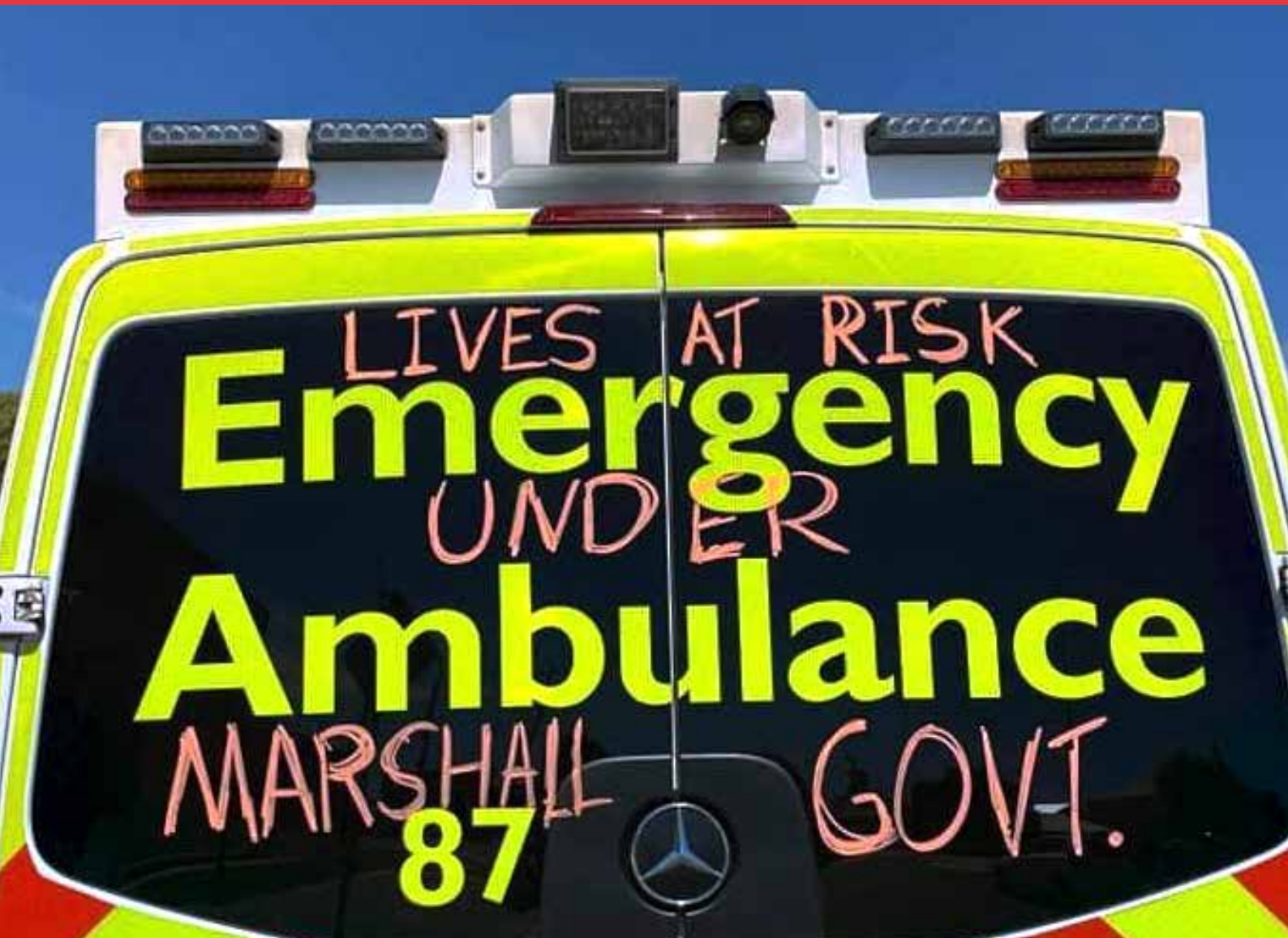


THE RAMPING CRISIS: URGENT ACTION NEEDED NOW

Peter Malinauskas MP | SA Labor Leader





Photograph: InDaily

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Photograph: InDaily

FOREWORD

“We’re one large - scale motor vehicle accident away from a catastrophic event. I firmly believe that.”

These are the words of paramedic Josh, bravely speaking out on behalf of his patients despite huge pressure from the Government to stay silent.

And he’s not the only one.

Paramedics are burning out – and speaking out.

We’ve heard ambos talk of their distress at not being able to reach patients on time, and fear of crashing on the way home due to extreme fatigue.

Ramping is a universally-recognisable symptom of a health system stretched to breaking point – and right now, it’s at record levels.

Ramping has more than doubled since the Liberals were elected.

This Government has ignored the pleas of our paramedics, doctors, and nurses, and now our health system is in crisis.

Dozens of South Australians are ramped in ambulances outside our hospitals daily.

Priority 2 “life threatening” cases are left waiting with no ambulances available to respond.

Patients are stuck on the ramp because there are no beds free in our public hospitals, in the wake of Liberal bed closures and staff cuts.

Mental health patients are languishing without help, a major cause of ramping. Many are left for more than 24 hours in emergency departments, because there’s nowhere else to go.

People have died waiting for treatment either on the ambulance ramp or on the phone to 000.

Under the leadership of our health experts and police, we have had one of the world’s best responses to the pandemic.

But under the leadership of Liberal politicians, our clinicians are overstretched and forced to make impossible cuts by interstate corporate liquidators.

It’s a short-sighted response to a long-term problem – and South Australians are suffering because of it.

Someone needs to step up.



The immediate focus of a Malinauskas Labor Government will be to address the ramping and hospital overcrowding crisis.

Unlike the Government we have been listening to our frontline clinicians. At our recent ramping crisis roundtable we heard first hand the extent of the problem and the urgent actions needed.

The source of ramping is 'bed block'; patients stuck in beds too long, and preventing other patients who need these beds from accessing them. This is caused by a lack of resources inside and outside our hospitals.

This creates a flow-on impact for paramedics, who are under immense pressure.

To reduce ramping, we need to improve how our hospitals work and lessen the need for people to go to hospital in the first place.

It's a complex problem requiring bold action, and must be led by the doctors, nurses and other staff on the frontline.

We are putting these proposals to the Government now because we need urgent action and funding in the upcoming State Budget.

We've consulted, we've listened, and we hope the Government urgently acts now because, for thousands of patients, waiting until March next year will be too late.

This will also give the community, clinicians and experts the opportunity to have their say on these proposals before our final health commitments are announced well before the next election.

This document sets out the causes of ramping, and the way forward.

It's time to end this Government's war on our ambos and start fixing this crisis.

