



AWUEQ Submission

# Emergency Department performance reporting

July 2014

## Emergency Department performance reporting

The Australian Workers' Union of Employees, Queensland (AWUEQ) represents over 8,000 health care workers, including both operational and support staff such as ward and store persons, orderlies, cleaners, food services and laundry staff, security officers, and multi-disciplinary clinical assistants, and clinical staff such as nurses, allied health professionals, indigenous health workers and medical practitioners.

### Introduction

The National Emergency Access Target (NEAT) was established in 2011 by the State and Commonwealth Governments.<sup>1</sup> Measured as the percentage of patients leaving an Emergency Department (ED) within 4 hours of their arrival, NEAT's aim was to reduce waiting times at EDs and thereby improve patient outcomes and experience. All governments have committed to a target of admitting, referring or discharging 90% of patients within four hours by 2015. Each State and Territory has its own annual targets up to 2015, although no State or Territory has yet met these targets to date, and no State or Territory is likely to meet the 2015 target.<sup>2</sup>

Queensland Audit Office is currently carrying out an audit to assess the performance of Queensland's public EDs in achieving targets under the NEAT. AWUEQ members working in hospitals are all affected by the implementation of NEAT and this is the AWUEQ's response on behalf of its members to this audit.

### AWUEQ's assessment of Queensland's performance in achieving NEAT

The AWUEQ is supportive of NEAT and its aims to improve the outcomes and experience of patients in Queensland. However, whether NEAT can successfully improve hospital services depends on three critical factors: 1) a holistic, system-wide approach to its delivery, 2) high levels of staff morale and, 3) appropriate resourcing, which are explained in full below.

The AWUEQ maintains that the health policy framework put in place by the current State Governments does not recognise the factors crucial to NEAT's success and are instead implementing policies which directly hinder the health system from delivering lasting improvements. The AWUEQ is concerned that any improvements in meeting the targets will not be sustainable or will be at the detriment of other services within Queensland's public health system.

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<sup>1</sup> [http://www.federalfinancialrelations.gov.au/content/npa/health\\_reform/national-workforce-reform/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-workforce-reform/national_partnership.pdf)

<sup>2</sup> <https://www.coagreformcouncil.gov.au/media/releases/2014-06-20>

### A holistic, system wide approach

The pressure to meet the NEAT target is not just felt by ED staff but by all hospital staff.<sup>3</sup> As patient flow increases in ED, more people have to be cared for and treated in other hospital departments, and more quickly. More people have to be transported to other wards, more rooms and equipment have to be cleaned and sterilised more frequently, more meals have to be cooked, more tests and examinations have to be carried out, and more paperwork has to be completed. All hospital workers are therefore working to help meet NEAT and each and every staff member plays a critical role in a patient's journey and hence in meeting NEAT targets and improving ED services.

In fact, the impact of NEAT is not just felt by all hospital staff but by all public health care staff, who have to meet higher numbers of referrals to their services or address escalating demand by preventing patients from ending up in ED in the first place.

ED staff simply cannot increase patient flow without support across hospitals and other health services; a holistic, system-wide approach to implementing NEAT targets is critical.

### **Yet the Federal Government has slashed hospital, community and preventive health budgets which will directly impact on the provision of ED services across Queensland Health:**

- The National Partnership Agreement on Public Hospitals<sup>4</sup> has been cut by \$1.8bn over the next four years. Cuts of \$217m from hospitals will be made in 2014-15, \$260m in 2015-16 and \$133m in 2016-17. These budgets not only directly support NEAT, but also other nationally agreed targets which need to be met if the whole system can work more efficiently. Significant cuts from 2017 onwards have also been outlined, which mark the end to Commonwealth funding allocation based on the needs of an ageing population. In view of the ageing population, this change will seriously endanger the quality and range of services and care public hospitals can provide to meet the population's health care needs. As hospitals struggle to deal with this funding shortfall, NEAT and other nationally agreed targets will become harder to meet. The AWUEQ asks that this audit considers what strategy, if any, the State Government has for dealing with this funding crisis and its impact on NEAT.
- The introduction of a \$7 co-payment to visit the GP. Government policy should be encouraging patients to visit their GP rather than visiting ED, which is a significantly more costly service to provide. Yet a GP co-payment would place even greater pressure on EDs as patients head to ED to avoid paying GP costs. The AWUEQ

