



Australasian College for Emergency Medicine

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25 June 2024

Mr Michael Walsh

By email: HIU@health.qld.gov.au

Dear Mr Michael Walsh

Re: the review of the Patient Access to Care Health Service Directive (HSD) QH-HSD-025:2015 and associated Protocols are due for completion by October 2024.

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to participate in the above-mentioned consultation. ACEM welcomes the inclusion of several recommendations ACEM have advocated for to improve patient flow in emergency departments (EDs), particularly during times of high demand for acute care.

As you are aware, The Australasian College for Emergency Medicine (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 is provided for all patients presenting to emergency departments (EDs).

In responding to the protocols, ACEM is cautious about the potential for these protocols to be implemented in full, monitored and responded to when parts of the hospital system are not complying with the protocols. Without appropriate enforcement of the protocols there is likely to still be delays to transfer and discharge of patients, resulting in the continued occurrence of access block.

Whilst ACEM notes the compliance measures, those included centre around the monitoring of data only.. It is ACEM's view that there needs to compliance measures included that take a closer look at the factors preventing Hospital and Health Services (HHSs) from being able to uphold the directives coupled with stronger accountability measures, otherwise HHS inpatient units will have little incentive to follow protocols to improve flow throughout the hospital during periods of high demand for acute care.

Whilst this is an important step in the right direction for Queensland's hospitals and health systems, ED protocols alone will not solve access block, as access block is the symptom of the pressure the entire system is under. Whilst the protocols provide initiatives to review, and discharge admitted patients to improve patient flow, there is still a great need to increase bed capacity to reduce access block and improve patient flow and safety.

Thank you again for the opportunity to provide feedback to on this review. 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 Hamish Bourne, Manager, Policy and Advocacy (Hamish.Bourne@acem.org.au).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Shantha', is shown within a rectangular box.

Dr Shantha Raghwani

Chair, Queensland Faculty Board
Australasian College for Emergency Medicine