

# MEDIA RELEASE

## AMA NT corrects the record on capacity issues at Royal Darwin Hospital

The AMA NT notes the discussion in the NT Estimates Committee on Tuesday 17<sup>th</sup> June. We note the Minister for Health's comments on Code Yellows, and the fact that a Code Yellow has not been called for bed pressure since the change of government.

These comments mislead the public on the true issue facing the Territory, which is that we do not have enough acute hospital beds for the population that we serve.

"The fixation on Code Yellows is semantics", says AMA NT President Dr John Zorbas. "You can call it whatever you want. The fact remains that Royal Darwin Hospital is dangerously full on a daily basis".

The AMA NT wants to shift the focus to access block. Access block is an issue that arises when a decision is made to admit a patient to hospital as an inpatient, and it takes longer than eight hours for that patient to arrive in the relevant ward. Access block is a defined term recognised by the Australasian College for Emergency Medicine and is linked to increased harm to patients when it is present.

"Our doctors tell us that Royal Darwin Hospital has been in access block almost every day of this year, and this is the proof that RDH doesn't have the beds it needs to provide the care that Territorians need".

"The solution to access block is a hospital with enough beds to accommodate their patients. This means a primary care systems that is funded and resourced to prevent needing a hospital in the first place. This means having enough acute beds for when someone needs a hospital bed. This means making sure patients aren't stuck in acute beds when they are better served in another facility, such as aged care".

The AMA NT calls on both Territory and Federal governments to step up to the task of appropriately funding healthcare in the NT.

"This is a difficult problem, but the solutions won't be found in committees. We're asking NT Health and the Minister to talk to their doctors directly rather than spreadsheets", says Dr. Zorbas.

### Addendum

The National Health Reform Agreement is the primary funding mechanism for Federal funding to support State and Territory hospitals. The NT receives the lowest percentage of Federal funding compared to other jurisdictions. This urgently needs to be revised to at least the average percentage of all jurisdictions to prevent systemic underfunding. This would bring in approximately \$150-200m of healthcare funding to the NT.

The NT government is currently the “funder of last resort” in aeromedical retrieval and remote healthcare clinics. In other jurisdictions, the Federal government is the majority funder. This is not the case in the NT.

The new 32-bed modular ward being built at RDH is an essential part of future capacity projection. As of yet, its operations are un-funded, which means it will contribute zero extra beds to RDH.

Access block is a significant marker of hospital bed pressure and potential harm to patients. More can be found from the Australasian College for Emergency Medicine (<https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block>). It is a symptom of a much larger problem, rather than a problem of the emergency department itself.

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