



Media Release

Hospital reforms will save both lives and dollars

June 15 2009

Simple changes to hospital admission policies for remote Aboriginal patients will lead to both significant financial savings and improved patient health outcomes according to new research being released in Canberra tomorrow.

Improving the Journey for Remote Area Aboriginal Cardiac Patients Travelling Long Distances to Hospital is a study, by Flinders Medical Centre nurse, Monica Lawrence, of the causes of high levels of surgery cancellations and no-shows by Aboriginal patients scheduled for heart surgery at the Flinders Medical Centre (FMC).

Ms Lawrence noticed that a significant number of Aboriginal patients were arriving for surgery with acute health related problems, other than their cardiac condition, which resulted in cancellations or long delays in treatment or surgery which in turn resulted in prolonged hospital stays and additional costs.

She found that in one month alone, 14 additional inpatient days resulted from inadequate pre-admission assessment of co-morbidities, costing an estimated \$12,000 in direct costs and thousands of dollars more in lost surgical time and occupied beds.

Ms Lawrence found the delays were a result of poor communication between the surgery units, the Aboriginal patients and the patients' clinics which led to surgery being scheduled without patients being properly informed and prepared for surgery.

As a result of Ms Lawrence's study the FMC established a pilot Remote Area Nurse Liaison Service (RANLS) in early 2007 to coordinate pre-surgery care and travel between the cardiac unit and the patient's local clinic and the results of this simple initiative have been profound.

For the period of 2005 – 2006, 21 patients out of 48 were "no shows", however, since the pilot RANLS there have been no "no-shows" resulting in annual savings of almost \$380,000.

Ms Lawrence said costs of this poor communication were more than financial and indicated a break down in the process of informed patient consent. "The fact that patients were arriving in Adelaide totally uninformed about their treatment and the need for them to be free of other complicating factors shows that the basic rules of consent are not being applied to Aboriginal patients," she said.

“The lack of communication and coordination between clinics and urban hospitals about Aboriginal cardiac patients profoundly impacts on access, equity, safety and quality of care at all levels.”

Ms Lawrence’s study has been jointly published by the CRC for Aboriginal Health and the Australian Nursing Federation and **the report will be launched by ANF Federal Secretary, Ged Kearney at 1.00pm in Parliament House Committee Room 1S4.**

Ms Kearney said the nurses union was very supportive of the recommendations from the report and would be working to try and have them adopted in other states and territories.

“When you see the savings made by the Flinders Medical Centre from implementing Monica’s recommendations and then extrapolate these across all the other major metropolitan hospitals with remote Aboriginal surgery patients you can start to understand the enormous benefits that can be accrued from a very modest investment,” said Ged Kearney. “There are many hospitals in Adelaide, Melbourne, Perth and Brisbane where remote Aboriginal and Torres Strait Islander patients are undergoing surgery so the savings across the country will be significant not to mention the huge benefits to patient care by the sort of improved liaison and coordination that Monica has recommended.

“The ANF is a strongly committed to closing the health gap in Australia and it is initiatives like this one which will make a difference. As a nurse myself I’m proud that this union is supporting Monica’s efforts,” said Ged Kearney.

Mick Gooda from the CRC for Aboriginal Health said Monica’s study demonstrated that improvements to health outcomes for Aboriginal people can be made by reforms in the health system and that these reforms did not have to be expensive and complex.

“Monica saw a problem, put her mind to finding a solution and now all that the relevant health authorities need to do is take action and the benefits to Aboriginal health and the health budget’s bottom line will start to accrue,” said Mick Gooda. “This is practical research and problem solving at its best and there is no reason why the Flinders successes can’t be duplicated in other jurisdictions.”

Ms Lawrence said she was currently speaking with the NT Health Department about the Flinders trial being extended to all southern hospitals accepting NT patients.

For further information:

Alastair Harris CRC for Aboriginal Health - 0409 658 177