

## AUSTRALIAN MEDICAL ASSOCIATION (SA) INC

AMA House, 161 Ward Street, North Adelaide  
PO Box 134 North Adelaide SA 5006  
www.amasa.org.au Fax: (08) 8267 5349



### **AMA's national hospitals report card highlights SA gaps**

The AMA's national Public Hospitals Report Card highlights that SA public hospitals are under pressure and under-performing. The data break-down for SA includes:

#### ***Emergency presentations***

*In 2016-17, only 52 per cent of urgent emergency presentations were seen within the recommended 30 minutes – a disappointing result and a sharp drop from around 70 per cent achieved in 2011-12.*

*The percentage of emergency department visits completed in four hours or less also declined in 2016-17 to 64 per cent – down from 66 per cent in 2015-16.*

*Note: This is a National Health Agreement Performance Indicator that is considered indicative of whether 'Australians receive appropriate high quality and affordable hospital and hospital related care'*

#### ***Elective Surgery***

*South Australia also dropped its performance on the proportion of Category 2 elective surgery patients admitted within 90 days.*

*It dropped from 88.4 per cent in 2015-16 to 87.5 per cent in 2016-17.*

*The downward trend in the SA performance measure mirrors the downward trend in WA – a result at odds with the remaining six States and Territories.*

*The 12.5 per cent of Category 2 elective surgery patients not seen on time in SA public hospitals waited, on average, another 32.9 days to be admitted.*

AMA State President Associate Professor William Tam said that the report card's national findings show that all governments – state and federal – need to step up on health funding, agreeing with federal AMA President Michael Gannon's assessment that "the current COAG agreement is a funding formula for failure".

"Neither federal nor state funding has kept pace with demand, leaving hospitals struggling," said A/Prof Tam. "Added to which, in South Australia our system has been grappling with the major upheavals of closing and replacing a major tertiary hospital, wide ranging cuts and reconfigurations under Transforming Health reforms, and the introduction of a new statewide electronic health record system.

"We can't delegate any poorer outcome to a single factor. Health is a system and all parts have a role to play. At the moment though, we are grappling with a time of significant risk and challenge," he stated.

"Whoever forms government after the election will need to revitalize the SA health system, and build up the faith and optimism among the health community, so that we can focus on what we do best – looking after patients."

“Ever since the 2014-15 federal budget cuts that started the whole Transforming Health process, it has been a tough time. The current government was looking for answers to budget woes, but the solutions weren’t the right ones. Doctors and nurses are working very hard and continuing to deliver great care to patients. But the system isn’t properly supporting them to do that.”

“The AMA(SA) has made its policy prescriptions for a healthier health system for SA. Our *People First Health Strategy for SA: Election Priorities 2018*, includes a range of measures that will help us get the right reforms, the right services, the right care for our community.”  
(see next page)

“The national AMA report card also highlights the problem of the ‘hidden’ waiting lists – the wait after referral to get a public hospital outpatient appointment. In SA we have heard frightening figures about waits of years’ duration just for an initial appointment. The AMA(SA) has for years been calling for outpatient waiting lists to be published online so that doctors and patients know how the system is performing and can refer and make decisions about their health care and insurance cover accordingly.”

“This would also provide more accountability from government and health services. Better data would inform better decisions. We have been calling for this so long that the first positive undertaking we had on it was from former health minister John Hill. Now Labor says they will do it but it will take time and the Liberal Party has only gone so far as to commit to quarterly, not real-time data. Both parties can do much better. The AMA(SA) calls for a proper online system, designed with clinicians, as a top priority post-election.”

## **AMA(SA) KEY PRIORITIES**

*(For a complete list: [amasa.org.au](http://amasa.org.au))*

### **Clinician-led decision-making**

- An independent Clinical Data Analytics Unit and a new Clinical Senate to advise on health strategy.
- Expanded medical and surgical service at the Modbury Hospital, with a high-ratio nursing observation unit and priority patient transfers to the Lyell McEwin Hospital (LMH), with six additional intensive care beds for the LMH.
- A co-located Women's and Children's Hospital; and a clinician-led Child Health Plan.

### **Integrated Hospital and GP Services**

- Collaborative team-based models of care, and funding for GP-led stepdown/outpatients.

### **Resources for Rural and Remote Health Care**

- Increased scope of clinical services in larger case-mix funded hospitals.
- A hybrid model of care including specialists, rural GPs and medical trainees.
- Improved access to mental health care.

### **Commitment to Training and Research**

- A strategic plan for training, clinical research funding and collaborative workforce planning. Network training models and increased training places, including in suitable rural locations.

### **Better facilities for people with severe mental health issues**

- Multiple medium-size purpose-built, high dependency accommodation for people with severe behavioural problems associated with dementia, mental illness and impairment.
- Specialist training for staff caring for elderly patients with behavioural problems and a dedicated mental health registry to collect data

### **Funding for palliative care**

- \$24 million per annum for a palliative care model that enables GPs and allied health professionals to support people to die at home.
- A new 16-bed purpose-built hospice at Modbury Hospital.
- Rural outreach palliative care.

### **Support for doctors' wellbeing**

- Legislative amendment to remove the mandatory reporting provision for doctors treating doctors.
- Mentoring, peer-to-peer support networks and commitment to safe working hours.
- Zero bullying tolerance across all SA Health.