

**Special Commission of Inquiry  
into Healthcare Funding**

**Before: The Commissioner,  
Mr Richard Beasley SC**

**At Level 2, 121 Macquarie Street,  
Sydney, New South Wales**

**Friday, 15 November 2024 at 10.00am**

**(Day 060)**

<b>Mr Ed Muston SC</b>	<b>(Senior Counsel Assisting)</b>
<b>Mr Ross Glover</b>	<b>(Counsel Assisting)</b>
<b>Dr Tamsin Waterhouse</b>	<b>(Counsel Assisting)</b>
<b>Mr Ian Fraser</b>	<b>(Counsel Assisting)</b>
<b>Mr Daniel Fuller</b>	<b>(Counsel Assisting)</b>

**Also present:**

**Mr Hilbert Chiu SC with Ms Joanna Davidson for NSW Health**

1 THE COMMISSIONER: Good morning.

2

3 DR WATERHOUSE: Good morning, Commissioner.

4

5 Today we'll be hearing from the third clinician panel  
6 and this panel will consider the issue of patients who no  
7 longer need acute hospital care but cannot be discharged  
8 because of barriers in obtaining the aged care or  
9 disability supports that they need.

10

11 The Inquiry has been told that this is a common  
12 scenario with impacts on the patients themselves, the staff  
13 involved in caring for them and bed flows throughout the  
14 system, with the result that other patients or potential  
15 patients can also be affected.

16

17 Many of the obstacles are seen as beyond control of  
18 the local health districts and reflect challenges with  
19 Commonwealth Government funded aged care facilities and the  
20 National Disability Insurance Scheme.

21

22 That said, there are innovative approaches being taken  
23 to manage local situations to the extent possible.

24

25 We have six clinicians participating in this panel  
26 today. In the room with us, there is Amy Okulicz, who is  
27 the nurse unit manager, rehabilitation and geriatric  
28 rehabilitation unit at Wyong Hospital, Central Coast;  
29 Melissa Pickering, the acting director of nursing and  
30 midwifery at Central Coast Local Health District; Brendan  
31 Shortis, acting nurse manager, community health, at Nepean  
32 Blue Mountains, Local Health District.

33

34 Giving evidence online, via AVL, all from the  
35 Illawarra Shoalhaven Local Health District, we have  
36 Professor Jan Potter, who is a staff specialist  
37 geriatrician and co-director of aged care and  
38 rehabilitation division for the district; Rachael Hawkins,  
39 the aged care nurse unit manager at Wollongong Hospital;  
40 and Ben Wakeling, director of clinical strategy and  
41 outcomes at the Illawarra Shoalhaven Local Health District.

42

43 Commissioner, I'm told that Rachael Hawkins and  
44 Professor Potter will be giving evidence under the oath and  
45 the remaining four witnesses will take an affirmation.

46

47

1 <JAN POTTER, sworn: [10.03am]  
2  
3 <RACHAEL HAWKINS sworn:  
4  
5 <AMY OKULICZ, affirmed:  
6  
7 <MELISSA PICKERING, affirmed:  
8  
9 <BRENDAN JOHN SHORTIS, affirmed:  
10  
11 <BENJAMIN WAKELING, affirmed:  
12  
13 <EXAMINATION BY MS WATERHOUSE:  
14  
15 DR WATERHOUSE: As there are three witnesses in the court  
16 and three online, I'm going to divide this into five broad  
17 topics so that you don't need to try to cover everything  
18 you might like to say in the first couple of answers to  
19 questions that might be asked.  
20  
21 The topics that we'll be covering today are: the  
22 causes of the delays in discharging aged care and NDIS  
23 patients; the effects on bed flow; the consequences and  
24 risks for patients; the impacts on staff; and the actions  
25 taken and other possible solutions to these sorts of  
26 issues.  
27  
28 To start with, though, I'd like to get a sense of the  
29 magnitude of the problem in your respective local health  
30 districts. Could I go to you first, Ms Pickering.  
31  
32 I beg your pardon, I haven't actually got you to state  
33 your full names for the record.  
34  
35 Ms Okulicz, could you state your full name for the  
36 record.  
37  
38 MS OKULICZ: Amy Okulicz.  
39  
40 DR WATERHOUSE: Ms Pickering.  
41  
42 MS PICKERING: Melissa Pickering  
43  
44 DR WATERHOUSE: Mr Shortis.  
45  
46 MS PICKERING: Brendan John Shortis,  
47

1 DR WATERHOUSE: Professor Potter, could you state your  
2 full name for the record.  
3  
4 MS POTTER: Jan Potter.  
5  
6 MS WATERHOUSE: Ms Hawkins.  
7  
8 MS HAWKINS: Rachael Hawkins.  
9  
10 DR WATERHOUSE: And Mr Wakeling.  
11  
12 MR WAKELING: Benjamin Wakeling.  
13  
14 THE COMMISSIONER: I should just say that if Dr Waterhouse  
15 addresses a particular question to any of you, the rest of  
16 you should feel free to indicate, by any reasonable means,  
17 that you would like to supplement the answer or provide  
18 anything further. So please don't hesitate to jump in as  
19 appropriate.  
20  
21 DR WATERHOUSE: Ms Pickering, if I can go to you, can you  
22 tell me an estimate of how many geriatric and NDIS patients  
23 you have in Central Coast Local Health District facilities  
24 that are waiting there, not requiring acute care but just  
25 waiting for other reasons at the moment.  
26  
27 MS PICKERING: If I can start with the older population  
28 that are sitting across Gosford --  
29  
30 MS WATERHOUSE: I might just get you to move the  
31 microphone a little closer to you.  
32  
33 THE COMMISSIONER: All of you will need to keep your  
34 voices up, mainly for my benefit but also for others.  
35  
36 MS PICKERING: Thank you. In response to the older people  
37 that are sitting within our hospitals on the Central Coast,  
38 across Gosford and Wyong, I guess, on average, if I was to  
39 look at some of the data, September and October this year,  
40 we had between 60 and 70 older people awaiting residential  
41 aged care facility placement. And that's from the time of  
42 assessment to then time of placement, on average, the older  
43 people are in hospital for about two weeks for many  
44 reasons. Some of those reasons include family choosing  
45 a facility for their loved one, and often they will decline  
46 residential aged care facilities until they reach  
47 a facility that they feel is comfortable.

1  
2 DR WATERHOUSE: We might come back to that as part of the  
3 causes that we're talking about in a moment.  
4  
5 MS PICKERING: Sure.  
6  
7 DR WATERHOUSE: So that's the aged care numbers. And what  
8 about the NDIS?  
9  
10 MS PICKERING: Unfortunately I probably don't have that  
11 number to be able to share today across the district. Yes.  
12  
13 DR WATERHOUSE: Mr Shortis, do you have a sense from  
14 Nepean Blue Mountains of the numbers that you are looking  
15 at that are in hospital without needing acute care?  
16  
17 MR SHORTIS: I work in the community section so I'm only  
18 aware of when they come to the community.  
19  
20 DR WATERHOUSE: Is it something you can speak to  
21 anecdotally in terms of how frequently this is happening?  
22  
23 MR SHORTIS: Reports that I have is that it is  
24 a significant hold-up, but I don't have the numbers. It's  
25 not in my role.  
26  
27 DR WATERHOUSE: Mr Wakeling, are you able to speak for the  
28 Illawarra in relation to these numbers?  
29  
30 MR WAKELING: Yes, thank you, Dr Waterhouse. As of  
31 11 November, which was Monday, there were 38 NDIS patients  
32 at Illawarra Shoalhaven that were suitable for discharge  
33 but awaiting NDIS acceptance and support, and that's  
34 40 per cent of our mental health bed base and 60 per cent  
35 of our sub-acute bed base. The average length of stay,  
36 once suitable for discharge, was 43 days, and at that point  
37 in time, the amount of people awaiting NDIS and that length  
38 of stay totalled 1,700 bed days.  
39  
40 As of Monday 11 November, patients awaiting  
41 a residential aged care facility at Illawarra Shoalhaven  
42 was 122. 15 per cent was in our ED accessible bed base and  
43 the rest, 85 per cent, was in our sub-acute bed base. The  
44 average length of stay, once suitable for discharge, was  
45 19 days, and the volume and the length of stay totalled  
46 3,500 bed days in Illawarra Shoalhaven. Thank you.  
47

1 DR WATERHOUSE: Thank you.

2

3 Professor Potter, maybe if I could start with you, can  
4 you outline what you see as the key causes of the delays in  
5 being able to discharge aged care patients in particular,  
6 given your background?

7

8 PROFESSOR POTTER: Okay. So in the last three years,  
9 since the Royal Commission and COVID, we have lost 600 aged  
10 care facility beds, permanently lost them from our  
11 district, with no plans within the aged care sector to  
12 rebuild these beds.

13

14 There's lots of reasons for that, which I can go into  
15 if you want me to. So we've lost 600 beds, and that has  
16 resulted in us having the numbers that Ben has already  
17 spoken to waiting for placement.

18

19 Although he has given you the length of stay from  
20 acceptance to placement to discharge, I would have to add  
21 to that that specific groups of patients, in particular the  
22 dementia patients with behavioural disturbance, can wait up  
23 to a year for a bed, and there are no dementia-specific bed  
24 vacancies at all in ISLHD aged care, and none of the  
25 providers are proposing to build new dementia-specific  
26 beds. So that's that particular issue for our patients  
27 within hospital, waiting placements.

28

29 DR WATERHOUSE: When you say you've lost those beds, what  
30 exactly do you mean by "lost"? Is it that the facilities  
31 have closed or they can't --

32

33 PROFESSOR POTTER: The providers have closed --

34

35 DR WATERHOUSE: Sorry?

36

37 PROFESSOR POTTER: Yes, the providers have closed the beds  
38 permanently - for a variety of reasons to do with the Royal  
39 Commission, a perception that these beds are not good  
40 quality for patients, and the local council provisions on  
41 what sorts of buildings can be built - a whole load of  
42 different factors like that.

43

44 Also, during COVID, Illawarra Shoalhaven had a high  
45 dependency on overseas nursing for aged care facilities  
46 and, of course, there was a long period of time where we  
47 couldn't have any overseas nurses coming in, so difficulty

1 staffing, difficulty making it work in terms of funding and  
2 a reluctance and a poor perception of what going into  
3 residential aged care means.  
4

5 The majority of those 600 beds that have closed,  
6 providers are considering opening things like retirement  
7 villages for over 55s, not looking to provide the sort of  
8 patient groups that we've got now waiting for placement.  
9

10 DR WATERHOUSE: Do you find that patients --

11  
12 THE COMMISSIONER: Sorry, I don't know whether Mr Wakeling  
13 has his hand up, perhaps, to respond to that?

14  
15 DR WATERHOUSE: Yes, Mr Wakeling?

16  
17 MR WAKELING: It is, thank you, Commissioner. Thank you,  
18 Dr Waterhouse. Just to support Professor Potter in regards  
19 to the numbers on patients with severe behaviours or  
20 aggression, at the moment at Wollongong Hospital, the  
21 longest delay is 192 days, supporting Professor Potter's  
22 "almost a year". The average at Wollongong is 19 days. In  
23 our dementia-specific hospital where these patients are  
24 awaiting residential aged care, Coledale hospital west wing  
25 ward, which has 16 beds, their longest delay currently is  
26 155 days, and the average wait there is 43 days, a  
27 significant challenge for ISLHD. I just thought I would  
28 add that to support Professor Potter. Thank you.  
29

30 DR WATERHOUSE: Thank you.  
31

32 Professor Potter do you find that there are delays in  
33 actually having the patients assessed by ACAT teams or is  
34 it really that that process is quite streamlined and it's  
35 going from that point when they have been found suitable  
36 for placement?  
37

38 PROFESSOR POTTER: Look, we've done a lot of work looking  
39 at this. Our ACAT teams are adhering to the KPIs for  
40 hospitalised patients, which is within 40 hours of  
41 referral. That's not to say there's not improvements that  
42 could be made in that. There's often delays to making the  
43 referral for aged care, and that comes down to the  
44 underlying cause of the numbers. So within Illawarra  
45 Shoalhaven, our population, we have a lot of people  
46 retiring from cities to this area. Our proportion of frail  
47 elderly is highest in New South Wales, in particular

1 Shoalhaven. We have approximately 5.7 residents who are  
2 aged 80 or over, compared to 4.8 in New South Wales in  
3 general, and that is really further exaggerated in  
4 Shoalhaven.

5  
6 So we've got this increasing need, we've got this  
7 increasing dementia population, and at the same time, we're  
8 losing and have lost the beds in the community funded by  
9 the Commonwealth that we require to host those patients.

10  
11 I think, going back to the delays to referring to  
12 ACAT, that's because in Wollongong Hospital, for example,  
13 which is our main tertiary hospital where we do most of our  
14 admissions, we have a bed base of 21 patients for acute  
15 geriatric medicine. We, at the moment, have a minimum of  
16 60 patients in Wollongong Hospital at any one time. So  
17 those other patients are scattered throughout surgical  
18 wards, acute medical wards, where nursing staff and - also  
19 we have gone from having 20 consultations to geriatric  
20 medicine from other specialty teams, in the last two years,  
21 to 60 a week, you know.

22  
23 So basically, a lot of these patients are under teams  
24 who do not have the expertise to manage them, do not have  
25 the interest in that group either, and so that leads to  
26 further delays in appropriate decisions being made.

27  
28 DR WATERHOUSE: I'm going to come back to some of that if  
29 I may. Can I just go, while we're still in the Illawarra,  
30 to Ms Hawkins.

31  
32 So do you find that patients - it's mainly in your  
33 wards that you look after, it's mainly about placements,  
34 obviously, but are there also patients waiting to be  
35 transferred out for other types of care, such as  
36 rehabilitation?

37  
38 MS HAWKINS: Correct. So at the moment, between C7 east,  
39 which is an aged care ward currently, a temporary aged care  
40 ward, we currently have 15 patients admitted that are under  
41 the care of a geriatrician; B3 east, there are 24, which is  
42 our acute geriatric ward. So between the two wards, there  
43 are currently 39 patients admitted under the care of  
44 a geriatrician and there's nine --

45  
46 DR WATERHOUSE: Just before you go on, can I clarify?  
47



1 MS HAWKINS: Yes.

2

3 DR WATERHOUSE: When you say "under the care of  
4 a geriatrician", does that mean they need acute care or  
5 they just happen to be admitted under that person --

6

7 MS HAWKINS: They're admitted --

8

9 DR WATERHOUSE: -- but waiting transfer?

10

11 MS HAWKINS: Correct. So they're admitted under the care  
12 of a geriatrician and then we've got 19 patients currently  
13 under the care of a geriatrician that are outliers, and  
14 then five of those patients are currently in the emergency  
15 department.

16

17 In terms of C7 east aged care, we have five patients -  
18 or actually, sorry, six patients - currently that are  
19 awaiting Coledale hospital for nursing home placement. We  
20 had one transferred this morning, which was awaiting GEM,  
21 and the remaining patients are currently under an acute  
22 care type, so they're still under the medical management of  
23 the doctor.

24

25 DR WATERHOUSE: Thank you. Ms Pickering --

26

27 THE COMMISSIONER: Can I just ask, Ms Hawkins, were the  
28 wards you're talking about - I should really know this, but  
29 were they the wards that I had a site visit of? I think  
30 they were, yes.

31

32 MS HAWKINS: Correct. So B3 east geriatrics is our  
33 permanent 25-bed geriatric ward, and then C7 east is  
34 currently utilised as a surge ward for geriatrics, so you  
35 visited both those wards.

36

37 THE COMMISSIONER: Thank you for that.

38

39 MS HAWKINS: Just to add, in terms of the statistics of  
40 those patients, so we currently have - I have the  
41 statistics from yesterday, which was we had four patients  
42 bed boarded to Coledale - the length of stay for our  
43 longest length of stay was 212 days. On C7 east it was 34.  
44 That patient was bed boarded since 1 May 2024. The next  
45 patient is at 89 days' length of stay at Wollongong  
46 Hospital, with a total length of stay on C7 east at  
47 31 days. That patient was ready for step-down from

1 16 September 2024.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

The next patient is at 111 days, as a hospital length of stay. Length of stay on C7 east aged care is 36, and has been bed boarded since 14 October. And our last patient, as of the statistics for yesterday, 14 November, was at 47 days with a total length of stay on our ward at 28 days. They were bed boarded since 2 October and ready for transfer.

THE COMMISSIONER: My notes have a reference to "C7 west". Did I just get my compass wrong or --

MS HAWKINS: Yes. C7 west is a different ward.

THE COMMISSIONER: That makes perfect sense, if you knew me. The other ward I just wrote as "aged care ward". Is that one of the wards you're talking about?

MS HAWKINS: Correct. So C7 east aged care is our surge ward and then B3 east is our 25-bed permanent geriatric ward.

THE COMMISSIONER: Thank you.

DR WATERHOUSE: If I can go to the Central Coast for a moment, can you tell me, Ms Pickering, do you have similar experience there in terms of some of those causes of the delays?

MS PICKERING: Yes, we do. I think, as I started before, the family choosing a facility is probably one of the big areas that we find quite challenging and causing delays. Families will often go and inspect a facility and decide that, for whatever reason, it's not right for their loved one, and so then they go and look at a second and a third and sometimes a fourth.

Just to note that last month we did receive, via the ministry, some guidance to support trying to facilitate and empower families to make a decision with no more than two choices. That's something that we'll be empowering and working with our staff to work with families towards, with, I guess, the conversation around, with the family, that if they, on their second choice, are still not 100 per cent satisfied, that they transfer with the view of looking, and when the - once the facility that they're after is

1 available, that they can then transition across.

2  
3 I guess the other challenges are those older people  
4 with challenging behaviours and facilities, I guess,  
5 accepting some of these older people into their residence.

6  
7 Also at times we do have older people that have been  
8 assessed that then do become acutely unwell in that period,  
9 so then they become too unwell for transfer.

10  
11 DR WATERHOUSE: Just on the family situation, are there  
12 any financial incentives, perhaps, to let an elderly  
13 patient just stay in hospital because it's going to cost  
14 them money to be able to move them out?

15  
16 MS PICKERING: Look, I think that's potentially a factor  
17 that the family members consider. I think part of the  
18 guidance that has come out, as I mentioned, last month from  
19 the ministry also supports that care type change and  
20 letting families know that there will potentially be a cost  
21 attributed with an older person staying in an acute  
22 facility that is no longer acute care.

23  
24 DR WATERHOUSE: That is something that - I hear it has  
25 come out last month, is that a new arrangement  
26 altogether --

27  
28 MS PICKERING: No.

29  
30 DR WATERHOUSE: -- or is that something that just hasn't  
31 been happening in a coordinated way perhaps?

32  
33 MS PICKERING: It's not so much a new arrangement, it's  
34 something that's, I guess, providing more guidance and  
35 support from the ministry level for us to be able to enact  
36 and empower with our staff.

37  
38 DR WATERHOUSE: In terms of how it plays out in the ward  
39 at Wyong, can you give an outline of the sorts of patients  
40 that you have there waiting for long periods of time,  
41 beyond the acute care they need, Ms Okulicz?

42  
43 MS OKULICZ: Yes. It's mostly the behavioural patients,  
44 the patients with challenging behaviours. We have to try  
45 to medically treat them first and make sure that we can get  
46 the - can we modify their behaviours using medications to  
47 make them suitable because facilities won't take them

1 whilst they are having significantly challenging  
2 behaviours.

3  
4 We've also got issues regarding guardianship, those  
5 delays as well. So if patients can't make decisions for  
6 themselves or don't have capacity and are refusing to go,  
7 then we need to go down the guardianship pathway and,  
8 unfortunately, in their best interests take their  
9 decision-making rights away from them, so it either gets  
10 allocated to a family member or it can be to a guardian.

11  
12 DR WATERHOUSE: How long does that guardianship process  
13 take?

14  
15 MS OKULICZ: It's significant. So we have to go through  
16 all the assessments first of what the patient - treat the  
17 patient first for what they're going through. Then we have  
18 to assess their capacity, which can either be like  
19 occupational therapist, social worker, neuro psych team,  
20 geriatrician. It sometimes takes multiple people to do  
21 those assessments.

22  
23 Then once it is seen that they don't have capacity and  
24 we're going place them against their wishes, we then have  
25 to do all the letters and then that starts a seven-day  
26 process where all the doctors, the social worker and  
27 everyone who's involved write their letters.

28  
29 Then that gets submitted to NCAT, the guardianship  
30 board. Then they receive it and then they can take three  
31 weeks before they give us a hearing date and then that  
32 could be three to six weeks before we get then a hearing  
33 date. Then we have the hearing, then it gets allocated,  
34 and then the process of trying to find a suitable  
35 residential aged care facility can start.

36  
37 Then, once it's found, that goes back to the  
38 guardianship board with everything submitted for their  
39 recommendation for placement and then the guardian can then  
40 take seven to 10 days to accept that place and put - do all  
41 their paperwork. Then we can get given a transfer date,  
42 which can be another week. So you're looking at up to,  
43 like, three months from beginning to end for that patient.

44  
45 DR WATERHOUSE: So to be clear, that is three months  
46 starting from when they cease to need acute care in a  
47 hospital?

1  
2 MS OKULICZ: Correct.  
3  
4 DR WATERHOUSE: They are just in the ward?  
5  
6 MS OKULICZ: Yes.  
7  
8 DR WATERHOUSE: Are there ways that you can do some things  
9 simultaneously? Can you be looking for an aged care  
10 facility at the same time as they're going through the  
11 process on the expectation --  
12  
13 MS OKULICZ: Yes, some families can. Some families are  
14 willing to do that. But also it depends on what the  
15 outcome is, because they may find a facility but they need  
16 to work out is it an appropriate facility for them, because  
17 we also have lots that need specific memory support units  
18 going forward, and they have very limited beds, especially  
19 on the Central Coast.  
20  
21 I've had one lady recently, that was only discharged  
22 on Monday, she had been with me for about 150 days from  
23 beginning to end, and then we finally found a facility, but  
24 that was because the family were willing to consider other  
25 areas and she actually got transferred to Belrose, in  
26 Sydney, because we couldn't get any suitable bed on the  
27 Central Coast.  
28  
29 DR WATERHOUSE: How many patients would you have at any  
30 given time, going through that guardianship process?  
31  
32 MS OKULICZ: It can range from one to four, typically.  
33 Yes. It's very variable. But I think four or five,  
34 I think, is the most I've had at any one time.  
35  
36 DR WATERHOUSE: Mr Shortis, can I just ask you, from the  
37 Nepean Blue Mountains' point of view, do you have  
38 familiarity with the sorts of things that are keeping  
39 patients in hospital, aged care patients or the NDIS  
40 patients?  
41  
42 MR SHORTIS: Not enough to speak on, no.  
43  
44 DR WATERHOUSE: Did you want to make any comment at all in  
45 relation to that?  
46  
47 MR SHORTIS: No, thank you.

1  
2 DR WATERHOUSE: I think, Professor Potter, you wanted to  
3 make a comment about this?  
4

5 PROFESSOR POTTER: Yes, and just to say that in relation  
6 to what you were saying about cost, which might be  
7 a disincentive to families, there is a maintenance fee, so  
8 when a patient is type changed to maintenance, which means  
9 they no longer require acute or rehabilitation care,  
10 they're ready to be discharged, they are charged a weekly  
11 maintenance fee.  
12

13 It's an absolute trivial amount compared to what a  
14 family would have to pay for a bond for an aged care  
15 facility. So you're talking around \$20 a week compared to  
16 a minimum of maybe a 500,000 bond. So there's obviously an  
17 incentive, and particularly in Illawarra Shoalhaven, where  
18 we cannot offer any dementia specific beds within the  
19 region, so you're saying to a family, \$20 a week versus  
20 500,000, and you are going to have to travel to Sydney or  
21 elsewhere. So it's a huge disadvantage.  
22

23 DR WATERHOUSE: Am I right in understanding that the  
24 amount that you can charge is set by --  
25

26 PROFESSOR POTTER: Yes.  
27

28 DR WATERHOUSE: Is that by the ministry or is that  
29 a Commonwealth rate or how --  
30

31 PROFESSOR POTTER: I think it's a Commonwealth rate in  
32 negotiation with the ministry but it's an absolute  
33 fraction. It's really --  
34

35 DR WATERHOUSE: Yes, understood.  
36

37 Ms Okulicz, could I --  
38

39 THE COMMISSIONER: Sorry. Professor Potter, when you are  
40 using the term "500,000 bond", you're referring to the RAD,  
41 are you, the refundable deposit?  
42

43 PROFESSOR POTTER: Yes, yes.  
44

45 THE COMMISSIONER: Yes, thanks.  
46

47 DR WATERHOUSE: They still have to come up with that in

1 the beginning, even if they're going to get it back in the  
2 longer term, is that the point?

3

4 PROFESSOR POTTER: Yes, and if they get it back in the  
5 longer term, they're not - you know, fees are going to be  
6 taken out for how long they are in there. And again there  
7 has been a whole load of speculation in the literature and  
8 in the news stories about whether that's a fair and  
9 equitable process or not, and I couldn't really comment,  
10 but it's certainly debatable.

11

12 DR WATERHOUSE: Now, I'm aware that Mr Wakeling has his  
13 hand up but Ms Okulicz also wanted to add something, I  
14 think.

15

16 MS OKULICZ: Yes, in regards to the maintenance care, my  
17 understanding for Central Coast, it was \$67 a day,  
18 potentially, that's charged for the maintenance period, but  
19 there are ways families can avoid paying that as well.  
20 There's a hardship form that they can submit as well. So  
21 we can go through the maintenance process and they get  
22 charged the daily rate, which is basically the same - like  
23 a respite bed daily rate, but families can submit  
24 a hardship form and not --

25

26 DR WATERHOUSE: And who decides whether that hardship  
27 requirement is met?

28

29 MS OKULICZ: That is decided by the cashier, sorry, the  
30 manager - sorry, I know her name but I don't know her role.

31

32 DR WATERHOUSE: Somebody in a management role within the  
33 district?

34

35 MS OKULICZ: A management role within the clerks. They  
36 work together with the finance department and determine if  
37 it is hardship and they meet the criteria.

38

39 DR WATERHOUSE: Thank you.

40

41 Mr Wakeling, you wanted to add something?

42

43 MR WAKELING: Yes, thank you, Dr Waterhouse. Just in  
44 support of the payment that Professor Potter raised and the  
45 representative from Wyong, the average cost per bed day for  
46 a maintenance patient at the Illawarra Shoalhaven is  
47 \$1,014, so the payment that those maintenance patients are

1 paying is, as Professor Potter said, a very fraction of the  
2 cost of the LHD to run that bed.

3

4 DR WATERHOUSE: In other words, not only is it a fraction  
5 of what they would be paying if they had the person placed  
6 in an aged care facility, it's also a fraction of what it  
7 is actually costing you to staff that bed?

8

9 MR WAKELING: Yes.

10

11 DR WATERHOUSE: Understood, thank you.

12

13 Can I just touch on whether or not, in the Central  
14 Coast - do you know if you have lost beds in the same way  
15 as Professor Potter was saying, with COVID and so on and  
16 the Royal Commission, has there been the closure of a lot  
17 of beds there?

18

19 MS PICKERING: I am aware that there have been some  
20 facilities closed. I couldn't tell you how many beds, but  
21 I don't think we've seen a large closure compared to what  
22 others have.

23

24 DR WATERHOUSE: Mr Shortis, I think that one of the things  
25 that you said when we met recently was you referred to the  
26 fact that a lot of aged care patients may no longer be  
27 seeing their general practitioners. Can you just expand on  
28 why you feel that that's occurring or why you see that  
29 happening?

30

31 MR SHORTIS: In Nepean Blue Mountains, one of the issues  
32 that we have is there's not a huge number of GPs, so the  
33 GPs are actually hard to get into, the clients themselves  
34 can't attend, can't get an appointment, can't get one  
35 within a timely fashion. There's just not the GPs  
36 available to see there, and then combined with the mobility  
37 issues of some of our clients and the lack of availability  
38 of home visits, they just can't get to their GPs as often  
39 as they would like.

40

41 DR WATERHOUSE: What is the flow-on effect from the point  
42 of view of the district?

43

44 MR SHORTIS: From the point of view of the district, we  
45 have patients who potentially could have been treated in  
46 their home environment whose care isn't what's required,  
47 and so they become more unwell and they are admitted to



1 facilities.

2

3 DR WATERHOUSE: Are there financial impediments to them  
4 being able to see general practice as well or do they  
5 mostly bulk bill them?

6

7 MR SHORTIS: My understanding is that most of the general  
8 practices in the area I work in don't bulk bill the  
9 majority of their clients. They do bulk bill based on an  
10 individual assessment.

11

12 DR WATERHOUSE: Professor Potter, I was going to go to you  
13 next, yes.

14

15 PROFESSOR POTTER: Just to say in regards to GPs and fees,  
16 there's a huge financial disadvantage to general  
17 practitioners to go into aged care facilities. They can  
18 make, you know, far more for their practice by seeing  
19 patients in five-, 10-minute appointments within their  
20 surgery if the patients come to them, rather than going to  
21 an aged care facility to see patients where they could be  
22 there for many hours, they struggle to get nursing staff to  
23 accompany them, the prescribing systems and electronic  
24 writing systems are completely separate from their own.  
25 It's not a very streamlined system at all and there's  
26 a huge disadvantage to patients, and to GPs, for trying to  
27 go in there. In the Illawarra Shoalhaven, we have a number  
28 of facilities where the only GP input they can have is  
29 telehealth from Victoria, which in reality, if you're  
30 trying to assess a frail elderly patient with multiple  
31 comorbidities who you've never met before, it really can't  
32 be done very effectively by telehealth.

33

34 DR WATERHOUSE: In those circumstances where their only  
35 general practitioner is a telehealth service from Victoria,  
36 is there a lower threshold for just sending a person to  
37 hospital if there's anything wrong with them?

38

39 PROFESSOR POTTER: There is often no alternative. You  
40 now, in an acute crisis, you'll only be able to get the  
41 telehealth person at certain times, it's all very, you  
42 know, office hours, and so they feel - I think, you know,  
43 in terms of the aged care facilities, they feel as if they  
44 have no alternative. We have put in place, and we're  
45 trying to expand, a number of strategies to support the  
46 facilities, which we can talk about later if you wish.

47

1 DR WATERHOUSE: One thing I wanted to ask, is it  
2 a requirement, in order to be able to go into a residential  
3 aged care facility that you must have a nominated general  
4 practitioner?  
5

6 PROFESSOR POTTER: Yes. Once you leave the hospital  
7 you're no longer under the care of any medical provider, so  
8 the aged care facility has an obligation to have a GP for  
9 you. So often, as they were saying for Wyong, if an  
10 elderly person has been with the same practice for 40 years  
11 but we're now having to place them in an out-of-area  
12 facility, that GP has even less of an incentive to see that  
13 patient if they're now many, many miles away from the  
14 practice. So often the facilities will try to have  
15 a contract with a local practice, or when they can't get  
16 that, this is where the Victorian telehealth system is  
17 occurring.  
18

19 DR WATERHOUSE: So to be clear, it's the facility's  
20 responsibility to find a general practitioner for their  
21 patients; is that right?  
22

23 PROFESSOR POTTER: I'm not 100 per cent sure whose  
24 responsibility, it's either the family or the facility, but  
25 it's not the hospital, but it's often a barrier to how we  
26 can get the patient out.  
27

28 DR WATERHOUSE: Just one thing I want to touch on, and  
29 I know we'll look at some solutions a bit later, but  
30 I understand there is a general practice in aged care, an  
31 incentive that's been started recently. Do you have a view  
32 on whether that is likely to be successful?  
33

34 PROFESSOR POTTER: Look, I don't know the details of it.  
35 I have followed this loosely, but I understand that the  
36 Commonwealth has recognised that there is a disincentive  
37 financially for GPs and that they are looking at trying to  
38 improve the fees for general practitioners to go into aged  
39 care facilities.  
40

41 I know locally, we have a couple of practices, GP  
42 practices, who are very interested in the local facilities  
43 and have tried to organise a set roster and make it work.  
44 So there is goodwill out there, it's not a problem amongst  
45 our general practitioner colleagues; it's the structure and  
46 the functions and the policies that are surrounding them.  
47

1 THE COMMISSIONER: I think it's a payment per patient that  
2 you have, of like \$300 for each patient you've got as a GP  
3 on your books, for going to see people in aged care, rather  
4 than a - I could be wrong about this, but rather than  
5 a change to the item number when you actually - I think  
6 that's right.

7  
8 DR WATERHOUSE: Yes, a bit like the bulk-billing  
9 incentives.

10  
11 THE COMMISSIONER: Yes.

12  
13 DR WATERHOUSE: Mr Wakeling, are you able to comment at  
14 all on general practice and the access for the NDIS  
15 patients that you have waiting long periods?

16  
17 MR WAKELING: No, I cannot. Nothing further to add.

18  
19 DR WATERHOUSE: If I can just look at the Central Coast  
20 aspect, is access to general practice or general  
21 practitioners, I should say, an impediment there in terms  
22 of some of the aged care patients that you see, and NDIS  
23 for that matter?

24  
25 MS OKULICZ: Yes, absolutely. There is a significant lack  
26 of GPs on the Central Coast. There have been a couple of  
27 urgent care centres that have been opened by the government  
28 there, which has sort of helped the community but it hasn't  
29 reduced the ED presentations at all, and there is a  
30 significant amount of people presenting to the ED instead  
31 of a GP: one, because they can't get in; two, they don't  
32 have one; and, because this is a low socioeconomic area,  
33 they can't afford the GP fee because none of them  
34 consistently bulk bill, so then they do present to the  
35 hospital instead.

36  
37 DR WATERHOUSE: Two things, is that talking generally  
38 about the population or is that specifically an aged care  
39 issue that you're referring to?

40  
41 MS OKULICZ: Both. It is the population, but again, yes,  
42 the older persons on the Central Coast, they can't afford  
43 their GP services.

44  
45 DR WATERHOUSE: Are these urgent care centres that are set  
46 up by the state or the Commonwealth Government?

47

1 MS PICKERING: So we have one that's state funded, that is  
2 under the governance of Central Coast Local Health  
3 District, and we have two Commonwealth funded urgent care  
4 services, and there are some other private sort of  
5 facilities that are popping up on the Central Coast also.  
6 But they charge.

7  
8 DR WATERHOUSE: I just want to go back to what we were  
9 talking about before with the guardianship delays. Is that  
10 something, Ms Pickering, that's across the board in terms  
11 of Central Coast or is it a specific Wyong issue?  
12

13 MS PICKERING: No. I would suggest it is across the  
14 board. I am aware that, even in our sub-acute facility  
15 down at Woy Woy, they also experience some significant  
16 delays with guardianship process, as Amy had described.  
17

18 DR WATERHOUSE: Mr Shortis, do you know if this is an  
19 issue that's encountered in Nepean Blue Mountains?  
20

21 MR SHORTIS: I believe so.  
22

23 DR WATERHOUSE: What about on the Central Coast? Maybe  
24 Ms Hawkins, are you able to comment on whether you have  
25 a lot of patients awaiting guardianship applications?  
26

27 MS HAWKINS: Currently between C7 east and B3 east, we  
28 currently have one patient awaiting a guardianship hearing.  
29 Based on the "waiting for what" for the B3 east patient,  
30 that's dated the 23rd of the 9th.  
31

32 DR WATERHOUSE: Is that one patient an anomaly or do you  
33 normally have more than that? Is it a significant issue  
34 for you?  
35

36 MS HAWKINS: Patients awaiting NCAT hearings, we do see  
37 a frequency of those. In terms of an exact number, I don't  
38 have that exact number, but there is a high frequency of  
39 patients that are requiring NCAT, and that's more for  
40 coercive orders regarding accommodation and/or finances.  
41

42 DR WATERHOUSE: Do they tend to have the same lengthy  
43 delays that were described by Ms Okulicz?  
44

45 MS HAWKINS: Correct, yes. That's in regards to the  
46 preplanning process to actually get them to the point of  
47 the NCAT hearing, and then also from the point of NCAT

1 hearing to a decision, there can be lengthy processes, yes.  
2 It can be weeks to months.

3

4 DR WATERHOUSE: Professor Potter, did you want to add  
5 something about that?

6

7 PROFESSOR POTTER: Yes. In the Illawarra Shoalhaven Local  
8 Health District, the two main acute hospitals are  
9 Wollongong Hospital, which Rachael Hawkins is referring to,  
10 and Shoalhaven Hospital. There are then five other  
11 sub-acute hospitals, and the majority of the patients  
12 waiting for guardianship have already left the acute  
13 hospital and gone to the sub-acute hospitals. So the  
14 numbers in the sub-acute hospitals are always going to be  
15 higher.

16

17 Wollongong is our main tertiary level 6 hospital, so  
18 once we've ruled out most of the acute things, we will try  
19 to prioritise them to go to one of the sub-acute sites, so  
20 the numbers there will be much higher than at Wollongong.

21

22 DR WATERHOUSE: Understood. And do you have a sense from  
23 your role about how many those are, or maybe I could go to  
24 Mr Wakeling about that, as to how many guardianship  
25 patients there are waiting in hospitals?

26

27 PROFESSOR POTTER: It comes and goes. It tends to come in  
28 runs, as these things do, but I would say on average it's  
29 around two to 10, but there's always the lengthy delays as  
30 well. You know, with guardianship, we've actually done  
31 some work with our local guardianship board and we have  
32 attempted to streamline this, but still, inevitably, with  
33 more complicated patients not in acute geriatric wards,  
34 scattered through the hospital, you've got teams and  
35 specialists and social workers who are not experienced in  
36 managing that type of patient, so that leads to delays in  
37 getting the recognition that they need guardianship and  
38 then delays in accessing the relevant reports to go to the  
39 guardianship tribunal. So I think because we've got such  
40 a big population not in the appropriate wards, it just  
41 exaggerates everything.

42

43 DR WATERHOUSE: Okay. Mr Wakeling, did you want to add  
44 anything in relation to the guardianship tribunal patients?

45

46 MR WAKELING: Yes. Before I - sorry, I'm just looking up  
47 the live system that might help. In regards to the way we

1 monitor guardianship delays, all of us in the room will use  
2 the patient flow portal, the NSW Health online system that  
3 is our primary operational tool to monitor access and flow,  
4 any delays, inter hospital transports, et cetera.

5  
6 Currently at Illawarra Shoalhaven, according to our  
7 "waiting for whats", which we enter, and the likes of  
8 Rachael, being a NUM, will review every day, there are nine  
9 patients waiting a guardianship decision at Illawarra  
10 Shoalhaven.

11  
12 If I could just go back to make a comment about the  
13 urgent care centres and how that support through the  
14 Commonwealth may help the aged care, it is my opinion - and  
15 I also work casually as a registered nurse at our local  
16 urgent care centre that's administered by the LHD - that  
17 that is not a solution for primary care for older persons  
18 who really need a detailed assessment of all their  
19 comorbidities, a medication review, et cetera, that  
20 Professor Potter could expand on.

21  
22 The target audience for urgent care centres is the  
23 cohort in between a GP and the emergency department, and in  
24 my observation at our local urgent care centre, it's  
25 primarily paediatrics with bumps and bruises, potential  
26 fractures, et cetera, cellulitis that's not septic, a quick  
27 and easy assessment, or lacerations. So very much the  
28 minor injury cohort.

29  
30 Those urgent care centres are not staffed by GPs  
31 primarily, they're GP ED VMO type models in our area who  
32 just want those minor injuries. That's the gap that's  
33 there to fill. Thank you.

34  
35 THE COMMISSIONER: I don't think they were - they're not  
36 advertised, and I don't think they were set up, to be  
37 a substitute for primary care. If you actually look it up  
38 online, it's all what they describe as - it's an urgent  
39 service you need but not an ED service. You know, as you  
40 say, like a burn, a cut, after-hours, you can't see your  
41 GP - you may not go to your GP in any event for a cut, who  
42 knows - but it's certainly not got the - they weren't  
43 devised to have that continuity of care that you get from  
44 a GP providing primary care.

45  
46 DR WATERHOUSE: Ms Hawkins, I think you wanted to say  
47 something; is that right?

1  
2 MS HAWKINS: I just had further detail to support for the  
3 guardianship status. So across the district, we've  
4 currently - there is 11. At stage 1, which is  
5 guardianship 1 "waiting for what" we have three. We've  
6 got five waiting at guardianship 3, which is waiting  
7 a hearing date, and we've got three waiting a public  
8 guardian to be appointed, and that's only relevant to the  
9 geriatric patients currently waiting.

10  
11 DR WATERHOUSE: And you've used the term "waiting for  
12 what", as have a couple of others. Can you define what  
13 that means for the court? Is that a term that is used  
14 consistently through the system?

15  
16 MS HAWKINS: Benjamin will be able to probably comment a  
17 little bit more, but as a nurse unit manager, the way we  
18 use our "waiting for what" is as a part of an escalation  
19 process and also to map as a part of where that patient is  
20 currently waiting for certain processes within the hospital  
21 system. So "waiting for whats", in particular how we use  
22 it in aged care, could be for diagnostics, and that's  
23 typically when a patient is waiting 24 or more hours, and  
24 also more in regards to our NDIS, our residential care and  
25 also for transport, when they're awaiting a hospital bed  
26 elsewhere, and the transport for that.

27  
28 DR WATERHOUSE: So is it fair to say is that, basically,  
29 it's a list that gives you oversight to know exactly why  
30 each patient is in hospital and waiting for something as  
31 opposed to having an acute procedure or whatever?

32  
33 MS HAWKINS: Correct.

34  
35 DR WATERHOUSE: Did you want to add anything to that,  
36 Mr Wakeling, before I go to people in the room?

37  
38 MR WAKELING: Yes, thanks, Dr Waterhouse. So the "waiting  
39 for whats" are not just for the residential aged care or  
40 NDIS delays.

41  
42 MS HAWKINS: Correct.

43  
44 MR WAKELING: They are for all delays through the system  
45 to try and make it as operationally efficient as possible.  
46 So, as Rachael alluded to, it might be for an image,  
47 a test, a procedure, et cetera, something related to the

1 discharge process, a referral by someone or a consult, or  
2 a transfer or transport to another ward or another  
3 hospital.  
4

5 At Wollongong Hospital - well, at Illawarra Shoalhaven  
6 more broadly, residential aged care or inter-hospital  
7 transfers, which I will expand on when we talk about the  
8 challenges and impacts in access and flow, is by far and  
9 away our largest delay. Thank you.

10  
11 DR WATERHOUSE: We will cover that in a moment.

12  
13 Ms Pickering, were you going to say something before?  
14

15 MS PICKERING: I guess, just going back to the urgent care  
16 services, so the one that we have that's under the LHD  
17 governance on the Central Coast, as Ben mentioned, is for  
18 episodic care, really targeting those triage 4/5 type  
19 category patients I guess as an alternative to ED and not  
20 just for the older person.  
21

22 We do have primarily probably GP VMO staffing in our  
23 urgent care service, and I guess that does help, although  
24 they - the transfer of care is certainly back to their GP,  
25 with a plan of care to try and encourage them to really  
26 link back into their GP for any further interventions and  
27 ongoing care needs.  
28

29 DR WATERHOUSE: Okay. And just looking at barriers in  
30 terms of NDIS patients for a moment, I think you said  
31 something about the fact that they present to the emergency  
32 department to expedite regrading. Can you comment on that?  
33 Are you aware of that?  
34

35 MS PICKERING: I don't think that was me.  
36

37 DR WATERHOUSE: That's fine.  
38

39 Mr Shortis, are you engaged with sort of delays with  
40 NDIS patients and familiar with the sorts of causes?  
41

42 MR SHORTIS: I tend to the work in the community, so it is  
43 after their discharge. The "waiting for what" is part of  
44 the bed board, which is an inpatient system. So I'm aware  
45 of it, but it's not something I use regularly.  
46

47 DR WATERHOUSE: When you get patients who are on the



1 NDIS - I assume you have some of those within your  
2 community health --  
3  
4 MR SHORTIS: We do.  
5  
6 DR WATERHOUSE: -- for what sorts of reasons have they  
7 been waiting some time before coming to you, do you know?  
8  
9 MR SHORTIS: It can be around providing staff to provide  
10 the appropriate care. So one of the common things that the  
11 service I work with does with NDIS patients is wound care  
12 and we tend to run into two issues with wound care. Some  
13 of the wound care can be funded underneath the NDIS, some  
14 of it will be funded underneath health, and we find that  
15 stuff that can be funded underneath the NDIS is often -  
16 they try to push it back to health, and the other problem  
17 that we run into is they don't actually have the staff that  
18 are able to do the dressings or provide the care.  
19  
20 DR WATERHOUSE: So what is it? Is it about the sort of  
21 dressings and things that are needed that are pushed back  
22 onto health or is it more about the skill set required to  
23 manage a complex wound?  
24  
25 MR SHORTIS: It's actually a bit of both. For some of the  
26 simpler dressings, we find that we're often training the  
27 NDIS care workers in how to do that, and for some of the  
28 complex wounds, there just aren't the staff in the  
29 community, other than NSW Health staff who have the skills  
30 to attend to that care.  
31  
32 DR WATERHOUSE: And who is doing the pushing back when you  
33 describe that between the two systems?  
34  
35 MR SHORTIS: Usually it is the NDIS care coordinators.  
36  
37 DR WATERHOUSE: Is that because they either don't have the  
38 budget or they don't have the skilled staff to be able to  
39 do it generally?  
40  
41 MR SHORTIS: That is my understanding.  
42  
43 DR WATERHOUSE: Do you have any patients on the NDIS that  
44 have difficulty getting out of hospital because of  
45 accommodation issues - ie, they have nowhere to go? Is  
46 that something that you encounter in community health?  
47

1 MR SHORTIS: It's not something that I've encountered in  
2 my role but I do believe that is an issue in the district.

3  
4 DR WATERHOUSE: I can see Ms Okulicz nodding to that. Is  
5 there something that you want to comment on there?

6  
7 MS OKULICZ: I can speak to the two NDIS patients that  
8 have been on my unit. They are not geriatric, they were  
9 actually quite young, and the reason that they presented to  
10 hospital is that they had severe aggression and violence  
11 episodes towards their carers, where carers were  
12 significantly injured. So then they were brought in to  
13 hospital to be cared for, and then we had to sort of set up  
14 isolation areas and have security guards and one-on-one  
15 nursing to provide them care.

16  
17 Then we had issues around where the care provider  
18 didn't want them back because of the danger that they were  
19 to their staff, and then there wasn't a suitable house  
20 because one particular person had done so much damage to  
21 the place that they couldn't go back.

22  
23 So then you've got barriers of, yes, care providers  
24 not wanting them back due to the risk to their staff and  
25 they're not trained and they don't have enough funding to  
26 provide the staff and they don't have suitable  
27 accommodation.

28  
29 Most NDIS patients are under the age of 65, so they're  
30 not actually aged care persons. If they're over the age of  
31 65, there is usually a conversation about whether they will  
32 transition from the NDIS to an aged care pension and then  
33 into an RACF, because a lot of RACFs won't accept patients  
34 on the NDIS program because of the paperwork that's  
35 involved.

36  
37 We have had one person that was the age of 70 who was  
38 on the NDIS and we were trying to get him to transition to  
39 an aged care pension but he refused to do so. So then we  
40 had delays trying to find a suitable aged care facility  
41 that would accept his NDIS plan and continue on that.

42  
43 DR WATERHOUSE: So just to walk through that in a little  
44 bit more detail, you've got a person who has a behavioural  
45 issue of some sort, and they have injured somebody else,  
46 but they themselves are not injured. They themselves are  
47 not unwell.

1  
2 MS OKULICZ: No.  
3  
4 DR WATERHOUSE: Their behavioural condition is not  
5 a delirium that is treatable, or something of that nature.  
6  
7 MS OKULICZ: Correct.  
8  
9 DR WATERHOUSE: But the default is to send them to  
10 hospital because they can't be managed safely in the --  
11  
12 MS OKULICZ: Their own home.  
13  
14 DR WATERHOUSE: -- residential facility, or sorry, the  
15 NDIS accommodation, or whatever that they are living in.  
16 So they send them to hospital.  
17  
18 MS OKULICZ: Mmm-hmm.  
19  
20 DR WATERHOUSE: What happens when they're in hospital?  
21 Are they admitted under someone? Do they get assessed or  
22 is it just a case of boarding them there, effectively,  
23 until an alternative --  
24  
25 MS OKULICZ: They're usually admitted under a general  
26 medicine physician and then sometimes we look at  
27 medications - can their medications be adjusted to modify  
28 their behaviours? Sometimes they just - it's just a matter  
29 of they lashed out because they were unhappy, so then it's  
30 like they have to get admitted because their care provider  
31 refuses to take them back and we can't discharge them if  
32 they're refusing to take them, so then we have to  
33 accommodate them in the hospital.  
34  
35 The two youngest ones with the most significant  
36 behaviours that we've had this year have stayed - both of  
37 them were about four months, because then we had to get  
38 a plan review, potentially increased funding, an increase  
39 in care providers that could be with them 24/7, then a new  
40 appropriate house had to be sourced, and then they had to  
41 do all their assessments, their OT assessments and - to  
42 make sure the house was suitable and - yes, so it takes -  
43 it took about four months for both of them.  
44  
45 DR WATERHOUSE: Do you know if any of the cost of their  
46 care while they're with you is being covered by the funding  
47 under their NDIS plan?

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

MS OKULICZ: No.

DR WATERHOUSE: No, it is not, or no, you don't know?

MS OKULICZ: No, it's not being covered.

DR WATERHOUSE: It's not being covered?

MS OKULICZ: Yes. And these patients have required 24 hours' security, sometimes two security guards 24 hours, and a one-on-one nurse as well. So one of the gentlemen that I had for about four months, his security bill alone was \$100,000, and that came out of my unit's budget.

