



## Media release

### Emergency Medicine College responds to today's *Daily Telegraph* report entitled "Sore throats clog casualty"

The myth that emergency departments are swamped by patients with non-urgent conditions who could be seen by a general practitioner is political spin and not based in truth, according to Dr Richard Paoloni, Chair of the NSW Faculty of the Australasian College for Emergency Medicine.

"It is no surprise that this myth resurfaces today, when the States and the Commonwealth meet to determine whether the National Health Reform package will be adopted.

"As the NSW Government pays for public hospital care (including emergency departments) and the Commonwealth pays for GP visits, this myth is an ambit claim by NSW for additional compensation from the Commonwealth for the 'extra' emergency services NSW has been paying for because the Commonwealth has underfunded general practice."

In August 2007 NSW Health commissioned Booz Allen Hamilton to specifically look at the issue of primary care patients in emergency departments, which was only one of the "multifactorial" reasons identified for the increase in emergency department presentations by the previous Paxton Partners report in 2006 (also commissioned by NSW Health).

The 2007 report defined "primary care type patients" as patients who "fall into triage categories 4 and 5, were not admitted to any ward, and did not arrive by emergency vehicle".

Dr Paoloni described this definition as overly broad.

A large number of patients in the lower triage categories (categories 4 and 5) have been referred to the emergency department by their GP.

Mode of transport is a poor indicator of either patient urgency or illness severity.

There is no recognition of the substantial numbers of patients who have relatively extensive investigation and treatment (beyond that available in general practice) within the emergency department to allow safe discharge.

"The few GP type patients are treated rapidly – they don't block beds, don't delay ambulances, and require very little medical or nursing resource.

"They are not the reason for delays in moving stabilised patients who require admission to an inpatient ward.

"It is the lack of appropriate numbers of inpatient ward beds (a NSW government responsibility) that leads to ED bed overcrowding with proven adverse influences of patient mortality and hospital length of stay."

Dr Paoloni said NSW Health has sought almost no clinician advice regarding the National Health Reform proposals.

"Whether agreement is reached at today's COAG meeting will be determined on the basis of financial and political factors. It will not be decided on carefully considered effects on patient care."

#### Available for interview:

Dr Richard Paoloni, Chair NSW Faculty ACEM, phone 0419 488 028

Dr Sally McCarthy, President ACEM, phone 0410 600 302

Issued for the Australasian College for Emergency Medicine (03 9320 0444) by Marilyn Bitomsky (07 3371 3057 or 0412 884 114)