



# Four-hour rule 'like cane toad'

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SERIOUS concerns are emerging among doctors over the federal government's target for emergency departments to treat patients within four hours, with one expert describing the policy as politically motivated and lacking evidence.

Melbourne emergency physician Simon Judkins will tell a conference today that the target — due to begin implementation from January 1 — is "like a cane toad" because it would blight the country but fail to kill off its intended targets of hospital overcrowding.

The policy was announced by Kevin Rudd in April, and promised \$500 million in extra funds to help hospitals ensure patients were treated and discharged, admitted or referred for further care within the four-hour timeframe.

It is due to come into effect for

the most seriously ill category of patients from January 1, with those classified as less serious following.

But Dr Judkins will tell doctors attending the annual conference of the Australasian College of Emergency Medicine in Melbourne there was "not enough evidence in the Australian context" to suggest the target would work any better here than in Britain, where the National Health Service was backing away from it.

"There's no evidence that trying to rush them out in four hours will improve any aspect of their care — I don't think that has been addressed," Dr Judkins told *The Australian*.

"The other issue is about the effect it will have on our trainees, and the potential they will have a dilution of their clinical experiences ... because a lot of the patients they are treating are being taken away from under their noses."

Dr Judkins said like the cane

toad, which was introduced in the 1930s in a misguided attempt to control the cane beetle, the policy was likely to have unintended consequences.

"Time-based targets are great for when you are making a car, but medicine isn't a production line," Dr Judkins said.

Drew Richardson, chairman of road trauma and emergency at the Australian National University, told the conference yesterday there had been no improvement in the problem of "access block" in hospitals. He said about 30 per cent of ED workloads was the care of patients waiting for a bed.

Yusuf Nagree, an emergency physician from Western Australia — where a four-hour emergency department waiting time target began in April — will tell the conference today that research showed its success depended largely on whether patients had conditions that meant they could be discharged.

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# Emergency targets go in bid to reform health

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MANDATORY four-hour waiting-time targets for hospital emergency wards will be dumped as Prime Minister Julia Gillard makes a final bid for the states to agree to health reform. Senior government sources say Ms Gillard will offer to abandon aggressive plans to take 30 per cent of the states' GST revenue, which was

a previously non-negotiable element of Kevin Rudd's health reforms.

The major concession is expected to be pitched when Ms Gillard meets premiers at a Council of Australian Governments meeting on Monday.

The Government's promise to fund 60 per cent of the public health system would also be dropped from the reforms, which were supposed to be "the most fundamental... since Medicare was introduced".

## Hospital emergency targets go in bid to reform health system

However, the states would still have to contribute their health funding to a national pool, administered by the Federal Government on a case-mix funding model which, under Mr Rudd's plan, would have forced the states to meet efficiency targets.

"What (Gillard) will say is that they will not tie the reforms to the GST," said a key government source close to the negotiations. "It will be the final compromise deal. It's a huge concession."

The four-hour targets for emergency wards have been consistently resisted by medics and health bureaucrats as being unachievable and capable of leading to poorer health service outcomes for some patients.

The Federal Government would also stick to the deal to provide a further \$15.6 billion in health funding from 2014.

The new deal, which Treasury is said to be strongly opposed to, is aimed at getting the two Liberal states of Victoria and Western Australia to finally agree to the reforms

and a forward pitch to New South Wales before its March 26 election.

If the states do not agree, then Ms Gillard is expected to drop the entire deal and punish the states, bypassing them completely. It is understood existing federal health grants would be paid to hospitals directly.

South Australia, NSW, Queensland and Tasmania have already agreed to surrender the GST. But the GST clawback has been the major sticking point for the Liberal leaders.

They believe the reason that Treasury had not opposed the original reforms, by former Prime Minister Kevin Rudd, had little to do with health and was designed to redirect the windfalls of the 6 per cent annual growth rates in GST, which is collected by the states, back to federal government coffers.

In April last year, *The Advertiser* reported SA had been guaranteed a \$1.1 billion share of future health funding as part of Mr Rudd's reforms.

Mr Rudd said SA's health budget would receive the \$1.1 billion during the next decade, above and beyond the value of the GST revenue it would have otherwise received.

Premier Mike Rann said at the time that with "galloping hospital inflation" and the ageing of the population, by 2023 the entire state Budget would be consumed by health and hospital spending.

He said there was a need to lock in the Federal Government and future federal governments as partners to fund growth in the state and territory hospitals.

In July 2009, state Health Minister John Hill said the federal health reform proposal need not mean the end of a state-run health system as both governments already shared responsibility.

The difficulty, he said, was creating a "seamless system" where primary and acute health care weren't shifting patient issues between them.



## THE PATH TO CHANGE

- The National Health and Hospitals Reform Commission was launched in February 2008.
- All states, except WA, agreed to reform in April 2010, with SA to receive an extra \$264 million a year for health.
- Commonwealth was to retain a third of GST from states and territories and direct it to the health system.
- Designed to deliver better healthcare and better hospitals.
- New reform to include more hospital beds, reduction in hospital waiting times, expanded number of GP services and more training for doctors and nurses.
- SA to receive funding for more long-stay mental health beds, more working senior medical staff, expansion to acute beds in emergency departments and elective surgery capital works, allowing for new operating theatre equipment.