DR WATERHOUSE: Do your staff have any particular training to deal with these very complex behavioural disorders?

MS OKULICZ: They do have violence and aggression training. That is limited. They do attend a one-day session. But it is usually directed at an older person, managing those behaviours. But the gentleman that was in my ward, he was 6 foot 3 and about 120 kilos, so even that training, with my female nursing staff, wouldn't have managed much.

DR WATERHOUSE: To be clear, though, it doesn't need clinical training to do that, so the care workers in an NDIS accommodation home could do that training; it wouldn't require a nursing degree to do that?

MS OKULICZ: No.

DR WATERHOUSE: Thank you.

I might just go to Mr Wakeling. I think he had a comment to make about this.

MR WAKELING: Thanks, Dr Waterhouse. I can just expand on the NDIS patients that the person from Wyong gave evidence on from an emergency department perspective, being an emergency clinician.

So when these patients come in, they may or may not be scheduled under a Mental Health Act, either by the police or the ambulance, because they're unsafe to themselves or unsafe to the community.

1  
2           What we would normally do is rule out any medical or  
3 organic causes that have triggered this abnormal behaviour,  
4 be it an infection, or looking for other tumours in the  
5 brain or anything else in the brain that's causing this  
6 abnormal behaviour. It would require blood tests, it would  
7 require a CT scan, a urine sample. We usually would do  
8 a urine drug screen, because it may be linked to substance  
9 abuse. And we require all that before we, as the emergency  
10 team, are able to refer to another specialty, be it general  
11 medicine or the mental health team, for them to make  
12 a decision on this patient's care.  
13

14           They cause significant disruption in the emergency  
15 department because, as suggested, they do need one-on-one  
16 type care and they are scheduled under the Act so we need  
17 to look after them. They may or may not need sedation or  
18 restraint to make it safe for them and the other staff  
19 members to provide the tasks that I mentioned before  
20 a decision can be made. Thank you.  
21

22 DR WATERHOUSE: I just want to follow up on something  
23 about that, and it sort of goes to the difference, I guess,  
24 between the aged care patients and the NDIS patients. Is  
25 my understanding correct, at least from the point of view  
26 of Illawarra to start with - and I will come to you as  
27 well - that when it comes to the aged care patients, most  
28 of them that don't need to be in hospital are there because  
29 they are waiting a first-time placement in aged care, but  
30 when it comes to the NDIS patients, a lot of them are  
31 already under the NDIS but they've come in because the  
32 system is not working for them in the community; is that  
33 correct?  
34

35 MR WAKELING: That could be an assumption that I say is  
36 correct, yes, thank you.  
37

38 DR WATERHOUSE: I think I might go first to Ms Hawkins.  
39

40 MS HAWKINS: So it's dual. They're often waiting their  
41 first nursing home placement or they're patients that have  
42 been in a nursing home, have not been able to be managed in  
43 regards to their behaviours, that bed has then been  
44 declined by the facility and then they present to us for  
45 a period of medical management and then they're needing to  
46 be placed in a new nursing home. So it's both.  
47

1 DR WATERHOUSE: And do you have a sense of the proportions  
2 of the two?

3

4 MS HAWKINS: It's more often that it's a new nursing home  
5 placement but there has been an emerging trend in terms of  
6 patients that are needing a second nursing home placement  
7 found because a facility is not able to manage their  
8 behaviours, and rightly so, the behaviours that we have  
9 seen that have come through, they are significant  
10 behaviours of concern that have needed to be managed as an  
11 inpatient.

12

13 DR WATERHOUSE: Understood. Professor Potter I think is  
14 keen to say something.

15

16 PROFESSOR POTTER: Yes, I would agree with Ben and  
17 Rachael. It's more often for the aged care patients that  
18 they are people who have not managed anymore in the  
19 community and there's nothing reversible, however, the  
20 group who come in from aged care facilities and those  
21 facilities are refusing to take them back - often for  
22 appropriate reasons - that group represents a much bigger  
23 use of our bed base because they are very much more  
24 difficult to discharge, in particular because, as I said,  
25 of the complete lack of dementia-specific beds in our  
26 district and the lack of any willingness to build any more  
27 of them. So that group is expanding all the time.

28

29 DR WATERHOUSE: Thank you.

30

31 Ms Okulicz, you were going to say something?

32

33 MS OKULICZ: Just in regards to NDIS, we do have a number  
34 of new NDIS applications, and they're usually related to  
35 our stroke patients or some of our rehabilitation patients  
36 who have gone through a process. So they've come in, had  
37 a cerebral event, they've now got a deficiency and so then  
38 they've got a disability and can no longer go home or need  
39 significant care to go home, so then a new NDIS application  
40 needs to be made and then that has similar delays as a plan  
41 review.

42

43 DR WATERHOUSE: So that's to become a participant as  
44 opposed to having a regrade, effectively?

45

46 MS OKULICZ: So we do have both. We have becoming  
47 a participant and a review of plan participants.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

DR WATERHOUSE: In terms of your aged care patients, do you have a proportion, like Ms Hawkins, that are brand new placements as opposed to people that are just not coping or the nursing home can't cope with them?

MS OKULICZ: We have a mix of - like, come in from the community, families can no longer care for them, and then we're following down the RACF pathway, or they've been in an RACF, their care needs have changed and they've become - their dementia has progressed and their behaviours have become too challenging to manage, so they've come into hospital for us to treat and to find any reversible causes, and then look at a new facility that can manage their new ongoing behaviours if it seems that that's now their new baseline.

DR WATERHOUSE: And when you refer to "RACF", that's residential aged care facility?

MS OKULICZ: Correct, sorry.

DR WATERHOUSE: Okay, that's fine.

Ms Pickering, did you want to add anything to that?

MS PICKERING: No, I think what Amy has said is quite accurate.

DR WATERHOUSE: Do you find that there are families that don't cope with either - well, particularly with, I suppose, NDIS participants, they might already have a plan but the family is not coping because there's not enough supports in the community for them?

MS PICKERING: Look, potentially yes. I think what one of the challenges are in the community space in particular is an NDIS participant has an allocated budget for their care needs. What we find, and this is more from my community service experience, is we do have, I guess, providers reach out, where the budget has been allocated, and it may not necessarily have been allocated in a way that health may see that we might need some allocation.

So, for example, and as Brendan said, we do have a lot of wound management in the community that we support, where there's an NDIS provider in place, we really do need to be

1 providing that - the capacity building for that provider to  
2 be able to care for their participant, but often we do  
3 hear, "Actually, we don't have any budget left for that.  
4 We actually aren't able to provide that element of care."  
5 And that has become quite a challenge.

6  
7 DR WATERHOUSE: So, effectively, they've got the budget  
8 for the 12 months, they've spent the whole budget --

9  
10 MS PICKERING: Or it has been allocated in a way for that  
11 12 months.

12  
13 DR WATERHOUSE: And therefore it falls back to the  
14 hospital system to pick up - or the health system, I should  
15 say.

16  
17 Mr Shortis, is that your experience as well?

18  
19 MR SHORTIS: Yes. Yes, very definitely.

20  
21 DR WATERHOUSE: Does it go beyond wound care? Is it other  
22 things too?

23  
24 MR SHORTIS: It can be, but, yes, as Ms Pickering said,  
25 it's the client or the package chooses to allocate to not  
26 in a way that health would necessarily allocate, I'm  
27 thinking about a client at the moment who's having their  
28 dog walked but probably needs their dressing done more  
29 importantly.

30  
31 DR WATERHOUSE: Do you have a sense that sometimes it's  
32 being allocated the way it is because they know that the  
33 hospital system can pick up whatever they don't allocate  
34 to, so they focus on other things that the person might  
35 want?

36  
37 MR SHORTIS: My experience would be it's predominantly the  
38 client's choice, that's their goal, to have whatever it is  
39 done, and health care comes as a later thing and then, yes,  
40 it is often left to health to pick up.

41  
42 DR WATERHOUSE: Mr Wakeling, I think you were going to say  
43 something, and then I'll move on to the other topics, but  
44 I'll give everyone a chance if they want to say anything  
45 more about causes?

46  
47 MR WAKELING: Thanks, Dr Waterhouse. Just following



1 people's comments, I think the hospital system can't refuse  
2 care, whereas the residential aged care facility, the NDIS  
3 provider, they all have the right to say it's unsafe for  
4 their - for the care of the patient or the consumer that's  
5 in their care, so the fall-back position is always the  
6 local health district or the hospitals.

7  
8 Similar to the example Professor Potter gave, where  
9 there's no incentive for the patient awaiting a residential  
10 aged care quality to leave the maintenance bed because the  
11 financial cost is so low compared to the capital that is  
12 required to move to a residential aged care facility. We  
13 are in, in my observation, a point where it's to our  
14 disadvantage, although we are happy to provide their care  
15 when it's required and appropriate. Thank you.

16  
17 DR WATERHOUSE: Thank you.

18  
19 So before we move on to the effects of all of this on  
20 bed flow, can I just check if anyone else wanted to make  
21 any other comment about the causes of the problem?  
22 Ms Okulicz?

23  
24 MS OKULICZ: I would also like to raise the limitations of  
25 our available allied health staff. So we've had  
26 a significant reduction in the allied health capacity, like  
27 the social workers, occupational therapists and the  
28 physiotherapists, and if they can't do their assessments,  
29 then that hinders the progress through the hospital system.  
30 So if we need an OT assessment and a physiotherapist to  
31 determine whether the patient is safe to go home or do they  
32 need to go, and then they don't see that patient for three  
33 to five days due to delays, we've lost a week just waiting  
34 for occupational therapy to make that assessment.

35  
36 And then, because we've had surge open in Wyong  
37 Hospital as well, so we've had, like, 24 to 26 surge beds  
38 open at any given time but there's been no increase in the  
39 resources for allied health to see those extra patients.  
40 I think last week they had three physiotherapists for the  
41 entire hospital, so that was a ratio of one to 30 patients  
42 for all their referrals. So when you're waiting on  
43 discharge plans or progress or patients' capacity to be  
44 able to go home or what their needs are, then you've got  
45 delays just waiting for allied health to come and see those  
46 patients.

1 DR WATERHOUSE: Just to make sure I understand that  
2 clearly, when there's an increase in activity, surge beds  
3 are opened, meaning temporary beds, effectively?  
4  
5 MS OKULICZ: Mmm-hmm.  
6  
7 DR WATERHOUSE: Those beds are staffed from a nursing  
8 perspective so that the patients have care at the nursing  
9 level?  
10  
11 MS OKULICZ: Through overtime and casuals. Like, they're  
12 not - it's not our --  
13  
14 DR WATERHOUSE: You don't appoint extra nurses,  
15 I appreciate that.  
16  
17 MS OKULICZ: No.  
18  
19 DR WATERHOUSE: But you have nurses counted towards those  
20 beds --  
21  
22 MS OKULICZ: Correct.  
23  
24 DR WATERHOUSE: -- or allocated towards those beds, but  
25 there's no change in your allied health capacity, so  
26 they're spread more thinly?  
27  
28 MS OKULICZ: Correct.  
29  
30 DR WATERHOUSE: Ms Pickering, I know there is casual --  
31  
32 THE COMMISSIONER: Just before you go to Ms Pickering, Ms  
33 Okulicz said there had been a "significant reduction in  
34 allied health capacity". What should I understand by  
35 "significant", and what is the cause of the reduction in  
36 the allied health capacity?  
37  
38 MS OKULICZ: There was leave. There has been maternity -  
39 from what I'm aware of, because it's not my department, but  
40 from what I'm aware of, there's been maternity leave,  
41 there's been people going off on, like, annual leave not  
42 back-filled, like, whenever somebody is on leave, they're  
43 not back-filled, there isn't a position for that. There's  
44 maternity leave that hasn't been back-filled as well, and  
45 then people leaving the district or leaving their positions  
46 that they've struggled to recruit to those positions as  
47 well.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: I see, thank you.

DR WATERHOUSE: Ms Pickering, just going to the allied health point, do you find that there has been a reduction in allied health people moving out into the private sector to work for NDIS?

MS PICKERING: Again, it's not my area, but anecdotally, I have heard that, that - well, not just the NDIS but even through aged care providers out in the community, there is a greater, I guess, financial incentive for allied health to go from NSW Health out to working in private.

DR WATERHOUSE: And I understand there is a casual nurses pool. Is there scope to have a casual pool for allied health staff?

MS PICKERING: Potentially. I think that is something that is being considered.

DR WATERHOUSE: Mr Shortis, do you have any comment in terms of the allied health staffing from the point of view of the community health?

MR SHORTIS: No.

DR WATERHOUSE: Okay. Professor Potter, you wanted to say something further about causes?

PROFESSOR POTTER: Yes. It's complicated. So as I said at the beginning, because, in our district, of the proportion of frail elderly people retiring into the district, we have higher numbers of elderly patients than other districts in New South Wales - in fact, we have the highest.

What that results in is that we have a lot of frail elderly patients in the wrong areas of the hospitals under the wrong teams, and what that then means is if you've an allied health specialist who has a particular expertise in orthopaedic surgery, we have a ward where up to a third of the patients are frail elderly people with other needs, so you've got the wrong skill set in the wrong places.

One of the other important things I think to put towards the causes of this is the training institutes don't

1 seem to have caught up with the population demographic. So  
2 the colleges, Royal College of Physicians, Royal College of  
3 Surgeons and the HETI, so the basic physician training, all  
4 of those groups consider geriatric medicine as a small  
5 sub-specialty, not as the majority of what's coming through  
6 the front door of the hospitals, and that leads to all  
7 sorts of incorrect - for medical staff, so you're not  
8 training the right number of people to become  
9 geriatricians. You're then ending up with geriatric  
10 patients under adult medicine sub-specialties and, even  
11 worse, in the surgical sub-specialties as outliers, and  
12 that just amplifies the whole problem.

13

14 Up to this moment, there is no - there doesn't appear  
15 to be any appetite for any of the colleges to change that  
16 fundamental structure.

17

18 I think one of the other things for regional areas in  
19 terms of training is we - I've been in this job here for  
20 20 years and I have never been able to convince the  
21 colleges that Illawarra Shoalhaven could complete three  
22 years of specialist training for advanced trainees.

23

24 So what that means is we're allowed to do two years  
25 but not the third year, the final year. So you've got  
26 advanced trainees who are very keen to be geriatricians,  
27 who graduate, postgraduate now as opposed to  
28 undergraduates, so by the time they're in specialist  
29 training they are significantly older with family  
30 commitments and mortgages. They finish their time in the  
31 Illawarra Shoalhaven, they're not allowed to do their third  
32 year and have to go to Sydney, which is completely  
33 disruptive, and often if you finish your final year in  
34 Sydney, you will end up working in Sydney.

35

36 I feel as if there is an unfairness there, that we're  
37 still very city-centric and yet the population is not  
38 following that demographic. So the elderly population is  
39 coming out to the regions and rural, and yet we're not  
40 allowing the training to follow them, which I think is  
41 a significant contributor.

42

43 DR WATERHOUSE: Ms Hawkins, you wanted to add something,  
44 and I'm going to go on to you also about the effects on bed  
45 flows, et cetera, but can you just comment there?

46

47 MS HAWKINS: The only thing I was going to comment in

1 regards to causes is I feel that we're at the tail end of  
2 a much broader issue. Obviously what we're seeing now is  
3 the current state of bed block due to, in part, our  
4 NDIS-waiting clients and also our RACF-pathway patients.  
5 What we're looking at, and what I've seen as a part of my  
6 aged care nav and discharge planning experience is we've  
7 got patients who, they're - they've got no other choice but  
8 nursing home placement.  
9

10 Oftentimes they come to hospital at a point of crisis,  
11 and that's usually as a result of carer fatigue or carer  
12 stress. There is a frequency of patients that come through  
13 the department as a result of social admissions, where  
14 their carer is no longer able to provide that level of care  
15 that they require to be safe at home, whether that be in  
16 their own home environment, supported by a carer, or  
17 supported by services.  
18

19 I do think that in regards to patients, there is  
20 a high demand of community resources in terms of care  
21 planning. What we do see in hospital is there are delays  
22 in terms of families being able to access ACAT or RAS  
23 assessments, which then leads them to not being able to get  
24 access to the services that they require to remain safe at  
25 home.  
26

27 There is an issue with families' ability to navigate  
28 the My Aged Care system, and to safely and efficiently get  
29 the service approvals for their loved one that they need,  
30 but also to have that service onset. There are delays in  
31 terms of home care package approvals, there are significant  
32 delays in terms of waiting for a 3/4, for example. That  
33 could be anywhere from six to 12 months, not to then  
34 mention the time of ACAT assessment to wait for that  
35 approval, which then leads families to make, I guess,  
36 a risk assessment in terms of, "Are we able to manage at  
37 the level of care that we are", which is more frequently on  
38 the responsibility of family.  
39

40 When they reach that point of crisis, they then  
41 present to the emergency department and then, as they're  
42 admitted by a geriatrician or if they are a medical  
43 outlier, they require significant discharge planning in  
44 hospital, which increases their risk of a long length of  
45 stay and a complex admission, which then means that their  
46 only choice realistically is nursing home placement,  
47 because we're not able to get the services that they

1 require to discharge effectively home.

2

3 DR WATERHOUSE: You referred to a 3/4 taking six to  
4 12 months, can you explain what a 3/4 is?

5

6 MS HAWKINS: What I'm talking about is the level of the  
7 home care package. Home care packages come in four levels,  
8 so there's a level 1, 2, 3 and 4. So you're looking at  
9 a level 1/2, which is a little bit of help at home, to  
10 a level 3/4, which is more the moderate to maximal level of  
11 service provided in the community to a patient. That also  
12 equates to hours and it also equates to the funding that  
13 supports that package.

14

15 DR WATERHOUSE: Is there a perception at least that it  
16 will be easier to traverse that process and get someone  
17 care even if they do go home, if they bring the person to  
18 hospital and there's sort of help to be able to facilitate  
19 the process? Is that what people believe? Is that why  
20 they present?

21

22 MS HAWKINS: Correct. I think that that would be an  
23 accurate statement. I think that it is sometimes easier  
24 for families and patients to rely on the discharge planning  
25 service and the multidisciplinary service that is provided  
26 by a hospital to be able to quickly and effectively  
27 coordinate that care to give them a resolution, to be able  
28 to say, "Yes, we can find you a service package", or "We  
29 can offer you an interim package", which is either an !TAX  
30 or a ComPacks package, over them having to coordinate that  
31 themselves at home.

32

33 DR WATERHOUSE: I'm mindful that I want to hear from  
34 others as well, obviously, but I wanted to clarify two  
35 things. You referred a moment ago to a "social admission".  
36 Can you just explain what you mean by that?

37

38 MS HAWKINS: Correct. Typically how I define a social  
39 admission is that a patient has come in not for a medical  
40 reason, it's more often because family are not able to cope  
41 with the level of care. What we would reference that to  
42 and what we're seeing typically is in regards to behaviours  
43 of concern, so wandering and exit-seeking from their home,  
44 or that the level of care in terms of ADL, which is  
45 activities of daily living, which means their personal care  
46 or their medication management or just an overlying level  
47 of supervision is required, which means that they need to

1 come into hospital because their family are not able to  
2 cope with that level, and more often than not, it's as  
3 a result of falls as well.

4  
5 DR WATERHOUSE: You also said that you previously had been  
6 an aged care nurse navigator and a discharge planner.

7  
8 MS HAWKINS: Correct.

9  
10 DR WATERHOUSE: Can you explain in very brief terms what  
11 those roles involved?

12  
13 MS HAWKINS: A discharge planner, as a discharge planner  
14 you are responsible for assessing patients, typically  
15 adults, so over the age of 18, that are admitted either to  
16 a surgical or medical ward in regards to service planning.  
17 So that's coordination of care, making sure that a patient  
18 has an appropriate discharge location. And within an aged  
19 care navigator, it's similar, but it also has a patient  
20 flow aspect of making sure that patients are going to the  
21 right hospital for the right care needs and that their care  
22 journey is monitored, but they are under the care of  
23 a geriatrician, so they're admitted under geriatrics.

24  
25 DR WATERHOUSE: Thank you.

26  
27 Ms Pickering, do you have aged care navigators and  
28 discharge planners working in the district?

29  
30 MS PICKERING: We do. We have - we call them the  
31 supported transitioning care team, so they're our discharge  
32 planners, so similar to Rachael was describing but probably  
33 not just our medical and surgical, they'll go into older  
34 people's wards as well, but certainly more the adult  
35 population, to - I guess what they will look at is trying  
36 to identify whether they're already known to some of our  
37 health community service providers, and, if so, then  
38 communicate with those providers to see if there's anything  
39 we can do to support transfer back home. But again, if  
40 they are not linked, then they will look at what care needs  
41 they may have on discharge to try and work with the ward  
42 teams to support that transition back to the home.

43  
44 DR WATERHOUSE: Okay. Mr Wakeling, I would just like to  
45 ask you, how does bed block in one facility in, say, one of  
46 your smaller facilities there in Illawarra, how does that  
47 have a back-flow effect and can you talk us through what

1 that is?

2

3 MR WAKELING: Yes. Thank you for the question,  
4 Dr Waterhouse. I usually look at the access and flow of a  
5 system from the back of the system more towards the  
6 emergency department. I think, first of all, the aged care  
7 patients, they're in their beds, they're maintenance beds,  
8 it's not the optimal environment that they should be  
9 because it should be their home that they're living in and  
10 enjoying the last days that they have. It's very much  
11 a hospital environment. I'll start with that.

12

13 When the patients are in the hospital environment for  
14 those long periods of time, they've got an increased risk  
15 of hospital-acquired complications by the nature of their  
16 complex condition, the facility they're in and the long  
17 length of stay because they can't get out. They've got  
18 a risk of deconditioning. They've got an increased risk of  
19 mortality as well. So that compounds that bed block, what  
20 we're talking about, in that maintenance type phase. And  
21 then --

22

23 DR WATERHOUSE: Are there back-flow effects into the ED  
24 and ambulances?

25

26 MR WAKELING: Yes. So the phase before the maintenance  
27 bed is usually from a sub-acute phase, so a rehab or a GEM,  
28 a geriatric evaluation and management bed, and so those  
29 beds, where we provide basically rehab care to try and get  
30 a patient's goals that they've identified back to a safe  
31 enough discharge or an outcome that the multidisciplinary  
32 team, patient and family have agreed, they get full of the  
33 maintenance type patients that are waiting NDIS or aged  
34 care.

35

36 So that blocks our ability to move a patient from the  
37 acute phase to the sub-acute phase. So there's  
38 a proportion of patients, as we described at the start,  
39 currently on Monday at Wollongong there were 25 patients  
40 awaiting a residential aged care in our acute beds. That  
41 inhibits our ability to provide acute care, so the patients  
42 that need acute care, back-flow back into the emergency  
43 department.

44

45 At Wollongong, for example, at any given day, there's  
46 around 30 admissions in the emergency department. Rachael  
47 mentioned that there are five geriatric patients today



1 under Professor Potter's team's care in the emergency  
2 department. I've just had a quick look, four are over  
3 12 hours, there's one over 24 hours. The risk of  
4 hospital-acquired complication or extended length of stay  
5 goes up dramatically for those patients who are in the  
6 emergency department for that length of time, and  
7 ultimately, it's sad, but their mortality risk is  
8 increasing and their percentage of or their likelihood of  
9 not meeting their goals of care to be discharged home in  
10 the sub-acute phase goes down and they're more than likely  
11 going to go to a residential aged care facility.

12  
13 DR WATERHOUSE: I want to come back to the effects on  
14 patients in a little while, but just so I understand it, in  
15 terms of the back-flow, so you've got patients that are in  
16 a sub-acute facility waiting to go to a nursing home, they  
17 can't be moved out, therefore the patients who no longer  
18 need acute care can't go into the sub-acute facility,  
19 therefore, the patients who are waiting in the emergency  
20 department can't go into the acute care beds and therefore,  
21 you get things like ambulance ramping. Is that basically  
22 a correct summary of what you're explaining there?

23  
24 MR WAKELING: That's an exact summary, yeah. And then, to  
25 extend on that, we can't offload the ambulances if they  
26 require a bed - we try and provide the ambulances to the  
27 most safest place that patient can receive care. And then,  
28 increasingly, on my observation as an emergency nurse for  
29 the last 15 years, there's a tendency to provide care in  
30 the waiting room, which may not be optimal for all patients  
31 and may be unsafe in certain circumstances.

32  
33 DR WATERHOUSE: Is there also an issue in terms of being  
34 able to, say, move intensive care unit patients out to  
35 a step-down ward when they no longer need intensive care  
36 because there is blockage in the acute beds?

37  
38 MR WAKELING: That's correct.

39  
40 DR WATERHOUSE: And are there cancellations of surgical  
41 cases because there is no ICU or no ward bed that they can  
42 go to postoperatively?

43  
44 MR WAKELING: That's correct. So the other two scenarios,  
45 as you described, are once the patients have finished their  
46 ICU or HDU - intensive care or high-dependency unit - level  
47 of care that required, you know, higher nursing, allied

1 health and medical health requirements, there may not be an  
2 acute bed for them to step down into, so therefore they  
3 stay in that ICU/HDU bed, blocking access, where there  
4 might be a patient in the emergency department's  
5 resuscitation room that is on a ventilator or a breathing  
6 machine, they might be delayed moving up, but also that's  
7 in a very expensive bed type, ICU and HDU, to cost because  
8 of the higher labour costs, so the patient is not right in  
9 there, from a financial perspective.

10  
11 If we don't have beds for a patient after their  
12 theatre to decant to, they'll either stay in recovery  
13 longer, therefore we might extend recovery opening hours -  
14 that will require overtime, there is an impact on burnout,  
15 wellbeing and fatigue - and/or like you said, if we know  
16 there's a crisis, and we measure that operational  
17 assessment every day in our short-term escalation plans, if  
18 we are in step black, our level four highest escalation, we  
19 might make a decision where operations for certain patients  
20 are cancelled because there's no safe space for them to go  
21 postoperatively.

22  
23 DR WATERHOUSE: Thank you. I want to just move to see if  
24 that's very similar, or is at all similar, in the Central  
25 Coast Local Health District. Is what Mr Wakeling is  
26 describing what you see day to day?

27  
28 MS PICKERING: Yes, it is. It is very similar. The only  
29 thing I would add to that is that it can also then result  
30 in us opening surge beds, as Amy mentioned before, which  
31 then sees us stretch our resources across the broader bed  
32 base, which then, from a nursing perspective has, for us on  
33 the Central Coast, been quite challenging to meet our  
34 minimum staffing requirements across many wards.

35  
36 DR WATERHOUSE: When you say "minimum staffing  
37 requirements", you're talking there about nursing hours  
38 per --

39  
40 MS PICKERING: I am. Nursing hours per patient day, yes.

41  
42 DR WATERHOUSE: But I'm assuming that there is no change -  
43 well, there's no change, we've heard already, to the allied  
44 health staffing; they are spread more thinly?

45  
46 MS PICKERING: No, that's right.

47

1 DR WATERHOUSE: What about the medical staffing?  
2

3 MS PICKERING: Very similar; as like allied health, spread  
4 thinly.  
5

6 DR WATERHOUSE: Do you take on locums and things to try to  
7 manage the load or do you try to do it with overtime and so  
8 on?  
9

10 MS PICKERING: I'm probably not the best one to answer  
11 that one.  
12

13 MS OKULICZ: I've only ever known locums to cover  
14 a specialist or VMO's leave, not as an additional team. We  
15 still only have a set number of teams.  
16

17 There has been commentary from some doctors that when  
18 they are on take, that they've got 40 to 50 patients just  
19 for one team, so three doctors for 40 to 50 patients spread  
20 across the site that they're trying to equally see. So  
21 then you've got the added challenges of when you're trying  
22 to contact said team for a discharge summary or a discharge  
23 plan, they're on the other side of the hospital dealing  
24 with an acute sick person and they can't get to where they  
25 need to be or where we need them to be to progress  
26 a discharge.  
27

28 Just in terms of sub-acute hospitals, like the  
29 Illawarra, we've only got one sub-acute hospital on the  
30 Central Coast, so there's two acute and one sub-acute, and  
31 that's at Woy Woy. Patients from Wyong don't go to  
32 Woy Woy, they would sit in Wyong because, one, it is too  
33 far and lots of families don't want to go down there, but  
34 also that is primarily a Gosford discharge site for  
35 sub-acute.  
36

37 There was a sub-acute hospital at Long Jetty, but it  
38 was closed I think in 2020 or 2021, and that is now where  
39 the urgent care centre is, but basically all the sub-acute  
40 patients now sit within Wyong because there's nowhere else  
41 for them to transfer to.  
42

43 DR WATERHOUSE: Do you have the same issues in terms of  
44 being able to move patients out of intensive care and have  
45 surgical cases cancelled?  
46

47 MS PICKERING: Yes.

1  
2 MS OKULICZ: Yes. We try very hard not to cancel surgical  
3 patients but unfortunately sometimes if the hospital is at  
4 capacity there is no other choice.

5  
6 DR WATERHOUSE: What about flow within the ward, how many  
7 patients do - like, you're staffed for how many?

8  
9 MS OKULICZ: I'm funded for 22 beds, but my average bed  
10 base since January has been 27 patients a day, and it can  
11 go up to 30, because I have 30 physical beds within my unit  
12 but only 22 of them are funded. So then my roster is only  
13 funded for those 22 beds and whatever nursing hours per  
14 patient day that looks like.

15  
16 If I'm running at 30 beds a day, that's an extra six  
17 staff that I need to find across each shift, and so if  
18 we're running at 30 beds every day for - and I have done it  
19 for a month - that's a significant increase in work flow.  
20 I'm running, on average, anywhere between 350 to 450 hours  
21 of overtime a fortnight.

22  
23 DR WATERHOUSE: And it's being done by staff that are  
24 already on your ward or by other --

25  
26 MS OKULICZ: Majority of the overtime is done by staff on  
27 my ward. The casual pool and nursing support roster do the  
28 best that they can to fill in some of my gaps as well, but  
29 their main focus is to fill any unplanned leave, so if  
30 anyone calls in sick, then that is what they cover. If  
31 there's any surge or overtime required, then that's up to  
32 myself.

33  
34 DR WATERHOUSE: Ms Hawkins, I just want to ask you  
35 a question in relation to I think you opened an extended  
36 ward specifically because of these bed numbers; is that  
37 correct?

38  
39 MS HAWKINS: Correct, yes.

40  
41 DR WATERHOUSE: And can you explain in terms of the  
42 staffing of that ward how does that function?

43  
44 MS HAWKINS: C7 east aged care we opened on 26 June 2024.  
45 We are an 18-bed ward but currently this morning we had  
46 16 patients. We have a staff profile of three patients -  
47 three staff on a morning, four on an afternoon and three on

1 a night. What further detail do you need?  
2

3 DR WATERHOUSE: Just, I suppose, understanding what your  
4 standard staffing is and how you get additional staff and  
5 whether it's purely a nursing staff thing, do you get extra  
6 allied health, et cetera?  
7

8 MS HAWKINS: We do have allied health that are allocated,  
9 but they are not permanent, they are shared between other  
10 wards. As a surge ward, we created a roster, when we  
11 opened and we were allocated staff, but our roster is made  
12 up of PRPs, which is permanent relief pool staff, agency  
13 and casual pool staff as well. We are very fortunate that  
14 we do have some casual pool staff members that do take  
15 regular shifts with us, but our staffing can be variable.  
16

17 DR WATERHOUSE: When you say that it's a surge ward, has  
18 it just been opened for a limited period of time or is it  
19 indefinite or how does it work?  
20

21 MS HAWKINS: So my current understanding, and Jan will  
22 probably be able to comment further, at the moment, it is  
23 a surge, temporary ward. We close on 22 December with  
24 a view that we are going to re-open in the new year, but  
25 for how long that is going to be, I am unsure.  
26

27 DR WATERHOUSE: Okay. Mr Wakeling I think you wanted to  
28 make a comment and then if we go to Professor Potter.  
29

30 MR WAKELING: Thank you, Dr Waterhouse. Following the  
31 surge comments at Wollongong hospital - thanks, Mel, for  
32 raising that from the Central Coast's perspective -  
33 Wollongong currently has 34 over-census beds opened.  
34 Normally what we would do in demand management is flex up  
35 and flex down. As Rachael and the rest said, they're  
36 unbudgeted, unfunded, unstaffed, it's usually through  
37 overtime, agency, et cetera.  
38

39 You may have heard earlier that Professor Potter  
40 referred to B3 east aged care ward having 21 beds, but  
41 Rachael mentioned that they were 24/25 beds, that's because  
42 Professor Potter is responding to the funded/budgeted  
43 allocation of 21, but for the last two years, my  
44 understanding is Wollongong Hospital has operated and  
45 rostered to the 25 beds because we know that the demand is  
46 there.  
47

1           Wollongong Hospital's over-census beds, since  
2 I restarted back in the district in April 2024, have been  
3 opened no lower than 34 over-census beds at any one time  
4 and we only safely have 35 over-census beds. So we are  
5 operating at capacity the whole time.  
6

7           C7 east was a response to winter, because it was hard.  
8 I do not foresee Wollongong Hospital safely closing C7 east  
9 without having a dramatic back-flow impact, as we discussed  
10 before, on increasing the admissions in the emergency  
11 department, and that will have an effect on us to provide  
12 high quality and safe emergency department care and offload  
13 those ambulances. Thank you.  
14

15 DR WATERHOUSE: I think you just mentioned the word  
16 "winter", so there is obviously a seasonal aspect to this,  
17 but by the same token, 22 December is a little after  
18 winter, so are you seeing a difference? It used to be more  
19 of a seasonal issue and it is now all year long, is that  
20 what you are saying?  
21

22 MR WAKELING: From a seasonality, from a demand  
23 perspective, as Professor Potter mentioned, the Illawarra's  
24 demographic and Shoalhaven's demographic is increasingly  
25 old. It's growing at a rate above the New South Wales  
26 state average from a demand perspective.  
27

28           From a seasonal perspective, it's not so much the  
29 demand changes, it's the acuity of the patients, therefore,  
30 they need more inputs and the length of stay is longer to  
31 get them to a safer place for discharge. That's my comment  
32 around seasonality.  
33

34 DR WATERHOUSE: Thank you.  
35

36           Professor Potter, you wanted to add something?  
37

38 PROFESSOR POTTER: Yes, I think just to emphasise, so the  
39 B3 east, which is the geriatric unit, is funded for 21, is  
40 never below 24. C7 east is the temporary surge ward. That  
41 ward is funded for renovation for a completely different  
42 patient group, and because despite 24 beds being used for  
43 acute geriatric, we are never less than 60 acute geriatric  
44 patients in Wollongong Hospital, and because of the  
45 difficulties and the strain on junior staff and senior  
46 staff going into 13 or 14 wards to see these patients, we  
47 temporarily put them in C7 east and that gave us 40 of our

1 60 all in one place, which helped to some extent. However,  
2 as everybody has said, we're not going to be able to  
3 continue that ward beyond December, and my understanding is  
4 that although it will re-open probably in early February,  
5 it will not be for geriatric medicine, it will be for the  
6 purpose that ministry funded the renovations, so we'll be  
7 back to a situation with at least 46 outliers in acute  
8 geriatric medicine.  
9

10 DR WATERHOUSE: Those in the room, does anyone want to  
11 comment on that seasonal aspect, winter and the growing  
12 numbers, et cetera?  
13

14 MS OKULICZ: Previously we would see a seasonal - like,  
15 winter was always our busiest period and then it would calm  
16 down in the August/September, and then summer was generally  
17 okay, but we've seen a shift, especially from Christmas  
18 2023. I would go down to about 18 beds across the holiday  
19 period. We only dropped to 18 beds for two days and then  
20 by 27 December, I was back up to 27 patients.  
21

22 January was probably one of the worst Januarys I have  
23 ever seen in terms of patient requirements and admissions,  
24 and it hasn't stopped pretty much all year. That's why my  
25 average bed base is now 27, because we've literally been  
26 consistently at 30 or more, or 25 or more patients every  
27 week, with occasional drops back down to 22, but it would  
28 only last a day or two and it will spike back up.  
29

30 But winter was definitely worse on top of that, so we  
31 were already seeing an increase in presentations, an  
32 increase in how unwell patients were, and also they're  
33 staying at home longer, they're coming in with far more  
34 comorbidities, requiring far more treatment and input, so  
35 they're staying in hospital longer.  
36

37 And then on top of that we got winter, which saw an  
38 increase, and then COVID outbreaks and all the impacts of  
39 that as well was still ongoing. And then we actually had  
40 to open a surge ward temporarily, which was only supposed  
41 to be eight patients but was consistently running at 12,  
42 and that was purely staffed by casual pool and nursing  
43 support, which then left the lack of resources for the rest  
44 of the hospital because they were the priority staffed from  
45 casual pool and nursing support.  
46

47 Yes, so seasonally we still had a bad winter but it

1 didn't stop from summer. It's just been consistently  
2 higher. We've had an increasing growth in the area, they  
3 keep building more homes. We're having more people move to  
4 the area coming from Sydney. Our ageing population is  
5 still significant. At one point, I think I had 30 patients  
6 and 45 per cent of them were over the age of 90; I had two  
7 over the age of 100. So they're definitely - like, they're  
8 there and they're older and they're staying at home longer  
9 and they're refusing to get the help that they need because  
10 they want to be at home. So it's just a compounding  
11 effect. But, yes, this year has been probably one of the  
12 worst years I've seen in terms of health in Wyong Hospital.

13  
14 DR WATERHOUSE: And Mr Shortis, are there flow-on effects  
15 seasonally from your perspective to community health?

16  
17 MR SHORTIS: Yes, we have increased demand over winter but  
18 we have a significant demand most of the year for our  
19 services. What we found over the last couple of years is  
20 the winter period has been growing out longer and longer,  
21 and instead of starting in May, we are now kind of planning  
22 in February for winter to start in early April.

23  
24 DR WATERHOUSE: I'm going to come back, as I said, to the  
25 effects on patients, the effects on staff and some of the  
26 solutions and opportunities, or options, but did anyone  
27 else have anything that they would like to say specifically  
28 about bed flows? That might be a good time to take  
29 a break.

30  
31 THE COMMISSIONER: We might take an adjournment until  
32 11.50. To those of you online, I might just leave it with  
33 icourts, but we will be back at 11.50. Thank you. We'll  
34 adjourn until then.

35  
36 **SHORT ADJOURNMENT.**

37  
38 THE COMMISSIONER: Yes.

39  
40 DR WATERHOUSE: Before the break I mentioned that I'd like  
41 to move on to some things about the consequences and risks  
42 for patients.

43  
44 If I can start with you, Mr Wakeling, because  
45 I understand that you still work as a registered nurse  
46 sometimes in the emergency department; is that right?  
47



1 MR WAKELING: That's correct.

2

3 DR WATERHOUSE: Can you tell me, from your perspective,  
4 what issues do you see? You have touched on these a little  
5 bit before, but what issues do you see, particularly in  
6 that setting, with geriatric patients coming in and being  
7 in the emergency department for long periods?

8

9 MR WAKELING: So as I said before, the length of stay of  
10 these patients has a detrimental impact to the outcomes of  
11 these patients, but these patients need - a higher  
12 likelihood of needing a bed to start the assessment. So  
13 not having a bed makes it very difficult, and it could lead  
14 to a situation where you're unable to offer the ambulance  
15 to a safe place, therefore, the ambulance delay is not just  
16 within the KPI, which is 30 minutes, but up to hours.

17

18 I think it starts with, you know, some of the risks of  
19 complications of these aged care patients on the ambulance  
20 stretcher, which might result in pressure injuries, because  
21 the stretchers are designed to be hard; if there's a CPR  
22 required, et cetera; the bright lights in regards to risks  
23 of delirium, it's just an unsafe environment.

24

25 Certainly care does begin while they're on those  
26 stretchers, et cetera, but sometimes the care that you're  
27 trying to provide, ie, it might be a blood test,  
28 a cannulation, to give intravenous fluids, it might not be  
29 in the correct setting or location that's safe for the  
30 patient or safe for the staff member.

31

32 So in a corridor, that's not a good environment. If  
33 it's in a chair, for example, before a bed becomes  
34 available, there's a whole range of - you know, that's not  
35 best practice in regards to cannulation, the bending-over  
36 movement, there's some occupational health and risk  
37 behaviours for the staff member.

38

39 I think they're the main risks. And then, from  
40 a privacy perspective, these patients, the environment  
41 we've put them in, it might not be the most dignified  
42 location for an assessment that you're making. If it's  
43 a heart test, you need to remove the clothes and expose the  
44 body to get access to stickers and labels, so the impact of  
45 not having a bed there, because of the downstream impact we  
46 spoke to before, you might not be able to do a heart test  
47 for the patient if they're in a corridor, a busy corridor

1 there, because of a privacy perspective, and other tasks  
2 that require access to the private areas of a patient.  
3 Thank you.

4  
5 DR WATERHOUSE: Do they tend to need more supervision in  
6 the emergency department environment and it's supervision  
7 that can't necessarily be given by the staff available?

8  
9 MR WAKELING: That's correct. So especially if the  
10 patient's in the waiting room while we wait for an acute  
11 bed. Currently, the emergency departments attempt ratios  
12 of one to three, if it's an acute bed, for a nurse, or one  
13 to one in a resuscitation bed, if that's the case.

14  
15 There are no ratios that occur in the waiting room.  
16 It fills up and your ratio might go to one to 20, and that  
17 certainly was the case in my last ED shift on Wednesday,  
18 where the waiting room was quite full, and there's no way  
19 a nurse can safely monitor, assess, treat or provide  
20 medications or things that the medical officer has ordered  
21 for 20 patients, let alone aged care patients.

22  
23 DR WATERHOUSE: And to your point about privacy, is part  
24 of the issue that hearing deteriorates with age and  
25 therefore you might have to speak quite loudly to be asking  
26 some quite sort of intrusive questions in a very loud voice  
27 to be understood by the patient?

28  
29 MR WAKELING: That's a good point and I would agree with  
30 that point. Alongside the other senses, if they've got  
31 osteoarthritis or other comorbidities that they are likely  
32 to have, a chair or a hard chair or a position might not be  
33 comfortable for that patient. Certainly Professor Potter  
34 and Rachael would be able to expand, but pain is a stimuli  
35 that triggers things like a delirium, et cetera, and vision  
36 might be impaired so they might be in a busy room with  
37 other patients or a location of chairs that might not be  
38 safe. I think that's a great point.

39  
40 DR WATERHOUSE: Ms Hawkins, can I just turn to you. What  
41 are the risks in the ward environment for these sorts of  
42 patients who either can't be - they may not need acute care  
43 but they are sort of there for extended periods?

44  
45 MS HAWKINS: So I guess acute conditions, obviously,  
46 compound generalised frailty of our aged care patients, but  
47 I think that - are we relating this to in terms of nursing

1 home patients' inability to step down to a peripheral site  
2 or to their nursing home? Is that what we're asking?

3  
4 DR WATERHOUSE: That's right, yes.

5  
6 MS HAWKINS: I guess the impacts on patients are that  
7 they, in our ward, require a high level of supervision, and  
8 that's because with generalised frailty they're often  
9 requiring assistance with tasks, whether that be  
10 generalised showering, medication management. I think that  
11 the compounded issues are deconditioning and physical  
12 decline, as well as a risk of delirium or acute confusion.

13  
14 I guess the other issues are isolation, because  
15 they're not in their home environment, and ability  
16 for family to visit regularly, as well as risk of  
17 hospital-acquired infections and then obviously that delay  
18 in their length of stay as a result of the care needs that  
19 would result in that.

20  
21 DR WATERHOUSE: What sorts of infections are you referring  
22 to there?

23  
24 MS HAWKINS: More often in terms of COVID or -  
25 predominantly, it would be COVID.

26  
27 DR WATERHOUSE: And what about falls? Is that a risk that  
28 occurs in the ward?

29  
30 MS HAWKINS: Correct. So obviously patients, because they  
31 are not in their own environment, there is a level of  
32 supervision that's required. Due to the nature of our  
33 ward, we do have two-bedded rooms and single rooms, but we  
34 risk-manage our patients when they come up to us as to  
35 where we place them, but they are - falls is an issue, yes.

36  
37 DR WATERHOUSE: Before I go to those in the room,  
38 Professor Potter, did you want to make any comment in  
39 relation to the effect on patients?

40  
41 PROFESSOR POTTER: Yes, look, there's very, very clear  
42 literature around frail elderly who often all of their  
43 senses are not working to the extent that a younger fitter  
44 person would be, so that's vision, hearing, cognition,  
45 continence, speech. So in the emergency department, if you  
46 are there for a prolonged period of time, it can often even  
47 lead to completely inappropriate interventions. So if

1 a patient who might, if you had been able to get an  
2 environment that you could have a sensitive conversation  
3 with them about whether they wished, you know, invasive  
4 tests, whether they wished comfort care, whether they  
5 wished to be palliated at home, if you simply can't have  
6 those conversations because of the environment, they end up  
7 on a conveyor belt going through all sorts of things that  
8 they wouldn't otherwise have gone through. They might not  
9 be able to indicate that they need the toilet, they might  
10 not know that they need the toilet, whereas in their own  
11 environment, they were able to recognise these things, but  
12 there are so many external stimuli going on.

13  
14 The literature is really clear: the longer you are in  
15 an inappropriate high-activity area as a frail elderly  
16 person, the higher your morbidity is in terms of  
17 infections, falls, pressure areas, but also the higher your  
18 mortality is. So if you stay in an emergency department as  
19 a frail elderly person for 12 hours, you're much more  
20 likely to die in the next week than if you didn't. So it's  
21 really quite stark. It's distressing.

22  
23 As a geriatrician, that distresses me for the frail  
24 elderly people, but I've also been in the emergency  
25 department where younger people are distressed by frail  
26 elderly people calling out all the time. You know, if  
27 you're there with an acute MI, somebody yelling at you all  
28 the time is incredibly distressing, and it's incredibly  
29 distressing for the staff, who are trying their best to do  
30 the best by everyone and yet, you know, attacked on all  
31 fronts.

32  
33 So I think as this problem gets bigger, it certainly  
34 has enormous impact for patients, staff and other patients  
35 in the emergency department.

36  
37 Then as Rachael said for the few, you know, the small  
38 percentage of our acute geriatrics - patients that we get to an  
39 acute geriatrics ward - there are still challenges there, but  
40 you have to remember the vast majority are scattered  
41 throughout the hospital. They're in every ward apart from  
42 paediatrics and obstetrics. Every other ward has two or  
43 three frail demented elderly people, where the staff have  
44 no - and I don't mean this critically, their expertise is  
45 in surgery or cardiology, they have no knowledge or comfort  
46 in dealing with this patient group, and as a result, the  
47 outcomes are much worse.

1  
2 We know this. We have analysed this. We have looked  
3 at this. The outcomes for our outlier patients are far  
4 worse than for the patients in our own wards. It's not  
5 just the patients and the relatives; it's the other  
6 patients in the ward who are distressed by this, the number  
7 of complaints we get about, "Why was there a demented  
8 person in the surgical ward? My surgical father was very  
9 distressed by this, there were people intruding" - and for  
10 the staff.

11  
12 So I think at every level of the hospital, it just  
13 creates such additional stress, such additional burnout,  
14 and certainly I'm sure Ben will testify to this, we have  
15 lost - since COVID and since the numbers going up because  
16 of aged care facilities closing, we have lost so many staff  
17 who were elderly - well, not elderly, they were approaching  
18 retirement age but had no intention of retiring, but so  
19 many of them --

20  
21 DR WATERHOUSE: Sorry, I want to come back to staff if  
22 I may, because I know that the people in the room are keen  
23 to be able to tell their experience as well. So just  
24 talking specifically about the patients and the effect on  
25 patients, can you tell me from your point of view,  
26 Ms Okulicz, what do you see as being the risks in the ward  
27 to patients?

28  
29 MS OKULICZ: Well, especially if they have come in with  
30 acute delirium, they're at significant high risk of falls,  
31 they're very impulsive, they can't follow instructions.  
32 A lot of these patients, we then attempt to manage in  
33 what's called a Hi-Lo bed, so a bed that goes right down to  
34 the ground so then the patient can't get up, so if they're  
35 not supervised, they can't get up.

36  
37 The issue being around that is that then if we're  
38 having a long time to review, get on top of their delirium  
39 or their confusion or work out a plan for them, they spend  
40 a lot of time in that bed, so then they become  
41 deconditioned and then they've lost their ability to walk  
42 as they did previously. So we've had people come in  
43 walking and then unable to walk again because they  
44 decondition quite quickly, and it's very hard then to get  
45 those people reconditioned, because if the delirium  
46 resolves and their confusion is ongoing, they can't follow  
47 instructions, they're not rehab-able, and then, therefore,

1 they end up in a nursing home because of basically what  
2 we've done to them in terms of trying to keep them safe  
3 from falls, they've now had this complication that they can  
4 no longer walk.

5  
6 You've also then got patients that are spending  
7 extended periods of time in bed who are at high risk of  
8 pressure injuries, we try to do their personal care and  
9 keep them moving as much as possible, but then you've also  
10 got complications of hospital-acquired pneumonias if  
11 they're staying in for a long time as well, because they're  
12 not up moving around.

13  
14 You've got increased behaviours because you don't have  
15 any diversional therapy. They're just bored. They're  
16 sitting looking at four walls all day with no source of  
17 stimulation or activity, so therefore, they go into other  
18 people's bed spaces, you're trying to redirect them, you've  
19 got no capacity of trying to provide that, and then if  
20 you've got someone that's in hospital for four months, they  
21 haven't been out in the sun, they haven't been out in fresh  
22 air, they've got that sort of impact on them as well. So  
23 they're very - they end up depressed, they've got all sorts  
24 of complications from being stuck in.