<sup>3</sup> [http://www.health.wa.gov.au/publications/documents/FourHourRule\\_Review\\_Stokes.pdf](http://www.health.wa.gov.au/publications/documents/FourHourRule_Review_Stokes.pdf) and [http://www.coag.gov.au/sites/default/files/Expert\\_Panel\\_Report%20D0490.pdf](http://www.coag.gov.au/sites/default/files/Expert_Panel_Report%20D0490.pdf)

<sup>4</sup> <http://www.theguardian.com/world/2014/may/19/hospital-cuts-begin-july-tony-abbott-admits>

asks that this audit consider what strategy, if any, the State Government has for dealing with this likely, future influx of ED patients.

- Preventive health education programs will be cut by \$367m. The Government is also saving \$6m by abolishing the national preventive health agency. Without effective preventive health measures in place such as innovative public health campaigns, Queensland's public health system will struggle to cope with increasing numbers of patients presenting with conditions resulting from, for example, obesity and smoking. The resulting escalation of patients presenting with preventable conditions will also be more costly to treat or care for in other health care areas, particularly ED. The AWUEQ ask that this audit considers the State Government's strategy, if any, to address the cuts in preventive health measures and their long term impact on meeting ED targets.

### Staff morale

As health workers are asked to work harder, it is clear to see why maintaining staff morale is a key priority if service improvements are to be sustained and staff burn-out is to be prevented. All health workers should feel that their work is appropriately valued and rewarded. They should feel that their contribution is respected, and that their efforts are ultimately helping Queenslanders, not creating new bottlenecks further along the patient journey. The health and wellbeing of staff is also critical as evidence shows there are clear links between staff health and wellbeing and service improvements in terms of patient safety, experience and the effectiveness of care.<sup>5</sup>

**Yet the State Government has not shown that it respects or values Queensland's public health workers. It has introduced legislation which rolls back their long and hard fought terms and conditions, whilst they fear for their jobs as services are cut and outsourced:**

- The Government is reviewing all Queensland Health employees pay awards, with many of the changes resulting in cuts to their terms and conditions and basic allowances and working hours.
- 4,380 cuts have been made to Queensland's public health workers positions since 2012, with more in the pipeline for the health system. Many of our members tell us they fear that their job is next, yet at the same time they are being asked to deliver more and implement service changes. The AWUEQ requests that the audit consider the impact of staff morale, reduced staffing levels and increased workload on the ability of the department to meet NEAT targets.

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<sup>5</sup> <http://www.nhshealthandwellbeing.org/FinalReport.html>

- The State Government intends to outsource many public health services. It has already started with operational services including the cleaners and ward, security and support staff at the Royal Children's Hospital. These workers are critical members of hospital care teams and should be treated as such. The work they undertake is as important to a patient's experience and outcomes as their clinical colleagues, yet they are treated as dispensable and their service delivery privatised to the lowest bidder. The Queensland Health staff currently providing operational services at the Royal Children's Hospital will in fact lose their jobs when the Royal Children's Hospital reopens, and a subsidiary of the multinational company Compass Group will instead provide them.<sup>6</sup> Outsourced workers are often forced onto casual hour contracts, where their hours vary from week to week, they are paid a lower hourly rate with reduced penalties and allowances, and they may be asked to work split shifts so employers avoid paying for breaks. Outsourced services have also been found to provide poorer quality and range of services to patients.<sup>7</sup>

Instead of supporting Queensland's health workers, the Government has been adversarial, telling them to "*Get on the train or get under it*" in relation to their outsourcing policy.<sup>8</sup> This is no way to treat the people who everyday work hard to meet Queensland's health care needs. The AWUEQ asks that this audit considers the impact of the State Government's strategy to outsource public health services on long term, sustainable improvements to patient quality, outcomes and experience in meeting NEAT targets.

- Our members tell us they are scared to speak out at work due to State Government's changes to union access in the workplace and diktats telling workers they have no right to express their views on Government policy in the workplace. All workers should be free to speak out in the workplace, and to discourage them risks the health and wellbeing of not only staff but patients too, as unsafe care practices may go unchallenged. The AWUEQ asks that the audit considers the State Government's adversarial approach to health workers and the impact this will have on working towards and sustaining NEAT targets in EDs.

