



Australasian College for Emergency Medicine

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Submission to the Tasmanian Department of Health on Our Healthcare Future: Advancing Tasmania's Health July 2022

Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide feedback to the Tasmanian Department of Health on the exposure draft of *Our Healthcare Future: Advancing Tasmania's Health*.

1. About ACEM

ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to emergency departments (EDs).

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The practice of emergency medicine is concerned with the prevention, diagnosis, and management of acute and urgent aspects of illness and injury among patients of all ages who present to EDs with a spectrum of undifferentiated physical and behavioural disorders.

ACEM has a long-standing interest in acute health system function, in particular hospital ED overcrowding, long ED wait times and the management of patient flow throughout hospitals. However, the College's interests extend to areas of health outside of the ED that have a significant impact on the ability of our members to provide high quality care.

2. Summary of our submission

ACEM commends the initiative shown by the Tasmanian Government to develop a series of strategic objectives that will inform the transformation of Tasmania's healthcare system. Whilst the College is supportive of the long-term view that has been taken to address the projected population needs, we have identified a number of gaps in this document.

In responding to the consultation draft, we refer to, and build upon the College's recommendations made in our submission to the Our Healthcare Future consultation in February 2021:

1. Prioritise addressing the systemic causes of access block

- a. Work with all relevant expert stakeholders to develop and implement systemic solutions that will effectively address access block.

- b. Increase hospital and alternative care capacity (beyond the Urgent Care Centre model), including increases in physical inpatient bed capacity of public hospitals.
- c. Extend inpatient and community mental health services outside of “business hours”.
- d. Develop a long-term vision and strategy to drive reforms to the Tasmanian mental health system.
- e. Increase inpatient staff specialists and/or senior decision-makers working after hours and on weekends to ensure inpatient beds are available in a timely manner and clinically appropriate fashion.
- f. Develop a set of strategic actions to improve the integration of aged care services into the broader healthcare system, and actions to improve the quality of care in aged care services.

2. Improve information technology systems in Tasmanian EDs

- a. Invest in digital health products that will seamlessly integrate with adjacent IT systems across the full spectrum of healthcare that allows for improved access to clinical information.
- b. Procure devices capable of supporting digital health platforms used and ensure these are widely available to clinicians.
- c. 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

- a. Introduce an effective workforce strategy in Tasmanian caregiving facilities that takes into account the demands of the population.
- b. Increase the number of Emergency Medicine specialist positions in Tasmania.
- c. Make workforce retention initiatives a key feature of workforce strategies.
- d. Introduce processes that increase workforce mobility.

The College acknowledges the importance of ensuring there is a long-term strategic approach to health system reform. However, we must also emphasise that there is still a vital need for the Tasmanian Government to continue to work with the College on implementing short-term solutions to address the immediate needs of Tasmanian EDs.

3. General feedback on Our Healthcare Future

ACEM acknowledges that the document aims to tie together a series of reform activities at various stages of progress, and that the purpose of the document is to map out a pathway to deliver the future Tasmanian healthcare system. However, it lacks the necessary level of detail regarding the timelines and funding allocations for many key strategic actions – meaning that from our perspective, in the absence of robust accountability measures there is a risk that these crucial reform activities could be unreasonably delayed or even deferred altogether.

For the abovementioned reasons, the College queries the effectiveness of *Our Healthcare Future* as a guiding document to drive reforms to Tasmania’s healthcare system.

3.1 Strategic ambitions

ACEM broadly agrees that the strategic ambitions contained in the document appropriately reflect an understanding of the complex drivers that have given rise to increased pressures on hospitals and greater cost to the system. However, it is ACEM’s view that the strategy (and connected strategies and frameworks) has failed to identify access block as one of the key issues facing Tasmanian hospitals and all of the service providers that interact with the hospitals, which is incongruent with the Department’s Strategic priorities 2021-2023. As a result of this oversight, we do not anticipate that the strategic actions will go far enough to reduce the long-standing pressures on hospitals, EDs or the ambulance service, nor will they reduce costs to the system.

Access block is the single most serious issue facing EDs and the major contributor to ED overcrowding. Since 2011, patients have been presenting to Tasmanian EDs at a rate that outpaces population growth, with a greater proportion of ED patients requiring hospital admission. These patients are also waiting longer in the ED for a hospital bed due to in-hospital services lacking the capacity needed to meet patient demand from the ED. This hospital admission bottleneck contributes significantly to the ED workload and has repeatedly been shown to result in poorer patient health outcomes.

Tasmanian patients requiring admission to hospital from the ED have experienced the longest waits across Australia. ACEM has been collecting two 'point-in-time' snapshot surveys of ACEM accredited EDs in Tasmania for over a decade, which have captured data that supports the hospital performance issues described above. ACEM can provide this data to the Department upon request.

In recent times, ACEM has written to the Premier of Tasmania, Department of Health Secretary and Chief Medical Officer to raise the issue of extreme and worsening access block and overcrowding in Tasmanian EDs. These conditions have created serious and ongoing patient and staff safety risks, and we know that it is only a matter of time before a serious incident occurs.

Addressing access block must be a key policy objective of Tasmania's 20-year health system plan – because access block is a systemic problem that requires a systemic solution. Access block cannot be solely addressed by short-term solutions, and as such, further efforts are needed to develop medium and long-term solutions to address the systemic causes of access block.

