

24 July 2013

## REDUCING AMBULANCE TURNAROUND TIME IN HOSPITALS

### Ambulance delays at hospitals continue to be a challenge

"NSW Health has put in place initiatives to reduce the time ambulance crews have to wait at a hospital before they are able to leave and attend to other calls," said Mr Achterstraat.

"This is encouraging, particularly as rising demand for hospital services continues to put pressure on our health system," Mr Achterstraat added.

Despite these actions, ambulance crews are waiting longer at NSW hospitals. Crews now wait on average nearly 32 minutes (Exhibit 12) at a hospital before handing over a patient, up from about 24 minutes seven years ago.

Only 65 per cent of ambulance crews handed over patients within 30 minutes of arriving, well below NSW Health's target of 90 per cent (exhibit 13). In 2011-12 nearly one in ten ambulances or around 50,000 patients waited longer than an hour to be moved from an ambulance stretcher into the care of the emergency department.

"If all delays of more than 30 minutes were eliminated there would be 18 more ambulance crews on the road. This is up from six crews seven years ago," said Mr Achterstraat.

"Paramedics should spend as little time as possible at emergency departments so they can respond to other triple-zero calls in the community," Mr Achterstraat said.

The good news is that some hospitals perform better than others. In 2011-12 over a quarter of NSW hospitals met the off-stretcher target. These were mainly small regional hospitals. Reducing ambulance delays is more challenging for larger, busier hospitals, often in metropolitan areas.

We also found that there is more scope to limit the number of patients taken by ambulance to hospital.

"The Ambulance Service has a number of strategies to reduce unnecessary transports to emergency departments – such as referring suitable triple-zero calls to advice lines and allowing paramedics to treat some health conditions at the scene," Mr Achterstraat said. "However these are not being used to their full potential," he added.

This is exacerbated by unrealistic public expectations about the role of the Ambulance Service. Paramedics and hospital staff we spoke to said that some people thought:

- that taking an ambulance will fast-track you into hospital
- you can call an ambulance for minor ailments (exhibit 27).

"Calling triple-zero to get a script renewed or because you want your blood pressure checked is not appropriate," Mr Achterstraat said.

Ultimately, hospitals need to move emergency department patients waiting for a hospital bed into their wards faster. One way to do this is to free up beds in the wards. Improved discharge practices to reduce unnecessary waits for drugs or review by inpatient doctors will help. But this requires all parts of a hospital to be responsible for ambulance delays.

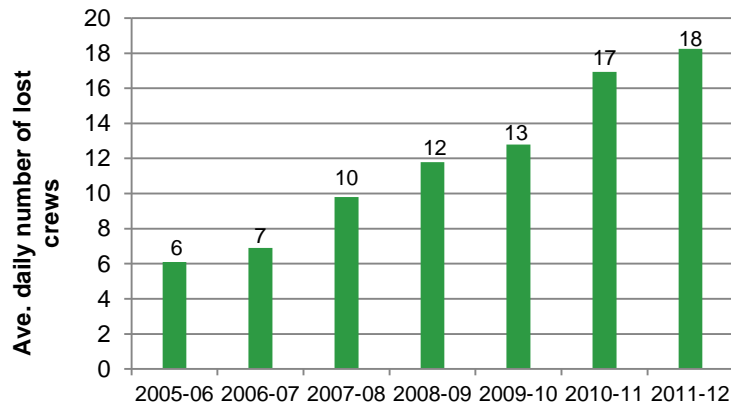
"Paramedics should also be allowed to say 'no', that is, refuse to transport patients whose clinical assessment indicates that hospital treatment is not warranted," Mr Achterstraat concluded.

### Further Information

Barry Underwood, Executive Officer, on 9275 7220 or 0403 073 664

## Key Exhibits from the report

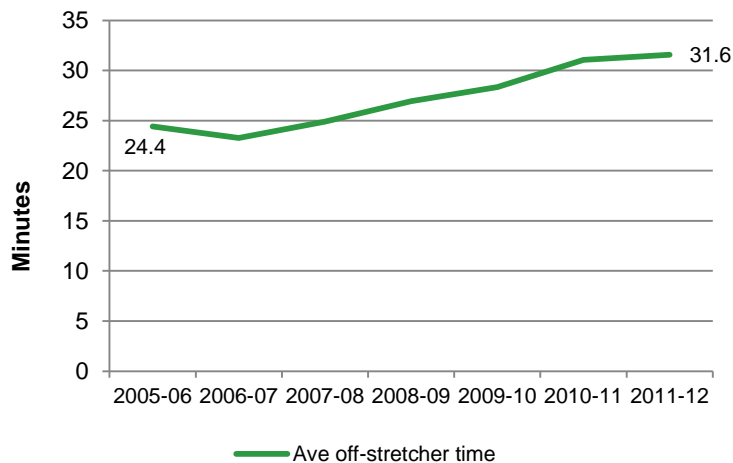
### Exhibit 4: Lost ambulance crews due to delays at hospital



