Queensland Election 2024

Queensland's emergency departments can't wait any longer.

Australasian College for Emergency Medicine

Backgrounder

Queensland's emergency departments can't wait any longer.

Nobody likes a visit to the emergency department (ED). But Queenslanders know that they will always be there, 24/7, if needed.

There is no denying that the pressure our emergency departments are under is unprecedented. Waiting rooms are full, ambulances are ramped and ED staff experience burnout. The Queensland Government must act – decisively and quickly – to turn this crisis around.

In the upcoming Queensland election, political parties must commit to fixes that protect and restore Queensland's struggling EDs and staff – and get more people the timely and safe emergency care they need.

To alleviate problems inside EDs, we often must look outside of the EDs, to the broader health system. Queensland's emergency doctors have developed and consulted evidence-based research and identified five solutions for the issues that lead to long, dangerous waits for care, inequitable resourcing and staff stress.

The evidence is clear. Our hospitals need more beds, more staff and more resources to provide the world-class service expected by Queenslanders, no matter where they live.

> *"We know that the challenges in healthcare are complex and long-standing – we see the reality of this every day, every night, every weekend and every public holiday. We want to see a better system for all Queenslanders – and we're here to help." – ACEM Queensland Chair Dr Shantha Raghwan*

What's gone wrong in our emergency departments?

Queensland's emergency departments and staff are facing increasing demands.

Queensland's EDs are under greater pressure than ever before. Presentations have been rising steadily over time, increasing by 26 per cent – or more than 350,000 more people – per year between 2014-15 and 2022-23.

What's more, the recently released Health Workforce Strategy for Queensland to 2032 indicates that hospital presentations are expected to grow by 4.9 per cent annually over the next five years, driven by population growth, ageing and increasing patient complexity. This will have a knock-on effect to the rest of the hospital system, as well as the broader health system.

Queensland currently doesn't have enough staff, beds or other resources to meet current and future demands.

EDs do not have enough staff as it is – and it's getting worse every day. Currently, only three of 29 ACEM-accredited adult EDs in Queensland meet the minimum recommended EM specialist staffing levels.

Furthermore, insufficient resourcing outside the ED – such as inpatient beds in hospitals – create problems inside the ED. This is because, after patients have been assessed and stabilised and it has been determined they need further care within the hospital, there is nowhere for the patient to be transferred. They are left stranded in the ED. With more people requiring hospital care over the next five years, this problem will only get worse.

Meanwhile, patients are waiting longer and longer for their care.

In a well-resourced health system, the national goal has been for 90 per cent of all people who come to the ED to be assessed and treated, then either admitted, discharged or transferred within four hours.

In 2018-19, 70 per cent completed their care in four hours. But in 2022-23 this had dropped dramatically to only 54 per cent.

Concerningly, more people are leaving the ED before their care is completed. This is dangerous, and an indicator of overly long waits for care. In 2022-23, the proportion of Queenslanders who left before the conclusion of their treatment was the highest in the country at 5.1 per cent, which has more than doubled from 2.5 per cent in 2018-19.

Our hospitals are simply too full, too often.

Generally, hospitals operate well when they are at less than 90 per cent occupancy. That means there are still approximately 10 per cent of beds free, all the time. This provides space for patients who need a bed and allows for surges in demand from large incidents and natural disasters.

At occupancy of 90 per cent and more, hospitals become stressed, patient flow through the hospital is compromised and EDs begin to get overcrowded. At 100 per cent, hospitals and EDs become gridlocked – and this has generally become the norm in Queensland.

A full hospital means EDs and ambulances face a locked door.

A full hospital eventually leads to an overcrowded waiting room. It also leads to paramedics not being able to safely leave patients, as the ED staff are busy with the patients already there – many of whom have already been assessed and treated and are waiting in the ED for a hospital bed. This then leads to ambulance ramping and prevents ambulance crews from getting to people in the community who are relying on their services.

Queensland has a target of 90 per cent of patients transferred from ambulances to the ED within 30 minutes. But we're a long way off that – the most recent data shows that at our 26 busiest hospitals, only 55.3 per cent met this target. Ambulances spent 134,155 hours ramped outside these hospitals in 2022-23, an increase of 20 per cent compared to the previous year.

