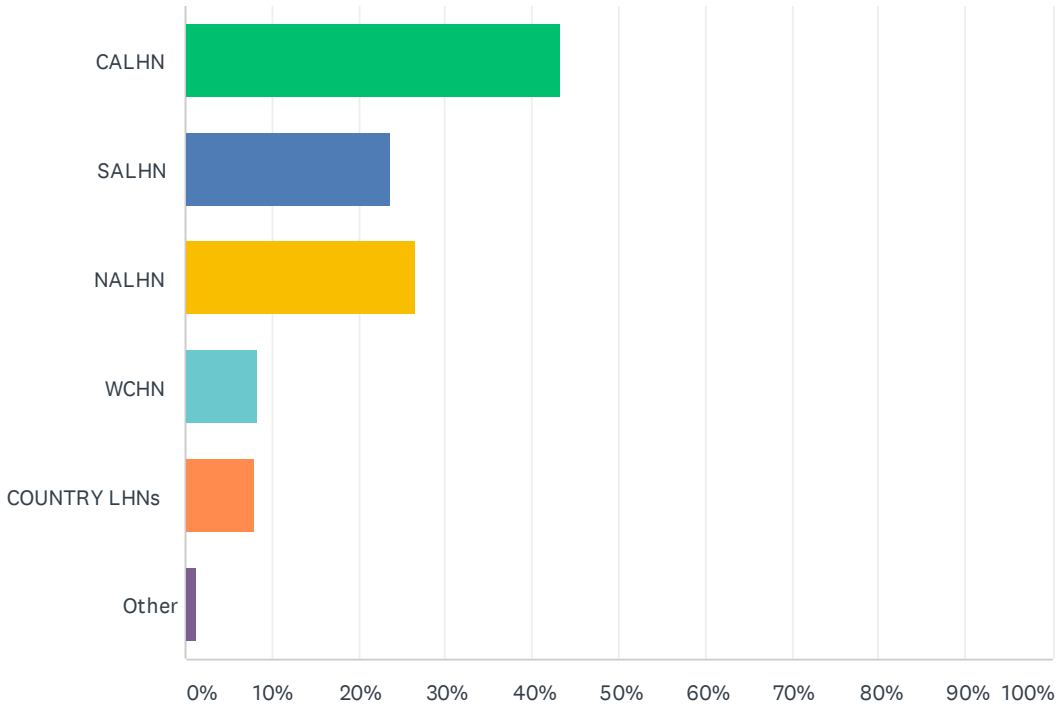
Q1 I work in: (You may choose more than one)

Answered: 249 Skipped: 1

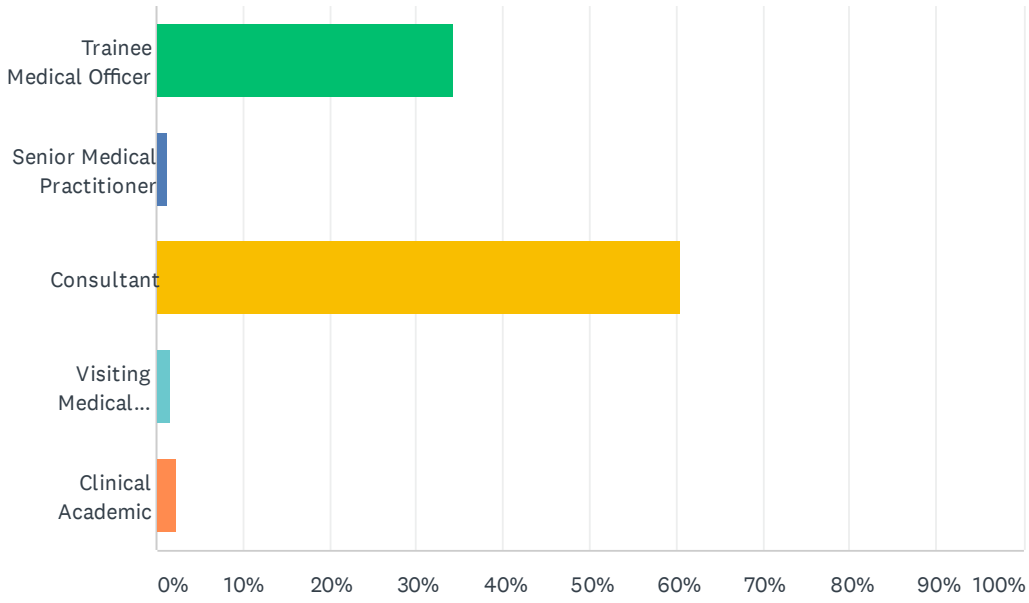


ANSWER CHOICES	RESPONSES	
CALHN	43.37%	108
SALHN	23.69%	59
NALHN	26.51%	66
WCHN	8.43%	21
COUNTRY LHNs	8.03%	20
Other	1.20%	3
Total Respondents: 249		

#	OTHER, PLEASE SPECIFY	DATE
1	BHFLHN	3/23/2021 10:55 AM
2	DASSA	3/22/2021 5:47 PM
3	SA medical imaging	3/22/2021 3:36 PM

Q2 I am employed as:

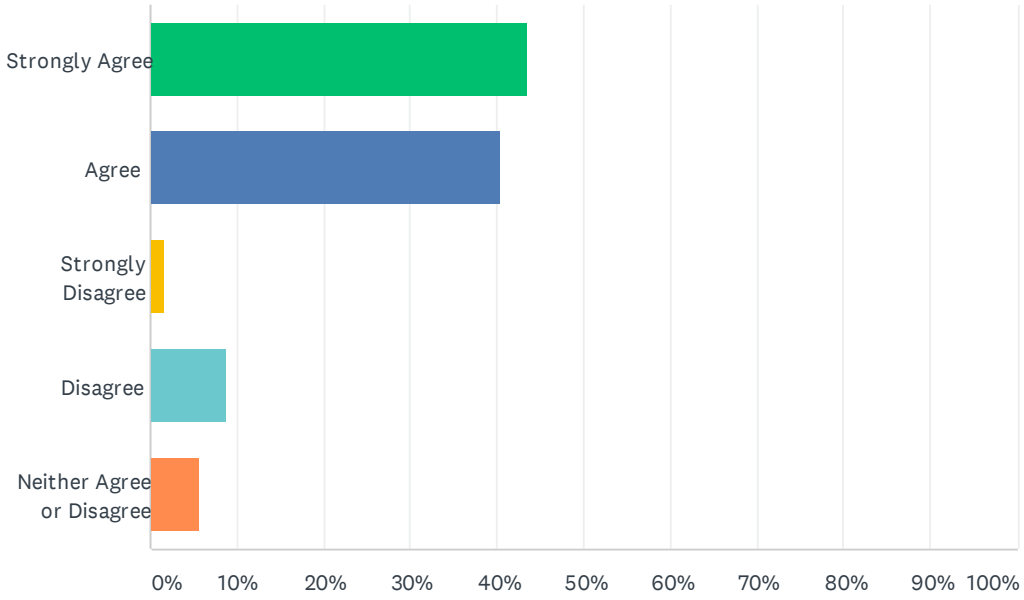
Answered: 250 Skipped: 0



ANSWER CHOICES	RESPONSES	
Trainee Medical Officer	34.40%	86
Senior Medical Practitioner	1.20%	3
Consultant	60.40%	151
Visiting Medical Specialist	1.60%	4
Clinical Academic	2.40%	6
TOTAL		250

Q3 Do you feel pressure to hurry patient care because of the number of patients waiting?

Answered: 250 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	43.60%	109
Agree	40.40%	101
Strongly Disagree	1.60%	4
Disagree	8.80%	22
Neither Agree or Disagree	5.60%	14
TOTAL		250

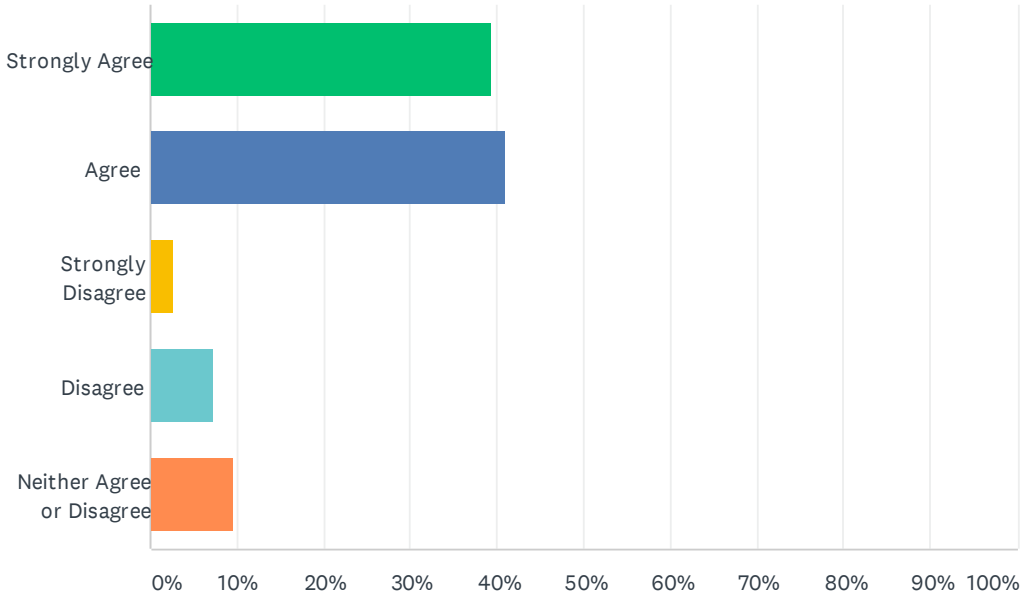
	COMMENT	DATE
	Pressure to accept transfers from acute to subacute sector of system at times when the patient needs to remain in the acute sector	4/1/2021 2:42 PM
	patients are being presented to us (as consultants) for admission - when the PED doctors have not even worked out what is wrong with them - and in some cases they do not even need admission. we have pressure to discharge on a regular basis - although we (again as consultants) resist this if it is not in the best interests of the patient - i am not sure about nurse led discharge.	3/30/2021 8:16 AM
	Work in ED - struggle to keep up with presentations when all beds are full	3/29/2021 9:55 PM
	Yes. there are often comments from the clinical director and others about length of stay, and individuals are called out in front of others if it is felt their patients "stay too long". Individual consultants are classified as "difficult" if they object	3/29/2021 2:33 PM
	I work in the emergency department so the pressure feels intense. When there are ambulances ramped and no place to see critical patients it is a recipe for disaster. Clinical history taking is rushed, physical examination can be limited due to lack of privacy and space. Sometimes, unnecessary investigations are ordered prior to patients being seen by the doctor in order to speed up the process.	3/29/2021 11:54 AM