25  
26 DR WATERHOUSE: In terms of the deconditioning, are you  
27 talking there about loss of muscle mass and so on?

28  
29 MS OKULICZ: Yes.

30  
31 DR WATERHOUSE: Is that partly a function of the  
32 limitations in terms of allied health staff relative to  
33 your surge beds and so on?

34  
35 MS OKULICZ: Potentially as well, it is. Like, sometimes  
36 if you are waiting for somebody to do that, but if somebody  
37 is in acute delirium, a physiotherapist isn't going to be  
38 able to get them up, it is not safe for the patient, it's  
39 not safe for the staff, they can't follow instructions,  
40 they could be combative. So starting physiotherapy at that  
41 point isn't ideal for anybody.

42  
43 DR WATERHOUSE: Ms Pickering, can you tell me about the  
44 consequences and risks that you see across the district  
45 more broadly for these types of people?

46  
47 MS PICKERING: I think probably most things have been

1 covered, to be honest. I guess the result of all the  
2 things that have been mentioned so far is that increased  
3 length of stay and I guess then the challenges,  
4 particularly for those older people that have become  
5 deconditioned, the challenges of then finding the services  
6 that can support them if they are at a point when they can  
7 go home, because they are - I guess, as was mentioned  
8 before, they may have been walking when they came in but  
9 then they have some limitations on their mobility and aids  
10 and things are required. So then it becomes a challenge  
11 trying to match those services in the community that can  
12 actually meet their care needs if they're not at the point  
13 for a residential aged care facility

14  
15 DR WATERHOUSE: Mr Shortis, by the time they get to  
16 community health, what do you sort of see about these  
17 people who have been for prolonged periods in hospital  
18 without any acute care?

19  
20 MR SHORTIS: As has been discussed, we see clients that  
21 are deconditioned, they don't have the mobility that they  
22 used to, requiring increased allied health services in the  
23 community to try and maintain that. We also often see  
24 other complications of being in hospital, like pressure  
25 areas that require care and as Melissa just mentioned,  
26 difficulties in navigating their increased care needs and  
27 finding the providers to actually provide that care. There  
28 are significant waiting lists, if you are on a level 3 or 4  
29 package, to get funding to get the assistance with your  
30 gardening, your cleaning, your nursing care, your allied  
31 health care.

32  
33 DR WATERHOUSE: Would it be fair to say that if they had,  
34 perhaps, been discharged sooner, if that had been an  
35 option, then it may be easier to find carers for them in  
36 the community that have got the skills required?

37  
38 MR SHORTIS: Potentially because they'd more likely be  
39 less deconditioned and more mobile and more able to resume  
40 their previous care-at-home levels prior to admission.

41  
42 DR WATERHOUSE: Professor Potter, can I ask in terms of  
43 the outliers that you mentioned, just talking about the  
44 effect on those patients, can you give us some examples of  
45 the sorts of outcomes you have concerns about for those -  
46 when I say "outliers", I'm talking about patients that are  
47 in non-geriatric wards.

1  
2 PROFESSOR POTTER: Can I check, can you hear me all right?

3  
4 DR WATERHOUSE: Yes.

5  
6 PROFESSOR POTTER: Look, they have a higher incidence of  
7 being sedated inappropriately. So where there are all  
8 sorts of behavioural strategies and specific geriatric  
9 medicine guidelines over how to safely treat dangerous  
10 behaviours or behavioural disturbance, that doesn't happen  
11 in wards where the staff are not familiar with this patient  
12 group. So, for example, the sorts of doses of a calming  
13 agent you may give to somebody who is a young person  
14 experiencing perhaps a psychosis or an alcohol or drug  
15 withdrawal, it would be about a 10th to a 20th of the dose  
16 that you would use in a frail elderly person, and we have  
17 had numerous episodes and complaints and processes and, you  
18 know, committees that we have had to form to review these  
19 things, because it's not a fault, it's not complacency  
20 amongst the staff; it's a simple fear and lack of  
21 understanding of how to treat this patient group.

22  
23 That happens far more in the peripheral units. Each  
24 time an inappropriate sedation happens, you're more likely  
25 to have a fall, you're more likely to have a pressure area,  
26 you're more likely to miss a treatable medical problem.  
27 So, for example, a geriatric patient might display  
28 aggressive behaviour because they are in severe pain, they  
29 might be having a coronary event, whereas if you just run  
30 in and sedate them, you're not addressing any of the  
31 underlying problems, and that happens far, far more in the  
32 outlying wards, and that's despite attempts at education,  
33 consulting, and it's not a criticism of the staff in the  
34 outlying wards, it's an inevitability.

35  
36 DR WATERHOUSE: Understood. I mean, they have their own  
37 expertise, obviously, the patients they're used to dealing  
38 with. Do you see more medication errors for the patients  
39 that are on the outlier wards?

40  
41 PROFESSOR POTTER: Yes.

42  
43 DR WATERHOUSE: Can you elaborate?

44  
45 PROFESSOR POTTER: Along the lines of what I said, we see  
46 inappropriate use of PRN medication, so that's as required.  
47 We see the wrong doses being given. We see them being



1 given far too often, when it should have been given once  
2 and then the whole team called to help.

3  
4 The other thing that is very clear, and this happens  
5 to our outliers a lot, because the ward they are in are  
6 struggling to look after them safely, they request that the  
7 patient - that we move them, but because there is  
8 a shortage of acute geriatric beds, they might move them  
9 somewhere else. Every time a patient moves, particularly  
10 if they move hospitals, you triple the likelihood of  
11 a medication prescribing error.

12  
13 Every time something has to be rewritten or  
14 re-prescribed, you increase the likelihood that there's  
15 going to be a problem. Unfortunately for this patient  
16 group, they're the group that have the most ward changes,  
17 the most hospital changes, and they're usually the group  
18 who are on the most medications, so there's an increased  
19 risk at all aspects.

20  
21 DR WATERHOUSE: What about in terms of having those  
22 multiple moves around a hospital, does that further  
23 disorientate people who might have dementia already?

24  
25 PROFESSOR POTTER: Absolutely. Basically a dementia  
26 patient will do best in a very familiar environment with  
27 a very familiar routine and very familiar staff. So even  
28 if they stay on the same ward, the staff changing every  
29 shift creates problems. But if you move them to different  
30 wards, they don't know where they are. They can't work out  
31 where the toilet is, they can't work out where the buzzer  
32 is, and, you know, you compound that with deafness,  
33 cognitive impairment, visual inability, it just - every  
34 time you move, even if you move beds, it creates additional  
35 stresses for the patient.

36  
37 DR WATERHOUSE: So, to be clear, you've got a patient who  
38 is in a hospital, sort of as a safety net, effectively,  
39 because there's nowhere else for them to go, but they don't  
40 need acute care, but they're in a setting where they're at  
41 increased risk of behavioural disturbance; is that correct?  
42 If you can just say and agree with me rather than nodding  
43 because the transcript needs to pick it up.

44  
45 PROFESSOR POTTER: Yes.

46  
47 DR WATERHOUSE: And they are at increased risk of falls

1 and pressure injuries and other hospital-acquired  
2 complications like that?

3  
4 PROFESSOR POTTER: Yes. Absolutely.

5  
6 DR WATERHOUSE: Are those outliers also at increased risk  
7 of different types of infections?

8  
9 PROFESSOR POTTER: Yes, they are. So if you are not  
10 familiar with a person's bed, bladder and bowel routine and  
11 you are not then toileting them in the way they were being  
12 toileted, they end up with more soiling incidents, more  
13 constipation incidents, which leads to more urinary tract  
14 infections, which leads to urinary retention, which then  
15 leads to kidney failure. So it just goes on and on and on.

16  
17 If you're not familiar with somebody's swallowing  
18 capabilities and they've moved wards, the modified diet  
19 they were supposed to get is much more likely not to reach  
20 that patient, so they will be given a different meal by  
21 somebody else, they will feed themselves and are more  
22 likely to aspirate and have a pneumonia. So it just  
23 happens at every level.

24  
25 I think the other thing that has been documented, and  
26 is very sad but true, every time you move wards, you're  
27 more likely to lose your dentures, you're more likely to  
28 lose your hearing aids, and so all of these things just  
29 compound a frail cognitively impaired person's ability to  
30 cope within the environment.

31  
32 DR WATERHOUSE: A lot of those things that you're talking  
33 to there are about a loss of dignity, et cetera. Do you  
34 see mental health conditions like depression developing in  
35 some of these elderly people who are being moved about?

36  
37 PROFESSOR POTTER: Absolutely. The depression - the  
38 incidence of depression in frail elderly, in the first  
39 place if you take them from their home environment and have  
40 to admit them, it goes up. But the more moves they get the  
41 more disempowered they feel, the higher the depression  
42 rates are.

43  
44 In addition, unfortunately, frail elderly never  
45 present in a typical way and, as I said, it's very  
46 difficult for a changing staff to actually pick up subtle  
47 differences in a person, and so not only are they more

1 likely to get depressed, it's less likely to be recognised.  
2  
3 DR WATERHOUSE: Now, I may have misheard you before and  
4 please correct me if I did. Did you say that if somebody  
5 waits for 12 hours in an emergency department, they are  
6 more likely to die in the following week? Is that correct?  
7  
8 PROFESSOR POTTER: Yes. There's good literature that your  
9 incidence of delirium goes up the longer you're in the ED.  
10 This is for patients with underlying cognitive problems.  
11 Your risk of pressure areas goes up - as Ben pointed out,  
12 the trolleys are not designed to be pressure-relieving  
13 mattresses, they're designed to allow treatments to occur.  
14 The risk of falls goes up and the risk of continence  
15 episodes goes up, and all of those carry a morbidity with  
16 it and carry a delirium risk with it, and all of those  
17 things increase your mortality.  
18  
19 DR WATERHOUSE: But, to be clear, they are not dying  
20 necessarily from the acute condition with which they may  
21 have presented --  
22  
23 PROFESSOR POTTER: Oh, no.  
24  
25 DR WATERHOUSE: -- they could be dying from one of those  
26 other hospital-acquired factors, if I can put it that way?  
27  
28 PROFESSOR POTTER: They are, and the longer they're in the  
29 wrong place, the risk of hospital-acquired complications  
30 goes up and the risk of mortality goes up.  
31  
32 DR WATERHOUSE: Does anyone else want to make a comment  
33 about that aspect, not specifically to the 12 hours in ED,  
34 but more generally about the effect on patients that you  
35 see?  
36  
37 Maybe if I could start with those online, Mr Wakeling  
38 or Ms Hawkins?  
39  
40 MR WAKELING: No further comments from me, thank you.  
41  
42 MS HAWKINS: No further from me, thank you.  
43  
44 DR WATERHOUSE: And from those in the room, anything else  
45 on the effect on patients of these issues?  
46  
47 MS OKULICZ: No, I think everything has been covered.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

DR WATERHOUSE: Okay. If I could then move on to look at the impacts on staff, and I might start with you, Mr Shortis. Can you talk us through about what you know of the impacts on community health staff of these patients that they're having to deal with who are very deconditioned and very - perhaps have been set back through the long time they've spent in hospital?

MR SHORTIS: So with the patients who are deconditioned, they'll often, as we've spoken about before, have pressure injuries and wounds like that that the nurses are treating, but to treat the deconditioning they will often need a rehab program, Rehab in the Home, by some of the allied health staff.

Allied health is, predominantly in my district, for the Kinder community funded through the federal My Aged Care system, and there are significant wait lists for that. So clients will be discharged. They'll have needs. They might wait up to a year to get to see a physio or an OT to start the rehab program to get them back up to their previous mobility. The staff triage and monitor the patients as best they can and prioritise them but there are significant waits for these clients to get the care that they require.

DR WATERHOUSE: Do you find it difficult to recruit staff into these sorts of positions?

MR SHORTIS: We do find it difficult to recruit staff. We find that for part of the way that NSW Health manages these contracts, they're actually contracts for staff. So as a nurse prior to coming into community, most of the nurses that I worked with were not on contract positions; they were permanently employed. In community, a proportion of my nurses are on contracts and a significant number of the allied health staff are on contracts. What that means is they come and stay with us for a while, they get the skills, then they're looking for a permanent position, so we end up having a bit of a turnover in staff wanting that security of a permanent job, so it does affect our recruitment and retention.

DR WATERHOUSE: What about burnout, is that an issue within your staffing?

1 MR SHORTIS: Not an issue that I have noticed. We tend to  
2 have quite a supportive environment and the staff are able  
3 to - when they see the clients, they always provide the  
4 care that is required.

5  
6 DR WATERHOUSE: So when they're leaving, it's more because  
7 they're looking for a permanent position and you can't  
8 offer those; is that correct?

9  
10 MR SHORTIS: Yes.

11  
12 DR WATERHOUSE: And why can't you offer those permanent  
13 positions?

14  
15 MR SHORTIS: My understanding is it's a district/ministry  
16 decision that as the contract is temporary, the positions  
17 attached to it are temporary as well.

18  
19 DR WATERHOUSE: So when you say "the contract", that's the  
20 contract from the Commonwealth Government paying for the  
21 service; is that correct?

22  
23 MR SHORTIS: Correct, yes.

24  
25 DR WATERHOUSE: Ms Okulicz, can you tell me about the  
26 effect on the staff in your ward? You have already  
27 mentioned having some fairly challenging NDIS patients in  
28 particular, and I suppose some of the aged care ones as  
29 well, and needing security, but for your nursing staff,  
30 what is the effect on them?

31  
32 MS OKULICZ: Well, the burnout and - because they are  
33 doing significant amounts of overtime. I've got some staff  
34 that are doing, like, 40 hours of overtime a fortnight  
35 each. Then you've also got the psychological impact of  
36 turning up every day knowing that there's behaviourally  
37 challenged patients that have been physically violent  
38 towards them. Many punch, kick, slap, scratch. I've been  
39 punched multiple times this year myself. I've got a staff  
40 member that's off on workers comp after being punched in  
41 the face by a staff member - sorry, by a patient.

42  
43 DR WATERHOUSE: I think that might be a different issue,  
44 if it was by a staff member.

45  
46 MS OKULICZ: No. She's off on workers comp at the moment  
47 after being punched in the face and having her arm pulled.

1 I have another staff member that just last week had  
2 significant scratches down their chest because of  
3 a patient, and they just have to consistently go in and  
4 deal with these and try to verbally deescalate where they  
5 can, because these patients still need washes, they still  
6 need their pads changed, they still need their medications  
7 given, they need their observations attended to. They just  
8 still have to go in there and - they work out whether they  
9 need a buddy system, whether they need two people. Some  
10 patients require four staff to do their personal care, so  
11 we rely on the patient support assistants to come and  
12 support, because you can't have four nurses in one room  
13 because then that's away from there.

14  
15 So, yes, recruiting to geriatrics can be challenging  
16 because everyone knows it's not the glamorous one and it is  
17 challenging. But I've been thankful with the staff that  
18 I have got and they sort of just get in and get it done.  
19 But the sick leave has been consistent as well because they  
20 are tired, they are burnt out, and their families are  
21 taking the toll as well because they're doing so much  
22 overtime and that. But yes, it is a challenge.

23  
24 DR WATERHOUSE: Do they express to you concerns about the  
25 fact that, "This is not nursing, this is not what I was  
26 trained to do and spent all of those years studying to do",  
27 the types of care they're having to provide?

28  
29 MS OKULICZ: Not so much. More the issue is about being  
30 staffed appropriately. So consistently having to work  
31 short, that's their main concern, because again, trying to  
32 find six staff a day isn't always feasible, so you are  
33 consistently working one to two shifts down, whether that's  
34 one nurse or two nurses down. So that's their main  
35 concern, is being staffed appropriately.

36  
37 Then if you've got those extra challenging patients,  
38 then they require a one-on-one nurse, so then you've also  
39 got the psychological impact of having to sit with this  
40 patient by yourself and having to be prepared to call for  
41 help, because these patients are a danger to themselves and  
42 others. That's why they need the one person with them, so  
43 they've got that challenge as well.

44  
45 If you've got one confused patient, then you only  
46 get - you don't get any additional staff, if you've got to  
47 provide that one to one, so that then takes nursing hours

1 away from the rest of the patients. But if you've got two  
2 or more, then you can request additional staff, if two or  
3 more patients require one to one.  
4

5 DR WATERHOUSE: When you're having those patient specials  
6 or the one-to-one nursing, does that tend to be an  
7 assistant in nursing or a more junior nurse?  
8

9 MS OKULICZ: Typically, yes. Sometimes there's a clinical  
10 reason that you have to put an EN or an RN with them  
11 because they've got a higher skill set, but usually it  
12 falls to the AIN, unfortunately, because the RNs and ENs  
13 need to be freed up to do all the medication administration  
14 and all the other technical stuff for the rest of the  
15 patients.  
16

17 DR WATERHOUSE: Obviously, it would be a terrible thing to  
18 be punched in the face by a patient, or by anyone, but by  
19 a patient, which is the concern we're talking about now.  
20 Do the staff report feeling supported by the system and by  
21 the hospital generally in terms of the way that they are  
22 enabled to deal with something like that or the scratches  
23 or other injuries we've discussed?  
24

25 MS OKULICZ: Not always. I think they feel supported by  
26 me, because I do my best to support them and they know that  
27 I will go out there and get in the thick of it with them,  
28 but I think they don't feel supported when, like, you've  
29 got multiple challenging patients and then they want to  
30 admit another one, but then you don't have the staffing or  
31 the resources to manage that as well, and so you request  
32 that one to one or you request the additional staff because  
33 of the increased behaviours, and you are told, "No, there's  
34 no resources. You have to take this patient. We're not  
35 giving you any further staff to deal with it."  
36

37 DR WATERHOUSE: Okay. And with the fact that you don't  
38 get additional medical staff, I'm thinking junior medical  
39 staff in particular, do you find that by them being more  
40 stretched across a larger cohort of patients, it means they  
41 have less time to give on the ward helping you to manage  
42 some of these issues?  
43

44 MS OKULICZ: Yes. So we have a system where you can  
45 request a JMO consult through the computer system and  
46 they're supposed to regularly check their tasks. But it  
47 could be hours before a doctor is free to come and do that

1 or if the medical team is rounding with all their patients,  
2 then you're paging them, going, "We've got an issue, you  
3 need to review these medications", or "This patient has an  
4 issue", it could still take a time before they come to you.  
5 They try to review as best they can over the phone and give  
6 instruction if they can't get to you, but, yes, there can  
7 be limitations on getting medical support.

8  
9 DR WATERHOUSE: Before I go to those online, Ms Pickering,  
10 did you want to add anything?

11  
12 MS PICKERING: I was just going on add from a community  
13 perspective, with the effect on staff, we are seeing more  
14 complex patients being discharged out into the community,  
15 and I guess it's a shift from probably what was five, 10  
16 years ago. Patients that would have received a certain  
17 type of care in the inpatient setting are now being pushed  
18 much earlier into the community context because of the bed  
19 pressures, and we are now seeing our community staff are  
20 needing to be trained and receive education in areas that  
21 they have previously been unfamiliar with, and I guess with  
22 that, it takes time.

23  
24 We're also seeing, I guess, a larger number of  
25 referrals coming through, through to the community, and  
26 what that results in is the teams having to reprioritise  
27 almost on a daily basis to ensure that they have  
28 a reasonable workload each day to meet the demands of the  
29 patients they've got on their books, but as a result, some  
30 patients are being put off or being encouraged to  
31 self-care, with the nurses a phone call away, which is not  
32 always ideal, depending on their care needs.

33  
34 THE COMMISSIONER: Just pausing there, I think I know by  
35 now, but just to be sure and for the transcript, when you  
36 say, "we're seeing more 'complex patients' being discharged  
37 out in the community", can you give me some examples of  
38 what you mean by "more complex patients"?

39  
40 MS PICKERING: Multiple comorbidities, multiple care  
41 needs. It may no longer just be the simple wound care that  
42 the nurses are going in to provide care for. The nurses  
43 are also identifying the decreased mobility, the other  
44 factors that are a risk factor for someone in their own  
45 home, and so they're needing to reach out to many services  
46 to ensure there's care wrapped around that person to try  
47 and prevent a hospital presentation.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: So a mix of various illnesses but also risks?

MS PICKERING: Absolutely.

DR WATERHOUSE: Given they're being moved out more quickly than perhaps they used to be, and obviously with the community support, do you find there is an increased risk of readmissions with people bouncing back because they weren't quite ready?

MS PICKERING: Yes, there is. We do try, on the Central Coast, we do have a follow-up phone call service. So for people over the age of 65 that have been discharged from one of our hospitals, we do have some enrolled nurses that will conduct follow-up phone calls within 48 hours, and the purpose of that is to, as much as possible, try and ensure that our older people have managed to get an appointment with their GP as a follow-up, and that they've actually managed to get to a pharmacy to get their medications that are required, and so if that has - if the answer is no to those, then health will come in to try and help facilitate and ensure that those things have occurred.

DR WATERHOUSE: Sorry, Ms Okulicz?

MS OKULICZ: Just in terms of readmission, in terms of our older persons, the impact of that, so we have a lot of patients that again refuse - even though it's identified that you probably won't manage at home and you should probably have 24-hour care, they're adamant they're going to go home, so it's called a high-risk discharge. We explain all the risks to them about going home. We try to put as many services or supports in place to give them the best chance of being at home, but they will go home and within two to five days, they haven't coped and they will come back to hospital. So then we've got to start the whole process again, because they - they're just adamant they want to go home and they have no interest in going into a nursing home, and they have capacity. So therefore we have to honour their requests, but it just means a re-present.

We can be doing this with one person multiple times a year because they're adamant they're not going to go into care. They will go home for a few days, they'll come back

1 to hospital for a three weeks, they'll go home for a few  
2 days, they come back to hospital for three weeks. Like,  
3 it's a vicious cycle.

4  
5 DR WATERHOUSE: Do you ever try like a gate leave approach  
6 whereby you see if they can manage at home but they're  
7 still technically admitted to the ward, they haven't been  
8 discharged?

9  
10 MS OKULICZ: Not so much from my ward. I know  
11 rehabilitation do that to assess them in their own home,  
12 but not from us. We try to do as many assessments as we  
13 can in the hospital, like simulating their environment in  
14 terms of how many stairs they've got, how wide their  
15 hallway is, can they have a four-wheel walker, do they need  
16 a stick, making sure - going through all of those  
17 assessments, that's more what we do.

18  
19 DR WATERHOUSE: And that again would depend on having  
20 operational therapists and so on to make those assessments.

21  
22 MS OKULICZ: Correct.

23  
24 DR WATERHOUSE: Yes, Ms Pickering?

25  
26 MS PICKERING: If I can just add to that, we do have on  
27 the Central Coast a transitional care unit. So for some of  
28 those older people where there is a goal that's quite  
29 achievable to try and help them to return to home safely.  
30 There's that 12-week program that could either be in the  
31 home as a package, but we actually have an inpatient area  
32 and they will do some gate leave or support an older person  
33 to go home for a period to see how they manage with the  
34 view if they need to return and it's still within that time  
35 frame, that they can return to the transitional care unit.

36  
37 DR WATERHOUSE: Thank you. If I just go to those online,  
38 Ms Hawkins, can you tell me what is the effect in your  
39 wards, on the staff, that is, of these patients,  
40 particularly those with the challenging behavioural issues  
41 that you've mentioned but no acute need?

42  
43 MS HAWKINS: I believe that there have been quite a few  
44 things that have already been touched on, which would be  
45 relevant to our area as well, but I think for our aged care  
46 patients, the majority of the time, what they're needing is  
47 time. They're needing time and assistance. And what that

1 means is that those additional duties or additional tasks,  
2 which may result in needing assistance with feeding or to  
3 assist in terms of equipment or additional staff to perform  
4 that care, in terms of if there's incontinence and  
5 additional toileting needs, there's additional time that is  
6 taken and required, and that's notwithstanding in terms of  
7 behaviours of concern and the appropriate care that results  
8 from that. I think that there is, obviously, the emotional  
9 and physical demands that result in that, and there is -  
10 sometimes where there's a one-to-one need, we have what's  
11 called a - there are forms that we need to submit to be  
12 able to get nurse specials.

13

14 Oftentimes, the behaviour needs and requirements of  
15 our patients don't meet the triaging tool that would mean  
16 that a nurse special would be indicated, so we're having to  
17 look after those patients within our numbers.

18

19 At the moment we have a few patients that are  
20 requiring one to one care. What that means is that the,  
21 I guess, emotional and physical demands can increase  
22 fatigue.

23

24 There are also the concerns in regards to, you know,  
25 sick leave and staffing shortages. We do try and manage  
26 that as best we can, but it's also - notwithstanding on our  
27 core patients that we have on our ward, but it's also the  
28 impact on staff on our outlying wards, having to look after  
29 patients that they're not familiar with in terms of the  
30 behavioural and nursing management needs of those patients,  
31 but also on the medical staff, when, from an environmental  
32 perspective, you've got your patients on our wards, for  
33 example, that are under geriatrics, and then on outlying wards  
34 it is the physical distance that our doctors are having to  
35 travel to be able to round on those patients and the delays  
36 in time from having to travel over a wider footprint, for  
37 example, at Wollongong Hospital. Doctors may need to  
38 travel between, you know, six or seven wards to be able to  
39 see all of their patients so that's obviously resulting in  
40 delays then, which may impact in terms of doctors'  
41 abilities to complete all their tasks within their work  
42 time. I think that covers that.

43

44 DR WATERHOUSE: Do you find that the staff on those wards  
45 where there are outlier patients are reaching out to you  
46 and your colleagues for advice about how to manage some of  
47 these complex behaviours?

1  
2 MS HAWKINS: Yes, so we've also got our aged care CNC  
3 that's on site as well, so in terms of complex behaviour  
4 management they do defer to our aged care CNC in that  
5 regard, given the fact that I have worn a bit of a dual hat  
6 in terms of nurse unit manager of the aged care ward and  
7 also the aged care navigator, I do get contacted from time  
8 to time in regards to the care planning of those patients  
9 and the intricacies about care pathways - so whether they  
10 are going to be discharged home with service packages or  
11 whether they're going to go to residential care. Often  
12 nurse unit managers and/or core staff will give me a phone  
13 call, and I can chat through them, and I'm happy to do so,  
14 but yes, I do get contacted.

15  
16 DR WATERHOUSE: Thank you.

17  
18 Professor Potter, you're the sort of doctor in this  
19 space and a senior doctor and you obviously see the effect  
20 on staff. You've touched on this before a little, but can  
21 you just go into more detail now about what it is that you  
22 see as the impacts on both medical staff and other clinical  
23 staff?

24  
25 PROFESSOR POTTER: Okay, particularly with medical staff,  
26 the junior medical staff in the last three years, as this  
27 problem has been mounting, are completely distressed.  
28 I regularly have staff, young doctors, who are just coming  
29 into medicine, in tears at the end of shifts, doing lots  
30 and lots of overtime. They ultimately have more sick  
31 leave. They feel discontented. Our senior doctors have  
32 great empathy towards them but feel that they're getting an  
33 awful experience of what geriatric medicine is.

34  
35 So if you're in a particular geriatric medicine ward  
36 with a multidisciplinary team and a NUM and nurses who  
37 understand geriatric medicine, your experience as a junior  
38 doctor is one of empowerment. You understand how to look  
39 after these people.

40  
41 Our poor doctors are trying to see their cohort of  
42 20 patients and they're going into eight, nine, 10,  
43 11 wards, where they're trying to find a nurse unit manager  
44 who can't really tell them anything about the patient,  
45 they're seeing terrible outcomes. They feel like failures  
46 and they don't want to do geriatric medicine anymore, and  
47 given the majority of the admissions are an ageing

1 population, that's an awful thing.

2

3 For our senior doctors, that's incredibly distressing  
4 as well. They don't like that our junior doctors see other  
5 medical teams sitting having a coffee and a debrief with  
6 the staff, where we're still going round at 7 o'clock in  
7 the evening.

8

9 So that's terribly demoralising both for the specialty  
10 going forward but particularly for these young doctors  
11 where this is their first experience. You always hope that  
12 having done a term in geriatric medicine you will feel  
13 empowered to deal with these challenging patients, and  
14 that's what we aspire to, and, unfortunately, that's  
15 getting more and more difficult to guarantee.

16

17 So that's the main thing, is the terrible burnout and  
18 distress amongst the juniors, which, as a senior doctor,  
19 that's a horrible thing to deal with. You really don't  
20 want to be responsible for your service creating that in a  
21 junior.

22

23 But I also would extend that to the nursing staff, the  
24 allied staff, the visitors, the other patients where these  
25 patients are not being looked after in a way that meets  
26 their needs and amps up the distress, because everyone else  
27 in the ward feels that. Everyone else in the ED feels  
28 that. It just creates a sensation of distress throughout  
29 the hospital.

30

31 DR WATERHOUSE: With the junior doctors and, I suppose,  
32 senior doctors as well, do you have consultation with  
33 colleagues in other hospitals and districts to see whether  
34 they're having a similar experience, and is it similar, or  
35 is this a particular issue in Illawarra?

36

37 PROFESSOR POTTER: It is particularly an issue in the  
38 Illawarra. I don't doubt that 10 years from now, if  
39 something drastic doesn't change in the Commonwealth  
40 residential aged care system, it will be the same for  
41 everyone, and I sincerely hope that this Inquiry actually  
42 results in some sort of change, but at the moment, it's  
43 particularly a problem for the Illawarra.

44

45 Nowhere else - and I have looked - nowhere else has  
46 had anything like the aged care failure, market failure,  
47 that we've had. It's really quite remarkable. As I say,

1 at the moment we've lost more than 600 permanent beds and  
2 the projections are that that's going to go up to 1,000,  
3 and nobody's looking to producing those beds again. So it  
4 really is a stalemate and a real sharp focus in the  
5 Illawarra.

6  
7 Hopefully, we can use that to the good and actually  
8 become an area where we might be able to show what we can  
9 do differently, and we're definitely trying very hard to do  
10 that. But definitely, I don't think it's as much of  
11 a problem elsewhere, and that combined with what I said  
12 before about the college not recognising that you could do  
13 all of your advanced training down here. If you've had two  
14 years down here under that that level of pressure, even if  
15 your kids are at school down here, and you go up to Sydney  
16 and everything's so much calmer, you're not going to come  
17 back, you're going to stay there and move your kids.

18  
19 As somebody who came out here from Scotland 20 years  
20 ago to build up geriatric medicine, we were doing  
21 brilliantly up until four years ago and we're just going  
22 backwards rapidly, which is really disappointing.

23  
24 DR WATERHOUSE: When you refer there to "the college", do  
25 you mean the college of physicians?

26  
27 PROFESSOR POTTER: Yes, HETI and the college of  
28 physicians. Royal College of Physicians, we recently had  
29 accreditation. We get accreditation every five years.  
30 When I first came here we had no accreditation for  
31 geriatric medicine. We now we have accreditation for  
32 training up to eight advanced trainees in geriatric  
33 medicine.

34  
35 However, despite the fact that we've got  
36 15 supervisors, nine sites, we cover things like Aboriginal  
37 communities, we've got a vast difference between rural,  
38 regional, urban. You know, we can offer everything and we  
39 have the supervisors. The college still don't see that,  
40 you know, the difference between a term in Sutherland at  
41 St George is not - that that's different enough to count as  
42 a separate term, whereas the difference between Nowra and  
43 Wollongong is no different at all.

44  
45 That's very disappointing to get that sort of  
46 city-centric view. Given that the population are retiring  
47 to the rural and regional areas and that they're ageing

1 faster there, I would have thought that we could look at  
2 that and come up with something. So we keep trying. We're  
3 constantly, you know, lobbying and asking and explaining  
4 what we can offer down here, and the feedback from our  
5 trainees, despite the stress, is overwhelmingly positive  
6 about what we're giving them. But we haven't as yet been  
7 able to change that mindset.

8  
9 DR WATERHOUSE: Given that there is ageing of the  
10 population, do you think that this is something that should  
11 be a focus for other colleges as well, not just those that  
12 train geriatricians.

13  
14 PROFESSOR POTTER: Absolutely. As I pointed out earlier,  
15 patients who go to surgical specialties, all specialties  
16 apart from paediatrics and obstetrics, they are now taking  
17 much older patients than they did 20 years ago. Twenty  
18 years ago, if you presented to hospital with a cardiac  
19 event and you were 90, you would have no chance of getting  
20 into a coronary care unit. Now you'll get every chance of  
21 getting into a coronary care unit.

22  
23 However, what happens then is the coronary care unit  
24 fixes whatever needs fixing in your heart but they then  
25 cannot deal with any of the rest of the patient. So our  
26 consult numbers in the last four years have gone up from  
27 about 25 a week, to other teams, to over 60 a week. We're  
28 asked all the time to solve this patient who is in the  
29 cardiology ward, solve this patient who is in the  
30 respiratory ward, and particularly the surgical wards, you  
31 know, our surgical trainees - it's becoming more and more  
32 operation specific, you know, procedure specific, not  
33 holistic as in the whole patient. But unfortunately, as  
34 they're doing these procedures in older and older patients,  
35 the patients' needs are multifactorial with  
36 multi-comorbidities that the surgeons are not trained to  
37 understand and nor do they choose to.

38  
39 I think the problem is developing and I have no doubt  
40 it will become an all-of-Australia problem if we don't  
41 change what we're doing at the moment. But as I say, I'm  
42 eternally optimistic that we will.

43  
44 DR WATERHOUSE: So to give an example, perhaps, if  
45 a person comes in with a fractured neck of femur, an  
46 elderly person, with perhaps a number of comorbidities, is  
47 it the case that the surgeons will fix the fracture and

1 then want to hand it over to the geriatricians to patch up  
2 other things and improve medications and so on and so  
3 forth?  
4

5 PROFESSOR POTTER: Yes, that's a particularly good example  
6 because that has been the case and been recognised as the  
7 case for more than 10 years now. As a result of that there  
8 is now an established - the whole of Australia and  
9 New Zealand have a hip fracture registry where it's a best  
10 practice, and recognised best practice, with audited  
11 results, that you have formal shared care for fractured  
12 neck of femur in elderly people.  
13

14 The other thing that's happening in Wollongong  
15 Hospital is we have formal shared care with surgeons and  
16 pain specialists for blunt - with rib fractures for  
17 elderly. So that's been recognised in those areas, and  
18 it's been staffed in those areas and it's working well and  
19 it is audited and peer reviewed. However, we now see  
20 patients having vascular procedures, you know, abdominal  
21 aortic aneurysm ruptures in their 90s being operated on  
22 where that wouldn't have happened before.  
23

24 I'm not saying it shouldn't have happened, but we need  
25 to have the staffing and the mix of skills to be able to  
26 look after those patients, not just get them off the  
27 operating theatre alive. That's not the goal. We need to  
28 actually get them well enough to leave the hospital,  
29 otherwise we shouldn't be doing the procedure.  
30

31 So I think there's a lag. It has been recognised in  
32 orthopaedics but it really has not been recognised yet in  
33 any of the other specialties.  
34

35 DR WATERHOUSE: I know Ms Hawkins wants to say something  
36 but I want to ask you one other question about junior  
37 doctors. Is it fair to say that even though a lot of these  
38 patients are no longer requiring acute care, the junior  
39 doctors still need to be very actively involved because  
40 they have to deal with medication errors, assess them if  
41 they fall, and so on and so forth? So they're still having  
42 to be very involved even though the person is not acutely  
43 unwell; is that correct?  
44

45 PROFESSOR POTTER: That's absolutely correct. So although  
46 they're not acutely unwell and they've got over their acute  
47 problem, as long as they're in a hospital environment



1 that's not appropriate to their needs, they have much  
2 higher hospital-acquired complications, so they have  
3 medication complications, they're more likely to fall,  
4 they're more likely to have urinary infections, continence  
5 issues, so the junior doctors are still having to do as  
6 much work with that patient group as they would be, and in  
7 fact, in the acute phase it's actually much more  
8 straightforward because you've got a protocol to follow,  
9 whereas it's all these other little comorbidities that are  
10 popping up that cause these other problems.

11  
12 DR WATERHOUSE: Ms Hawkins?

13  
14 MS HAWKINS: I was just going to say in support of  
15 Dr Potter when she was talking about the demand on the  
16 consulting service of geriatricians at Wollongong Hospital,  
17 typically when a patient not admitted under the care of  
18 a geriatrician is requested to be consulted, at times it's  
19 when the presenting problem of that patient is complete and  
20 it is more so for the complex discharge planning care needs  
21 of the patient that is over the age of 65, the geriatrician  
22 service is then requested to consult.

23  
24 Typically, they will accept that patient, which then  
25 will result in that patient needing to be bed boarded for  
26 GEM, which is geriatric evaluation and management, and that  
27 will typically result in a patient being bed boarded  
28 peripherally for either Shellharbour Hospital or for Bulli  
29 hospital for that level of service, which then obviously  
30 results in bed block of those patients within the acute  
31 wards.

32  
33 DR WATERHOUSE: Sorry, is bed boarded when they're put on  
34 a list to go to another bed or another hospital?

35  
36 MS HAWKINS: Correct. It's when they're requested to go  
37 to another hospital, yes.

38  
39 DR WATERHOUSE: I'm going to move on to some of the other  
40 actions that have been taken and the other possible  
41 solutions, but before I do, are there some more things to  
42 be said? Sorry, Mr Shortis?

43  
44 MR SHORTIS: I just wanted to go back to something that we  
45 mentioned before. We spoke about whether I had seen  
46 burnout in my staff, and that's not something I have actual  
47 experience of, but listening to the conversation, the

1 environment that I work in is different, and Melissa has  
2 mentioned this, we have some ability to rearrange our  
3 workload to some extent. So I suppose whilst I don't see  
4 burnout, what I see is different. As a manager I'm often  
5 trying to manage my staff to get out of work on time  
6 because they're wanting to provide the gold standard care  
7 and ensure everything's been done, whereas what I'm doing  
8 is making sure that the care that's required, that's  
9 absolutely required, is provided, not the stuff that makes  
10 everything else better for the client.

11

12 DR WATERHOUSE: Anything else you wanted to add? No.  
13 Okay. Looking, then, at some of the actions taken, I might  
14 start with Mr Wakeling.

15

16 Can you talk us through any actions you know of,  
17 particularly about NDIS patients, obviously we'll come to  
18 the aged care but I want to make sure we don't lose sight  
19 of those types of patients. So what actions are being  
20 taken by the district in relation to those delays?

21

22 MR WAKELING: Specifically for the NDIS, I can't comment.  
23 I'm more focused on a broader comment. So the first thing  
24 that we would be doing is we've changed the bed base of the  
25 hospital or the layout of the LHD, if that's - is that  
26 relevant back to your question?

27

28 DR WATERHOUSE: Yes.

29

30 MR WAKELING: Then I will continue. Yes?

31

32 DR WATERHOUSE: Yes, sure.

33

34 MR WAKELING: I will say Illawarra in particular has  
35 a large amount of hospitals. A lot of those are, you know,  
36 historical, because of the coal mining that occurred in the  
37 area, they are all 100 years old. Linking back to some of  
38 the other comments of the other panel members, including  
39 Professor Potter, moving patients between these very small  
40 hospitals is detrimental to the patients' outcomes, and  
41 from a financial perspective, a lot of these hospitals are  
42 at a bed base of, you know, 40 to - some are 20, they just  
43 do not make economical sense from a bed-base perspective.

44

45 But what we've done is we've turned Coledale  
46 Hospital - in 2022, we converted that from a rehab hospital  
47 to purely a maintenance hospital that specialises in aged

1 care and specifically for patients that are awaiting aged  
2 care, with dementia, that are wandering or aggressive, like  
3 the panel members have mentioned. So that's a 38-bed  
4 purpose-built unit for those patients.  
5

6 In November 2023, we had further bed block occurring,  
7 so it was increasing, like Professor Potter said over the  
8 last four years, so then we outsourced more transitional  
9 aged care beds, 20 more, to Figtree Private Hospital, and  
10 then a further six to 15, where we flex up and down with  
11 Shellharbour Private Hospital. So Figtree, a Ramsay Health  
12 Care provider, Shellharbour a Health Care provider.  
13

14 Then in June 2024, similar to what Rachael mentioned,  
15 we had to respond to the winter, where we ran out of surge  
16 capacity, and that was impacting our emergency departments  
17 to function and our offload of ambulance. So we opened  
18 further surge beds at C7 east at Wollongong Hospital, the  
19 ward that Rachael manages, a further eight beds at  
20 Shoalhaven Hospital, just for residential aged care  
21 maintenance patients.  
22

23 I think, really importantly, these beds aren't  
24 funded, they're not planned, they just had to occur, and  
25 they're heavily reliant on casual staff. So the plans  
26 would be to change - to close those surge beds if the  
27 external factors improve, but at this case, I don't see  
28 that happening in the short term.  
29

30 Other changes that we are making are bed-base changes  
31 where a specialty may not need as many beds with the  
32 footprint that they've been given and the staffing cohort  
33 that has been allocated, and increasing the bed base for  
34 specialties like geriatric medicine, like Professor Potter  
35 said, to cope with that influx of demand that's occurred  
36 over the last few years. That would be my comment on what  
37 we're doing in regards to bed-base changes.  
38

39 DR WATERHOUSE: Do you meet with resistance from those  
40 specialties if you try to take away part of their bed base  
41 because they want to preserve it?  
42

43 MR WAKELING: I would agree with that and I would say that  
44 behaviours may occur to retain the occupancy of that bed  
45 base, so the discharging may be prolonged to make sure that  
46 the occupancy stays the same. We would benchmark that  
47 length of stay compared to similar specialties across

1 New South Wales or Australia, to see if that is an  
2 inefficient service from a length of stay perspective or an  
3 efficient service, but, yes, we would encounter challenges.

4  
5 DR WATERHOUSE: Just to make sure I understand that  
6 correctly, what you're saying is if another specialty feels  
7 that they may have beds taken away, they tend to make sure  
8 those beds keep patients in them and they don't discharge  
9 people so that it will make them look busier but that, in  
10 fact, is inefficient relative to their peer hospitals; is  
11 that what you're saying?

12  
13 MR WAKELING: That's correct, yes. What we would  
14 encourage is innovation or new models of care. So the one  
15 thing that they might be worried about is the funding of  
16 their specialty. They may not want a physical bed  
17 footprint but they would want to maintain the budget that's  
18 provided to that specialty, so we would encourage  
19 a different model of care, and that certainly is a focus at  
20 Illawarra Shoalhaven, models of care that don't have  
21 a hospital bed footprint.

22  
23 DR WATERHOUSE: So what you will say to that department or  
24 specialty is, "The budget is ring-fenced. We've removing  
25 some of the inpatient funding. We'd like to divert it to  
26 some sort of innovative non-inpatient type arrangement or  
27 model of care"; is that what you mean?

28  
29 MR WAKELING: That's what I mean. So we would encourage  
30 the movement to more outpatient clinics, for example, or  
31 more home-based services that might still be managed by the  
32 LHD and that specialty, alongside primarily allied health  
33 or nurses as well, but it's just outside the hospital  
34 environment.

35  
36 DR WATERHOUSE: Professor Potter, I understand that for  
37 the outliers you do regular ward rounds across the hospital  
38 to try and help manage those, which is obviously a model of  
39 care. What other sorts of innovations have you tried to  
40 introduce to deal with the challenges?

41  
42 PROFESSOR POTTER: There have been quite a few, actually,  
43 and some more successful than others. Right up-front  
44 I would have to say that our chief executive has been  
45 incredibly supportive, so much so that we put up models of  
46 care which we were promised funding for, which we have not  
47 seen the funding for, which is having a negative effect on

1 our bottom line, which we're still persisting, because they  
2 are having good clinical outcomes. So the main one about  
3 that is we developed an aged care outreach service, so  
4 that - like a flying squad. So we've got a nurse  
5 practitioners, geriatricians, ordinary level registered  
6 nurses and AINs, and we are now - we've had that running  
7 for more than a year now. In the first year - and that's  
8 purely to support residential aged care and we focused on  
9 preventing ED presentations.

10  
11 So for the first year of that team - we've only got it  
12 in the Illawarra, we don't have it in Shoalhaven yet. The  
13 first year of that there were 7,000 referrals to the  
14 service from residential aged care of which we were able to  
15 give advice to maintain patients in the facility for 5,000.  
16 We actually physically went out and visited 2,000, and for  
17 90 per cent of those patients, we prevented an ED  
18 presentation. In the 10 per cent that still required to  
19 come to hospital, for 2 per cent of those, we were able to  
20 negotiate a direct admission and bypass the ED, so we're  
21 preventing that 12-hour spell where the patient will  
22 deteriorate.

23  
24 That model of care is fantastic. We're getting great  
25 feedback about it. The staff members are getting great  
26 satisfaction out of doing it. The families are loving it.  
27 What we would like to do is expand the funding for that so  
28 we could support aged care facilities at the early  
29 discharge from hospital and with difficult behaviours  
30 rather than just focusing on ED. We would also like to  
31 roll that out to Shoalhaven. That's probably the main  
32 thing. We've also put an ED --

33  
34 DR WATERHOUSE: Sorry, I just want to ask you a little bit  
35 more about that outreach service. So the referrals are  
36 made by aged care facilities to the service?

37  
38 PROFESSOR POTTER: Yes.

39  
40 DR WATERHOUSE: Are they patients that they just have  
41 queries about or is it somebody that they're about to call  
42 an ambulance and send them to hospital?

43  
44 PROFESSOR POTTER: Originally we worked with our extended  
45 paramedic ambulance as well. Originally the criteria was  
46 somebody you're about to put in an ambulance and either the  
47 aged care facility would call us or the extended paramedics

1 from NSW Ambulance would call us.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

In fact, as they realised that we were responsive, and we're running seven days a week until 10pm at night, so as they realised that we were actually a lot more responsive and available than the GPs that they might be able to access, they started calling us about everything.

So the first year, we had to really do a lot of counselling and things with that, and say, "That's not" - you know, "We're a limited resource, we're focusing on ED." So we worked with them over the year and it's got a lot better, the referrals have got a lot more appropriate, and as I said, the feedback has been really good from families and patients.

We tried to link in with the GP as much as possible but one of the things that became apparent with that service is there really is a problem out there with GP provision to residential aged care which, as I said, there are new models coming through from the Commonwealth that might improve that. So we do want to try and expand that further down to Shoalhaven and also expand the remit further so that we can support other things. So that's been a great success.

Will I go on to other initiatives?

DR WATERHOUSE: Yes, please do.

PROFESSOR POTTER: So we've also put an ED navigator, so a bit like Rachael being the aged care nurse navigator, we have an emergency navigator in the emergency department at Wollongong Hospital, and they have expanded to working with our outreach team, our flying squad, so that if there's somebody who has actually got into ED that is from an aged care facility, they will liaise with the flying squad in the morning and say, "Could we take them straight back to the facility and you will support them there?" So again that's helping, that's working as well and that's been a good thing to do.

As Ben mentioned, we've expanded our Commonwealth supported places into the private hospitals, so we've got some extra beds there, but it's a drop in the ocean. There is, on average, 150 patients waiting for placement, and that's 20 beds. It's not really going to solve it.

1  
2           The Bulli urgent care centre, which Ben spoke about  
3 earlier, is predominantly VMOs and a nurse practitioner  
4 model of care. It's helpful in that it is preventing other  
5 things attending ED. So it doesn't help our frail elderly  
6 people but it does help the whole picture.  
7

8           We've also got - the things that Ben was talking about  
9 with virtual care, we have encouraged other departments to  
10 expand that so that their inpatient requirements are less.  
11

12           We're trying to do some collaborative commissioning  
13 work with the private health care network looking at  
14 specific diagnoses of discharge to see whether we could  
15 support them in the community with specialists liaising  
16 with GPs, and that's working for things like chronic  
17 obstructive pulmonary disease, but I see that, in the  
18 future, that could work with dementia or frailty or falls  
19 risks, so that's something we're trying to explore.  
20

21           We've had a lot of high level meetings with state and  
22 Commonwealth which - we're not getting there yet but we're  
23 floating things and we're trying to. We recognise that  
24 there's a lot of Commonwealth funded initiatives lying in  
25 residential aged care where, although the funding sits with  
26 the Commonwealth, they don't actually have the means, you  
27 know, if the aged care providers are not going to open  
28 homes there's nothing very much the Commonwealth can do to  
29 force that.  
30

31           We're trying to suggest that perhaps we could open  
32 some facilities. There's a disused facility that has not  
33 been knocked down or sold in our area. We said, "If we  
34 could staff that, would you fund it?" So we're looking at  
35 things like that. Is there some other way to get some aged  
36 care beds? We've asked whether we could look at some of  
37 our current hospitals, our peripheral sites, where we are  
38 just full now of dementia-specific patients, could we  
39 actually get the Commonwealth to give us the funding for  
40 that so that we could open the acute beds that we've lost  
41 elsewhere, as part of the planning for new builds?  
42

43           These are the sorts of things we're trying to do.  
44 Varied success with our flying squad, success with some of  
45 the other models in and out of ED, not yet definitely  
46 seeing the funding for those, but we will keep pushing, but  
47 other models that we want to try and support the

1 Commonwealth to act together, where the Commonwealth  
2 provide the funding but we actually make the thing happen,  
3 you know, we're optimistic that we might get somewhere with  
4 these things but as I say, at the moment because Illawarra  
5 Shoalhaven is usually at the pointy end of this problem,  
6 we're trying to turn that around from a disaster to an  
7 opportunity to see whether we can actually get Commonwealth  
8 on side to say, "Well, this is the amount of money we're  
9 not spending on aged care facilities in the Illawarra.  
10 What can you do with it to make it work for the rest of the  
11 hospital and for that patient group?" And I think that's  
12 the main things that - oh, there's one or model that the  
13 Commonwealth is funding, that's called special care  
14 dementia funding, and that's now running for nine beds in  
15 the HammondCare in our district.