We often visualise our stressed hospitals through images of overcrowded ED waiting rooms and queues of ramped ambulances outside the ED. But these images are the symptoms of a much wider problem. There are simply not enough beds – and staff – in our hospitals to meet the healthcare needs of Queensland.

How can we start to fix these problems?

1 At least 2500 more safely staffed inpatient hospital beds added over the next four years, allocated according to operational need across the state.

Recognising the enormity of the challenges ahead, Queensland Health is forging ahead with plans to significantly increase the number of hospital beds across the state. However, these beds must be safely staffed in order to be effective.

ACEM is calling for political parties to prioritise the urgent delivery of 2500 staffed inpatient beds, so more people can access care when and where they need it.

> *"We know the waits can be really long. But we have to prioritise the most life-threatening cases first. We're working really hard to provide the best care with the limited resources we have. We just wish we had more staff and more beds to see people faster." – ACEM Queensland Chair Dr Shantha Raghwan*

The number of people coming to EDs is growing, but beds, staff and other resources are not.

Here in Queensland, there are roughly 2.5 public hospital beds per 1000 population, a ratio that has stayed relatively consistent over many years. This is well below the OECD average of 4.3 beds per 1000 population, a gap of almost 10,000 beds.

Despite these limited resources, demand is skyrocketing. Not only are ED presentations outstripping population growth, but we're also seeing sicker patients who are more likely to require lengthy hospital stays. Queensland's lack of inpatient capacity becomes clear when looking at the time it takes patients to leave the ED and be admitted to hospital.

In 2018-19, it took nine hours and 29 minutes for 90 per cent of ED patients who required admission to be admitted to hospital. By 2022-23, this had blown out to 14 hours and 44 minutes. In contrast, those who are treated in the ED and do not need hospital admission had their care completed in less than half of this time (seven hours and eight minutes in 2022-23 by the same metric), highlighting how much a lack of inpatient capacity impacts patient flow through the ED.

These waits aren't good for anyone, with ED staff spending more and more of their time caring for those who should be in the care of inpatient teams. This means they cannot bring more waiting patients into the ED, leading to overcrowding and ambulance ramping. More safely staffed inpatient beds will add a much-needed boost to hospital's capacity, allowing more patients to be admitted more quickly – freeing up ED beds and, in turn, reducing overcrowding and ambulance ramping.

Queenslanders are getting older, with more complex health needs.

As we age, we generally require more healthcare – and our EDs play a crucial role in this. That's why the increasing demand on our health system isn't simply due to population growth – the number of Queenslanders aged 65 years or older has more than doubled since 2003, numbering almost one million people.

Closely related to that is the fact that our health needs are becoming more complex. In 2022-23, more than a third of Queenslanders who attended an ED were subsequently admitted to hospital, five per cent more than the national average. Alarmingly, 67 per cent are triaged into the three highest triage categories compared to 58 per cent nationally. Extra inpatient capacity is needed to accommodate this

trend, as treating these patients is requiring more time and more resources from across the broader system – again having a knock-on effect to the ED.

Queensland's mental health investment is lagging.

EDs have always played an important role in providing care for people experiencing a mental health crisis. However, with profound pressure on specialist mental health and substance use services, EDs are increasingly becoming the only option for people to turn to. There is simply nowhere else to go.

This demand on EDs is increasing – the number of ED presentations for mental health-related reasons in Queensland has increased by 13 per cent since 2018-19. However, ACEM's site census shows that in the 30 ACEM-accredited EDs in Queensland, the rate of mental health assessment spaces (the number of spaces per attendances) has reduced by 20 per cent since 2016. Queensland bucks the national trend, as this figure has increased by 25 per cent nationally over the same period of time.

Once in the ED, people get stuck waiting for a place in a specialised mental health facility to become free as there are simply not enough staffed mental health beds for everyone who needs one. Long waits in the ED – with its noisy, bright environment – often make mental health issues worse. In 2018-19, it took 13 hours for 90 per cent of mental health patients requiring admission to be moved out of the ED. We are going backwards – in 2022-23, that figure had blown out to 19 hours. Increasing the number of mental health inpatient beds will help reduce these waits, getting patients the specialised care they need faster.

