# Supplementary Question Responses for ***Parliamentary Inquiry in to the Impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales*** – Dr Setthy Ung, District Chair, South Western Sydney LHD Medical Staff Executive Council

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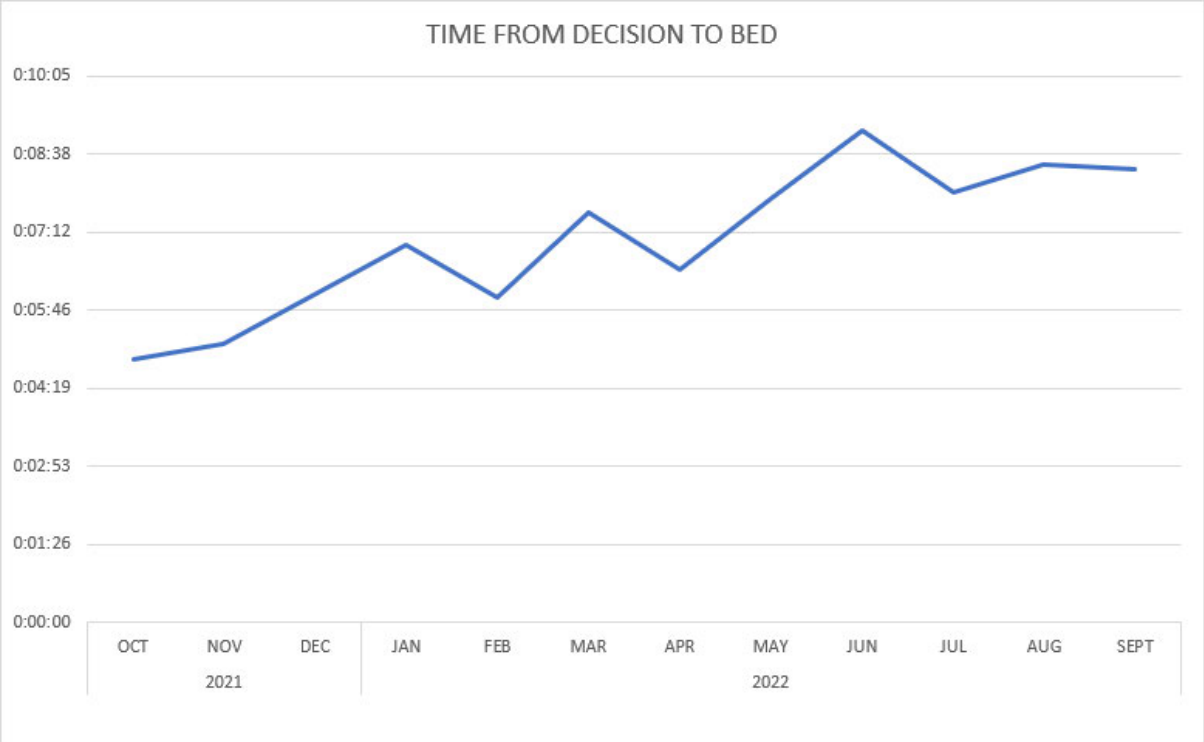
- Question 1: For hospitals across South Western Sydney, are you aware of how long are admitted patients waiting in the Emergency Department?




Above is data graphically displayed from a SWSLHD facility - Campbelltown Hospital which is representative of the trends of the other SWSLHD hospitals of the incremental additional time (on average) patients waiting for an inpatient ward bed are staying in the Emergency Department (ED) past their admission decision point. Please note this additional time does not include accumulated time already spent in the early phases of the presentation such as time

waiting to be seen by a doctor, time being assessed and processing time waiting for the return of diagnostics necessary to confirm the need for inpatient hospital admission (see table below).

If focusing purely on Chronic and Complex medical patients (C&C) admitted through Acute Geriatrics, their average times waiting for an inpatient bed once the decision for admission had occurred, had risen steadily from 9hrs 9mins in October 2021 to 15hrs 25mins in September 2022 with many instances of elderly patients waiting more than 24hrs for allocation to a ward bed.

For C&C patients who were less than 70yrs of age admitted through the General Medicine specialty, their average time waiting for an allocated bed began at 6hrs 27mins in October 2021 and also rose steadily to 17hrs 11mins by September 2022.