Peter Malinauskas MP

SA Labor Leader

Chris Picton MP

Shadow Minister for Health and Wellbeing



The Marshall Liberal Government's record on ramping

Ramping has more than doubled under the Marshall Liberal Government – from 1,057 hours in March 2018, to a record 2,281 hours in April this year.

The Government claims that there has been an unprecedented surge in presentations to emergency departments. However, in the past few months the Government's own figures show presentations have been down compared to 2019 as ramping has dramatically increased.

The impact of ramping is devastating – we're seeing life-threatening cases left waiting, with no paramedics available to respond. Earlier this year doctors reported there were even children ramped at the Women's and Children's Hospital.

This Government was the only one to cut funding to its ambulance service over the past two years – axing funding by \$11 million, while every other jurisdiction in the nation boosted ambulance resources.

We're home to the nation's worst-performing emergency departments. The Royal Adelaide Hospital and the Lyell McEwin Hospital have the longest emergency department waits, and the lowest percentage of patients leaving within four hours, in the entire country.

Despite the best efforts of our hard-working doctors and nurses, there's only so much they can do when they're starved of resources.

Our treatment of mental health patients is the worst of any mainland state, with only 57.3 per cent of these patients seen on time.

Our hospitals have reached record levels of overcrowding – in May, a record 139 patients were waiting in emergency departments for a bed.

Hospital "Code Yellow" calls are an increasingly frequent occurrence – an official declaration that the hospital is experiencing an "internal disaster" caused by overcrowding.

Our doctors and nurses are experiencing stress and fatigue at levels they've never seen before. Experienced doctors are leaving in droves, creating huge gaps in knowledge and expertise.

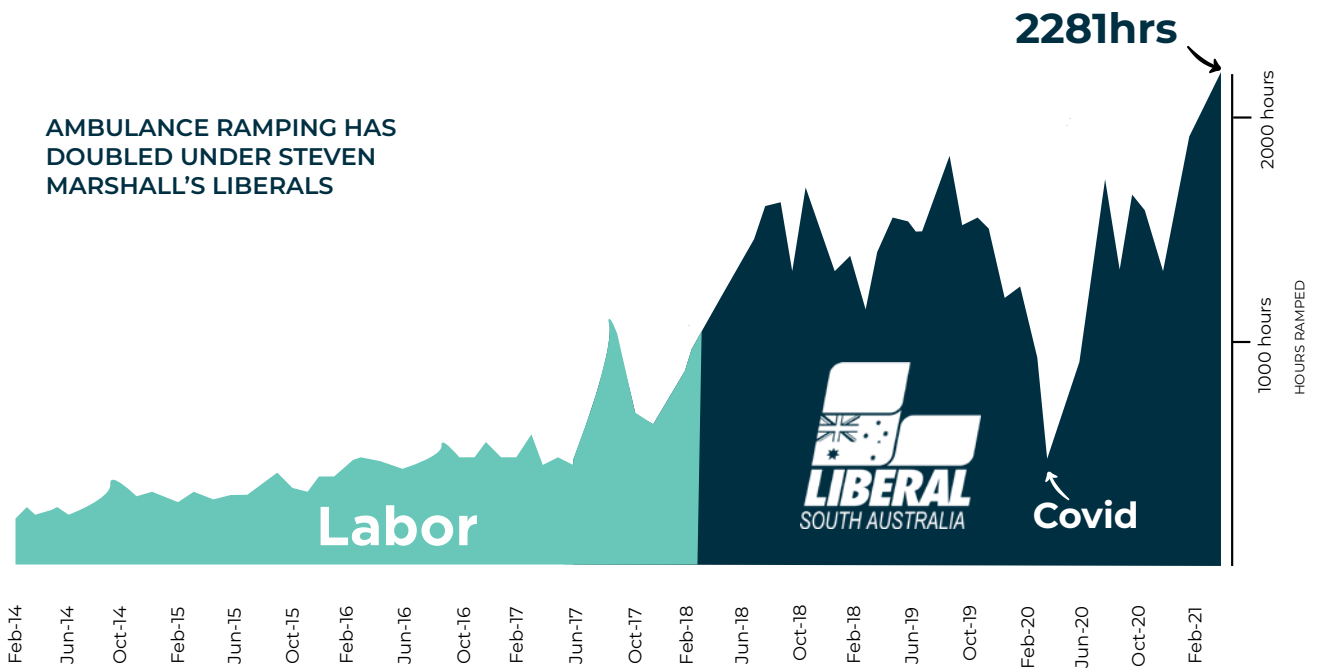
The best and the brightest health leaders are giving up. Associate Professor John Mendoza, the head of mental health at our central hospitals, resigned in disgust at the Government's inaction.

This Government has taken a hands-off approach to running the health system.

Instead of actively listening to doctors, nurses, and other health staff, they've left the future of our hospitals in the hands of penny-pinching corporate liquidators.

Hands off the wheel, blame somebody else, and hide the evidence when it fails. That's how the Marshall Liberal Government has responded to ramping.

AMBULANCE RAMPING HAS DOUBLED UNDER STEVEN MARSHALL'S LIBERALS



Source: SA Ambulance Service, Transfer of Care Delays for Ambulances (Ramping) hours per month 2014 to 2021.





PROPOSALS

for immediate actions to address the ramping crisis

Prevention

- ✓ Equip community mental health teams to respond to people in crisis
- ✓ Provide community on-going care for mental health clients
- ✓ Address the unanswered mental health triage line calls
- ✓ Better links between GPs, aged care, and hospitals
- ✓ Support GPs managing complex mental health patients
- ✓ More timely and available drug and alcohol counselling

The ambulance journey

- ✓ Immediate and ongoing boost to paramedic numbers
- ✓ Boost specialist paramedics for extended care and mental health
- ✓ Work with paramedics to develop a long-term workforce plan
- ✓ Support priority additional crews in underserved locations
- ✓ Release a plan for the urgent infrastructure needs for SA Ambulance
- ✓ Release secret reports into ambulance and paramedic shortages

The emergency admission and ramping journey

- ✓ Boost resources for patients suffering long delays in ED, particularly mental health
- ✓ End the Liberals' redundancy program for doctors and nurses
- ✓ Address hospital workforce shortages and implement a comprehensive workforce plan
- ✓ System-wide coordination of hospital and ambulance demand and supply
- ✓ Health leaders instead of corporate liquidators
- ✓ Improve access to pharmacy, radiology, and pathology
- ✓ Commitments from all areas of hospitals to fixing ramping, not just ED
- ✓ Address the long delays for paediatric patients – current and new WCH
- ✓ Address the crisis of staff fatigue and burnout

Flow through hospital and timely discharge

- ✓ Expand sub-acute beds
- ✓ Address the critical shortages of mental health beds
- ✓ Boost drug rehabilitation beds
- ✓ Support plans for mental health and homelessness patients leaving hospital
- ✓ Improve palliative care
- ✓ Dedicated support for frequent attendees at hospitals
- ✓ Improve weekend and overnight flow through hospitals
- ✓ Implement criteria led discharge
- ✓ Address cleaning and back-of-house delays blocking bed access
- ✓ Publicly run in-home nursing programs

Prevention

THE PROBLEM

The Liberal Government privatised by stealth many of the out-of-hospital services our public health system used to run, and South Australians are suffering because of it.