We need to increase our hospital bed numbers significantly.

Boosting the number of hospital beds to match population growth is simply not enough for Queensland's unique health needs. We need this investment to align more with the OECD average of 4.3 public hospital beds – taking into account this ratio and population projections, ACEM is calling for an additional 2500 public hospital beds across Queensland.

These beds should be allocated according to operational need – geographic as well as local case mix – with mental health inpatient investment a priority. These beds must also be staffed safely, with extra attention given to improving the recruitment and retention of staff in regional, rural and remote areas of Queensland.

With the health system groaning under the weight of demand, the Government needs to act – for the sake of all Queenslanders.

2 $20 million invested over the next four years for more doctors to train and specialise in emergency medicine.

Skilled healthcare workers are the most vital part of the health system. But there is a dangerous shortage of staff in EDs – and more are leaving.

ACEM is committed to reversing that trend but needs support. We are calling for political parties to help train our next generation of emergency doctors in Queensland, for Queenslanders.

> *"People choose to work in emergency medicine because they want to 'make it better'. Going through years of intense training to learn how best to help people, and then being placed in a situation of being unable to do this to an appropriate level really affects staff and contributes to burnout." – ACEM Queensland Chair Dr Shantha Raghwan*

Access block and ED overcrowding contribute to staff shortages and burnout.

ED staff are increasingly burnt out. ACEM conducts a Sustainable Workforce Survey every three years, with a worrying trend emerging – 62 per cent of Queensland respondents from the most recent survey said they had moderate to severe work-related burnout, seven per cent higher than the national average. What's worse, 39 per cent of Queensland respondents said that they were likely to leave their career in the next 10 years – a startling increase from 27 per cent in the previous survey in 2019.

We are already seeing emergency medicine specialists working less hours – according to our most recent site census of EDs accredited by ACEM for education and training, 1.6 FACEMs are now required to fill 1.0 FTE position in Queensland. This trend is set to continue, with 72 per cent of Queensland respondents in the Sustainable Workforce Survey saying that they were likely to reduce their hours of clinical practice in the future.

Systemic issues create unsafe working environments. Indeed, Queensland's emergency clinicians reported that overcrowding in the ED and access block were their top two stressors at work. This disincentivises physicians to continue working in the ED – and can even prevent people from training in emergency medicine in the first place.

There are significant gaps in staffing – especially outside of our cities.

With more patients presenting to Queensland's EDs than ever before, ED staffing needs to keep up with that trend. Yet there are vacancies right across the state. Moreover, 40 per cent of Queensland's ACEM-accredited EDs had unfilled emergency medicine trainee vacancies in 2023, with 20 per cent of these trainee spots remaining unfilled for more than six months.

It is generally more challenging to fill vacancies outside of a metropolitan area, which means the workforce is unevenly distributed across the state. EDs located in Queensland's metropolitan areas have one FACEM trainee for every 3595 ED attendances, compared to one for every 8720 ED attendances in regional, rural and remote areas of the state.

These staff shortages can also be seen when looking at the specialist workforce, with 37 per cent of Queensland's ACEM-accredited EDs also having unfilled emergency medicine specialist vacancies last year. Again, regional, rural and remote EDs are the hardest hit, being three times more likely than EDs located in a metropolitan area to report having funded but unfilled emergency medicine specialist vacancies.

> *"High-quality healthcare should be accessible for everyone from cradle to grave regardless of where they live." – ACEM President Dr Stephen Gourley*

We need our doctors to train in Queensland and then stay in Queensland.

With numerous vacant FACEM trainee positions across Queensland – both in metropolitan and regional, rural and remote areas – there is a need to better incentivise medical practitioners to choose emergency medicine as their speciality.

In light of this, ACEM recommends the Queensland Government provide funding for trainee and supervisory positions in emergency medicine. These positions would require the recipient to remain in Queensland throughout their training and for at least a further five years post-Fellowship.

Upskilling the middle-grade workforce is crucial.

FACEMs and trainees aren't the only members of the emergency medicine workforce – in fact, local emergency care is often provided by general practitioners and rural generalists. This is particularly the case outside the major cities.

