



Australasian College for Emergency Medicine

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Dr Ian Watt AC, Independent Reviewer
State Service Review
Department of Premier and Cabinet
Tasmanian Government

By email: StateServiceReview@dpac.tas.gov.au

Dear Dr Watt

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to respond to the call for submissions in response to the Review of Tasmania's State Service (the Review). ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in New Zealand and Australia. 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 an emergency department (ED).

From an ED perspective, the Review of the governing framework of the State Service should consider the need to:

- addressing excessively long stays in EDs by increasing the availability of in-patient beds and community health services outside of "business hours";
- ensure that over-stretched ED services are not subject to "efficiency" measures that will negatively impact on patient care; and
- address emergency medicine workforce issues, including an over-reliance on locum and short-term staff and the geographic maldistribution of the workforce.

We have discussed these issues below in relation to the relevant focus area of the review.

Identifying opportunities to improve the delivery of government services, programs, projects and other initiatives, including information technology platforms

Addressing excessively long stays in the ED

Since 2011-12, Tasmanian patients requiring admission to hospital from the ED have experienced the longest waits across Australia. In 2018-19, it took over 22 hours for 90% of all admitted patients to depart Tasmanian EDs (in comparison, the national average was over 11 hours). Findings were worse for ED patients experiencing a mental health crisis, with 90% of this patient group waiting for over 30 hours to depart the ED; again, this was by far the longest length of stay seen across Australia.

Tasmania also had the greatest proportion of admitted ED patients experiencing access block (whereby an admitted patient waits in the ED for more than eight hours for a hospital bed). In 2018-19, 39% of admitted patients experienced access block, with 22% of these accessed blocked patients (4,508 patients in total, equivalent to 12 patients per day) waiting more than 24 hours for admission into hospital.

ACEM's own research supports these findings. Specifically, two 'point-in-time' access block snapshot surveys undertaken across Australian EDs in June and September 2019 showed that:

- in June 2019, Launceston General Hospital (LGH) had 17 access-blocked patients out of 30 (57%) being treated, with 11 of these patients waiting over 24 hours. Royal Hobart Hospital (RHH) had 13 access-blocked patients out of 26 (50%) being treated, with six of these patients waiting over 24 hours. Of the 124 EDs that provided data for this survey, these findings made LGH and RHH the worst and second worst performing ED, respectively, across Australia.

- in September 2019 the situation at RHH had deteriorated markedly from June, with 20 access-blocked patients out of 35 (57%) awaiting treatment, and seven patients staying more than 24 hours.
- in June 2019, the number of admitted patients waiting for an inpatient bed accounted for 62% and 60% of the ED workload at RHH and LGH, respectively. In September 2019, the number of admitted patients waiting for an inpatient bed accounted for 71% and 54% of the ED workload at RHH and LGH, respectively.

Across both surveys, RHH and LGH accounted for 29% of all access block within the Australian hospitals that responded, despite making up less than 2% of the hospitals that responded to the surveys. Dangerously high levels of access block across LGH and RHH has remained a consistent issue, and staff at North West Regional Hospital (NWRH) are now reporting that access block is becoming a significant issue for their EDs as well.

For over a decade long waits and access block within the ED have been associated with poor patient outcomes¹, including: longer hospital stays²; increased errors in care³; an increased likelihood of dying while in hospital⁴; and increased use of restrictive practices. Access block now also presents an additional risk of exposure to COVID-19 (see ACEM's guidelines [The New Normal ED- Living with COVID-19](#)). Likewise, patients with suspected COVID-19 are spending longer in EDs.⁵

Improving access block requires a whole-of-hospital and whole-of-system approach and ACEM has been engaging with the Tasmanian Government and health authorities to develop a state-wide strategy. Based on these conversations, we have made a number of recommendations regarding the improvement of health service delivery, several of which have relevance to this review:

- increasing hospital and alternative care capacity, including increases in physical inpatient bed capacity of public hospitals;
- extending inpatient services outside of "business hours", as well as community mental health services;
- increasing inpatient staff specialists and/or senior decision makers working after hours and on weekends to ensure inpatient beds are made available in a timely and clinically appropriate fashion; and
- encouraging a culture of proactive, transparent and accountable leadership within hospitals.

Improving the ED's information technology systems

Currently, EDs in Tasmania use a digital medical record system (*TrakED*) that is not integrated with the digital medical record system that the rest of the hospital system uses, causing inefficiencies. ED staff need to log into a different digital record system to access time-sensitive information from pathology and imaging services. In addition:

- there are limited *TrakED* licences and many inpatient teams are unable to access ED notes, requiring ED staff to print out ED notes before a patient is transferred to a ward
- *TrakED* has limited functionality to provide real-time statistics to assist in management of flow within the ED, such as the average length of stay and presentations per hour. The Tasmanian Health Service's analytical system *HEART* does provide a useful dashboard for ED flow, but there are limited licences for *HEART* and only Heads of Departments and a select few others have access. This makes it difficult to measure access block and other markers of access to emergency care. Better data, evidence and reporting is essential to improving emergency care and outcomes.

We welcome the start of the roll out of Medtasker at the RHH, but as yet there has been no commitment to this tool in LGH, NWRH or Mersey Community Hospital.

The Review should consider opportunities to improve hospital ICT systems to ensure better integration between the ED and other hospital ICT systems, and better access for senior decision makers working in the ED to data for reporting on emergency care flow, access and outcomes.