Too often, people can't access the type of care they should be able to receive at home – meaning early signs and symptoms aren't discovered and treated.

The gap between mental health services delivered by a GP, and those delivered in an emergency department, is growing. This is often called the “missing middle” – the lack of available services for someone who needs help keeping their mental health from deteriorating.

Mental health teams out in the community are massively underfunded, often with nowhere to send people but the emergency department.

The Mental Health Triage hotline, designed to help South Australians in crisis, is so overstretched it can't answer every call.

The Marshall Government cut millions of dollars from mental health organisations running programs to improve mental health and wellbeing – leaving hundreds with nowhere to turn but hospital.

Our GPs, aged care services, and hospitals are disconnected. GPs often don't get the feedback they need to stop their patients ending up back in emergency, and people needing a nursing home bed – or extra support at home – are often stuck in hospital waiting for those services to be arranged.

The Liberals promised a 'war on drugs' but have failed to combat the methamphetamine crisis, as lives and families are destroyed by the impact of substance abuse. Thousands of people end up in our hospital system when they and their families could have received support to fight the addiction before it spiralled out of control.

The Marshall Government talked lots about keeping South Australians out of hospital, but that's all it was – talk.





URGENT ACTIONS REQUIRED

Better links between GPs, aged care, and hospitals

There is significant disconnection between the aged care, primary care and hospital systems.

Improved communication between these providers can help to keep patients healthier and cared for without the need for hospital admission.

Providing GPs with accurate and timely discharge information will help to better manage chronic conditions in the community.

Support GPs managing complex mental health patients

General Practitioners are increasingly managing more complex mental health needs, without any extra support. GPs need backing and guidance if they are expected to manage these additional needs, on top of an already-demanding workload. The Government should work with our network of GPs across the state and provide additional support and pathways for patients with difficult mental health issues, diverting potential emergency cases that put more pressure on ramping and overcrowding.

Provide ongoing community care for mental health clients

The Marshall Liberal Government has cut millions of dollars from community mental health programs since their election. While they have claimed that this was because of the NDIS, in reality many South Australians with mental health issues are unable to access the NDIS – and this cut has deprived people in need of vital services to keep people healthy and stay out of hospital. The Government should be investing in community mental health programs, helping South Australians improve their mental health and stay out of hospital.

More timely and available drug and alcohol counselling

South Australians experiencing drug and alcohol abuse are key contributors to the demand on emergency departments and hospitals, particularly due to a lack of support in the community to help people in this situation. Currently someone wanting to seek help with addiction can wait many days or weeks for appointments for counselling. The Government should boost vital counselling and support services for those grappling with alcohol and drug abuse and equip their loved ones to know how to help, to help reduce the pressure on ambulances, emergency departments and hospitals.

Equip community mental health teams to help people manage complex mental health issues

Currently community mental health teams are overwhelmed across Adelaide. A combination of a lack of resources, overwhelming demand and bureaucratic logjams results in too long delays in follow up care for people in the community. This leads to inevitable re-admissions to hospital, adding to the overcrowding and ramping crisis. The Government must boost resources and ability for our locally based community mental health teams to respond to South Australians in need and help prevent readmissions to hospital.

Address the unanswered mental health triage line calls

When South Australians phone the Mental Health Triage hotline, it's because they're in crisis.

Highly-respected mental health Professor John Mendoza says the hotline saw a 47% increase in calls after COVID-19 hit last year but with no additional funding from the Liberals, up to 50% of calls are going unanswered.

The Government must fix the severely under-resourced Mental Health Triage hotline.

'Just let me die': 93-year-old woman stuck in ramped ambulance at RAH for three hours

A 93-year-old dementia patient stuck in a ramped ambulance for three hours on Monday morning pleaded with her daughter to let her die.

The ambulance journey

THE PROBLEM

Ramping has more than doubled under this Government.

Repeatedly, we're seeing Priority 2 emergency "lights and sirens" cases go uncovered – that means there is no ambulance available to respond to the 000 call.

The Productivity Commission shows that over the past two years the SA Government has cut \$11m in Government funding. Every other Government increased funding.

**GOVERNMENT FUNDING TO SA
AMBULANCE CUT BY \$11 MILLION
OVER TWO YEARS**



Source: Productivity Commission ROGS report

This Government has hidden the statistics showing that ramping is on the rise – refusing to publish what was once readily-available information on how long ambulances are left waiting outside our hospitals.

