

Submission

No 4

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Organisation:

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My name is Paul Cunningham, FACEM. I have worked in Emergency Departments in the NSW public and private sector for twenty five years. Full time for twenty five years. I have worked for NSW Health since 1973.

I have presented at International Meetings of Emergency Medicine. During the 1990's I was a National Councillor for the Australasian College for Emergency Medicine for four years. I was also the Chairman of the NSW Faculty of the College for several years, the position now filled by Dr Tony Joseph.

There has been extensive discussion of the recent case at RNSH with a patient miscarrying in the Emergency Department Waiting Room toilets. There has been virtually no mention of the true reason for this. The Emergency Department was totally occupied. There is not "always room for one more patient" as the patient requires a staffed bed with Oxygen and suction available. There were at least 16 admitted patients waiting for beds and all other bed spaces were occupied by patients still being assessed. All these patients take up ongoing staff time.

Bed availability in Northern Sydney is among the lowest in the OECD. There is well under 2 public acute beds per 1000 population. The UK has 3.7 per 1000 and some European OECD countries have 6 acute beds per 1000 population.

The formula for bed resourcing means the high number of private beds reduces the public acute beds. The private beds do not make up the difference functionally.

The reasons for the inadequacy of acute care beds in our public hospitals are relatively simple and fixable.

There are two main things required to ensure optimum performance of Emergency Departments – inpatient bed availability and senior medical staffing.



Myths of Acute Bed Availability:

- Australia has acute bed numbers comparable to other developed countries. ***IN FACT public hospital bed numbers average 2.5 per 1000 population. The OECD acute bed number average is 4 per 1000.*** (1), (2)
- Private beds make up the numbers. The AIHW quote an Australian average of 1 per 1000. ***IN FACT these are largely unavailable to acute cases for multiple reasons listed below. They may contribute 0.2 beds to the AIHW figures leading to an acute bed total of 2.7 per 1000, still substantially below the OECD average.***
- There is a shortage of nurses in Australia restricting hospital bed numbers. ***IN FACT although there may be difficulty in finding nurses for certain roles, nurses per 1000 population in Australia are 20% above the OECD average. Nursing numbers per 1000 population have increased 55% since 1960 and nurses per Acute Hospital bed were 1 in 1960 but were 2.8 in 2003.*** (3), (4).
- Hospital Emergency Departments are blocked with patients that could be treated by community based non-hospital services. ***IN FACT these patients have little impact on Emergency Departments as they, by definition, do not require a bed.***
- The lower acuity patients in Emergency Departments, e.g. Triage category 4 and 5, are equivalent to “General Practice” patients and could therefore be diverted to community/ambulatory care services. ***IN FACT a high percentage of these patients have been referred to the hospital by general practitioners and their overall admission rate is 15% to 20%. The admission rate of patients seen in General Practice is of the order of 1%.***