	When I refuse to compromise patient care by rushing / taking short cuts, I get repeated pressure to change my plans / tests	3/25/2021 6:38 PM
	This applies to both inpatient and outpatient care due to insufficient staffing and out of date and totally inadequate support systems, including incomplete, mostly paper based records systems	3/24/2021 2:08 PM
	There is always pressure when there is media coverage of ramping/ED wait times etc. This pressure mainly comes from administrators and clinical directors. The pressure is rarely from clinical consultants.	3/23/2021 2:33 PM
	This is very true in perioperative setting. I feel I have to hurry so no patient gets cancelled	3/23/2021 1:27 PM
	Patients are being moved around the hospital like pawns on a chess board	3/23/2021 10:23 AM
	Frequent pressure sometimes from non clinical staff to discharge from ED or the wards to increase bed flow	3/23/2021 8:59 AM
	This is both system- and self-imposed given that we work with limited resources and increasing demand/need for care (I.e. patients waiting in ED)	3/22/2021 5:52 PM
	This is especially true in inpatient settings when I am not able to safely finish and leave for the day without doing risk assessments.	3/22/2021 5:43 PM
	Clinics are always overbooked and I end up working for 1+ hours unpaid each clinic.	3/22/2021 5:02 PM
	Right from Emergency Departments to wards in all specialities	3/22/2021 5:01 PM
	Patients who spend long periods of time waiting for admission are at risk. Demand is overwhelming the system within CALHN.	3/22/2021 4:56 PM
	I fee pressure to hurry allied health and other support services to enable us to DC people who no longer need acute care beds so they can leave hospital and start getting better at home (better for them actually)	3/22/2021 4:55 PM
	I work in geriatric medicine and regularly resist enormous pressure from bed managers to discharge frail vulnerable patients before they are ready	3/22/2021 4:47 PM
	Limited available beds in acute mental health wards result in incomplete patient assessments and inappropriate referrals/transfers without adequate medical care.	3/22/2021 4:38 PM
	There have been times when my junior staff have been asked to facilitate discharge. It is not my policy to discharge any patient unless I feel that they are safe and ready to leave, regardless of pressure or directives.	3/22/2021 4:28 PM
	Ambulance ramping places a burden on doctors - we know that ambulance ramping is harmful to patients , so we are placed in a position of feeling we are either harming these patients by not creating room, or harming inpatients through premature discharge.	3/22/2021 4:07 PM
	I work in an emergency department and it’s a constant battle of trying to get patients properly attended to, but also needing to either get them discharged or admitted to an inpatient team.	3/22/2021 4:05 PM
	I no longer feel the pressure though pressure is often applied.	3/22/2021 4:05 PM
	Pressure on obstetric beds and neonatal cots lead to very frequent requests to discharge patients who would benefit from longer stay	3/22/2021 4:05 PM
	Less directly relevant to me, but certainly this affects colleagues working in more acute areas	3/22/2021 4:02 PM
	Working in inpatient mental health care where the bed demand is hugely intense	3/22/2021 3:59 PM
	From admissions to ward work, there are always patients waiting. We receive pages pretty much daily telling us which discharge destinations have capacity and to discharge patients. We also receive pages stating that our beds are full and we are in Code Yellow (internal emergency due to bed numbers) so often it no longer has any urgency about it.	3/22/2021 3:57 PM
	Regular emails/pages informing re numbers of patients in ED awaiting beds, especially during the morning	3/22/2021 3:51 PM

	Non stop in ED - constant time pressure to prevent delays	3/22/2021 3:44 PM
	The Hospital Administration is ambiguous when demanding more patients to be discharged early and "safely". Length of stay and discharges per unit have become main KPIs	3/22/2021 3:39 PM
	Get pages almost daily saying bed status critical facilitate discharges. Get calls from my home hospital during my work day asking for patients to be discharged to them.	3/22/2021 3:38 PM
	Constant reminders from administrators.	3/22/2021 3:37 PM
	We are commonly being asked by nursing coordinators and hospital administrators to prioritise patients for procedures that will get them out of hospital more quickly, ahead of those sicker and more critical patients that really need priority on medical grounds.	3/22/2021 3:36 PM

Q4 Do you feel the pressure to hurry patient care negatively impacts on that patient care?

Answered: 249 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Agree	39.36%	98
Agree	40.96%	102
Strongly Disagree	2.81%	7
Disagree	7.23%	18
Neither Agree or Disagree	9.64%	24
TOTAL		249

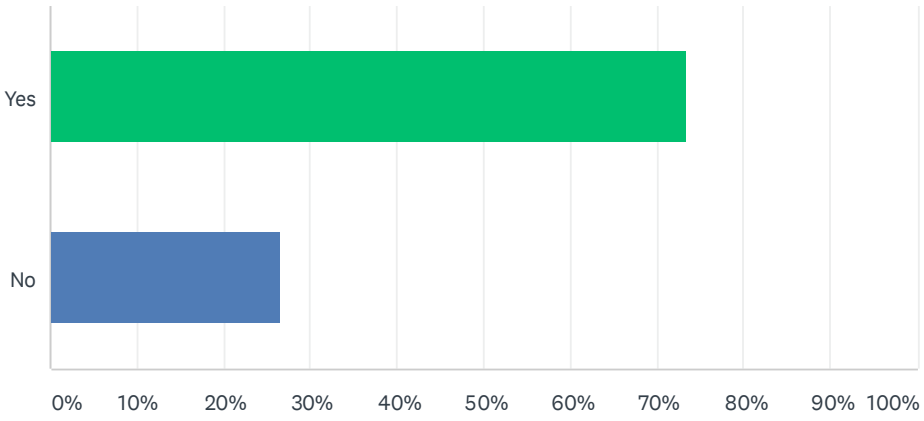
	COMMENT	DATE
	If these circumstances occur, it often results in patients with lack of trust in the medical system and increased risk of re-presenting. Poorer post op care at home.	4/7/2021 9:38 PM
	Currently pushed to cover ward inpatients between clinics or theatre cases or when have large component of admin to do meetings to attend	3/29/2021 4:16 PM
	patients often return within a few days. managers ignore the negative impact this has on patient care as this is treated as a "new admission"	3/29/2021 2:33 PM
	Very situational - sometimes I feel it affects my ability to deliver medical care to the standard and depth that I would like, sometimes I feel like it affects patients who may be being discharged a day or so before they would be at full capacity/functionality. Sometimes I feel it does not have a negative impact. Really depends.	3/29/2021 1:13 PM
	In my specific situation only	3/29/2021 10:35 AM
	There is a distinct possibility that earlier than ideal discharge is negatively impacting patient care but we don't always receive that feedback unless a complication requiring readmission occurs or the patient, family or GP contact us.	3/28/2021 5:15 PM
	I will not alter care if it will impact negatively	3/25/2021 6:38 PM
	Insufficient time to adequately consider the complexity of individual patients issues	3/24/2021 2:08 PM
	We never keep inpatients any more than we believe they need clinically. Therefore any early	3/23/2021 2:33 PM

	discharge by definition impacts negatively on patient care - the only variable is by how much they are negatively affected. We essentially do this on a risk assessment basis, to estimate who would be harmed least by an early discharge. This pressure to discharge is therefore ethically unsound, as well as clinically. We do our best to protect patients but if the clinical director is involved in placing pressure, then there is little we can do. The Country LHNs are relatively protected by this pressure, as compared to metropolitan. The worst I have seen was in NALHN and CALHN.	
	This ranges from not having time to explain everything, to avoiding time consuming procedures that would normally be better for patients	3/23/2021 1:27 PM
	I provide a mainly consultative service, and often get referrals to see patients at the point of discharge. It is not unusual to be seeing people in the transit lounge!! The hospital is very focused on getting people admitted and not on managing the patients to a healthier discharge. Or on avoiding admissions with ambulatory care. Having seen the fuss about a code yellow yesterday, it is clear that there is more interest in managing these as a problem than addressing the cause in the first place. The executive arms are definitely more interested in process than they are in dealing with the problem. They have perfected the subtle art of missing the point. By doing this they have normalised the situation - or as one previous SASMOA rep used to call it, they have normalised deviancy. They should be replaced by folks who can deal with a big problem that doesn't need so much micro-management.	3/23/2021 9:50 AM
	Patients discharged too early frequently re present to ED shortly after	3/23/2021 8:59 AM
	I think that this is situation/patient specific, sometimes it would negatively affect care, other times it doesn't	3/23/2021 8:04 AM
	Always pressure re "flow." It is pervasive. It is about "flow," not about patient care. I receive phone calls from exec on call asking if patients can be discharged. exec on call are neither a doctor or have any idea of the clinical situation of who they are wanting discharged. Imagine if I gave an accountant advice on how to manage a tax return i had not read nor had any knowledge over? Or me giving legal advice when i am not a lawyer and know nothing about the details of a legal case...it is bizarre	3/22/2021 10:42 PM
	Last year my acting head of unit put significant pressure on me to discharge patients from our community service. I felt bullied and took the matter to SASMOA.	3/22/2021 8:54 PM
	This is interpretation of course. Some patients who feel safer in hospital will feel their care has altered as alternate models may be developed to allow them to leave an acute care setting. Some will take these options and leave early and may not be quite well enough. It is hard to measure and personal experiences will be different.	3/22/2021 6:27 PM
	It would either impact current patient care or the care of the patient waiting. Generally I try to find balance where patients' discharge is timely without compromising quality of care. The problem is more of limited resources compared to demand rather then pressure from specific people/roles	3/22/2021 5:52 PM
	I have recently seen a patient discharged from hospital while still profoundly confused, without any follow-up plans or safety plans in place, simply because he “wanted to go home”. I strongly suspect that bed pressure contributed to the treating team’s decision to allow the patient to leave hospital.	3/22/2021 5:47 PM
	There is never enough time to explain treatment options fully and this will get much worse if we have to type into an electronic record.	3/22/2021 5:02 PM
	Yes, again, right from the Emergency Dept to all inpatient admissions. This is a huge problem in Emergency Dept. & there are not enough inpatient beds in hospitals to cater for the population. Govt seriously needs to increase the inpatient facilities but they are increasing the Emergency Dept. capacities creating a critical situation for proper patient care.	3/22/2021 5:01 PM
	Not directly but indirectly the pressure to discharge may have negative impacts	3/22/2021 5:00 PM
	I am not pressured in my work environment	3/22/2021 4:41 PM
	Increased administrative demands cut into patient care time, and result in high representation rates	3/22/2021 4:38 PM