To grow this pathway, ACEM offers three qualifications as part of its Associateship in Foundational Emergency Medicine Training Program (AFEMTP). These qualifications are valuable tools in upskilling the middle-grade workforce who do not hold a fellowship, or for fellows from other colleges who are looking to improve their skills in emergency medicine. These people form the backbone of emergency medicine provision in many regional, rural and remote areas and allow the flexibility required to adapt to the needs of the community they serve.

However, only 67 trainees are currently enrolled in these training programs in Queensland, representing just 13 per cent of the 516 current trainees nationwide.

Undergoing these training programs can come at a financial cost. Not only is there an upfront fee to undergo the training, but doctors who hold a fellowship of another college may only be able to undertake one of the programs if they are employed by the health service at registrar level. Trainees usually also need to spend time away from their main workplace – constituting a number of financial and logistical burdens.

ACEM has a plan to get more doctors trained in emergency medicine.

A $20 million commitment over four years would include:

- $3 million for up to 100 medical practitioners to enter the FACEM Training program
- $10.5 million for 15 emergency medicine specialists to supervise training and support
- $1.5 million for 135 medical practitioners to undertake qualifications as part of the AFEMTP
- $5 million for grants to top up salaries or backfill fellowed medical practitioners while undertaking the AFEMTP.

3 A 20 per cent increase in full-time inpatient specialist and allied health support workers in the public hospital system and available outside of normal business hours.

Emergencies can happen at any time, yet many parts of our hospital system still largely operate on a 9-5, Monday to Friday model. While the ED and its staff will always be there for anyone who needs it, the hospital services that help to diagnose and quickly treat patients may not.

ACEM supports increasing full-time inpatient specialists and allied health workers so that they are available outside normal hours to make sure Queenslanders can receive the care they need, when they need it.

EDs are open 24/7 – but the rest of the health system is not.

Across Australia, approximately 40 per cent of patients present to ED between the hours of 6pm and 8am. Sundays are one of the busiest days of the week. Patients who require a range of specialist services during these times are forced to wait – often for hours or even days – until these services can be accessed.

For a person suffering a mental health crisis, waiting until Monday morning may not be an option. For the homeless and disadvantaged, the ED may be the only point through which they can access healthcare after hours. For someone fleeing from family violence in the middle of the night, the ED may be the only place of immediate refuge.

The lack of services outside business hours contributes to overcrowding and ramping.

As patients wait – under the care of ED staff – the ED becomes more and more limited in space and resources. Other patients are then forced to wait – in corridors, in waiting rooms and in ambulances – for business hours to resume and flow through the hospital to be re-established. But clearing this backlog can take hours or even days, only for services to shut down again at night and the weekend, causing the whole cycle to start again.

With more specialists and allied health staff, patients can access more timely consultations and treatments, reducing bottlenecks in the ED and allowing better patient flow. This is a crucial first step in ensuring patients receive high-quality care, no matter what time they present.

Our hospitals must adapt to how – and when – Queenslanders require their healthcare.

The Queensland Government's satellite hospitals and Federal Government's Medicare Urgent Care Clinics have been cautiously welcomed by emergency clinicians. They have the potential to improve access for low-acuity patients to out-of-hours GP care but – crucially – do little to ease the crippling effects of access block.

People requiring acute care will – and should – continue to present to EDs when they need it. Our hospital system must adapt to their needs, rather than the other way around.

4 The Hospital Access Targets replacing the National Emergency Access Target and implemented state-wide.

To understand where the bottlenecks in the hospital system are – and where extra resourcing is needed – we need a nuanced set of data to tell that story.

Currently, the data we collect only tells one story – the proportion of all patients whose length of stay in the ED is less than four hours. This measurement – known as the National Emergency Access Target, or NEAT – is often viewed as a way to measure ED performance.

But this shouldn't be the case. Patient flow is a hospital-wide responsibility and our targets must reflect this. Similarly, our targets must reflect the fact that not all patient journeys are the same.

ACEM's Hospital Access Targets put a spotlight on the whole hospital system.

The NEAT is a blunt tool. Once a patient's stay in the ED clocks over four hours, there is no way of knowing just how long some patients are really waiting before moving to the next stage of their care. We know that too many patients are being stranded in our EDs for hours or even days at a time – and we need the data to be capturing this.

