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Dear Don

Re: Feedback from HSU for KPMG review Scope

Health Services Union members are committed to ensuring safe and effective medical imaging for the community at RAH and in the future service model for the new RAH. predominantly, there is concern with the review as far as privatisation is an option on the table. Health Services Union members reject any option that considers privatising to the outpatient services, or any other imaging services at the new RAH. our members are, however, our members are willing to engage in the review to ensure appropriateness of clinical input into the review, accountability for data that are reviewed and to provide background from a clinical perspective as to how these services are delivered and proactively offer solution to improving the efficiency of Medical Imaging at new RAH and therefore positively impacting the health and well-being of the community through timely access to diagnosis.

General Feedback

It is important that all models of care be in place to then review how services are to be delivered at new RAH. There is little effectiveness in reviewing a process that has yet to be decided upon. Without all these models of care that require medical imaging, there is uncertainty as to what these imaging services are required to deliver, let alone reviewing how they will be delivered.

That so far, SAMI has not been involved in these meetings is of tremendous concern. SAMI is the organisation responsible for this service, and at meetings that radiographers have attended with SA Health, no SAMI representative has been in attendance. This must be rectified.

There are also questions about the timing of the review. Now is being chosen to conduct the review with data that is presumably being considered during the time that new RAH planning was and is occurring. These are some of the matters that HSU members consider very important whilst the new RAH move has yet to take place, there have been related projects and service moves that have impacted on TQEH and RAH owing to other aspects of Transforming Health, for example Cardiology services, Stroke services and Vascular services changes.

Scope of Review

Despite asking more than once, HSU have not received a Terms of Reference or a full Scope of the review. The members of HSU, SAMI staff, have only received Attachment 5 of a larger document. As stated in correspondence, if there is commercially sensitive information in that document, simply redacting that information would suffice and demonstrate good faith on the part of SA Health.

Even so, this document provides several concerns for our members. The commencement of the review is not stated; however, the HSU understands that it has already commenced as KPMG have requested data. Has that data been provided and what data is that? These are aspects that could be cleared up with members of HSU who have been nominated as part of the review being kept abreast of this sort of information.

The specified area for review is outpatients yet data is being reviewed for ED and inpatients. There seems to be no real need for this. Again, the full Terms of Reference may have adequately cleared this up, but in lieu of that, the members feel threatened across all the services.

Radiation Safety

There are concerns about this aspect of service delivery across new RAH, not just outpatients. The safety of staff and consumers of Medical Imaging could be significantly impacted by having such a diversified model of Medical Imaging service. With less senior radiographer support at any one part of the service, a spread of the service delivery and a change to how physics team should deliver their service, adding to that diversity could be severely problematic. The delivery of radiation in these instances needs to be regularly monitored with and this service also needs consideration across all aspects, not just outpatients.

Teaching Hospital status

Have SA Health considered whether accreditation for teaching hospital status is being adequately weighted in this review? If radiologists are unable to be adequately trained this might create quality control problems for other disciplines such as Radiographers and Sonographers by not having adequate access to training and exposure to complex cases for patient types affecting their skills and development. Training Hospitals such as RAH provide unique opportunities to provide training, development and exposure that could be lost through an inappropriate review.

The potential for de-skilling is real, without the diversity and variation of outpatient work. This would impact Sonographers and Radiographers alike. Maintaining skills-sets is important for providing quality care to patients and maintaining high standards in discipline teams to ensure skills are spread throughout sonographers and radiographers in a department, rather than housed in one or two key individuals.

Comparators

Using TQEH and FMC as comparators may not be useful. The patient types, complexity and workloads at the three sites are not the same, hence to make comparisons between the sides is inaccurate and not useful. RAH receives the most complex patients, indeed there are occasions when other hospitals could take patients due to geographical location, but RAH is the only site that can provide the imaging in radiography and sonography. There are outpatients that can only be imaged at RAH.

Even within RAH, the simple raw data needs a nuanced review. Raw numbers reporting how many scans are done per FTE, or how quickly reports are completed, or how quickly people are scanned from the time of referral requires an assessment of the entire support mechanism that goes into getting an image completed. From the computer access, to patient complexity, orderly support, nursing support, radiographer's skills and training and supervision right through to Radiologist workload needs to be examined.

HSU members seek a fair and judge review of these support mechanisms, or lack of them, to provide an accurate representation of the current constraints to an efficient service. This is the very reason HSU members are willing to engage in this review, to provide the input and evidence from clinicians on the ground.

Continuity of Care

Complex inpatients tend to become complex outpatients and as such familiarity can be a hidden asset. Patients shifted around between different departments and institutions can begin to develop anxieties that impact on their care, and mistakes can get made, or diagnoses missed. One of our members put it very succinctly: “A non-compliant patient can lead to a non-diagnostic study.”

Outpatient Workload

It is important to note that HSU members place high importance on the diversity of their workload and the duty of care towards the community. Outpatients can be exposed to unique and unusual complexities and patient types, but is also less stressful in terms of manual handling. Inpatients and ED work requires significant amounts of manual handling and high turnover, high pressure work. Outpatient work can play a part in reducing the likelihood of workplace manual handling injuries. Other hospitals already use this as a way of reducing the stress on the bodies of Radiographers. Outpatients provides a reprieve from that physical and mental stress and provides an improved job satisfaction beyond the skills and training opportunities. It is important that the review take that aspect into account.

Previous Reviews

HSU members are mindful of the many recommendations from previous reviews, and how those recommendations have been left idle. HSU members believe it is vital KPMG have access to these previous recommendations to ensure the review is as efficient and effective as possible.,

Staffing concerns

Any review provides anxieties about FTE being threatened. HSU members do not support any reductions in FTE. The workload is already stretched across too few FTE and further reductions in FTE will only provide further increases in workload which could result in Work Health and Safety breaches or Workload breaches as per the Enterprise Agreement.

Conclusion

The HSU members pride themselves on facilitating where they see an ability to provide pathways forward for improved care to the community. The intent in participating in this review is in that spirit. But where HSU members see that the quality of care is likely to be reduced, they will call it out. HSU members regularly provide input into reviewing their services on a regular basis as part of their professional requirements as employees in the public sector. In short though, HSU will not support FTE reductions or other recommendations that impede the ability of radiographers and sonographers to complete their work safely and effectively.

HSU would also like to note that the two representatives nominated for the review, as per the agreement between SA Health and HSU, are Deb Sander (RAH) and Andrew Dawe (TQEH). As of 23rd March, 2017, there has yet to be a meeting discussing HSU's participation in, and support mechanisms for, the review.

HSU looks forward to finalising this matter as soon as possible.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jorge Navas', written in a cursive style.

Jorge Navas
STATE SECRETARY, HSU SA/NT
27th March 2017