**Submission No 12**

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

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## Submission from Senior Registered Nurse at a regional costal town in the

## Northern Rivers NSW

The Emergency department I work at – is a 9 bed department.

6 beds have Cardiac monitoring capability and 1x resus bay allocated. We service a shore of 46172 people at the 2021 census. The ED has a through put of 18000 people a year and has a General medical ward of 30-36 beds to admit to, a rehab ward that (cannot be directly admitted to from ED) of 20bed capacity.

The closest base hospital is 30minute drive west and any patients requiring specialist services/ management are generally transferred or referred there.

There are no afterhours medical services past 6pm and minimal GP openings on wee3kedns in hours. There are no Afterhours Pharmacy availability after 7:30pm and limited if any public transport after hours.

There is no onsite pathology service- all pathology has to be sent to the base hospital 30minutes away.

There is no Afterhours CT, US available or on weekends- this means that there is a reliance on ambulance to tr5ansfer pt. to the base h9opitlas for CT imaging after hours.,

Xray can be called in after hours.

We have numerous throughput of paramedics to the department either transporting pt. to or from the ED.

There is a limited capacity for PTV services to the hospital also- therefore a heavy reliance on Ambulance for transfers.

There is 7 aged care facilities and numerous aged care accommodation/housing in the Shire and a heavy reliance on the aged care facilities of the ED for patient assessment as GP admission/. Access/ reviews are difficult to obtain after hours/weekends.

Ramping occurs at this facility when all 9 beds are occupied or an area that the patient brought in requires a cardiac monitor or isolation and that bed space is occupied.

The primary factors that cause “ramping “at this ED are:

- delay in transfers to the Ward area because4 pt. is not stable or BTF, or ward beds are not available (pending their discharges)
- Delay in transfers to peripheral facilities- Base hospital, or Private hospitals or tertiary hospitals across the border
- Bed block or no capacity at Base hospital and Ambulance service transport pt. to the peripheral ED to ensure pt. care can be transferred in a timely manner
- High acuity of pt. already in the department.
- No forward warning (unless a resus) of the pending transfer to the ED of ambulance patient sot allow planning for their arrival/ bed movement.
- There can be up to 4 ambulance awaiting to off load patients _ that paramedic staff outnumbering the nursing and medical staff combined in a day shift! If this occurs there is literally not enough hands to take all the triage/and plan disposition of presenting patients and ramping can occur up to an hour or longer just to get assessment/ triage completed!
  Currently we are experiencing a medical roster that is not filled and has vacancy particularly on the night shift- this has potential to causing ramping as patients if brought to the ED may not be suitable to OFF load in the department and require re-routing to the hospitals that do have m medical cove4age.
- Inability to transfer pt to Aged care facility after hours or a patient waiting for Aged care bed on the medical ward can occupy an otherwise acute medical bed with essentially a “social admission”

The impact on Staffing safety is that the patient on the stretcher yet to be triage and assessed is an unknown entity!
The paramedics may or may not have commenced treatment within their protocols and once they are in the air lock awaiting handover/ triage there is limited equipment that t they have to commence treatment if time delay to off load.'

There is literally not enough space to have ambulance stretchers lined up in the small hallway more that 2 at a time – it can be an infection risk having these people in such close proximity in this space too.

The patient can have a "biased" initial assessment by the paramedics but can actually be deteriorating as they present and their condition changes rapidly
'The time to off load can delay their diagnosis if it impacts on pathology been collected or imaging attended to have MO r/v actually "place " hand son as privacy is an issue if their ramped also in an open department.

Frequently a patient whom is close to discharge but may be waiting for final results or discharge medications will be moved to another area- waiting room or less acute bed space to make way for the ambulance patient. If a patients is not clinically stable/ well enough to be moved then they WILL n to be moved to make way for an ambulance patient as the department has limited capacity of acute bed/observations

We are often under pressure to identify patients that could be discharged; This occurs at the beginning of the shift as a nurse- at handover if the department is at capacity is always discussed ads to whom can be moved, who is likely d/.c and tr5ansferred and this is a continues discussion through the shift.

The number of patients who attend to the ED whom could have / should have sought GP review is numerous! They either can't get in in a timely manner to have their current symptoms review or they haven't tried, or there is cost involved and they have free care here, or they are displaced due to recent floods and don't have GP after moving to this are, or they are holidaying in the area and GP practices won't allow new people / close books, or there is no access afterhours to a GP. Or peop0el feel that they will get better care at the ED as they feel unheard by their GP re: chronic presentations!

There is in my observation a MORAL injury occurring to the ED nurses and Paramedics alike who cannot achieve appropriate, and accurate emergency care for their patients in a timely manner.

For the nurses it is known that a patient will not receive the appropriate care at the bedside or that it will be3 hurried due to too many patient sot care for – staffing should be optimised to have a maximum of 3 beds/ patients to care for in ED by any nurse!

Paramedics whom are delayed in Offload are hearing of more urgent and life threatening cases on their radios commas and can cause distress to them that they know for example that they are the only paramedics services covering that shire- and they are stuck unable to get to a " real" emergency!

My observations of paramedics is that they are frustrated at been a glorified transport/ taxi service for cases that should be advised to seek other options to get to ED!

Often times the transfer of semi acute patients could have occur so if there was public transport options more readily available and if there was an alternative for those individuals to attend to ED