Submission No 30

INQUIRY INTO CURRENT AND FUTURE PROVISION OF HEALTH SERVICES IN THE SOUTH-WEST SYDNEY GROWTH REGION

Organisation: Australasian College for Emergency Medicine (ACEM)

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Submission to the Inquiry into the current and future provision of health services in the South-West Sydney Growth Region

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Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to respond to the Inquiry into the current and future provision of health services in the South-West Sydney Growth Region. Our submission focuses on Emergency Departments located in the South-Western Sydney Local Health District (SWSLHD) including Campbelltown and Camden Hospitals, Liverpool Hospital and Bankstown-Lidcombe Hospital and the provision of emergency care at these hospitals.

As the peak professional organisation for emergency medicine, ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand. ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to an Emergency Department.

1. Population growth and demand for health services

In 2016 SWSLHD serviced a population of 964,342. Data from the NSW Department of Planning and Environment shows that the South-West Sydney region will experience average annual population growth of 2.1% between 2011 and 2031.[i] By 2031 the SWSLHD is projected to be servicing a population of 1,284,700 people.[ii] Projections also show that while the population will increase overall, the population in this region aged over 65 will increase by 4.5% annually, consequently putting more demand on the health system for care.[iii] By LHD, the population growth in SWSLHD is second only to that of neighbouring Western Sydney LHD.

Demand on emergency and acute care services is growing rapidly across the South-West Sydney region. During the 3 months from July - September 2019, there were 77,644 Emergency Department presentations across the SWSLHD, an increase of 7.5% compared to the same period in 2018.[iv] The presentations were skewed towards patients with higher acuity care needs (i.e. urgent triage categories). Similarly, there has been a 12.6% growth in presentations by ambulance and growth in every triage category except Category 5 (non-urgent).[v] Hospital admissions during this period increased 3% on the same period in 2018.[vi]

Table 1: Comparison of emergency presentations to LHDs in the Sydney Metropolitan region between 2015 and 2019

LHD	Emergency presentations Jul-Sept 2015	Emergency presentations Jul-Sept 2019	% Growth on 2015
South Western Sydney	66830	76787	15%
Nepean Blue Mountains	29030	33267	15%
Northern Sydney	49343	55572	13%

South-Eastern Sydney	50922	57629	13%
Sydney	38210	43324	13%
Western Sydney	43384	50517	16%

Bureau of Health Information (BHI) data demonstrates that Emergency department presentations have grown by 50.4% and 48.6% at Liverpool and Campbelltown Hospitals respectively since 2011.

The population of South-West Sydney experiences high rates of socioeconomic disadvantage, low health literacy and a large proportion of patients from culturally and linguistically diverse backgrounds. All of these factors increase the complexity of their care needs and the demand on acute care services compared to other population groups across metropolitan Sydney.

2. Emergency Department clinical outcomes and wait times

Hospitals in the SWSLHD are experiencing significant access block. Access block is when a patient requiring admission to hospital with an acute illness or injury and spends more than eight hours in an Emergency Department waiting for an inpatient bed. Access block significantly impacts on the functioning of Emergency Departments and compromises patient care, both the care of the patient experiencing the delay but there is also manifest harm (reduced ability to provide care and poorer outcomes) to other patients in the ED at the time that access block occurs . It is associated with increased risk of death, delayed diagnosis of conditions such as myocardial infarction (heart attack), medical error and delayed care.[vii]

BHI data demonstrates that SWSLHD had the worst Emergency Treatment Performance (ETP) in NSW in the July - September 2019 period, with only 56% of patients leaving the Emergency Department within 4 hours. Transfer of care from the ambulance service was second worst in NSW, with only 76% of ambulances offloaded within 30 minutes. Data from the BHI shows that, for the months of July-September 2019, in the SWSLHD 90% of patients were treated and discharged within 6 hours and 17 minutes.[viii] However, for patients requiring admission into the hospital, 90% wait for up to 17 hours and 44 minutes in the Emergency Department before an inpatient bed becomes available, and at least 10% wait even longer.[ix]

ACEM asserts that access block in SWSLHD is impeding the provision of timely treatment. Overcrowding consumes the limited resources of the Emergency Department with the ongoing management of admitted patients, diverting resources and attention away from the core business of emergency medicine, which is initial assessment and management of undifferentiated patients, attending to the acute and urgent aspects of their care. From July - September 2019, only 55% of patients in triage category 2 had treatment commenced within the clinically recommended timeframe of 10 minutes. This is substantially lower than the benchmark performance indicator of the Australasian Triage Scale which stipulates that 80% of patients triage category 2 patients are to have treatment commenced within 10 minutes of arrival. Similarly, only 66% of patients in triage category 3 had treatment commenced within the clinically recommended timeframe of 30 minutes (compared to the benchmark of 75%).

ACEM members report dangerously overcrowded Emergency Department conditions in SWSLHD with insufficient clinical space to assess patients. Overcrowding means that clinical care is often not delivered in a timely fashion and is often not delivered in the most appropriate treatment location. Our members report that patients are being treated for serious conditions such as chest pain, stroke and sepsis sitting in chairs or on stretchers in corridors as no appropriate bed in a designated treatment space is available for them.

