



IN REPLY PLEASE QUOTE:

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8 November 2022

The Hon. Greg Donnelly
Chair
Legislative Council Portfolio Committee 2 – Health

By email: PortfolioCommittee2@parliament.nsw.gov.au

Dear Mr Donnelly

RE: Inquiry into the impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales - Post-hearing responses

We refer to your correspondence of 17 October 2022 requesting answers to supplementary questions.

We thank you for the opportunity to have further input into this important inquiry. Our members currently working in Emergency Departments ('EDs') across New South Wales are under extraordinary pressure to deliver clinical care to an increasing number and acuity of patients.

One of the ways in which our members are able to exercise their voice and advocate for their patients is through this Association; and this inquiry has enabled our members to highlight some of the issues within EDs that are impacting the provision of care.

Please see **below** responses to the four supplementary questions.

1. Under the current conditions in Emergency Departments, are patients receiving the necessary safe standard of care?

Many patients are not receiving the necessary safe standard of care under the current conditions in EDs.

A safe standard of care is the clinical care that is provided in an environment that has an appropriate number of staff who are suitably qualified and experienced, and are able to provide timely, quality care in accordance with applicable organisational policies and professional standards.

Our members have shared horrific examples of adverse events and near misses in EDs across NSW, and the impact of the lack of staff and services in their facilities and in their communities has on their ability to provide safe care.

This inability for patients to receive the necessary safe standard of care in EDs occurs despite our members working extraordinary amounts of overtime and additional shifts to cover gaps in staffing rosters.

Health practitioners working in EDs simply cannot provide the desired level of clinical care to a patient when their time and their mental load is constantly stretched beyond a reasonable number of patients.

After years of unsustainable patient loads which have been exacerbated by COVID, our members working in EDs are beyond burnt out. There has been a significant loss of experienced nursing staff in EDs in NSW over the last few years and those that remain bear the burden of constant requests to work additional hours. Such requests place staff, who are already stretched, in the unfair and unenviable position of knowing that if they don't work then their colleagues will be working short and that the level of patient care will be compromised. These demands come at a cost to their individual and collective wellbeing.

Our members report that their time and resources are so stretched in EDs that they are routinely being directed by executive management to ignore policies. For example, being told they will have to nurse two patients simultaneously when the condition of one (or both) of those patients necessitates 1:1 nursing care.

Members have also reported being directed to place patients in unstaffed beds or chairs, or in hallways, resulting in delayed care.

Such directives, particularly when given by managers, who are not registered health practitioners, place patients at significant risk of harm and our members at risk of disciplinary action.

The policies applicable in EDs outline the minimum safe standard of care that is to be provided, and often the timeliness of assessments and interventions. For example, the 'Pathway for Acute Coronary Syndrome Assessment'¹, requires that an initial ECG be performed and reviewed within 10 minutes of clinical contact and then every 30 minutes if the patient has ongoing symptoms. The policy directive 'Recognition and management of patients who are deteriorating'² sets out the minimum frequency that vital observations must be taken and recorded for all patients, imposing additional time-sensitive requirements for nursing staff in EDs.

These policies are written with the assumption that within an ED there is an appropriate level of staffing to provide care and complete the necessary documentation in accordance with those policies, however this is not always occurring.

EDs are caught between access block and the demands of new presentations, including those brought in by ambulance. In order for patients to be discharged from an ED, they either need to be assessed and possibly treated with a plan for follow-up in the community, to be admitted or to have their care transferred to a more appropriate facility.

The availability of beds for admission is being affected by a lack of resourcing in hospitals across NSW. Wards must also be appropriately staffed to facilitate timely and appropriate discharge, however the current lack of nursing and multidisciplinary staff in wards affects bed availability. If a patient requires further review by a medical officer or an assessment from nursing staff or allied health prior to discharge and this is not able to be facilitated in a timely fashion, the patient will remain in a ward for longer than is necessary.

The inability for patients to receive a safe standard of care is resulting in higher than ever numbers of patients leaving without having received treatment or before completing treatment and delays to care that increase the risk of adverse events and death.

Although the concerns of our members are not new, the demand on EDs has increased substantially over the last 5 years, whilst the resourcing has not.

¹ Pathway for Acute Coronary Syndrome Assessment (PACSA) GL2019_014, NSW Health, 24 October 2019
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_014.pdf

² Recognition and management of patients who are deteriorating, PD202_018, NSW Health, 12 June 2020
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_018.pdf

In our members' continuing advocacy for their patients and the community, they have shared their anecdotal experiences of working within such an under-resourced system and their experiences are well supported by the available data.

The activity and performance data collated by the Bureau of Health Information NSW makes for a sobering read. It shows a precipitous and dangerous decline which is no doubt affecting the standard of care patients are receiving.

The demand on EDs is unrelenting. The combination of a lack of practical and/or financial access to General Practitioners in the community, as well as sufficiently resourced Community Health services, means that the number and acuity of presentations is increasing.

From April to June 2022, EDs across NSW had 793,987 attendances, with 110,942 of those being triage category 2 presentations – the highest since the recording of this data commenced in 2010³. Compared with same period in 2019 which saw 754,442 ED attendances, of those 96,222 being triaged as a category 2⁴.

However, both 2022 and 2019 stand in stark contrast with the same period in 2017 where there were only 663,942 ED attendances, of which 82,220 were triaged as a category 2.

The number of presentations to EDs in 2017 at the time were reported as being an 18% increase on the previous 5 years (2012-2017). In the subsequent five-year period there has now been a nearly 20% increase in ED presentations.

The data also shows between 2019 and 2022 the percentage of patients transferred from an ambulance to the ED within 30 minutes reduced from 87.6% to 72.5% and the percentage of patients whose treatment starts 'on time' in an ED has dropped from 71.9% to 62.8%⁵. 62.8% being the lowest of any quarter since reporting began in 2010.

