

Submission  
No 657

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO  
HEALTH AND HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NEW SOUTH WALES**

**Name:** Name suppressed  
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Partially  
Confidential

The regional base hospital I work at is constantly pushed into opening 'overflow' beds to meet the NEAT targets for ED, which are not often met as our activity exceeds demand greatly.

Overflow beds are opened only at exec approval but are more open than not and are staffed by nurses doing overtime. The casual pool is depleted and there is no ability to recruit for the overflow due to funding model. I.e: historic funding requires 2 years of struggle with understaffing and increased activity, reporting reasons for being over capacity or budget monthly to exec, then frontline managers needing to write business cases to get enhancement. Then the business cases require the frontline managers to find the money, that means go without something else.

We are constantly told to do more with less.

Unfortunately for the patients surging to open overflow beds might be possible with a tired nurse on over time but these beds do not have any additional support by the other essential staff including allied health.

Running hospitals and health services on 9-5 business hours Mon-Fri is ridiculous when health care is a 24 hour industry. That means that there is not opportunity to discharge or transfer care safely at the same rate that admissions present.