



**Should the Emergency Department Treat Everyone who Presents
for Treatment?**

Citizens' Jury on Emergency Care Services.

Executive Summary

September 2012



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Project Personnel

Chief investigators

- ◆ Professor Paul Scuffham, Griffith University
- ◆ Professor Elizabeth Kendall, Griffith University
- ◆ Professor Paul Burton, Griffith University
- ◆ Dr Jennifer Whitty, Griffith University
- ◆ Professor Andrew Wilson, Queensland University of Technology
- ◆ Professor Julie Ratcliffe, Flinders University

Partner investigators

- ◆ Ken Meldrum, Queensland Health
- ◆ Christopher Seiboth, Southern Adelaide Local Health Network Inc.
- ◆ Dr Kalipso Chalkidou, National Institute for Health and Clinical Excellence, UK
- ◆ Professor Littlejohns, Kings' College London
- ◆ Michael Cleary, Queensland Health

PhD candidates

- ◆ Paul Harris, PhD candidate, Griffith University
- ◆ Rachael Krinks, PhD candidate, Griffith University

Support staff

- ◆ Kylie Rixon, Senior Research Assistant, Griffith University
- ◆ Anne Bucetti, Project Officer, Griffith University

For further information contact:

Professor Paul Scuffham
School of Medicine
Griffith University
University Drive
Meadowbrook Qld 4300

Ph: +61 7 3382 1511
cjproject@griffith.edu.au

Citizens' Juries (CJ) offer a way of seeking informed public views using a democratic, deliberative process. This report describes the methods, processes, and verdicts of a CJ held in Queensland in June 2012, focussing on public preferences around the provision of emergency care services. This CJ was undertaken as part of larger research study led by Griffith University and funded by an Australian Research Council Linkage Grant, along with partner investigators Queensland Health, Southern Adelaide Local Health Network Inc., the National Institute for Health and Clinical Excellence, Flinders University, and Queensland University of Technology. The larger project aims to facilitate the identification and application of optimal methods for engaging the public in healthcare decision-making, provide guidance on the appropriate population groups to consider when eliciting preferences, and provide direct public input to guide health policy. The project is using two methods to engage the public and address a range of methodological questions: the deliberative CJ and the Discrete Choice Experiment (DCE). The DCE is a quantitative method that can elicit the relative strength of preference of the public around a priority-setting topic, and the trade-offs the public are prepared to make.

The electoral roll, obtained with approval from the Electoral Commission of Queensland, was used to develop a sampling frame of the Metro South Health Service District,¹ and a random sample was invited to express interest in being a juror. From those interested, a jury of 22 was purposively selected to reflect the demographic characteristics of Queensland.

The jury was held from Friday 15th June to Sunday 17th June, 2012.

The jury was lead by facilitators with experience in running juries and other deliberative democratic forums. Over three consecutive days jurors listened to 12 expert witnesses, engaged in deliberations, and reached a verdict on the question put to them: ***Should the Emergency Department (ED) treat everyone who presents for treatment?***

The verdict reached by the jury was:

- ◆ The vast majority of people presenting at EDs are in fact sick or injured. Therefore, all patients attending the ED should be assessed.²
- ◆ It was considered reasonable in a minority of cases to divert patients for assistance elsewhere if appropriate.
- ◆ Policies and structures (including legal structures) need to be put in place to increase the role of paramedics treating people at the site, rather than transporting them to an ED.

To gather more detailed information about their preferences, six subordinate questions were developed, as shown in **Table 1**. There was a great deal of support for most of the proposals, with the exception of question 6.

¹ Due to National Reform, Queensland Health (QH) and the Metro South Health Service District (MSHSD) became separate entities on 1st July, 2012. After this date the MSHSD was renamed to the Metro South Hospital and Health Service

² Although the question put to jurors was focussed on treatment, the jurors considered that assessment was part of the treatment process, and therefore, technically all patients should receive initial treatment.

Table 1. Sub-ordinate questions put to the jury and the verdicts

<u>QUESTION</u>	<u>VERDICT</u>
1. Are there circumstances where it is acceptable to not treat someone presenting at the ED?	YES
2. Should patients be given a choice over when they are treated, where they are treated, and by whom (type of health professional)?	SUPPORTED IN PRINCIPLE
3. Is it acceptable for patients to be treated by non-medical staff such as ambulance staff, nurses, and allied health professionals without seeing a doctor?	YES
4. Should ambulance staff be enabled to treat patients in their home without bringing them to the ED?	YES
5. Are there any circumstances that patients should pay towards the cost of treatment?	TEMPERED SUPPORT
6. Should patients with minor illnesses or injuries have a choice to pay to be seen in a priority queue?	UNANIMOUSLY NO

Other recommendations developed by the jury to facilitate the optimal use of the ED included:

Short-term strategies:

- ◆ Take advantage of skills of *all* staff
- ◆ Transit lounges between ED and wards.
- ◆ Better transfer and handover.
- ◆ Have doctors make more rounds per day to discharge more often.
- ◆ Advertise to raise awareness about how the ED system works and alternatives to ED.
- ◆ Advertise to raise awareness of private hospital EDs - what they offer and where they are.
- ◆ Better community care options are needed to support/treat people in their own homes, and therefore divert people from presenting to EDs in the first place.

Long-term strategies:

- ◆ Improve education about self-care and first aid, and health promotion.
- Ensuring dignity and privacy for presenting patients by improving the design of EDs. For example, creating more private areas for triage.
- More 24 hour superclinics and after hours GPs, co-located and offsite.
- Give paramedics the power to choose to take patient to ED or superclinic.
- More flexibility in Medicare funding options for private clinics and private EDs.
- ◆ Financial incentives for private ownership of clinics.
- ◆ Research is needed to develop "best practice" systems or processes with trial hospitals.

The view of the project team is that this Citizens' Jury successfully engaged and informed 22 typical citizens who made an expert contribution and engaged with complex topics and came up with valuable recommendations. This jury provided a successful and economic way of eliciting the informed view of the public around a complex health care priority-setting issue.

The strengths of this jury were:

- ◆ Providing the jury with high quality witnesses, who presented well and provided important and different information.
- ◆ Using a comfortable and pleasant venue showed the jurors that they were important and respected, this made them feel valued and increased the level of engagement.
- ◆ Having the jurors stay overnight. Once jurors leave the environment of the jury, there is the chance that they will not return.
- ◆ Ensuring the venue provided for dietary, mobility, and access needs of the jurors.
- ◆ Providing pleasant meals breaks with good for the jurors.
- ◆ Using one member of the research team as the liaison point for the jurors. This provided a sense of continuity, and ensured that jurors always knew who to contact.
- ◆ Using the same name, telephone number, and email address for all contact.
- ◆ Redirecting phones and accessing email during the jury so the jurors could use the same details that were familiar with.
- ◆ Multiple emailing and phone calls in the weeks leading up the jury were essential.
- ◆ Providing as much information as possible to make them feel more comfortable.
- ◆ Paying attention to the jurors during proceedings to see if they are comfortable.
- ◆ Facilitating the presence of carers for jurors with disabilities
- ◆ Communicating early to jurors with disabilities that we would do whatever we could to allow them to participate.
- ◆ Using professional facilitators with experience in working with democratic and/or deliberative structures.
- ◆ Selecting the jury to be as representative of the population as possible. A jury is too small to be statistically representative, however, using the population characteristics to stratify the sample made for a jury that was appropriately diverse.