	Limited number of intensive care beds/nursing staff on a chronic basis, means managing patients outside of the unit and occasionally transporting patients to other hospitals	3/22/2021 4:22 PM
	I don't discharge any patient because the hospital is full, only if it is safe to do so. However, I do this in the knowledge that this causes harm to ramped patients (see previously).	3/22/2021 4:07 PM
	The rate of mother and baby readmission, sometimes with dangerous conditions such as severe jaundice, to the Women's & Children has risen as a result of pressure on primary discharge	3/22/2021 4:05 PM
	As above - less impact on my patients than on colleagues'	3/22/2021 4:02 PM
	They get appropriate care but not enough time to explain everything enough to them so some leave feeling their needs were not met or they feel dismissed.	3/22/2021 4:01 PM
	Often patients are not quite yet at recovery before they are discharged home which presents higher chance of relapse in conditions	3/22/2021 3:59 PM
	Things get avoided for gp follow up which in some cases is arguably unsafe	3/22/2021 3:58 PM
	better care / processes may obviate need for 'pressure'	3/22/2021 3:55 PM
	I ensure patient safety comes 1st and resist inappropriate pressure to discharge before this can be achieved safely. I feel it is questioning my professional expertise to suggest I keep people in hospital longer than clinically appropriate, and generally people want to be out of hospital as soon as they can. Junior doctors may be less able to resist this (perhaps implicit rather than explicit) pressure	3/22/2021 3:51 PM
	Pressure to hurry patient care creates mistrust between clinician and manager and that negatively impacts upon care	3/22/2021 3:49 PM
	The job itself and work environment in the ED is hard enough - adding a time pressure factor increases the risk of mistakes and patient harm - not to mention, curtails most conversations with patients.	3/22/2021 3:44 PM
	I don't have this experience but if I did, it would be negative.	3/22/2021 3:42 PM
	Two patients planned for discharge in the afternoon as documented were discharged prior to their midday antibiotics. Caused more work as had to get them to get their script from a local pharmacy, fax it and post it. One patient had to get back to hospital as was discharged due to delays and then had worsening symptoms at home.	3/22/2021 3:38 PM
	We (consultants) push back when necessary but junior staff feels much more vulnerable.	3/22/2021 3:37 PM

Q5 Do you receive reminders to discharge patients?

Answered: 218 Skipped: 32



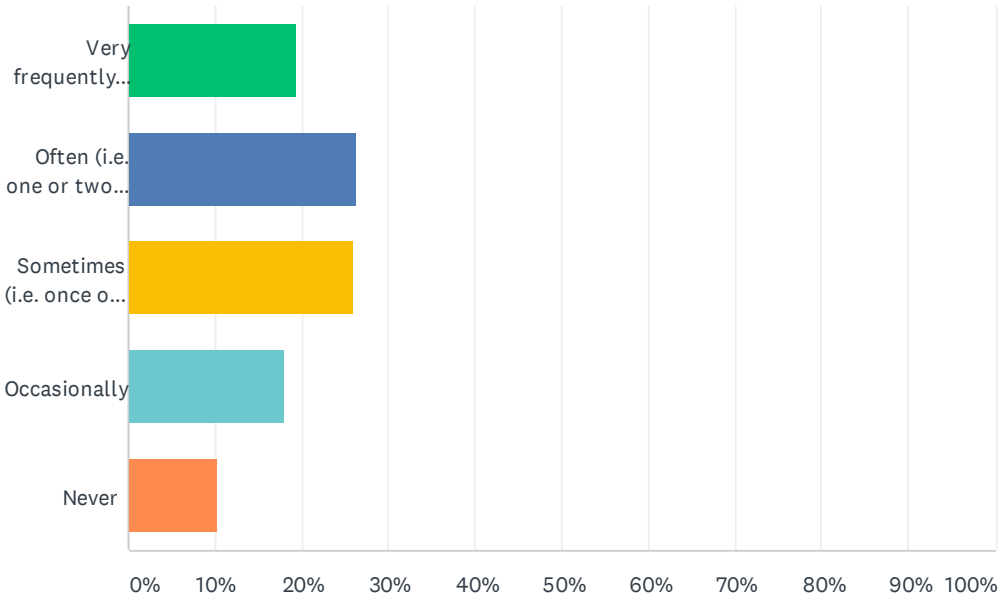
ANSWER CHOICES	RESPONSES	
Yes	73.39%	160
No	26.61%	58
TOTAL		218

	COMMENT	DATE
	Work in ED	3/29/2021 9:58 PM
	My registrars and RMO receive reminders when the hospital is near capacity	3/29/2021 3:21 PM
	I do not have my own bedcard - thus no patients to discharge - but I am frequently asked to sign off on discharging patients who are not safe to leave the hospital.	3/29/2021 3:13 PM
	Daily reminders	3/29/2021 2:57 PM
	Constantly... the pressure to discharge, admit or move the patient to our extended care unit is constant and unrelenting. We are often asked to make multiple calls to the inpatient teams to get the patients seen faster so we can move them out of the department.	3/29/2021 11:58 AM
	Regular emails from heads of surgical streams to find ways we can discharge patients more quickly	3/28/2021 5:20 PM
	I ignore them as best as I can but it is very irritating to receive messages requesting discharge of patients as there is pressure on beds. To me this reflects failure of management to provide appropriate resources	3/24/2021 2:14 PM
	When hospital capacity is overwhelmed or lengthy waitlist for the unit	3/23/2021 10:42 PM
	This occurs at least weekly, especially to reduce that month's average length of admission, if it above target. More frequently if there is ministerial pressure.	3/23/2021 2:36 PM
	We receive emails almost on a daily basis with headings stating 'Escalation!!!! RAH is ramping again, discharge who you can,move patients from acute to subacute' etc. etc.It is like living in crisis on a daily basis. The chief operations officer is treating the hospital like a war zone with 'command and control ' attitude and directing other nurses who don't do actual nursing anymore but are in 'leadership ' positions which enable them to similarly direct patient movement in the hospital ignoring doctors' concerns or recommendations	3/23/2021 10:33 AM
	Daily	3/23/2021 8:27 AM
	But my registrars do every hour sometimes if beds are tight	3/23/2021 7:28 AM
	A monthly meeting is held with the aim of discharging patients from our service.	3/22/2021 9:11 PM

	The reminders are to maximise input from senior decision makers, the on call teams. Recommendations are to maximise use of available options for alternate care and pathways.	3/22/2021 6:36 PM
	This is part of alerting us to the fact that there are bed pressures.	3/22/2021 6:31 PM
	At times	3/22/2021 5:54 PM
	Definitely on the inpatient unit-sometimes I was asked to discharge other people's patients because they were too scared to do it themselves.	3/22/2021 5:50 PM
	N/A	3/22/2021 5:48 PM
	On days where hospital is under bed pressure	3/22/2021 4:48 PM
	Morning meetings highlight length of stay and reason for ongoing admission, this is from nursing admin rather than clinicians	3/22/2021 4:40 PM
	But my registrar does (when I am the consultant on call, my registrar tells me they are contacted and told the hospital is full - can they discharge anyone?)	3/22/2021 4:32 PM
	Yes, NALHN's so called Discharge Harmonisation process which pressures teams to discharge patients first thing next morning.	3/22/2021 4:12 PM
	Daily	3/22/2021 4:11 PM
	constant texts and emails to look for discharges, or question why patients have not been moved on	3/22/2021 4:02 PM
	Every day from nursing	3/22/2021 3:59 PM
	Pages, at morning handover, discharge planning at huddle, and nurses remind us in the afternoon to start preparing for the next day's discharges.	3/22/2021 3:59 PM
	SA Health Chief Executive has no expertise, little understanding or no competence in assessing the appropriateness of hospital admissions. Yet, he creates a dangerous narrative accompanied and enables coercive bullying of clinicians at the LHN level. This is creating a perfect patient safety storm compromising clinical care by highly skilled clinical experts	3/22/2021 3:54 PM
	As above	3/22/2021 3:53 PM
	My role mainly involves admitting patients, hence I have limited influence on their discharge if admitted. My decision would be to discharge directly from Ed.	3/22/2021 3:48 PM
	Usually thought the ED tracking system	3/22/2021 3:45 PM
	Very frequent pages. Often get phone calls	3/22/2021 3:40 PM
	Receive reminders but this is not useful as we are actively trying to discharge patients all the time.	3/22/2021 3:38 PM
	see note before	3/22/2021 3:38 PM

Q6 How often are you asked to discharge patients?

