Submission No 10

INQUIRY INTO IMPACT OF AMBULANCE RAMPING AND ACCESS BLOCK ON THE OPERATION OF HOSPITAL EMERGENCY DEPARTMENTS IN NEW SOUTH WALES

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I work in a 29 bed ED on the NSW / QLD border. For the last year ambulance ramping has increased enormously, there are a multitude of reasons for this.

The main reason is lack of inpatient beds in the hospital stopping flow from the ED into the hospital. When this happens admitted inpatients who are ready to go to the ward have been spending several days in ED on one of our exam trolleys that we are then no longer able to accept new patients onto. We have many immobile patients sent in from nursing homes with minor complaints that a GP could have dealt with but have poor access to healthcare in this area. Also, nursing homes have been sending patients to ED because their care needs are too high (dementia / altzheimers) and they do not have the staff to care for them. There can be a lot of these patients in the hospital at any one time as they are often waiting months for placement. This effectively blocks an acute inpatient bed. Due to COVID restrictions, many patients cannot see a GP and have no choice but to come to ED, ie respiratory problems, fevers, etc. Many of these patients can be sent home but requires many hours of investigation / treatment before we can safely discharge home. This takes up time, space and human resources in the ED. Year on year, ED presentations are going up, local populations are going up but there has been a lack of infrastructure investment to match it.

Over the last two years there has been dramatic changes to staffing. It is now very difficult to recruit specialised staff to ED as many have retired, left due to stress, work life balance or left due to vaccine mandates. Due to this there has been a huge decrease in staff skills / knowledge. Education for staff is underfunded which means some staff do not have the skills to keep patients safe in the ED dept. Often, due to staffing shortages a small amount of staff will have to care for a huge amount of patients. We often run over capacity with patients (more patients than beds) and we have to try and manage this workload. When there are no beds, we cannot unload newly arriving ambulances which is dangerous as those patients are unknown and potentially very sick. For the last year there is overtime on every single shift. Many staff are overworked, tired, stressed and sickness has increased significantly. This is a huge safety risk for patients and staff alike.

Often patients are discharged from the wards far too early to try and clear inpatient beds for ED. However, these patients often represent to ED within 24hrs which shows they were just not ready to go home at that point, which in hindsight was quite risky. I feel some of these decisions for early discharge are made from a bed availability perspective rather than clinical needs of the patient. Its a difficult balancing act weighing up the need for more bed availability against the needs of the patient.

When ED is full and there is no inpatient beds, the ED team is put under huge pressure to identify potential people to be discharged from hospital. This is not always possible. At this point when ED and the hospital is full to capacity the hospital is supposed to declare a "code yellow". This is supposed to activate executive to get extra resources and notify the ministry. This to my knowledge has never been activated even when ED and the hospital is full and several ambulances are ramped. So to the ministry, all appears well at our hospital.

Many patients who try to see GPs, have no option but to go to ED, some of those reasons are financial as many GPs in our are do not bulk bill. Also, if presenting with any of the many COVID like symptoms, GPs just wont see you. The impact on these patients is they are subjected to long waits in ED waiting rooms that often have dangerous people within it (drug/alcohol abuse, mental health). Not every person that attends ED is a nice individual and these people can be very confronting to family who bring their child to ED to be seen. Security could be a lot better. Also with COVID, many people are at

risk of catching it by attending ED where we do get a lot of potential COVID infections presenting, often just walking in.

Being able to discharge nursing home patients back home can be very difficult as often we have to wait hours for suitable transport or the nursing home refuses to have the patients back due to staffing shortages or the patient being deemed to hard to look after so losing their place at the nursing home.

There is no easy fix for ambulance ramping as there are many things contributing to it. Simplistically, in the last few years ED presentations have increased beyond the capacity of the hospital. People are generally, older, sicker with more multiple co-morbidities, that require greater care needs than current resources allow.