16  
17 So Commonwealth fund HammondCare to provide the  
18 service. HammondCare contract with Illawarra Shoalhaven  
19 and we provide a geriatrician and we provide specialist  
20 training for - actually forensically disturbed dementia  
21 patients. So where the behaviours are terrifying and so  
22 awful, we work together with HammondCare to train  
23 HammondCare, to train the nursing staff and to look at  
24 trying to get some of these patients well enough to go into  
25 mainline residential.

26  
27 I've also floated an initiative for the future with  
28 the University of Wollongong to see whether, because of all  
29 these models that we've got, could we look at opening  
30 a training centre to empower GPs, nurses and allied to  
31 know how to work with dementia patients. Again we haven't  
32 got off the ground with that, but we're trying to put all  
33 these initiatives out there.

34  
35 DR WATERHOUSE: I want to hear from some others.

36  
37 I'm mindful of the time, Commissioner, are you happy  
38 for me to continue? I probably just have a few more  
39 minutes, I think.

40  
41 THE COMMISSIONER: Yes.

42  
43 DR WATERHOUSE: Just one thing before I move to the  
44 others, can I clarify in terms of your conversations with  
45 the Commonwealth, how have you actually been able to  
46 facilitate those? Has that been done sort of at an  
47 executive LHD level, paving the way, or have you just



1 approached the Commonwealth directly? How does it work?

2  
3 PROFESSOR POTTER: No, we've been working very closely  
4 with our CMO, - what's the word - CE, our boss, Margot  
5 Mains. We've been working very closely with Margot and  
6 she's very on side with everything we're attempting to do.  
7 She's taken it up via the ministry, the ministry have  
8 approached the Commonwealth, and we've now got a series of  
9 workshop type meetings.

10  
11 We keep doing one step forward, two steps to the side,  
12 so we're not quite getting there yet but at least we've  
13 opened a door, we've got a dialogue going, we've floated  
14 some suggestions. So, you know, we remain optimistic and  
15 we're trying very hard and as I say, I think from  
16 a NSW Health perspective, if we don't do something about  
17 this problem, we've audited what we're doing, we're not  
18 creating the problem, the problem has been created, so if  
19 we don't start doing something differently, this is going  
20 to become a problem for all of NSW Health. So I think, you  
21 know, we need to keep this dialogue going and see what we  
22 can do, but we've been very well supported by our CE.

23  
24 DR WATERHOUSE: Thank you.

25  
26 Ms Pickering, I'm just interested to know what sorts  
27 of strategies, like outreach, for example, have been done  
28 in the Central Coast?

29  
30 MS PICKERING: Sure. On the Central Coast, there's  
31 a number of strategies that we have put in place. We do  
32 have what we call the virtual care and triage service,  
33 which has two functions, one is a monitoring function and  
34 that's more for those patients that may - not just older,  
35 but it may include older patients, that can be discharged  
36 but the medical team or the nursing team are just not quite  
37 sure and might think they just need some follow-up, so it's  
38 a virtual care component of care.

39  
40 We also have the intake line, and the intake is  
41 primarily for residential aged care facilities, GPs and NSW  
42 Ambulance. The majority of calls that come through are  
43 from residential aged care facilities, and similar to Jan  
44 was saying, it will then link the caller through to the  
45 aged care response team that we have on the Central Coast  
46 for those facilities.

1           The aged care response team consists of - we have two  
2 nurse practitioner positions, although one of those is  
3 vacant at the moment, and registered nursing staff. They  
4 work from 8am to 7.30pm seven days a week and they will  
5 respond to those calls that are what we call priority  
6 response, in that if we don't respond on the same day,  
7 they're likely to present to hospital. So we will, as much  
8 as possible, do the same-day response, although if it is  
9 a care need that can wait until the next day, we will do  
10 that as well.

11  
12           Similar stats to what was being described earlier, of  
13 those calls that come through that are a priority response,  
14 we do avoid hospital more than 90 per cent of the time,  
15 with a timely response. Given it is a nursing model of  
16 care, the team do have connections with geriatricians, our  
17 palliative care staff specialists as well as our Hospital  
18 in the Home medical staff. In those instances where they  
19 think they can avoid a hospital presentation, the nurses  
20 are unable to contact the GP, but they just need some  
21 medical, I guess, guidance, we do have those relationships  
22 in place.

23  
24           The other thing, I guess, the aged care response team  
25 do is a lot of capacity building within the facilities. So  
26 they will look at trends of the types of calls that they're  
27 getting. A recent example would be a facility where there  
28 were often calls for blocked catheters, so then we will  
29 focus some education on catheter management, how to do  
30 catheter changes with the nursing staff that are there.

31  
32           We are cognisant that there can be a high turnover of  
33 staff in facilities and there is also a high proportion of  
34 agency staff used in facilities, so it's often not just  
35 a one-off education. And we have, I guess, more recently  
36 recorded the education to make it available for the  
37 facility, because of the staff there being so fluid.

38  
39           DR WATERHOUSE: Just before you go on, does that translate  
40 in your experience to a reduction in those calls, that  
41 these staff are empowered at those facilities?

42  
43           MS PICKERING: It has in that facility, yes. The other  
44 thing is we have our Hospital in the Home service which  
45 I guess more recently we - and again, this has been funded  
46 by the district, it wasn't through additional funds, we  
47 have got at the moment temporarily the 10 additional beds

1 that have got a real focus on the older person, and is  
2 primarily allied health led, still under the admitted  
3 medical model of the HITH staff specialist.  
4

5 That's something that's working quite well where we  
6 are able to wrap allied health support and assistance  
7 around the older person in the community whilst still under  
8 the admitting medical officer which is either  
9 a geriatrician or our HITH staff specialist.  
10

11 We also have our alternate ambulance pathways, so with  
12 NSW Ambulance we've got agreed pathways in place that they  
13 can contact our virtual care and triage line for older  
14 people either in the community or in a residential aged  
15 care facility, where together we can actually work out,  
16 I guess, the best care location for them, rather than  
17 presenting to a hospital, where it is safe to do so and  
18 where we have the resources available to respond to their  
19 care needs at that time.  
20

21 The other, I guess, thing is we've got quite a good  
22 relationship with our PHN, so our primary health network,  
23 on the Central Coast. They did some work, probably just  
24 post COVID, looking at the virtual care capacity within our  
25 residential aged care facilities and supporting the  
26 facilities with, I guess, their virtual care capacity, so  
27 we do have a lot of virtual care.  
28

29 So where if a nurse practitioner is unable to go into  
30 a facility right at that moment, we've got the capacity to  
31 be able to provide the care virtually and also link in to  
32 some of our other specialist nurses including our wound  
33 management nurse practitioners, for example.  
34

35 DR WATERHOUSE: Do you find that there are financial  
36 barriers to introducing some of these initiatives or is  
37 there generally support for them because they're recognised  
38 as having downstream benefits?  
39

40 MS PICKERING: I think it's probably a combination of  
41 both. There definitely is financial barriers. You know,  
42 the example I've just provide with our older people within  
43 the Hospital in the Home service, it was time-limited  
44 funding; the funding sort of is no longer there. As  
45 a district, we can see absolutely the benefit of it, so it  
46 is continuing at the moment, but we will be evaluating that  
47 particular program, in combination with other programs that

1 we introduced, to look at whether they will be continuing  
2 into the future.

3

4 DR WATERHOUSE: Ms Okulicz, is there any particular  
5 initiatives that you've tried on the ward that have been  
6 successful to manage the challenges that you've been  
7 describing?

8

9 MS OKULICZ: For a while we, through COVID, were given  
10 additional funding for what's called a health care worker,  
11 so they were an additional person. They weren't an AIN, it  
12 was just a person who was willing to come in and work and  
13 work with the patients, they were across the hospital.

14

15 What our health care worker did was really good at  
16 building therapeutic relationships with some of our  
17 patients, especially when they had been there for a long  
18 time. She would take them for walks, she would sit with  
19 them and play card games with them, ensure that their menus  
20 were ordered correctly or, like, have they lost their teeth  
21 or the dentures. She would also do all their washing. We  
22 had a washer dryer on site in our unit, so she would go  
23 through and make sure everyone's washing was done and she  
24 would keep track of that.

25

26 She was very instrumental in building our activity  
27 trolley. It has diversional activities within the trolley  
28 that we can use, but again it's having the time to sit with  
29 the patients to use those and she was very much the person  
30 who did that.

31

32 She definitely helped alleviate some behaviours  
33 because of that, because she would really get to know them  
34 and she would know what their triggers were and she could  
35 intervene, and it also just freed up a lot of the nursing  
36 time to go and deal with some nursing allocated tasks. So  
37 she was great. But, unfortunately, COVID funding ran out  
38 and all the health care workers no longer have positions  
39 within the hospital. So we've lost that resource.

40

41 DR WATERHOUSE: Thank you.

42

43 Mr Shortis, are there actions being taken in a  
44 community health setting to deal with some of these things,  
45 initiatives you've tried, and so on?

46

47 MR SHORTIS: Similar to the other districts, we provide

1 education into nursing homes and we certainly have nurse  
2 practitioners that go in there.

3  
4 One of the things that I haven't heard mentioned that  
5 we've done at Nepean is we've employed some geriatricians  
6 in our primary care and community health service. What  
7 that allows is the primary care and community health staff  
8 to refer directly to the geriatrician, to get them  
9 reviewed, to get their care needs addressed and make sure  
10 that they're on the best possible treatment.

11  
12 Other work that we've been doing around aged care is  
13 ensuring that we're tracking the patients appropriately so  
14 that the clients who we're providing - the clients who  
15 we're providing care to with home care packages, we're in  
16 negotiations with the home care package providers to make  
17 sure that they're either providing the care or we're doing  
18 the care or we're providing them support for the care,  
19 similar things like that.

20  
21 DR WATERHOUSE: Thank you.

22  
23 And Ms Hawkins, do you have anything to add about  
24 initiatives you have tried at a local level on the ward or  
25 just within the hospital?

26  
27 MS HAWKINS: Specific to C7 east aged care, it would be  
28 diversional therapy cover at Wollongong Hospital. It's not  
29 something that we've experienced before, and from what I've  
30 observed in terms of the effects that it's had on our  
31 patients, irrespective of their behaviour, I feel it has  
32 been significant.

33  
34 Others which may have already been touched on that I'm  
35 aware of at a district level is the transitional aged care  
36 beds at Figtree Private Hospital, which is the 20 beds  
37 there. What has been trialled over the last three years,  
38 also which Dr Potter's touched on as well, is the aged care  
39 nurse navigator role, which had an overview and oversight  
40 of all geriatric patients at Wollongong. They're what I'm  
41 aware of.

42  
43 DR WATERHOUSE: Thank you.

44  
45 I suppose I just want to finish with an understanding  
46 from each of you. There's obviously a lot of really good  
47 initiatives already happening --

1  
2 THE COMMISSIONER: Can I go back just to clarify something  
3 with Professor Potter. Also, I can see Mr Wakeling has his  
4 hand up, but if I can just go back just so that  
5 I understand something that was said a bit earlier on this  
6 topic. For anyone following, it is at 6227 at about line  
7 20 of the transcript.

8  
9 You told me, Professor Potter, that you've - well,  
10 "we've", that is the LHDs, had a lot of high-level meetings  
11 with state and Commonwealth, and you said:

12  
13 *We've had a lot of high level meetings with*  
14 *state and Commonwealth which - we're not*  
15 *getting there yet but we're floating things*  
16 *and we're trying to. We recognise that*  
17 *there's a lot of Commonwealth funded*  
18 *initiatives.*

19  
20 And then you go on to say:

21  
22 *If the aged care providers are not going to*  
23 *open homes there's nothing very much the*  
24 *Commonwealth can do to force that. We're*  
25 *trying to suggest that perhaps we could*  
26 *open some facilities. There's a disused*  
27 *facility that has not been knocked down or*  
28 *sold in our area ... so we're looking at*  
29 *things like that.*

30  
31 What should I actually understand by that? That's  
32 a discussion, is it --

33  
34 PROFESSOR POTTER: Yes, so the --

35  
36 THE COMMISSIONER -- between the LHD, the ministry and the  
37 Commonwealth about the Commonwealth providing some money  
38 for the state to run an aged care facility or the LHD to  
39 run an aged care facility? Is that right?

40  
41 PROFESSOR POTTER: The state. Yes, that's correct. So it  
42 is for the state to actually run it, for us to provide the  
43 medical staff, the nursing staff, and for the Commonwealth  
44 to transfer the funding to the state to allow us to employ  
45 those people, and to also renovate that building because  
46 it's an old building. That's the same model that we've  
47 asked them to consider.

1  
2           So one of our hospitals currently is now full of  
3 patients waiting for aged care facilities, particularly  
4 dementia disturbed patients, and we've said to the  
5 Commonwealth, "Can we just get the funding that if that was  
6 in a nursing home in the Illawarra, can we get the funding  
7 into the state and we will open the beds that we've lost at  
8 part of our planning initiatives for new builds, for  
9 example, in Shoalhaven, et cetera". So that's where we're  
10 going with that.

11  
12           There has been some success. I said there hadn't been  
13 any great success with all of them, but the other group  
14 spoke about the new policy from the Commonwealth about  
15 you're only allowed to offer a place - relatives can only  
16 refuse two places in the nursing home, and that's a new  
17 policy from the Commonwealth. We wrote that policy with  
18 them.

19  
20 THE COMMISSIONER:   So nothing's been decided yet. This is  
21 still in discussion; correct?

22  
23 PROFESSOR POTTER:   Absolutely, yes.

24  
25 THE COMMISSIONER:   Just another thing you said.  
26 Dr Waterhouse asked you to clarify some of the  
27 conversations with the Commonwealth, and about whether that  
28 's been done at the executive LHD level, and you said, this  
29 is at 6229, 8:

30  
31           *We've been working closely with Margot --*

32  
33 your chief executive --

34  
35           *she's taken it up via the ministry, the*  
36 *ministry have approached the Commonwealth,*  
37 *and we've now got a series of workshop type*  
38 *meetings.*

39  
40 Are those workshop type meetings to discuss the thing that  
41 we have just discussed?

42  
43 PROFESSOR POTTER:   Yes. It's to look at what can we  
44 possibly do different to what we're doing at the moment  
45 that would alleviate the problem.

46  
47 THE COMMISSIONER:   And those workshop meetings involve

1 people from the Commonwealth as well in those discussions?

2

3 PROFESSOR POTTER: Yes.

4

5 THE COMMISSIONER: All right. Thank you. And they're  
6 ongoing, are they?

7

8 PROFESSOR POTTER: They are.

9

10 THE COMMISSIONER: Okay, thank you. That's what I wanted  
11 to ask, thanks.

12

13 DR WATERHOUSE: Just developing that --

14

15 THE COMMISSIONER: Sorry, Mr Wakeling had his hand up.

16

17 DR WATERHOUSE: Yes, sorry. I'll come back to you,  
18 Professor Potter.

19

20 But, Mr Wakeling, sorry, you've been waiting. Do you  
21 want to say something?

22

23 MR WAKELING: Thank you, Commissioner, thank you  
24 Dr Waterhouse. Just a point, the question "What are the  
25 initiatives we're taking", and everyone responded in more,  
26 more, more things. Of course, for the record, all  
27 hospitals, including Illawarra Shoalhaven, are particularly  
28 focused on creating efficiencies in the length of stay to  
29 open up the capacity. There's daily operational meetings  
30 or, you know, four times a day, where we're really trying  
31 to identify each little task of inefficiency that might  
32 stack up to a few days of wait.

33

34 I hope today showcased just how complex the healthcare  
35 system is, in particular the aged care, because there are  
36 increments of little delays that add up, and it is very  
37 hard, using appropriate project methodologies like Lean, to  
38 try and nut out all those inefficiencies, but we are trying  
39 our best, thank you.

40

41 THE COMMISSIONER: Don't take this the wrong way but we  
42 have discovered the healthcare system is complex before  
43 today, but you're certainly reinforcing it.

44

45 DR WATERHOUSE: Maybe if I could just go a little bit  
46 further, actually, into that point while I have you,  
47 Mr Wakeling. So I appreciate the value of finding small



1 inefficiencies and resolving those so that you can be as  
2 efficient as possible, but obviously there are some fairly  
3 major inefficiencies, if you like, with some of what we've  
4 talked about this morning.

5  
6 What would you like to see changed in relation to  
7 something like the delays for the aged care? Obviously,  
8 there's other things, we'll talk about those, too, but in  
9 particular, also the delays with the NDIS patients, what  
10 would you like to see done differently that would be big  
11 savings in terms of efficiency, in your mind?

12  
13 MR WAKELING: The most successful program that  
14 Professor Potter spoke of that would get the most success  
15 for us from an innovation perspective would be expanding  
16 the aged care outreach service. That would make immediate  
17 impact on reducing the demand to come in. That would be  
18 within our LHD's control. I see a lot of the solutions  
19 from an external, outside of the LHD's perspective.  
20 Fast-tracking the ACAT assessments that Rachael mentioned,  
21 fast-tracking the access to those level 3/4 home care  
22 packages which are currently, you know, six to 12 months is  
23 not ethically correct, and then opening up the ability of  
24 the aged care beds.

25  
26 Currently Illawarra has 122 waiting and the impacts  
27 that we talked about, if they weren't there, we would have  
28 nil impacts offloading ambulances, we would have nil  
29 impacts of admissions in the emergency department. I am  
30 sure our hospital-acquired complication rate would go down,  
31 and we probably wouldn't need as many services that we're  
32 running in regards to Coledale Hospital, which is  
33 a complete residential aged care facility. We could  
34 repurpose it for something else and/or we could probably  
35 close it and save some funds. So that's all I'd like to  
36 say, thank you.

37  
38 DR WATERHOUSE: Thank you.

39  
40 Professor Potter, just on the points that you were  
41 being asked about by the Commissioner, are you aware of  
42 other states where they have been able to secure funding  
43 for the state to run an aged care facility in the sort of  
44 way you're talking about with the Commonwealth?

45  
46 PROFESSOR POTTER: Yes, NSW Health actually has a facility  
47 at Garrawarra, which is, I think, South Eastern Sydney

1 Local Health District, so - and that is specifically  
2 running under that model where it's Commonwealth funding  
3 but state run. I don't know the details of how the funding  
4 model runs for that, and I know that there has been concern  
5 because of the accreditation standards for aged care  
6 facilities, particularly around dementia management, that  
7 has made that whole model very challenging and it may even  
8 be in doubt. But I suspect these are the sorts of things  
9 that we're going to have to do. We're going to have to get  
10 good at looking after this patient group in suitable  
11 accommodation, however we staff it and however we run it.  
12

13 The problem is not going to go away. There is no cure  
14 on the horizon for dementia and the numbers are getting  
15 bigger and bigger. So we need to do something. So I am  
16 aware of that model. I don't know the fine detail of how  
17 the Commonwealth fund it or what the relationship status  
18 is.  
19

20 DR WATERHOUSE: With the outreach model that you have  
21 running at the moment - Mr Wakeling said a moment ago that  
22 it would be good to have it as a standing outreach  
23 service - does that mean it's sort of cobbled together just  
24 prevailing on borrowing people at the moment, effectively  
25 and it's not an ongoing thing?  
26

27 PROFESSOR POTTER: No, this is a great thing again to  
28 praise our chief executive. Even though the funding has  
29 not come through, she has had promises that it will come  
30 through, so she said, "Put the staff on permanently." If  
31 you put them on temporary, it won't work, it will fall  
32 over. So we're running this, I think, at a loss at the  
33 moment, but the benefits to the patients, the benefits in  
34 building relationships at aged care facilities, is immense,  
35 and I think we really truly could expand on that so it  
36 wasn't just ED avoidance, it was supporting early  
37 discharge, it was supporting training nursing home staff in  
38 how to manage this group.  
39

40 I think that's a great model, it's having great  
41 success. From what our other colleagues were saying, it's  
42 working in Wyong as well. I think we could go a lot  
43 further with that model and really build our links with the  
44 community and with our facilities and GPs which would be  
45 a great starting point and could expand.  
46

47 DR WATERHOUSE: Are there other things - I mean, you're,

1 obviously, talking in the workshops about different things  
2 that would work with the Commonwealth, but in an ideal  
3 world, are there other things you would like to see as  
4 solutions to some of the challenges we've discussed?

5  
6 PROFESSOR POTTER: Yes, I think a very simple - well,  
7 I say it's simple, I'm just a doctor, but I think a very  
8 simple thing would be if we just look at how many patients  
9 are sitting across our acute and sub-acute beds, that would  
10 be being paid for by the Commonwealth, why can't they  
11 simply just transfer that funding to allow us to enact all  
12 these other models that we're trying to do to make  
13 everything else more efficient?

14  
15 It seems to me we're charging a small amount of money  
16 that's nothing like what it would cost, and yet where is  
17 the money that would be paying for those 600 beds if they  
18 hadn't closed? I feel as if there must be - there's lots  
19 of innovative ideas that people come up with and we are  
20 doing that, but if there was - we're sitting with a very  
21 unfavourable bottom line with our relation with the  
22 ministry. If we could get round that and fix that and  
23 allow all the new ideas and the new models of care to come  
24 out, I think that would give a sense of optimism and hope  
25 going forward. So that would be a thing I would like to  
26 see explored and, as I say, it's not my area of expertise,  
27 I'm sure it is very complicated, but I think that could be  
28 something.

29  
30 DR WATERHOUSE: Thank you.

31  
32 Ms Hawkins, did you want to add anything in terms of  
33 what you would like to see change?

34  
35 MS HAWKINS: I think it's more what people have touched on  
36 in terms of community-based measures, in terms of  
37 supporting our patients before they get to a point of  
38 crisis, or at a point of needing the acute care. I think  
39 it would be more around service-based activities in the  
40 community.

41  
42 DR WATERHOUSE: Just one point I wanted to clarify, you  
43 mentioned earlier, and Mr Wakeling supported the point,  
44 about the level 3/4 community care packages sometimes  
45 waiting six to 12 months. How often do you see a person  
46 deteriorate in that time such that they now do need an aged  
47 care facility and they cannot be managed at home? Is that

1 a common phenomenon?

2

3 MS HAWKINS: Frequently, yes, and I can comment that as  
4 both a nurse unit manager and within a discharge planning  
5 phase where they're not geriatric-admitted patients, as  
6 well as my aged care navigator role. It is highly  
7 frequent, yes.

8

9 DR WATERHOUSE: So that six to 12 months delay is actually  
10 not just an inconvenience; it is actually resulting in a  
11 deterioration that means that they need a higher level of  
12 care than they would have needed?

13

14 MS HAWKINS: Correct, and it's a twofold impact in terms  
15 of the impact and the stress that it's also causing the  
16 family and also the demand that it's actually causing on  
17 the hospital system.

18

19 DR WATERHOUSE: Thank you.

20

21 Ms Okulicz, what would you like to see given an ideal  
22 world, apart from the health care worker back?

23

24 MS OKULICZ: For me personally and for Wyong, I'd like if  
25 there's a bed in the hospital, it should be funded. I have  
26 30 beds, fund the 30 beds, then I've got the staff to run  
27 it. But then you would also be able to increase the allied  
28 health recruitment to actually be available for every bed.  
29 Then we'd get proper referrals and proper reviews in a  
30 timely manner to make decisions quicker and be able to move  
31 people through, because our area is consistently being  
32 developed.

33

34 There are more and more houses coming up. There is  
35 nothing but growth happening in the Wyong area that we're  
36 going to need those beds if - there's no ifs and or butts,  
37 and we haven't had aged care facility closures, we've  
38 actually had more opening, but they just don't have  
39 capacity and half of them don't have memory support units  
40 either. So I say fund every bed that's available in Wyong  
41 hospital and then look at increasing memory support units  
42 for the Central Coast.

43

44 DR WATERHOUSE: What about the guardianship tribunal  
45 aspect that you spoke of before? Are there ways that you  
46 see that that could be streamlined and improved?

47

1 MS OKULICZ: If you had the allied health referrals  
2 quickly, then we could get those reports sooner, so having  
3 the allied health services available. But then looking at  
4 the guardianship processes, like, why does it take three to  
5 six weeks to get a hearing date? Could they not be  
6 expedited for somebody who is in hospital, looking at those  
7 processes? I mean, ACAT already get expedited for in  
8 hospital, so they are 48 hours KPI, but in the community  
9 it's like six weeks. So can we look at things that are  
10 prioritised for hospital patients to get them out and can  
11 we streamline that process?

12  
13 DR WATERHOUSE: Thank you.

14  
15 Ms Pickering? If you had an ideal world, what would  
16 you like to see?

17  
18 MS PICKERING: I think right care in the right place, and  
19 I guess I'm coming from the community context of we know  
20 that there's a lack of GPs and that's not an easy fix. We  
21 have a number of non-admitted models of care in the  
22 community that don't have - the medical governance sits  
23 with the GP, and often when we are unable to get hold of  
24 a GP, then we don't have another avenue to go where we  
25 think we might be able to actually avoid that hospital  
26 presentation.

27  
28 I touched on some of the linkages that we do have, but  
29 those medical officers that I touched on before already  
30 have a workload as well, so I think linking some medical  
31 support at an LHD level into the non-admitted models of  
32 care in the community to really try and help prevent those  
33 hospital presentations.

34  
35 I also think we need to look at the hours of operation  
36 of some of our community services, because, you know, for  
37 the vast majority of our community services we go down to  
38 one or two staff over a weekend or public holidays, but  
39 we're not seeing the reduction of the patients that are  
40 needing our care in the community. So I think that's an  
41 opportunity to really - and I guess out of hours,  
42 I participate in on call out of hours, so I see some of the  
43 presentations that are coming through, sort of after that  
44 8.30 at night. There are some that are preventible that if  
45 we had the services operating later into the evening,  
46 potentially that would avoid some hospital presentations.

47

1 DR WATERHOUSE: Mr Shortis, from a community health point  
2 of view what would you like to see?

3

4 MR SHORTIS: Similar to what has been said. With the  
5 increasing complexity of people in the community I'd like  
6 to see more supports both pre and post hospital, so from  
7 a medical point of view to avoid admissions, from a medical  
8 point of view to get them out quicker, and from the  
9 supports for the people living in the community to enable  
10 them to function in the home, and stay in the home longer.

11

12 DR WATERHOUSE: Commissioner, that concludes my questions.

13

14 THE COMMISSIONER: Can I just ask all six of you whether  
15 there's anything further of real importance that didn't get  
16 raised today?

17

18 MS PICKERING: No.

19

20 MS OKULICZ: No.

21

22 THE COMMISSIONER: Anyone online?

23

24 PROFESSOR POTTER: There was just one thing, sorry, I know  
25 I'm talking too much. One of the other things we mentioned  
26 with the Commonwealth was we have level 1, 2, 3 and 4  
27 packages. We asked could we look at level 5 packages,  
28 could we look at something that's closer to an actual  
29 residential aged care facility? And, again, we were  
30 willing to work with them to be the providers of that.

31

32 That's just another thought, that, you know, let's get  
33 the packages timely but actually let's go above and beyond  
34 so there's something between a level 4 and an aged care  
35 facility.

36

37 THE COMMISSIONER: Okay, thank you.

38

39 Mr Chiu, was there anything?

40

41 MR CHIU: No questions, thank you.

42

43 THE COMMISSIONER: Thank you for that?

44

45 DR WATERHOUSE: I just, sorry --

46

47 THE COMMISSIONER: Go ahead.

1  
2 DR WATERHOUSE: We've had the benefit of your lyrical  
3 brogue today, Professor Potter, but I have been asked by  
4 the stenographers if you could please state your name  
5 clearly for the purposes of the transcript.  
6  
7 MS POTTER: Okay, it's Clinical Professor Jan Potter,  
8 P-O-T-T-E-R, as in Harry.  
9  
10 THE COMMISSIONER: To all six of you, thank you very much  
11 for your time. We're very grateful for the assistance you  
12 have given the Inquiry. So thank you again.  
13  
14 We will now adjourn and I'm told it's 2 o'clock on  
15 Monday. So we'll adjourn until 2 o'clock on Monday.  
16 Thank you all.  
17  
18 <THE WITNESSES WITHDREW  
19  
20 AT 1.28PM THE SPECIAL COMMISSION OF INQUIRY WAS ADJOURNED  
21 TO MONDAY 18 NOVEMBER 2024 AT 2PM  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

**\$**

**\$1,014** [1] - 6163:47  
**\$100,000** [1] - 6176:14  
**\$20** [2] - 6162:15, 6162:19  
**\$300** [1] - 6167:2  
**\$67** [1] - 6163:17

**'**

**'complex** [1] - 6212:36

**0**

**060** [1] - 6149:24

**1**

**1** [5] - 6157:44, 6171:4, 6171:5, 6186:8, 6242:26  
**1,000** [1] - 6218:2  
**1,700** [1] - 6153:38  
**1.28PM** [1] - 6243:20  
**1/2** [1] - 6186:9  
**10** [8] - 6160:40, 6169:29, 6212:15, 6216:42, 6217:38, 6220:7, 6225:18, 6230:47  
**10-minute** [1] - 6165:19  
**10.00am** [1] - 6149:22  
**10.03am** [1] - 6151:1  
**100** [4] - 6158:45, 6166:23, 6196:7, 6222:37  
**10pm** [1] - 6226:4  
**10th** [1] - 6204:15  
**11** [4] - 6153:31, 6153:40, 6171:4, 6216:43  
**11.50** [2] - 6196:32, 6196:33  
**111** [1] - 6158:3  
**12** [12] - 6180:8, 6180:11, 6185:33, 6186:4, 6189:3, 6195:41, 6200:19, 6207:5, 6207:33, 6237:22, 6239:45, 6240:9  
**12-hour** [1] - 6225:21  
**12-week** [1] - 6214:30  
**120** [1] - 6176:23  
**121** [1] - 6149:18  
**122** [2] - 6153:42, 6237:26  
**13** [1] - 6194:46

**14** [3] - 6158:5, 6158:6, 6194:46  
**15** [6] - 6149:22, 6153:42, 6156:40, 6189:29, 6218:36, 6223:10  
**150** [2] - 6161:22, 6226:46  
**155** [1] - 6155:26  
**16** [3] - 6155:25, 6158:1, 6192:46  
**18** [4] - 6187:15, 6195:18, 6195:19, 6243:21  
**18-bed** [1] - 6192:45  
**19** [3] - 6153:45, 6155:22, 6157:12  
**192** [1] - 6155:21

**2**

**2** [7] - 6149:18, 6158:8, 6186:8, 6225:19, 6242:26, 6243:14, 6243:15  
**2,000** [1] - 6225:16  
**20** [12] - 6156:19, 6184:20, 6198:16, 6198:21, 6216:42, 6218:19, 6219:17, 6222:42, 6223:9, 6226:47, 6233:36, 6234:7  
**2020** [1] - 6191:38  
**2021** [1] - 6191:38  
**2022** [1] - 6222:46  
**2023** [2] - 6195:18, 6223:6  
**2024** [7] - 6149:22, 6157:44, 6158:1, 6192:44, 6194:2, 6223:14, 6243:21  
**20th** [1] - 6204:15  
**21** [4] - 6156:14, 6193:40, 6193:43, 6194:39  
**212** [1] - 6157:43  
**22** [6] - 6192:9, 6192:12, 6192:13, 6193:23, 6194:17, 6195:27  
**23rd** [1] - 6168:30  
**24** [8] - 6156:41, 6171:23, 6176:11, 6181:37, 6189:3, 6194:40, 6194:42  
**24-hour** [1] - 6213:32  
**24/25** [1] - 6193:41  
**24/7** [1] - 6175:39  
**25** [4] - 6188:39,

6193:45, 6195:26, 6219:27  
**25-bed** [2] - 6157:33, 6158:21  
**26** [2] - 6181:37, 6192:44  
**27** [4] - 6192:10, 6195:20, 6195:25  
**28** [1] - 6158:8  
**2PM** [1] - 6243:21

**3**

**3** [5] - 6171:6, 6176:23, 6186:8, 6203:28, 6242:26  
**3,500** [1] - 6153:46  
**3/4** [6] - 6185:32, 6186:3, 6186:4, 6186:10, 6237:21, 6239:44  
**30** [11] - 6181:41, 6188:46, 6192:11, 6192:16, 6192:18, 6195:26, 6196:5, 6197:16, 6240:26  
**31** [1] - 6157:47  
**34** [3] - 6157:43, 6193:33, 6194:3  
**35** [1] - 6194:4  
**350** [1] - 6192:20  
**36** [1] - 6158:4  
**38** [1] - 6153:31  
**38-bed** [1] - 6223:3  
**39** [1] - 6156:43

**4**

**4** [4] - 6186:8, 6203:28, 6242:26, 6242:34  
**4.8** [1] - 6156:2  
**4/5** [1] - 6172:18  
**40** [8] - 6153:34, 6155:40, 6166:10, 6191:18, 6191:19, 6194:47, 6209:34, 6222:42  
**43** [2] - 6153:36, 6155:26  
**45** [1] - 6196:6  
**450** [1] - 6192:20  
**46** [1] - 6195:7  
**47** [1] - 6158:7  
**48** [2] - 6213:17, 6241:8

**5**

**5** [1] - 6242:27

**5,000** [1] - 6225:15  
**5.7** [1] - 6156:1  
**50** [2] - 6191:18, 6191:19  
**500,000** [3] - 6162:16, 6162:20, 6162:40  
**55s** [1] - 6155:7

**6**

**6** [2] - 6169:17, 6176:23  
**60** [7] - 6152:40, 6153:34, 6156:16, 6156:21, 6194:43, 6195:1, 6219:27  
**600** [5] - 6154:9, 6154:15, 6155:5, 6218:1, 6239:17  
**6227** [1] - 6234:6  
**6229** [1] - 6235:29  
**65** [4] - 6174:29, 6174:31, 6213:15, 6221:21

**7**

**7** [1] - 6217:6  
**7,000** [1] - 6225:13  
**7.30pm** [1] - 6230:4  
**70** [2] - 6152:40, 6174:37

**8**

**8** [1] - 6235:29  
**8.30** [1] - 6241:44  
**80** [1] - 6156:2  
**85** [1] - 6153:43  
**89** [1] - 6157:45  
**8am** [1] - 6230:4

**9**

**90** [4] - 6196:6, 6219:19, 6225:17, 6230:14  
**90s** [1] - 6220:21  
**9th** [1] - 6168:30

**A**

**abdominal** [1] - 6220:20  
**abilities** [1] - 6215:41  
**ability** [8] - 6185:27, 6188:36, 6188:41, 6199:15, 6201:41, 6206:29, 6222:2, 6237:23

**able** [60] - 6153:11, 6153:27, 6154:5, 6159:14, 6159:35, 6165:4, 6165:40, 6166:2, 6167:13, 6168:24, 6171:16, 6173:18, 6173:38, 6177:10, 6177:42, 6178:7, 6180:2, 6180:4, 6181:44, 6184:20, 6185:14, 6185:22, 6185:23, 6185:36, 6185:47, 6186:18, 6186:26, 6186:27, 6186:40, 6187:1, 6189:34, 6191:44, 6193:22, 6195:2, 6197:46, 6198:34, 6200:1, 6200:9, 6200:11, 6201:23, 6201:47, 6202:38, 6203:39, 6209:2, 6215:12, 6215:35, 6215:38, 6218:8, 6219:7, 6220:25, 6225:14, 6225:19, 6226:6, 6228:45, 6231:6, 6231:31, 6237:42, 6240:27, 6240:30, 6241:25  
**abnormal** [2] - 6177:3, 6177:6  
**Aboriginal** [1] - 6218:36  
**absolute** [2] - 6162:13, 6162:32  
**absolutely** [10] - 6167:25, 6205:25, 6206:4, 6206:37, 6213:5, 6219:14, 6220:45, 6222:9, 6231:45, 6235:23  
**abuse** [1] - 6177:9  
**ACAT** [7] - 6155:33, 6155:39, 6156:12, 6185:22, 6185:34, 6237:20, 6241:7  
**accept** [4] - 6160:40, 6174:33, 6174:41, 6221:24  
**acceptance** [2] - 6153:33, 6154:20  
**accepting** [1] - 6159:5  
**access** [12] - 6167:14, 6167:20, 6170:3, 6172:8, 6185:22, 6185:24, 6188:4, 6190:3, 6197:44, 6198:2, 6226:7,



6237:21  
**accessible** [1] - 6153:42  
**accessing** [1] - 6169:38  
**accommodate** [1] - 6175:33  
**accommodation** [6] - 6168:40, 6173:45, 6174:27, 6175:15, 6176:29, 6238:11  
**accompany** [1] - 6165:23  
**according** [1] - 6170:6  
**accreditation** [5] - 6218:29, 6218:30, 6218:31, 6238:5  
**accurate** [2] - 6179:28, 6186:23  
**achievable** [1] - 6214:29  
**acquired** [9] - 6188:15, 6189:4, 6199:17, 6202:10, 6206:1, 6207:26, 6207:29, 6221:2, 6237:30  
**act** [1] - 6228:1  
**Act** [2] - 6176:45, 6177:16  
**acting** [2] - 6150:29, 6150:31  
**actions** [6] - 6151:24, 6221:40, 6222:13, 6222:16, 6222:19, 6232:43  
**actively** [1] - 6220:39  
**activities** [3] - 6186:45, 6232:27, 6239:39  
**activity** [4] - 6182:2, 6200:15, 6202:17, 6232:26  
**actual** [2] - 6221:46, 6242:28  
**acuity** [1] - 6194:29  
**acute** [73] - 6150:7, 6152:24, 6153:15, 6153:35, 6153:43, 6156:14, 6156:18, 6156:42, 6157:4, 6157:21, 6159:21, 6159:22, 6159:41, 6160:46, 6162:9, 6165:40, 6168:14, 6169:8, 6169:11, 6169:12, 6169:13, 6169:14, 6169:18, 6169:19, 6169:33, 6171:31, 6188:27, 6188:37, 6188:40, 6188:41, 6188:42, 6189:10, 6189:16, 6189:18, 6189:20, 6189:36, 6190:2, 6191:24, 6191:28, 6191:29, 6191:30, 6191:35, 6191:37, 6191:39, 6194:43, 6195:7, 6198:10, 6198:12, 6198:42, 6198:45, 6199:12, 6200:27, 6200:38, 6200:39, 6201:30, 6202:37, 6203:18, 6205:8, 6205:40, 6207:20, 6214:41, 6220:38, 6220:46, 6221:7, 6221:30, 6227:40, 6239:9, 6239:38  
**acutely** [3] - 6159:8, 6220:42, 6220:46  
**adamant** [3] - 6213:32, 6213:39, 6213:46  
**add** [20] - 6154:20, 6155:28, 6157:39, 6163:13, 6163:41, 6167:17, 6169:4, 6169:43, 6171:35, 6179:25, 6184:43, 6190:29, 6194:36, 6212:10, 6212:12, 6214:26, 6222:12, 6233:23, 6236:36, 6239:32  
**added** [1] - 6191:21  
**addition** [1] - 6206:44  
**additional** [18] - 6191:14, 6193:4, 6201:13, 6205:34, 6210:46, 6211:2, 6211:32, 6211:38, 6215:1, 6215:3, 6215:5, 6230:46, 6230:47, 6232:10, 6232:11  
**addressed** [1] - 6233:9  
**addresses** [1] - 6152:15  
**addressing** [1] - 6204:30  
**adhering** [1] - 6155:39  
**adjourn** [3] - 6196:34, 6243:14, 6243:15  
**adjournment** [1] - 6196:31  
**adjusted** [1] - 6175:27  
**ADL** [1] - 6186:44  
**administered** [1] - 6170:16  
**administration** [1] - 6211:13  
**admission** [4] - 6185:45, 6186:39, 6203:40, 6225:20  
**admission"** [1] - 6186:35  
**admissions** [8] - 6156:14, 6185:13, 6188:46, 6194:10, 6195:23, 6216:47, 6237:29, 6242:7  
**admit** [2] - 6206:40, 6211:30  
**admitted** [18] - 6156:40, 6156:43, 6157:5, 6157:7, 6157:11, 6164:47, 6175:21, 6175:25, 6175:30, 6185:42, 6187:15, 6187:23, 6214:7, 6221:17, 6231:2, 6240:5, 6241:21, 6241:31  
**admitting** [1] - 6231:8  
**adult** [2] - 6184:10, 6187:34  
**adults** [1] - 6187:15  
**advanced** [4] - 6184:22, 6184:26, 6218:13, 6218:32  
**advertised** [1] - 6170:36  
**advice** [2] - 6215:46, 6225:15  
**affect** [1] - 6208:42  
**affected** [1] - 6150:15  
**affirmation** [1] - 6150:45  
**affirmed** [4] - 6151:5, 6151:7, 6151:9, 6151:11  
**afford** [2] - 6167:33, 6167:42  
**after-hours** [1] - 6170:40  
**afternoon** [1] - 6192:47  
**age** [10] - 6174:29, 6174:30, 6174:37, 6187:15, 6196:6, 6196:7, 6198:24, 6201:18, 6213:15, 6221:21  
**aged** [128] - 6150:8, 6150:19, 6150:37, 6150:39, 6151:22, 6152:41, 6152:46, 6153:7, 6153:41, 6154:5, 6154:9, 6154:11, 6154:24, 6154:45, 6155:3, 6155:24, 6155:43, 6156:2, 6156:39, 6157:17, 6158:4, 6158:17, 6158:20, 6160:35, 6161:9, 6161:39, 6162:14, 6164:6, 6164:26, 6165:17, 6165:21, 6165:43, 6166:3, 6166:8, 6166:30, 6166:38, 6167:3, 6167:22, 6167:38, 6170:14, 6171:22, 6171:39, 6172:6, 6174:30, 6174:32, 6174:39, 6174:40, 6177:24, 6177:27, 6177:29, 6178:17, 6178:20, 6179:2, 6179:19, 6181:2, 6181:10, 6181:12, 6183:11, 6185:6, 6187:6, 6187:18, 6187:27, 6188:6, 6188:33, 6188:40, 6189:11, 6192:44, 6193:40, 6197:19, 6198:21, 6198:46, 6201:16, 6203:13, 6209:28, 6214:45, 6216:2, 6216:4, 6216:6, 6216:7, 6217:40, 6217:46, 6222:18, 6222:47, 6223:1, 6223:9, 6223:20, 6225:3, 6225:8, 6225:14, 6225:28, 6225:36, 6225:47, 6226:20, 6226:32, 6226:36, 6227:25, 6227:27, 6227:35, 6228:9, 6229:41, 6229:43, 6229:45, 6230:1, 6230:24, 6231:14, 6231:25, 6233:12, 6233:27, 6233:35, 6233:38, 6234:22, 6234:38, 6234:39, 6235:3, 6236:35, 6237:7, 6237:16, 6237:24, 6237:33, 6237:43, 6238:5, 6238:34, 6239:46, 6240:6, 6240:37, 6242:29, 6242:34  
**Aged** [2] - 6185:28, 6208:18  
**ageing** [4] - 6196:4, 6216:47, 6218:47, 6219:9  
**agency** [3] - 6193:12, 6193:37, 6230:34  
**agent** [1] - 6204:13  
**aggression** [3] - 6155:20, 6174:10, 6176:19  
**aggressive** [2] - 6204:28, 6223:2  
**ago** [7] - 6186:35, 6212:16, 6218:20, 6218:21, 6219:17, 6219:18, 6238:21  
**agree** [4] - 6178:16, 6198:29, 6205:42, 6223:43  
**agreed** [2] - 6188:32, 6231:12  
**ahead** [1] - 6242:47  
**aids** [2] - 6203:9, 6206:28  
**AIN** [2] - 6211:12, 6232:11  
**AINs** [1] - 6225:6  
**air** [1] - 6202:22  
**alcohol** [1] - 6204:14  
**alive** [1] - 6220:27  
**all-of-Australia** [1] - 6219:40  
**alleviate** [2] - 6232:32, 6235:45  
**allied** [31] - 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:4, 6183:6, 6183:12, 6183:16, 6183:23, 6183:41, 6189:47, 6190:43, 6191:3, 6193:6, 6193:8, 6202:32, 6203:22, 6203:30, 6208:14, 6208:17, 6208:38, 6217:24, 6224:32, 6231:2, 6231:6, 6240:27, 6241:1, 6241:3  
**allies** [1] - 6228:30  
**allocate** [3] - 6180:25, 6180:26, 6180:33  
**allocated** [12] - 6160:10, 6160:33, 6179:38, 6179:41, 6179:42, 6180:10, 6180:32, 6182:24, 6193:8, 6193:11,

6223:33, 6232:36  
**allocation** [2] -  
6179:43, 6193:43  
**allow** [4] - 6207:13,  
6234:44, 6239:11,  
6239:23  
**allowed** [3] - 6184:24,  
6184:31, 6235:15  
**allowing** [1] - 6184:40  
**allows** [1] - 6233:7  
**alluded** [1] - 6171:46  
**almost** [2] - 6155:22,  
6212:27  
**alone** [2] - 6176:13,  
6198:21  
**alongside** [2] -  
6198:30, 6224:32  
**alternate** [1] - 6231:11  
**alternative** [4] -  
6165:39, 6165:44,  
6172:19, 6175:23  
**altogether** [1] -  
6159:26  
**Ambulance** [3] -  
6226:1, 6229:42,  
6231:12  
**ambulance** [10] -  
6176:46, 6189:21,  
6197:14, 6197:15,  
6197:19, 6223:17,  
6225:42, 6225:45,  
6225:46, 6231:11  
**ambulances** [5] -  
6188:24, 6189:25,  
6189:26, 6194:13,  
6237:28  
**amount** [7] - 6153:37,  
6162:13, 6162:24,  
6167:30, 6222:35,  
6228:8, 6239:15  
**amounts** [1] - 6209:33  
**amplifies** [1] -  
6184:12  
**amps** [1] - 6217:26  
**AMY** [1] - 6151:5  
**Amy** [5] - 6150:26,  
6151:38, 6168:16,  
6179:27, 6190:30  
**analysed** [1] - 6201:2  
**anecdotally** [2] -  
6153:21, 6183:9  
**aneurysm** [1] -  
6220:21  
**annual** [1] - 6182:41  
**anomaly** [1] - 6168:32  
**answer** [3] - 6152:17,  
6191:10, 6213:22  
**answers** [1] - 6151:18  
**aortic** [1] - 6220:21  
**apart** [3] - 6200:41,  
6219:16, 6240:22  
**apparent** [1] - 6226:18  
**appear** [1] - 6184:14  
**appetite** [1] - 6184:15  
**application** [1] -  
6178:39  
**applications** [2] -  
6168:25, 6178:34  
**appoint** [1] - 6182:14  
**appointed** [1] - 6171:8  
**appointment** [2] -  
6164:34, 6213:19  
**appointments** [1] -  
6165:19  
**appreciate** [2] -  
6182:15, 6236:47  
**approach** [1] - 6214:5  
**approached** [3] -  
6229:1, 6229:8,  
6235:36  
**approaches** [1] -  
6150:22  
**approaching** [1] -  
6201:17  
**appropriate** [13] -  
6152:19, 6156:26,  
6161:16, 6169:40,  
6173:10, 6175:40,  
6178:22, 6181:15,  
6187:18, 6215:7,  
6221:1, 6226:13,  
6236:37  
**appropriately** [3] -  
6210:30, 6210:35,  
6233:13  
**approval** [1] - 6185:35  
**approvals** [2] -  
6185:29, 6185:31  
**April** [2] - 6194:2,  
6196:22  
**area** [19] - 6155:46,  
6165:8, 6166:11,  
6167:32, 6170:31,  
6183:9, 6196:2,  
6196:4, 6200:15,  
6204:25, 6214:31,  
6214:45, 6218:8,  
6222:37, 6227:33,  
6234:28, 6239:26,  
6240:31, 6240:35  
**areas** [13] - 6158:33,  
6161:25, 6174:14,  
6183:39, 6184:18,  
6198:2, 6200:17,  
6203:25, 6207:11,  
6212:20, 6218:47,  
6220:17, 6220:18  
**arm** [1] - 6209:47  
**arrangement** [3] -  
6159:25, 6159:33,  
6224:26  
**aspect** [6] - 6167:20,  
6187:20, 6194:16,  
6195:11, 6207:33,  
6240:45  
**aspects** [1] - 6205:19  
**aspirate** [1] - 6206:22  
**aspire** [1] - 6217:14  
**assess** [5] - 6160:18,  
6165:30, 6198:19,  
6214:11, 6220:40  
**assessed** [3] -  
6155:33, 6159:8,  
6175:21  
**assessing** [1] -  
6187:14  
**assessment** [11] -  
6152:42, 6165:10,  
6170:18, 6170:27,  
6181:30, 6181:34,  
6185:34, 6185:36,  
6190:17, 6197:12,  
6197:42  
**assessments** [10] -  
6160:16, 6160:21,  
6175:41, 6181:28,  
6185:23, 6214:12,  
6214:17, 6214:20,  
6237:20  
**assist** [1] - 6215:3  
**assistance** [6] -  
6199:9, 6203:29,  
6214:47, 6215:2,  
6231:6, 6243:11  
**assistant** [1] - 6211:7  
**assistants** [1] -  
6210:11  
**Assisting** [5] -  
6149:26, 6149:27,  
6149:28, 6149:29,  
6149:30  
**assume** [1] - 6173:1  
**assuming** [1] -  
6190:42  
**assumption** [1] -  
6177:35  
**AT** [2] - 6243:20,  
6243:21  
**attached** [1] - 6209:17  
**attacked** [1] - 6200:30  
**attempt** [2] - 6198:11,  
6201:32  
**attempted** [1] -  
6169:32  
**attempting** [1] -  
6229:6  
**attempts** [1] - 6204:32  
**attend** [3] - 6164:34,  
6173:30, 6176:20  
**attended** [1] - 6210:7  
**attending** [1] - 6227:5  
**attributed** [1] -  
6159:21  
**audience** [1] -  
6170:22  
**audited** [3] - 6220:10,  
6220:19, 6229:17  
**August/September**  
[1] - 6195:16  
**Australia** [3] -  
6219:40, 6220:8,  
6224:1  
**availability** [1] -  
6164:37  
**available** [11] -  
6159:1, 6164:36,  
6181:25, 6197:34,  
6198:7, 6226:6,  
6230:36, 6231:18,  
6240:28, 6240:40,  
6241:3  
**avenue** [1] - 6241:24  
**average** [13] -  
6152:38, 6152:42,  
6153:35, 6153:44,  
6155:22, 6155:26,  
6163:45, 6169:28,  
6192:9, 6192:20,  
6194:26, 6195:25,  
6226:46  
**AVL** [1] - 6150:34  
**avoid** [6] - 6163:19,  
6230:14, 6230:19,  
6241:25, 6241:46,  
6242:7  
**avoidance** [1] -  
6238:36  
**awaiting** [14] -  
6152:40, 6153:33,  
6153:37, 6153:40,  
6155:24, 6157:19,  
6157:20, 6168:25,  
6168:28, 6168:36,  
6171:25, 6181:9,  
6188:40, 6223:1  
**aware** [12] - 6153:18,  
6163:12, 6164:19,  
6168:14, 6172:33,  
6172:44, 6182:39,  
6182:40, 6233:35,  
6233:41, 6237:41,  
6238:16  
**awful** [3] - 6216:33,  
6217:1, 6228:22

