

26 February 2024

ama.com.au/qld The Hon Shannon Fentiman MP 88 L'Estrange Terrace Minister for Health, Mental Health and Ambulance Services Kelvin Grove 4059 Minister for Women PO Box 123 GPO Box 48 Red Hill 4059 **BRISBANE QLD 4001** Ph: (07) 3872 2222 Fax: (07) 3856 4727 Mr Michael Walsh amaq@amaq.com.au Director-General ACN: 009 660 280 ABN: 17 009 660 280 Queensland Health

By email:

Subject: Inadequate ED consultant ratios and time-to-treatment measurement

Dear Minister and Director-General

AMA Queensland's Committee of Consultant Specialists (CCS) was established to advise and report to the AMA Queensland Council on emerging issues in consultant specialist practice. CCS has identified two key operational concerns that are negatively impacting emergency departments (EDs) and patients across the state, namely:

- 1. inadequate ratios of senior ED physicians to patient flow; and
- 2. insufficient time-to-treatment measurement.

The first issue directly contributes to ED bottlenecks since all but the most minor patient cases need to be reviewed by a senior ED physician before discharge or inter-hospital transfer but hospitals employ too few to meet their requisite patient presentations and flow.

The Australian College of Emergency Medicine (ACEM) has recommended guidelines for senior, intermediate and junior ED doctors across different sized EDs (please refer to <u>ACEM's website</u> <u>here</u>), however, clinicians advise that nearly all EDs in Queensland do not adhere to the guidelines. This is reportedly despite availability of senior ED consultants in most HHS catchments.

The second issue (insufficient time-to-treatment measurement in EDs) is masking the true data for regional, rural, remote and 'suburban' (i.e. non-major tertiary hospital) patients and likely resulting in poorer health outcomes in comparison to metropolitan patients.

Doctors advise that the time-to-treatment metric, as used on Queensland Health's Hospital Performance website, does not reflect the true wait times for non-major tertiary hospital patients because wait times are not aggregated when patients are transferred between facilities. Instead, the patients' wait time is restarted upon presentation at the major facility.

This results in many of these patients experiencing delays in obtaining surgical and other treatment that is not reflected in the Department's data. Worse still, such delays are recognised as key

causes of poor health outcomes and death in the <u>Queensland Audit of Surgical Mortality (June</u> 2023).

AMA Queensland acknowledges your commitment to equitable access and health outcomes for all Queenslanders regardless of where they live. As such, we would welcome an opportunity to meet with you further to discuss these concerns.

Yours sincerely

Dr Maria Boulton President AMA Queensland Dr Brett Dale Chief Executive Officer AMA Queensland