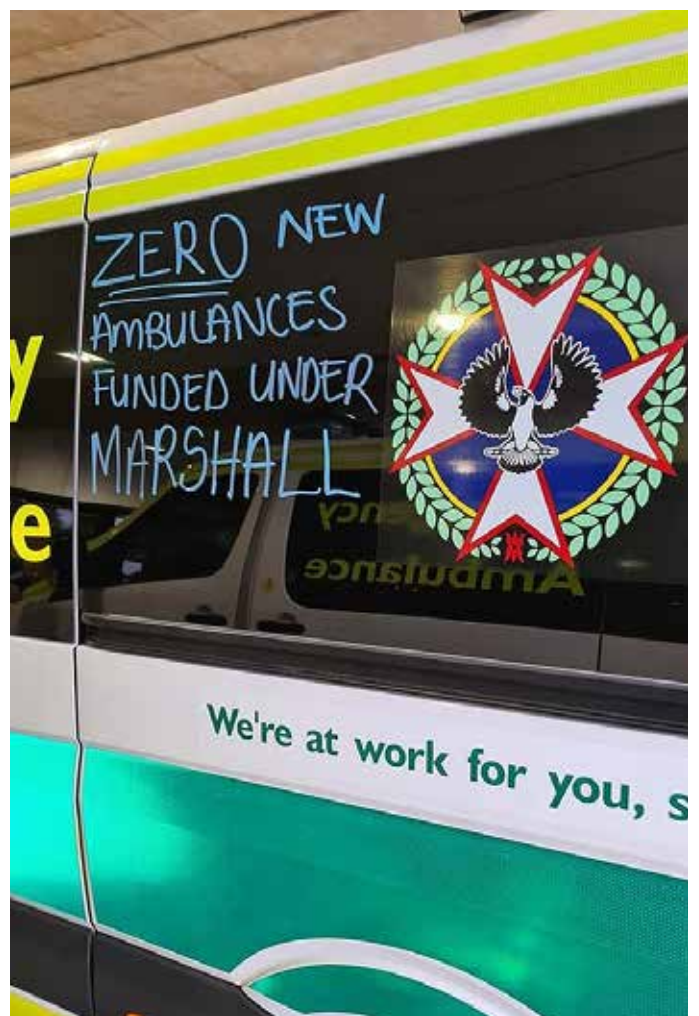
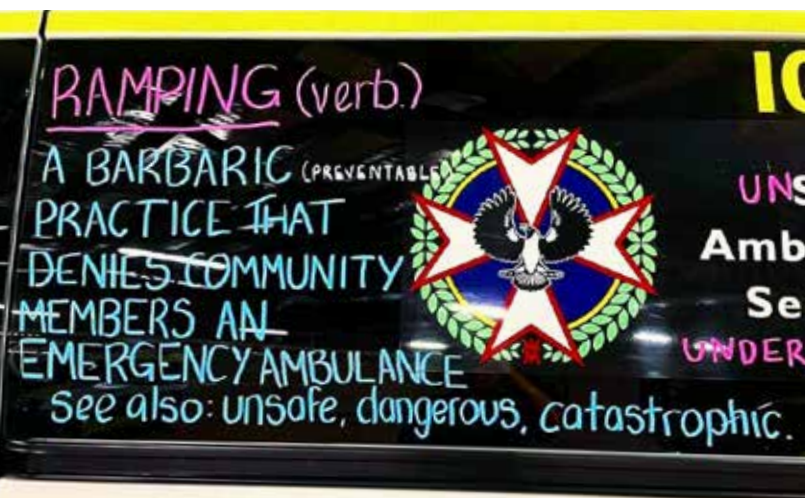
The Liberals have ignored the extreme shortfalls across the paramedic workforce, sitting on a secret report that warns many more paramedics are urgently needed.

The last time there was an investment in ambulance stations was under the Labor Government – this Government is happy to cut the ribbon on Labor commitments, but they have zero plan for the future of our ambulance infrastructure.

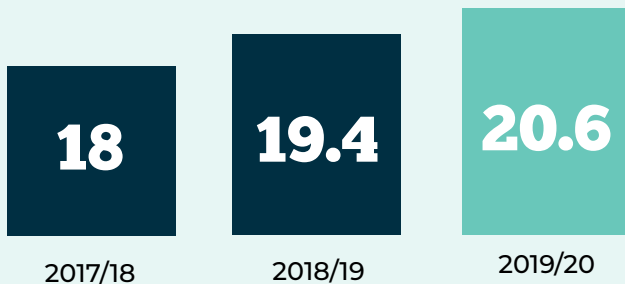
The Government has chosen to wage war against our paramedics instead of listening to their genuine concerns. They are more concerned about silencing the paramedics chalking messages on their ambulances, than listening to what those messages are saying.

They continually dismiss and downplay the ramping crisis – when all these paramedics are trying to do is prevent the further loss of South Australian lives.

As a result of this inaction, patients are suffering.



AMBULANCE RESPONSE TIMES
WORSEN 14% IN TWO YEARS



Source: Productivity Commission
(Adelaide, 90 percentile response times in minutes)



URGENT ACTIONS REQUIRED

Immediate and ongoing boost to paramedic numbers

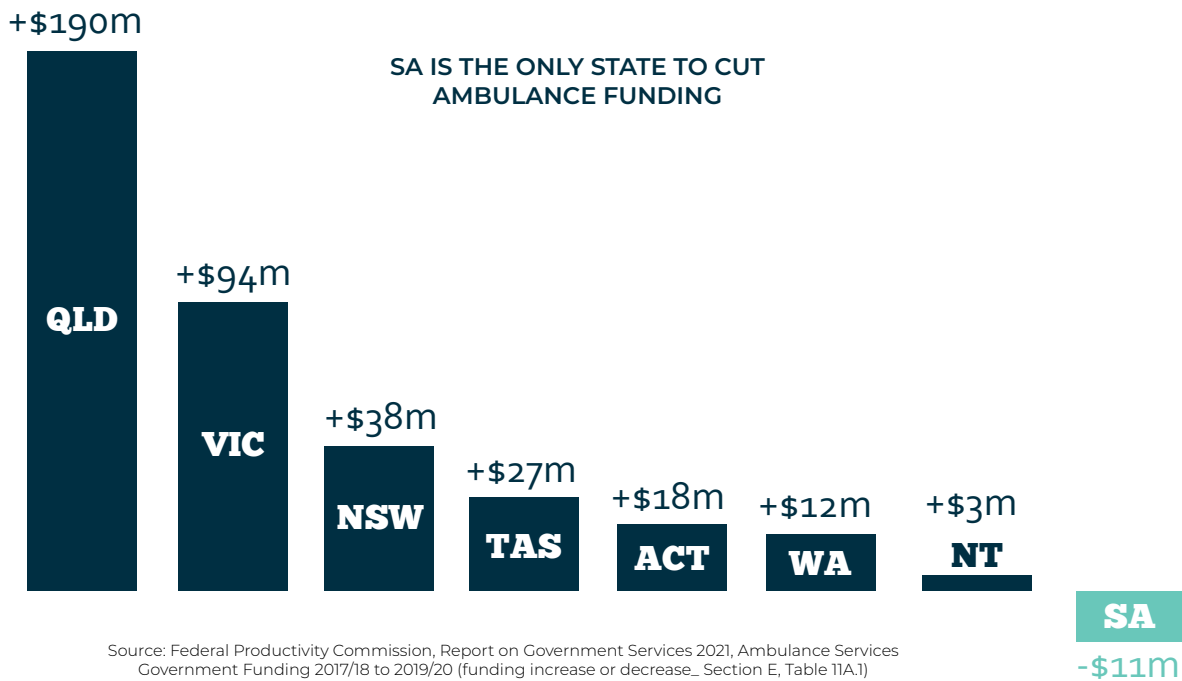
Paramedics are facing a combination of dealing with ramping, increased population growth, increased complexity of cases, declining volunteer numbers and workforce fatigue and burnout. The ambulance service needs an immediate boost in paramedics and ambulance officers. Clearly the additional officers that the Government has been forced to promise to hire are not going to be enough to address the issue. With a fast-tracked recruitment drive, and a multi-year commitment, our ambulance service can better address areas of highest need across our system. That means more ambulances getting to patients on time.

Release the Government's secret reports into ambulance and paramedic shortages

The Government has hidden detailed reports dating back to 2018, outlining the reality of our ambulance and paramedic shortages. These reports from UK consultants OHR are rumoured to recommend hundreds of paramedics, and substantial improvements to many stations across South Australia to ensure the safety of the public. However the Government has refused to release these reports despite their importance to public safety. These reports must be released to give the South Australian public full transparency over the extent of the crisis and pave the way to a future safe ambulance service.