¹ Richardson DB, Mountain D. *Myth versus fact in emergency department overcrowding and hospital access block*. Med J Aust. 2009;190(7) 369-374.

² Liew D, Liew D, Kennedy MP. Emergency department length of stay independently predicts excess inpatient length of stay. Med J Aust. 2003;179(10):524-26

³ Gruber J, Hoe TP, Stoye G. *Saving lives by tying hands: the unexpected effects of constraining health care providers*. National Bureau of Economic Research; 2018. NBER Working Paper No. 24445. Available from: <https://www.nber.org/papers/w24445.pdf>

⁴ Sprivilis PC, Da Silva J, Jacobs IG, Jelinek GA, Frazer ARL. *The association between hospital overcrowding and mortality among patients admitted via Western Australian emergency departments*. Med J Aust. 2006;184(5):213-16. Available from: <https://www.mja.com.au/journal/2006/184/5/association-between-hospital-overcrowding-and-mortality-among-patients-admitted>

⁵ O'Reilly GM, Mitchell RD, Mitra B, Noonan MP, Hiller R, Brichko L et al. *Impact of patient isolation on emergency department length of stay: a retrospective cohort study using the Registry for Emergency Care*. Emerg Med Australas. 2020 [in press]; doi: 10.1111/1742-6723.13607.

Examining the effectiveness and efficiency of government services, including the appropriateness and feasibility of further decentralisation

Whilst ACEM supports improving the effectiveness and efficiency of government services, our members across Australia and New Zealand report that centralisation and 'streamlining' of services often results in 'slimming down' of ED services. Currently, EDs in Tasmania are already overstretched and operating with insufficient resources. Our members in Tasmania advise that there is no "fat to give", and caution against changes in the name of efficiency which could result in the loss of essential resources and funding in EDs. The Review should instead look to cultural change and leadership to resolve the inefficiencies within the health system.

Attracting, developing and retaining a skilled public sector workforce with the capacity to meet emerging economic, social, environmental and technological opportunities and challenges

Across Tasmania, our members report that inadequate staffing, geographic maldistribution and an overreliance on locum staffing are all issues challenging their EDs:

- **Inadequate staffing in EDs**, which particularly impacts emergency physician wellbeing through high levels of burn out, professional isolation and moral injury. Tasmanian EDs struggle to attract emergency medicine specialists and trainees. According to ACEM's Annual Site Census, of the Tasmanian EDs that responded to ACEM's 2019 Annual Site Census, 50% reported having unfilled FACEM Trainee FTE that they had been trying to fill for 6 months or more, and 100% reported having unfilled FACEM FTE that they had been trying to fill for 6 months or more⁶.
- **Geographic maldistribution of the emergency medicine workforce**, resulting in inequitable access to emergency care in rural, regional and remote locations (compared with metropolitan locations). This has a particular impact on Aboriginal people who are more likely to present to EDs located in regional areas as opposed to metropolitan areas.
- **An over-reliance on short-term/locum staffing, particularly in regional, rural and remote areas**. The Tasmanian ED FACEM (Fellow of ACEM) workforce is more likely than the ED FACEM workforce in any other Australian jurisdiction to work part-time⁷. The North West of Tasmania in particular has an overreliance on locum staffing, and the inability of locums to travel into Tasmania due to COVID-19 restrictions has caused immense challenges for EDs, resulting in reduced hours of operation due in order to maintain safe staffing levels. Without clinical leads permanently driving ED care, regional areas will receive poorer care than those in metropolitan areas. Reliance on a locum only workforce also impacts on the quality of care available to local communities in regional areas. Whilst locum doctors provide high quality care, they lack the local knowledge and connection to the area to integrate the work of the ED with other local services and implement systems and processes that improve care and outcomes for patients.

Noting the existing workforce shortfalls and the inability of the health system to adequately meet the needs of Tasmanians, we are particularly concerned that Tasmania will not be able to meet increasing healthcare needs as the population simultaneously grows and ages. ACEM is currently working with our membership to develop long-term strategies to address workforce challenges and would welcome a conversation with the Review on structural changes to address these ongoing workforce issues.

We would welcome the opportunity to meet and discuss the above in further detail. Please do not hesitate to contact Nicola Ballenden [REDACTED] if you have any questions about the above or to arrange a meeting.

Kind regards,



Dr Juan Ascencio-Lane
Chair, Tasmania Faculty



Ms Nicola Ballenden
Executive Director, Policy and Strategic Partnerships

⁶ ACEM. (2020). 2019 DEMENT Survey: Report June 2020. ACEM: Melbourne

⁷ ACEM. (2020). *FACEM and FACEM Trainee Demographic and Workforce 2019 Report: Annual Report June 2020*. ACEM: Melbourne.

Available at: [https://acem.org.au/getmedia/974b8982-9e78-44ce-bfd2-](https://acem.org.au/getmedia/974b8982-9e78-44ce-bfd2-12f1a7bab0b4/2019_FACEM_and_Trainee_Demographic_and_Workforce_Report)

[12f1a7bab0b4/2019_FACEM_and_Trainee_Demographic_and_Workforce_Report](https://acem.org.au/getmedia/974b8982-9e78-44ce-bfd2-12f1a7bab0b4/2019_FACEM_and_Trainee_Demographic_and_Workforce_Report)