Answered: 216 Skipped: 34



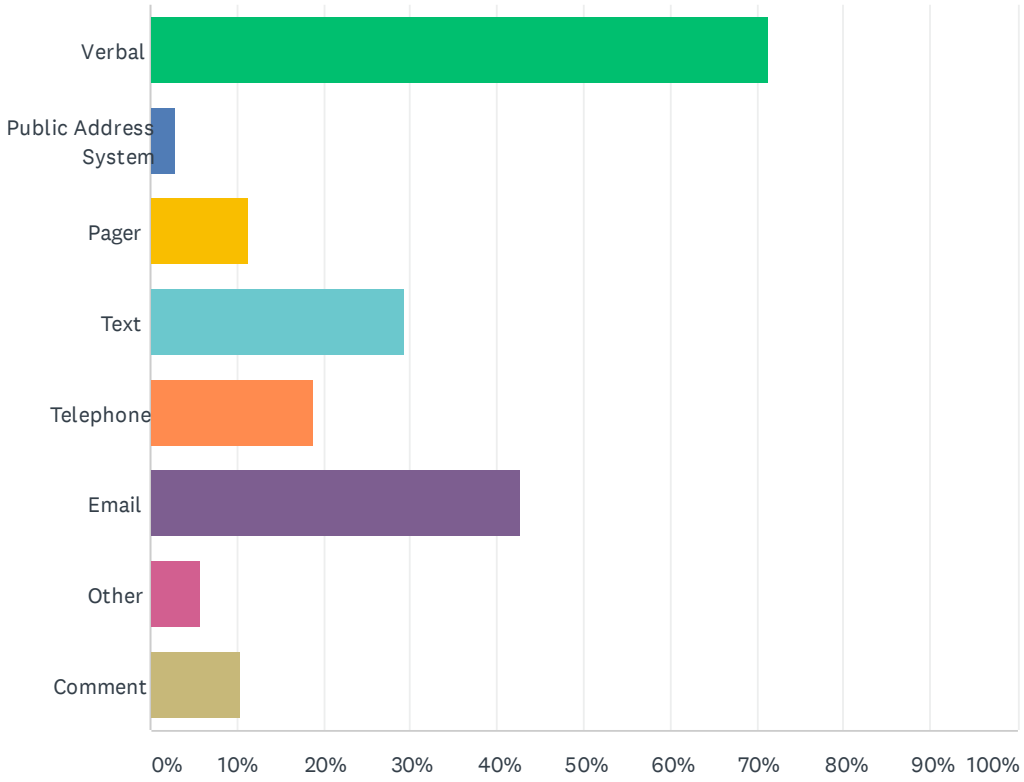
ANSWER CHOICES	RESPONSES	
Very frequently (i.e. greater than one or two times per day)	19.44%	42
Often (i.e. one or two times per day)	26.39%	57
Sometimes (i.e. once or twice per week)	25.93%	56
Occasionally	18.06%	39
Never	10.19%	22
TOTAL		216

	COMMENT	DATE
	Usually is in the form of requesting placement process when death may be the likely discharge destination	4/1/2021 2:44 PM
	I think we are more asked about discharge of patient rather than To discharge patients	3/30/2021 8:20 AM
	Constantly asked if patients can be cleared out of their cubicle to get new patients in	3/29/2021 9:58 PM
	But I think I am somewhat shielded by my triage nurses.	3/29/2021 9:33 PM
	I work in emergency so I don't have to discharge patients straight away unless in short stay Ward but I feel the pressure from inpatient teams as they refuse to accept patients who need admission	3/29/2021 6:23 PM
	My staff are often contacted to see if we can get women out sooner	3/29/2021 4:20 PM
	I work in emergency- we discharge multiple patients a day	3/29/2021 3:37 PM
	I don't have a pager	3/29/2021 3:21 PM
	I do not have my own bedcard - thus no patients to discharge - but I am frequently asked to sign off on discharging patients who are not safe to leave the hospital.	3/29/2021 3:13 PM

	As an anaesthetist I do not have patients admitted directly under me and therefore do not discharge patients from hospital as such; however there are sometimes pressures so we are asked for our approval for patients to be discharged from day surgery before they meet certain criteria.	3/23/2021 3:50 PM
	There are emails or texts virtually every day at RAH to discharge patients, usually accompanied by the comment that if we don't clear beds our elective surgical admissions will probablybe cancelled.	3/23/2021 11:19 AM
	There are reminders where there are bed pressures, but ultimately the flow and use of alternate safe models should be part of normal culture	3/22/2021 6:36 PM
	My juniors are pressured, seniors are not contacted generally	3/22/2021 5:18 PM
	When I’m on ward service	3/22/2021 5:02 PM
	I aim to avoid keeping people in for too long. Requests to discharge are not helpful as we don't have patients kept in unnecessarily!	3/22/2021 4:43 PM
	registrar gets asked generally; I do also get texts from CALHN	3/22/2021 4:32 PM
	Only reminded in advance at preadmission clinic about the bed pressure. This affects planning for patients needing an inpatient surgical stay	3/22/2021 4:13 PM
	If we need to admit a patient for acute care we are asked to discharge another so a bed is available	3/22/2021 4:10 PM
	Daily handovers will question whether people are appropriate for discharge sooner than expected.	3/22/2021 4:02 PM
	SA Health has created a pervasive narrative that most patients presenting to hospital do not need to be there. This has never been true and still is not. The pressure on everyone borders on out right bullying. Most measures the SA Health Exec implements are very expensive and achieve next to nothing	3/22/2021 3:54 PM
	We are generally asked to expedite discharge and do so as early as possible in morning but not to discharge any specific patient.	3/22/2021 3:45 PM
	I am often told that I cannot admit patients who need admission.	3/22/2021 3:45 PM

Q7 If you do receive a request to discharge patients through what mechanism is the request received? (You may choose more than one)

Answered: 202 Skipped: 48



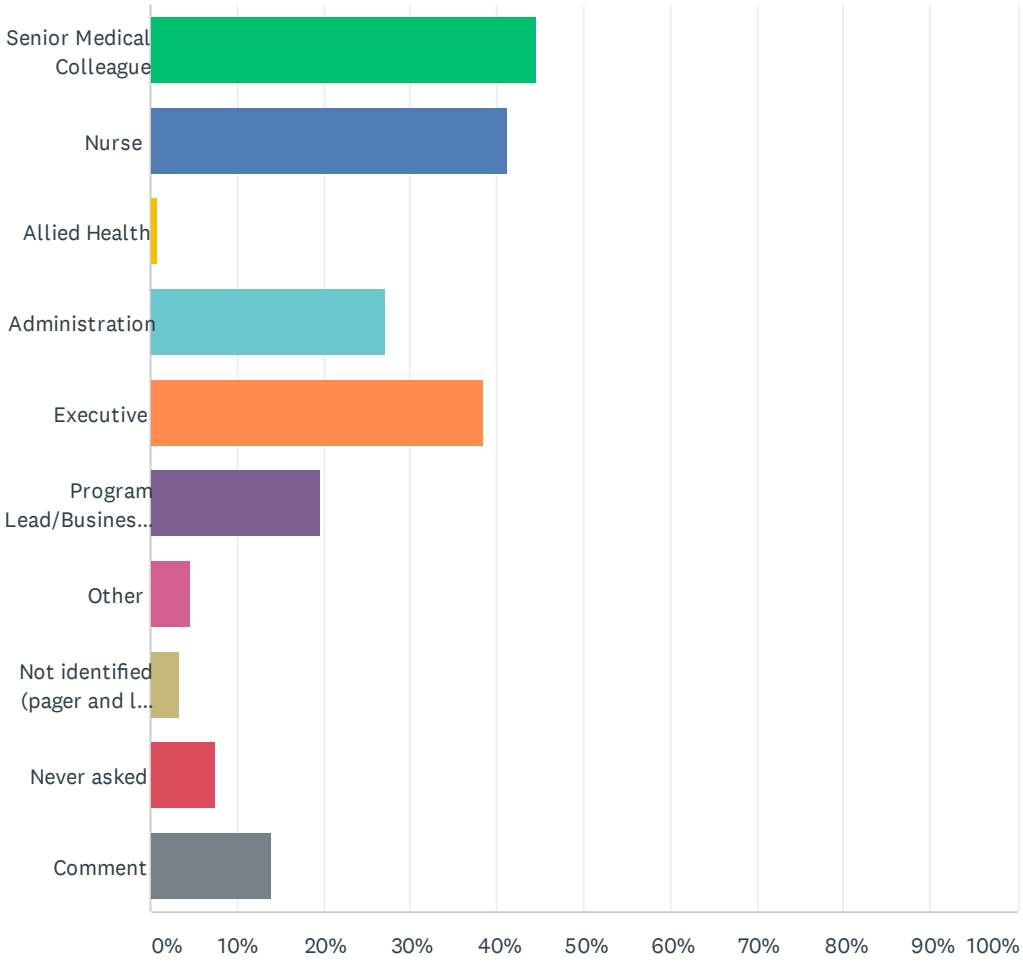
ANSWER CHOICES	RESPONSES	
Verbal	71.29%	144
Public Address System	2.97%	6
Pager	11.39%	23
Text	29.21%	59
Telephone	18.81%	38
Email	42.57%	86
Other	5.94%	12
Comment	10.40%	21
Total Respondents: 202		

	COMMENT	DATE
	we are reminded that the hospital is at capacity and that patient discharge shoudl be prioritised - i think this is appropriate.	3/30/2021 8:20 AM
	Often filters down from tier 1 huddles	3/23/2021 10:42 PM
	From HOU	3/23/2021 11:54 AM
	MS teams meetings titled 'Exec huddle'	3/23/2021 10:33 AM

