimising access block. This is also an extremely inefficient use of scarce and expensive resources, with Directors of Emergency Departments and other senior staff spending a significant part of their clinical time managing patient flow issues within the hospital.

Access block in South Australia

In South Australia our members practice in eight ACEM accredited EDs, all based in Adelaide. As detailed in media coverage and briefings to SA Health and the Minister for Health over the last twelve months, these EDs are struggling with chronic levels of access block, overcrowding and ambulance ramping. Members report that on most evening shifts there is a combination of ambulance ramped patients and/or overflowing walk-in patients that exceed the current capacities. At times the current number of patients waiting for a bed is the same as the number of beds allocated to each ED. Real time data on access block in these EDs can be monitored via the twitter handle @AdlEmergStatus. Ongoing media coverage of ambulance ramping at Royal Adelaide Hospital is a further example of this systemic crisis[1]. Additionally, media coverage of the dangerous levels of overcrowding at Flinders Medical Centre, Lyell McEwin Hospital, Queen Elizabeth Hospital and the Royal Adelaide Hospital have been in the media in for several years[2]. Overcrowding at Lyell McEwin Hospital ED has also been extreme, to the point that a stop-gap measure was introduced last year to also see emergency patients in the radiology department of the hospital.

Snapshot from July 2018

To demonstrate the scale and impact of access block, overcrowding and ambulance ramping, the following data is from Royal Adelaide Hospital's ED at 11am on Monday 16 July 2018:

- 91 patients in a 73 bed ED
- 45 of those patients had been admitted but were awaiting a hospital bed
- 11 of these patients had been waiting longer than 24 hours for access to a hospital bed
- Of these 11 patients, 10 were classified as requiring acute mental health care
- Due to this overcrowded and access blocked situation, 6 ambulances were ramped.

Further details about the pattern of dangerously high levels of access block in SA can be read in ACEMs June 2018 Access Block Report.

Mandatory reporting in Victoria's has reduced the incidence of patients waiting 24 hours. Similar mandatory reporting regimes have since been introduced in the Northern Territory, the Australian Capital Territory and announced in Western Australia. ACEM welcomes these commitments but believes that the threshold for mandatory reporting, executive intervention and incident review should be lowered from 24 to 12 hours.

Recommendations

1. SA Health enforce a 12 hour maximum length of stay in the ED, with mandatory notification and review of all cases embedded in the key performance indicators for hospital CEOs.
2. Any incident of a 24 hour wait in an ED should be immediately escalated to the Minister for Health, along with CEO intervention until the patient is transferred or admitted, and is followed by a review of the incident with a report on findings to the Minister for Health.

[1] Crouch, B 2018. *Adelaide's hospitals struggling to deal with demand at emergency departments, ambulances ramping*. The Advertiser, Adelaide.

[2] Crouch, B 2018. *SA Ambulance official order staff 'not to be rude' as ED crush puts pressure on medics*. The Advertiser, Adelaide.

Mental Health Access Block

People in mental health crisis are disproportionately affected by access block, to the detriment of their short term and long term health outcomes. ACEM research shows that while mental health presentations are less than four percent of all presentations to EDs, they comprise around one third of all patients waiting longer than 8 hours for an inpatient bed. This is discrimination and represents a systemic failure to ensure that people with mental illness can access appropriate mental health care in either the community or hospital as and when required. These issues were the subject of ACEMs Mental Health in the ED summit in 2018, which saw 170 emergency doctors, psychiatrists, consumers, clinicians and key decision makers. Delegates were unified in their deep concern at the unacceptable state of mental health support available to people seeking help through EDs; the summit identified key principles for action and urged government to take immediate steps to improve this situation. The Communique from the summit is available here.

The lack of accountability for ensuring the availability of timely and appropriate mental health care in SA's hospital system is evidenced in the following case study.

- In June 2018 ACEM was advised that 10 mental health beds at RAH would open on the 2 July 2018, and that mental health beds at Glenside would not be closed until access block issues at RAH were resolved.
- RAH Executive later revised the deadline for opening the RAH mental health beds to 16 July, albeit at a reduction to only four beds.
- On 16 July 2018 the ED was advised that these beds would not open until a later, unspecified date, citing the inability to recruit staff.
- On 30 January 2019, ten PICU beds opened and 4 short stay unit beds were closed at RAH, as were the 10 beds at Glenside, resulting in a net loss of mental health beds in the system
- On 4 February, RAH had a total of 15 mental health patients waiting for a bed, including one adolescent patient who had been waiting six days; 24 hours later this number had increased to 17 patients.
- RAH Executive have repeatedly acknowledged the failure to provide timely access to inpatient beds and advised that that their expectations have not been met.

Recommendations

3. That SA Health act immediately to;
   - 3.1 Increase the total number of mental health beds available across the system, including for forensic and adolescent patients
   - 3.2 Appoint a patient flow expert to embed protocols for the management of triage, assessment, admission and discharge of mental health patients that are consistent with contemporary practice
   - 3.3 Improve access to community based mental health care, including after-hours mental health crisis care outside the ED
   - 3.4 Ensure processes for rapid admission to a psychiatric bed are expedited in those SA hospitals with high levels of access block.

Recruitment and retention of the medical workforce

Pressures around access block are intrinsically tied to inpatient staffing shortages, and in particular the shortage of senior decision makers to support timely and appropriate consultations and

admissions across all Local Health Networks. In EDs, inadequate numbers of non-specialist senior decision makers and junior doctors combined with overnight closure of patient assessment areas and difficulties recruiting specialists from interstate all contribute to access block and overcrowding. Directors of Emergency Departments report that senior staff are spending a significant part of their clinical time managing patient flow issues within the ED. The limited provision of medical and allied health facilities and services outside of business hours adds further delays to timely admission and discharge. Access to mental health, pathology, screening, pharmacy and surgical interventions in the ED needs to match demand on weekends and evenings.

