

DISCUSSION PAPER FEEDBACK FORM

How to provide feedback

We want to hear from you throughout the establishment process for the Commission.

To provide feedback on the information contained in the Discussion Paper and the Frequently Asked Questions, please email Health.Excellence-Innovation@sa.gov.au.

Feedback questions

The below questions are a guide only. You are not required to complete each section in order to provide feedback.

Section 1

<p>1 Do you have feedback on the proposed vision or purpose for the Commission?</p>	<p>Clinician engagement is a vital component in realising the Commission's 'Vision' to ensure <i>best value healthcare through excellence and innovation</i> and the Commission's 'Purpose' of <i>safer, more innovative and efficient healthcare through empowering clinicians and consumers</i>.</p> <p>ACEM strongly supports the need to ensure emergency department (ED) specialists are engaged in government and departmental reform processes, both specific to the ED and across the hospital/healthcare system (for example, pre-hospital care, prevention and health promotion, patient flow through the hospital). Emergency specialists bring unique insights and experience based on the requirements of emergency medicine having ED, hospital and broader healthcare system components.</p> <p>Improving patient outcomes must form the heart of what motivates and guides the Commission in its work, both as an individual organisation, and as a champion across SA Health. The data speaks for itself – SA hospitals have some of the worst instances of access block, ED overcrowding and ambulance ramping in Australia.</p> <p>Clinicians and consumers hold expertise that can drive innovative reforms. ACEM welcomes the opportunity to work with the Commission on innovative solutions to long-standing systemic issues.</p>
<p>2 Do you have feedback on the proposed outcomes for the Commission?</p>	<p>The proposed 'Outcomes' for the Commission provides high level guidance/parameters across the four pillars. As a guide, they provide a platform to improve patient outcomes. However, ACEM is unclear how each will be measured and welcomes the opportunity to work with the Commission on this.</p> <p>For example, <i>Reduction in adverse events</i> - from what number or percentage; to what level or percentage improvement/reduction.</p>

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	<p>For example, <i>'Improved patient experience'</i>:</p> <p>Delays to patient care in the ED are underpinned by systemic failures across the hospital and healthcare sector. Access block, ED overcrowding and ambulance ramping are established indicators that demonstrate a failure of processes in providing high quality, safe care to patients. Our data shows a clear correlation between overcrowded, access blocked EDs and adverse outcomes including a significantly increased risk of dying. This requires action to improve patient flow from the ED and through the hospital.</p> <p>ACEM considers the following elements are important measures of a patient's experience of care:</p> <ul style="list-style-type: none"> • The time a patient waits in the ED before seeing a clinician. • The time a patient spends in the ED before they are treated, admitted, transferred or discharged. • The number of patients waiting 8hrs or more in the ED before they are admitted, discharged or transferred. • The number of patients spending 12hrs or more in the ED. • The number of patients spending 24hrs or more in the ED. • Staffing levels in the ED. • The number of inpatients discharged on weekends.
<p>3 Do you have feedback on the proposed governance or structure for the Commission?</p>	<p>ACEM welcomes greater clarity of how the Commission will publically report on its engagement with the Minister and the Department for Health and Wellbeing. Further, ACEM also welcomes more detail on how the Commission will articulate and report on its engagement across Local Health Networks, individual hospitals and related staffing teams.</p> <p>It is important for the community, clinicians and their patients to know what reform areas have been identified and which hospitals/LHNs are working with the Commission on new practice or reforms.</p>
<p>4 Do you have feedback on the proposed functions for the Commission?</p>	<p>ACEM supports the Commission to take a leading role in facilitating cross-sector engagement on critical healthcare issues. The Commission is well positioned to act as an intermediary between the Minister, the Department, LHNs, hospital executives, clinicians, patients and the community. Mediation and consultation across all stakeholders provides an excellent avenue to address systemic challenges.</p> <p>For example, access block is the most pressing issue impacting on ED function and patient care. Yet the issues that contribute to and result in access block involves stakeholders across the hospital and the broader healthcare system (patient flow – admitted, treated, discharge processes; inpatient staffing and resourcing mix – particularly on weekends; a lack of community based services for vulnerable patient groups).</p> <p>Regular assessment and benchmarking of core performance measures against access block, and consideration of reform options, can be led by the Commission. For example, ACEM strongly advocates that no patient spends longer than 24hrs in the ED. ACEM calls on all jurisdictions across Australia and New Zealand to introduce mandatory reporting of all instances where this occurs. The Commission could provide an assessment of this reform option in the SA context, and outline the impact and effect its implementation would have by using existing data sources, applying future data projections and ongoing measuring of data to identify trends/assess innovative solutions applied.</p>



