

OPINION

Talking Point: Emergency departments the tip of the iceberg

BRUCE LEVETT: Tasmania's Emergency departments might show the strain, but they are only the most visible part of a health system under pressure

BRUCE LEVETT, Mercury

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📷 LOOK BEYOND: The Royal Hobart Hospital Emergency Department public entrance. Picture: MATHEW FARRELL

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WHERE to now for Tasmania's **public hospital emergency departments?**

Health Consumers Tasmania attended the Access Block Solutions meeting on June 19. As the state's peak body for health consumer advocacy, our aim is to connect community voices and expectations with the health system.



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voices and expectations with the health system. About 50 people attended the whole-day event in Hobart to respond to the Auditor-General's report, "that the Tasmanian hospital system is not working effectively to meet its growing demand for emergency care".

The meeting was aimed at finding solutions to Access Block, a problem that, according to the department's quarterly report, has in fact, got worse.

Access Block refers to an overcrowded emergency department caused by patients staying longer than necessary in emergency because there aren't enough beds in the main part of the hospital for them to be transferred to.

So, from a community perspective, how did the meeting go, what does it all mean and what's next?

The Auditor-General in his report highlighted three core reasons behind the problem with emergency departments in Tasmania's four main public hospitals.

The first reason offered by the Auditor-General relates to infrastructure capacity. Those in the room identified that by changing some procedures for discharging patients and improving joint accountability for patient care they could improve the patient flow through emergency and free up additional beds across the hospital. If this eventuates, it's a positive.

Secondly, the auditor highlighted poor and dysfunctional culture across and within the hospitals as a major issue.

There was a commitment in the room to fix culture, but without a discussion to fully understand or own what the culture problem is and without commitment to resource and fund change, we are left more hopeful than certain that the culture problem will improve.

The third reason in the Auditor-General's report was about poor or inefficient processes. Given his report said "the patient journey through Tasmania's four major hospitals has deteriorated and become more challenging during the last decade for both patients and ED staff", this is of great concern to us.

We believe that whatever procedural changes are adopted, they need to be done with the patient clearly at the centre with consumers helping to identify these changes. I am yet to see evidence of this happening.

What does this all mean?

We acknowledge that the outcomes from the meeting are a first step, but they alone will not solve the problems facing emergency departments. I am not convinced that, as a group, we nailed the core issues. I walked away from the meeting feeling that we were skirting around the edges and not fully embracing the problems highlighted by the Auditor-General.

This is not a criticism of the commitment, talent or expertise of those in the room, but I don't think we touched on some of the key issues.

Unfortunately, the package of solutions to the emergency problem is not to be found in the emergency department.

That's because the emergency department is only one step within a whole system and when the system is under pressure, the Emergency Department is where it becomes most evident. The reality is, if we don't fix the connections between the hospital and community-based care, if we don't build the health system so other avenues to primary care are equally available to everyone 24 hours, seven days a week, if we don't start meaningful investments in prevention, then the Emergency Department cannot focus on what it was originally designed to do — provide emergency medicine to those with an acute, life threatening health event. The Action Plan summarising the meeting, which can be found on the Department's website, does start to look at community options to better use rural inpatient facilities which we believe is a step in the right direction.

Tasmanians don't understand why so little effort and resources are placed in the areas such as community care and prevention that together will help reduce the squeeze on our emergency departments. Tasmanians tell me they don't want to go to hospital, so we therefore need to find alternate, safe care outside the hospital that is appropriate to their conditions



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conditions.

So what's next?

We requested greater independent scrutiny of any actions that came out of the meeting and progress against the 10 recommendations made by the Auditor. The meeting agreed to invite the Auditor-General to come back in 12 months to provide the public with an update on progress, but this is not in the Action Plan. We would also like greater communications between the hospitals and their communities so hospitals can directly address community concerns. This is about making our hospitals more accountable to their communities. We are confident there is support for this and we will continue to advocate that it eventuates.

We also understand there is a commitment that those in the room will meet again, perhaps later next month, to review work done to date.

And we will continue to argue that the mix of solutions needs to include a longer-term focus and not just on short-term solutions, otherwise I can only see more days spent in meetings trying to address the same issues over and over.

Bruce Levett is the executive officer of Health Consumers Tasmania, an independent, community-based health advocacy organisation.



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