Certain medications such as strong pain relief and antibiotics cannot be administered unless the patient is in an area of the ED where they can be adequately monitored. Given the overcrowding of treatment spaces, this means that a patient's access to timely, safe and equitable clinical care may be substantially delayed. This increases the risk to the patient of adverse outcomes by potentially exacerbating infections or pain and frequently prolonging the stay they ultimately require in hospital. Patients are being left in chairs for long periods of time awaiting beds, including those who are frail and elderly and those who have presented seeking help for back pain, abdominal pain or injuries, putting these patients at risk of iatrogenic harm or complications.

Insufficient isolation treatment spaces and overcrowding compromises the ability to ensure adequate infection prevention and control, increasing the risk of hospital acquired infection. This has the potential to put patients and staff at risk, particularly those who are vulnerable as a result of advanced age, pre-existing medical conditions or other risk factors.

The Emergency Department nursing staff are equally over-stretched and under pressure. Given the number of patients in the Emergency Department at any given time, timely nursing care including monitoring vital signs, administering medications and basic care such as toileting are compromised when the department is overcrowded.

Our members work hard to provide the best clinical care possible and escalate these concerns regularly to the relevant management and executive teams. However, there is little capacity for a meaningful response to the situation described without an urgent investment of resources including staffing, treatment spaces and enhanced options for community-based healthcare delivery.

Recommendation 1: ACEM recommends that urgent investments in EDs are made to staffing, treatment spaces as well as community-based healthcare.

2.1 Patients seeking Mental Health Care

Patients seeking mental health care are a particularly disadvantaged patient group and are more likely to experience longer waits compared to other patients. In 2017 - 18 SWSLHD had the highest proportion of mental health presentations who waited over 24 hours in NSW (10%). In comparison, Northern NSW LHD had 5% of mental health presentations wait over 24 hours, while in nearby Western Sydney LHD 4% of mental health patients waited over 24 hours.[x] ACEM considers any wait over 24 hours both unacceptable and manifestly inequitable and is indicative of system failure. Most people presenting to an ED in crisis do so after hours and on weekends when the ED is often their only option. However, EDs can be an inappropriate setting for patients to wait extended periods for mental health care, with the busy, crowded ED environment often exacerbating their distress and increasing the risk of behavioural disturbances escalating into violence. Our members report staff and patient injury from patients with acute behavioural disturbance as a result of delays and excessively long waits in an open uncontrolled insecure ED environment rather than suitable inpatient settings.

To address this, more mental health services are needed both within the community and the ED and inpatient setting. In particular, ACEM recommends that investment is focused on more effective alternative models of care to the Emergency Department for people experiencing mental health crises. These models should provide integrated and multidisciplinary services encompassing acute psychiatry, drug and alcohol medicine and social work and be available outside office hours.

Recommendation 2: ACEM recommends that increased investment is focused on effective alternative models of care to the Emergency Department provided over extended hours for people experiencing mental health crises.

3. Workforce and staffing allocation

ACEM members report difficulties in recruitment and retention of staff at Emergency Departments in the SWSLHD. In particular, Campbelltown Hospital faces risks due to staffing shortfalls and skill-mix due to a combination of its peripheral location, limited training accreditation status and classification as a B1 hospital, despite being the fifth busiest Emergency Department in NSW. Concerted efforts have been made to attract local graduates and more senior emergency medicine trainees, however the workforce remains heavily dependent on international recruitment of mostly junior staff. Such junior staff have a higher requirement for supervision and orientation, increasing the workload on more senior staff.

Adequate numbers of senior staff are needed to ensure a hospital is accredited to deliver emergency physician training. In 2019 Campbelltown Hospital applied to ACEM for an increase in accreditation time, which would expand the Emergency Department's capacity to recruit and retain emergency medicine trainees. Unfortunately, the application was unsuccessful due to the lack of senior staff able to provide adequate supervision and training that trainees in the FACEM training program require. The limitation on accreditation status further compounds Campbelltown Hospital's ability to attract and retain senior trainees.

ACEM's Guideline 23 "Constructing and Retaining a Senior Emergency Medicine Workforce" outlines the recommended model of senior staffing to maintain a safe Emergency Department. The following table demonstrates the recommended medical staffing allocations for Campbelltown Hospital compared to actual staffing allocations:

Table 2: Comparison of ACEM's Guideline 23 and actual numbers of staff at Campbelltown Hospital

Shift	Recommended Consultants (per G23)	Actual Consultants (Campbelltown)	Recommended Senior Decision Makers (per G23)	Actual Senior Decision Makers
Day	4	3	4	2
Evening	4	2	6	3
Night	1 On-call	2 On-call	4	3

These numbers reflect a workforce that is dependent on more junior staff with fewer consultants and senior decision makers available.