---

**B**

---

**B3** [7] - 6156:41,  
6157:32, 6158:21,  
6168:27, 6168:29,  
6193:40, 6194:39  
**back-filled** [3] -  
6182:42, 6182:43,  
6182:44  
**back-flow** [5] -  
6187:47, 6188:23,  
6188:42, 6189:15,  
6194:9  
**background** [1] -  
6154:6  
**backwards** [1] -  
6218:22  
**bad** [1] - 6195:47  
**barrier** [1] - 6166:25  
**barriers** [5] - 6150:8,  
6172:29, 6174:23,  
6231:36, 6231:41  
**base** [17] - 6153:34,  
6153:35, 6153:42,  
6153:43, 6156:14,  
6178:23, 6190:32,  
6192:10, 6195:25,  
6222:24, 6222:42,  
6222:43, 6223:30,  
6223:33, 6223:37,  
6223:40, 6223:45  
**based** [5] - 6165:9,  
6168:29, 6224:31,  
6239:36, 6239:39  
**baseline** [1] - 6179:16  
**basic** [1] - 6184:3  
**basis** [1] - 6212:27  
**Beasley** [1] - 6149:14  
**became** [1] - 6226:18  
**become** [13] - 6159:8,  
6159:9, 6164:47,  
6178:43, 6179:10,  
6179:12, 6180:5,  
6184:8, 6201:40,  
6203:4, 6218:8,  
6219:40, 6229:20  
**becomes** [2] -  
6197:33, 6203:10  
**becoming** [2] -  
6178:46, 6219:31  
**bed** [75] - 6150:13,  
6151:23, 6153:34,  
6153:35, 6153:38,  
6153:42, 6153:43,  
6153:46, 6154:23,  
6156:14, 6157:42,  
6157:44, 6158:5,  
6158:8, 6161:26,  
6163:23, 6163:45,  
6164:2, 6164:7,  
6171:25, 6172:44,  
6177:43, 6178:23,  
6181:10, 6181:20,  
6184:44, 6185:3,  
6187:45, 6188:19,

- 6188:27, 6188:28,  
6189:26, 6189:41,  
6190:2, 6190:3,  
6190:7, 6190:31,  
6192:9, 6192:36,  
6195:25, 6196:28,  
6197:12, 6197:13,  
6197:33, 6197:45,  
6198:11, 6198:12,  
6198:13, 6201:33,  
6201:40, 6202:7,  
6202:18, 6206:10,  
6212:18, 6221:25,  
6221:27, 6221:30,  
6221:33, 6221:34,  
6222:24, 6222:42,  
6222:43, 6223:6,  
6223:30, 6223:33,  
6223:37, 6223:40,  
6223:44, 6224:16,  
6224:21, 6240:25,  
6240:28, 6240:40
- bed-base** [3] -  
6222:43, 6223:30,  
6223:37
- bedded** [1] - 6199:33
- beds** [73] - 6154:10,  
6154:12, 6154:15,  
6154:26, 6154:29,  
6154:37, 6154:39,  
6155:5, 6155:25,  
6156:8, 6161:18,  
6162:18, 6164:14,  
6164:17, 6164:20,  
6178:25, 6181:37,  
6182:2, 6182:3,  
6182:7, 6182:20,  
6182:24, 6188:7,  
6188:29, 6188:40,  
6189:20, 6189:36,  
6190:11, 6190:30,  
6192:9, 6192:11,  
6192:13, 6192:16,  
6192:18, 6193:33,  
6193:40, 6193:41,  
6193:45, 6194:1,  
6194:3, 6194:4,  
6194:42, 6195:18,  
6195:19, 6202:33,  
6205:8, 6205:34,  
6218:1, 6218:3,  
6223:9, 6223:18,  
6223:19, 6223:23,  
6223:26, 6223:31,  
6224:7, 6224:8,  
6226:45, 6226:47,  
6227:36, 6227:40,  
6228:14, 6230:47,  
6233:36, 6235:7,  
6237:24, 6239:9,  
6239:17, 6240:26,
- 6240:36
- beg** [1] - 6151:32
- begin** [1] - 6197:25
- beginning** [4] -  
6160:43, 6161:23,  
6163:1, 6183:32
- behaviour** [6] -  
6177:3, 6177:6,  
6204:28, 6215:14,  
6216:3, 6233:31
- behavioural** [10] -  
6154:22, 6159:43,  
6174:44, 6175:4,  
6176:17, 6204:8,  
6204:10, 6205:41,  
6214:40, 62215:30
- behaviourally** [1] -  
6209:36
- behaviours** [25] -  
6155:19, 6159:4,  
6159:44, 6159:46,  
6160:2, 6175:28,  
6175:36, 6176:22,  
6177:43, 6178:8,  
6178:10, 6179:11,  
6179:15, 6186:42,  
6197:37, 6202:14,  
6204:10, 6211:33,  
6215:7, 6215:47,  
6223:44, 6225:29,  
6228:21, 6232:32
- below** [1] - 6194:40
- Belrose** [1] - 6161:25
- belt** [1] - 6200:7
- Ben** [9] - 6150:40,  
6154:16, 6172:17,  
6178:16, 6201:14,  
6207:11, 6226:43,  
6227:2, 6227:8
- benchmark** [1] -  
6223:46
- bending** [1] - 6197:35
- bending-over** [1] -  
6197:35
- benefit** [3] - 6152:34,  
6231:45, 6243:2
- benefits** [3] - 6231:38,  
6238:33
- bENJAMIN** [1] -  
6151:11
- Benjamin** [2] -  
6152:12, 6171:16
- best** [17] - 6160:8,  
6191:10, 6192:28,  
6197:35, 6200:29,  
6200:30, 6205:26,  
6208:24, 6211:26,  
6212:5, 6213:36,  
6215:26, 6220:9,  
6220:10, 6231:16,
- 6233:10, 6236:39
- better** [2] - 6222:10,  
6226:13
- between** [16] -  
6152:40, 6156:38,  
6156:42, 6168:27,  
6170:23, 6173:33,  
6177:24, 6192:20,  
6193:9, 6215:38,  
6218:37, 6218:40,  
6218:42, 6222:39,  
6234:36, 6242:34
- beyond** [5] - 6150:17,  
6159:41, 6180:21,  
6195:3, 6242:33
- big** [3] - 6158:32,  
6169:40, 6237:10
- bigger** [4] - 6178:22,  
6200:33, 6238:15
- bill** [5] - 6165:5,  
6165:8, 6165:9,  
6167:34, 6176:13
- billing** [1] - 6167:8
- bit** [13] - 6166:29,  
6167:8, 6171:17,  
6173:25, 6174:44,  
6186:9, 6197:5,  
6208:41, 6216:5,  
6225:34, 6226:32,  
6234:5, 6236:45
- black** [1] - 6190:18
- bladder** [1] - 6206:10
- block** [5] - 6185:3,  
6187:45, 6188:19,  
6221:30, 6223:6
- blockage** [1] -  
6189:36
- blocked** [1] - 6230:28
- blocking** [1] - 6190:3
- blocks** [1] - 6188:36
- blood** [2] - 6177:6,  
6197:27
- Blue** [5] - 6150:32,  
6153:14, 6161:37,  
6164:31, 6168:19
- blunt** [1] - 6220:16
- board** [6] - 6160:30,  
6160:38, 6168:10,  
6168:14, 6169:31,  
6172:44
- boarded** [7] - 6157:42,  
6157:44, 6158:5,  
6158:8, 6221:25,  
6221:27, 6221:33
- boarding** [1] - 6175:22
- body** [1] - 6197:44
- bond** [3] - 6162:14,  
6162:16, 6162:40
- books** [2] - 6167:3,  
6212:29
- bored** [1] - 6202:15
- borrowing** [1] -  
6238:24
- boss** [1] - 6229:4
- bottom** [2] - 6225:1,  
6239:21
- bouncing** [1] -  
6213:10
- bowel** [1] - 6206:10
- brain** [2] - 6177:5
- brand** [1] - 6179:3
- break** [2] - 6196:29,  
6196:40
- breathing** [1] - 6190:5
- Brendan** [3] -  
6150:30, 6151:46,  
6179:45
- BRENDAN** [1] -  
6151:9
- brief** [1] - 6187:10
- bright** [1] - 6197:22
- brilliantly** [1] -  
6218:21
- bring** [1] - 6186:17
- broad** [1] - 6151:16
- broader** [3] - 6185:2,  
6190:31, 6222:23
- broadly** [2] - 6172:6,  
6202:45
- brogue** [1] - 6243:3
- brought** [1] - 6174:12
- bruises** [1] - 6170:25
- buddy** [1] - 6210:9
- budget** [9] - 6173:38,  
6176:14, 6179:38,  
6179:41, 6180:3,  
6180:7, 6180:8,  
6224:17, 6224:24
- build** [4] - 6154:25,  
6178:26, 6218:20,  
6238:43
- building** [8] - 6180:1,  
6196:3, 6230:25,  
6232:16, 6232:26,  
6234:45, 6234:46,  
6238:34
- buildings** [1] -  
6154:41
- builds** [2] - 6227:41,  
6235:8
- built** [2] - 6154:41,  
6223:4
- bulk** [5] - 6165:5,  
6165:8, 6165:9,  
6167:8, 6167:34
- bulk-billing** [1] -  
6167:8
- Bulli** [2] - 6221:28,  
6227:2
- bumps** [1] - 6170:25
- burn** [1] - 6170:40
- burnout** [7] - 6190:14,  
6201:13, 6208:45,  
6209:32, 6217:17,  
6221:46, 6222:4
- burnt** [1] - 6210:20
- busier** [1] - 6224:9
- busiest** [1] - 6195:15
- busy** [2] - 6197:47,  
6198:36
- butts** [1] - 6240:36
- buzzer** [1] - 6205:31
- BY** [1] - 6151:13
- bypass** [1] - 6225:20

---

**C**


---

- C7** [17] - 6156:38,  
6157:17, 6157:33,  
6157:43, 6157:46,  
6158:4, 6158:11,  
6158:14, 6158:20,  
6168:27, 6192:44,  
6194:7, 6194:8,  
6194:40, 6194:47,  
6223:18, 6233:27
- caller** [1] - 6229:44
- calm** [1] - 6195:15
- calmer** [1] - 6218:16
- calming** [1] - 6204:12
- cancel** [1] - 6192:2
- cancellations** [1] -  
6189:40
- cancelled** [2] -  
6190:20, 6191:45
- cannot** [5] - 6150:7,  
6162:18, 6167:17,  
6219:25, 6239:47
- cannulation** [2] -  
6197:28, 6197:35
- capabilities** [1] -  
6206:18
- capacity** [19] - 6160:6,  
6160:18, 6160:23,  
6180:1, 6181:26,  
6181:43, 6182:25,  
6182:36, 6192:4,  
6194:5, 6202:19,  
6213:41, 6223:16,  
6230:25, 6231:24,  
6231:26, 6231:30,  
6236:29, 6240:39
- capacity"** [1] -  
6182:34
- capital** [1] - 6181:11
- card** [1] - 6232:19
- cardiac** [1] - 6219:18
- cardiology** [2] -  
6200:45, 6219:29
- Care** [4] - 6185:28,

6208:19, 6223:12  
**care** [321] - 6150:7,  
6150:8, 6150:19,  
6150:37, 6150:39,  
6151:22, 6152:24,  
6152:41, 6152:46,  
6153:7, 6153:15,  
6153:41, 6154:5,  
6154:10, 6154:11,  
6154:24, 6154:45,  
6155:3, 6155:24,  
6155:43, 6156:35,  
6156:39, 6156:41,  
6156:43, 6157:3,  
6157:4, 6157:11,  
6157:13, 6157:17,  
6157:22, 6158:4,  
6158:17, 6158:20,  
6159:19, 6159:22,  
6159:41, 6160:35,  
6160:46, 6161:9,  
6161:39, 6162:9,  
6162:14, 6163:16,  
6164:6, 6164:26,  
6164:46, 6165:17,  
6165:21, 6165:43,  
6166:3, 6166:7,  
6166:8, 6166:30,  
6166:39, 6167:3,  
6167:22, 6167:27,  
6167:38, 6167:45,  
6168:3, 6170:13,  
6170:14, 6170:16,  
6170:17, 6170:22,  
6170:24, 6170:30,  
6170:37, 6170:43,  
6170:44, 6171:22,  
6171:24, 6171:39,  
6172:6, 6172:15,  
6172:18, 6172:23,  
6172:24, 6172:25,  
6172:27, 6173:10,  
6173:11, 6173:12,  
6173:13, 6173:18,  
6173:27, 6173:30,  
6173:35, 6174:15,  
6174:17, 6174:23,  
6174:30, 6174:32,  
6174:39, 6174:40,  
6175:30, 6175:39,  
6175:46, 6176:28,  
6177:12, 6177:16,  
6177:24, 6177:27,  
6177:29, 6178:17,  
6178:20, 6178:39,  
6179:2, 6179:8,  
6179:10, 6179:19,  
6179:38, 6180:2,  
6180:4, 6180:21,  
6180:39, 6181:2,  
6181:4, 6181:5,  
6181:10, 6181:12,  
6181:14, 6182:8,  
6183:11, 6185:6,  
6185:14, 6185:20,  
6185:31, 6185:37,  
6186:7, 6186:17,  
6186:27, 6186:41,  
6186:44, 6186:45,  
6187:6, 6187:17,  
6187:19, 6187:21,  
6187:22, 6187:27,  
6187:31, 6187:40,  
6188:6, 6188:29,  
6188:34, 6188:40,  
6188:41, 6188:42,  
6189:1, 6189:9,  
6189:11, 6189:18,  
6189:20, 6189:27,  
6189:29, 6189:34,  
6189:35, 6189:46,  
6189:47, 6191:39,  
6191:44, 6192:44,  
6193:40, 6194:12,  
6197:19, 6197:25,  
6197:26, 6198:21,  
6198:42, 6198:46,  
6199:18, 6200:4,  
6201:16, 6202:8,  
6203:12, 6203:13,  
6203:18, 6203:25,  
6203:26, 6203:27,  
6203:30, 6203:31,  
6203:40, 6205:40,  
6208:25, 6209:4,  
6209:28, 6210:10,  
6210:27, 6212:17,  
6212:31, 6212:32,  
6212:40, 6212:41,  
6212:42, 6212:46,  
6213:32, 6213:47,  
6214:27, 6214:35,  
6214:45, 6215:4,  
6215:7, 6215:20,  
6216:2, 6216:4,  
6216:6, 6216:7,  
6216:8, 6216:9,  
6216:11, 6217:40,  
6217:46, 6219:20,  
6219:21, 6219:23,  
6220:11, 6220:15,  
6220:38, 6221:17,  
6221:20, 6222:6,  
6222:8, 6222:18,  
6223:1, 6223:2,  
6223:9, 6223:20,  
6224:14, 6224:19,  
6224:20, 6224:27,  
6224:39, 6224:46,  
6225:3, 6225:8,  
6225:14, 6225:24,  
6225:28, 6225:36,  
6225:47, 6226:20,  
6226:32, 6226:37,  
6227:2, 6227:4,  
6227:9, 6227:13,  
6227:25, 6227:27,  
6227:36, 6228:9,  
6228:13, 6229:32,  
6229:38, 6229:41,  
6229:43, 6229:45,  
6230:1, 6230:9,  
6230:16, 6230:17,  
6230:24, 6231:13,  
6231:15, 6231:16,  
6231:19, 6231:24,  
6231:25, 6231:26,  
6231:27, 6231:31,  
6232:10, 6232:15,  
6232:38, 6233:6,  
6233:7, 6233:9,  
6233:12, 6233:15,  
6233:16, 6233:17,  
6233:18, 6233:27,  
6233:35, 6233:38,  
6234:22, 6234:38,  
6234:39, 6235:3,  
6236:35, 6237:7,  
6237:16, 6237:21,  
6237:24, 6237:33,  
6237:43, 6238:5,  
6238:34, 6239:23,  
6239:38, 6239:44,  
6239:47, 6240:6,  
6240:12, 6240:22,  
6240:37, 6241:18,  
6241:21, 6241:32,  
6241:40, 6242:29,  
6242:34  
**care-at-home** [1] -  
6203:40  
**cared** [1] - 6174:13  
**carer** [4] - 6185:11,  
6185:14, 6185:16  
**carers** [3] - 6174:11,  
6203:35  
**caring** [1] - 6150:13  
**carry** [2] - 6207:15,  
6207:16  
**case** [7] - 6175:22,  
6198:13, 6198:17,  
6219:47, 6220:6,  
6220:7, 6223:27  
**cases** [2] - 6189:41,  
6191:45  
**cashier** [1] - 6163:29  
**casual** [9] - 6182:30,  
6183:15, 6183:16,  
6192:27, 6193:13,  
6193:14, 6195:42,  
6195:45, 6223:25  
**casually** [1] - 6170:15  
**casuals** [1] - 6182:11  
**category** [1] - 6172:19  
**catheter** [2] - 6230:29,  
6230:30  
**catheters** [1] -  
6230:28  
**caught** [1] - 6184:1  
**causes** [12] - 6151:22,  
6153:3, 6154:4,  
6158:28, 6172:40,  
6177:3, 6179:13,  
6180:45, 6181:21,  
6183:29, 6183:47,  
6185:1  
**causing** [4] - 6158:33,  
6177:5, 6240:15,  
6240:16  
**CE** [2] - 6229:4,  
6229:22  
**cease** [1] - 6160:46  
**cellulitis** [1] - 6170:26  
**census** [4] - 6193:33,  
6194:1, 6194:3,  
6194:4  
**cent** [11] - 6153:34,  
6153:42, 6153:43,  
6158:45, 6166:23,  
6196:6, 6225:17,  
6225:18, 6225:19,  
6230:14  
**Central** [28] - 6150:28,  
6150:30, 6152:23,  
6152:37, 6158:26,  
6161:19, 6161:27,  
6163:17, 6164:13,  
6167:19, 6167:26,  
6167:42, 6168:2,  
6168:5, 6168:11,  
6168:23, 6172:17,  
6190:24, 6190:33,  
6191:30, 6193:32,  
6213:13, 6214:27,  
6229:28, 6229:30,  
6229:45, 6231:23,  
6240:42  
**centre** [5] - 6170:16,  
6170:24, 6191:39,  
6227:2, 6228:30  
**centres** [5] - 6167:27,  
6167:45, 6170:13,  
6170:22, 6170:30  
**centric** [2] - 6184:37,  
6218:46  
**cerebral** [1] - 6178:37  
**certain** [5] - 6165:41,  
6171:20, 6189:31,  
6190:19, 6212:16  
**certainly** [12] -  
6163:10, 6170:42,  
6172:24, 6187:34,  
6197:25, 6198:17,  
6198:33, 6200:33,  
6201:14, 6224:19,  
6233:1, 6236:43  
**cetera** [12] - 6170:4,  
6170:19, 6170:26,  
6171:47, 6184:45,  
6193:6, 6193:37,  
6195:12, 6197:22,  
6197:26, 6198:35,  
6206:33  
**cetera**" [1] - 6235:9  
**chair** [3] - 6197:33,  
6198:32  
**chairs** [1] - 6198:37  
**challenge** [5] -  
6155:27, 6180:5,  
6203:10, 6210:22,  
6210:43  
**challenged** [1] -  
6209:37  
**challenges** [12] -  
6150:18, 6159:3,  
6172:8, 6179:37,  
6191:21, 6200:39,  
6203:3, 6203:5,  
6224:3, 6224:40,  
6232:6, 6239:4  
**challenging** [14] -  
6158:33, 6159:4,  
6159:44, 6160:1,  
6179:12, 6190:33,  
6209:27, 6210:15,  
6210:17, 6210:37,  
6211:29, 6214:40,  
6217:13, 6238:7  
**chance** [4] - 6180:44,  
6213:36, 6219:19,  
6219:20  
**change** [12] - 6159:19,  
6167:5, 6182:25,  
6184:15, 6190:42,  
6190:43, 6217:39,  
6217:42, 6219:7,  
6219:41, 6223:26,  
6239:33  
**changed** [5] - 6162:8,  
6179:10, 6210:6,  
6222:24, 6237:6  
**changes** [7] -  
6194:29, 6205:16,  
6205:17, 6223:30,  
6223:37, 6230:30  
**changing** [2] -  
6205:28, 6206:46  
**charge** [2] - 6162:24,  
6168:6  
**charged** [3] - 6162:10,  
6163:18, 6163:22  
**charging** [1] - 6239:15

**chat** [1] - 6216:13  
**check** [3] - 6181:20, 6204:2, 6211:46  
**chest** [1] - 6210:2  
**chief** [3] - 6224:44, 6235:33, 6238:28  
**Chiu** [2] - 6149:35, 6242:39  
**CHIU** [1] - 6242:41  
**choice** [5] - 6158:45, 6180:38, 6185:7, 6185:46, 6192:4  
**choices** [1] - 6158:42  
**choose** [1] - 6219:37  
**chooses** [1] - 6180:25  
**choosing** [2] - 6152:44, 6158:32  
**Christmas** [1] - 6195:17  
**chronic** [1] - 6227:16  
**circumstances** [2] - 6165:34, 6189:31  
**cities** [1] - 6155:46  
**city** [2] - 6184:37, 6218:46  
**city-centric** [2] - 6184:37, 6218:46  
**clarify** [6] - 6156:46, 6186:34, 6228:44, 6234:2, 6235:26, 6239:42  
**cleaning** [1] - 6203:30  
**clear** [8] - 6160:45, 6166:19, 6176:27, 6199:41, 6200:14, 6205:4, 6205:37, 6207:19  
**clearly** [2] - 6182:2, 6243:5  
**clerks** [1] - 6163:35  
**client** [3] - 6180:25, 6180:27, 6222:10  
**client's** [1] - 6180:38  
**clients** [10] - 6164:33, 6164:37, 6165:9, 6185:4, 6203:20, 6208:20, 6208:25, 6209:3, 6233:14  
**Clinical** [1] - 6243:7  
**clinical** [5] - 6150:40, 6176:28, 6211:9, 6216:22, 6225:2  
**clinician** [2] - 6150:5, 6176:42  
**clinicians** [1] - 6150:25  
**clinics** [1] - 6224:30  
**close** [3] - 6193:23, 6223:26, 6237:35  
**closed** [7] - 6154:31, 6154:33, 6154:37, 6155:5, 6164:20, 6191:38, 6239:18  
**closely** [3] - 6229:3, 6229:5, 6235:31  
**closer** [2] - 6152:31, 6242:28  
**closing** [2] - 6194:8, 6201:16  
**closure** [2] - 6164:16, 6164:21  
**closures** [1] - 6240:37  
**clothes** [1] - 6197:43  
**CMO** [1] - 6229:4  
**CNC** [2] - 6216:2, 6216:4  
**co** [1] - 6150:37  
**co-director** [1] - 6150:37  
**coal** [1] - 6222:36  
**Coast** [27] - 6150:28, 6150:30, 6152:23, 6152:37, 6158:26, 6161:19, 6161:27, 6163:17, 6164:14, 6167:19, 6167:26, 6167:42, 6168:2, 6168:5, 6168:11, 6168:23, 6172:17, 6190:25, 6190:33, 6191:30, 6213:14, 6214:27, 6229:28, 6229:30, 6229:45, 6231:23, 6240:42  
**Coast's** [1] - 6193:32  
**cobbled** [1] - 6238:23  
**coercive** [1] - 6168:40  
**coffee** [1] - 6217:5  
**cognisant** [1] - 6230:32  
**cognition** [1] - 6199:44  
**cognitive** [2] - 6205:33, 6207:10  
**cognitively** [1] - 6206:29  
**cohort** [5] - 6170:23, 6170:28, 6211:40, 6216:41, 6223:32  
**Coledale** [5] - 6155:24, 6157:19, 6157:42, 6222:45, 6237:32  
**collaborative** [1] - 6227:12  
**colleagues** [4] - 6166:45, 6215:46, 6217:33, 6238:41  
**college** [5] - 6218:12, 6218:24, 6218:25, 6218:27, 6218:39  
**College** [3] - 6184:2, 6218:28  
**colleges** [4] - 6184:2, 6184:15, 6184:21, 6219:11  
**combative** [1] - 6202:40  
**combination** [2] - 6231:40, 6231:47  
**combined** [2] - 6164:36, 6218:11  
**comfort** [2] - 6200:4, 6200:45  
**comfortable** [2] - 6152:47, 6198:33  
**coming** [14] - 6154:47, 6173:7, 6184:5, 6184:39, 6195:33, 6196:4, 6197:6, 6208:34, 6212:25, 6216:28, 6226:21, 6240:34, 6241:19, 6241:43  
**comment** [24] - 6161:44, 6162:3, 6163:9, 6167:13, 6168:24, 6170:12, 6171:16, 6172:32, 6174:5, 6176:37, 6181:21, 6183:22, 6184:45, 6184:47, 6193:22, 6193:28, 6194:31, 6195:11, 6199:38, 6207:32, 6222:22, 6222:23, 6223:36, 6240:3  
**commentary** [1] - 6191:17  
**comments** [4] - 6181:1, 6193:31, 6207:40, 6222:38  
**Commission** [4] - 6149:7, 6154:9, 6154:39, 6164:16  
**COMMISSION** [1] - 6243:20  
**Commissioner** [8] - 6149:13, 6150:3, 6150:43, 6155:17, 6228:37, 6236:23, 6237:41, 6242:12  
**COMMISSIONER** [36] - 6150:1, 6152:14, 6152:33, 6155:12, 6157:27, 6157:37, 6158:11, 6158:16, 6158:24, 6162:39, 6162:45, 6167:1, 6167:11, 6170:35, 6182:32, 6183:2, 6196:31, 6196:38, 6212:34, 6213:2, 6228:41, 6234:2, 6234:36, 6235:20, 6235:25, 6235:47, 6236:5, 6236:10, 6236:15, 6236:41, 6242:14, 6242:22, 6242:37, 6242:43, 6242:47, 6243:10  
**commissioning** [1] - 6227:12  
**commitments** [1] - 6184:30  
**committees** [1] - 6204:18  
**common** [3] - 6150:11, 6173:10, 6240:1  
**Commonwealth** [44] - 6150:19, 6156:9, 6162:29, 6162:31, 6166:36, 6167:46, 6168:3, 6170:14, 6209:20, 6217:39, 6226:21, 6226:43, 6227:22, 6227:24, 6227:26, 6227:28, 6227:39, 6228:1, 6228:7, 6228:13, 6228:17, 6228:45, 6229:1, 6229:8, 6234:11, 6234:14, 6234:17, 6234:24, 6234:37, 6234:43, 6235:5, 6235:14, 6235:17, 6235:27, 6235:36, 6236:1, 6237:44, 6238:2, 6238:17, 6239:2, 6239:10, 6242:26  
**communicate** [1] - 6187:38  
**communities** [1] - 6218:37  
**community** [58] - 6150:31, 6153:17, 6153:18, 6156:8, 6167:28, 6172:42, 6173:2, 6173:29, 6173:46, 6176:47, 6177:32, 6178:19, 6179:8, 6179:34, 6179:37, 6179:39, 6179:46, 6183:11, 6183:24, 6185:20, 6186:11, 6187:37, 6196:15, 6203:11, 6203:16, 6203:23, 6203:36, 6208:5, 6208:18, 6208:34, 6208:36, 6212:12, 6212:14, 6212:18, 6212:19, 6212:25, 6212:37, 6213:9, 6227:15, 6231:7, 6231:14, 6232:44, 6233:6, 6233:7, 6238:44, 6239:36, 6239:40, 6239:44, 6241:8, 6241:19, 6241:22, 6241:32, 6241:36, 6241:37, 6241:40, 6242:1, 6242:5, 6242:9  
**community-based** [1] - 6239:36  
**comorbidities** [8] - 6165:31, 6170:19, 6195:34, 6198:31, 6212:40, 6219:36, 6219:46, 6221:9  
**comp** [2] - 6209:40, 6209:46  
**ComPacks** [1] - 6186:30  
**compared** [6] - 6156:2, 6162:13, 6162:15, 6164:21, 6181:11, 6223:47  
**compass** [1] - 6158:12  
**complacency** [1] - 6204:19  
**complaints** [2] - 6201:7, 6204:17  
**complete** [5] - 6178:25, 6184:21, 6215:41, 6221:19, 6237:33  
**completely** [5] - 6165:24, 6184:32, 6194:41, 6199:47, 6216:27  
**complex** [12] - 6173:23, 6173:28, 6176:17, 6185:45, 6188:16, 6212:14, 6212:38, 6215:47, 6216:3, 6221:20, 6236:34, 6236:42  
**complexity** [1] - 6242:5  
**complicated** [3] - 6169:33, 6183:31, 6239:27  
**complication** [3] - 6189:4, 6202:3, 6237:30  
**complications** [9] -

6188:15, 6197:19, 6202:10, 6202:24, 6203:24, 6206:2, 6207:29, 6221:2, 6221:3  
**component** [1] - 6229:38  
**compound** [3] - 6198:46, 6205:32, 6206:29  
**compounded** [1] - 6199:11  
**compounding** [1] - 6196:10  
**compounds** [1] - 6188:19  
**computer** [1] - 6211:45  
**concern** [7] - 6178:10, 6186:43, 6210:31, 6210:35, 6211:19, 6215:7, 6238:4  
**concerns** [3] - 6203:45, 6210:24, 6215:24  
**concludes** [1] - 6242:12  
**condition** [3] - 6175:4, 6188:16, 6207:20  
**conditions** [2] - 6198:45, 6206:34  
**conduct** [1] - 6213:17  
**confused** [1] - 6210:45  
**confusion** [3] - 6199:12, 6201:39, 6201:46  
**connections** [1] - 6230:16  
**consequences** [3] - 6151:23, 6196:41, 6202:44  
**consider** [5] - 6150:6, 6159:17, 6161:24, 6184:4, 6234:47  
**considered** [1] - 6183:20  
**considering** [1] - 6155:6  
**consistent** [1] - 6210:19  
**consistently** [9] - 6167:34, 6171:14, 6195:26, 6195:41, 6196:1, 6210:3, 6210:30, 6210:33, 6240:31  
**consists** [1] - 6230:1  
**constantly** [1] - 6219:3  
**constipation** [1] - 6206:13  
**consult** [4] - 6172:1, 6211:45, 6219:26, 6221:22  
**consultation** [1] - 6217:32  
**consultations** [1] - 6156:19  
**consulted** [1] - 6221:18  
**consulting** [2] - 6204:33, 6221:16  
**consumer** [1] - 6181:4  
**contact** [3] - 6191:22, 6230:20, 6231:13  
**contacted** [2] - 6216:7, 6216:14  
**context** [2] - 6212:18, 6241:19  
**continence** [3] - 6199:45, 6207:14, 6221:4  
**continue** [4] - 6174:41, 6195:3, 6222:30, 6228:38  
**continuing** [2] - 6231:46, 6232:1  
**continuity** [1] - 6170:43  
**contract** [6] - 6166:15, 6208:35, 6209:16, 6209:19, 6209:20, 6228:18  
**contracts** [4] - 6208:33, 6208:37, 6208:38  
**contributor** [1] - 6184:41  
**control** [2] - 6150:17, 6237:18  
**conversation** [4] - 6158:44, 6174:31, 6200:2, 6221:47  
**conversations** [3] - 6200:6, 6228:44, 6235:27  
**converted** [1] - 6222:46  
**conveyor** [1] - 6200:7  
**convince** [1] - 6184:20  
**coordinate** [2] - 6186:27, 6186:30  
**coordinated** [1] - 6159:31  
**coordination** [1] - 6187:17  
**coordinators** [1] - 6173:35  
**cope** [6] - 6179:5, 6179:31, 6186:40, 6187:2, 6206:30, 6223:35  
**coped** [1] - 6213:37  
**coping** [2] - 6179:4, 6179:33  
**core** [2] - 6215:27, 6216:12  
**coronary** [4] - 6204:29, 6219:20, 6219:21, 6219:23  
**correct** [42] - 6156:38, 6157:11, 6157:32, 6158:20, 6161:2, 6168:45, 6171:33, 6171:42, 6175:7, 6177:25, 6177:33, 6177:36, 6179:21, 6182:22, 6182:28, 6186:22, 6186:38, 6187:8, 6189:22, 6189:38, 6189:44, 6192:37, 6192:39, 6197:1, 6197:29, 6198:9, 6199:30, 6205:41, 6207:4, 6207:6, 6209:8, 6209:21, 6209:23, 6214:22, 6220:43, 6220:45, 6221:36, 6224:13, 6234:41, 6235:21, 6237:23, 6240:14  
**correctly** [2] - 6224:6, 6232:20  
**corridor** [3] - 6197:32, 6197:47  
**cost** [9] - 6159:13, 6159:20, 6162:6, 6163:45, 6164:2, 6175:45, 6181:11, 6190:7, 6239:16  
**costing** [1] - 6164:7  
**costs** [1] - 6190:8  
**council** [1] - 6154:40  
**Counsel** [5] - 6149:26, 6149:27, 6149:28, 6149:29, 6149:30  
**counselling** [1] - 6226:10  
**count** [1] - 6218:41  
**counted** [1] - 6182:19  
**couple** [5] - 6151:18, 6166:41, 6167:26, 6171:12, 6196:19  
**course** [2] - 6154:46, 6236:26  
**court** [2] - 6151:15, 6171:13  
**cover** [6] - 6151:17, 6172:11, 6191:13, 6192:30, 6218:36, 6233:28  
**covered** [5] - 6175:46, 6176:6, 6176:8, 6203:1, 6207:47  
**covering** [1] - 6151:21  
**covers** [1] - 6215:42  
**COVID** [10] - 6154:9, 6154:44, 6164:15, 6195:38, 6199:24, 6199:25, 6201:15, 6231:24, 6232:9, 6232:37  
**CPR** [1] - 6197:21  
**created** [2] - 6193:10, 6229:18  
**creates** [4] - 6201:13, 6205:29, 6205:34, 6217:28  
**creating** [3] - 6217:20, 6229:18, 6236:28  
**crisis** [5] - 6165:40, 6185:10, 6185:40, 6190:16, 6239:38  
**criteria** [2] - 6163:37, 6225:45  
**critically** [1] - 6200:44  
**criticism** [1] - 6204:33  
**CT** [1] - 6177:7  
**cure** [1] - 6238:13  
**current** [3] - 6185:3, 6193:21, 6227:37  
**cut** [2] - 6170:40, 6170:41  
**cycle** [1] - 6214:3

---

**D**

---

**daily** [5] - 6163:22, 6163:23, 6186:45, 6212:27, 6236:29  
**damage** [1] - 6174:20  
**danger** [2] - 6174:18, 6210:41  
**dangerous** [1] - 6204:9  
**Daniel** [1] - 6149:30  
**data** [1] - 6152:39  
**date** [5] - 6160:31, 6160:33, 6160:41, 6171:7, 6241:5  
**dated** [1] - 6168:30  
**Davidson** [1] - 6149:35  
**days** [24] - 6153:36, 6153:38, 6153:45, 6153:46, 6155:21, 6155:22, 6155:26, 6157:43, 6157:47, 6158:3, 6158:7, 6158:8, 6160:40, 6161:22, 6181:33, 6188:10, 6195:19, 6213:37, 6213:47, 6214:2, 6226:4, 6230:4, 6236:32  
**days'** [1] - 6157:45  
**deafness** [1] - 6205:32  
**deal** [12] - 6176:17, 6208:6, 6210:4, 6211:22, 6211:35, 6217:13, 6217:19, 6219:25, 6220:40, 6224:40, 6232:36, 6232:44  
**dealing** [3] - 6191:23, 6200:46, 6204:37  
**debatable** [1] - 6163:10  
**debrief** [1] - 6217:5  
**decant** [1] - 6190:12  
**December** [4] - 6193:23, 6194:17, 6195:3, 6195:20  
**decide** [1] - 6158:34  
**decided** [2] - 6163:29, 6235:20  
**decides** [1] - 6163:26  
**decision** [8] - 6158:41, 6160:9, 6169:1, 6170:9, 6177:12, 6177:20, 6190:19, 6209:16  
**decision-making** [1] - 6160:9  
**decisions** [3] - 6156:26, 6160:5, 6240:30  
**decline** [2] - 6152:45, 6199:12  
**declined** [1] - 6177:44  
**decondition** [1] - 6201:44  
**deconditioned** [6] - 6201:41, 6203:5, 6203:21, 6203:39, 6208:6, 6208:10  
**deconditioning** [4] - 6188:18, 6199:11, 6202:26, 6208:13  
**decreased** [1] - 6212:43  
**deescalate** [1] - 6210:4  
**default** [1] - 6175:9  
**defer** [1] - 6216:4  
**deficiency** [1] - 6178:37  
**define** [2] - 6171:12,

6186:38  
**definitely** [8] -  
6180:19, 6195:30,  
6196:7, 6218:9,  
6218:10, 6227:45,  
6231:41, 6232:32  
**degree** [1] - 6176:30  
**delay** [6] - 6155:21,  
6155:25, 6172:9,  
6197:15, 6199:17,  
6240:9  
**delayed** [1] - 6190:6  
**delays** [33] - 6151:22,  
6154:4, 6155:32,  
6155:42, 6156:11,  
6156:25, 6158:29,  
6158:33, 6160:5,  
6168:9, 6168:16,  
6168:43, 6169:29,  
6169:36, 6169:38,  
6170:1, 6170:4,  
6171:40, 6171:44,  
6172:39, 6174:40,  
6178:40, 6181:33,  
6181:45, 6185:21,  
6185:30, 6185:32,  
6215:35, 6215:40,  
6222:20, 6236:36,  
6237:7, 6237:9  
**delirium** [10] - 6175:5,  
6197:23, 6198:35,  
6199:12, 6201:30,  
6201:38, 6201:45,  
6202:37, 6207:9,  
6207:16  
**demand** [12] -  
6185:20, 6193:34,  
6193:45, 6194:22,  
6194:26, 6194:29,  
6196:17, 6196:18,  
6221:15, 6223:35,  
6237:17, 6240:16  
**demands** [3] -  
6212:28, 6215:9,  
6215:21  
**demented** [2] -  
6200:43, 6201:7  
**dementia** [19] -  
6154:22, 6154:23,  
6154:25, 6155:23,  
6156:7, 6162:18,  
6178:25, 6179:11,  
6205:23, 6205:25,  
6223:2, 6227:18,  
6227:38, 6228:14,  
6228:20, 6228:31,  
6235:4, 6238:6,  
6238:14  
**dementia-specific** [5]  
- 6154:23, 6154:25,  
6155:23, 6178:25,  
6227:38  
**demographic** [4] -  
6184:1, 6184:38,  
6194:24  
**demoralising** [1] -  
6217:9  
**dentures** [2] -  
6206:27, 6232:21  
**department** [28] -  
6157:15, 6163:36,  
6170:23, 6172:32,  
6176:41, 6177:15,  
6182:39, 6185:13,  
6185:41, 6188:6,  
6188:43, 6188:46,  
6189:2, 6189:6,  
6189:20, 6194:11,  
6194:12, 6196:46,  
6197:7, 6198:6,  
6199:45, 6200:18,  
6200:25, 6200:35,  
6207:5, 6224:23,  
6226:33, 6237:29  
**department's** [1] -  
6190:4  
**departments** [3] -  
6198:11, 6223:16,  
6227:9  
**dependency** [2] -  
6154:45, 6189:46  
**deposit** [1] - 6162:41  
**depressed** [2] -  
6202:23, 6207:1  
**depression** [4] -  
6206:34, 6206:37,  
6206:38, 6206:41  
**describe** [2] -  
6170:38, 6173:33  
**described** [5] -  
6168:16, 6168:43,  
6188:38, 6189:45,  
6230:12  
**describing** [3] -  
6187:32, 6190:26,  
6232:7  
**designed** [3] -  
6197:21, 6207:12,  
6207:13  
**despite** [4] - 6194:42,  
6204:32, 6218:35,  
6219:5  
**detail** [5] - 6171:2,  
6174:44, 6193:1,  
6216:21, 6238:16  
**detailed** [1] - 6170:18  
**details** [2] - 6166:34,  
6238:3  
**deteriorate** [2] -  
6225:22, 6239:46  
**deteriorates** [1] -  
6198:24  
**deterioration** [1] -  
6240:11  
**determine** [2] -  
6163:36, 6181:31  
**detrimental** [2] -  
6197:10, 6222:40  
**developed** [2] -  
6225:3, 6240:32  
**developing** [3] -  
6206:34, 6219:39,  
6236:13  
**devised** [1] - 6170:43  
**diagnoses** [1] -  
6227:14  
**diagnostics** [1] -  
6171:22  
**dialogue** [2] -  
6229:13, 6229:21  
**die** [2] - 6200:20,  
6207:6  
**diet** [1] - 6206:18  
**difference** [5] -  
6177:23, 6194:18,  
6218:37, 6218:40,  
6218:42  
**differences** [1] -  
6206:47  
**different** [14] -  
6154:42, 6158:14,  
6194:41, 6205:29,  
6206:7, 6206:20,  
6209:43, 6218:41,  
6218:43, 6222:1,  
6222:4, 6224:19,  
6235:44, 6239:1  
**differently** [3] -  
6218:9, 6229:19,  
6237:10  
**difficult** [7] - 6178:24,  
6197:13, 6206:46,  
6208:28, 6208:31,  
6217:15, 6225:29  
**difficulties** [2] -  
6194:45, 6203:26  
**difficulty** [3] -  
6154:47, 6155:1,  
6173:44  
**dignified** [1] - 6197:41  
**dignity** [1] - 6206:33  
**direct** [1] - 6225:20  
**directed** [1] - 6176:21  
**directly** [2] - 6229:1,  
6233:8  
**director** [3] - 6150:29,  
6150:37, 6150:40  
**disability** [2] - 6150:9,  
6178:38  
**Disability** [1] -  
6150:20  
**disadvantage** [4] -  
6162:21, 6165:16,  
6165:26, 6181:14  
**disappointing** [2] -  
6218:22, 6218:45  
**disaster** [1] - 6228:6  
**discharge** [34] -  
6153:32, 6153:36,  
6153:44, 6154:5,  
6154:20, 6172:1,  
6172:43, 6175:31,  
6178:24, 6181:43,  
6185:6, 6185:43,  
6186:1, 6186:24,  
6187:6, 6187:13,  
6187:18, 6187:28,  
6187:31, 6187:41,  
6188:31, 6191:22,  
6191:26, 6191:34,  
6194:31, 6213:33,  
6221:20, 6224:8,  
6225:29, 6227:14,  
6238:37, 6240:4  
**discharged** [12] -  
6150:7, 6161:21,  
6162:10, 6189:9,  
6203:34, 6208:20,  
6212:14, 6212:36,  
6213:15, 6214:8,  
6216:10, 6229:35  
**discharging** [2] -  
6151:22, 6223:45  
**discontented** [1] -  
6216:31  
**discovered** [1] -  
6236:42  
**discuss** [1] - 6235:40  
**discussed** [5] -  
6194:9, 6203:20,  
6211:23, 6235:41,  
6239:4  
**discussion** [2] -  
6234:32, 6235:21  
**discussions** [1] -  
6236:1  
**disease** [1] - 6227:17  
**disempowered** [1] -  
6206:41  
**disincentive** [2] -  
6162:7, 6166:36  
**disorders** [1] -  
6176:17  
**disorientate** [1] -  
6205:23  
**display** [1] - 6204:27  
**disruption** [1] -  
6177:14  
**disruptive** [1] -  
6184:33  
**distance** [1] - 6215:34  
**distress** [3] - 6217:18,  
6217:26, 6217:28  
**distressed** [4] -  
6200:25, 6201:6,  
6201:9, 6216:27  
**distresses** [1] -  
6200:23  
**distressing** [4] -  
6200:21, 6200:28,  
6200:29, 6217:3  
**District** [9] - 6150:30,  
6150:32, 6150:35,  
6150:41, 6152:23,  
6168:3, 6169:8,  
6190:25, 6238:1  
**district** [22] - 6150:38,  
6153:11, 6154:11,  
6163:33, 6164:42,  
6164:44, 6171:3,  
6174:2, 6178:26,  
6181:6, 6182:45,  
6183:32, 6183:34,  
6187:28, 6194:2,  
6202:44, 6208:17,  
6222:20, 6228:15,  
6230:46, 6231:45,  
6233:35  
**district/ministry** [1] -  
6209:15  
**districts** [5] - 6150:18,  
6151:30, 6183:35,  
6217:33, 6232:47  
**disturbance** [3] -  
6154:22, 6204:10,  
6205:41  
**disturbed** [2] -  
6228:20, 6235:4  
**disused** [2] - 6227:32,  
6234:26  
**diversional** [3] -  
6202:15, 6232:27,  
6233:28  
**divert** [1] - 6224:25  
**divide** [1] - 6151:16  
**division** [1] - 6150:38  
**doctor** [7] - 6157:23,  
6211:47, 6216:18,  
6216:19, 6216:38,  
6217:18, 6239:7  
**doctors** [16] -  
6160:26, 6191:17,  
6191:19, 6215:34,  
6215:37, 6216:28,  
6216:31, 6216:41,  
6217:3, 6217:4,  
6217:10, 6217:31,  
6217:32, 6220:37,  
6220:39, 6221:5  
**doctors'** [1] - 6215:40

**documented** [1] - 6159:38, 6160:12, 6206:25  
**dog** [1] - 6180:28  
**done** [20] - 6155:38, 6165:32, 6169:30, 6174:20, 6180:28, 6180:39, 6192:18, 6192:23, 6192:26, 6202:2, 6210:18, 6217:12, 6222:7, 6222:45, 6228:46, 6229:27, 6232:23, 6233:5, 6235:28, 6237:10  
**door** [2] - 6184:6, 6229:13  
**dose** [1] - 6204:15  
**doses** [2] - 6204:12, 6204:47  
**doubt** [3] - 6217:38, 6219:39, 6238:8  
**down** [28] - 6155:43, 6157:47, 6160:7, 6168:15, 6179:9, 6189:10, 6189:35, 6190:2, 6191:33, 6193:35, 6195:16, 6195:18, 6195:27, 6199:1, 6201:33, 6210:2, 6210:33, 6210:34, 6218:13, 6218:14, 6218:15, 6219:4, 6223:10, 6226:23, 6227:33, 6234:27, 6237:30, 6241:37  
**downstream** [2] - 6197:45, 6231:38  
**Dr** [14] - 6149:28, 6152:14, 6153:30, 6155:18, 6163:43, 6171:38, 6176:39, 6180:47, 6188:4, 6193:30, 6221:15, 6233:38, 6235:26, 6236:24  
**DR** [241] - 6150:3, 6151:15, 6151:40, 6151:44, 6152:1, 6152:10, 6152:21, 6153:2, 6153:7, 6153:13, 6153:20, 6153:27, 6154:1, 6154:29, 6154:35, 6155:10, 6155:15, 6155:30, 6156:28, 6156:46, 6157:3, 6157:9, 6157:25, 6158:26, 6159:11, 6159:24, 6159:30,

6197:3, 6198:5, 6198:23, 6198:40, 6199:4, 6199:21, 6199:27, 6199:37, 6201:21, 6202:26, 6202:31, 6202:43, 6203:15, 6203:33, 6203:42, 6204:4, 6204:36, 6204:43, 6205:21, 6205:37, 6205:47, 6206:6, 6206:32, 6207:3, 6207:19, 6207:25, 6207:32, 6207:44, 6208:2, 6208:28, 6208:45, 6209:6, 6209:12, 6209:19, 6209:25, 6209:43, 6210:24, 6211:5, 6211:17, 6211:37, 6212:9, 6213:7, 6213:26, 6214:5, 6214:19, 6214:24, 6214:37, 6215:44, 6216:16, 6217:31, 6218:24, 6219:9, 6219:44, 6220:35, 6221:12, 6221:33, 6221:39, 6222:12, 6222:28, 6222:32, 6223:39, 6224:5, 6224:23, 6224:36, 6225:34, 6225:40, 6226:29, 6228:35, 6228:43, 6229:24, 6230:39, 6231:35, 6232:4, 6232:41, 6233:21, 6233:43, 6236:13, 6236:17, 6236:45, 6237:38, 6238:20, 6238:47, 6239:30, 6239:42, 6240:9, 6240:19, 6240:44, 6241:13, 6242:1, 6242:12, 6242:45, 6243:2  
**dramatic** [1] - 6194:9  
**dramatically** [1] - 6189:5  
**drastic** [1] - 6217:39  
**dressings** [1] - 6180:28  
**dressings** [3] - 6173:18, 6173:21, 6173:26  
**drop** [1] - 6226:45  
**dropped** [1] - 6195:19  
**drops** [1] - 6195:27  
**drug** [2] - 6177:8, 6204:14  
**dryer** [1] - 6232:22

