Acute Health System in Crisis:
Draft Advocacy Paper – For Consultation

A crisis is occurring across Australian public health care systems, evidenced by acutely worsening acute access block and subsequent overcrowding in emergency departments.

This crisis is resulting in patient deaths in ambulances, waiting rooms and corridors.

In 2007, emergency department access block was linked to an excess mortality of 20-30% per year. This equated to approximately 1500 deaths, similar to the national road toll. Access block today exceeds those levels.[1]

Just recently, we have seen the tragic deaths of a woman in Melbourne who passed away while waiting for six hours for an ambulance,[2] and in Perth, where a seven year old girl died after waiting two hours for treatment at an emergency department.[3] We are all aware the level of clinical risk and near misses are rapidly increasing and vastly underreported.

Required responses to this crisis fall into short, medium and long-term strategies, and encompass *access block*, *workforce* and *governance* considerations.

Short term crisis response

1. Government must publicly acknowledge the severity of the crisis and its impact on patient care, staff, and the community.

This crisis is multifactorial and predates the pandemic; but in many ways, COVID has exacerbated and precipitated the current crisis.

Factors which have contributed include:

- Increasing demand on public hospitals which has not been matched by proportionate resourcing;
- Decreasing hospital capacity (worsened by elective surgery backlog, and the impact of COVID-19 on the workforce);
- Decreased flow through emergency departments and the hospital system associated with the need for screening and testing and the application of infection control measures;
- Significant workforce shortages across our acute care medical and nursing workforces, and underfunding of workforce requirements; and
- The inability for GPs and private specialists to see patients in person due to public health infection control measures, lack of PPE, and inadequate infrastructure and appropriate funding.

2. A crisis response

Response requires:

- AMA Federal Executive/Leadership meeting with Federal ACEM and other stakeholders across the whole system to workshop solutions and ensure this

[1] https://www.parliament.vic.gov.au/images/stories/documents/council/SCFPA/Hospitals/Submissions/SCFPA_Hospitals_06_App.pdf
https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block

[2] https://www.theage.com.au/national/victoria/melbourne-woman-dies-waiting-more-than-six-hours-for-ambulance-20210423-p57lvj.html

[3] https://www.abc.net.au/news/2021-04-06/perth-childrens-hospital-death-of-seven-year-old-girl-reviewed/100050248

cross-sector collaboration is urgently escalated by the Commonwealth and State Departments of Health beyond current governance structures;
- Analysing and incorporating key ambulance, emergency department, acute mental health and hospital occupancy data into existing real time national databases;
- Developing agreed capacity triggers;
- Immediate progression of *National Emergency Workforce surge strategy – medical and nursing* (including federal oversight, removal of all barriers to movement of staff to areas of critical need, urgent audit of health services to identify greatest need of emergency resource allocation, and increasing FTE to reflect current use of locums and zero-hour contracted medical staff);
- Implementation of existing "public in private" strategies (utilising all avenues for public patient care to be provided in the private system);
- Emergency governance structures implemented at Federal and State Cabinet levels (these structures should consider demand reduction strategies and improved hospital flow, facilitated discharge strategies, funding any well-developed proposals that exist at local and state levels to increase capacity and patient flow, emergency additional resourcing for general practice, and improved interhospital transfer governance structures);
- Enable GPs with appropriate infrastructure and PPE to see patients with respiratory issues. Work with GPs and PHNs to develop strategies and supports and additional funding to enable this;
- Develop clinical protocols/processes, and devote adequate resources, to screen and manage the potential side effects of vaccination and divert patients AWAY from emergency departments;
- Emergency measures to address rapidly increasing incidences of occupational violence in healthcare;
- Ensure areas of critical staff shortages are not diverted away from non-core business.

Medium Term

Potential medium term responses include:
- Auditing and ensuring optimal national standard reporting on minimum patient waiting times and hospital access times, including inter-hospital transfer times;
- Escalation of targeted resourcing in increased areas of demand (aged care, mental health, disability and poverty);
- Continue focus on ensuring the psychiatric system is resourced and integrated with community and acute mental health and addiction medicine services;
- Implement ACEM's recommendations on infrastructure and staffing of emergency departments (e.g. negative pressure rooms, social distancing requirements, telehealth infrastructure);[4]
- Ensure rural and regional health services have timely access to escalated acute health care both in situ and with augmentation from telehealth;
- Hospitals and state government to coordinate with general practice to prevent avoidable hospital and emergency presentations and maximize care in the community (this needs to includes GPs on governance, planning and strategy groups, improved coordination of care planning between LHNs and GP, funded GP liaison officers at RACFs, and funded point of care testing at RACFs);[5]

[4] https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/COVID-19/Resources/Clinical-Guidelines/The-New-Normal-ED-%e2%80%93-Living-with-COVID-19

[5] https://ama.com.au/sites/default/files/documents/030720_Keeping_people_out_of_hospital_AMA_Position_Statement.pdf
https://ama.com.au/sites/default/files/documents/AMA_Position_Statement_on_LHNs_and_GP_led_primary_care_services_to_reduce_preventable_hospitalisations.pdf

- Ensure collaboration optimized between health services both in delivery of care, workforce and training;
- Ensure data collection optimized on impact of acute system access block on patient quality of care, morbidity and mortality, to enable focused resource allocation to address barriers to improvement.

Long Term

Ultimately a federal parliamentary inquiry and broader system reform will be required. Although significant, we can no longer put this off.

All sectors of the profession should be consulted and involved in developing long term solutions.

In terms of General Practice, the AMA *10-Year Framework for Primary Care Reform*[6] provides an evidence-based platform about what is needed to best support and develop general practice and primary care to maximise its capability to provide accessible, equitable and effective care for patients and the community. Many of these strategies will have a direct effect by decreasing avoidable emergency department presentations.

Further reading

ACEM - Background Paper- Access Block (https://acem.org.au/getmedia/bb0a89f2-3567-4f49-8317-f07af40d0b1d/S127_v01_Bground-Paper_Mar_14.aspx)

Emergency Care Institute of NSW – Mythbusting- access block (https://aci.health.nsw.gov.au/networks/eci/administration/mythbusting)

ACEM – 'GP-type' patients must not be blamed for hospital access block (https://acem.org.au/News/March-2021/%e2%80%98GP-type%e2%80%99-patients-must-not-be-blamed-for-hospital)

ACEM- Emergency Department Design Guidelines (https://acem.org.au/getmedia/faf63c3b-c896-4a7e-aa1f-226b49d62f94/G15_v03_ED_Design_Guidelines_Dec-14.aspx)

ACEM – Guidelines on constructing and retaining a senior emergency medicine workforce (https://acem.org.au/getmedia/3dc2b00e-f91d-470d-bd2e-6092b9b8deb6/G23_V02_Constructing_Senior_EM_Workforce_Nov-15.aspx)

[6] https://ama.com.au/gpnn/issue-20-number-30/articles/ama-launches-their-10-year-framework-primary-care-reform