	We have been informed repeatedly by senior medical and senior nursing colleagues that they have received text messages from the hospital executive that the hospital is full. Although I have not been told directly by these colleagues to discharge patients, there is an implied message from them that we have to reduce admissions and to increase discharges	3/22/2021 9:14 PM
	I have received phone calls from my line manager on a public holiday shift asking me to discharge someone because she drank alcohol overnight.	3/22/2021 5:50 PM
	Via junior staff, who feel that they have been directed to facilitate discharges.	3/22/2021 4:33 PM
	Not directly involved in discharge process	3/22/2021 4:13 PM
	As above. Comes from NUM, ward nurses, bed manager	3/22/2021 3:59 PM
	via nursing staff who thought a patient might be suitable for early discharge but who seemed not to understand why the patient was in hospital	3/22/2021 3:57 PM
	SA Health and LHN Executive prepared to watch the EDs almost implode due to presentations providing minimal support and meaningful actions.	3/22/2021 3:54 PM
	my head of unit tells me to discharge people in a disparaging tone in front of all the junior staff and nurses	3/22/2021 3:44 PM
	Reminder stamps on medical records to indicate why NOT discharge a patient.	3/22/2021 3:42 PM

Q8 If you are asked to discharge patients who request's you to discharge the patient? (may select more than one)

Answered: 213 Skipped: 37



ANSWER CHOICES	RESPONSES	
Senior Medical Colleague	44.60%	95
Nurse	41.31%	88
Allied Health	0.94%	2
Administration	27.23%	58
Executive	38.50%	82
Program Lead/Business Manager	19.72%	42
Other	4.69%	10
Not identified (pager and loud speaker)	3.29%	7
Never asked	7.51%	16
Comment	14.08%	30
Total Respondents: 213		

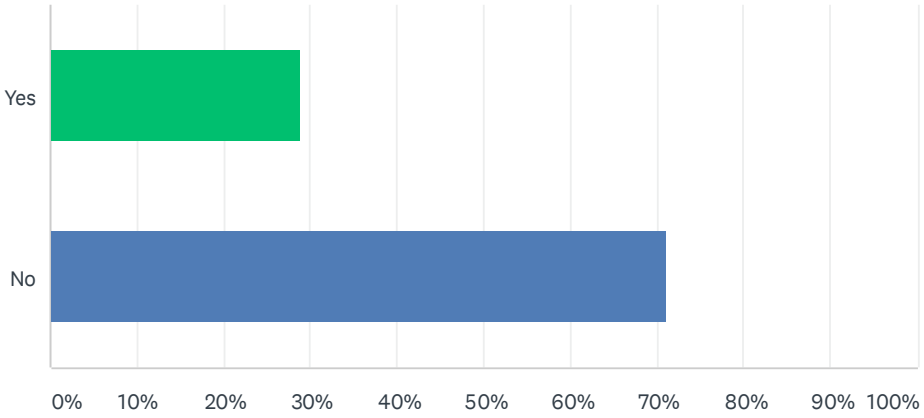
	COMMENT	DATE

	Sometimes the patient will request discharge too	4/7/2021 9:40 PM
	Bed manager and bed management meeting	3/29/2021 4:20 PM
	Clinical Director	3/29/2021 2:36 PM
	Its a request to see if we can move forward a discharge, not enforced but nonetheless pressure is applied	3/23/2021 10:42 PM
	Nurse and admin staff pressure is the most	3/23/2021 6:45 PM
	Clinical Director	3/23/2021 4:30 PM
	Recent incident where an intern on our unit was approached on the ward by Programme manager (a dietician)and a non clinical nurse manager and asked to justify why two patients were not being transferred elsewhere. Even the nursing staff on the ward thought this was unacceptable. The intern reported it upstream to the head of Unit.	3/23/2021 11:19 AM
	Usually exec on call for the day	3/23/2021 8:27 AM
	Clinical Director	3/23/2021 6:53 AM
	Medical lead	3/22/2021 9:46 PM
	Via email from the ‘network’	3/22/2021 8:13 PM
	The prompts come from senior. The question is whether the teams are already doing this without the reminders. We would hope so but there needs to be a way of communicating when the whole of CAHLN is under pressure as within silos clinicians may not realise.	3/22/2021 6:36 PM
	There are constant pages asking us to ‘facilitate discharges’. Although I would only discharge a patient if told by a senior doctor and where the MDT was in agreement (nursing, allied health), there is ongoing daily pressure about bed numbers being communicated to us via pages and senior nurses. This contributes to doctors feeing stressed and even feeling personally at fault if we have not been able to discharge enough patients. I always think about whether I should have fought harder to get imaging sooner or arranged for blood tests earlier if it could make length of stay shorter. This is even when I know logically that it would make no difference, the patient will improve enough for discharge based on our treatment. These pressures also result in patients spending a long time in ED beds, waiting to be seen and being moved around the hospital multiple times. This makes them tired and disrupts their ability to recover. I have had patients and their families become abusive due to these issues.	3/22/2021 6:30 PM
	Clinical director Senior colleague	3/22/2021 5:50 PM
	It all starts from the highest level & communicated only verbally & trickles down to the junior Drs on the floor - clever way of leaving no evidence or trace of the pressurised decision.	3/22/2021 5:10 PM
	N/A	3/22/2021 4:50 PM
	Very rarely from senior medical colleagues	3/22/2021 4:40 PM
	clinical director(s)	3/22/2021 4:13 PM
	I have been asked to discontinue treatment on a patient who had had a long length of stay by my medical superior. It was a very unpleasant experience to think that LOS performance indicators were more important than this young person's life. This patient subsequently was given a new treatment and is now living a full happy life in the community. I was shocked that my HOU who did not know the patient, their disease or their wishes thought it appropriate to direct her care simply based upon a prolonged LOS.	3/22/2021 4:10 PM
	team identifies need and potential discharges	3/22/2021 4:06 PM
	as above	3/22/2021 3:57 PM
	Medical program lead - managerial role, not my specialty clinician	3/22/2021 3:57 PM
	There is constant pressure to discharge. Inpatient teams refuse referrals, suggest discharge when it is clearly inappropriate. The ED is revolving door of readmissions due to the pressure exerted on the inpatient teams	3/22/2021 3:54 PM
	Multiple potential sources	3/22/2021 3:53 PM

	often generic request to dc from exec. and senior colleagues. nurses etc often re specific patient.	3/22/2021 3:48 PM
	It is more a general request to keep tunover going rather than about individual patients.	3/22/2021 3:45 PM
	Service leads/managers	3/22/2021 3:42 PM
	'Bed managers'	3/22/2021 3:39 PM
	Most especially nurse unit managers who themselves are pressured.	3/22/2021 3:38 PM

Q9 Have you been directed by someone other than a clinician to discharge patients?

Answered: 215 Skipped: 35



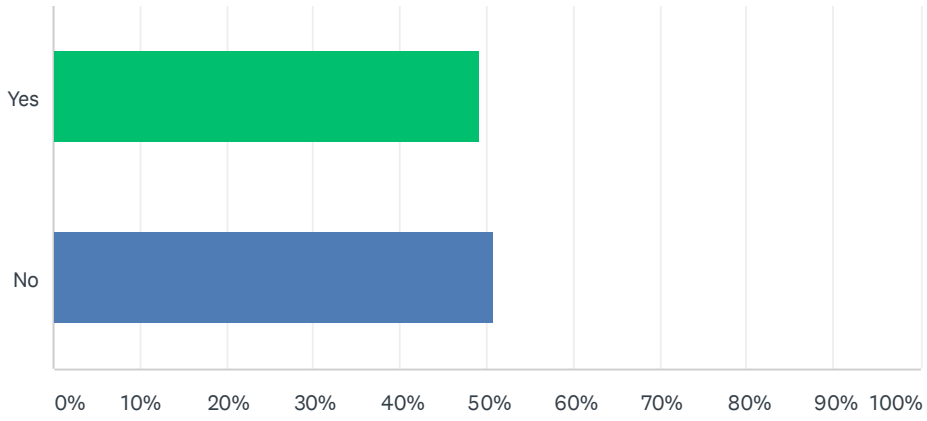
ANSWER CHOICES	RESPONSES	
Yes	28.84%	62
No	71.16%	153
TOTAL		215

	COMMENT	DATE
	Nursing staff often flag patients for discharge. Not forcefully and always consulted with a doctor.	4/7/2021 9:40 PM
	The requests usually come from senior nursing executive level but often relayed via the senior nursing AdNUM level	4/1/2021 2:44 PM
	We get directed to admit patients from acute sites which is just as inappropriate	3/29/2021 10:16 PM
	Not directed, just felt harassed	3/29/2021 9:33 PM
	I recall a patient I looked after in 2019 who was transferred to rehab following a direct instruction from executive. I was the medical consultant responsible and became aware after the patient had been transferred. We had to arrange for the patient to return to the hospital for a surgical procedure.	3/24/2021 5:34 PM
	I have been directed to review patients for early discharge but ignore the request	3/24/2021 2:14 PM
	Not personally directed, but constantly reminded.	3/23/2021 11:19 AM
	I have refused if not clinically appropriate. The "request" has then been withdrawn	3/23/2021 9:03 AM
	Never. And I wouldn't let them.	3/23/2021 8:09 AM
	Clinician not related to speciality but in administrative role has come around to wards	3/23/2021 5:19 AM
	Senior executives	3/22/2021 10:59 PM
	When I was at NALHN	3/22/2021 10:44 PM
	We have been informed repeatedly by senior medical and senior nursing colleagues that they have received text messages from the hospital executive that the hospital is full. Although I have not been told directly by these colleagues to discharge patients, there is an implied message from them that we have to reduce admissions and to increase discharges	3/22/2021 9:14 PM
	No but one is constantly reminded that there are patients needing beds or community services and that room needs to be made for those waiting. There are constant demands to create “flow”.	3/22/2021 9:11 PM