Work with paramedics to develop a long-term paramedic workforce plan

Instead of waging war on our paramedics, Government must work with paramedics to develop a future recruitment plan and a long-term workforce strategy. This must build upon the information and planning included within the secret OHR consultants reports into the resources needed for the ambulance service. Paramedics are rightfully calling for a plan that secures staffing numbers for the years to come. This planning would include needs for metro, regional, paramedics, ambulance officers, patient transport, mental health and extended care paramedics.



Release a plan for the urgent infrastructure needs of SA Ambulance

Our paramedics and ambulance staff need fit for purpose buildings and equipment to do their job. The headquarters for SA Ambulance Service is significantly outdated, out of space and has rolling infrastructure and maintenance problems. This nerve centre of the state's emergency ambulance operations has fallen significantly behind other services such as the MedSTAR headquarters and the soon to be completed new emergency services building that was put out to market under the previous Labor Government. Providing the latest infrastructure and technology to those who coordinate our ambulance service will help to enable the best quality outcome for patients.

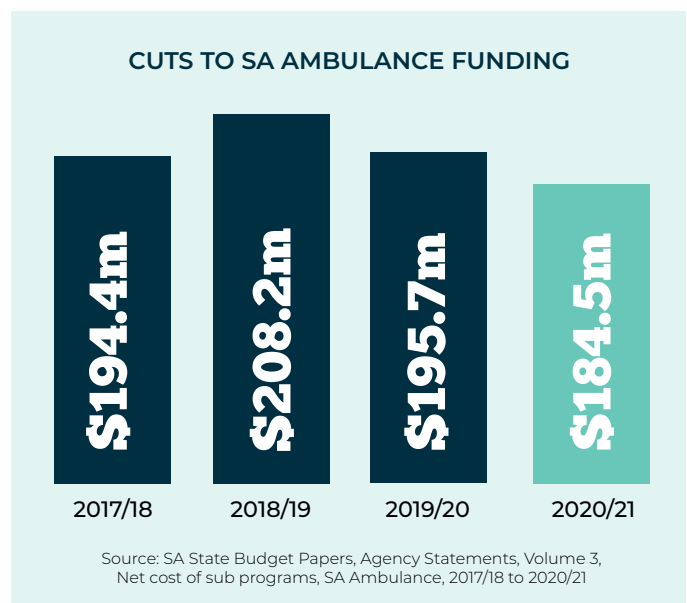
Support priority additional crews in underserviced locations

We know that having a local ambulance crew improves ambulance coverage of that area. We need to assess the current ambulance coverage across our state, determine the biggest gaps, and map out a long-term plan to fill those gaps – starting with the highest priority areas first.

Boost specialist paramedics for extended care and mental health

Paramedics are equipped to handle much more than taking patients to hospital. We need to empower our paramedics to work at their full potential.

This means boosting extended care paramedic roles – able to treat patients at the scene. It means rolling out mental health ambulances – a paramedic and a mental health nurse responding to a mental health callout, similar to the full rollout of this program that has happened in Victoria. This is in stark contrast to just a small trial that has happened in SA.





Photograph: InDaily

The emergency admission and ramping journey

THE PROBLEM

Patients are ramped because emergency departments are full, with no beds elsewhere in the hospital for those patients to go. This is commonly referred to as “bed block”.

A major cause of “bed block” is a lack of resources and strong management across the hospital system. Without options to safely move patients out of the emergency department, this problem will continue.

We know that mental health patients are a major cause of ramping. Mental health patients represent a much larger proportion of patients who were admitted rather than patients presenting overall.

Mental health is in crisis – with a coalition of health leaders joining forces calling on the Government to immediately intervene and deploy more resources to prevent a disaster across our hospitals.

Only 57.3% of South Australians seeking urgent mental health care at emergency departments get seen on time.

Instead of tackling the issue of hospital flow head-on, the Government has instead continued to cut staff and rely on corporate liquidators instead of frontline clinicians to manage our hospitals.

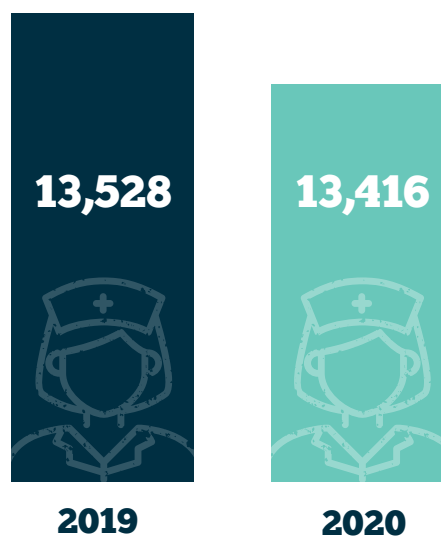
The ramping crisis is exacerbated by staff cuts under this Government, under the direction of corporate liquidators trying to make a quick buck.

The Government has made redundant more than 300 hospital jobs since coming to power.

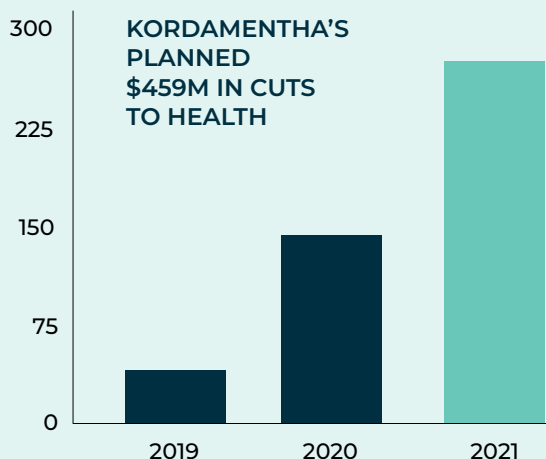
According to the Auditor-General there were 112 fewer nurses last year than there were in 2019.

Cuts have consequences – and nowhere is that clearer than when we look at our hospitals.

112 NURSES CUT LAST YEAR



Source: SA Auditor-General Annual Report (SA Health staffing, nurses and midwives, pg. 154)



Source: Organisational and Financial Recovery Plan, CALHN, November 2018 pg. 32

URGENT ACTIONS REQUIRED

End the Liberals' redundancy program for doctors and nurses

Despite promising there would be no cuts to doctors and nurses, this Government has embarked upon an unprecedented program of redundancies to frontline health staff. 122 nurses and four doctors have been given redundancies, with those staff leaving and their positions being made redundant and not replaced. This has seen the number of nurses working in the health service reduced by 112 full time positions in the past year. Despite the crisis the health services are under, there are still calls out for more staff to put their hands up for redundancies in local hospital networks. The Government must immediately end the redundancies crippling our health system, which only lead to poorer quality patient care and increased overtime and fatigue for the doctors and nurses left behind.