**dual** [2] - 6177:40, 6216:5  
**due** [4] - 6174:24, 6181:33, 6185:3, 6199:32  
**during** [1] - 6154:44  
**duties** [1] - 6215:1  
**dying** [2] - 6207:19, 6207:25  


---

**E**

---

**early** [4] - 6195:4, 6196:22, 6225:28, 6238:36  
**easier** [3] - 6186:16, 6186:23, 6203:35  
**east** [22] - 6156:38, 6156:41, 6157:17, 6157:32, 6157:33, 6157:43, 6157:46, 6158:4, 6158:20, 6158:21, 6168:27, 6168:29, 6192:44, 6193:40, 6194:7, 6194:8, 6194:39, 6194:40, 6194:47, 6223:18, 6233:27  
**Eastern** [1] - 6237:47  
**easy** [2] - 6170:27, 6241:20  
**economical** [1] - 6222:43  
**Ed** [1] - 6149:26  
**ED** [22] - 6153:42, 6167:29, 6167:30, 6170:31, 6170:39, 6172:19, 6188:23, 6198:17, 6207:9, 6207:33, 6217:27, 6225:9, 6225:17, 6225:20, 6225:30, 6225:32, 6226:11, 6226:31, 6226:36, 6227:5, 6227:45, 6238:36  
**education** [6] - 6204:32, 6212:20, 6230:29, 6230:35, 6230:36, 6233:1  
**effect** [15] - 6164:41, 6187:47, 6194:11, 6196:11, 6199:39, 6201:24, 6203:44, 6207:34, 6207:45, 6209:26, 6209:30, 6212:13, 6214:38, 6216:19, 6224:47  
**effectively** [9] - 6165:32, 6175:22,

6178:44, 6180:7, 6182:3, 6186:1, 6186:26, 6205:38, 6238:24  
**effects** [9] - 6151:23, 6181:19, 6184:44, 6188:23, 6189:13, 6196:14, 6196:25, 6233:30  
**efficiencies** [1] - 6236:28  
**efficiency** [1] - 6237:11  
**efficient** [4] - 6171:45, 6224:3, 6237:2, 6239:13  
**efficiently** [1] - 6185:28  
**eight** [4] - 6195:41, 6216:42, 6218:32, 6223:19  
**either** [18] - 6156:25, 6160:9, 6160:18, 6166:24, 6173:37, 6176:45, 6179:31, 6186:29, 6187:15, 6190:12, 6198:42, 6214:30, 6221:28, 6225:46, 6231:8, 6231:14, 6233:17, 6240:40  
**elaborate** [1] - 6204:43  
**elderly** [25] - 6155:47, 6159:12, 6165:30, 6166:10, 6183:33, 6183:34, 6183:39, 6183:43, 6184:38, 6199:42, 6200:15, 6200:19, 6200:24, 6200:26, 6200:43, 6201:17, 6204:16, 6206:35, 6206:38, 6206:44, 6219:46, 6220:12, 6220:17, 6227:5  
**electronic** [1] - 6165:23  
**element** [1] - 6180:4  
**elsewhere** [4] - 6162:21, 6171:26, 6218:11, 6227:41  
**emergency** [31] - 6157:14, 6170:33, 6172:31, 6176:41, 6176:42, 6177:9, 6177:14, 6185:41, 6188:6, 6188:42, 6188:46, 6189:1, 6189:6, 6189:19,



6189:28, 6190:4,  
6194:10, 6194:12,  
6196:46, 6197:7,  
6198:6, 6198:11,  
6199:45, 6200:18,  
6200:24, 6200:35,  
6207:5, 6223:16,  
6226:33, 6237:29  
**emerging** [1] - 6178:5  
**emotional** [2] -  
6215:8, 6215:21  
**empathy** [1] - 6216:32  
**emphasise** [1] -  
6194:38  
**employ** [1] - 6234:44  
**employed** [2] -  
6208:36, 6233:5  
**empower** [3] -  
6158:41, 6159:36,  
6228:30  
**empowered** [2] -  
6217:13, 6230:41  
**empowering** [1] -  
6158:42  
**empowerment** [1] -  
6216:38  
**EN** [1] - 6211:10  
**enable** [1] - 6242:9  
**enabled** [1] - 6211:22  
**enact** [2] - 6159:35,  
6239:11  
**encounter** [2] -  
6173:46, 6224:3  
**encountered** [2] -  
6168:19, 6174:1  
**encourage** [4] -  
6172:25, 6224:14,  
6224:18, 6224:29  
**encouraged** [2] -  
6212:30, 6227:9  
**end** [11] - 6160:43,  
6161:23, 6184:34,  
6185:1, 6200:6,  
6202:1, 6202:23,  
6206:12, 6208:41,  
6216:29, 6228:5  
**ending** [1] - 6184:9  
**engaged** [1] - 6172:39  
**enjoying** [1] - 6188:10  
**enormous** [1] -  
6200:34  
**enrolled** [1] - 6213:16  
**ENs** [1] - 6211:12  
**ensure** [6] - 6212:27,  
6212:46, 6213:18,  
6213:24, 6222:7,  
6232:19  
**ensuring** [1] - 6233:13  
**enter** [1] - 6170:7  
**entire** [1] - 6181:41

**environment** [23] -  
6164:46, 6185:16,  
6188:8, 6188:11,  
6188:13, 6197:23,  
6197:32, 6197:40,  
6198:6, 6198:41,  
6199:15, 6199:31,  
6200:2, 6200:6,  
6200:11, 6205:26,  
6206:30, 6206:39,  
6209:2, 6214:13,  
6220:47, 6222:1,  
6224:34  
**environmental** [1] -  
6215:31  
**episodes** [3] -  
6174:11, 6204:17,  
6207:15  
**episodic** [1] - 6172:18  
**equally** [1] - 6191:20  
**equates** [2] - 6186:12  
**equipment** [1] -  
6215:3  
**equitable** [1] - 6163:9  
**error** [1] - 6205:11  
**errors** [2] - 6204:38,  
6220:40  
**escalation** [3] -  
6171:18, 6190:17,  
6190:18  
**especially** [5] -  
6161:18, 6195:17,  
6198:9, 6201:29,  
6232:17  
**established** [1] -  
6220:8  
**estimate** [1] - 6152:22  
**et** [13] - 6170:4,  
6170:19, 6170:26,  
6171:47, 6184:45,  
6193:6, 6193:37,  
6195:12, 6197:22,  
6197:26, 6198:35,  
6206:33, 6235:9  
**eternally** [1] - 6219:42  
**ethically** [1] - 6237:23  
**evaluating** [1] -  
6231:46  
**evaluation** [2] -  
6188:28, 6221:26  
**evening** [2] - 6217:7,  
6241:45  
**event** [4] - 6170:41,  
6178:37, 6204:29,  
6219:19  
**evidence** [3] -  
6150:34, 6150:44,  
6176:40  
**exact** [3] - 6168:37,  
6168:38, 6189:24

**exactly** [2] - 6154:30,  
6171:29  
**exaggerated** [1] -  
6156:3  
**exaggerates** [1] -  
6169:41  
**example** [18] -  
6156:12, 6179:45,  
6181:8, 6185:32,  
6188:45, 6197:33,  
6204:12, 6204:27,  
6215:33, 6215:37,  
6219:44, 6220:5,  
6224:30, 6229:27,  
6230:27, 6231:33,  
6231:42, 6235:9  
**examples** [2] -  
6203:44, 6212:37  
**executive** [5] -  
6224:44, 6228:47,  
6235:28, 6235:33,  
6238:28  
**exit** [1] - 6186:43  
**exit-seeking** [1] -  
6186:43  
**expand** [12] - 6164:27,  
6165:45, 6170:20,  
6172:7, 6176:39,  
6198:34, 6225:27,  
6226:22, 6226:23,  
6227:10, 6238:35,  
6238:45  
**expanded** [2] -  
6226:34, 6226:43  
**expanding** [2] -  
6178:27, 6237:15  
**expectation** [1] -  
6161:11  
**expedite** [1] - 6172:32  
**expedited** [2] -  
6241:6, 6241:7  
**expensive** [1] - 6190:7  
**experience** [13] -  
6158:28, 6168:15,  
6179:40, 6180:17,  
6180:37, 6185:6,  
6201:23, 6216:33,  
6216:37, 6217:11,  
6217:34, 6221:47,  
6230:40  
**experienced** [2] -  
6169:35, 6233:29  
**experiencing** [1] -  
6204:14  
**expertise** [5] -  
6156:24, 6183:41,  
6200:44, 6204:37,  
6239:26  
**explain** [5] - 6186:4,  
6186:36, 6187:10,

6192:41, 6213:34  
**explaining** [2] -  
6189:22, 6219:3  
**explore** [1] - 6227:19  
**explored** [1] - 6239:26  
**expose** [1] - 6197:43  
**express** [1] - 6210:24  
**extend** [3] - 6189:25,  
6190:13, 6217:23  
**extended** [6] - 6189:4,  
6192:35, 6198:43,  
6202:7, 6225:44,  
6225:47  
**extent** [4] - 6150:23,  
6195:1, 6199:43,  
6222:3  
**external** [3] - 6200:12,  
6223:27, 6237:19  
**extra** [6] - 6181:39,  
6182:14, 6192:16,  
6193:5, 6210:37,  
6226:45

---

**F**

---

**face** [3] - 6209:41,  
6209:47, 6211:18  
**facilitate** [4] -  
6158:40, 6186:18,  
6213:23, 6228:46  
**facilities** [39] -  
6150:19, 6152:23,  
6152:46, 6154:30,  
6154:45, 6159:4,  
6159:47, 6164:20,  
6165:1, 6165:17,  
6165:28, 6165:43,  
6165:46, 6166:14,  
6166:39, 6166:42,  
6168:5, 6178:20,  
6178:21, 6187:46,  
6201:16, 6225:28,  
6225:36, 6227:32,  
6228:9, 6229:41,  
6229:43, 6229:46,  
6230:25, 6230:33,  
6230:34, 6230:41,  
6231:25, 6231:26,  
6234:26, 6235:3,  
6238:6, 6238:34,  
6238:44  
**facility** [56] - 6152:41,  
6152:45, 6152:47,  
6153:41, 6154:10,  
6158:32, 6158:34,  
6158:47, 6159:22,  
6160:35, 6161:10,  
6161:15, 6161:16,  
6161:23, 6162:15,  
6164:6, 6165:21,

6166:3, 6166:8,  
6166:12, 6166:24,  
6168:14, 6174:40,  
6175:14, 6177:44,  
6178:7, 6179:14,  
6179:19, 6181:2,  
6181:12, 6187:45,  
6188:16, 6189:11,  
6189:16, 6189:18,  
6203:13, 6225:15,  
6225:47, 6226:37,  
6226:39, 6227:32,  
6230:27, 6230:37,  
6230:43, 6231:15,  
6231:30, 6234:27,  
6234:38, 6234:39,  
6237:33, 6237:43,  
6237:46, 6239:47,  
6240:37, 6242:29,  
6242:35  
**facility's** [1] - 6166:19  
**fact** [10] - 6164:26,  
6172:31, 6183:35,  
6210:25, 6211:37,  
6216:5, 6218:35,  
6221:7, 6224:10,  
6226:3  
**factor** [2] - 6159:16,  
6212:44  
**factors** [4] - 6154:42,  
6207:26, 6212:44,  
6223:27  
**failure** [3] - 6206:15,  
6217:46  
**failures** [1] - 6216:45  
**fair** [4] - 6163:8,  
6171:28, 6203:33,  
6220:37  
**fairly** [2] - 6209:27,  
6237:2  
**fall** [5] - 6181:5,  
6204:25, 6220:41,  
6221:3, 6238:31  
**fall-back** [1] - 6181:5  
**falls** [11] - 6180:13,  
6187:3, 6199:27,  
6199:35, 6200:17,  
6201:30, 6202:3,  
6205:47, 6207:14,  
6211:12, 6227:18  
**familiar** [8] - 6172:40,  
6204:11, 6205:26,  
6205:27, 6206:10,  
6206:17, 6215:29  
**familiarity** [1] -  
6161:38  
**families** [18] -  
6158:34, 6158:41,  
6158:43, 6159:20,  
6161:13, 6162:7,

6163:19, 6163:23,  
6179:8, 6179:30,  
6185:22, 6185:35,  
6186:24, 6191:33,  
6210:20, 6225:26,  
6226:14  
**families'** [1] - 6185:27  
**family** [18] - 6152:44,  
6158:32, 6158:44,  
6159:11, 6159:17,  
6160:10, 6161:24,  
6162:14, 6162:19,  
6166:24, 6179:33,  
6184:29, 6185:38,  
6186:40, 6187:1,  
6188:32, 6199:16,  
6240:16  
**fantastic** [1] - 6225:24  
**far** [1] - 6165:18,  
6172:8, 6191:33,  
6195:33, 6195:34,  
6201:3, 6203:2,  
6204:23, 6204:31,  
6205:1  
**fashion** [1] - 6164:35  
**fast** [2] - 6237:20,  
6237:21  
**fast-tracking** [2] -  
6237:20, 6237:21  
**faster** [1] - 6219:1  
**father** [1] - 6201:8  
**fatigue** [3] - 6185:11,  
6190:15, 6215:22  
**fault** [1] - 6204:19  
**fear** [1] - 6204:20  
**feasible** [1] - 6210:32  
**February** [2] - 6195:4,  
6196:22  
**federal** [1] - 6208:18  
**fee** [3] - 6162:7,  
6162:11, 6167:33  
**feed** [1] - 6206:21  
**feedback** [3] - 6219:4,  
6225:25, 6226:14  
**feeding** [1] - 6215:2  
**fees** [3] - 6163:5,  
6165:15, 6166:38  
**female** [1] - 6176:24  
**femur** [2] - 6219:45,  
6220:12  
**fenced** [1] - 6224:24  
**few** [9] - 6200:37,  
6213:47, 6214:1,  
6214:43, 6215:19,  
6223:36, 6224:42,  
6228:38, 6236:32  
**Figtree** [3] - 6223:9,  
6223:11, 6233:36  
**fill** [3] - 6170:33,  
6192:28, 6192:29  
**filled** [3] - 6182:42,  
6182:43, 6182:44  
**fills** [1] - 6198:16  
**final** [2] - 6184:25,  
6184:33  
**finally** [1] - 6161:23  
**finance** [1] - 6163:36  
**finances** [1] - 6168:40  
**financial** [9] -  
6159:12, 6165:3,  
6165:16, 6181:11,  
6183:12, 6190:9,  
6222:41, 6231:35,  
6231:41  
**financially** [1] -  
6166:37  
**fine** [3] - 6172:37,  
6179:23, 6238:16  
**finish** [3] - 6184:30,  
6184:33, 6233:45  
**finished** [1] - 6189:45  
**first** [17] - 6151:18,  
6151:30, 6159:45,  
6160:16, 6160:17,  
6177:29, 6177:38,  
6177:41, 6188:6,  
6206:38, 6217:11,  
6218:30, 6222:23,  
6225:7, 6225:11,  
6225:13, 6226:9  
**first-time** [1] - 6177:29  
**fitter** [1] - 6199:43  
**five** [12] - 6151:16,  
6157:14, 6157:17,  
6161:33, 6165:19,  
6169:10, 6171:6,  
6181:33, 6188:47,  
6212:15, 6213:37,  
6218:29  
**fix** [3] - 6219:47,  
6239:22, 6241:20  
**fixes** [1] - 6219:24  
**fixing** [1] - 6219:24  
**flex** [3] - 6193:34,  
6193:35, 6223:10  
**floated** [2] - 6228:27,  
6229:13  
**floating** [2] - 6227:23,  
6234:15  
**flow** [16] - 6151:23,  
6164:41, 6170:2,  
6170:3, 6172:8,  
6181:20, 6187:20,  
6187:47, 6188:4,  
6188:23, 6188:42,  
6189:15, 6192:6,  
6192:19, 6194:9,  
6196:14  
**flow-on** [2] - 6164:41,  
6196:14  
**flows** [3] - 6150:13,  
6184:45, 6196:28  
**fluid** [1] - 6230:37  
**fluids** [1] - 6197:28  
**flying** [4] - 6225:4,  
6226:35, 6226:37,  
6227:44  
**focus** [7] - 6180:34,  
6192:29, 6218:4,  
6219:11, 6224:19,  
6230:29, 6231:1  
**focused** [3] - 6222:23,  
6225:8, 6236:28  
**focusing** [2] -  
6225:30, 6226:11  
**follow** [10] - 6177:22,  
6184:40, 6201:31,  
6201:46, 6202:39,  
6213:14, 6213:17,  
6213:20, 6221:8,  
6229:37  
**follow-up** [4] -  
6213:14, 6213:17,  
6213:20, 6229:37  
**followed** [1] - 6166:35  
**following** [6] - 6179:9,  
6180:47, 6184:38,  
6193:30, 6207:6,  
6234:6  
**foot** [1] - 6176:23  
**footprint** [4] -  
6215:36, 6223:32,  
6224:17, 6224:21  
**force** [2] - 6227:29,  
6234:24  
**forensically** [1] -  
6228:20  
**foresee** [1] - 6194:8  
**form** [4] - 6163:20,  
6163:24, 6169:22,  
6204:18  
**formal** [2] - 6220:11,  
6220:15  
**forms** [1] - 6215:11  
**forth** [2] - 6220:3,  
6220:41  
**fortnight** [2] -  
6192:21, 6209:34  
**fortunate** [1] - 6193:13  
**forward** [4] - 6161:18,  
6217:10, 6229:11,  
6239:25  
**four** [20] - 6150:45,  
6157:41, 6161:32,  
6161:33, 6175:37,  
6175:43, 6176:13,  
6186:7, 6189:2,  
6190:18, 6192:47,  
6202:16, 6202:20,  
6210:10, 6210:12,  
6214:15, 6218:21,  
6219:26, 6223:8,  
6236:30  
**four-wheel** [1] -  
6214:15  
**fourth** [1] - 6158:37  
**fraction** [4] - 6162:33,  
6164:1, 6164:4,  
6164:6  
**fracture** [2] - 6219:47,  
6220:9  
**fractured** [2] -  
6219:45, 6220:11  
**fractures** [2] -  
6170:26, 6220:16  
**frail** [16] - 6155:46,  
6165:30, 6183:33,  
6183:38, 6183:43,  
6199:42, 6200:15,  
6200:19, 6200:23,  
6200:25, 6200:43,  
6204:16, 6206:29,  
6206:38, 6206:44,  
6227:5  
**frailty** [3] - 6198:46,  
6199:8, 6227:18  
**frame** [1] - 6214:35  
**Fraser** [1] - 6149:29  
**free** [2] - 6152:16,  
6211:47  
**freed** [2] - 6211:13,  
6232:35  
**frequency** [3] -  
6168:37, 6168:38,  
6185:12  
**frequent** [1] - 6240:7  
**frequently** [3] -  
6153:21, 6185:37,  
6240:3  
**fresh** [1] - 6202:21  
**Friday** [1] - 6149:22  
**front** [2] - 6184:6,  
6224:43  
**fronts** [1] - 6200:31  
**full** [7] - 6151:33,  
6151:35, 6152:2,  
6188:32, 6198:18,  
6227:38, 6235:2  
**Fuller** [1] - 6149:30  
**function** [5] - 6192:42,  
6202:31, 6223:17,  
6229:33, 6242:10  
**functions** [2] -  
6166:46, 6229:33  
**fund** [5] - 6227:34,  
6228:17, 6238:17,  
6240:26, 6240:40  
**fundamental** [1] -  
6184:16  
**funded** [19] - 6150:19,  
6156:8, 6168:1,  
6168:3, 6173:13,  
6173:14, 6173:15,  
6192:9, 6192:12,  
6192:13, 6194:39,  
6194:41, 6195:6,  
6208:18, 6223:24,  
6227:24, 6230:45,  
6234:17, 6240:25  
**funded/budgeted** [1] -  
6193:42  
**funding** [29] - 6155:1,  
6174:25, 6175:38,  
6175:46, 6186:12,  
6203:29, 6224:15,  
6224:25, 6224:46,  
6227:25, 6227:39,  
6227:46, 6228:2,  
6228:13, 6228:14,  
6231:44, 6232:10,  
6232:37, 6234:44,  
6235:5, 6235:6,  
6237:42, 6238:2,  
6238:3, 6238:28,  
6239:11  
**Funding** [1] - 6149:9  
**funds** [2] - 6230:46,  
6237:35  
**future** [3] - 6227:18,  
6228:27, 6232:2

---

**G**


---

**games** [1] - 6232:19  
**gap** [1] - 6170:32  
**gaps** [1] - 6192:28  
**gardening** [1] -  
6203:30  
**Garrawarra** [1] -  
6237:47  
**gate** [2] - 6214:5,  
6214:32  
**GEM** [3] - 6157:20,  
6188:27, 6221:26  
**general** [16] - 6156:3,  
6164:27, 6165:4,  
6165:7, 6165:16,  
6165:35, 6166:3,  
6166:20, 6166:30,  
6166:38, 6166:45,  
6167:14, 6167:20,  
6175:25, 6177:10  
**generalised** [3] -  
6198:46, 6199:8,  
6199:10  
**generally** [6] -  
6167:37, 6173:39,  
6195:16, 6207:34,  
6211:21, 6231:37

<b>gentleman</b> [1] - 6176:22	6214:28, 6220:27	6217:15	<b>hardship</b> [4] - 6163:20, 6163:24, 6163:26, 6163:37	6202:32, 6203:16, 6203:22, 6203:31, 6206:34, 6208:5, 6208:15, 6208:17, 6208:38, 6213:23, 6224:32, 6227:13, 6231:2, 6231:6, 6231:22, 6232:10, 6232:15, 6232:38, 6232:44, 6233:6, 6233:7, 6240:22, 6240:28, 6241:1, 6241:3, 6242:1
<b>gentlemen</b> [1] - 6176:12	<b>goals</b> [2] - 6188:30, 6189:9	<b>guardian</b> [3] - 6160:10, 6160:39, 6171:8	<b>Harry</b> [1] - 6243:8	<b>Health</b> [19] - 6149:35, 6150:30, 6150:32, 6150:35, 6150:41, 6152:23, 6168:2, 6169:8, 6170:2, 6173:29, 6176:45, 6183:13, 6190:25, 6208:32, 6223:11, 6229:16, 6229:20, 6237:46, 6238:1
<b>George</b> [1] - 6218:41	<b>goodwill</b> [1] - 6166:44	<b>guardianship</b> [24] - 6160:4, 6160:7, 6160:12, 6160:29, 6160:38, 6161:30, 6168:9, 6168:16, 6168:25, 6168:28, 6169:12, 6169:24, 6169:30, 6169:31, 6169:37, 6169:39, 6169:44, 6170:1, 6170:9, 6171:3, 6171:5, 6171:6, 6240:44, 6241:4	<b>hat</b> [1] - 6216:5	<b>healthcare</b> [2] - 6236:34, 6236:42
<b>geriatric</b> [35] - 6150:27, 6152:22, 6156:15, 6156:19, 6156:42, 6157:33, 6158:21, 6169:33, 6171:9, 6174:8, 6184:4, 6184:9, 6188:28, 6188:47, 6194:39, 6194:43, 6195:5, 6195:8, 6197:6, 6203:47, 6204:8, 6204:27, 6216:33, 6216:35, 6216:37, 6216:46, 6217:12, 6218:20, 6218:31, 6218:32, 6221:26, 6223:34, 6233:40, 6240:5	<b>Gosford</b> [3] - 6152:28, 6152:38, 6191:34	<b>guards</b> [2] - 6174:14, 6176:11	<b>Hawkins</b> [20] - 6150:38, 6150:43, 6152:6, 6152:8, 6156:30, 6157:27, 6168:24, 6169:9, 6170:46, 6177:38, 6179:3, 6184:43, 6192:34, 6198:40, 6207:38, 6214:38, 6220:35, 6221:12, 6233:23, 6239:32	<b>Healthcare</b> [1] - 6149:9
<b>geriatric-admitted</b> [1] - 6240:5	<b>governance</b> [3] - 6168:2, 6172:17, 6241:22	<b>guess</b> [32] - 6152:38, 6158:44, 6159:3, 6159:4, 6159:34, 6172:15, 6172:19, 6172:23, 6177:23, 6179:40, 6183:12, 6185:35, 6187:35, 6198:45, 6199:6, 6199:14, 6203:1, 6203:3, 6203:7, 6212:15, 6212:21, 6212:24, 6215:21, 6230:21, 6230:24, 6230:35, 6230:45, 6231:16, 6231:21, 6231:26, 6241:19, 6241:41	<b>HAWKINS</b> [42] - 6151:3, 6152:8, 6156:38, 6157:1, 6157:7, 6157:11, 6157:32, 6157:39, 6158:14, 6158:20, 6168:27, 6168:36, 6168:45, 6171:2, 6171:16, 6171:33, 6171:42, 6177:40, 6178:4, 6184:47, 6186:6, 6186:22, 6186:38, 6187:8, 6187:13, 6192:39, 6192:44, 6193:8, 6193:21, 6198:45, 6199:6, 6199:24, 6199:30, 6207:42, 6214:43, 6216:2, 6221:14, 6221:36, 6233:27, 6239:35, 6240:3, 6240:14	<b>hearing</b> [12] - 6150:5, 6160:31, 6160:32, 6160:33, 6168:28, 6168:47, 6169:1, 6171:7, 6198:24, 6199:44, 6206:28, 6241:5
<b>geriatrician</b> [15] - 6150:37, 6156:41, 6156:44, 6157:4, 6157:12, 6157:13, 6160:20, 6185:42, 6187:23, 6200:23, 6221:18, 6221:21, 6228:19, 6231:9, 6233:8	<b>Government</b> [3] - 6150:19, 6167:46, 6209:20	<b>guidance</b> [4] - 6158:40, 6159:18, 6159:34, 6230:21	<b>HDU</b> [2] - 6189:46, 6190:7	<b>hearings</b> [1] - 6168:36
<b>geriatricians</b> [8] - 6184:9, 6184:26, 6219:12, 6220:1, 6221:16, 6225:5, 6230:16, 6233:5	<b>government</b> [1] - 6167:27	<b>guidelines</b> [1] - 6204:9	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>heart</b> [3] - 6197:43, 6197:46, 6219:24
<b>geriatric-admitted</b> [1] - 6240:5	<b>GP</b> [22] - 6165:28, 6166:8, 6166:12, 6166:41, 6167:2, 6167:31, 6167:33, 6167:43, 6170:23, 6170:31, 6170:41, 6170:44, 6172:22, 6172:24, 6172:26, 6213:20, 6226:17, 6226:19, 6230:20, 6241:23, 6241:24	<b>greater</b> [1] - 6183:12	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>heavily</b> [1] - 6223:25
<b>geriatrician</b> [15] - 6150:37, 6156:41, 6156:44, 6157:4, 6157:12, 6157:13, 6160:20, 6185:42, 6187:23, 6200:23, 6221:18, 6221:21, 6228:19, 6231:9, 6233:8	<b>GPs</b> [15] - 6164:32, 6164:33, 6164:35, 6164:38, 6165:15, 6165:26, 6166:37, 6167:26, 6170:30, 6226:6, 6227:16, 6228:30, 6229:41, 6238:44, 6241:20	<b>grateful</b> [1] - 6243:11	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>help</b> [14] - 6169:47, 6170:14, 6172:23, 6186:9, 6186:18, 6196:9, 6205:2, 6210:41, 6213:23, 6214:29, 6224:38, 6227:5, 6227:6, 6241:32
<b>geriatricians</b> [8] - 6184:9, 6184:26, 6219:12, 6220:1, 6221:16, 6225:5, 6230:16, 6233:5	<b>graduate</b> [1] - 6184:27	<b>great</b> [11] - 6198:38, 6216:32, 6225:24, 6225:25, 6226:25, 6232:37, 6235:13, 6238:27, 6238:40, 6238:45	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>helped</b> [3] - 6167:28, 6195:1, 6232:32
<b>geriatrics</b> [4] - 6157:32, 6157:34, 6187:23, 6210:15	<b>grateful</b> [1] - 6243:11	<b>greater</b> [1] - 6183:12	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>helpful</b> [1] - 6227:4
<b>geries</b> [4] - 6200:38, 6200:39, 6205:8, 6215:33	<b>great</b> [11] - 6198:38, 6216:32, 6225:24, 6225:25, 6226:25, 6232:37, 6235:13, 6238:27, 6238:40, 6238:45	<b>ground</b> [2] - 6201:34, 6228:32	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>helping</b> [2] - 6211:41, 6226:40
<b>given</b> [22] - 6154:6, 6154:19, 6160:41, 6161:30, 6181:38, 6188:45, 6198:7, 6204:47, 6205:1, 6206:20, 6210:7, 6213:7, 6216:5, 6216:47, 6218:46, 6219:9, 6223:32, 6230:15, 6232:9, 6240:21, 6243:12	<b>groups</b> [3] - 6154:21, 6155:8, 6184:4	<b>growing</b> [3] - 6194:25, 6195:11, 6196:20	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>hesitate</b> [1] - 6152:18
<b>glamorous</b> [1] - 6210:16	<b>growth</b> [2] - 6196:2, 6240:35	<b>guarantee</b> [1] -	<b>health</b> [66] - 6150:18, 6150:31, 6151:29, 6153:34, 6173:2, 6173:14, 6173:16, 6173:22, 6173:46, 6177:11, 6179:42, 6180:14, 6180:26, 6180:39, 6180:40, 6181:6, 6181:25, 6181:26, 6181:39, 6181:45, 6182:25, 6182:34, 6182:36, 6183:5, 6183:6, 6183:12, 6183:17, 6183:23, 6183:24, 6183:41, 6187:37, 6190:1, 6190:44, 6191:3, 6193:6, 6193:8, 6196:12, 6196:15, 6197:36,	<b>HETI</b> [2] - 6184:3,
<b>Glover</b> [1] - 6149:27	<b>goal</b> [3] - 6180:38,			

6218:27  
**Hi** <sup>[1]</sup> - 6201:33  
**Hi-Lo** <sup>[1]</sup> - 6201:33  
**high** <sup>[15]</sup> - 6154:44, 6168:38, 6185:20, 6189:46, 6194:12, 6199:7, 6200:15, 6201:30, 6202:7, 6213:33, 6227:21, 6230:32, 6230:33, 6234:10, 6234:13  
**high-activity** <sup>[1]</sup> - 6200:15  
**high-dependency** <sup>[1]</sup> - 6189:46  
**high-level** <sup>[1]</sup> - 6234:10  
**high-risk** <sup>[1]</sup> - 6213:33  
**higher** <sup>[14]</sup> - 6169:15, 6169:20, 6183:34, 6189:47, 6190:8, 6196:2, 6197:11, 6200:16, 6200:17, 6204:6, 6206:41, 6211:11, 6221:2, 6240:11  
**highest** <sup>[3]</sup> - 6155:47, 6183:36, 6190:18  
**highly** <sup>[1]</sup> - 6240:6  
**Hilbert** <sup>[1]</sup> - 6149:35  
**hinders** <sup>[1]</sup> - 6181:29  
**hip** <sup>[1]</sup> - 6220:9  
**historical** <sup>[1]</sup> - 6222:36  
**HITH** <sup>[2]</sup> - 6231:3, 6231:9  
**hmm** <sup>[2]</sup> - 6175:18, 6182:5  
**hold** <sup>[2]</sup> - 6153:24, 6241:23  
**hold-up** <sup>[1]</sup> - 6153:24  
**holiday** <sup>[1]</sup> - 6195:18  
**holidays** <sup>[1]</sup> - 6241:38  
**holistic** <sup>[1]</sup> - 6219:33  
**home** <sup>[70]</sup> - 6157:19, 6164:38, 6164:46, 6175:12, 6176:29, 6177:41, 6177:42, 6177:46, 6178:4, 6178:6, 6178:38, 6178:39, 6179:5, 6181:31, 6181:44, 6185:8, 6185:15, 6185:16, 6185:25, 6185:31, 6185:46, 6186:1, 6186:7, 6186:9, 6186:17, 6186:31, 6186:43, 6187:39, 6187:42, 6188:9, 6189:9, 6189:16, 6195:33, 6196:8, 6196:10, 6199:1, 6199:2, 6199:15, 6200:5, 6202:1, 6203:7, 6203:40, 6206:39, 6212:45, 6213:31, 6213:33, 6213:34, 6213:36, 6213:40, 6213:41, 6213:47, 6214:1, 6214:6, 6214:11, 6214:29, 6214:31, 6214:33, 6216:10, 6224:31, 6233:15, 6233:16, 6235:6, 6235:16, 6237:21, 6238:37, 6239:47, 6242:10  
**Home** <sup>[4]</sup> - 6208:14, 6230:18, 6230:44, 6231:43  
**home-based** <sup>[1]</sup> - 6224:31  
**homes** <sup>[4]</sup> - 6196:3, 6227:28, 6233:1, 6234:23  
**honest** <sup>[1]</sup> - 6203:1  
**honour** <sup>[1]</sup> - 6213:42  
**hope** <sup>[4]</sup> - 6217:11, 6217:41, 6236:34, 6239:24  
**hopefully** <sup>[1]</sup> - 6218:7  
**horizon** <sup>[1]</sup> - 6238:14  
**horrible** <sup>[1]</sup> - 6217:19  
**hospital** <sup>[113]</sup> - 6150:7, 6152:43, 6153:15, 6154:27, 6155:23, 6155:24, 6156:13, 6157:19, 6158:3, 6159:13, 6160:47, 6161:39, 6165:37, 6166:6, 6166:25, 6167:35, 6169:13, 6169:17, 6169:34, 6170:4, 6171:20, 6171:25, 6171:30, 6172:3, 6172:6, 6173:44, 6174:10, 6174:13, 6175:10, 6175:16, 6175:20, 6175:33, 6177:28, 6179:13, 6180:14, 6180:33, 6181:1, 6181:29, 6181:41, 6185:10, 6185:21, 6185:44, 6186:18, 6186:26, 6187:1, 6187:21, 6188:11, 6188:13, 6188:15, 6189:4, 6191:23, 6191:29, 6191:37, 6192:3, 6193:31, 6195:35, 6195:44, 6199:17, 6200:41, 6201:12, 6202:10, 6202:20, 6203:17, 6203:24, 6205:17, 6205:22, 6205:38, 6206:1, 6207:26, 6207:29, 6208:8, 6211:21, 6212:47, 6213:38, 6214:1, 6214:2, 6214:13, 6217:29, 6219:18, 6220:28, 6220:47, 6221:2, 6221:29, 6221:34, 6221:37, 6222:25, 6222:46, 6222:47, 6224:21, 6224:33, 6224:37, 6225:19, 6225:29, 6225:42, 6228:11, 6230:7, 6230:14, 6230:19, 6231:17, 6232:13, 6232:39, 6233:25, 6237:30, 6240:17, 6240:25, 6240:41, 6241:6, 6241:8, 6241:10, 6241:25, 6241:33, 6241:46, 6242:6  
**Hospital** <sup>[30]</sup> - 6150:28, 6150:39, 6155:20, 6156:12, 6156:16, 6157:46, 6169:9, 6169:10, 6172:5, 6181:37, 6193:44, 6194:8, 6194:44, 6196:12, 6215:37, 6220:15, 6221:16, 6221:28, 6222:46, 6223:9, 6223:11, 6223:18, 6223:20, 6226:34, 6230:17, 6230:44, 6231:43, 6233:28, 6233:36, 6237:32  
**Hospital's** <sup>[1]</sup> - 6194:1  
**hospital-acquired** <sup>[9]</sup> - 6188:15, 6189:4, 6199:17, 6202:10, 6206:1, 6207:26, 6207:29, 6221:2, 6237:30  
**hospitalised** <sup>[1]</sup> - 6155:40  
**hospitals** <sup>[21]</sup> - 6152:37, 6169:8, 6169:11, 6169:13, 6169:14, 6169:25, 6181:6, 6183:39, 6184:6, 6191:28, 6205:10, 6213:16, 6217:33, 6222:35, 6222:40, 6222:41, 6224:10, 6226:44, 6227:37, 6235:2, 6236:27  
**host** <sup>[1]</sup> - 6156:9  
**hours** <sup>[26]</sup> - 6155:40, 6165:22, 6165:42, 6170:40, 6171:23, 6176:11, 6186:12, 6189:3, 6190:13, 6190:37, 6190:40, 6192:13, 6192:20, 6197:16, 6200:19, 6207:5, 6207:33, 6209:34, 6210:47, 6211:47, 6213:17, 6241:8, 6241:35, 6241:41, 6241:42  
**hours'** <sup>[1]</sup> - 6176:11  
**house** <sup>[3]</sup> - 6174:19, 6175:40, 6175:42  
**houses** <sup>[1]</sup> - 6240:34  
**huge** <sup>[4]</sup> - 6162:21, 6164:32, 6165:16, 6165:26

---

**I**

---

**lan** <sup>[1]</sup> - 6149:29  
**icourts** <sup>[1]</sup> - 6196:33  
**ICU** <sup>[3]</sup> - 6189:41, 6189:46, 6190:7  
**ICU/HDU** <sup>[1]</sup> - 6190:3  
**ideal** <sup>[5]</sup> - 6202:41, 6212:32, 6239:2, 6240:21, 6241:15  
**ideas** <sup>[2]</sup> - 6239:19, 6239:23  
**identified** <sup>[2]</sup> - 6188:30, 6213:30  
**identify** <sup>[2]</sup> - 6187:36, 6236:31  
**identifying** <sup>[1]</sup> - 6212:43  
**ifs** <sup>[1]</sup> - 6240:36  
**Illawarra** <sup>[34]</sup> - 6150:35, 6150:41, 6153:28, 6153:32, 6153:41, 6153:46, 6154:44, 6155:44, 6156:29, 6162:17, 6163:46, 6165:27, 6169:7, 6170:6, 6170:9, 6172:5, 6177:26, 6184:21, 6184:31, 6187:46, 6191:29, 6217:35, 6217:38, 6217:43, 6218:5, 6222:34, 6224:20, 6225:12, 6228:4, 6228:9, 6228:18, 6235:6, 6236:27, 6237:26  
**Illawarra's** <sup>[1]</sup> - 6194:23  
**illnesses** <sup>[1]</sup> - 6213:2  
**image** <sup>[1]</sup> - 6171:46  
**immediate** <sup>[1]</sup> - 6237:16  
**immense** <sup>[1]</sup> - 6238:34  
**impact** <sup>[15]</sup> - 6190:14, 6194:9, 6197:10, 6197:44, 6197:45, 6200:34, 6202:22, 6209:35, 6210:39, 6213:29, 6215:28, 6215:40, 6237:17, 6240:14, 6240:15  
**impacting** <sup>[1]</sup> - 6223:16  
**impacts** <sup>[11]</sup> - 6150:12, 6151:24, 6172:8, 6195:38, 6199:6, 6208:3, 6208:5, 6216:22, 6237:26, 6237:28, 6237:29  
**impaired** <sup>[2]</sup> - 6198:36, 6206:29  
**impairment** <sup>[1]</sup> - 6205:33  
**impediment** <sup>[1]</sup> - 6167:21  
**impediments** <sup>[1]</sup> - 6165:3  
**importance** <sup>[1]</sup> - 6242:15  
**important** <sup>[1]</sup> - 6183:46  
**importantly** <sup>[2]</sup> - 6180:29, 6223:23  
**improve** <sup>[4]</sup> - 6166:38, 6220:2, 6223:27, 6226:22  
**improved** <sup>[1]</sup> - 6240:46  
**improvements** <sup>[1]</sup> - 6155:41  
**impulsive** <sup>[1]</sup> - 6201:31  
**inability** <sup>[2]</sup> - 6199:1, 6205:33  
**inappropriate** <sup>[4]</sup> - 6199:47, 6200:15, 6204:24, 6204:46

<b>inappropriately</b> [1] - 6204:7	6165:10	<b>instruction</b> [1] - 6212:6	6208:45, 6209:1, 6209:43, 6210:29, 6212:2, 6212:4, 6217:35, 6217:37	<b>kilos</b> [1] - 6176:23
<b>incentive</b> [5] - 6162:17, 6166:12, 6166:31, 6181:9, 6183:12	<b>inefficiencies</b> [3] - 6236:38, 6237:1, 6237:3	<b>instructions</b> [3] - 6201:31, 6201:47, 6202:39	<b>issues</b> [16] - 6151:26, 6160:4, 6164:31, 6164:37, 6173:12, 6173:45, 6174:17, 6191:43, 6197:4, 6197:5, 6199:11, 6199:14, 6207:45, 6211:42, 6214:40, 6221:5	<b>kind</b> [1] - 6196:21
<b>incentives</b> [2] - 6159:12, 6167:9	<b>inefficient</b> [2] - 6224:2, 6224:10	<b>instrumental</b> [1] - 6232:26	<b>insurance</b> [1] - 6150:20	<b>Kinder</b> [1] - 6208:18
<b>incidence</b> [3] - 6204:6, 6206:38, 6207:9	<b>inevitability</b> [1] - 6204:34	<b>intake</b> [2] - 6229:40	<b>intensive</b> [4] - 6189:34, 6189:35, 6189:46, 6191:44	<b>knocked</b> [2] - 6227:33, 6234:27
<b>incidents</b> [2] - 6206:12, 6206:13	<b>inevitably</b> [1] - 6169:32	<b>infection</b> [1] - 6177:4	<b>intention</b> [1] - 6201:18	<b>knowing</b> [1] - 6209:36
<b>include</b> [2] - 6152:44, 6229:35	<b>infections</b> [6] - 6199:17, 6199:21, 6200:17, 6206:7, 6206:14, 6221:4	<b>infectious</b> [6] - 6199:17, 6199:21, 6200:17, 6206:7, 6206:14, 6221:4	<b>inter</b> [2] - 6170:4, 6172:6	<b>knowledge</b> [1] - 6200:45
<b>including</b> [3] - 6222:38, 6231:32, 6236:27	<b>influx</b> [1] - 6223:35	<b>inhibits</b> [1] - 6188:41	<b>inter-hospital</b> [1] - 6172:6	<b>known</b> [2] - 6187:36, 6191:13
<b>incontinence</b> [1] - 6215:4	<b>initiatives</b> [11] - 6226:27, 6227:24, 6228:33, 6231:36, 6232:5, 6232:45, 6233:24, 6233:47, 6234:18, 6235:8, 6236:25	<b>initiative</b> [1] - 6228:27	<b>interest</b> [2] - 6156:25, 6213:40	<b>knows</b> [2] - 6170:42, 6210:16
<b>inconvenience</b> [1] - 6240:10	<b>injured</b> [3] - 6174:12, 6174:45, 6174:46	<b>injuries</b> [6] - 6170:32, 6197:20, 6202:8, 6206:1, 6208:12, 6211:23	<b>interested</b> [2] - 6166:42, 6229:26	<b>KPI</b> [2] - 6197:16, 6241:8
<b>incorrect</b> [1] - 6184:7	<b>injury</b> [1] - 6170:28	<b>innovations</b> [1] - 6224:39	<b>interests</b> [1] - 6160:8	<b>KPIs</b> [1] - 6155:39
<b>increase</b> [11] - 6175:38, 6181:38, 6182:2, 6192:19, 6195:31, 6195:32, 6195:38, 6205:14, 6207:17, 6215:21, 6240:27	<b>innovation</b> [2] - 6224:14, 6237:15	<b>innovative</b> [3] - 6150:22, 6224:26, 6239:19	<b>interim</b> [1] - 6186:29	
<b>increased</b> [14] - 6175:38, 6188:14, 6188:18, 6196:17, 6202:14, 6203:2, 6203:22, 6203:26, 6205:18, 6205:41, 6205:47, 6206:6, 6211:33, 6213:9	<b>innovations</b> [1] - 6224:39	<b>inpatient</b> [7] - 6172:44, 6178:11, 6212:17, 6214:31, 6224:25, 6224:26, 6227:10	<b>intervene</b> [1] - 6232:35	
<b>increases</b> [1] - 6185:44	<b>input</b> [2] - 6165:28, 6195:34	<b>inputs</b> [1] - 6194:30	<b>interventions</b> [2] - 6172:26, 6199:47	
<b>increasing</b> [9] - 6156:6, 6156:7, 6189:8, 6194:10, 6196:2, 6223:7, 6223:33, 6240:41, 6242:5	<b>inquiry</b> [4] - 6149:7, 6150:11, 6217:41, 6243:12	<b>INQUIRY</b> [1] - 6243:20	<b>intravenous</b> [1] - 6197:28	
<b>increasingly</b> [2] - 6189:28, 6194:24	<b>inspect</b> [1] - 6158:34	<b>Inquiry</b> [4] - 6149:7, 6150:11, 6217:41, 6243:12	<b>intricacies</b> [1] - 6216:9	
<b>incredibly</b> [4] - 6200:28, 6217:3, 6224:45	<b>instances</b> [1] - 6230:18	<b>increments</b> [1] - 6236:36	<b>introduce</b> [1] - 6224:40	
<b>increments</b> [1] - 6236:36	<b>instead</b> [3] - 6167:30, 6167:35, 6196:21	<b>indefinite</b> [1] - 6193:19	<b>introduced</b> [1] - 6232:1	
<b>indicate</b> [2] - 6152:16, 6200:9	<b>institutes</b> [1] - 6183:47	<b>indicated</b> [1] - 6215:16	<b>introducing</b> [1] - 6231:36	
<b>individual</b> [1] - 6165:10		<b>individual</b> [1] - 6165:10	<b>intruding</b> [1] - 6201:9	
			<b>intrusive</b> [1] - 6198:26	
			<b>invasive</b> [1] - 6200:3	
			<b>involve</b> [1] - 6235:47	
			<b>involved</b> [6] - 6150:13, 6160:27, 6174:35, 6187:11, 6220:39, 6220:42	
			<b>irrespective</b> [1] - 6233:31	
			<b>ISLHD</b> [2] - 6154:24, 6155:27	
			<b>isolation</b> [2] - 6174:14, 6199:14	
			<b>issue</b> [23] - 6150:6, 6154:26, 6167:39, 6168:11, 6168:19, 6168:33, 6174:2, 6174:45, 6185:2, 6185:27, 6189:33, 6194:19, 6198:24, 6199:35, 6201:37,	
			6208:45, 6209:1, 6209:43, 6210:29, 6212:2, 6212:4, 6217:35, 6217:37	
			<b>item</b> [1] - 6167:5	
			<b>J</b>	
			<b>Jan</b> [5] - 6150:36, 6152:4, 6193:21, 6229:43, 6243:7	
			<b>JAN</b> [1] - 6151:1	
			<b>January</b> [2] - 6192:10, 6195:22	
			<b>Januaries</b> [1] - 6195:22	
			<b>Jetty</b> [1] - 6191:37	
			<b>JMO</b> [1] - 6211:45	
			<b>Joanna</b> [1] - 6149:35	
			<b>job</b> [2] - 6184:19, 6208:42	
			<b>JOHN</b> [1] - 6151:9	
			<b>John</b> [1] - 6151:46	
			<b>journey</b> [1] - 6187:22	
			<b>jump</b> [1] - 6152:18	
			<b>June</b> [2] - 6192:44, 6223:14	
			<b>junior</b> [11] - 6194:45, 6211:7, 6211:38, 6216:26, 6216:37, 6217:4, 6217:21, 6217:31, 6220:36, 6220:38, 6221:5	
			<b>juniors</b> [1] - 6217:18	
			<b>K</b>	
			<b>keen</b> [3] - 6178:14, 6184:26, 6201:22	
			<b>keep</b> [10] - 6152:33, 6196:3, 6202:2, 6202:9, 6219:2, 6224:8, 6227:46, 6229:11, 6229:21, 6232:24	
			<b>keeping</b> [1] - 6161:38	
			<b>key</b> [1] - 6154:4	
			<b>kick</b> [1] - 6209:38	
			<b>kidney</b> [1] - 6206:15	
			<b>kids</b> [2] - 6218:15, 6218:17	
				<b>L</b>
				<b>labels</b> [1] - 6197:44
				<b>labour</b> [1] - 6190:8
				<b>lacerations</b> [1] - 6170:27
				<b>lack</b> [7] - 6164:37, 6167:25, 6178:25, 6178:26, 6195:43, 6204:20, 6241:20
				<b>lady</b> [1] - 6161:21
				<b>lag</b> [1] - 6220:31
				<b>large</b> [2] - 6164:21, 6222:35
				<b>larger</b> [2] - 6211:40, 6212:24
				<b>largest</b> [1] - 6172:9
				<b>lashed</b> [1] - 6175:29
				<b>last</b> [19] - 6154:8, 6156:20, 6158:5, 6158:39, 6159:18, 6159:25, 6181:40, 6188:10, 6189:29, 6193:43, 6195:28, 6196:19, 6198:17, 6210:1, 6216:26, 6219:26, 6223:8, 6223:36, 6233:37
				<b>layout</b> [1] - 6222:25
				<b>lead</b> [2] - 6197:13, 6199:47
				<b>leads</b> [8] - 6156:25, 6169:36, 6184:6, 6185:23, 6185:35, 6206:13, 6206:14, 6206:15
				<b>Lean</b> [1] - 6236:37
				<b>least</b> [4] - 6177:25, 6186:15, 6195:7, 6229:12
				<b>leave</b> [16] - 6166:6, 6181:10, 6182:38, 6182:40, 6182:41, 6182:42, 6182:44,