	NUM	3/22/2021 7:12 PM
	Not directly, but I was involved in situations when a consultant was directed to discharge patients by an executive officer	3/22/2021 7:07 PM
	But only in the vaguest terms involving a text message to "assist by discharging patients", not to discharge a named patient.	3/22/2021 5:43 PM
	Juniors have been told from another unit, the senior will not rock the boat as he is new	3/22/2021 5:18 PM
	Usually the Managerial position & above	3/22/2021 5:10 PM
	Administrator	3/22/2021 5:08 PM
	Have not been directed to discharge any specific patients, but just a general edict to try and discharge as many people as possible	3/22/2021 5:02 PM
	MH execs	3/22/2021 4:40 PM
	but not for many years- under previous SALHN mental health governance arrangements this used to occur	3/22/2021 4:14 PM
	But admin staff warn us not to precook inpatient surgical stays for example high risk colonoscopy patients	3/22/2021 4:13 PM
	There is constant pressure, but executive is careful to avoid being directly identifiable as the source	3/22/2021 4:11 PM
	Usually this is the role of bed flow/ward NUMS	3/22/2021 4:10 PM
	discharge per se is not the correct target; more improvement from reducing the double and triple handling, avoidable waits for interventions and so on	3/22/2021 4:06 PM
	Nursing	3/22/2021 3:59 PM
	Generally a polite request to expedite already planned discharges, often to an off-site post-acute setting	3/22/2021 3:53 PM
	A long time ago, and I disagreed.	3/22/2021 3:45 PM
	Text message from unknown (CAHLN)	3/22/2021 3:45 PM
	Unsure who sends pages	3/22/2021 3:40 PM
	they would not dare to.	3/22/2021 3:39 PM

Q10 If yes, has that direction been against your clinical judgement?

Answered: 110 Skipped: 140



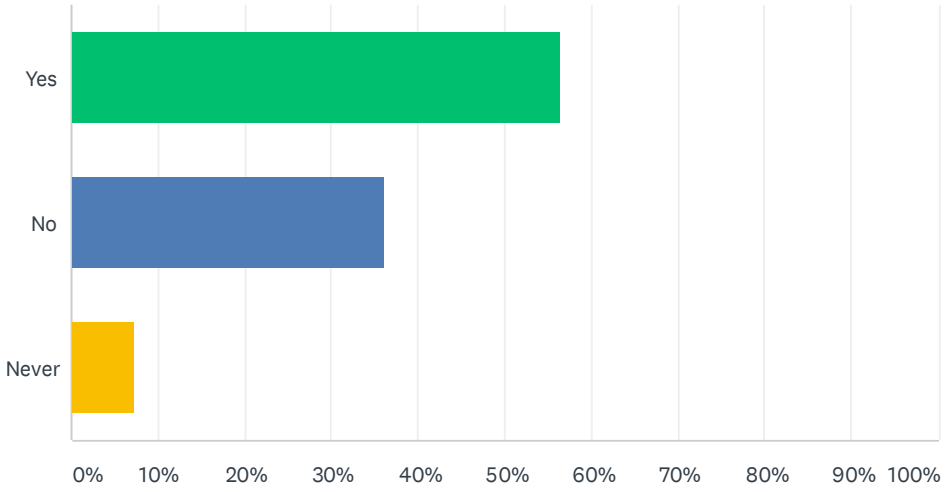
ANSWER CHOICES	RESPONSES	
Yes	49.09%	54
No	50.91%	56
TOTAL		110

	COMMENT:	DATE
	Both at times	3/31/2021 1:15 PM
	Cannot really comment	3/29/2021 9:24 PM
	in this situation I refuse to discharge	3/25/2021 6:42 PM
	Ser above	3/24/2021 2:14 PM
	If clinical judgement suggests the patient can be discharged, the patient will be discharged. It is insulting and unsafe that executive ask teams to discharge patients as if we are keeping them in hospital unnecessarily..	3/23/2021 1:03 PM
	I never discharge anyone I'm no happy with it just makes me work harder to find someone to discharge earlier than planned and check that there family's can accomodate this change in plan	3/23/2021 8:27 AM
	N/A	3/23/2021 8:06 AM
	But I didn't oblige	3/22/2021 10:59 PM
	NA	3/22/2021 9:46 PM
	In terms of being directed by a nurse - it has on occasions been against my clinical judgement	3/22/2021 8:06 PM
	not applicable	3/22/2021 6:12 PM
	Sometimes	3/22/2021 6:08 PM
	N/A	3/22/2021 5:54 PM
	N/A	3/22/2021 5:43 PM
	often	3/22/2021 5:10 PM
	And resulted in patient not being discharged. Junior staff also approached and thankfully	3/22/2021 5:08 PM

	have had the courage to ask for senior advice before acting	
	N/A	3/22/2021 4:50 PM
	We decline any request to discharge if we believe that the patient is not ready for discharge. We do not continue to hospitalise patients if they medically ready for discharge.	3/22/2021 4:33 PM
	I told the person to write their directive in the clinical notes (as they were making a clinical decision)- they declined and the discharge did not occur	3/22/2021 4:14 PM
	N/A	3/22/2021 4:13 PM
	but I just say no if these requests are made	3/22/2021 4:10 PM
	N/A	3/22/2021 3:57 PM
	I ignored	3/22/2021 3:45 PM
	Yes patients discharged before their planned antibiotics	3/22/2021 3:40 PM
	However in these settings we have kept the patient in until safe to discharge	3/22/2021 3:38 PM

Q11 Has any direction to discharge patients negatively impacted on patient care?

Answered: 191 Skipped: 59



ANSWER CHOICES	RESPONSES	
Yes	56.54%	108
No	36.13%	69
Never	7.33%	14
TOTAL		191

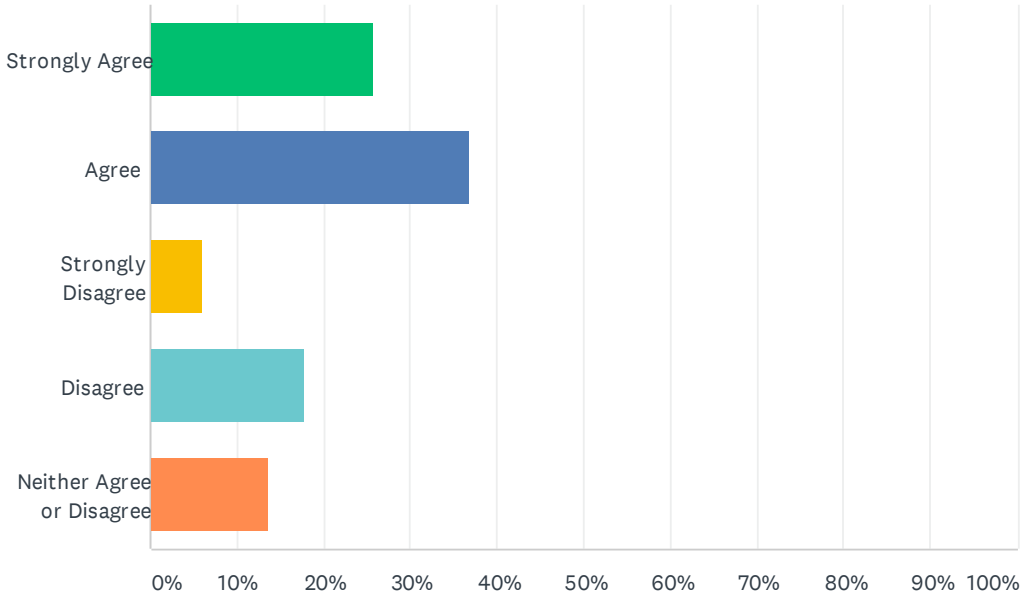
	COMMENT:	DATE
	Have had patient die within 2 weeks of discharge	4/1/2021 2:44 PM
	Not my direct discharges but see plenty of failed discharges in ED needing readmission - these may have been rushed discharges (often the patients report they were rushed)	3/29/2021 9:58 PM
	Because I stand my ground	3/29/2021 9:33 PM
	Unsure	3/29/2021 7:56 PM
	I am not aware	3/29/2021 6:23 PM
	Can cause significant distress to patients reaching terminal care that are not suitable for hospice care. There is pressure to discharge these patients to nursing home for terminal care.	3/29/2021 4:30 PM
	Patients returned to hospital within a few days.	3/29/2021 2:36 PM
	Some patients are discharged too early, without time to get services in place at home to help them. Sometimes patients are moved out of the department to our extended care unit (ED) before they have had their notes written or medication charts written, resulting in errors.	3/29/2021 11:58 AM
	I don't have specific instances but almost certainly some issues have arisen from earlier than planned discharge.	3/28/2021 5:20 PM
	Can result in removal by security, occasionally police in case of difficult patients refusing to	3/25/2021 3:01 PM

