Submission

No 36

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Organisation: Australasian College for Emergency Medicine

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SUBMISSION TO THE JOINT SELECTION COMMITTEE OF THE NSW LEGISLATIVE COUNCIL 12 NOVEMBER 2007

BACKGROUND

Emergency medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of episodic undifferentiated physical and behavioural disorders; it further encompasses an understanding of the development of prehospital and in-hospital emergency medical systems and the skills necessary for this development.

The Australasian College for Emergency Medicine (ACEM) is an incorporated educational institution whose prime objective is the training and examination of specialist emergency physicians for Australia and New Zealand.

ACEM has a vital interest in the quality of emergency medical care provided to the community and therefore has a wide range of subsidiary objectives relating to emergency department accreditation, policies and standards for the emergency medical system, teaching and research, publication, and those aspects of the medico political framework that have a direct impact on health outcomes for emergency patients.

ACEM also plays an important support role in international emergency medicine and currently performs the administrative functions for the coordination of the International Federation for Emergency Medicine that includes similar colleges and institutions in the United Kingdom, North and South America, Europe and Asia.

ACEM objectives as described in the Memorandum & Articles of Association include:

1. To promote and advance the study of the principles and practice of emergency medicine.
2. To establish and maintain the highest standards of learning, skill and conduct.
3. To promote coordination of community facilities involved in the delivery of emergency care.
4. To advocate representation for Emergency Medicine in academic, administrative and political circles.

In Australia and New Zealand, Emergency Physicians primarily provide care, leadership and training within the Emergency Departments of public hospitals. As many aspects of medical care have become more complex and often time-critical, their role has expanded with the need for expert, episodic care both outside of business hours and in an expanding number of environments, including private hospitals and other facilities. Because of the predominance of certain conditions presenting to Emergency Departments, and the concentration in Emergency Departments on systems of care, Emergency Physicians have branched out to provide expertise in a number of fields, including the following:

- Pre-hospital Care
- Medical Retrieval
- Critical Care
- Toxicology
- Hyperbaric Medicine
- Medical Administration

In addition, the importance of time-critical care provision and systems of care leads to an emphasis on teamwork. This encompasses important partnerships with the following groups:

- Nursing (particularly as colleagues within Emergency Departments)
- Clerical staff
- Prehospital providers, such as ambulance and retrieval services
- Inpatient medical and surgical teams, particularly in critical care areas
- Diagnostic services and providers
- Allied health practitioners
- General Practice, both as a source of referral and as a provider of follow-up care
- Regional health authorities, governments and public health services with respect to both systems issues and mass-casualty events
- Hospital administrations
- Universities, assisting in the education of medical and other health discipline students as well as the development of research relevant to emergency medicine practice

The Australasian College for Emergency Medicine welcomes the opportunity to make a submission to the inquiry and in particular to provide information related to the functioning of the Emergency Department at RNSH and Emergency Departments in general.

SUBMISSION ADDRESSING THE INQUIRY TERMS OF REFERENCE

1 (c) The efficiency, effectiveness and appropriateness of resource allocation and utilisation within the hospital, and in particular, the operation of the emergency department

A number of basic resources are required for provision of acceptable care to emergency patients. These may be summarised as:

Space to treat - Emergency Departments require physical capacity available 24/7 to place emergency patients in a suitable treatment area, to as to commence treatment. This will inevitably mean that emergency departments have vacant treatment spaces standing by to receive such patients, and that the special needs of particular patient groups are accommodated for in the physical environment of the emergency department. For example, accommodation of potentially violent, infectious, or emotionally vulnerable patients and families require specific environmental responses.

For at least the past decade, emergency departments across Australia have suffered from increasing overcrowding, and reduced ability to immediately place emergency patients in a treatment space as soon as required.

This is due to a phenomenon known as “access block” which refers to the inability of emergency patients who have finished their emergency care, but require admission to an inpatient hospital bed, to leave the Emergency Department due to the unavailability of a bed within the hospital.

Access block is the current single biggest threat to the provision of emergency care. The answer to solving access block requires transformation of the health system, and lies largely external to the Emergency Department.