- 6191:14, 6192:29, 6196:32, 6210:19, 6214:5, 6214:32, 6215:25, 6216:31, 6220:28  
**leaving** [3] - 6182:45, 6209:6  
**led** [1] - 6231:2  
**left** [4] - 6169:12, 6180:3, 6180:40, 6195:43  
**length** [23] - 6153:35, 6153:37, 6153:44, 6153:45, 6154:19, 6157:42, 6157:43, 6157:45, 6157:46, 6158:3, 6158:4, 6158:7, 6185:44, 6188:17, 6189:4, 6189:6, 6194:30, 6197:9, 6199:18, 6203:3, 6223:47, 6224:2, 6236:28  
**lengthy** [3] - 6168:42, 6169:1, 6169:29  
**less** [6] - 6166:12, 6194:43, 6203:39, 6207:1, 6211:41, 6227:10  
**letters** [2] - 6160:25, 6160:27  
**letting** [1] - 6159:20  
**Level** [1] - 6149:18  
**level** [38] - 6159:35, 6169:17, 6182:9, 6185:14, 6185:37, 6186:6, 6186:8, 6186:9, 6186:10, 6186:41, 6186:44, 6186:46, 6187:2, 6189:46, 6190:18, 6199:7, 6199:31, 6201:12, 6203:28, 6206:23, 6218:14, 6221:29, 6225:5, 6227:21, 6228:47, 6233:24, 6233:35, 6234:10, 6234:13, 6235:28, 6237:21, 6239:44, 6240:11, 6241:31, 6242:26, 6242:27, 6242:34  
**levels** [2] - 6186:7, 6203:40  
**LHD** [10] - 6164:2, 6170:16, 6172:16, 6222:25, 6224:32, 6228:47, 6234:36, 6234:38, 6235:28, 6241:31  
**LHD's** [2] - 6237:18, 6237:19  
**LHDs** [1] - 6234:10  
**liaise** [1] - 6226:37  
**liaising** [1] - 6227:15  
**lights** [1] - 6197:22  
**likelihood** [4] - 6189:8, 6197:12, 6205:10, 6205:14  
**likely** [18] - 6166:32, 6189:10, 6198:31, 6200:20, 6203:38, 6204:24, 6204:25, 6204:26, 6206:19, 6206:22, 6206:27, 6207:1, 6207:6, 6221:3, 6221:4, 6230:7  
**limitations** [4] - 6181:24, 6202:32, 6203:9, 6212:7  
**limited** [5] - 6161:18, 6176:20, 6193:18, 6226:11, 6231:43  
**line** [5] - 6225:1, 6229:40, 6231:13, 6234:6, 6239:21  
**lines** [1] - 6204:45  
**link** [4] - 6172:26, 6226:17, 6229:44, 6231:31  
**linkages** [1] - 6241:28  
**linked** [2] - 6177:8, 6187:40  
**linking** [2] - 6222:37, 6241:30  
**links** [1] - 6238:43  
**list** [2] - 6171:29, 6221:34  
**listening** [1] - 6221:47  
**lists** [2] - 6203:28, 6208:19  
**literally** [1] - 6195:25  
**literature** [4] - 6163:7, 6199:42, 6200:14, 6207:8  
**live** [1] - 6169:47  
**living** [4] - 6175:15, 6186:45, 6188:9, 6242:9  
**Lo** [1] - 6201:33  
**load** [3] - 6154:41, 6163:7, 6191:7  
**lobbying** [1] - 6219:3  
**local** [11] - 6150:18, 6150:23, 6151:29, 6154:40, 6166:15, 6166:42, 6169:31, 6170:15, 6170:24, 6181:6, 6233:24  
**Local** [8] - 6150:30, 6150:35, 6150:41, 6152:23, 6168:2, 6169:7, 6190:25, 6238:1  
**locally** [1] - 6166:41  
**location** [5] - 6187:18, 6197:29, 6197:42, 6198:37, 6231:16  
**locums** [2] - 6191:6, 6191:13  
**longest** [3] - 6155:21, 6155:25, 6157:43  
**look** [39] - 6152:39, 6155:38, 6156:33, 6158:36, 6159:16, 6166:29, 6166:34, 6167:19, 6170:37, 6175:26, 6177:17, 6179:14, 6179:36, 6187:35, 6187:40, 6188:4, 6189:2, 6199:41, 6204:6, 6205:6, 6208:2, 6215:17, 6215:28, 6216:38, 6219:1, 6220:26, 6224:9, 6227:36, 6228:23, 6228:29, 6230:26, 6232:1, 6235:43, 6239:8, 6240:41, 6241:9, 6241:35, 6242:27, 6242:28  
**looked** [3] - 6201:2, 6217:25, 6217:45  
**looking** [24] - 6153:14, 6155:7, 6155:38, 6158:46, 6160:42, 6161:9, 6166:37, 6169:46, 6172:29, 6177:4, 6185:5, 6186:8, 6202:16, 6208:40, 6209:7, 6218:3, 6222:13, 6227:13, 6227:34, 6231:24, 6234:28, 6238:10, 6241:3, 6241:6  
**looks** [1] - 6192:14  
**loosely** [1] - 6166:35  
**lose** [3] - 6206:27, 6206:28, 6222:18  
**losing** [1] - 6156:8  
**loss** [3] - 6202:27, 6206:33, 6238:32  
**lost** [16] - 6154:9, 6154:10, 6154:15, 6154:29, 6154:30, 6156:8, 6164:14, 6181:33, 6201:15, 6201:16, 6201:41, 6218:1, 6227:40, 6232:20, 6232:39, 6235:7  
**loud** [1] - 6198:26  
**loudly** [1] - 6198:25  
**loved** [3] - 6152:45, 6158:35, 6185:29  
**loving** [1] - 6225:26  
**low** [2] - 6167:32, 6181:11  
**lower** [2] - 6165:36, 6194:3  
**lying** [1] - 6227:24  
**lyrical** [1] - 6243:2
- 
- M**
- 
- machine** [1] - 6190:6  
**Macquarie** [1] - 6149:18  
**magnitude** [1] - 6151:29  
**main** [11] - 6156:13, 6169:8, 6169:17, 6192:29, 6197:39, 6210:31, 6210:34, 6217:17, 6225:2, 6225:31, 6228:12  
**mainline** [1] - 6228:25  
**Mains** [1] - 6229:5  
**maintain** [3] - 6203:23, 6224:17, 6225:15  
**maintenance** [15] - 6162:7, 6162:8, 6162:11, 6163:16, 6163:18, 6163:21, 6163:46, 6163:47, 6181:10, 6188:7, 6188:20, 6188:26, 6188:33, 6222:47, 6223:21  
**major** [1] - 6237:3  
**majority** [10] - 6155:5, 6165:9, 6169:11, 6184:5, 6192:26, 6200:40, 6214:46, 6216:47, 6229:42, 6241:37  
**manage** [21] - 6150:23, 6156:24, 6173:23, 6178:7, 6179:12, 6179:14, 6185:36, 6191:7, 6199:34, 6201:32, 6211:31, 6211:41, 6213:31, 6214:6, 6214:33, 6215:25, 6215:46, 6222:5, 6224:38, 6232:6, 6238:38  
**managed** [9] - 6175:10, 6176:25, 6177:42, 6178:10, 6178:18, 6213:19, 6213:21, 6224:31, 6239:47  
**management** [15] - 6157:22, 6163:32, 6163:35, 6177:45, 6179:46, 6186:46, 6188:28, 6193:34, 6199:10, 6215:30, 6216:4, 6221:26, 6230:29, 6231:33, 6238:6  
**manager** [9] - 6150:27, 6150:31, 6150:39, 6163:30, 6171:17, 6216:6, 6216:43, 6222:4, 6240:4  
**managers** [1] - 6216:12  
**manages** [2] - 6208:32, 6223:19  
**managing** [2] - 6169:36, 6176:22  
**manner** [1] - 6240:30  
**map** [1] - 6171:19  
**Margot** [3] - 6229:4, 6229:5, 6235:31  
**market** [1] - 6217:46  
**mass** [1] - 6202:27  
**match** [1] - 6203:11  
**maternity** [3] - 6182:38, 6182:40, 6182:44  
**matter** [2] - 6167:23, 6175:28  
**mattresses** [1] - 6207:13  
**maximal** [1] - 6186:10  
**meal** [1] - 6206:20  
**mean** [13] - 6154:30, 6157:4, 6186:36, 6200:44, 6204:36, 6212:38, 6215:15, 6218:25, 6224:27, 6224:29, 6238:23, 6238:47, 6241:7  
**meaning** [1] - 6182:3  
**means** [16] - 6152:16, 6155:3, 6162:8, 6171:13, 6183:40, 6184:24, 6185:45, 6186:45, 6186:47, 6208:38, 6211:40, 6213:42, 6215:1,

6215:20, 6227:26, 6240:11  
**measure** [1] - 6190:16  
**measures** [1] - 6239:36  
**medical** [34] - 6156:18, 6157:22, 6166:7, 6177:2, 6177:45, 6184:7, 6185:42, 6186:39, 6187:16, 6187:33, 6190:1, 6191:1, 6198:20, 6204:26, 6211:38, 6212:1, 6212:7, 6215:31, 6216:22, 6216:25, 6216:26, 6217:5, 6229:36, 6230:18, 6230:21, 6231:3, 6231:8, 6234:43, 6241:22, 6241:29, 6241:30, 6242:7  
**medically** [1] - 6159:45  
**medication** [9] - 6170:19, 6186:46, 6199:10, 6204:38, 6204:46, 6205:11, 6211:13, 6220:40, 6221:3  
**medications** [9] - 6159:46, 6175:27, 6198:20, 6205:18, 6210:6, 6212:3, 6213:21, 6220:2  
**medicine** [19] - 6156:15, 6156:20, 6175:26, 6177:11, 6184:4, 6184:10, 6195:5, 6195:8, 6204:9, 6216:29, 6216:33, 6216:35, 6216:37, 6216:46, 6217:12, 6218:20, 6218:31, 6218:33, 6223:34  
**meet** [6] - 6163:37, 6190:33, 6203:12, 6212:28, 6215:15, 6223:39  
**meeting** [1] - 6189:9  
**meetings** [8] - 6227:21, 6229:9, 6234:10, 6234:13, 6235:38, 6235:40, 6235:47, 6236:29  
**meets** [1] - 6217:25  
**Mel** [1] - 6193:31  
**Melissa** [4] - 6150:29, 6151:42, 6203:25, 6222:1  
**MELISSA** [1] - 6151:7  
**member** [7] - 6160:10, 6197:30, 6197:37, 6209:40, 6209:41, 6209:44, 6210:1  
**members** [6] - 6159:17, 6177:19, 6193:14, 6222:38, 6223:3, 6225:25  
**memory** [3] - 6161:17, 6240:39, 6240:41  
**Mental** [1] - 6176:45  
**mental** [3] - 6153:34, 6177:11, 6206:34  
**mention** [1] - 6185:34  
**mentioned** [24] - 6159:18, 6172:17, 6177:19, 6188:47, 6190:30, 6193:41, 6194:15, 6194:23, 6196:40, 6203:2, 6203:7, 6203:25, 6203:43, 6209:27, 6214:41, 6221:45, 6222:2, 6223:3, 6223:14, 6226:43, 6233:4, 6237:20, 6239:43, 6242:25  
**menus** [1] - 6232:19  
**met** [3] - 6163:27, 6164:25, 6165:31  
**methodologies** [1] - 6236:37  
**MI** [1] - 6200:27  
**microphone** [1] - 6152:31  
**midwifery** [1] - 6150:30  
**might** [50] - 6151:18, 6151:19, 6152:30, 6153:2, 6162:6, 6169:47, 6171:46, 6176:36, 6177:38, 6179:32, 6179:43, 6180:34, 6190:4, 6190:6, 6190:13, 6190:19, 6196:28, 6196:31, 6196:32, 6197:20, 6197:27, 6197:28, 6197:41, 6197:46, 6198:16, 6198:25, 6198:32, 6198:36, 6198:37, 6200:1, 6200:8, 6200:9, 6204:27, 6204:29, 6205:8, 6205:23, 6208:3, 6208:21, 6209:43, 6218:8, 6222:13, 6224:15, 6224:31, 6226:6, 6226:22, 6228:3, 6229:37, 6236:31, 6241:25  
**miles** [1] - 6166:13  
**mind** [1] - 6237:11  
**mindful** [2] - 6186:33, 6228:37  
**mindset** [1] - 6219:7  
**minimum** [4] - 6156:15, 6162:16, 6190:34, 6190:36  
**mining** [1] - 6222:36  
**ministry** [12] - 6158:40, 6159:19, 6159:35, 6162:28, 6162:32, 6195:6, 6229:7, 6234:36, 6235:35, 6235:36, 6239:22  
**minor** [2] - 6170:28, 6170:32  
**minutes** [2] - 6197:16, 6228:39  
**misheard** [1] - 6207:3  
**miss** [1] - 6204:26  
**mix** [3] - 6179:7, 6213:2, 6220:25  
**mmm-hmm** [2] - 6175:18, 6182:5  
**mobile** [1] - 6203:39  
**mobility** [5] - 6164:36, 6203:9, 6203:21, 6208:23, 6212:43  
**model** [16] - 6224:19, 6224:27, 6224:38, 6225:24, 6227:4, 6228:12, 6230:15, 6231:3, 6234:46, 6238:2, 6238:4, 6238:7, 6238:16, 6238:20, 6238:40, 6238:43  
**models** [12] - 6170:31, 6224:14, 6224:20, 6224:45, 6226:21, 6227:45, 6227:47, 6228:29, 6239:12, 6239:23, 6241:21, 6241:31  
**moderate** [1] - 6186:10  
**modified** [1] - 6206:18  
**modify** [2] - 6159:46, 6175:27  
**moment** [27] - 6152:25, 6153:3, 6155:20, 6156:15, 6156:38, 6158:27, 6172:11, 6172:30, 6180:27, 6184:14, 6186:35, 6193:22, 6209:46, 6215:19, 6217:42, 6218:1, 6219:41, 6228:4, 6230:3, 6230:47, 6231:30, 6231:46, 6235:44, 6238:21, 6238:24, 6238:33  
**MONDAY** [1] - 6243:21  
**Monday** [6] - 6153:31, 6153:40, 6161:22, 6188:39, 6243:15  
**money** [5] - 6159:14, 6228:8, 6234:37, 6239:15, 6239:17  
**monitor** [4] - 6170:1, 6170:3, 6198:19, 6208:23  
**monitored** [1] - 6187:22  
**monitoring** [1] - 6229:33  
**month** [4] - 6158:39, 6159:18, 6159:25, 6192:19  
**months** [14] - 6160:43, 6160:45, 6169:2, 6175:37, 6175:43, 6176:13, 6180:8, 6180:11, 6185:33, 6186:4, 6202:20, 6237:22, 6239:45, 6240:9  
**morbidity** [2] - 6200:16, 6207:15  
**morning** [7] - 6150:1, 6150:3, 6157:20, 6192:45, 6192:47, 6226:38, 6237:4  
**mortality** [5] - 6188:19, 6189:7, 6200:18, 6207:17, 6207:30  
**mortgages** [1] - 6184:30  
**most** [17] - 6156:13, 6161:34, 6165:7, 6169:18, 6174:29, 6175:35, 6177:27, 6189:27, 6196:18, 6197:41, 6202:47, 6205:16, 6205:17, 6205:18, 6208:34, 6237:13, 6237:14  
**mostly** [2] - 6159:43, 6165:5  
**Mountains** [3] - 6153:14, 6164:31, 6168:19  
**Mountains'** [1] - 6161:37  
**Mountains,Local** [1] - 6150:32  
**mounting** [1] - 6216:27  
**move** [23] - 6152:30, 6159:14, 6180:43, 6181:12, 6181:19, 6188:36, 6189:34, 6190:23, 6191:44, 6196:3, 6196:41, 6205:7, 6205:8, 6205:10, 6205:29, 6205:34, 6206:26, 6208:2, 6218:17, 6221:39, 6228:43, 6240:30  
**moved** [4] - 6189:17, 6206:18, 6206:35, 6213:7  
**movement** [2] - 6197:36, 6224:30  
**moves** [3] - 6205:9, 6205:22, 6206:40  
**moving** [5] - 6183:6, 6190:6, 6202:9, 6202:12, 6222:39  
**multi** [1] - 6219:36  
**multi-comorbidities** [1] - 6219:36  
**multidisciplinary** [3] - 6186:25, 6188:31, 6216:36  
**multifactorial** [1] - 6219:35  
**multiple** [8] - 6160:20, 6165:30, 6205:22, 6209:39, 6211:29, 6212:40, 6213:45  
**muscle** [1] - 6202:27  
**must** [2] - 6166:3, 6239:18  
**Muston** [1] - 6149:26

---

**N**

---

**name** [4] - 6151:35, 6152:2, 6163:30, 6243:4  
**names** [1] - 6151:33  
**National** [1] - 6150:20  
**nature** [3] - 6175:5, 6188:15, 6199:32  
**nav** [1] - 6185:6  
**navigate** [1] - 6185:27  
**navigating** [1] - 6203:26  
**navigator** [8] - 6187:6,

- 6187:19, 6216:7,  
6226:31, 6226:32,  
6226:33, 6233:39,  
6240:6  
**navigators** [1] -  
6187:27  
**NCAT** [5] - 6160:29,  
6168:36, 6168:39,  
6168:47  
**NDIS** [48] - 6151:22,  
6152:22, 6153:8,  
6153:31, 6153:33,  
6153:37, 6161:39,  
6167:14, 6167:22,  
6171:24, 6171:40,  
6172:30, 6172:40,  
6173:1, 6173:11,  
6173:13, 6173:15,  
6173:27, 6173:35,  
6173:43, 6174:7,  
6174:29, 6174:32,  
6174:34, 6174:38,  
6174:41, 6175:15,  
6175:47, 6176:29,  
6176:40, 6177:24,  
6177:30, 6177:31,  
6178:33, 6178:34,  
6178:39, 6179:32,  
6179:38, 6179:47,  
6181:2, 6183:7,  
6183:10, 6185:4,  
6188:33, 6209:27,  
6222:17, 6222:22,  
6237:9  
**NDIS-waiting** [1] -  
6185:4  
**necessarily** [4] -  
6179:42, 6180:26,  
6198:7, 6207:20  
**neck** [2] - 6219:45,  
6220:12  
**need** [72] - 6150:7,  
6150:9, 6151:17,  
6152:33, 6156:6,  
6157:4, 6159:41,  
6160:7, 6160:46,  
6161:15, 6161:17,  
6169:37, 6170:18,  
6170:39, 6176:27,  
6177:15, 6177:16,  
6177:17, 6177:28,  
6178:38, 6179:43,  
6179:47, 6181:30,  
6181:32, 6185:29,  
6186:47, 6188:42,  
6189:18, 6189:35,  
6191:25, 6192:17,  
6193:1, 6194:30,  
6196:9, 6197:11,  
6197:43, 6198:5,  
6198:42, 6200:9,  
6200:10, 6205:40,  
6208:13, 6210:5,  
6210:6, 6210:7,  
6210:9, 6210:42,  
6211:13, 6212:3,  
6214:15, 6214:34,  
6214:41, 6215:10,  
6215:11, 6215:37,  
6220:24, 6220:27,  
6220:39, 6223:31,  
6229:21, 6229:37,  
6230:9, 6230:20,  
6237:31, 6238:15,  
6239:46, 6240:11,  
6240:36, 6241:35  
**needed** [3] - 6173:21,  
6178:10, 6240:12  
**needing** [13] -  
6153:15, 6177:45,  
6178:6, 6197:12,  
6209:29, 6212:20,  
6212:45, 6214:46,  
6214:47, 6215:2,  
6221:25, 6239:38,  
6241:40  
**needs** [26] - 6172:27,  
6178:40, 6179:10,  
6179:39, 6180:28,  
6181:44, 6183:43,  
6187:21, 6187:40,  
6199:18, 6203:12,  
6203:26, 6205:43,  
6208:20, 6212:32,  
6212:41, 6215:5,  
6215:14, 6215:30,  
6217:26, 6219:24,  
6219:35, 6221:1,  
6221:20, 6231:19,  
6233:9  
**negative** [1] - 6224:47  
**negotiate** [1] -  
6225:20  
**negotiation** [1] -  
6162:32  
**negotiations** [1] -  
6233:16  
**Nepean** [6] - 6150:31,  
6153:14, 6161:37,  
6164:31, 6168:19,  
6233:5  
**net** [1] - 6205:38  
**network** [2] - 6227:13,  
6231:22  
**neuro** [1] - 6160:19  
**never** [5] - 6165:31,  
6184:20, 6194:40,  
6194:43, 6206:44  
**new** [21] - 6154:25,  
6159:25, 6159:33,  
6175:39, 6177:46,  
6178:4, 6178:34,  
6178:39, 6179:3,  
6179:14, 6179:15,  
6193:24, 6224:14,  
6226:21, 6227:41,  
6235:8, 6235:14,  
6235:16, 6239:23  
**New** [7] - 6149:19,  
6155:47, 6156:2,  
6183:35, 6194:25,  
6220:9, 6224:1  
**news** [1] - 6163:8  
**next** [5] - 6157:44,  
6158:3, 6165:13,  
6200:20, 6230:9  
**night** [3] - 6193:1,  
6226:4, 6241:44  
**nil** [2] - 6237:28  
**nine** [5] - 6156:44,  
6170:8, 6216:42,  
6218:36, 6228:14  
**nobody's** [1] - 6218:3  
**nominated** [1] -  
6166:3  
**non** [4] - 6203:47,  
6224:26, 6241:21,  
6241:31  
**non-admitted** [2] -  
6241:21, 6241:31  
**non-geriatric** [1] -  
6203:47  
**non-inpatient** [1] -  
6224:26  
**none** [2] - 6154:24,  
6167:33  
**normally** [3] -  
6168:33, 6177:2,  
6193:34  
**note** [1] - 6158:39  
**notes** [1] - 6158:11  
**nothing** [6] - 6167:17,  
6178:19, 6227:28,  
6234:23, 6239:16,  
6240:35  
**nothing's** [1] -  
6235:20  
**noticed** [1] - 6209:1  
**notwithstanding** [2] -  
6215:6, 6215:26  
**NOVEMBER** [1] -  
6243:21  
**November** [5] -  
6149:22, 6153:31,  
6153:40, 6158:6,  
6223:6  
**nowhere** [5] -  
6173:45, 6191:40,  
6205:39, 6217:45  
**Nowra** [1] - 6218:42  
**NSW** [11] - 6149:35,  
6170:2, 6173:29,  
6183:13, 6208:32,  
6226:1, 6229:16,  
6229:20, 6229:41,  
6231:12, 6237:46  
**NUM** [2] - 6170:8,  
6216:36  
**number** [16] -  
6153:11, 6164:32,  
6165:27, 6165:45,  
6167:5, 6168:37,  
6168:38, 6178:33,  
6184:8, 6191:15,  
6201:6, 6208:37,  
6212:24, 6219:46,  
6229:31, 6241:21  
**numbers** [16] -  
6153:7, 6153:14,  
6153:24, 6153:28,  
6154:16, 6155:19,  
6155:44, 6169:14,  
6169:20, 6183:34,  
6192:36, 6195:12,  
6201:15, 6215:17,  
6219:26, 6238:14  
**numerous** [1] -  
6204:17  
**nurse** [29] - 6150:27,  
6150:31, 6150:39,  
6170:15, 6171:17,  
6176:12, 6187:6,  
6189:28, 6196:45,  
6198:12, 6198:19,  
6208:34, 6210:34,  
6210:38, 6211:7,  
6215:12, 6215:16,  
6216:6, 6216:12,  
6216:43, 6225:4,  
6226:32, 6227:3,  
6230:2, 6231:29,  
6231:33, 6233:1,  
6233:39, 6240:4  
**nurses** [19] - 6154:47,  
6182:14, 6182:19,  
6183:15, 6208:12,  
6208:34, 6208:37,  
6210:12, 6210:34,  
6212:31, 6212:42,  
6213:16, 6216:36,  
6224:33, 6225:6,  
6228:30, 6230:19,  
6231:32  
**nursing** [52] -  
6150:29, 6154:45,  
6156:18, 6157:19,  
6165:22, 6174:15,  
6176:24, 6176:30,  
6177:41, 6177:42,  
6177:46, 6178:4,  
6178:6, 6179:5,  
6182:7, 6182:8,  
6185:8, 6185:46,  
6189:16, 6189:47,  
6190:32, 6190:37,  
6190:40, 6192:13,  
6192:27, 6193:5,  
6195:42, 6195:45,  
6198:47, 6199:2,  
6202:1, 6203:30,  
6209:29, 6210:25,  
6210:47, 6211:6,  
6211:7, 6213:41,  
6215:30, 6217:23,  
6228:23, 6229:36,  
6230:3, 6230:15,  
6230:30, 6232:35,  
6232:36, 6233:1,  
6234:43, 6235:6,  
6235:16, 6238:37  
**nut** [1] - 6236:38
- 
- O**
- 
- o'clock** [3] - 6217:6,  
6243:14, 6243:15  
**oath** [1] - 6150:44  
**obligation** [1] - 6166:8  
**observation** [3] -  
6170:24, 6181:13,  
6189:28  
**observations** [1] -  
6210:7  
**observed** [1] -  
6233:30  
**obstacles** [1] -  
6150:17  
**obstetrics** [2] -  
6200:42, 6219:16  
**obstructive** [1] -  
6227:17  
**obtaining** [1] - 6150:8  
**obviously** [2] -  
6156:34, 6162:16,  
6185:2, 6186:34,  
6194:16, 6198:45,  
6199:17, 6199:30,  
6204:37, 6211:17,  
6213:8, 6215:8,  
6215:39, 6216:19,  
6221:29, 6222:17,  
6224:38, 6233:46,  
6237:2, 6237:7,  
6239:1  
**occasional** [1] -  
6195:27  
**occupancy** [2] -  
6223:44, 6223:46  
**occupational** [4] -  
6160:19, 6181:27,



- 6181:34, 6197:36  
**occur** [4] - 6198:15, 6207:13, 6223:24, 6223:44  
**occurred** [3] - 6213:24, 6222:36, 6223:35  
**occurring** [3] - 6164:28, 6166:17, 6223:6  
**occurs** [1] - 6199:28  
**ocean** [1] - 6226:45  
**October** [3] - 6152:39, 6158:5, 6158:8  
**OF** [1] - 6243:20  
**offer** [8] - 6162:18, 6186:29, 6197:14, 6209:8, 6209:12, 6218:38, 6219:4, 6235:15  
**office** [1] - 6165:42  
**officer** [2] - 6198:20, 6231:8  
**officers** [1] - 6241:29  
**offload** [3] - 6189:25, 6194:12, 6223:17  
**offloading** [1] - 6237:28  
**often** [33] - 6152:45, 6155:42, 6158:34, 6164:38, 6165:39, 6166:9, 6166:14, 6166:25, 6173:15, 6173:26, 6177:40, 6178:4, 6178:17, 6178:21, 6180:2, 6180:40, 6184:33, 6186:40, 6187:2, 6199:8, 6199:24, 6199:42, 6199:46, 6203:23, 6205:1, 6208:11, 6208:13, 6216:11, 6222:4, 6230:28, 6230:34, 6239:45, 6241:23  
**oftentimes** [2] - 6185:10, 6215:14  
**Okulicz** [16] - 6150:26, 6151:35, 6151:38, 6159:41, 6162:37, 6163:13, 6168:43, 6174:4, 6178:31, 6181:22, 6182:33, 6201:26, 6209:25, 6213:26, 6232:4, 6240:21  
**OKULICZ** [57] - 6151:5, 6151:38, 6159:43, 6160:15, 6161:2, 6161:6, 6161:13, 6161:32, 6163:16, 6163:29, 6163:35, 6167:25, 6167:41, 6174:7, 6175:2, 6175:7, 6175:12, 6175:18, 6175:25, 6176:2, 6176:6, 6176:10, 6176:19, 6176:32, 6178:33, 6178:46, 6179:7, 6179:21, 6181:24, 6182:5, 6182:11, 6182:17, 6182:22, 6182:28, 6182:38, 6191:13, 6192:2, 6192:9, 6192:26, 6195:14, 6201:29, 6202:29, 6202:35, 6207:47, 6209:32, 6209:46, 6210:29, 6211:9, 6211:25, 6211:44, 6213:28, 6214:10, 6214:22, 6232:9, 6240:24, 6241:1, 6242:20  
**old** [3] - 6194:25, 6222:37, 6234:46  
**older** [29] - 6152:27, 6152:36, 6152:40, 6152:42, 6159:3, 6159:5, 6159:7, 6159:21, 6167:42, 6170:17, 6172:20, 6176:21, 6184:29, 6187:33, 6196:8, 6203:4, 6213:19, 6213:29, 6214:28, 6214:32, 6219:17, 6219:34, 6229:34, 6229:35, 6231:1, 6231:7, 6231:13, 6231:42  
**once** [9] - 6153:36, 6153:44, 6158:47, 6160:23, 6160:37, 6166:6, 6169:18, 6189:45, 6205:1  
**one** [96] - 6152:45, 6156:16, 6157:20, 6158:18, 6158:32, 6158:36, 6161:21, 6161:32, 6161:34, 6164:24, 6164:31, 6164:34, 6166:1, 6166:28, 6167:31, 6167:32, 6168:1, 6168:28, 6168:32, 6169:19, 6172:16, 6173:10, 6174:14, 6174:20, 6174:37, 6176:12, 6176:20, 6177:15, 6179:36, 6181:41, 6183:46, 6184:18, 6185:29, 6187:45, 6189:3, 6191:10, 6191:11, 6191:19, 6191:29, 6191:30, 6191:32, 6194:3, 6195:1, 6195:22, 6196:5, 6196:11, 6198:12, 6198:13, 6198:16, 6207:25, 6210:12, 6210:16, 6210:33, 6210:34, 6210:38, 6210:42, 6210:45, 6210:47, 6211:3, 6211:6, 6211:30, 6211:32, 6213:16, 6213:45, 6215:10, 6215:20, 6216:38, 6220:36, 6224:14, 6225:2, 6226:18, 6228:12, 6228:43, 6229:11, 6229:33, 6230:2, 6230:35, 6233:4, 6235:2, 6239:42, 6241:38, 6242:24, 6242:25  
**one-day** [1] - 6176:20  
**one-off** [1] - 6230:35  
**one-on-one** [4] - 6174:14, 6176:12, 6177:15, 6210:38  
**one-to-one** [2] - 6211:6, 6215:10  
**ones** [2] - 6175:35, 6209:28  
**ongoing** [6] - 6172:27, 6179:15, 6195:39, 6201:46, 6236:6, 6238:25  
**online** [9] - 6150:34, 6151:16, 6170:2, 6170:38, 6196:32, 6207:37, 6212:9, 6214:37, 6242:22  
**onset** [1] - 6185:30  
**open** [12] - 6181:36, 6181:38, 6193:24, 6195:4, 6195:40, 6227:27, 6227:31, 6227:40, 6234:23, 6234:26, 6235:7, 6236:29  
**opened** [10] - 6167:27, 6182:3, 6192:35, 6192:44, 6193:11, 6193:18, 6193:33, 6194:3, 6223:17, 6229:13  
**opening** [6] - 6155:6, 6190:13, 6190:30, 6228:29, 6237:23, 6240:38  
**operated** [2] - 6193:44, 6220:21  
**operating** [3] - 6194:5, 6220:27, 6241:45  
**operation** [2] - 6219:32, 6241:35  
**operational** [4] - 6170:3, 6190:16, 6214:20, 6236:29  
**operationally** [1] - 6171:45  
**operations** [1] - 6190:19  
**opinion** [1] - 6170:14  
**opportunities** [1] - 6196:26  
**opportunity** [2] - 6228:7, 6241:41  
**opposed** [4] - 6171:31, 6178:44, 6179:4, 6184:27  
**optimal** [2] - 6188:8, 6189:30  
**optimism** [1] - 6239:24  
**optimistic** [3] - 6219:42, 6228:3, 6229:14  
**option** [1] - 6203:35  
**options** [1] - 6196:26  
**order** [1] - 6166:2  
**ordered** [2] - 6198:20, 6232:20  
**orders** [1] - 6168:40  
**ordinary** [1] - 6225:5  
**organic** [1] - 6177:3  
**organise** [1] - 6166:43  
**originally** [2] - 6225:44, 6225:45  
**orthopaedic** [1] - 6183:42  
**orthopaedics** [1] - 6220:32  
**osteoarthritis** [1] - 6198:31  
**OT** [3] - 6175:41, 6181:30, 6208:21  
**otherwise** [2] - 6200:8, 6220:29  
**out-of-area** [1] - 6166:11  
**outbreaks** [1] - 6195:38  
**outcome** [2] - 6161:15, 6188:31  
**outcomes** [8] - 6150:41, 6197:10, 6200:47, 6201:3, 6203:45, 6216:45, 6222:40, 6225:2  
**outlier** [4] - 6185:43, 6201:3, 6204:39, 6215:45  
**outliers** [8] - 6157:13, 6184:11, 6195:7, 6203:43, 6203:46, 6205:5, 6206:6, 6224:37  
**outline** [2] - 6154:4, 6159:39  
**outlying** [4] - 6204:32, 6204:34, 6215:28, 6215:33  
**outpatient** [1] - 6224:30  
**outreach** [7] - 6225:3, 6225:35, 6226:35, 6229:27, 6237:16, 6238:20, 6238:22  
**outside** [2] - 6224:33, 6237:19  
**outsourced** [1] - 6223:8  
**over-census** [4] - 6193:33, 6194:1, 6194:3, 6194:4  
**overlying** [1] - 6186:46  
**overseas** [2] - 6154:45, 6154:47  
**oversight** [2] - 6171:29, 6233:39  
**overtime** [11] - 6182:11, 6190:14, 6191:7, 6192:21, 6192:26, 6192:31, 6193:37, 6209:33, 6209:34, 6210:22, 6216:30  
**overview** [1] - 6233:39  
**overwhelmingly** [1] - 6219:5  
**own** [9] - 6165:24, 6175:12, 6185:16, 6199:31, 6200:10, 6201:4, 6204:36, 6212:44, 6214:11

---

**P**


---

- package** [10] - 6180:25, 6185:31, 6186:7, 6186:13, 6186:28, 6186:29, 6186:30, 6203:29,

6214:31, 6233:16  
**packages** [8] - 6186:7, 6216:10, 6233:15, 6237:22, 6239:44, 6242:27, 6242:33  
**pads** [1] - 6210:6  
**paediatrics** [3] - 6170:25, 6200:42, 6219:16  
**paging** [1] - 6212:2  
**paid** [1] - 6239:10  
**pain** [3] - 6198:34, 6204:28, 6220:16  
**palliated** [1] - 6200:5  
**palliative** [1] - 6230:17  
**panel** [5] - 6150:5, 6150:6, 6150:25, 6222:38, 6223:3  
**paperwork** [2] - 6160:41, 6174:34  
**paramedic** [1] - 6225:45  
**paramedics** [1] - 6225:47  
**pardon** [1] - 6151:32  
**part** [12] - 6153:2, 6159:17, 6171:18, 6171:19, 6172:43, 6185:3, 6185:5, 6198:23, 6208:32, 6223:40, 6227:41, 6235:8  
**participant** [4] - 6178:43, 6178:47, 6179:38, 6180:2  
**participants** [2] - 6178:47, 6179:32  
**participate** [1] - 6241:42  
**participating** [1] - 6150:25  
**particular** [20] - 6152:15, 6154:5, 6154:21, 6154:26, 6155:47, 6171:21, 6174:20, 6176:16, 6178:24, 6179:37, 6183:41, 6209:28, 6211:39, 6216:35, 6217:35, 6222:34, 6231:47, 6232:4, 6236:35, 6237:9  
**particularly** [16] - 6162:17, 6179:31, 6197:5, 6203:4, 6205:9, 6214:40, 6216:25, 6217:10, 6217:37, 6217:43, 6219:30, 6220:5, 6222:17, 6235:3, 6236:27, 6238:6  
**partly** [1] - 6202:31  
**patch** [1] - 6220:1  
**pathway** [3] - 6160:7, 6179:9, 6185:4  
**pathways** [3] - 6216:9, 6231:11, 6231:12  
**patient** [87] - 6155:8, 6157:44, 6157:45, 6157:47, 6158:3, 6158:6, 6159:13, 6160:16, 6160:17, 6160:43, 6162:8, 6163:46, 6165:30, 6166:13, 6166:26, 6167:1, 6167:2, 6168:28, 6168:29, 6168:32, 6169:36, 6170:2, 6171:19, 6171:23, 6171:30, 6181:4, 6181:9, 6181:31, 6181:32, 6186:11, 6186:39, 6187:17, 6187:19, 6188:32, 6188:36, 6189:27, 6190:4, 6190:8, 6190:11, 6190:40, 6192:14, 6194:42, 6195:23, 6197:30, 6197:47, 6198:2, 6198:27, 6198:33, 6200:1, 6200:46, 6201:34, 6202:38, 6204:11, 6204:21, 6204:27, 6205:7, 6205:9, 6205:15, 6205:26, 6205:35, 6205:37, 6206:20, 6209:41, 6210:3, 6210:11, 6210:40, 6210:45, 6211:5, 6211:18, 6211:19, 6211:34, 6212:3, 6216:44, 6219:25, 6219:28, 6219:29, 6219:33, 6221:6, 6221:17, 6221:19, 6221:21, 6221:24, 6221:25, 6221:27, 6225:21, 6228:11, 6238:10  
**patient's** [3] - 6177:12, 6188:30, 6198:10  
**patients** [247] - 6150:6, 6150:12, 6150:14, 6150:15, 6151:23, 6151:24, 6152:22, 6153:31, 6153:40, 6154:5, 6154:21, 6154:22, 6154:26, 6154:40, 6155:10, 6155:19, 6155:23, 6155:33, 6155:40, 6156:9, 6156:14, 6156:16, 6156:17, 6156:23, 6156:32, 6156:34, 6156:40, 6156:43, 6157:12, 6157:14, 6157:17, 6157:18, 6157:21, 6157:40, 6157:41, 6159:39, 6159:43, 6159:44, 6160:5, 6161:29, 6161:39, 6161:40, 6163:47, 6164:26, 6164:45, 6165:19, 6165:20, 6165:21, 6165:26, 6166:21, 6167:15, 6167:22, 6168:25, 6168:36, 6168:39, 6169:11, 6169:24, 6169:33, 6169:45, 6170:9, 6171:9, 6172:19, 6172:30, 6172:40, 6172:47, 6173:11, 6173:43, 6174:7, 6174:29, 6174:33, 6176:10, 6176:40, 6176:44, 6177:24, 6177:27, 6177:30, 6177:41, 6178:6, 6178:17, 6178:35, 6179:2, 6181:39, 6181:41, 6181:46, 6182:8, 6183:34, 6183:39, 6183:43, 6184:10, 6185:4, 6185:7, 6185:12, 6185:19, 6186:24, 6187:14, 6187:20, 6188:7, 6188:13, 6188:33, 6188:38, 6188:39, 6188:41, 6188:47, 6189:5, 6189:14, 6189:15, 6189:17, 6189:19, 6189:30, 6189:34, 6189:45, 6190:19, 6191:18, 6191:19, 6191:31, 6191:40, 6191:44, 6192:3, 6192:7, 6192:10, 6192:46, 6194:29, 6194:44, 6194:46, 6195:20, 6195:26, 6195:32, 6195:41, 6196:5, 6196:25, 6196:42, 6197:6, 6197:10, 6197:11, 6197:19, 6197:40, 6198:21, 6198:37, 6198:42, 6198:46, 6199:6, 6199:30, 6199:34, 6199:39, 6200:34, 6200:38, 6201:3, 6201:4, 6201:5, 6201:6, 6201:24, 6201:25, 6201:27, 6201:32, 6202:6, 6203:44, 6203:46, 6204:37, 6204:38, 6207:10, 6207:34, 6207:45, 6208:5, 6208:10, 6208:24, 6209:27, 6209:37, 6210:5, 6210:10, 6210:37, 6210:41, 6211:1, 6211:3, 6211:15, 6211:29, 6211:40, 6212:1, 6212:14, 6212:16, 6212:29, 6212:30, 6212:38, 6213:30, 6214:39, 6214:46, 6215:15, 6215:17, 6215:19, 6215:27, 6215:29, 6215:30, 6215:32, 6215:35, 6215:39, 6215:45, 6216:8, 6216:42, 6217:13, 6217:24, 6217:25, 6219:15, 6219:17, 6219:34, 6220:20, 6220:26, 6220:38, 6221:30, 6222:17, 6222:19, 6222:39, 6223:1, 6223:4, 6223:21, 6224:8, 6225:15, 6225:17, 6225:40, 6226:15, 6226:46, 6227:38, 6228:21, 6228:24, 6228:31, 6229:34, 6229:35, 6232:13, 6232:17, 6232:29, 6233:13, 6233:31, 6233:40, 6235:3, 6235:4, 6237:9, 6238:33, 6239:8, 6239:37, 6240:5, 6241:10, 6241:39  
**patients'** [5] - 6181:43, 6199:1, 6212:36, 6219:35, 6222:40  
**pausing** [1] - 6212:34  
**paving** [1] - 6228:47  
**pay** [1] - 6162:14  
**paying** [5] - 6163:19, 6164:1, 6164:5, 6209:20, 6239:17  
**payment** [3] - 6163:44, 6163:47, 6167:1  
**peer** [2] - 6220:19, 6224:10  
**pension** [2] - 6174:32, 6174:39  
**people** [54] - 6152:36, 6152:40, 6152:43, 6153:37, 6155:45, 6159:3, 6159:5, 6159:7, 6160:20, 6167:3, 6167:30, 6171:36, 6178:18, 6179:4, 6182:41, 6182:45, 6183:6, 6183:33, 6183:43, 6184:8, 6186:19, 6196:3, 6200:24, 6200:25, 6200:26, 6200:43, 6201:9, 6201:22, 6201:42, 6201:45, 6202:45, 6203:4, 6203:17, 6205:23, 6206:35, 6210:9, 6213:10, 6213:15, 6213:19, 6214:28, 6216:39, 6220:12, 6224:9, 6227:6, 6231:14, 6231:42, 6234:45, 6236:1, 6238:24, 6239:19, 6239:35, 6240:31, 6242:5, 6242:9  
**people's** [3] - 6181:1, 6187:34, 6202:18  
**per** [16] - 6153:34, 6153:42, 6153:43, 6158:45, 6163:45, 6166:23, 6167:1, 6190:38, 6190:40, 6192:13, 6196:6, 6225:17, 6225:18, 6225:19, 6230:14  
**percentage** [2] - 6189:8, 6200:38  
**perception** [3] - 6154:39, 6155:2, 6186:15  
**perfect** [1] - 6158:16  
**perform** [1] - 6215:3  
**perhaps** [11] - 6155:13, 6159:12, 6159:31, 6203:34, 6204:14, 6208:7, 6213:8, 6219:44,

6219:46, 6227:31, 6234:25  
**period** [10] - 6154:46, 6159:8, 6163:18, 6177:45, 6193:18, 6195:15, 6195:19, 6196:20, 6199:46, 6214:33  
**periods** [7] - 6159:40, 6167:15, 6188:14, 6197:7, 6198:43, 6202:7, 6203:17  
**peripheral** [3] - 6199:1, 6204:23, 6227:37  
**peripherally** [1] - 6221:28  
**permanent** [9] - 6157:33, 6158:21, 6193:9, 6193:12, 6208:40, 6208:42, 6209:7, 6209:12, 6218:1  
**permanently** [4] - 6154:10, 6154:38, 6208:36, 6238:30  
**persisting** [1] - 6225:1  
**person** [35] - 6157:5, 6159:21, 6164:5, 6165:36, 6165:41, 6166:10, 6172:20, 6174:20, 6174:37, 6174:44, 6176:21, 6176:40, 6180:34, 6186:17, 6191:24, 6199:44, 6200:16, 6200:19, 6201:8, 6204:13, 6204:16, 6206:47, 6210:42, 6212:46, 6213:45, 6214:32, 6219:45, 6219:46, 6220:42, 6231:1, 6231:7, 6232:11, 6232:12, 6232:29, 6239:45  
**person's** [2] - 6206:10, 6206:29  
**personal** [3] - 6186:45, 6202:8, 6210:10  
**personally** [1] - 6240:24  
**persons** [4] - 6167:42, 6170:17, 6174:30, 6213:29  
**perspective** [20] - 6176:41, 6182:8, 6190:9, 6190:32, 6193:32, 6194:23, 6194:26, 6194:28, 6196:15, 6197:3, 6197:40, 6198:1, 6212:13, 6215:32, 6222:41, 6222:43, 6224:2, 6229:16, 6237:15, 6237:19  
**pharmacy** [1] - 6213:21  
**phase** [8] - 6188:20, 6188:26, 6188:27, 6188:37, 6189:10, 6221:7, 6240:5  
**phenomenon** [1] - 6240:1  
**PHN** [1] - 6231:22  
**phone** [5] - 6212:5, 6212:31, 6213:14, 6213:17, 6216:12  
**physical** [6] - 6192:11, 6199:11, 6215:9, 6215:21, 6215:34, 6224:16  
**physically** [2] - 6209:37, 6225:16  
**physician** [2] - 6175:26, 6184:3  
**Physicians** [2] - 6184:2, 6218:28  
**physicians** [2] - 6218:25, 6218:28  
**physio** [1] - 6208:21  
**physiotherapist** [2] - 6181:30, 6202:37  
**physiotherapists** [2] - 6181:28, 6181:40  
**physiotherapy** [1] - 6202:40  
**pick** [5] - 6180:14, 6180:33, 6180:40, 6205:43, 6206:46  
**Pickering** [20] - 6150:29, 6151:30, 6151:40, 6151:42, 6152:21, 6157:25, 6158:27, 6168:10, 6172:13, 6179:25, 6180:24, 6182:30, 6182:32, 6183:4, 6187:27, 6202:43, 6212:9, 6214:24, 6229:26, 6241:15  
**PICKERING** [39] - 6151:7, 6151:42, 6151:46, 6152:27, 6152:36, 6153:5, 6153:10, 6158:31, 6159:16, 6159:28, 6159:33, 6164:19, 6168:1, 6168:13, 6172:15, 6172:35, 6179:27, 6179:36, 6180:10, 6183:9, 6183:19, 6187:30, 6190:28, 6190:40, 6190:46, 6191:3, 6191:10, 6191:47, 6202:47, 6212:12, 6212:40, 6213:5, 6213:13, 6214:26, 6229:30, 6230:43, 6231:40, 6241:18, 6242:18  
**picture** [1] - 6227:6  
**place** [19] - 6160:24, 6160:40, 6165:44, 6166:11, 6174:21, 6179:47, 6189:27, 6194:31, 6195:1, 6197:15, 6199:35, 6206:39, 6207:29, 6213:35, 6229:31, 6230:22, 6231:12, 6235:15, 6241:18  
**placed** [2] - 6164:5, 6177:46  
**placement** [15] - 6152:41, 6152:42, 6154:17, 6154:20, 6155:8, 6155:36, 6157:19, 6160:39, 6177:29, 6177:41, 6178:5, 6178:6, 6185:8, 6185:46, 6226:46  
**placements** [3] - 6154:27, 6156:33, 6179:4  
**places** [3] - 6183:44, 6226:44, 6235:16  
**plan** [9] - 6172:25, 6174:41, 6175:38, 6175:47, 6178:40, 6178:47, 6179:33, 6191:23, 6201:39  
**planned** [1] - 6223:24  
**planner** [3] - 6187:6, 6187:13  
**planners** [2] - 6187:28, 6187:32  
**planning** [11] - 6185:6, 6185:21, 6185:43, 6186:24, 6187:16, 6196:21, 6216:8, 6221:20, 6227:41, 6235:8, 6240:4  
**plans** [4] - 6154:11, 6181:43, 6190:17, 6223:25  
**play** [1] - 6232:19  
**plays** [1] - 6159:38  
**pneumonia** [1] - 6206:22  
**pneumonias** [1] - 6202:10  
**point** [33] - 6153:36, 6155:35, 6161:37, 6163:2, 6164:41, 6164:44, 6168:46, 6168:47, 6177:25, 6181:13, 6183:5, 6183:23, 6185:10, 6185:40, 6196:5, 6198:23, 6198:29, 6198:30, 6198:38, 6201:25, 6202:41, 6203:6, 6203:12, 6236:24, 6236:46, 6238:45, 6239:37, 6239:38, 6239:42, 6239:43, 6242:1, 6242:7, 6242:8  
**pointed** [2] - 6207:11, 6219:14  
**points** [1] - 6237:40  
**pointy** [1] - 6228:5  
**police** [1] - 6176:45  
**policies** [1] - 6166:46  
**policy** [3] - 6235:14, 6235:17  
**pool** [8] - 6183:16, 6192:27, 6193:12, 6193:13, 6193:14, 6195:42, 6195:45  
**poor** [2] - 6155:2, 6216:41  
**popping** [2] - 6168:5, 6221:10  
**population** [14] - 6152:27, 6155:45, 6156:7, 6167:38, 6167:41, 6169:40, 6184:1, 6184:37, 6184:38, 6187:35, 6196:4, 6217:1, 6218:46, 6219:10  
**portal** [1] - 6170:2  
**position** [5] - 6181:5, 6182:43, 6198:32, 6208:40, 6209:7  
**positions** [8] - 6182:45, 6182:46, 6208:29, 6208:35, 6209:13, 6209:16, 6230:2, 6232:38  
**positive** [1] - 6219:5  
**possible** [10] - 6150:23, 6151:25, 6171:45, 6202:9, 6213:18, 6221:40, 6226:17, 6230:8, 6233:10, 6237:2  
**possibly** [1] - 6235:44  
**post** [2] - 6231:24, 6242:6  
**postgraduate** [1] - 6184:27  
**postoperatively** [2] - 6189:42, 6190:21  
**potential** [2] - 6150:14, 6170:25  
**potentially** [10] - 6159:16, 6159:20, 6163:18, 6164:45, 6175:38, 6179:36, 6183:19, 6202:35, 6203:38, 6241:46  
**Potter** [10] - 6150:36, 6152:1, 6152:4, 6155:18, 6163:44, 6165:12, 6169:4, 6193:28, 6236:18, 6243:7  
**potter** [30] - 6150:44, 6154:3, 6155:28, 6155:32, 6162:2, 6162:39, 6164:1, 6164:15, 6170:20, 6178:13, 6181:8, 6183:28, 6193:39, 6193:42, 6194:23, 6194:36, 6198:33, 6199:38, 6203:42, 6216:18, 6221:15, 6222:39, 6223:7, 6223:34, 6224:36, 6234:3, 6234:9, 6237:14, 6237:40, 6243:3  
**POTTER** [57] - 6151:1, 6152:4, 6154:8, 6154:33, 6154:37, 6155:38, 6162:5, 6162:26, 6162:31, 6162:43, 6163:4, 6165:15, 6165:39, 6166:6, 6166:23, 6166:34, 6169:7, 6169:27, 6178:16, 6183:31, 6194:38, 6199:41, 6204:2, 6204:6, 6204:41, 6204:45, 6205:25, 6205:45, 6206:4, 6206:9, 6206:37, 6207:8, 6207:23, 6207:28, 6216:25, 6217:37, 6218:27, 6219:14, 6220:5, 6220:45, 6224:42,