| | 2021 | | 2022 | | | |
|---|---|---|---|---|---|---|
| **SPECIALTY** | **OCT** | **NOV** | **DEC** | **JAN** | **FEB** | **MA** |
| CARDIOLOGY | | | 0:02:10 | 0:07:07 | 0:07:05 | 0:11: |
| COLORECTAL SURGERY | 0:05:45 | 0:04:25 | 0:04:32 | 0:12:53 | 0:05:08 | 0:07: |
| EMERGENCY MEDICINE | 0:01:37 | 0:03:14 | 0:01:56 | 0:01:43 | 0:01:59 | 0:02: |
| ENDOCRINOLOGY | | | | 0:08:33 | 0:09:39 | 0:08: |
| GASTROENTEROLOGY | 0:12:46 | 0:07:11 | 0:08:17 | 0:10:36 | 0:08:20 | 0:09: |
| GERIATRIC MEDICINE | 0:09:09 | 0:05:36 | 0:22:45 | 0:10:40 | 0:10:52 | 0:17: |
| GYNAECOLOGY | 0:07:41 | 0:02:51 | 0:10:33 | 0:10:03 | 0:05:38 | 0:06: |
| IMMUNOLOGY | | | | 0:04:32 | 0:05:35 | 1:04: |
| MEDICAL ONCOLOGY | 0:05:31 | 0:16:40 | 0:04:24 | 0:10:10 | 0:09:55 | 0:12: |
| MEDICINE-GENERAL | 0:06:27 | 0:07:42 | 0:08:55 | 0:11:00 | 0:11:54 | 0:14: |
| NEUROLOGY | | | | 0:07:51 | 0:09:52 | 0:10: |
| OBSTETRICS | 0:04:21 | 0:11:01 | | 0:03:43 | 0:05:20 | 0:05: |
| ORTHOPAEDICS | | | | 0:08:25 | 0:05:59 | 0:06: |
| PAEDIATRICS | 0:01:26 | 0:01:18 | 0:01:45 | 0:04:19 | 0:04:03 | 0:04: |
| RADIATION ONCOLOGY | | | | 0:12:18 | 0:04:55 | 0:22: |
| RENAL DIALYSIS | | | | | | |
| RENAL MEDICINE | | 0:09:17 | 0:17:50 | 0:10:39 | 0:14:04 | 0:14: |
| RHEUMATOLOGY | | | | 0:10:35 | 0:09:33 | 1:01: |
| SURGERY-GENERAL | 0:04:43 | 0:06:19 | 0:08:15 | 0:09:17 | 0:06:32 | 0:07: |
| THORACIC MEDICINE | | | 0:14:33 | 0:09:14 | 0:08:30 | 0:12: |
| UROLOGY | 0:17:27 | 0:04:19 | | 0:08:24 | 0:05:43 | 0:05: |
| **Grand Total** | **0:04:51** | **0:05:08** | **0:06:04** | **0:06:59** | **0:06:00** | **0:07:** |

- Question 2: Has high levels of bed access block had any impact on your resuscitation capacity?

  In the newly commissioned Campbelltown Hospital Emergency Department, patients admitted in one of the four staffed Resuscitation Bays (of seven physical Resuscitation Bays in total located in the room) waited on average 8hrs prior to being allocated to an inpatient Intensive Care Unit (ICU) bed.

  Due to access block to ICU beds, 379 times over the five months since moving in to the new department has a patient required to be resuscitated in a non-commissioned Resuscitation Bay without any additional staff totaling almost 171hrs of resuscitation delivered by stretching the nurses staffed in the room.

- Question 3: Have there been instances where a critically ill patient has needed to be moved out of the resuscitation bay prior to them being stable?

  There have been a small number. However, a recent case in Campbelltown Hospital Emergency Department that has had an extremely detrimental impact on staff morale was of a 12 month old boy who presented comatose; ultimately later diagnosed as severe meningococcal meningitis and subsequently died in the paediatric intensive care unit he was retrieved to. During his early resuscitation, he was moved out of the resuscitation room to a lower acuity Children's Emergency bed as adult patients who arrived by ambulance requiring resuscitation were assessed to be of higher priority for the resuscitation bed and despite not yet achieving neurological stability, the child was relocated as 'the lesser evil' under very difficult conditions in an access blocked Resuscitation Room. The staff involved and especially those who were parents themselves were extremely distressed by this event and experienced 'severe moral injury'. Despite multiple debriefs post the event, many carry perceived guilt that their forced decision to choose between patients contributed to the boy's death.

- Question 4: What could the NSW Government do today that would help your Local Health District?
    - Accelerate commissioning of the already built physical beds in SWSLHD facilities that have completed the capital works of their redevelopment cycles; especially for those facilities that are constantly operating at or over occupancy rates of 100%. Resourcing of these beds even when budgetary enhancements are handed down through the normal channels incur lengthy delays due to cumbersome recruitment and signoff processes. As recruitment and retainment for hospital clinicians for all health disciplines to work in South Western Sydney is slow and difficult at the best of times; budget enhancements need to be delivered expeditiously and not held back.
    - Implement the NSW Nursing & Midwives' Association recommendation of nurse:patient ratios to provide adequate staffing levels of all hospital beds
    - Reform Outpatient Models of Care in partnership with the Commonwealth to focus on ED and Hospital Avoidance for Chronic & Complex patients ED who represent the most significant inpatient burden for SWSLHD hospitals