By putting the focus on the whole hospital system, ACEM's Hospital Access Targets (HAT) break down the different patient journeys and allow us to pinpoint the patients who are waiting too long – and where further attention is needed.

The Hospital Access Targets will better explain access block.

The HAT describes three patient streams – those requiring hospital admission or transfer, those discharged, and those needing admission to a short stay unit – and sets distinct, evidence-based targets for those streams. The maximum length of an ED stay recommended by Hospital Access Targets for any one stream is 12 hours.

Other Australian jurisdictions are already using and reporting on the HAT – and it's time for Queensland to do the same.

5 An Access Block Review completed by the end of 2025, with identified solutions such as ED admission rights, inter-hospital transfers, overcensus on wards, inpatient KPIs and access to diagnostics outside business hours actioned as a priority.

Queensland's hospitals have been suffering from the effects of access block for too long. The impact on our healthcare system, workforce and resources is substantial – as is the impact on patients' health and wellbeing.

ACEM knows what needs to be done to address these issues – now it's time for government to commit to implementing these evidence-based solutions.

Hospitals need to work better and smarter.

Queensland's hospitals need increased resourcing to reduce access block – but that's only part of the solution. There are a range of internal processes and policies that can be enhanced to better address patient flow.

Some of Queensland's Hospital and Health Services have been on the front foot and implemented a number of measures that are making a positive impact, but this isn't the case across the board. Statewide leadership is needed to ensure patient flow is a priority – and the responsibility of the whole health system.

Emergency clinicians already know the solutions to access block.

ACEM is recognised as a national leader in access block research. Since popularising the term 'access block', the College has led the way in identifying evidence-based solutions to a problem not unique to Queensland.

One such solution is ED admission rights. Ideally, a senior decision-maker – usually an emergency medicine physician – is responsible for identifying patients deemed suitable for admission to an inpatient ward. At some Queensland hospitals, this model is followed and contributes to less instances of access block, good communication and a feeling of shared responsibility between ED and inpatient teams. At other hospitals, the model exists but is not enforced – and at most sites the policy does not exist at all.

The absence or lack of enforcement of such a policy means that these decisions are often challenged, leading to delays, poor communication and a lack of camaraderie. Ultimately, this results in extended stays in the ED for those who need a hospital bed.

Similar can be said for processes around transferring patients between hospitals, which often is unnecessarily delayed in the decision-making space. Establishing and enforcing policies around shared risk – such as inpatient wards taking on a specified number of additional patients when the ED is over capacity – are also proven to reduce the effects of access block.

Building on other priorities already mentioned in this document, adding the collection of inpatient key performance indicators to complement HAT reporting can assist in a whole-of-hospital focus on patient access and flow. Extending the availability of diagnostics outside business hours at more hospitals would also be a key step in the transition from a 9-5 hospital to one that better reflects the needs of the community.

Cultural change is needed – and so is strong leadership.

Queensland Health is already looking at introducing a number of these measures – but success will require cultural change, with strong leadership needed from the very top. These measures cannot solely exist on paper and need ministerial oversight and executive buy-in.

Access block is a symptom of a health system in crisis – so the health system as a whole needs to work together. Our ED staff cannot do this alone.

> *"We know that access block is a significant issue affecting patients, staff, carers – it's concerning us all, right across Queensland. It not only harms patients but also undermines staff morale. An Access Block Review – undertaken in conjunction with ACEM's other priorities for Queensland's health system – sends a strong message that access block must be overcome." – ACEM Queensland Chair Dr Shantha Raghwan*

Policy enquiries:
General Manager, Policy and Public Affairs
+61 498 068 023
policy@acem.org.au

Media enquiries:
Manager, Media and Publications
+61 427 621 857
media@acem.org.au

Authorised by Dr Stephen Gourley, Australasian College for Emergency Medicine
34 Jeffcott St, West Melbourne, Victoria 3003

ACEM acknowledges the Traditional Custodians of this Country and pays respect to their Elders past, present and emerging. We acknowledge the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the land on which our Australian office stands.

ACEM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Australasian College for Emergency Medicine
34 Jeffcott St
West Melbourne VIC 3003
Australia
+61 3 9320 0444

acem.org.au