Source: Ambulance Service of New South Wales

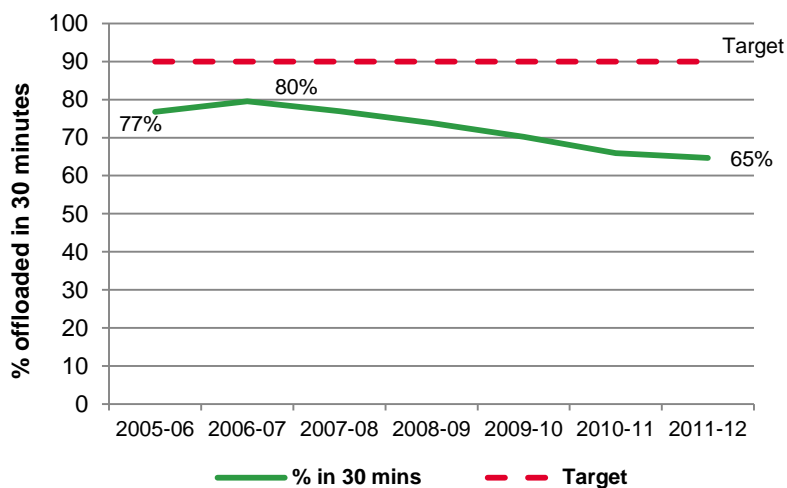
Note: Lost crews is based on the time spent greater than 30 minutes by crews at emergency departments

### Exhibit 12: Average off-stretcher time



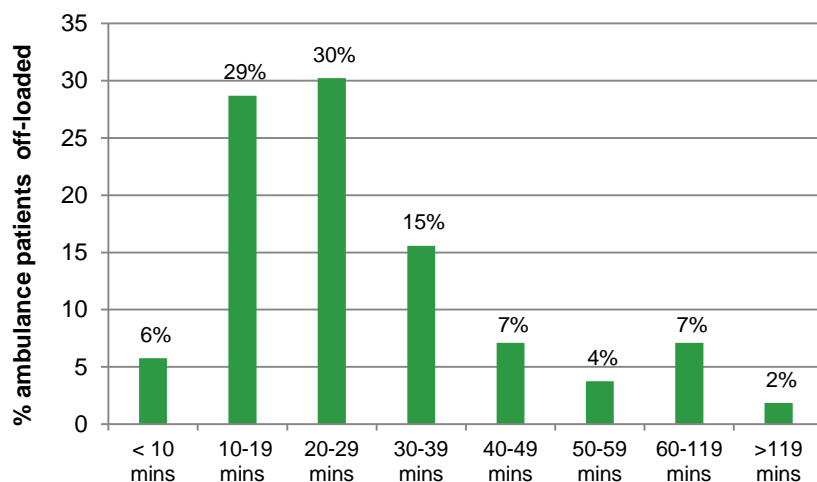
Source: Ambulance Service of New South Wales

### Exhibit 13: Off-stretcher performance: percentage offloaded within 30 minutes



Source: Ambulance Service of New South Wales

## Exhibit 15: Off-stretcher time by time interval, 2011-12



Source: Ambulance Service of New South Wales

## Off-stretcher results by hospital

Appendix 2 in the report contains off-stretcher results by hospital for each of the last 7 financial years.

## Exhibit 27: Examples of inappropriate calls

In the following examples an ambulance was sent to the caller's location. Paramedics found the caller's condition was less serious than indicated by the dispatch system. For example, the caller:

- had bed bugs
- wanted a script renewed
- wanted a light globe to be changed
- wanted her blood pressure checked
- had been bitten by a leech a few hours earlier
- had been bitten by a bee although had no symptoms
- had vision problems due to mascara in her eye
- said he had a knee injury, was transported to the emergency department, then disappeared
- grazed her knee near the hospital, called an ambulance and insisted on transport.

In the following examples, the call taker found that the patient's condition was less serious than initially indicated and the ambulance was cancelled before it was dispatched or when it was en route. For example, the caller:

- wanted assistance as he had locked himself out of his house
- had no phone credit and wanted to be put through to other services
- had a large splinter under a nail and wanted to be taken to hospital
- wanted a doctor to come and give her husband a pill to calm him down
- wanted an ambulance to collect an oxygen tank from the hospital
- wanted a transcript of a previous call to satisfy his bail conditions
- wanted an ambulance to take him to from one emergency department to another as he had not been treated.

Source: Ambulance Service of New South Wales triple-zero calls and audit interviews with paramedics