	Example above - patient transferred back to acute hospital for ongoing medical care. Led to patient distress and delayed care.	3/24/2021 5:34 PM
	But it makes me grumpy and stressed which may impact my ability to provide high quality care	3/24/2021 2:14 PM
	Possibly when impacts on continuity of care in complex patients	3/24/2021 10:10 AM
	Readmit within 28 days and transfers workload issues to community supports	3/23/2021 10:42 PM
	eg abdominal wall dehissance requiring re admission and suture after and early and inappropriate discharge following major abdominal surgery .	3/23/2021 12:10 PM
	We have resisted a few times.	3/23/2021 11:19 AM
	Patient from RAH admitted to Hampstead by flexing up Hampstead beds without increasing staffing. Patient ended up in Hampstead with no rehab or therapy for 3 days as there were not enough staff.	3/23/2021 10:33 AM
	Patients on my unit have been readmitted following preature discharge	3/23/2021 10:20 AM
	I have seen patients readmitted to ED soon after being discharged by another psychiatrist from the ward	3/23/2021 9:03 AM
	Often on family and carers more than pts	3/23/2021 8:27 AM
	On occasion	3/23/2021 8:06 AM
	It puts a lot of pressure on us and I do think that pressure means we discharge someone a bit earlier than we otherwise would have.	3/23/2021 7:28 AM
	Unsure - early discharge often leads to a delay in completing investigations (and thus diagnosis and commencement of treatment). There is a risk that this may impact on the outcome.	3/23/2021 7:27 AM
	By taking valuable time away	3/23/2021 5:19 AM
	Because I discharge patients only when I feel safe to do so.	3/22/2021 10:59 PM
	Patients stand the risk of relapse and readmission or remain unwell for longer in community	3/22/2021 10:06 PM
	Possibly	3/22/2021 9:14 PM
	It could if it was followed	3/22/2021 7:56 PM
	Led to representation to ED/hospital	3/22/2021 7:07 PM
	As above, any discharge has a degree of uncertainty. Patients can change.	3/22/2021 6:36 PM
	I have seen patients fall immediately on going home and need to be brought back to hospital. Sometimes this is unavoidable, sometimes I think better resources in hospital (eg OT having enough time and manpower to conduct home visits) would have resulted in an overall shorter length of stay and better patient experience.	3/22/2021 6:30 PM
	Early readmission	3/22/2021 5:25 PM
	Majority of the times - they get discharged from wards hurriedly to make way for patients waiting in Emergency Dept but the discharged patients bounce back to Emergency within 24-48hrs = its created a revolving door policy & hence prolonging the treatment & follow up time lines for patients. Doctors are literally putting out the spot fires & not actually able to do full justice to the patients & their care needs.	3/22/2021 5:10 PM
	ONly because the welfare of the patient always comes first	3/22/2021 5:08 PM
	Sometimes we do hurry people out before they are ready, may lead to readmission	3/22/2021 5:02 PM
	as have not been in this position	3/22/2021 4:57 PM
	I resist the pressure but am able to do this because I am a consultant	3/22/2021 4:48 PM
	because we do not heed the request. we do not discharge patients prematurely	3/22/2021 4:32 PM
	This is a difficult question to answer as we rarely see our patients again once discharged	3/22/2021 4:24 PM

	from the ED. While I have clicked "Yes", the real answer is that I don't know. I have certainly seen patients present to the ED after being discharged from a hospital admission with complications.	
	not to my knowledge	3/22/2021 4:14 PM
	Patients put at risk if at home when clinically inappropriate	3/22/2021 4:13 PM
	I do not ever discharge patients who are not clinically appropriate for discharge. Sometimes pressure from senior nurses or executive is applied but ultimately the responsibility is with the treating doctor.	3/22/2021 4:10 PM
	because I will only discharge if it is medically/clinically appropriate-many of my colleagues would not be confident to defy these directives-particularly more junior consultants or junior medical staff without supportive consultants	3/22/2021 4:10 PM
	dont forget the indirect impact - those unable to be seen and commence care too	3/22/2021 4:06 PM
	Just they feel dismissed and then put complaints in.	3/22/2021 4:03 PM
	Often impacts the perception family members have of inpatient services, feeling like their family member is not being taken care of well	3/22/2021 4:02 PM
	Not that I aware	3/22/2021 3:59 PM
	I Wouldn’t discharge my patients unless clinically ready - even if directed otherwise	3/22/2021 3:57 PM
	Hard to judge	3/22/2021 3:53 PM
	constant feeling of being trapped between getting people out and looking after the ones we have. often told that our length of admission for X diagnosis exceeds comparators and therefor we are doing something wrong/ incompetent etc. constant feeling of having to push people out- sometimes when its borderline if they should go. this is sometimes to the patients detriment. currently hate gen med and seriously considering what else I can do- including not doing medicine at all. this is a function of complex and often impossible case mix (ie social psychiatric disaster as well as the medicine) plus constant push for efficiency, money saving and discharge pressure. The system needs MORE INPATIENT CAPACITY. I realise this is expensive. It doesn't change the fact we need more beds. I am appalled that they are considering spending such a stupid amount of money on a stadium when this is the state of our health system. where are their priorities??	3/22/2021 3:48 PM
	Patients had to go get their own antibiotics. One patient had to represent and get readmitted 2 hours after discharge	3/22/2021 3:40 PM

Q12 Does the culture in your workplace make you feel pressured to discharge patients before they are medically ready?

Answered: 214 Skipped: 36



ANSWER CHOICES	RESPONSES	
Strongly Agree	25.70%	55
Agree	36.92%	79
Strongly Disagree	6.07%	13
Disagree	17.76%	38
Neither Agree or Disagree	13.55%	29
TOTAL		214

	COMMENT	DATE
	i just will not do it	3/30/2021 8:20 AM
	Although only occasionally because my triage nurses try to protect me	3/29/2021 9:33 PM
	Just ignore these requests	3/29/2021 3:22 PM
	ED also has the issue of admitting patients that don't need admitting, just so they are moved out of the department to make space for new patients. Sometimes, all the patient needs is a little more time and they would probably be able to be discharged home, but the current 4 hour (arbitrary number) forces decisions to be made too soon.	3/29/2021 11:58 AM
	The culture amongst medical staff isn't the problem. It's the administration.	3/28/2021 5:20 PM
	As a consultant I generally just ignore the requests to discharge patients before they are medically ready - doesn't make me popular with admin The pressure is unfair on more junior staff who do not have secure jobs	3/25/2021 6:42 PM
	As before I ignore them	3/24/2021 2:14 PM
	"Medically" we do not discharge if physiologically unstable but time to ensure stability is shortened. The other issues of functional, psychological and social stability are not always completed adeuately.	3/24/2021 10:10 AM
	There is a vague idea that some sort of out of hospital support service will pick up the pieces, but I don't think we have much faith in them. Rural hospitals usually reluctant to	3/23/2021 11:19 AM

	take patients back.	
	Basically, I would not try to admit a medical patient to this hospital unless necessary. It is a dangerous place to be. Even when consulting on patients, requested interventions and pathology requests delay care and are unsafe. The junior staff rotate so much that nobody actually knows what is going on with a patient!! For example, requesting a blister be swabbed for VZV in an immunosuppressed patient on a Friday morning, to not be able to see the specimen turn up at the lab until Monday, but then learning that the correct swab wasn't done at 7pm on the Friday, 10 hours after it was requested - what a disaster.	3/23/2021 10:12 AM
	Would like to allow pts longer to help them be more confident re discharge like overnight leave etc	3/23/2021 8:27 AM
	Again, we balance risk - absolutely here is pressure to turn patients around (although I not convinced its effective pressure) - there is also pressure to get to the 30 - 40 patients who haven't been seen in the ED yet - this is where a large amount of risk lies	3/23/2021 8:09 AM
	As stated before, on occasion	3/23/2021 8:06 AM
	They don't care, they just want the bed.	3/22/2021 10:59 PM
	We have been informed repeatedly by senior medical and senior nursing colleagues that they have received text messages from the hospital executive that the hospital is full. Although I have not been told directly by these colleagues to discharge patients, there is an implied message that we have to reduce admissions and to increase discharges	3/22/2021 9:14 PM
	Usually those requesting the discharge make sure this is a verbal request and that the doctor signs off on the discharge in the notes	3/22/2021 8:06 PM
	There is pressure to review patients, move forward with appropriate investigations/procedures etc so patients can be discharged, but its not pressure to discharge for the sake of it if that makes sense.	3/22/2021 6:36 PM
	Our seniors have told us firmly that we discharge only when we are ready, nothing else should matter.	3/22/2021 6:30 PM
	More of a problem at some institutions than others. Yes at some institutions.	3/22/2021 5:08 PM
	Clinician ultimately has the responsibility about whether discharge should happen	3/22/2021 5:04 PM
	The pressure is not that strong… But you know it is always there. I don’t think there is an unreasonable pressure to discharge, But it does get mentioned regularly.	3/22/2021 5:02 PM
	I think however the issue of unstable mental health patients who would benefit from a protracted stay but who are not 'acutely' unwell is the issue for access to beds	3/22/2021 4:14 PM
	Not enough, in my opinion. There is a very laissez faire attitude when it comes to leaving patients in beds. Patients won't complain of course, but I'm sure we could let them home quicker than we do. SA is behind in the the patient-centred care revolution, and that costs us money. If doctors had the resources to better care for patients at home, we would be more likely to discharge them. As it is, we have to go through these discharge acrobatics and hope for the best, or leave patients languishing in hospital.	3/22/2021 4:13 PM
	constant pressure and implication that LLOS is poor clinical work. Weekly email is sent with spreadsheet naming all patients across CALHN who have been in hospital for > 7 days- including their name/age/suburb/clinical diagnosis/unit of admission. The purpose of this is not clear as all doctors would know their patients and this personal information about many patients is being sent to a cast of thousands who are not involved in their clinical care. It is not the fault of clinicians that we are caring for complex individuals and the clinicians and services caring for these most difficult patients should receive respect and thanks and not feel denigrated and disrespected for the care they provide.	3/22/2021 4:10 PM
	Comments about LoS...without any clinical information. Discharges prior to good education.. ie enteric feeding, pic lines etc etc	3/22/2021 4:09 PM
	Overall it causes more annoyance than harm - I don't keep patients in hospital any longer	3/22/2021 4:08 PM

	than necessary, so being harangued to discharge patients is unnecessary.	
	the 'culture' is to waste as much time trying to say why you shouldnt assess/treat a patient yourself or finding another subspecialty who might as getting on and doing it	3/22/2021 4:06 PM
	I see this type of culture in other specialties	3/22/2021 3:57 PM
	however I try not to let this affect my judgement and care of the patient	3/22/2021 3:54 PM
	Occasionally	3/22/2021 3:50 PM
	RAH	3/22/2021 3:48 PM
	I take no notice and try and do what is in the best interests of medicine	3/22/2021 3:38 PM