³ Healthcare Quarterly, Bureau of Health Information NSW, April-June 2022

⁴ Healthcare Quarterly, Bureau of Health Information NSW, April-June 2019

⁵ Healthcare Quarterly, Bureau of Health Information NSW, April-June 2022

It is important to compare the above statistics also with the same period in 2017 where the percentage of patients transferred from an ambulance to the ED within 30 minutes was 91.8% and the percentage of patients whose treatment started on time was 75.6%⁶.

The latest data shows between April and June 2022 a staggering 76,117 patients in NSW left an ED without, or before completing, treatment, the highest of any quarter since the commencement of reporting.

Being able to provide timely assessment and interventions to patients presenting to EDs is critical in order to save lives and prevent serious adverse events.

Not having sufficient resources to provide a timely and appropriate level of care to all patients is causing widespread moral injury to our members. They cannot continue to be subjected to such physically and psychologically unsafe working conditions.

For all patients to receive a safe standard of care, adequate resourcing that reflects the increased demand on EDs must be provided. Nurses cannot continue to be expected to provide care to an uncapped number of patients. Safe staffing ratios must be implemented.

2. In your opinion, what impacts are Emergency Department delays having on someone who is presenting with an acute mental health crisis or may be suicidal?

The delays experienced by and in EDs impact everyone who comes into contact with that service including patients and their families as well as staff.

A patient who expresses or is experiencing suicidal ideation is presenting with an acute mental health crisis. For patients that present with an acute mental health crisis, including those with suicidal ideation, presenting to an ED can be difficult and may seem counter-intuitive for some as it is an environment that may exacerbate distress. These patients may also be taken to an ED without their consent which also may cause distress.

⁶ Healthcare Quarterly, Bureau of Health Information NSW, April-June 2017

It is important to note that there is not a binary of patients who present to ED being those with a mental health crisis or a physical health crisis. Patients who present with an acute mental health crisis or suicidal ideation may also present with an accompanying physical health issue such as injury (including self-harm), overdose of substances and/or potentially organic causes of behavioural disturbance. Such acute presentations are complex and require the coordination of assessment and input from staff from a range of disciplines.

Patients presenting with a mental health issue can sometimes be impulsive or may not have the ability to wait lengthy amounts of time to receive treatment. They can also be adversely affected or have their condition deteriorate because of the sensory overload of being in an ED. The loud noises, lights, beeping and frenetic nature of the environment can be distressing and harmful to people despite the best efforts of health practitioners providing care and reassurance.

Although many EDs have designated areas that are designed to provide a quiet and calm space, the demand of such areas can often exceed supply, leaving patients to wait in unsuitable spaces.

Subjecting someone who is unwell to withstand the sensory battering of being in a busy ED in order to receive the care they need can be traumatising and can cause a deterioration in their condition.

In addition to delays potentially resulting in the deterioration of someone's condition, delays increase the risk of violence and aggression toward staff and other patients. Patients who are in a state of despair or those who may be impaired can use violence, verbal abuse or the threat of violence to try and escalate their access to the care they need. This poses an unacceptable risk to our members, other staff and patients in EDs.

3. Are they often leaving without receiving the treatment they desperately need?

Yes. While we do not have data on exactly how many people who attend an ED with an acute mental health crisis have left without treatment, we know that there has been

a 67.6% increase in the last three years in patients leaving without treatment and that approximately 3% of ED presentations in NSW are mental health-related⁷.

Any patient who is experiencing an acute mental health crisis needs to have access to timely and appropriate care and treatment to reduce the risk of serious harm and/or death.

4. *Is there a lack of mental health beds in NSW hospitals?*

Patients who access mental health inpatient services need access to care and treatment from an appropriately resourced multi-disciplinary team, with suitably qualified and experienced nurses providing the bulk of that care and treatment.

Beds alone do not provide care and treatment, nurses do. What the system lacks is safe numbers of suitably trained and experienced nurses on each shift to provide care.

Our members report that there is a significant lack of access for patients to specialised mental health units (e.g. high dependency, adolescent, older persons etc) and the demand for services has increased over the last three years, despite the number of admissions decreasing.

The number of Mental Health Bed Days in NSW has increased from 181,522 in April-June 2019 to 199,296 in April-June 2022, with the average length of stay having increased from 16.2 days to 22.7 days. This is despite the number of admissions being reduced from 11,234 to 9,461.

Additionally, there are patients who effectively reside in mental health in-patient units for lengthy periods of time due to their being a lack of access to appropriate long-term care facilities.

It is essential that the allocation of resources for mental health inpatient units focuses on having sufficient numbers of staff to provide timely and quality care to patients. Decisions regarding the number of appropriately staffed beds in general and specialised mental health units must be reflective of the demand for those services.

⁷ National Non-admitted Patient Emergency Department Care Database, Australian Institute of Health and Welfare, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/hospital-emergency-services>

Access to acute mental health care should not solely fall on the shoulders of inpatient mental health units. Greater investment needs to be made in preventative care to reduce demand on acute services.

Governments need to improve access to GPs as well as Community Mental Health services, both of whom play an incredibly important role in providing care in the community and reduce ED presentations.

It is important that such services are sufficiently linked to enable continuity of care. Unfortunately, the statewide NSW Mental Health Line service was recently privatised. As a result, staff working for that service do not have access to patient records in order to be able to provide specific advice based on someone's documented history, nor do they have any connection with local outpatient community health services. This has led to an increase in referrals from that service to EDs because there is no alternative referral pathway for that service.

Should you require any further information, please contact Laura Toose, Legal Officer

Yours sincerely

SHAYE CANDISH

General Secretary

NSW Nurses and Midwives' Association