

Health Emergency Services

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

Ambulance services are an essential component of a universal health system, providing life-saving treatment and transition into hospital care.

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

Appropriate emergency care requires the right care in the right place with the right resources. However, demand for ambulance and emergency services in Australia is rising. Emergency department (ED) presentations increased by an average of 3.2% annually between 2014–15 and 2018–19.

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

Ambulance services are managed by state and territory governments 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. Most ED services are provided by public hospitals, funded by state and territory governments. However, only Queensland and Tasmania provide universal ambulance cover.

EDs are often an initial point of care for those seeking mental health services. Insufficient resourcing and integration of the mental health system has resulted in increased mental health emergency department presentations. In 2017-18, 3.6% of all ED presentations were due to mental illness (excluding suicidality and self-harm).

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. In rural areas, doctors often have specific training for rural emergency medicine but may lack immediate access to onsite specialist advice for difficult cases.

AHHA POSITION:

- ✧ 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 Australian, state and territory governments.
- ✧ Whole-of-hospital and whole-of-system approaches tailored to local needs are needed to reduce ED overcrowding and access block.
- ✧ 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 Australian Government must support accessible after-hours primary healthcare, particularly in rural and remote areas where there are identified shortages. 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.
- ✧ To reduce hospitalisations and readmissions, ED clinicians must be supported and incentivised to adjust work processes to embed routine My Health Record use in practice.
- ✧ Ambulance services must be included in digital health reforms, including access to My Health Record and integrated health data.
- ✧ The Australian, state and territory governments should consider a centralised telehealth 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 Australian Government must adopt recommendations of the Productivity Commission (PC) inquiry report into mental health to reform the mental health system and improve access to out of hospital mental health care. This will reduce the reliance on emergency department mental health services.
- ✧ PC reforms to improve access to mental health support in rural and remote communities should also be prioritised.
- ✧ State and 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.