Health Emergency Services

Ambulance and emergency department (ED) services respond to patients who may have an urgent need for medical, surgical or other care. Demand for these services is rising.

EDs are also often used as an initial point of care for those seeking mental health related services for the first time, or for those seeking after-hours mental health care.

Ambulance ramping*, emergency department overcrowding and persistent access block* for hospital beds can have serious consequences for patient care resulting in poor health outcomes, higher mortality and longer hospital stays.

Integrated interventions across care sectors are needed to ensure appropriate and efficient use of health emergency services.

Ambulance services are managed by state and territory governments. They have evolved significantly over time and are more than a transport service to hospital. There is a complex mix of funding, pricing and coverage arrangements for ambulance services use across Australia. Only Queensland and Tasmania provide universal ambulance cover.

Potential out-of-pocket costs for ambulance transport has been reported to cause almost one-half of residents living outside of Queensland and Tasmania delaying or avoiding calling Triple Zero (000) for life-threatening conditions.

Most ED services are provided by public hospitals, funded by state and territory governments. ED presentations have increased on average 2.7% annually between 2013–14 and 2017–18.

Nationally in 2017–18, 8.8% of patients presenting to ED were assessed as non-urgent. Reasons are multi-factorial. Appropriate emergency care requires the right care in the right place with the right resources. Hospitalisations and readmissions are less likely if an electronic health record is used in the ED.

In rural areas, doctors often have specific training for rural emergency medicine but may lack immediate access to onsite specialist advice for difficult cases. Telemedicine use in some emergency rooms and can provide valuable support.

In rural and remote communities, general practitioners and EDs often provide emergency mental health care but may lack specific mental health training, confidence or time to care for mental health patients. This impacts the quality of care that can be provided to the patient and can affect patient outcomes.

AHHA POSITION:

- Ambulance services are an essential component of a universal health system, providing life-saving treatment and transition into hospital care. The variable system of ambulance service funding across jurisdictions does not support equitable access to potentially lifesaving care. All states and territories should adopt universal ambulance cover jointly funded between the Commonwealth, state and territory governments.
- ED overcrowding and access block are significant issues requiring whole-of-hospital and whole-of-system approaches that are tailored to local needs.
- Publicly reported national data should exist to measure and monitor ambulance ramping, delays for transfer of care to ED staff, and the effectiveness, safety, quality and equity of care in emergency departments.
- The Commonwealth must support accessible after-hours primary healthcare. MBS funding for urgent after-hours care must focus on the healthcare needs of the patient.
- Alternative models for non-emergency care outside the acute sector must respond to local needs and different population groups.
- ED clinicians must be supported and incentivised to adjust work processes to embed routine My Health Record use in hospital EDs.
- Ambulance services must be included in digital health reforms, including access to My Health Record and integrated health data.
- The Commonwealth and state/territory governments should consider a centralised telemedicine system to provide a single access point for rural clinicians, staffed by emergency medicine specialists in a large tertiary hospital who can also draw on inpatient unit specialists as required.
- The Commonwealth and state/territory governments must ensure best practice management of mental health emergencies in rural and remote Australia.
- State/territory legislation and regulations must support paramedics to work to their full scope of practice.

* Ambulance Ramping occurs when clinical care of a patient cannot be transferred to the ED, within a clinically appropriate timeframe, specifically due to lack of an available appropriate clinical space in the ED.
* Access block occurs when patients requiring admission remain in ED for more than 8 hours.

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