Address the crisis of staff fatigue and burnout

Government cuts only lead to poorer quality patient care and increased overtime and fatigue for the doctors and nurses left behind.

Doctors and nurses are increasingly asked to work double-shifts and overtime because their ward is chronically understaffed and overcrowded.

Instead of burning out our clinicians and failing to recognise the demand on our hospital system, the Government must invest in measures to stop worker fatigue.

System-wide coordination of hospital and ambulance demand and supply

Clinicians regularly tell of the health system's lack of coordination, with Local Hospital Networks, the Department and SA Ambulance all at loggerheads about the problems, but no strategic coordination or even proper communication. When ramping is starting, there isn't clear action put in place until the problem becomes acute and often hits the media first. The health system can work better together to open resources when needed to manage periods of high demand. We need 24/7 coordination and communication of hospitals and ambulance resources, as has been recommended in other jurisdictions, to combat the lack of coordination between hospitals under this Government.

Health leaders instead of corporate liquidators

This Government made the unprecedented decision to hire corporate liquidator firm KordaMentha to be in charge of our largest public hospital network. This was designed to cut hundreds of millions of dollars from health expenditure, and provide payments to KordaMentha of \$35 million in corporate fees. Meanwhile, health leadership is waning - with less meaningful consultation with doctors, nurses and other health staff. The Government should immediately scrap the private corporate liquidators who have been running our hospitals into the ground, instead developing home-grown leaders in our public health system and listen more to our frontline clinicians.

STAFF REDUNDANCIES



122
NURSES



47
MEDICAL SCIENTISTS



4
DOCTORS



339
STAFF REDUNDANCIES
ACROSS THE NETWORK

Source: Redundancies for staff across Adelaide Local Hospital Networks from 2018 to 2020 released under Freedom of Information, listed by category of Job abolished and answer to Question on Notice received 9 June 2021.

Improve access to pharmacy, radiology, and pathology around the clock

Far too often, patients spend longer in the emergency department because of delays in services such as pathology test results or radiology scans. This is a particular problem after hours or on weekends in our metro emergency departments.

These delays mean that patients wait longer, have delayed treatment, and delays access to emergency treatment for other patients stuck on the ambulance ramp or in the waiting room.

While the Government has backed away from its plans to privatise SA Pathology and SA Medical Imaging, they have still cut frontline staff including 47 medical scientists.

There must be improved access to the services that often delay doctors and nurses from moving patients out of the emergency department – quicker access to medication, scans, x-rays, and blood test results.

RANK	HOSPITAL	% leaving within 4 hrs
Last	Royal Adelaide Hospital	48%
2	Lyell McEwin Hospital	49%
3	Dandenong Hospital (VIC)	50%
4	Western Hospital (VIC)	51%
5	Flinders Medical Centre	53%
187	Mater Adult Hospital (QLD)	87%

RANK	HOSPITAL	MEDIAN TIME IN ED
Last	Royal Adelaide Hospital	4hrs 8mins
2	Lyell McEwin Hospital	4hrs 5mins
3	Dandenong Hospital (VIC)	4hrs
4	Western Hospital (VIC)	3hrs 59mins
5	Liverpool Hospital (NSW)	3hrs 52mins
139	Tweed Hospital (NSW)	2hrs 15mins

Source: AIHW

Boost resources for patients suffering long delays in emergency, particularly mental health

On a daily basis there are South Australians who are stuck in emergency departments for over 24 hours. Over the past year 1,440 mental health patients have been stuck for over 24 hours. This includes some patients who have been stuck for over five days.

We need to tackle the problem of complex patients left stuck in emergency department beds, with boosted resources in areas like acute mental health beds.

Address hospital workforce shortages

There are significant gaps across our health workforce, leading to staff shortages, nurses working double shifts and increasing fatigue.

Immediate steps need to be taken to recruit and retain staff in areas already experiencing chronic shortages such as mental health nursing, critical care, regional health and WCH clinicians.

We should be investing as other states have in nurse practitioners in our emergency departments and hospitals.

Commitments from all areas of hospitals to fixing ramping, not just ED

This Government sees ramping as just the emergency department's problem – and its only solutions it has pointed to are larger emergency departments (almost entirely planned under the previous government, and now delayed). The truth is that emergency department staff work incredibly hard, but when there is regularly 120 or more patients stuck waiting for an admitted bed, it is inevitable that ramping will occur. In reality, it's on the whole hospital to pull together and get patients moving through the system. The responsibility needs to be shared across the whole hospital system, requiring leadership from the top to ensure that all staff in the hospital know that ending ramping requires flow throughout the entire hospital.

Implement a comprehensive hospital workforce plan

The State Government has no plan or modelling underway to address emerging workforce shortages. Workforce shortages are only set to get worse with an ageing workforce in these areas of high need, and staff fatigue resulting in more doctors and nurses leaving the system early.

Despite this looming workforce crisis, there is no comprehensive plan to address these shortages.

By implementing a hospital-wide workforce plan, the Government should be putting resources into training, attraction and retention to avoid the next set of workforce shortages.



Address the long delays for paediatric patients - current and new WCH

Under this Government, our children are getting ramped too. We're seeing increasing delays to receive the treatment they need. Children with cancer are repeatedly seeing delays to their chemotherapy. Waits for urgent paediatric mental health are getting longer. And doctors say the Government's plans for the new Women's and Children's Hospital will include fewer overnight beds than the current hospital. The Government must address the long delays for children needing urgent care, at both the current and new hospital sites.

The flow through hospital and timely discharge

THE PROBLEM

There are over a hundred patients regularly waiting in hospital for NDIS packages, some of them for over two years. Older patients wait for weeks as their family, or hospital staff, struggle to navigate the impossibly complex system to get home support or an aged care placement.

The Liberals have consistently closed hospital beds used to care for these patients, making the ramping situation even worse.

