

**Supplementary
Submission
No 78c**

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

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I have been reading through a few of the submissions on the inquiry's web site and note that a few others speak to the hospital block issue saying management deny or have denied the problem even exists. This for me highlights just one of the reasons we NEED to be moved OUT of the Health portfolio. I hope there is some way this information can be considered by the inquiry as an addendum or the like because I have already mentioned hospital block in a previous submission.

It is clear to EVERY officer on the road that hospital block has been an issue for years now and many factors contribute to it including the hospital destination matrix forcing officers to take patients direct to a major hospital when clinically speaking time is not of the essence etc yet management do all they can to play it down - they even blatantly lie to the public about it's serious nature and how it affects ambulance response times.

In support of this, if it is not too late to somehow add it, I would like to have noted an incident that happened to me just yesterday. I was tasked to transport a patient with a 70 minute history of chest pain to the Calvary Mater Hospital in Newcastle. Her provisional diagnosis from her GP was Unstable Angina Pectoris.

Although it was known there would be extensive delays on arrival at the Mater we were sent there anyway rather than having her "held off" at the local hospital until the back log cleared. Although she was pain free enroute and on arrival at the Mater, she was either considered too sick to be sent to our local hospital where she could wait till things settled down in Newcastle and the back log cleared or Hunter Health wanted to avoid the cost of a secondary transfer. Either way, on arrival there was no bed available in the Emergency Room and all "permanent" overflow beds were occupied. Unfortunately all improvised beds (old stretchers taken from decommissioned ambulances) were also fully utilised and these were located in the only corridor that is sufficiently wide to fit a few stretchers against the wall. This meant a threshold had been reached where according to hospital policy no further patients could be accommodated within the emergency department because to do so would under their policy trigger an occupational health and safety issue.

Because there was no room left in the emergency department, I was triaged to wait outside the Emergency Department near the public waiting room near a small lunch bar kiosk. This area is outside the security doors that protect patients and staff from intruders or people demonstrating anti-social behaviour etc who are known to frequent public hospitals. In essence this area is a public area of the hospital devoid of any clinical adjuncts to manage or monitor a patient - no oxygen, no bench to work from - not even a power point to plug our cardiac monitor into when the battery runs low.

It is an area where patients and visitors are free to wander - buy lunch, chat, stare at my patient and watch any procedure I might need to undertake and while I could and would ask them to move on, I would have no right to force them - they would be within their rights to stand and gawk. In essence I had no capacity to protect my patient from prying eyes or anything much else in that location. I believe firmly that ambos have an obligation to protect their patients and advocate for them when appropriate so in this instance I refused to take the patient to that area to look after her until a bed became available and elected instead to take her back to our ambulance so we could wait in a vehicle that had all I needed to monitor her condition and protect her privacy.

The triage nurse agreed with my position however, an ambulance manager who I know and have the highest respect for was left in a position where he had to "order" me not to take the patient back to the ambulance. I took it that this order was given under a Regulations of the Ambulance Act so had to comply. Again, please note - despite the community trusting us to come into their homes in the middle of the night, give themselves and loved ones over to our care and decision - the government clearly thinks we need a regulation made under the Ambulance Act to force us to do the right thing when in fact - all it does is gives our managers a tool to bully and harass us the ability to force us to do what we know to be the wrong thing! Nevertheless, despite the Act and the Regulations it remained I would not take my patient to this public area to continue care for her. In the end, he selected another patient - the least serious of all those waiting with ambulance officers and took that patient to that area so my patient could have her space within the confines of the emergency room - this is still far from acceptable solution.

As I understand it the uniformed head of the Service Mr M. Willis has abused the same Regulation made under the Act to order Hospital Liaison Officers not to let ambos take their patients back out to the ambulance to look after them until a bed frees up. I can only assume this direction was given in an effort to avoid bad publicity for NSW Health. I recall some time ago that newspapers were carrying headlines saying patients were being left to wait in ambulances out in the ambulance car park because there was no room in the hospitals. NSW Health and Ambulance both vigorously denied these claims and said all patients are accepted into the hospital and none are left to wait in an ambulance. Clearly we reached a point where to provide the best care under these trying circumstances the only alternative was to go back to our ambulance but we were denied this opportunity. Clearly, the only reason anyone could justify placing a patient in a non clinical area in public view in a public corridor rather than in a fully equipped emergency ambulance is to avoid a headline. In this instance, technically the patient was accepted into the hospital but it is not counted if they are wheeled through the emergency department and out the other side into a public hallway - what happens when that area fills up - we move out to the back car park with an umbrella held over the patient? I can almost see that sort of nonsense being considered because they can still say the patient was not turned away and was taken into the hospital rather than being left waiting in an ambulance outside.

That NSW Ambulance is willing to compromise patients to this extent just so that NSW Health don't get a bad headline is appalling and well demonstrates where the priorities of our senior managers lay - and its certainly not with patients. It is my view that the circumstances surrounding this point alone shows well enough how Ambulance's increasing lack of autonomy under the Health portfolio should demand we be moved out of the Health portfolio as a matter of urgency. If the only way to fix the hospital crisis is to allow headlines to naturally generate - let it be so because denying the problem or covering it up will not fix anything while senior managers work together to create false impressions and lie.

Regards

Christopher Cousins