

**Submission**

**No 3**

## **INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL**

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**Submission to parliamentary inquiry into Royal North Shore  
Hospital**

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The root cause of patients being treated in waiting rooms is lack of beds accessible by emergency patients. This happens because there are not enough beds Australia wide, in NSW in particular, in public hospitals in particular, and most particularly in the part of NSCCAHS South of the Hawkesbury. This leads to patient flow management being an impossible task, so benchmarks are not achieved. In this environment, pressure to succeed cannot lead to improvement, and leads to bullying instead.

Australia has 3.8 acute care beds per thousand population. (1) This compares with 3.9 per thousand in the UK, and an OECD average figure of 4.1, but in the UK almost all beds are public and thus accessible to emergency patients.

In NSW 1.1 acute care beds per thousand population is in the private sector. (2) So effectively, from the point of view of an emergency patient, NSW has little more than 2.7 beds per thousand. It is true that there are some private hospitals with emergency departments, but there are fewer of these in NSW than other states, and fewer still in proportion to the number of public emergency departments. (3) There were 4 private emergency departments in NSW, 7 in Victoria, and 9 in Queensland. So the access for emergency patients to private beds in NSW is poorer than in other states.

Within Australia, NSW has a worse figure for total acute care beds per thousand population than other states (2). In NSW the figure is 3.7, in Victoria; 3.8, and in Queensland 4.4.

So there is a shortage of beds accessible to emergency patients in public hospitals, NSW and Australia.

Royal North Shore Hospital is in Northern Sydney Central Coast Area Health Service and the former Northern Sydney Health, which is the part of NSCCAHS South of the Hawkesbury River. For the part of the area South of the Hawkesbury, there are 1174 beds and a population of 802011, yielding 1.6 beds per thousand population. If the private Sydney Adventist Hospital is included on the basis that it has an emergency department, there are 1.8 beds per thousand. (4) This figure is extremely low. It makes the job of the patient flow managers impossible and makes access block inevitable.

The figures for bed numbers will be contested. They depend on what is defined as an acute care bed. I have heard of a CT scanner being counted as 2 beds and “virtual beds”, which include nurses visiting patients at home for intravenous antibiotics, being counted as beds. In my view, CT scanners and nurses treating patients in their homes are not beds.

There are many other complex factors in the problems facing emergency departments, but the shortage of inpatient beds is the most important one. It is so clearly the most

important factor that I have opted to focus entirely on this in my submission. The most important problem is a shortage of beds accessible to emergency patients.

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1. Health at a glance. OECD indicators, 2003.
2. Australia's health 2006. Australian institute of health and welfare, Canberra.
3. Australasian Society of Emergency Medicine directory of Emergency Departments in Australia and NZ, 2001/02.
4. E-mail survey of ED directors conducted 2007.