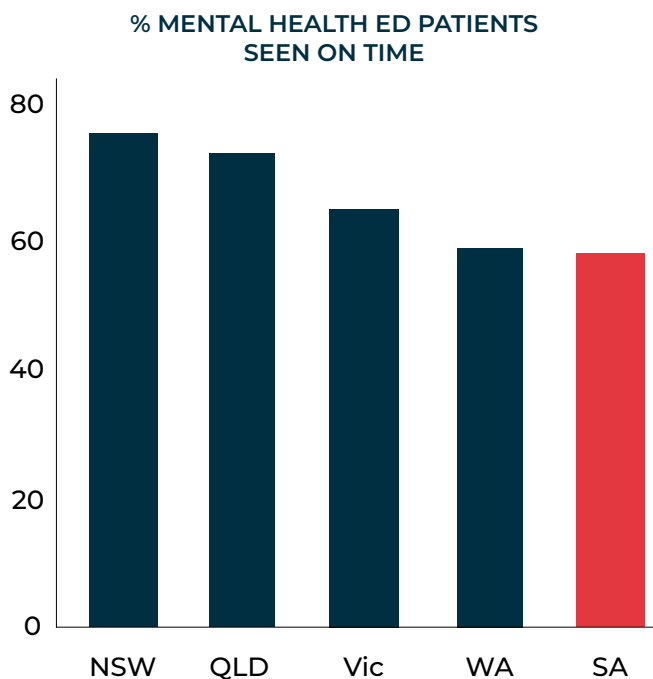
South Australians experiencing mental health crisis are often rushed out of hospital and back into the community with little to no support – often leading them straight back to the emergency department. This is dangerous for patients, extremely expensive, and blocks beds needed for ramped patients.

People presenting to emergency departments with drug abuse issues are not given the rehabilitation time they need to stabilise.

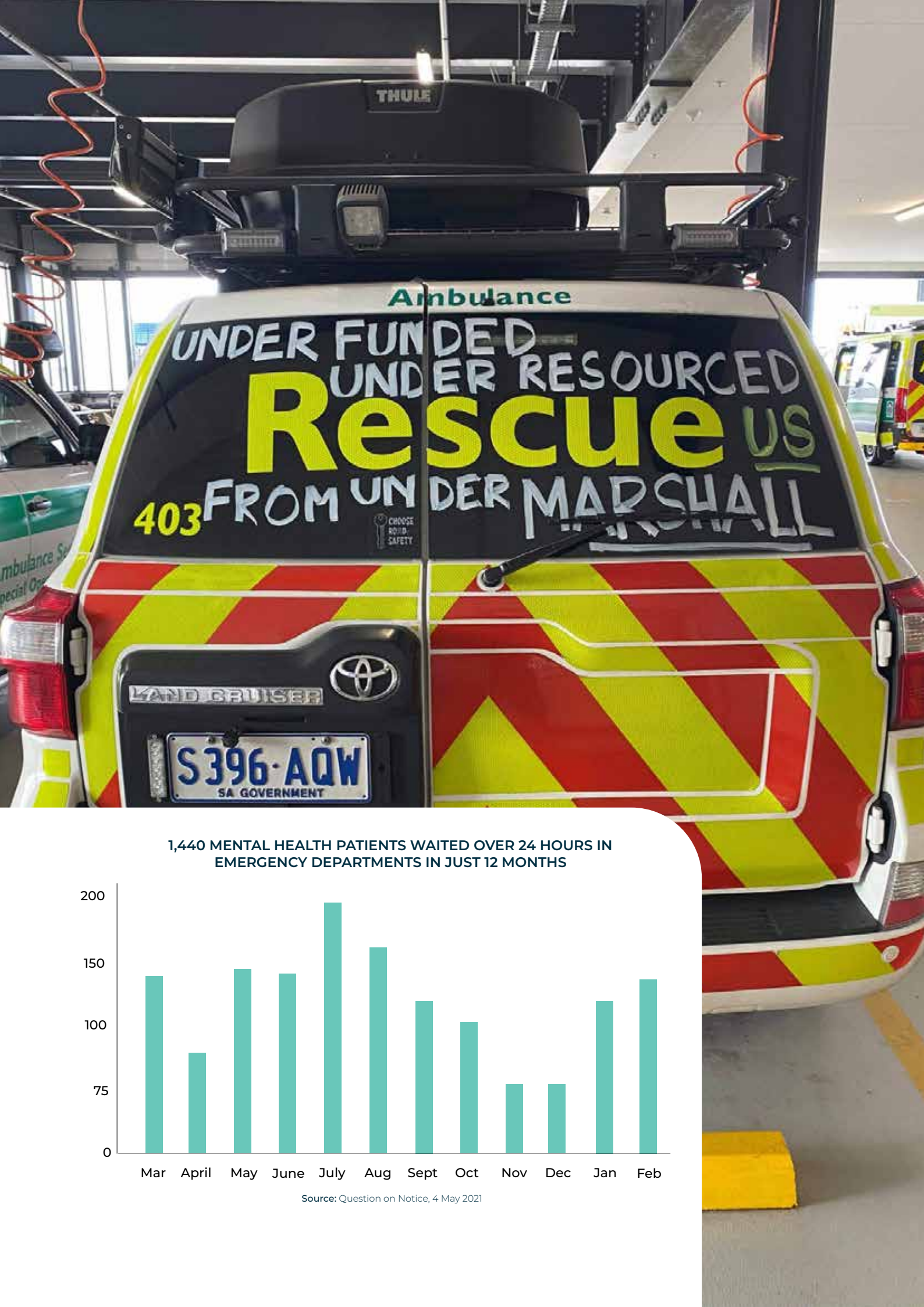
GPs are not getting the information they need to keep patients out of hospital once they're discharged.

South Australians experiencing homelessness are not given the tools they need to treat their condition, or short-term accommodation to get back on their feet, and end up back in hospital.

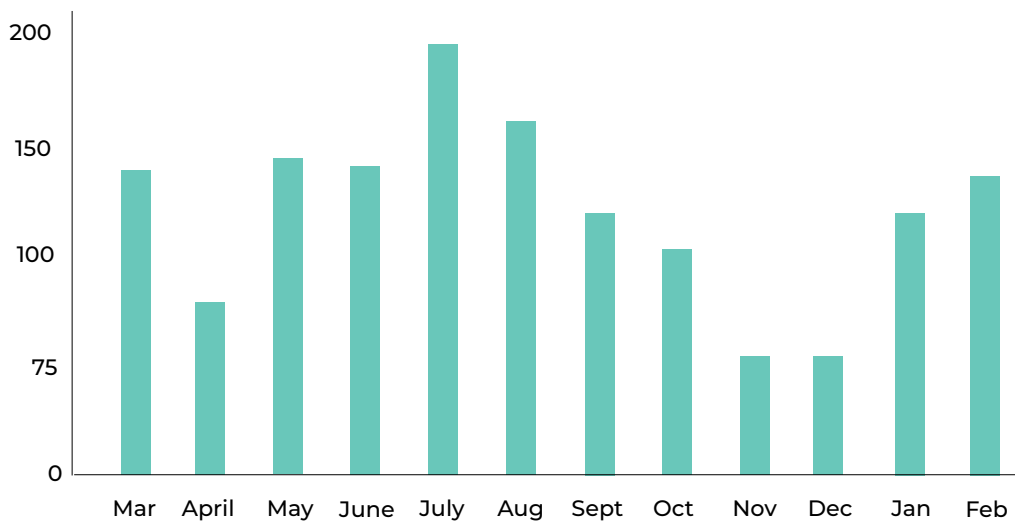
Patients are often waiting too long for approval to be discharged and the agreed process for criteria led discharge has never properly been implemented. This often leads to patients staying in hospital at night or on the weekend when they don't need to.