Section 2

<p>5 How should the Commission enable clinicians to better partner with their peers, consumers, carers, private providers, NGOs and the broader community?</p>	<p>The Commission is well placed to act as an intermediary between the various elements of the healthcare system. Better coordination and engagement of stakeholders is an important element in improving patient outcomes and experiences in South Australian hospitals and EDs.</p> <p>The Commission should set out a reform agenda, track and report on progress towards meeting goals/initiatives, link stakeholders together, and analyse outcomes to share lessons learned.</p>
<p>6 How should the Commission partner with consumers and carers to ensure they are involved in strategic policy, planning and the evaluation of health services undertaken by the Commission?</p>	<p>The Commission should engage with consumers and carers about opportunities for innovation and excellence in SA's healthcare system, based on their unique perspective of care, outcomes and satisfaction.</p> <p>The commission should consider mechanisms for engaging the community in the work of the Commission. Examples include: when designing strategic priorities; when developing information that will be publicly reported; and investigative work undertaken by the Commission, including measures placed on stakeholders to meet required standards.</p>
<p>7 What other ways do you think consumers should be involved in the work of the Commission?</p>	<p>It may be valuable to have community representative, with responsibility for commenting on work undertaken by the Commission (for example, through representation on relevant committees and working groups).</p>
<p>8 How should the Commission engage with the broader community to improve care and meet community expectations?</p>	<p>Regular engagement should be a core component of the Commission's functions, combining one off opportunities to comment and direct engagement with diverse communities, particularly vulnerable populations including people with mental illness, Aboriginal and Torres Strait Islander communities, young people and people who are frail and aged, about their experiences of health care in SA.</p>
<p>9 How should the Commission assist clinicians to improve clinical practice?</p>	<p>The Commission must engage ED specialists in all relevant areas of the Commission's work including:</p> <ul style="list-style-type: none"> • ED specific issues (for example, access block, ED overcrowding, ambulance ramping, staffing levels, data access, Winter Flu strategies, patient/staff safety) • Hospital wide issues (for example, patient flow, patient discharge, long waits in the ED, data access, executive level staffing roles and responsibilities, accountability for patient care) <p>The re-formation of state-wide clinical networks is an important avenue to engage EM specialists and ED staff. It will be important that this network is engaged with emergency medicine expertise. There is a need to develop an effective emergency clinical network. Issues for this network include data collection and reporting, quality metrics for EDs, long waits in the ED, and engagement across the spectrum of EM (ambulance, public and private EDs, inpatient services, GP referrals). ACEM would also like to see a focus on mental health in these clinical networks.</p>



10 How should the Commission assist clinicians to innovate to improve care?	The Commission's engagement with clinicians needs to ensure the right mix of expertise. EM specialists are ED experts and the nature of this workforce and service function involves engagement and collaboration across the hospital and the broader health care system. ACEM encourages the Commission to engage EM clinicians to broaden its insights around quality and safety, public health, rural, regional and remote, and other areas requiring innovation and reform.
11 How should the Commission assist clinicians to upskill in clinical analytics?	The Commission should consider developing and leading workshops to upskill clinicians in this work.
12 What tools or assistance should the Commission provide to improve clinical analytics?	There is a need to improve clinician access to real-time data. Too often, accessibility to data resources is lacking and this negatively impacts the capacity of staff to know what the situation is for their immediate workplace. Further, a lack of knowledge restricts the capacity of the broader hospital team to assist/respond to issues impacting on patient care and service delivery.

Section 3

13 Please provide any additional comments regarding the information outlined in the Discussion Paper and the Frequently Asked Questions	<p>Access block, ED overcrowding and ambulance ramping are occurring at extreme levels across South Australia. A lack of clinician engagement when discussing, planning or delivering reform measures limits the capability to change existing practice.</p> <p>EDs are the safety net of the hospital and broader healthcare system. ACEM has consistently advocated for change outside of the ED, in order to improve the quality of care patients can expect when presenting to the ED.</p> <p>For example, the application and implementation of time-based-targets needs to be reframed as a patient outcome measure, rather than an ED performance metric, given the link between long waits in the ED and adverse patient outcomes.</p> <p>Our data shows that more and more patients are spending longer waits in the ED. This is most acute for vulnerable patient groups, with mental health patients over-represented in all patients experiencing access block and those who spend longer than 24 hours in the ED.</p> <p>ACEM welcomes the opportunity to work with the Commission to improve the experience and quality of care for ED patients.</p> <p><u>Safer Care Victoria</u></p> <p>The Commission can learn from the approach undertaken to develop and implement Safer Care Victoria (SCV). As the Victorian government's healthcare quality and safety improvement agency, SCV was established in 2017. SCV provides a key avenue to partner with clinicians, patients, families and communities to better ensure the delivery of safe, high-quality care and experiences for patients, carers and staff.</p> <p>In practice, SCV has worked with clinicians to review/implement reforms across:</p> <ul style="list-style-type: none"> • Quality Improvement initiatives. • EDs and Urgent Care Centres. • Formation of working groups on sepsis, care of older persons, critical care, mental health.
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Key lessons learned through engagement with SCV are:

- It is important to have a broad system view and encourage an inclusive approach beyond metro-based EDs.
- Clinicians leading committees engage with/across the sector well.
- Consumers have a clear and valuable voice and should be included as much as possible.

Thank you for the opportunity to provide feedback on these important issues. Should you require clarification or further information, please do not hesitate to contact Lee Moskwa (ACEM Policy Officer) on 03 9320 0444 or via email at lee.moskwa@acem.org.au.



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