Q13 Any other comments:

Answered: 44 Skipped: 206

	RESPONSES	DATE
	Overall I haven't found this problematic at NALHN this year.	4/7/2021 9:40 PM
	Whilst there is constant pressure (direct or implied) it comes in many forms from more subtle mass emails around LOS to direct messages asking for early discharges to create beds to ease ED waiting times. As a senior consultant however I aim to make patient care and outcomes the priority and feel I am able to say no to these requests. This does not mean that the pressure to discharge is any less, but it would be much more difficult for more junior consultants to manage without senior support.	3/30/2021 12:45 PM
	I am working in community mental health. Due to workload we have had to shift a lot of patients from being care coordinated to being team coordinated. The issue is that people are waiting long times for our service who urgently need it, so the pressure to discharge patients as soon as possible is being driven by that	3/30/2021 7:51 AM
	Working in ED, we need more ward beds - the response to this survey can’t be not to discharge patients, it needs t be more in patient beds	3/29/2021 9:58 PM
	I generally don't receive direct instructions to discharge patients but I am aware of nurses and allied health in managerial /administrative positions questioning my practice by going to my senior colleagues. I find out second hand.	3/29/2021 9:33 PM
	We are also pressured to review possible discharges first on the ward round (for staffing reasons), even when there are other unwell patients with much higher clinical priority.	3/29/2021 8:24 PM
	The pressure is not so much to discharge patients from emergency department but you can see that the inpatient teams refuse to accept new patients and delay admissions as they do not have bed capacity. Mental health patients are usually prematurely discharged patients who can have an adverse outcome	3/29/2021 6:23 PM
	Our wards are over run with medical and surgical outliers we can’t move Pt out of labour ward backing up service’s delaying inductions.	3/29/2021 4:20 PM
	I am normally the one asking people to discharge patients. However I do feel under pressure generally because I can see the board which shows how many patients are waiting in the waiting room. This is not pressure from a specific person but because I am a doctor and care about them. I try not to put pressure on junior doctors to discharge patients when they are not comfortable but it may occur. I am often ASKED to discharge patients by nurses but never directed- I imagine junior doctor experience may be different	3/29/2021 3:37 PM
	Most difficult for more junior Drs. For senior consultants just ignore. Just adds to cynicism and poor regard for senior nurses and line manager	3/29/2021 3:22 PM
	Pressure is put on individual consultants to discharge, with extremely negative comments made about them if they don't, despite the clinical evidence that their patient care is good and that their patients benefit from the longer admission.	3/29/2021 2:36 PM
	There's been an insidious increase in administrative 'influence' in medical decision making including early discharge but at present of equal concern are the changes to elective surgery strategy on a rolling monthly basis- that too is negatively impacting patient care with multiple cancellations, rebooking of patients and deferring cases that don't meet the "latest" criteria which to clinicians appear politically motivated. There's increasing pressure from "above" to follow these dubious criteria.	3/28/2021 5:20 PM
	Clinical care has been impacted as we haven't been able to admit patients requiring care. Admission issues results in multiple calls (sometimes upwards of 10) per patient being admitted. It's distracting from clinical care and wastes time.	3/25/2021 7:52 AM
	I understand the importance of using the resources of the acute hospital for those that need them most. Rapid hospital discharge would be better achieved safely with dramatic input into improving outpatient services, such as rapid access clinics and increasing availability of outpatient specialist clinics so that waiting times were such that acute admissions were never required as a way to fast track semi-urgent care.	3/24/2021 5:34 PM

	Capacity problem is not born out of clinicians unnecessarily keeping patients in hospital.	3/23/2021 1:03 PM
	CALHN management can only think about the budget and ramping. Management structure excludes hearing from senior medical staff on the ground - we are ignored. Medical lead roles have to toe the CEO line, CEO is biased in favour of nurses and her own public image.	3/23/2021 11:19 AM
	Hospital administration are not putting enough efforts to improve hospital avoidance strategies in the community or putting the pressure on external agencies like NDIS to reduce discharge delays	3/23/2021 10:33 AM
	This bed flow takes up alit off my time that could clinically be better used on the unit.	3/23/2021 8:27 AM
	The problem is partly due to the uneven distribution of workload which adversely affects efficiency.	3/22/2021 10:59 PM
	Pressure to discharge patients is continually present in the background. So much so that keeping patients in for an extra day for medical reasons leads to a feeling of guilt for medical staff. The current management of CALHN should be made aware that the medical staff morale is really at a low point.	3/22/2021 9:46 PM
	Our service has had an almost complete turnover of consultants in the past two years. There have been three cases of “stress leave” in the past two years. There has been an increase in disrespectful behaviour.	3/22/2021 9:11 PM
	Bed pressure makes it more difficult to accept patients for transfer/admission	3/22/2021 7:35 PM
	It is a complex question as maximising the resource of consultant oversight and improving the flow/escalations that increase the productivity of the time in an acute institution can be interpreted in different ways. A culture of trust, ie a situation where exec knows everyday teams are focused on best use of patients time and the recourse they have will help.	3/22/2021 6:36 PM
	The culture of bullying and ganging up is the most unhelpful.	3/22/2021 5:50 PM
	It seems that there is a constant undertone of.....discharge, discharge, discharge. At times it feels that the only KPI are discharge related	3/22/2021 5:25 PM
	1. Lot more services needs to be placed at GPs disposal to investigate & manage. This is true Hospital Avoidance not creating Hosp. Avoidance Clinics in hospitals ! ! ! 2. Huge infrastructure overhaul needs to put in to public hospital inpatient wards - actual beds, funding for staffing etc. 3. Stop expanding the Emergency Departments without actually increasing the inpatient beds across all public hospitals & all specialties ! ---- Commonsense !	3/22/2021 5:10 PM
	Hopefully junior staff such as interns are no longer being approached as they have been on our unit. Medical leads agree this is not appropriate.	3/22/2021 5:08 PM
	there is a need for decreasing LOS; some of this is systemic (number of consultant rounds per week foe example); some is due to lack of appropriate discharge destinations (NDIS for example); and some is due to delays in decision making (for example waiting for a consultant round).	3/22/2021 5:04 PM
	As part of a public health care system we have to base our care on the 4 ethical principles of beneficence, non-maleficence, autonomy and JUSTICE. If we had endless resources I would be very happy to extend my LoS (as long as that doesn't increase my hospital acquired complication rate - which at a point it would). Sadly I don't, so being able to provide care to all South Australia's with a finite resource I believe being able to do so as efficiently as possible is a professional responsibility of all clinicians in the public health system.	3/22/2021 4:38 PM
	It probably depends on the medical leaders if the prioritize clinical care over bed pressures.	3/22/2021 4:24 PM
	I work in the ED and the number of patients waiting to be seen and the lack of inpatient beds certainly has an effect on deciding whether to discharge patients. There are certainly times when I feel uncomfortable discharging a patient but the backlog of sick patients pressures me to disharge them.	3/22/2021 4:24 PM
	The culture has to be changed. Beds are important no doubt. Pressure to create beds is repeatedly stressed throughout the week. If it is not the ‘back end’ then it is the need to see patients immediately in the ED. Consultants and their teams are expected to ‘drop everything’. It is possible if there are dedicated Consultants rostered to do this. We do not have the capability as we are either in clinics or doing procedures. If we cut clinics or procedures to do this, the wait list suffers and we are asked to explain. NALHN has a serious issue with resource. There is without a doubt that parity across all LHN should be the order of the day	3/22/2021 4:12 PM

	Clinicians are not only pressured against their clinical judgement but also expected to take responsibility for risk	3/22/2021 4:11 PM
	These kind of reminders are not new. CALHN are more aggressive than SALHN. Bed pressures are so high there's always intense pressure to discharge patients. Email reminders or messages to discharge patients are also not new... I wish these people would realise that ALL WE THINK ABOUT EVERYDAY IS GETTING PEOPLE THE CARE THEY NEED IN A TIMELY FASHION AMD GETTING THEM HOME SAFELY. I find it insulting being asked to discharge people because that's what I do as soon as it is clinically appropriate. The other issue here is the reverse- particularly at the Royal adelaide- bed managers/senior nurses obstructing or refusing transfer of patients in to the hospital despite doctors insisting certain clinics timeframes.	3/22/2021 4:10 PM
	The primary goal of a hospital and all its staff should be to provide first class, safe and efficient clinical care;not focus on discharge date rather than care required.	3/22/2021 4:10 PM
	pressure to discharge it could be argued should be greater, but the act of discharge should be facilitated by better access to the tools that support safe and timely throughput	3/22/2021 4:06 PM
	The problem remains: no where for long stay patients to go. These include patients in the following categories - palliative care, aged, disabled	3/22/2021 3:57 PM
	I have had experience of my medical lead (managerial/not my specialty position) trawling through my patients's clinical record - in order to identify patients she thought could be discharged - and then being contacted by email by the medical lead with patients names - and suggestions made in regards to discharge planning for my patients	3/22/2021 3:57 PM
	We are working in a broken system where the SA Health Exec blames patients for presenting and doctors for admitting. Vulnerable cohorts like mental health consumers and the elderly are subjected to significant risks.	3/22/2021 3:54 PM
	see above. there are certainly stupid inefficiencies in the system and issues with NDIS discharges in particular- but on the whole we are getting people through and out as much as we can. we cant do this any better than we are now. something radically needs to change.	3/22/2021 3:48 PM
	In general I agree that most patients are better cared for at home. When they need admission to hospital, I consider this serious medical problem and I only recommend admission when really needed.	3/22/2021 3:45 PM
	my HOU does not support us to provide proper medical care for patients, himself discharging patients inappropriately and then patting himself on the back, while the rest of us pick up the problems in "urgent outpatients" that he refers them to. I can't sleep through worrying that something will slip through cracks. When will CALHN be run by people who actually have patient care at heart?????	3/22/2021 3:44 PM