Source: AIHW



1,440 MENTAL HEALTH PATIENTS WAITED OVER 24 HOURS IN EMERGENCY DEPARTMENTS IN JUST 12 MONTHS



Source: Question on Notice, 4 May 2021

THE WAY FORWARD

Expand sub-acute beds

Hundreds of patients are left with no other option but to stay in hospital beds while they wait for the NDIS, or for aged care placement or assistance at home. This is both costly for the health system, and a poor outcome for the South Australians stuck in an acute hospital environment when they don't need to be.

The Government needs to add more sub-acute beds to the system – focusing on getting people waiting for NDIS and aged care beds out of our acute hospital beds and into a more appropriate and lower-cost setting.

Support plans for mental health and homelessness patients leaving hospital

Too often, complex mental health patients, and patients experiencing homelessness, are placed in the 'too hard' category and discharged without supports in place. The Marshall Government has failed to invest in solutions to this increasing problem.

Processes must be improved around discharging patients with mental ill-health, and patients experiencing homelessness. Putting supports around these groups of people drastically reduces their chances of returning to emergency departments – and cost vastly less than a hospital stay.

Address the critical shortage of mental health beds

There is a critical shortage of mental health beds across the state for people needing longer-term care. Under this Government's inaction on the mental health crisis, we've seen far too many South Australians discharged from emergency departments when they desperately need longer-term care to help them stay away from hospital.

Boost mental health beds in areas of crucial need – particularly beds for mental health patients requiring longer-term, lower-level care to get out, and stay out, of hospital.

Improved palliative care

Too many South Australians are dying in acute hospital settings – it's not how most of us want to go, but often there's no better alternative available. This is a bad outcome for families and their loved ones, and for getting other patients through the hospital. The Marshall Government has invested minimal funding in palliative care, despite the substantially increased demand for these services with our ageing population.

Our health system needs better quality palliative care so that more South Australians can die with dignity, not stuck on life support in an acute hospital environment.

Publicly run in-home nursing programs

Expanding hospital-in-the-home programs is essential to help reduce the pressure on ambulances and emergency departments, however the approach of the current Government of privatising the services to Medibank Private has led to a slow uptake, as opposed to expanding existing local hospital network programs. The Government should expand in-home nursing programs, allowing people to access ongoing care and reduce their risk of deteriorating and ending up in hospital. These must be run through our public health system, not outsourced to private companies like under the current Government.

Boost drug rehabilitation beds

Many people presenting to emergency departments are affected by drug or alcohol abuse – and often, they're the same people presenting repeatedly because they've not had access to the longer-term treatment they need. Elsewhere across the country to respond to the ice epidemic, governments have invested in rehabilitation beds, to help get these people out of hospital – but the Marshall Government has failed to do this.

The Government should boost rehabilitation beds across both metropolitan and regional areas for people with drug addictions such as ice.

Improve weekend and overnight flow through hospitals

Bed space is frequently taken up by patients who no longer need care in the hospital setting, but the right doctor isn't around to sign off on their discharge. Monday is often the busiest day for our hospitals because there is a backlog of people from the weekend needing to be discharged.

There must be additional options for patients to be discharged overnight and on the weekend, when there are less clinicians available to sign off on patients leaving the hospital.

Work with hospital frequent attendees

Patients shouldn't be ending up back in hospital because they were prescribed the wrong medication, or the wrong amount – but they still do. Without proper checks in place, things can easily go wrong. This is especially true for the patients with multiple complex conditions and multiple types of medications.

The Government could introduce medication reviews for frequent attendees to emergency departments, to reduce the number of medication errors that cause patients to end up back in hospital.



Address cleaning and back-of-house delays blocking bed access

Under the Liberal Government, hospital support staff have been increasingly privatised by stealth. Often there are no beds available because there aren't enough support staff to quickly clean the space and ready it for a new patient, or a doctor has insisted a patient requires food before discharge but there is none.

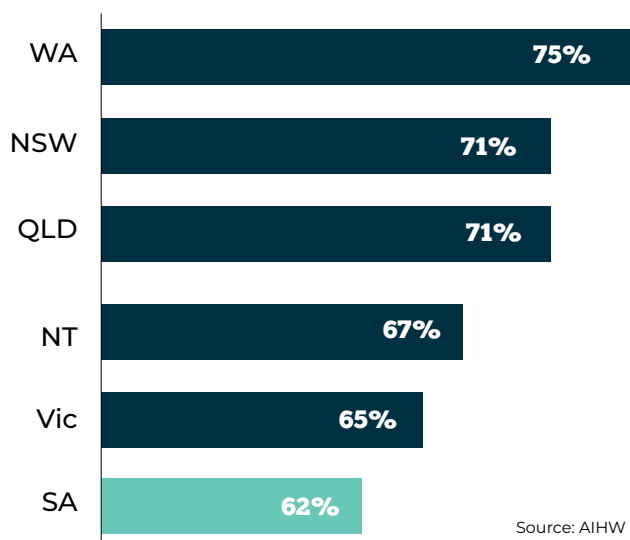
The Government must immediately address the bed block caused by cleaning and back-of-house delays.

Implement criteria led discharge

Nurses have long advocated for the ability to discharge patients where they're clearly ready to go, instead of waiting around for a senior doctor to engage in a tick-and-flick process. While nurses and doctors have agreed to try this new process, what's known as "criteria-led discharge", the Government has failed to make it happen.

The Government should immediately move to implement criteria-led discharge, enabling many patients to be discharged from hospital if they meet a clear set of criteria.

% EMERGENCY DEPARTMENT PATIENTS SEEN WITHIN 4 HOURS



Source: AIHW

Next steps

Whether you're a patient, parent, child, carer, friend, or anyone who's interacted with the health system – we want to know what you think.

We propose these actions to the Government and ask that they prioritise these actions in the formulation of the State Budget, an urgent test to address the crisis which has occurred under their watch.

This document will also help inform Labor's specific policy commitments ahead of the election in March next year.

Labor will be holding a series of forums over the coming months seeking feedback on these proposals and providing an opportunity for South Australians to raise any other thoughts and feedback about our health system.

We'll also be proactively reaching out to paramedics, doctors, nurses, allied health, and other staff working across our health system to seek their views.

You can submit your feedback on these proposals by visiting the link or using the QR code below.



FOR FEEDBACK
www.rampingwatch.com.au