In addition, our members report that there are no dedicated allied health staff for Campbelltown Emergency Department, despite a successful trial of Emergency Department-based physiotherapy in 2018. Similarly, a successful trial of technical assistants occurred in 2018, with assistants taking blood samples, inserting intravenous lines and restocking equipment – the service has not been funded to continue. These shortfalls further strain the medical workforce and detract from the provision of safe and quality patient care. ACEM understands that multiple applications have been made for increased allocations of emergency physicians, nursing staff, as well as allied health and ancillary staff.

The following table demonstrates comparative medical staffing allocations between South-West Sydney and other sites in metropolitan Sydney:

Table 3: Comparison of medical staffing allocation in metropolitan Sydney Emergency Departments.

Emergency Department	Annual presentations (Oct 2018-Sept 2019)	Average daily presentations	Consultant per day shift	Consultant per evening shift	Consultant per 24 hours	Average presentations per staff specialist per 24 hours	Total doctors per 24 hours	Patients per doctor per 24 hours
Liverpool Hospital	*95103*	*261*	*4*	*3*	*7*	*37*	*38*	*6.9*
Campbelltown	*82530*	*226*	*3*	*2*	*5*	*45*	*30*	*7.5*
Royal North Shore Hospital	89694	245	5	3	8	31	42	5.8
Royal Prince Alfred Hospital	83335	228	3	3	6	38	30	7.6
Prince of Wales Hospital	62572	171	4	2	6	28	28	6.1
St George Hospital	82828	227	4	3	7	32	-	-
Northern Beaches Hospital	55335	205	3	4	7	29	36	5.7
Westmead	78677	215	4	3	7	31	42	5.1

Extrapolation of the comparative staffing allocations data would suggest that Emergency Departments in South-West Sydney are significantly under-resourced compared to other Sydney metropolitan health services. The failure of resource expansion in line with population growth and growth on service demand is widening the resource gap between the South-West and the rest of metropolitan Sydney.

Such workforce shortages further exacerbate the impact of access block. Research shows that access block is associated with staff burnout and job dissatisfaction.[xi] Unfortunately, the levels of access block and compromised care in SWSLHD are having a significant impact on staff with reports of substantial levels of workplace stress, poor morale, attrition and burnout. ACEM members work hard every day to provide the best care possible with the resources they have available. However, they report frustration that the safety and quality of the care that is provided is not reflective of the care they would want for themselves or their loved ones.

Recommendation 3: ACEM recommends that urgent measures are taken to enhance the recruitment and retention of senior staff and senior medical decision makers in the SWSLHD in line with the Guideline 23 recommendation.

Recommendation 4: ACEM recommends that NSW Health develop a plan for the future which accounts for population growth and the acute care needs of the community. These acute needs must be met with a reliable and sustainable SWSLHD workforce.

Recommendation 5: ACEM recommends that the allocation of acute care resources across NSW Health and within the LHD be reviewed and distributed transparently and equitably based on population need.

4. Operational expenditure for health services and hospitals

While the redevelopments at Campbelltown, Liverpool and Bankstown Hospitals represent a welcome investment in infrastructure, more resourcing is urgently required particularly in terms of staffing allocations. Without such investment, ACEM is concerned that patient care will be compromised due to extreme wait times, inappropriate treatment spaces and insufficient staffing levels to deliver comprehensive and multidisciplinary emergency care.

Thank you for the opportunity to provide a submission to this inquiry. If you have any questions, please do not hesitate to contact

Yours sincerely

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President

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[i] Department of Planning and Environment (2015) South-West Subregion 2011-2031, Population Household and Dwelling Projections, available from https://www.planning.nsw.gov.au/Research-and-Demography/Demography/~/media/CDC80D3376524C2CB146BF2D9022B903.ashx

[ii] HealthStats NSW (2020) *Population by Local Health District*, NSW Government, available online at: http://www.healthstats.nsw.gov.au/Indicator/dem_pop_lhnmap/dem_pop_lhnmap

[iii] Department of Planning and Environment (2015)

[iv] Bureau of Health Information (2019a) *Healthcare Quarterly: South Western Sydney LHD*, available online at: http://www.bhi.nsw.gov.au/__data/assets/pdf_file/0008/558890/HQ_38_PROFILE_TAB_LHD_South_Western_Sydney.pdf

[v] Bureau of Health Information (2019a)

[vi] Bureau of Health Information (2019a)

[vii] Geelhoed and de Klerk (2012); Richardson, D. and Mountain, D. (2009), 'Myths versus facts in emergency department overcrowding and hospital access block', The Medical Journal of Australia, vol. 190, no. 7, pp. 369-374.

[viii] Bureau of Health Information (2020) *Healthcare Observer*, available online at: http://www.bhi.nsw.gov.au/Healthcare_Observer

[ix] Bureau of Health Information (2020)

[x] Bureau of Health Information (2019b) *People's use and experiences of mental health care in NSW* http://www.bhi.nsw.gov.au/__data/assets/pdf_file/0009/504837/BHI_Healthcare_in_Focus.pdf

[xi] Bureau of Health Information (2019b)