The emotionally demanding nature of emergency medicine, coupled with the unpredictability of patient flow and the demands of managing complex patient and family relationships in an already highly stressful environment is exacerbated by an acute admission system in continual crisis. This work environment increases the risks of bullying and fatigue, adds to the challenges in recruiting and retaining staff and increases the risks of trainees leaving the emergency medicine training program because the working conditions are intolerable and a threat to health and wellbeing.

Staffing EDs with locums and Visiting Medical Officers is a costly solution that is imposing a significant burden on the health budget for the state. Within EDs the reliance on VMOs should be reduced through greater investment in employing full-time staff specialists and middle grade senior decision makers. From an organisational perspective, the benefits of a stable, senior emergency medicine workforce include increased commitment to improving hospital systems, both in and beyond the ED and promotion of a culture of clinical excellence in patient care and staff training.

ACEM has set minimum recommended senior medical staffing levels for EDs across Australia and New Zealand. Based on total number of annual presentations, the G23 Framework provides a model for calculating the necessary level of senior decision makers for each shift. Senior decision makers are the middle grade emergency medicine workforce, consisting of, for example, advanced trainee registrars, FACEMs as well as a variety of non-FACEMs doctors who are, for example, career medical officers or General Practitioners with ACEM qualifications such as the Emergency Medicine Diploma. All of South Australian EDs report a significant shortfall in the current staffing levels of senior medical decision makers.

It is time that SA Health benchmarked the number of registrars, trainees and specialists, including non-FACEM senior decision makers required to provide quality care, a safe working environment in EDs and 24/7 hospital. ACEM considers that better planning for immediate and longer term recruitment and retention of this middle grade workforce for individual hospitals and at a whole-of-state level, is urgently needed to provide strategic guidance to meeting the future needs of the South Australian community.

Recommendations

4. Immediate action is needed to address the shortfall of senior decision makers in EDs, based on ACEM's workforce G23 guidelines, to reduce the risk of workplace fatigue and bullying for emergency doctors.
5. Longer term strategies are needed to benchmark workforce numbers and plan for the recruitment and retention of doctors, particularly at the non-FACEM senior-decision maker level.
6. Increase staffing *levels outside of business hours in inpatient and clinical support services.*

Building inpatient capacity

A major contributor to access block in EDs is the chronic shortfall in inpatient bed capacity in SA; ACEM urges investment to increase the overall bed stock as well as the number of medical specialists working in the hospital system. AIHW's 2016 – 17 report on hospital resources shows that between 2012–13 and 2016–17, South Australia had a reduction in beds while all other states increased their bed capacity. Moreover, the significant maldistribution of the medical workforce between metropolitan and regional South Australia means more beds are required in metropolitan hospitals.

Along with an increase in bed stock, SA Health needs to invest in strategies to improve the recruitment and retention of senior medical staffing levels, including inpatient and emergency specialists. A larger full time specialist workforce that is available over seven days would drive significant improvements across the whole acute system. For example, delays in the timely provision of blood tests and other pathology regularly delay patient care and exacerbate access block; ACEM policy recommends that results should be available within one hour while members are reporting waits of 2-3 hours. SA hospitals also need to invest in the roles in inpatient areas that are accountable for tracking and managing demand, improving patient flow and meeting time based targets for inpatient admissions and discharge.

Recommendation

7. That SA Health develop and fund a strategy for ensuring hospitals have the capacity, in terms of both staff, services and inpatient beds, to meet the four hour time based target for care in the ED.

Engagement in reform

South Australia's acute health system faces significant challenges that will require major policy reform, a renewed commitment to change and greater accountability from system managers, senior executives and clinicians. A coordinated and sustained approach to developing and implementing effective strategies will be integral to improving outcomes. ACEM welcomes SA Health led initiatives such as the Hospital Demand and Access Workshops, held in September and October 2018, and the Minister for Health's engagement with ACEM on the issues outlined above.

Emergency doctors need to know that senior public servants and hospital executives are committed to working in partnership to improve the quality and safety of care in EDs. Fellows and trainees in SA EDs are highly trained experts in emergency medicine who are committed to providing safe, quality health care. Emergency doctors can predict when changes in policy or practice will compromise safe standards of care and are not responsible for outcomes in EDs that are the result of systemic problems in inpatient and community based models of care.

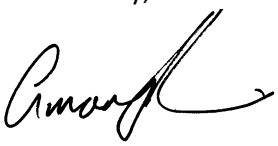
Effective clinical engagement is essential to the success of the reforms that are necessary in SA's health and hospitals system, to ensure that emergency doctors trust that priorities are shared, advice will be respected, and when problems are identified they will be addressed. It is therefore concerning that ACEM faculty members in SA express pessimism about the possibility for improvement in the functioning of the system they work in. Previous experiences of commitments that were not honoured, for example to timelines for opening mental health bed, or assurances that access block would be addressed before proceeding with the rollout of the Enterprise Patient Administration System, undermine confidence to engage in reform processes.

Recommendation

8. That SA Health commit to policy and service reforms in consultation with ACEM SA Faculty Members

Thank you for considering our submission to your inquiry. We would welcome the opportunity to present to the Select Committee on these issues. To arrange this meeting, and if you have any questions about the issues raised in this submission, please contact the Executive Director of Policy & Strategic Partnerships Nicola Ballenden on (03) 9320 0444 or Nicola.ballenden@acem.org.au

Yours sincerely,



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