

Department RecFind No:	C-ECTF-17/3459
Division/HHS:	Wide Bay HHS
File Ref No:	

# Director-General Brief for Noting

Requested by:

Department

**SUBJECT: SAC1 Incident Emergency Department, Hervey Bay Hospital**

**NOTED**



**MICHAEL WALSH**  
Director-General

Date:  2017

Ministerial Brief for Approval required

Director-General's comment

Ministerial Brief for Noting required

## Issues

- On  2017, the Emergency Department (ED) at Hervey Bay Hospital (HBH) was at capacity and unable to offload a 95 year old patient from the Queensland Ambulance Service (QAS) ramp. The patient became unconscious and unresponsive and experienced  whilst on the QAS ramp.  available medical and nursing staff were present; however, the patient deceased.
- The incident has been logged as a SAC1 and a HEAPS analysis will be undertaken.
- Early works for a new ED is currently underway with the construction tender phase pending, noting there will be a 12 month build period.

## Vision

- Delivering healthcare: it is imperative that the Wide Bay Hospital and Health Service provide the community with a safe and quality health service.

## Background

- Patient flow initiatives are in place and the Average Length of Stay for medical Diagnostic Related Groups are an average of 2.66 days (within the National Benchmark).
- HBH activity has increased as follows.
  - HBH admitted patient throughput (separations) as at year to date (YTD) May 2016 was 25,300 compared to 23,696 YTD May 2017. Whilst demand has not increased, the patients are of higher acuity.
  - Patient complexity at HBH has increased year on year with acuity index moving upwards from 0.72 in 2015/16 year to 0.81 in the 2016/17 year, as at May 2017 (note: acuity index is Weighted Activity Unit/Separations).
  - Average Length of Stay (excluding same day patients) is 3.5 days (YTD May 2017) which is consistent with 2015/16 performance (Source: CSAR 2017).
  - HBH ED presentations have increased from 32,338 (YTD May 2016) to 33,019 (YTD May 2017), noting +2 per cent, with the Emergency Department acuity increasing from 0.1271 to 0.1367 year on year.
- At 9.05 pm on  2017, the QAS advised the on-call General Manager that there was a level 2 ramping escalation with four patients unable to be overloaded.

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8. At 9.55 pm the Chief Operations Officer was notified that this was escalated to a level 3 with three patients remaining on the ramp and one patient inbound.
9. At 10.45 pm hours the ED was at level 0 with all patients offloaded.
10. At this time there were five over census medical and surgical beds open.
11. At 12.53 am on [redacted] 2017, the HBH ED was at capacity with no physical beds, trolleys or fast track chairs for patients to be placed on. There were no patients on the QAS ramp at this time; however, three patients were being care for in the ED corridor by an allocated corridor nurse.
12. At the time the patient arrived, there were 25 patients already in the ED including a Category 1 [redacted] who had arrived at 12.01 am in the Resuscitation Bay 1 and a Category 2 [redacted] patient in Resuscitation Bay 2 who had arrived at 10.13 am on [redacted] 2017, both requiring 1:1 nursing and monitoring.
13. At this time staff had an issue with a [redacted] who had been discharged at 10.45 pm and was in the ED waiting room. The patient was [redacted]  
[redacted]
14. At 6 am hours there were eight medical patients, one [redacted] patient, three [redacted] patients, two [redacted] patients with security specials all waiting for inpatient beds. In total 34 patients within the ED.
15. At 7.45 am on [redacted] 2017, an Extreme Over Census code was called.
16. An additional three agency nursing staff are being sourced to assist with increased demand.
17. All staff were debriefed [redacted]

**Attachments**

18. Nil

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4150 2025		4150 2020
[redacted]		[redacted]
[redacted] 2017	2017	[redacted]