1. I am currently not aware of any effective state-wide and practical measures that have been successfully implemented to deal with ramping. Most measures that I have encountered largely involve punitively pushing districts to aggressively offload patients. These measures are not only futile and dangerous but often lead to practices that are not in the overall interest of our patient population. An example I gave during my opening statement highlighted a patient who was very unwell but was not prioritised for a bed as priority was given to ambulance offloads. The nurse managers often do so as they are under marked pressure from executive to do so. Thankfully some departments have taken a stand against such practices but many continue to try and appease their executive unit by doing so.

   This pressure also leads to the use of 'TOC' beds which are makeshift, understaffed beds use to offload ambulances until an acute bed becomes available. This just creates another queue and does nothing to solve the problem but just puts these patients in an unmonitored corner while they wait for a bed.

2. This is highlighted in the written submission that Dr Chandru and I made. Essentially, the expectation from patients is that they arrive to a 24 hour department and receive 24 hour care but, ultimately, most services including specialist medical and nursing reviews, many procedures and several investigations cease outside of business hours. Many patients are admitted to hospital after business hours purely to see a specialist the following day as there is no other practical way to facilitate rapid specialist review in most NSW hospitals. Many patients are also admitted to emergency short stay units only as they are awaiting radiology such as CT scans. Waiting times vary between departments but can be several hours despite the scans themselves taking minutes. Improvements in radiology efficiency at some hospitals is desperately required and largely centres around logistical improvements such as increased numbers of wardsman to transport patients to and from radiology and central control to move patients in and out efficiently.

   A good example of this is in stroke patients admitted on a Friday afternoon. Following a stroke, a patient requires a multidisciplinary assessment, investigation and management. In order to establish the diagnosis with certainty and accuracy, an MRI is required. MRI services in most NSW public hospitals operate during business hours only and often have a waiting time of days so that patient admitted to the ward on a Friday afternoon will not have their definitive investigation until the following week and will often remain in hospital until this time. The same patient also requires speech pathology services to assess their swallowing and prescribe an appropriate diet. Speech pathology services at most NSW hospitals operate during business hours alone. Without this assessment, the patient is kept starved and is not permitted to eat, again for the entire weekend. This will also likely delay their discharge from hospital.

This case is only an example and there are countless others that can be highlighted across the hospital system.

3. As highlighted above, many services are only available during business hours. Many services that are available 24 hours a day, such as radiology, are often hampered by gross logistical deficiencies.

4. Stop focusing on isolated metrics such as offload times and give departments the resources and ability to review factors that hamper flow such as system inefficiencies. Such punitive and non-reflective KPIs only serve to exacerbate the problem as staff become pre-occupied with these rather than improving the system as a whole.

   Begin expanding outpatient hospital services to allow alternatives to hospital admission. Such systems are in place for some Local Health Districts but not for others. Most patients cannot afford to see a private specialist for urgent review and so will just keep returning to ED if this is the only option and public clinics are booked for months.

   Begin reviewing specific scenarios that repeatedly lead to prolonged hospital admissions such as the case highlighted above, patients waiting for residential care and those with complex social needs. These are patients who are crowding our hospitals for many hospital days but do not require hospital care.