3.1.1 Better and more accessible community care & Strengthening prevention

ACEM recognises the vital role of preventative health measures and primary care services to maintain the health and wellbeing of the population and provide care that reflects their priorities and occurs where they want it. We welcome efforts to increase access to care through improvements to primary care, and the establishment of new patient pathways. Strengthening the responsiveness of services that can appropriately manage the needs of patients with non-urgent and low acuity healthcare needs as an alternative to the ED will go some way to reducing the ever-increasing demand on EDs. However, we cannot be more emphatic that alternative options to the ED (i.e., Urgent Care Centres, extended hours for GP clinics, Telehealth services etc.) do NOT address access block, as this is a patient group with healthcare needs requiring a hospital admission who cannot have their care delayed or deferred.

Furthermore, we caution against the rapid scaling of new services and models of care without i) the workforce supply to staff new services without creating staffing pressures on pre-existing services that currently have their own workforce challenges; ii) weighing up the benefits of establishing services that provide low-value care which could be better managed by pre-existing primary care services; iii) have the unintended consequence of creating additional barriers to accessing healthcare; and iv) models of care being validated by independent research evidence.

Mental health patients are particularly overrepresented in the data on access block. We note that mental health is recognised throughout the document, although it is ACEM's view that greater emphasis needs to be placed upon improving the system response to this patient cohort that more accurately reflects the burden of disease.

Additionally, it was felt that this strategy lacks the necessary direction on how to improve the care provided in aged care services, as well as the integration of aged care services into the broader health system. While we acknowledge that aged care is primarily a federal responsibility, there are a range of complex interactions between the state health system and aged care services that need to be acknowledged and addressed.

3.1.2 Partnering with consumers and clinicians

ACEM welcomes the inclusion of partnership and engagement with clinicians and consumers. Our members have the experience and expertise to provide guidance to the Department on effective health policy and planning processes.

3.1.3 Building the health workforce

ACEM has previously advocated for a sustained focus on workforce development, and we welcome this inclusion as a strategic priority. Whilst we acknowledge the release of *Health Workforce 2040* in 2020, the investment to-date from the Tasmanian Government to implement the strategy has been modest, and the College has concerns that there may be an overreliance on leveraging Commonwealth initiatives to support the implementation of workforce development initiatives.

Workforce initiatives need to take a practical view at the kinds of modifications that could be made to enhance the distribution of workforce. There is a need to review the process of credentialling and introduce systems that give effect to greater workforce mobility, particularly at this time where the need for flexibility could not be greater. For example, current organisational barriers regarding credentialling has had the unintended consequence of obstructing ACEM trainees from completing their training without changing their employment at least once.

The College would like to see greater recognition and focus on initiatives to retain the present workforce, who have continued to provide high quality care to the Tasmanian population whilst enduring the most immensely challenging three years. Workforce retention initiatives should include increased access to training, opportunities and advancement for specialists and trainees.

3.1.4 Delivering the health infrastructure of the future

ACEM welcomes the move to improve Tasmania's health infrastructure. Improving the information systems and data collection in Tasmanian EDs has been a particular priority. Our members report that there are only a handful of old computers in their EDs, and that they do not support Microsoft word, which is problematic as we continue to see an increased interest in digital health. Additionally, there are no available computers for doctors and nurses to write notes on the floor, meaning staff have to leave the floor in order to access patient files and write notes.

An ongoing contributor to access block arises from the decentralised population and health infrastructure juxtaposed with the centralised nature of tertiary medical specialties. Many patients experience unacceptably long delays to access beds in tertiary facilities where they can receive definitive management. Health infrastructure upgrades must be spread across the full spectrum of settings, to increase the efficiency and responsiveness of services to provide the patient care that is needed.

We note that the Tasmanian Government is developing a 20-year Tasmanian health infrastructure strategy, and as per the strategic ambition for greater engagement with clinicians, ACEM would like to express our interest in participating in this process.

3.1.5 Strengthening Tasmania's pandemic response

In principle, the College supports the provisions in the document. However, we query its place in a 20-year strategic document on health system reform. If the framing of this aspect was expanded to reflect a broader strategic action around pandemic preparedness based upon the learnings from COVID-19, ACEM believes this would be more appropriate.

3.2 Clinical services planning

ACEM supports the establishment of three regional clinical services profiles. We note that these will encompass primary acute, sub-acute and community health services. Therefore, ACEM strongly advocates for system-wide representation throughout the planning and reform activities of the clinical services profiles. It is essential that there is whole-of-system representation to develop a shared understanding of their respective roles, and to agree on appropriate expectations across the entire spectrum of care regarding their responsibilities at each stage of the patient journey.

ACEM would like to express our keen interest in having emergency medicine representation in each of the three clinical services profiles.

3.3 Governance

The College notes that some details have been provided regarding changes to governance. However, the detail is quite limited. ACEM would like to see further information about long-term governance arrangements to oversee the reforms before we can provide feedback.

4. Contact us

Thank you again for the opportunity to provide this submission. 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; +61 423 251 383).

Yours sincerely



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Chair, Tasmanian Faculty Board
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