ACEM has commissioned four point prevalence surveys on access block at Australian Emergency Departments accredited by ACEM during the past 3 years. The most recent survey was undertaken in September 2007, and showed that at 10:00 local time on 3 September, the average Australian Emergency Department had 24.4 patients under treatment, and a further 8.6 waiting to be seen. Of those under treatment, on average 10.3 were waiting for beds, representing 42% of the patient workload. Of these, 79% were experiencing access block, that is, they had already been in the ED more than 8 hours. The situation was best in paediatric hospitals – an average of 1.8 access block patients out of 16.5 under treatment (11%) - and worst in adult/mixed tertiary hospitals with 12.0 out of 31.8 (37%) respectively.

For many years NSW Emergency Departments, especially those at large tertiary referral hospitals such as RNSH, have suffered from 30 – 40% of their patients experiencing access block and occupying beds that should be available for new patients. This means there is very limited capacity available to treat new patients, and results in overcrowding of Emergency Departments with adverse consequences, which include:

- Ambulance delays
- Access blocked patients have been shown to have disproportionately extended inpatient lengths of stay
- Patients admitted during times of crowding in the Emergency Department have been shown to be at greater risk of dying in the hospital
- Patients presenting during periods of crowding in Emergency Departments have been shown to experience delays in heart attack treatment and pain relief
- There is an increased risk of cross infection of patients in a crowded Emergency Department

Overcrowding in Australian EDs is not caused by GP-type patients - overcrowding in Australian Emergency Departments, and lack of immediate capacity to place a patient in a treatment area is not due to the attendance at Emergency Departments by patients who could be managed by their GP. There is extensive evidence that in Australian Emergency Departments:

- Low acuity patients are a small constant percentage of attendees; and are low cost and complexity
- They do not occupy a bed or spend prolonged periods of time in a treatment space, being confined to the waiting room
- The most frequent and recurrent Emergency Department attenders do not have conditions suitable for management by GPs

Appropriate staffing - there must be adequate numbers of suitably trained and experienced staff relative to the Emergency Department workload and clinical outcomes demanded. There has been increasingly inadequate staffing of Emergency Departments against the complete change in emergency medicine practice during the past two decades. Increased patient demand, higher complexity problems, an older community living with chronic diseases, and the increased prevalence of mental illness have seen a change in the intensity and nature of work in the Emergency Department.

Health system reliance on predominantly junior medical staff, overseas trained doctors who do not receive adequate support to adapt to the local system, or on locum medical staff with variable skills and experience, to staff Emergency Departments is problematic for the delivery of consistent quality care to patients.

NSW has one of the lowest ratios of emergency medicine specialists to the number of patients treated in its emergency departments in Australia. Workforce surveys in NSW have demonstrated that emergency specialist trainee positions in NSW Emergency Departments are only filled by Australian trained, registered ACEM trainees in approximately 50% of cases, with the remainder being filled by overseas trained doctors, non-training doctors, locums or left vacant.

No Emergency Department in NSW meets the Australian Medical Workforce Advisory Committee 2003 recommendations on specialist medical staff numbers in Emergency Departments, including the RNSH Emergency Department.

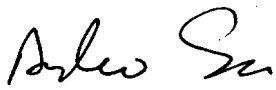
Support structures - NSW Emergency Departments are large units with complex operational requirements. Systems within the health service/ within the Emergency Department must support clinicians to deliver optimal quality care. For example, information technology, access to non-Emergency Department clinical resources, management of equipment, human resources including rostering and recruitment, communications, quality processes, educational requirements, incident management, and service innovation must assist emergency staff in delivery of more streamlined care.

2 That the committee consider any strategies or measures in place or proposed for improving quality of care for patients at the hospital which may also benefit New South Wales' public hospitals.

ACEM believes that the most effective improvement of quality of care delivered to Emergency Department patients will result from:

- Strategies to address bed availability within hospitals, and to reduce access block in Emergency Departments. This means that when a patient presents to an Emergency Department, and requires immediate placement in a treatment space or private area, one will be available.
- Support increased numbers of specialist Emergency Physicians in NSW Emergency Departments, so as to reduce system reliance on junior, variably trained doctors. As in all other areas of medical practice in hospitals, there must be an expectation that every emergency patient has their care given or closely supervised by a specialist.
- Support adequate numbers of clinical and support staff in Emergency Departments so as to realistically address current demands for emergency care
- Improved support structures such as improved information management, and non-clinical support is expected to allow clinical staff to focus more on the delivery of clinical care

The Australasian College for Emergency Medicine welcomes the opportunity to put this submission, and can provide any additional information on request.



DR ANDREW SINGER
PRESIDENT

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