The Federal Government's cuts to public hospitals and the wider public health budgets will also come as a blow to health workers who want to provide high quality care throughout the system. If improvements are made in ED to meet NEAT targets without improvements in other departments or the wider system, we fear that this will not be of benefit to patient

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<sup>6</sup> <http://www.brisbanetimes.com.au/queensland/staff-lose-jobs-as-brisbane-childrens-hospital-switches-location-20140426-37ao9.html>

<sup>7</sup> [http://awuqld.nationbuilder.com/health\\_services](http://awuqld.nationbuilder.com/health_services)

<sup>8</sup> <http://www.couriermail.com.au/news/queensland/health-minister-lawrence-springborg-launches-health-blueprint-for-queensland-wayne-swan-says-its-an-attack-on-medicare/story-e6f9e0of-1226587038906>

outcomes or experience as EDs seek to find ways to officially meet the 4 hour target by effectively 'shelving' patients in other wards or by failing to properly assess patients, thereby risking their health.<sup>9</sup> The AWUEQ asks that this audit considers whether such 'shelving' or other questionable strategies are being undertaken in EDs to improve ED data, and whether this is consistent with the requirements of the national agreement and patient outcomes, experience and safety.

### Appropriate resourcing

A holistic, system-wide approach requires appropriate funding if NEAT targets are to be met. The public health system is already under strain as it seeks to meet increasing demand resulting from an ageing population and people living longer with long-term conditions and disabilities. To deal with more patients, more quickly demands additional resources to ensure service quality does not decline as a result – a fact recognised by the Labor Federal Government who allocated additional funding to hospitals to support the targets.<sup>10</sup>

Yet on top of massive cuts to public hospitals and public health system funding, the Federal Government has made a direct cut of \$201m, starting next year, from funds allocated to help States reduce waiting times at public hospitals.<sup>11</sup> This will further impede the work of health workers committed to meeting the NEAT target.

Many fear that public hospitals simply will not be able to cope in coming years in view of budget cuts and increasing demand, meaning improvements made towards meeting NEAT are likely to be quickly undone.<sup>12</sup> Again the AWUEQ asks that this audit considers what strategy, if any, the State Government has in place for mitigating the future effects on ED targets caused by the reduction in Federal ED funding.

### **National Partnership Agreement on Improving Public Hospital Services 2013**

In view of this policy and political context, the fact that Queensland public health hospitals have for the second consecutive year not met annual NEAT targets should be of no surprise.

How can Queensland's public health system be expected to improve when both State and Federal Governments have failed to understand the importance of the wider public health system on NEAT, have seriously cut public hospital and health budgets, and have clear contempt for our health workers?

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<sup>9</sup> <http://www.couriermail.com.au/news/queensland/gold-coast-hospital8217s-emergency-department-targets-are-putting-patients8217-lives-at-risk-doctors-say/story-fnihsrf2-1226690966392>

<sup>10</sup> [http://www.federalfinancialrelations.gov.au/content/npa/health\\_reform/national\\_workforce\\_reform/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national_workforce_reform/national_partnership.pdf)

<sup>11</sup> <http://www.theguardian.com/world/2014/may/19/hospital-cuts-begin-july-tony-abbott-admits>

<sup>12</sup> <https://ama.com.au/ausmed/hospital-funding-cuts-risk-reigniting-short-sighted-blame-game>

Our current Governments have created environments in our public hospitals where employees fear for their jobs, their wages and their future ability to provide for their families. Whilst public health workers aspire to provide the best health services for Queenslanders, they are not given the financial, policy or political backing they need to do this. As a result, Queensland's public hospitals and patients are missing out on Commonwealth financial incentives tied to NEAT of up to \$41.6m.<sup>13</sup>

The AWUQ fears that the State and Federal Government's approach to public health services risks reversing the decline of ED waiting lists and/or will result in patients effectively being shelved elsewhere in the system, to the detriment of patient outcomes, experience and safety.

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<sup>13</sup> [http://www.federalfinancialrelations.gov.au/content/npa/health\\_reform/national-workforce-reform/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-workforce-reform/national_partnership.pdf)