6225:38, 6225:44,  
6226:31, 6229:3,  
6234:34, 6234:41,  
6235:23, 6235:43,  
6236:3, 6236:8,  
6237:46, 6238:27,  
6239:6, 6242:24,  
6243:7, 6243:8  
**potter's** [3] - 6155:21,  
6189:1, 6233:38  
**PROFESSOR** [1] -  
6154:33  
**practice** [11] - 6165:4,  
6165:18, 6166:10,  
6166:14, 6166:15,  
6166:30, 6167:14,  
6167:20, 6197:35,  
6220:10  
**practices** [3] - 6165:8,  
6166:41, 6166:42  
**practitioner** [7] -  
6165:35, 6166:4,  
6166:20, 6166:45,  
6227:3, 6230:2,  
6231:29  
**practitioners** [7] -  
6164:27, 6165:17,  
6166:38, 6167:21,  
6225:5, 6231:33,  
6233:2  
**praise** [1] - 6238:28  
**pre** [1] - 6242:6  
**predominantly** [4] -  
6180:37, 6199:25,  
6208:17, 6227:3  
**prepared** [1] - 6210:40  
**preplanning** [1] -  
6168:46  
**prescribed** [1] -  
6205:14  
**prescribing** [2] -  
6165:23, 6205:11  
**present** [9] - 6149:33,  
6167:34, 6172:31,  
6177:44, 6185:41,  
6186:20, 6206:45,  
6213:43, 6230:7  
**presentation** [4] -  
6212:47, 6225:18,  
6230:19, 6241:26  
**presentations** [6] -  
6167:29, 6195:31,  
6225:9, 6241:33,  
6241:43, 6241:46  
**presented** [3] -  
6174:9, 6207:21,  
6219:18  
**presenting** [3] -  
6167:30, 6221:19,  
6231:17  
**preserve** [1] - 6223:41  
**pressure** [10] -  
6197:20, 6200:17,  
6202:8, 6203:24,  
6204:25, 6206:1,  
6207:11, 6207:12,  
6208:11, 6218:14  
**pressure-relieving** [1]  
- 6207:12  
**pressures** [1] -  
6212:19  
**pretty** [1] - 6195:24  
**prevailing** [1] -  
6238:24  
**prevent** [2] - 6212:47,  
6241:32  
**prevented** [1] -  
6225:17  
**preventible** [1] -  
6241:44  
**preventing** [3] -  
6225:9, 6225:21,  
6227:4  
**previous** [2] -  
6203:40, 6208:23  
**previously** [4] -  
6187:5, 6195:14,  
6201:42, 6212:21  
**primarily** [7] -  
6170:25, 6170:31,  
6172:22, 6191:34,  
6224:32, 6229:41,  
6231:2  
**primary** [7] - 6170:3,  
6170:17, 6170:37,  
6170:44, 6231:22,  
6233:6, 6233:7  
**prioritise** [2] -  
6169:19, 6208:24  
**prioritised** [1] -  
6241:10  
**priority** [3] - 6195:44,  
6230:5, 6230:13  
**privacy** [3] - 6197:40,  
6198:1, 6198:23  
**private** [6] - 6168:4,  
6183:6, 6183:13,  
6198:2, 6226:44,  
6227:13  
**Private** [3] - 6223:9,  
6223:11, 6233:36  
**PRN** [1] - 6204:46  
**problem** [23] -  
6151:29, 6166:44,  
6173:16, 6181:21,  
6184:12, 6200:33,  
6204:26, 6205:15,  
6216:27, 6217:43,  
6218:11, 6219:39,  
6219:40, 6220:47,  
6221:19, 6226:19,  
6228:5, 6229:17,  
6229:18, 6229:20,  
6235:45, 6238:13  
**problems** [4] -  
6204:31, 6205:29,  
6207:10, 6221:10  
**procedure** [4] -  
6171:31, 6171:47,  
6219:32, 6220:29  
**procedures** [2] -  
6219:34, 6220:20  
**process** [17] -  
6155:34, 6160:12,  
6160:26, 6160:30,  
6161:11, 6161:34,  
6163:9, 6163:21,  
6168:16, 6168:46,  
6171:19, 6172:1,  
6178:36, 6186:16,  
6186:19, 6213:39,  
6241:11  
**processes** [5] -  
6169:1, 6171:20,  
6204:17, 6241:4,  
6241:7  
**producing** [1] -  
6218:3  
**Professor** [40] -  
6150:36, 6150:44,  
6152:1, 6154:3,  
6155:18, 6155:21,  
6155:28, 6155:32,  
6162:2, 6162:39,  
6163:44, 6164:1,  
6164:15, 6165:12,  
6169:4, 6170:20,  
6178:13, 6181:8,  
6183:28, 6189:1,  
6193:28, 6193:39,  
6193:42, 6194:23,  
6194:36, 6198:33,  
6199:38, 6203:42,  
6216:18, 6222:39,  
6223:7, 6223:34,  
6224:36, 6234:3,  
6234:9, 6236:18,  
6237:14, 6237:40,  
6243:3, 6243:7  
**PROFESSOR** [52] -  
6154:8, 6154:37,  
6155:38, 6162:5,  
6162:26, 6162:31,  
6162:43, 6163:4,  
6165:15, 6165:39,  
6166:6, 6166:23,  
6166:34, 6169:7,  
6169:27, 6178:16,  
6183:31, 6194:38,  
6199:41, 6204:2,  
6204:6, 6204:41,  
6204:45, 6205:25,  
6205:45, 6206:4,  
6206:9, 6206:37,  
6207:8, 6207:23,  
6207:28, 6216:25,  
6217:37, 6218:27,  
6219:14, 6220:5,  
6220:45, 6224:42,  
6225:38, 6225:44,  
6226:31, 6229:3,  
6234:34, 6234:41,  
6235:23, 6235:43,  
6236:3, 6236:8,  
6237:46, 6238:27,  
6239:6, 6242:24  
**profile** [1] - 6192:46  
**program** [6] - 6174:34,  
6208:14, 6208:22,  
6214:30, 6231:47,  
6237:13  
**programs** [1] -  
6231:47  
**progress** [3] -  
6181:29, 6181:43,  
6191:25  
**progressed** [1] -  
6179:11  
**project** [1] - 6236:37  
**projections** [1] -  
6218:2  
**prolonged** [3] -  
6199:46, 6203:17,  
6223:45  
**promised** [1] -  
6224:46  
**promises** [1] -  
6238:29  
**proper** [2] - 6240:29  
**proportion** [6] -  
6155:46, 6179:3,  
6183:33, 6188:38,  
6208:36, 6230:33  
**proportions** [1] -  
6178:1  
**proposing** [1] -  
6154:25  
**protocol** [1] - 6221:8  
**provide** [32] - 6152:17,  
6155:7, 6173:9,  
6173:18, 6174:15,  
6174:26, 6177:19,  
6180:4, 6181:14,  
6185:14, 6188:29,  
6188:41, 6189:26,  
6189:29, 6194:11,  
6197:27, 6198:19,  
6202:19, 6203:27,  
6209:3, 6210:27,  
6210:47, 6212:42,  
6222:6, 6228:2,  
6228:17, 6228:19,  
6231:31, 6231:42,  
6232:47, 6234:42  
**provided** [4] -  
6186:11, 6186:25,  
6222:9, 6224:18  
**provider** [8] - 6166:7,  
6174:17, 6175:30,  
6179:47, 6180:1,  
6181:3, 6223:12  
**providers** [15] -  
6154:25, 6154:33,  
6154:37, 6155:6,  
6174:23, 6175:39,  
6179:40, 6183:11,  
6187:37, 6187:38,  
6203:27, 6227:27,  
6233:16, 6234:22,  
6242:30  
**providing** [9] -  
6159:34, 6170:44,  
6173:9, 6180:1,  
6233:14, 6233:15,  
6233:17, 6233:18,  
6234:37  
**provision** [1] -  
6226:20  
**provisions** [1] -  
6154:40  
**PRPs** [1] - 6193:12  
**psych** [1] - 6160:19  
**psychological** [2] -  
6209:35, 6210:39  
**psychosis** [1] -  
6204:14  
**public** [2] - 6171:7,  
6241:38  
**pulled** [1] - 6209:47  
**pulmonary** [1] -  
6227:17  
**punch** [1] - 6209:38  
**punched** [4] -  
6209:39, 6209:40,  
6209:47, 6211:18  
**purely** [4] - 6193:5,  
6195:42, 6222:47,  
6225:8  
**purpose** [3] - 6195:6,  
6213:18, 6223:4  
**purpose-built** [1] -  
6223:4  
**purposes** [1] - 6243:5  
**push** [1] - 6173:16  
**pushed** [2] - 6173:21,  
6212:17  
**pushing** [2] - 6173:32,  
6227:46  
**Put** [1] - 6238:30  
**put** [17] - 6160:40,

6165:44, 6183:46,  
6194:47, 6197:41,  
6207:26, 6211:10,  
6212:30, 6213:35,  
6221:33, 6224:45,  
6225:32, 6225:46,  
6226:31, 6228:32,  
6229:31, 6238:31

**Q**

**quality** [3] - 6154:40,  
6181:10, 6194:12  
**queries** [1] - 6225:41  
**questions** [4] -  
6151:19, 6198:26,  
6242:12, 6242:41  
**quick** [2] - 6170:26,  
6189:2  
**quicker** [2] - 6240:30,  
6242:8  
**quickly** [4] - 6186:26,  
6201:44, 6213:7,  
6241:2  
**quite** [21] - 6155:34,  
6158:33, 6174:9,  
6179:27, 6180:5,  
6190:33, 6198:18,  
6198:25, 6198:26,  
6200:21, 6201:44,  
6209:2, 6213:11,  
6214:28, 6214:43,  
6217:47, 6224:42,  
6229:12, 6229:36,  
6231:5, 6231:21

**R**

**RACF** [5] - 6174:33,  
6179:9, 6179:10,  
6179:18, 6185:4  
**RACF-pathway** [1] -  
6185:4  
**RACFs** [1] - 6174:33  
**Rachael** [17] -  
6150:38, 6150:43,  
6152:8, 6169:9,  
6170:8, 6171:46,  
6178:17, 6187:32,  
6188:46, 6193:35,  
6193:41, 6198:34,  
6200:37, 6223:14,  
6223:19, 6226:32,  
6237:20  
**RACHAEL** [1] - 6151:3  
**RAD** [1] - 6162:40  
**raise** [1] - 6181:24  
**raised** [2] - 6163:44,  
6242:16  
**raising** [1] - 6193:32

**ramping** [1] - 6189:21  
**Ramsay** [1] - 6223:11  
**ran** [2] - 6223:15,  
6232:37  
**range** [2] - 6161:32,  
6197:34  
**rapidly** [1] - 6218:22  
**RAS** [1] - 6185:22  
**rate** [6] - 6162:29,  
6162:31, 6163:22,  
6163:23, 6194:25,  
6237:30  
**rates** [1] - 6206:42  
**rather** [6] - 6165:20,  
6167:3, 6167:4,  
6205:42, 6225:30,  
6231:16  
**ratio** [2] - 6181:41,  
6198:16  
**ratios** [2] - 6198:11,  
6198:15  
**re** [4] - 6193:24,  
6195:4, 6205:14,  
6213:43  
**re-open** [2] - 6193:24,  
6195:4  
**re-prescribed** [1] -  
6205:14  
**re-present** [1] -  
6213:43  
**reach** [5] - 6152:46,  
6179:40, 6185:40,  
6206:19, 6212:45  
**reaching** [1] - 6215:45  
**readmission** [1] -  
6213:28  
**readmissions** [1] -  
6213:10  
**ready** [4] - 6157:47,  
6158:8, 6162:10,  
6213:11  
**real** [3] - 6218:4,  
6231:1, 6242:15  
**realised** [2] - 6226:3,  
6226:5  
**realistically** [1] -  
6185:46  
**reality** [1] - 6165:29  
**really** [31] - 6155:34,  
6156:3, 6157:28,  
6162:33, 6163:9,  
6165:31, 6170:18,  
6172:18, 6172:25,  
6179:47, 6200:14,  
6200:21, 6216:44,  
6217:19, 6217:47,  
6218:4, 6218:22,  
6220:32, 6223:23,  
6226:9, 6226:14,  
6226:19, 6226:47,

6232:15, 6232:33,  
6233:46, 6236:30,  
6238:35, 6238:43,  
6241:32, 6241:41  
**rearrange** [1] - 6222:2  
**reason** [4] - 6158:35,  
6174:9, 6186:40,  
6211:10  
**reasonable** [2] -  
6152:16, 6212:28  
**reasons** [7] - 6152:25,  
6152:44, 6154:14,  
6154:38, 6173:6,  
6178:22  
**rebuild** [1] - 6154:12  
**receive** [4] - 6158:39,  
6160:30, 6189:27,  
6212:20  
**received** [1] - 6212:16  
**recent** [1] - 6230:27  
**recently** [6] - 6161:21,  
6164:25, 6166:31,  
6218:28, 6230:35,  
6230:45  
**recognise** [3] -  
6200:11, 6227:23,  
6234:16  
**recognised** [8] -  
6166:36, 6207:1,  
6220:6, 6220:10,  
6220:17, 6220:31,  
6220:32, 6231:37  
**recognising** [1] -  
6218:12  
**recognition** [1] -  
6169:37  
**recommendation** [1] -  
6160:39  
**reconditioned** [1] -  
6201:45  
**record** [4] - 6151:33,  
6151:36, 6152:2,  
6236:26  
**recorded** [1] - 6230:36  
**recovery** [2] -  
6190:12, 6190:13  
**recruit** [3] - 6182:46,  
6208:28, 6208:31  
**recruiting** [1] -  
6210:15  
**recruitment** [2] -  
6208:43, 6240:28  
**redirect** [1] - 6202:18  
**reduced** [1] - 6167:29  
**reducing** [1] - 6237:17  
**reduction** [6] -  
6181:26, 6182:33,  
6182:35, 6183:5,  
6230:40, 6241:39  
**refer** [4] - 6177:10,

6179:18, 6218:24,  
6233:8  
**reference** [2] -  
6158:11, 6186:41  
**referral** [3] - 6155:41,  
6155:43, 6172:1  
**referrals** [7] - 6181:42,  
6212:25, 6225:13,  
6225:35, 6226:13,  
6240:29, 6241:1  
**referred** [4] - 6164:25,  
6186:3, 6186:35,  
6193:40  
**referring** [5] -  
6156:11, 6162:40,  
6167:39, 6169:9,  
6199:21  
**reflect** [1] - 6150:18  
**refundable** [1] -  
6162:41  
**refuse** [3] - 6181:1,  
6213:30, 6235:16  
**refused** [1] - 6174:39  
**refuses** [1] - 6175:31  
**refusing** [4] - 6160:6,  
6175:32, 6178:21,  
6196:9  
**regard** [1] - 6216:5  
**regarding** [2] -  
6160:4, 6168:40  
**regards** [18] -  
6155:18, 6163:16,  
6165:15, 6168:45,  
6169:47, 6171:24,  
6177:43, 6178:33,  
6185:1, 6185:19,  
6186:42, 6187:16,  
6197:22, 6197:35,  
6215:24, 6216:8,  
6223:37, 6237:32  
**region** [1] - 6162:19  
**regional** [3] - 6184:18,  
6218:38, 6218:47  
**regions** [1] - 6184:39  
**registered** [4] -  
6170:15, 6196:45,  
6225:5, 6230:3  
**registry** [1] - 6220:9  
**regrade** [1] - 6178:44  
**regrading** [1] -  
6172:32  
**regular** [2] - 6193:15,  
6224:37  
**regularly** [4] -  
6172:45, 6199:16,  
6211:46, 6216:28  
**rehab** [6] - 6188:27,  
6188:29, 6201:47,  
6208:14, 6208:22,  
6222:46

**Rehab** [1] - 6208:14  
**rehab-able** [1] -  
6201:47  
**rehabilitation** [7] -  
6150:27, 6150:28,  
6150:38, 6156:36,  
6162:9, 6178:35,  
6214:11  
**reinforcing** [1] -  
6236:43  
**related** [2] - 6171:47,  
6178:34  
**relating** [1] - 6198:47  
**relation** [9] - 6153:28,  
6161:45, 6162:5,  
6169:44, 6192:35,  
6199:39, 6222:20,  
6237:6, 6239:21  
**relationship** [2] -  
6231:22, 6238:17  
**relationships** [3] -  
6230:21, 6232:16,  
6238:34  
**relative** [2] - 6202:32,  
6224:10  
**relatives** [2] - 6201:5,  
6235:15  
**relevant** [4] - 6169:38,  
6171:8, 6214:45,  
6222:26  
**reliant** [1] - 6223:25  
**relief** [1] - 6193:12  
**relieving** [1] - 6207:12  
**reluctance** [1] -  
6155:2  
**rely** [2] - 6186:24,  
6210:11  
**remain** [2] - 6185:24,  
6229:14  
**remaining** [2] -  
6150:45, 6157:21  
**remarkable** [1] -  
6217:47  
**remember** [1] -  
6200:40  
**remit** [1] - 6226:23  
**removing** [1] - 6197:43  
**removing** [1] -  
6224:24  
**renovate** [1] - 6234:45  
**renovation** [1] -  
6194:41  
**renovations** [1] -  
6195:6  
**report** [1] - 6211:20  
**reports** [3] - 6153:23,  
6169:38, 6241:2  
**representative** [1] -  
6163:45  
**represents** [1] -

6178:22  
**reprioritise** [1] - 6212:26  
**repurpose** [1] - 6237:34  
**request** [5] - 6205:6, 6211:2, 6211:31, 6211:32, 6211:45  
**requested** [3] - 6221:18, 6221:22, 6221:36  
**requests** [1] - 6213:42  
**require** [19] - 6156:9, 6162:9, 6176:30, 6177:6, 6177:7, 6177:9, 6185:15, 6185:24, 6185:43, 6186:1, 6189:26, 6190:14, 6198:2, 6199:7, 6203:25, 6208:26, 6210:10, 6210:38, 6211:3  
**required** [19] - 6164:46, 6173:22, 6176:10, 6181:12, 6181:15, 6186:47, 6189:47, 6192:31, 6197:22, 6199:32, 6203:10, 6203:36, 6204:46, 6209:4, 6213:22, 6215:6, 6222:8, 6222:9, 6225:18  
**requirement** [2] - 6163:27, 6166:2  
**requirements** [6] - 6190:1, 6190:34, 6190:37, 6195:23, 6215:14, 6227:10  
**requiring** [7] - 6152:24, 6168:39, 6195:34, 6199:9, 6203:22, 6215:20, 6220:38  
**residence** [1] - 6159:5  
**residential** [32] - 6152:40, 6152:46, 6153:41, 6155:3, 6155:24, 6160:35, 6166:2, 6171:24, 6171:39, 6172:6, 6175:14, 6179:19, 6181:2, 6181:9, 6181:12, 6188:40, 6189:11, 6203:13, 6216:11, 6217:40, 6223:20, 6225:8, 6225:14, 6226:20, 6227:25, 6228:25, 6229:41, 6229:43, 6231:14, 6231:25, 6237:33, 6242:29  
**residents** [1] - 6156:1  
**resistance** [1] - 6223:39  
**resolution** [1] - 6186:27  
**resolves** [1] - 6201:46  
**resolving** [1] - 6237:1  
**resource** [2] - 6226:11, 6232:39  
**resources** [7] - 6181:39, 6185:20, 6190:31, 6195:43, 6211:31, 6211:34, 6231:18  
**respective** [1] - 6151:29  
**respiratory** [1] - 6219:30  
**respite** [1] - 6163:23  
**respond** [5] - 6155:13, 6223:15, 6230:5, 6230:6, 6231:18  
**responded** [1] - 6236:25  
**responding** [1] - 6193:42  
**response** [9] - 6152:36, 6194:7, 6229:45, 6230:1, 6230:6, 6230:8, 6230:13, 6230:15, 6230:24  
**responsibility** [3] - 6166:20, 6166:24, 6185:38  
**responsible** [2] - 6187:14, 6217:20  
**responsive** [2] - 6226:3, 6226:5  
**rest** [8] - 6152:15, 6153:43, 6193:35, 6195:43, 6211:1, 6211:14, 6219:25, 6228:10  
**restarted** [1] - 6194:2  
**restraint** [1] - 6177:18  
**result** [16] - 6150:14, 6185:11, 6185:13, 6187:3, 6190:29, 6197:20, 6199:18, 6199:19, 6200:46, 6203:1, 6212:29, 6215:2, 6215:9, 6220:7, 6221:25, 6221:27  
**resulted** [1] - 6154:16  
**resulting** [2] - 6215:39, 6240:10  
**results** [6] - 6183:38, 6212:26, 6215:7, 6217:42, 6220:11, 6221:30  
**resume** [1] - 6203:39  
**resuscitation** [2] - 6190:5, 6198:13  
**retain** [1] - 6223:44  
**retention** [2] - 6206:14, 6208:43  
**retirement** [2] - 6155:6, 6201:18  
**retiring** [4] - 6155:46, 6183:33, 6201:18, 6218:46  
**return** [3] - 6214:29, 6214:34, 6214:35  
**reversible** [2] - 6178:19, 6179:13  
**review** [9] - 6170:8, 6170:19, 6175:38, 6178:41, 6178:47, 6201:38, 6204:18, 6212:3, 6212:5  
**reviewed** [2] - 6220:19, 6233:9  
**reviews** [1] - 6240:29  
**rewritten** [1] - 6205:13  
**rib** [1] - 6220:16  
**Richard** [1] - 6149:14  
**rightly** [1] - 6178:8  
**rights** [1] - 6160:9  
**ring** [1] - 6224:24  
**ring-fenced** [1] - 6224:24  
**risk** [28] - 6174:24, 6185:36, 6185:44, 6188:14, 6188:18, 6189:3, 6189:7, 6197:36, 6199:12, 6199:16, 6199:27, 6199:34, 6201:30, 6202:7, 6205:19, 6205:41, 6205:47, 6206:6, 6207:11, 6207:14, 6207:16, 6207:29, 6207:30, 6212:44, 6213:9, 6213:33  
**risk-manage** [1] - 6199:34  
**risks** [11] - 6151:24, 6196:41, 6197:18, 6197:22, 6197:39, 6198:41, 6201:26, 6202:44, 6213:3, 6213:34, 6227:19  
**RN** [1] - 6211:10  
**RNs** [1] - 6211:12  
**role** [8] - 6153:25, 6163:30, 6163:32, 6163:35, 6169:23, 6174:2, 6233:39, 6240:6  
**roles** [1] - 6187:11  
**roll** [1] - 6225:31  
**room** [14] - 6150:26, 6170:1, 6171:36, 6189:30, 6190:5, 6195:10, 6198:10, 6198:15, 6198:18, 6198:36, 6199:37, 6201:22, 6207:44, 6210:12  
**rooms** [2] - 6199:33  
**Ross** [1] - 6149:27  
**roster** [5] - 6166:43, 6192:12, 6192:27, 6193:10, 6193:11  
**rostered** [1] - 6193:45  
**round** [3] - 6215:35, 6217:6, 6239:22  
**rounding** [1] - 6212:1  
**rounds** [1] - 6224:37  
**routine** [2] - 6205:27, 6206:10  
**Royal** [6] - 6154:9, 6154:38, 6164:16, 6184:2, 6218:28  
**rule** [1] - 6177:2  
**ruled** [1] - 6169:18  
**run** [11] - 6164:2, 6173:12, 6173:17, 6204:29, 6234:38, 6234:39, 6234:42, 6237:43, 6238:3, 6238:11, 6240:26  
**running** [11] - 6192:16, 6192:18, 6192:20, 6195:41, 6225:6, 6226:4, 6228:14, 6237:32, 6238:2, 6238:21, 6238:32  
**runs** [2] - 6169:28, 6238:4  
**ruptures** [1] - 6220:21  
**rural** [3] - 6184:39, 6218:37, 6218:47

---

**S**

---

**sad** [2] - 6189:7, 6206:26  
**safe** [15] - 6177:18, 6181:31, 6185:15, 6185:24, 6188:30, 6190:20, 6194:12, 6197:15, 6197:29, 6197:30, 6198:38, 6202:2, 6202:38, 6231:17  
**safely** [8] - 6175:10, 6185:28, 6194:4, 6194:8, 6198:19, 6204:9, 6205:6, 6214:29  
**safer** [1] - 6194:31  
**safest** [1] - 6189:27  
**safety** [1] - 6205:38  
**same-day** [1] - 6230:8  
**sample** [1] - 6177:7  
**satisfaction** [1] - 6225:26  
**satisfied** [1] - 6158:46  
**save** [1] - 6237:35  
**savings** [1] - 6237:11  
**saw** [1] - 6195:37  
**SC** [3] - 6149:14, 6149:26, 6149:35  
**scan** [1] - 6177:7  
**scattered** [3] - 6156:17, 6169:34, 6200:40  
**scenario** [1] - 6150:12  
**scenarios** [1] - 6189:44  
**scheduled** [2] - 6176:45, 6177:16  
**Scheme** [1] - 6150:20  
**school** [1] - 6218:15  
**scope** [1] - 6183:16  
**Scotland** [1] - 6218:19  
**scratch** [1] - 6209:38  
**scratches** [2] - 6210:2, 6211:22  
**screen** [1] - 6177:8  
**seasonal** [5] - 6194:16, 6194:19, 6194:28, 6195:11, 6195:14  
**seasonality** [2] - 6194:22, 6194:32  
**seasonally** [2] - 6195:47, 6196:15  
**second** [3] - 6158:36, 6158:45, 6178:6  
**section** [1] - 6153:17  
**sector** [2] - 6154:11, 6183:6  
**secure** [1] - 6237:42  
**security** [6] - 6174:14, 6176:11, 6176:13, 6208:42, 6209:29  
**sedate** [1] - 6204:30  
**sedated** [1] - 6204:7  
**sedation** [2] - 6177:17, 6204:24  
**see** [72] - 6154:4, 6164:28, 6164:36,

6165:4, 6165:21,  
6166:12, 6167:3,  
6167:22, 6168:36,  
6170:40, 6174:4,  
6179:43, 6181:32,  
6181:39, 6181:45,  
6183:2, 6185:21,  
6187:38, 6190:23,  
6190:26, 6191:20,  
6194:46, 6195:14,  
6197:4, 6197:5,  
6201:26, 6202:44,  
6203:16, 6203:20,  
6203:23, 6204:38,  
6204:45, 6204:47,  
6206:34, 6207:35,  
6208:21, 6209:3,  
6214:6, 6214:33,  
6215:39, 6216:19,  
6216:22, 6216:41,  
6217:4, 6217:33,  
6218:39, 6220:19,  
6222:3, 6222:4,  
6223:27, 6224:1,  
6227:14, 6227:17,  
6228:7, 6228:28,  
6229:21, 6231:45,  
6234:3, 6237:6,  
6237:10, 6237:18,  
6239:3, 6239:26,  
6239:33, 6239:45,  
6240:21, 6240:46,  
6241:16, 6241:42,  
6242:2, 6242:6  
**seeing** [13] - 6164:27,  
6165:18, 6185:2,  
6186:42, 6194:18,  
6195:31, 6212:13,  
6212:19, 6212:24,  
6212:36, 6216:45,  
6227:46, 6241:39  
**seeking** [1] - 6186:43  
**seem** [1] - 6184:1  
**sees** [1] - 6190:31  
**self** [1] - 6212:31  
**self-care** [1] - 6212:31  
**send** [3] - 6175:9,  
6175:16, 6225:42  
**sending** [1] - 6165:36  
**Senior** [1] - 6149:26  
**senior** [6] - 6194:45,  
6216:19, 6216:31,  
6217:3, 6217:18,  
6217:32  
**sensation** [1] -  
6217:28  
**sense** [8] - 6151:28,  
6153:13, 6158:16,  
6169:22, 6178:1,  
6180:31, 6222:43,  
6239:24  
**senses** [2] - 6198:30,  
6199:43  
**sensitive** [1] - 6200:2  
**separate** [2] -  
6165:24, 6218:42  
**September** [2] -  
6152:39, 6158:1  
**septic** [1] - 6170:26  
**series** [2] - 6229:8,  
6235:37  
**service** [36] - 6165:35,  
6170:39, 6172:23,  
6173:11, 6179:40,  
6185:29, 6185:30,  
6186:11, 6186:25,  
6186:28, 6187:16,  
6187:37, 6209:21,  
6213:14, 6216:10,  
6217:20, 6221:16,  
6221:22, 6221:29,  
6224:2, 6224:3,  
6225:3, 6225:14,  
6225:35, 6225:36,  
6226:19, 6228:18,  
6229:32, 6230:44,  
6231:43, 6233:6,  
6237:16, 6238:23,  
6239:39  
**service-based** [1] -  
6239:39  
**services** [18] -  
6167:43, 6168:4,  
6172:16, 6185:17,  
6185:24, 6185:47,  
6196:19, 6203:5,  
6203:11, 6203:22,  
6212:45, 6213:35,  
6224:31, 6237:31,  
6241:3, 6241:36,  
6241:37, 6241:45  
**session** [1] - 6176:21  
**set** [10] - 6162:24,  
6166:43, 6167:45,  
6170:36, 6173:22,  
6174:13, 6183:44,  
6191:15, 6208:7,  
6211:11  
**setting** [5] - 6197:6,  
6197:29, 6205:40,  
6212:17, 6232:44  
**seven** [5] - 6160:25,  
6160:40, 6215:38,  
6226:4, 6230:4  
**seven-day** [1] -  
6160:25  
**severe** [3] - 6155:19,  
6174:10, 6204:28  
**share** [1] - 6153:11  
**shared** [3] - 6193:9,  
6220:11, 6220:15  
**sharp** [1] - 6218:4  
**Shellharbour** [3] -  
6221:28, 6223:11,  
6223:12  
**shift** [5] - 6192:17,  
6195:17, 6198:17,  
6205:29, 6212:15  
**shifts** [3] - 6193:15,  
6210:33, 6216:29  
**Shoalhaven** [28] -  
6150:35, 6150:41,  
6153:32, 6153:41,  
6153:46, 6154:44,  
6155:45, 6156:1,  
6156:4, 6162:17,  
6163:46, 6165:27,  
6169:7, 6169:10,  
6170:6, 6170:10,  
6172:5, 6184:21,  
6184:31, 6223:20,  
6224:20, 6225:12,  
6225:31, 6226:23,  
6228:5, 6228:18,  
6235:9, 6236:27  
**Shoalhaven's** [1] -  
6194:24  
**short** [3] - 6190:17,  
6210:31, 6223:28  
**short-term** [1] -  
6190:17  
**shortage** [1] - 6205:8  
**shortages** [1] -  
6215:25  
**Shortis** [16] - 6150:31,  
6151:44, 6151:46,  
6153:13, 6161:36,  
6164:24, 6168:18,  
6172:39, 6180:17,  
6183:22, 6196:14,  
6203:15, 6208:4,  
6221:42, 6232:43,  
6242:1  
**SHORTIS** [32] -  
6151:9, 6153:17,  
6153:23, 6161:42,  
6161:47, 6164:31,  
6164:44, 6165:7,  
6168:21, 6172:42,  
6173:4, 6173:9,  
6173:25, 6173:35,  
6173:41, 6174:1,  
6180:19, 6180:24,  
6180:37, 6183:26,  
6196:17, 6203:20,  
6203:38, 6208:10,  
6208:31, 6209:1,  
6209:10, 6209:15,  
6209:23, 6221:44,  
6232:47, 6242:4  
**show** [1] - 6218:8  
**showcased** [1] -  
6236:34  
**showering** [1] -  
6199:10  
**sick** [5] - 6191:24,  
6192:30, 6210:19,  
6215:25, 6216:30  
**side** [4] - 6191:23,  
6228:8, 6229:6,  
6229:11  
**sight** [1] - 6222:18  
**significant** [28] -  
6153:24, 6155:27,  
6160:15, 6167:25,  
6167:30, 6168:15,  
6168:33, 6175:35,  
6177:14, 6178:9,  
6178:39, 6181:26,  
6182:33, 6182:35,  
6184:41, 6185:31,  
6185:43, 6192:19,  
6196:5, 6196:18,  
6201:30, 6203:28,  
6208:19, 6208:25,  
6208:37, 6209:33,  
6210:2, 6233:32  
**significantly** [3] -  
6160:1, 6174:12,  
6184:29  
**similar** [18] - 6158:28,  
6178:40, 6181:8,  
6187:19, 6187:32,  
6190:24, 6190:28,  
6191:3, 6217:34,  
6223:14, 6223:47,  
6229:43, 6230:12,  
6232:47, 6233:19,  
6242:4  
**simple** [5] - 6204:20,  
6212:41, 6239:6,  
6239:7, 6239:8  
**simpler** [1] - 6173:26  
**simply** [2] - 6200:5,  
6239:11  
**simulating** [1] -  
6214:13  
**simultaneously** [1] -  
6161:9  
**sincerely** [1] - 6217:41  
**single** [1] - 6199:33  
**sit** [5] - 6191:32,  
6191:40, 6210:39,  
6232:18, 6232:28  
**site** [6] - 6157:29,  
6191:20, 6191:34,  
6199:1, 6216:3,  
6232:22  
**sites** [3] - 6169:19,  
6218:36, 6227:37  
**sits** [2] - 6227:25,  
6241:22  
**sitting** [6] - 6152:28,  
6152:37, 6202:16,  
6217:5, 6239:9,  
6239:20  
**situation** [3] -  
6159:11, 6195:7,  
6197:14  
**situations** [1] -  
6150:23  
**six** [16] - 6150:25,  
6157:18, 6160:32,  
6185:33, 6186:3,  
6192:16, 6210:32,  
6215:38, 6223:10,  
6237:22, 6239:45,  
6240:9, 6241:5,  
6241:9, 6242:14,  
6243:10  
**skill** [3] - 6173:22,  
6183:44, 6211:11  
**skilled** [1] - 6173:38  
**skills** [4] - 6173:29,  
6203:36, 6208:40,  
6220:25  
**slap** [1] - 6209:38  
**small** [5] - 6184:4,  
6200:37, 6222:39,  
6236:47, 6239:15  
**smaller** [1] - 6187:46  
**social** [7] - 6160:19,  
6160:26, 6169:35,  
6181:27, 6185:13,  
6186:35, 6186:38  
**socioeconomic** [1] -  
6167:32  
**soiling** [1] - 6206:12  
**sold** [2] - 6227:33,  
6234:28  
**solution** [1] - 6170:17  
**solutions** [6] -  
6151:25, 6166:29,  
6196:26, 6221:41,  
6237:18, 6239:4  
**solve** [3] - 6219:28,  
6219:29, 6226:47  
**someone** [5] - 6172:1,  
6175:21, 6186:16,  
6202:20, 6212:44  
**sometimes** [14] -  
6158:37, 6160:20,  
6175:26, 6175:28,  
6176:11, 6180:31,  
6186:23, 6192:3,  
6196:46, 6197:26,  
6202:35, 6211:9,  
6215:10, 6239:44  
**somewhere** [2] -  
6205:9, 6228:3

**sooner** [2] - 6203:34, 6241:2  
**sorry** [20] - 6154:35, 6155:12, 6157:18, 6162:39, 6163:29, 6163:30, 6169:46, 6175:14, 6179:21, 6201:21, 6209:41, 6213:26, 6221:33, 6221:42, 6225:34, 6236:15, 6236:17, 6236:20, 6242:24, 6242:45  
**sort** [24] - 6155:7, 6167:28, 6168:4, 6172:39, 6173:20, 6174:13, 6174:45, 6177:23, 6186:18, 6198:26, 6198:43, 6202:22, 6203:16, 6205:38, 6210:18, 6216:18, 6217:42, 6218:45, 6224:26, 6228:46, 6231:44, 6237:43, 6238:23, 6241:43  
**sorts** [19] - 6151:25, 6154:41, 6159:39, 6161:38, 6172:40, 6173:6, 6184:7, 6198:41, 6199:21, 6200:7, 6202:23, 6203:45, 6204:8, 6204:12, 6208:29, 6224:39, 6227:43, 6229:26, 6238:8  
**source** [1] - 6202:16  
**sourced** [1] - 6175:40  
**South** [7] - 6149:19, 6155:47, 6156:2, 6183:35, 6194:25, 6224:1, 6237:47  
**space** [3] - 6179:37, 6190:20, 6216:19  
**spaces** [1] - 6202:18  
**special** [2] - 6215:16, 6228:13  
**SPECIAL** [1] - 6243:20  
**Special** [1] - 6149:7  
**specialises** [1] - 6222:47  
**specialist** [9] - 6150:36, 6183:41, 6184:22, 6184:28, 6191:14, 6228:19, 6231:3, 6231:9, 6231:32  
**specialists** [4] - 6169:35, 6220:16, 6227:15, 6230:17  
**specials** [2] - 6211:5, 6215:12  
**specialties** [8] - 6184:10, 6184:11, 6219:15, 6220:33, 6223:34, 6223:40, 6223:47  
**specialty** [10] - 6156:20, 6177:10, 6184:5, 6217:9, 6223:31, 6224:6, 6224:16, 6224:18, 6224:24, 6224:32  
**specific** [14] - 6154:21, 6154:23, 6154:25, 6155:23, 6161:17, 6162:18, 6168:11, 6178:25, 6204:8, 6219:32, 6227:14, 6227:38, 6233:27  
**specifically** [8] - 6167:38, 6192:36, 6196:27, 6201:24, 6207:33, 6222:22, 6223:1, 6238:1  
**speculation** [1] - 6163:7  
**speech** [1] - 6199:45  
**spell** [1] - 6225:21  
**spend** [1] - 6201:39  
**spending** [2] - 6202:6, 6228:9  
**spent** [3] - 6180:8, 6208:8, 6210:26  
**spike** [1] - 6195:28  
**spoken** [2] - 6154:17, 6208:11  
**spread** [4] - 6182:26, 6190:44, 6191:3, 6191:19  
**squad** [4] - 6225:4, 6226:35, 6226:37, 6227:44  
**St** [1] - 6218:41  
**stack** [1] - 6236:32  
**staff** [12] - 6150:12, 6150:36, 6151:24, 6156:18, 6158:43, 6159:36, 6164:7, 6165:22, 6173:9, 6173:17, 6173:28, 6173:29, 6173:38, 6174:19, 6174:24, 6174:26, 6176:16, 6176:24, 6177:18, 6181:25, 6183:17, 6184:7, 6192:17, 6192:23, 6192:26, 6192:46, 6192:47, 6193:4, 6193:5, 6193:11, 6193:12, 6193:13, 6193:14, 6194:45, 6194:46, 6196:25, 6197:30, 6197:37, 6198:7, 6200:29, 6200:34, 6200:43, 6201:10, 6201:16, 6201:21, 6202:32, 6202:39, 6204:11, 6204:20, 6204:33, 6205:27, 6205:28, 6206:46, 6208:3, 6208:5, 6208:15, 6208:23, 6208:28, 6208:31, 6208:33, 6208:38, 6208:41, 6209:2, 6209:26, 6209:29, 6209:33, 6209:39, 6209:41, 6209:44, 6210:1, 6210:10, 6210:17, 6210:32, 6211:20, 6211:32, 6211:35, 6211:38, 6211:39, 6212:13, 6212:19, 6214:39, 6215:3, 6215:28, 6215:31, 6215:44, 6216:12, 6216:20, 6216:22, 6216:23, 6216:25, 6216:26, 6216:28, 6217:6, 6217:23, 6217:24, 6221:46, 6222:5, 6223:25, 6225:25, 6227:34, 6228:23, 6230:3, 6230:17, 6230:18, 6230:30, 6230:33, 6230:34, 6230:37, 6230:41, 6231:3, 6231:9, 6233:7, 6234:43, 6238:11, 6238:30, 6238:37, 6240:26, 6241:38  
**staffed** [8] - 6170:30, 6182:7, 6192:7, 6195:42, 6195:44, 6210:30, 6210:35, 6220:18  
**staffing** [15] - 6155:1, 6172:22, 6183:23, 6190:34, 6190:36, 6190:44, 6191:1, 6192:42, 6193:4, 6193:15, 6208:46, 6211:30, 6215:25, 6220:25, 6223:32  
**stage** [1] - 6171:4  
**stairs** [1] - 6214:14  
**stalemate** [1] - 6218:4  
**standard** [2] - 6193:4, 6222:6  
**standards** [1] - 6238:5  
**standing** [1] - 6238:22  
**stark** [1] - 6200:21  
**start** [16] - 6151:28, 6152:27, 6154:3, 6160:35, 6177:26, 6188:11, 6188:38, 6196:22, 6196:44, 6197:12, 6207:37, 6208:3, 6208:22, 6213:38, 6222:14, 6229:19  
**started** [3] - 6158:31, 6166:31, 6226:7  
**starting** [4] - 6160:46, 6196:21, 6202:40, 6238:45  
**starts** [2] - 6160:25, 6197:18  
**state** [18] - 6151:32, 6151:35, 6152:1, 6167:46, 6168:1, 6185:3, 6194:26, 6227:21, 6234:11, 6234:14, 6234:38, 6234:41, 6234:42, 6234:44, 6235:7, 6237:43, 6238:3, 6243:4  
**statement** [1] - 6186:23  
**states** [1] - 6237:42  
**statistics** [3] - 6157:39, 6157:41, 6158:6  
**stats** [1] - 6230:12  
**status** [2] - 6171:3, 6238:17  
**stay** [30] - 6153:35, 6153:38, 6153:44, 6153:45, 6154:19, 6157:42, 6157:43, 6157:45, 6157:46, 6158:4, 6158:7, 6159:13, 6185:45, 6188:17, 6189:4, 6190:3, 6190:12, 6194:30, 6197:9, 6199:18, 6200:18, 6203:3, 6205:28, 6208:39, 6218:17, 6223:47, 6224:2, 6236:28, 6242:10  
**stayed** [1] - 6175:36  
**staying** [5] - 6159:21, 6195:33, 6195:35, 6196:8, 6202:11  
**stays** [1] - 6223:46  
**stenographers** [1] - 6243:4  
**step** [6] - 6157:47, 6189:35, 6190:2, 6190:18, 6199:1, 6229:11  
**step-down** [2] - 6157:47, 6189:35  
**steps** [1] - 6229:11  
**stick** [1] - 6214:16  
**stickers** [1] - 6197:44  
**still** [30] - 6156:29, 6157:22, 6158:45, 6162:47, 6169:32, 6184:37, 6191:15, 6195:39, 6195:47, 6196:5, 6196:45, 6200:39, 6210:5, 6210:6, 6210:8, 6212:4, 6214:7, 6214:34, 6217:6, 6218:39, 6220:39, 6220:41, 6221:5, 6224:31, 6225:1, 6225:18, 6231:2, 6231:7, 6235:21  
**stimulation** [1] - 6202:17  
**stimuli** [2] - 6198:34, 6200:12  
**stop** [1] - 6196:1  
**stopped** [1] - 6195:24  
**stories** [1] - 6163:8  
**straight** [1] - 6226:38  
**straightforward** [1] - 6221:8  
**strain** [1] - 6194:45  
**strategies** [4] - 6165:45, 6204:8, 6229:27, 6229:31  
**strategy** [1] - 6150:40  
**streamline** [2] - 6169:32, 6241:11  
**streamlined** [3] - 6155:34, 6165:25, 6240:46  
**Street** [1] - 6149:18  
**stress** [4] - 6185:12, 6201:13, 6219:5, 6240:15  
**stresses** [1] - 6205:35  
**stretch** [1] - 6190:31  
**stretched** [1] - 6211:40  
**stretcher** [1] - 6197:20  
**stretchers** [2] - 6197:21, 6197:26  
**stroke** [1] - 6178:35



**structure** [2] - 6166:45, 6184:16  
**struggle** [1] - 6165:22  
**struggled** [1] - 6182:46  
**struggling** [1] - 6205:6  
**stuck** [1] - 6202:24  
**studying** [1] - 6210:26  
**stuff** [3] - 6173:15, 6211:14, 6222:9  
**sub** [22] - 6153:35, 6153:43, 6168:14, 6169:11, 6169:13, 6169:14, 6169:19, 6184:5, 6184:10, 6184:11, 6188:27, 6188:37, 6189:10, 6189:16, 6189:18, 6191:28, 6191:29, 6191:30, 6191:35, 6191:37, 6191:39, 6239:9  
**sub-acute** [19] - 6153:35, 6153:43, 6168:14, 6169:11, 6169:13, 6169:14, 6169:19, 6188:27, 6188:37, 6189:10, 6189:16, 6189:18, 6191:28, 6191:29, 6191:30, 6191:35, 6191:37, 6191:39, 6239:9  
**sub-specialties** [2] - 6184:10, 6184:11  
**sub-specialty** [1] - 6184:5  
**submit** [3] - 6163:20, 6163:23, 6215:11  
**submitted** [2] - 6160:29, 6160:38  
**substance** [1] - 6177:8  
**substitute** [1] - 6170:37  
**subtle** [1] - 6206:46  
**success** [7] - 6226:25, 6227:44, 6235:12, 6235:13, 6237:14, 6238:41  
**successful** [4] - 6166:32, 6224:43, 6232:6, 6237:13  
**suggest** [3] - 6168:13, 6227:31, 6234:25  
**suggested** [1] - 6177:15  
**suggestions** [1] - 6229:14  
**suitable** [12] - 6153:32, 6153:36, 6153:44, 6155:35, 6159:47, 6160:34, 6161:26, 6174:19, 6174:26, 6174:40, 6175:42, 6238:10  
**summary** [3] - 6189:22, 6189:24, 6191:22  
**summer** [2] - 6195:16, 6196:1  
**sun** [1] - 6202:21  
**supervised** [1] - 6201:35  
**supervision** [5] - 6186:47, 6198:5, 6198:6, 6199:7, 6199:32  
**supervisors** [2] - 6218:36, 6218:39  
**supplement** [1] - 6152:17  
**support** [36] - 6153:33, 6155:18, 6155:28, 6158:40, 6159:35, 6161:17, 6163:44, 6165:45, 6170:13, 6171:2, 6179:46, 6187:39, 6187:42, 6192:27, 6195:43, 6195:45, 6203:6, 6210:11, 6210:12, 6211:26, 6212:7, 6213:9, 6214:32, 6221:14, 6225:8, 6225:28, 6226:24, 6226:39, 6227:15, 6227:47, 6231:6, 6231:37, 6233:18, 6240:39, 6240:41, 6241:31  
**supported** [9] - 6185:16, 6185:17, 6187:31, 6211:20, 6211:25, 6211:28, 6226:44, 6229:22, 6239:43  
**supporting** [5] - 6155:21, 6231:25, 6238:36, 6238:37, 6239:37  
**supportive** [2] - 6209:2, 6224:45  
**supports** [7] - 6150:9, 6159:19, 6179:34, 6186:13, 6213:35, 6242:6, 6242:9  
**suppose** [6] - 6179:32, 6193:3, 6209:28, 6217:31, 6222:3, 6233:45  
**supposed** [3] - 6195:40, 6206:19, 6211:46  
**surge** [17] - 6157:34, 6158:20, 6181:36, 6181:37, 6182:2, 6190:30, 6192:31, 6193:10, 6193:17, 6193:23, 6193:31, 6194:40, 6195:40, 6202:33, 6223:15, 6223:18, 6223:26  
**surgeons** [3] - 6219:36, 6219:47, 6220:15  
**Surgeons** [1] - 6184:3  
**surgery** [3] - 6165:20, 6183:42, 6200:45  
**surgical** [12] - 6156:17, 6184:11, 6187:16, 6187:33, 6189:40, 6191:45, 6192:2, 6201:8, 6219:15, 6219:30, 6219:31  
**surrounding** [1] - 6166:46  
**suspect** [1] - 6238:8  
**Sutherland** [1] - 6218:40  
**swallowing** [1] - 6206:17  
**sworn** [2] - 6151:1, 6151:3  
**Sydney** [9] - 6149:19, 6161:26, 6162:20, 6184:32, 6184:34, 6196:4, 6218:15, 6237:47  
**system** [27] - 6150:14, 6165:25, 6166:16, 6169:47, 6170:2, 6171:14, 6171:21, 6171:44, 6172:44, 6177:32, 6180:14, 6180:33, 6181:1, 6181:29, 6185:28, 6188:5, 6208:19, 6210:9, 6211:20, 6211:44, 6211:45, 6217:40, 6236:35, 6236:42, 6240:17  
**systems** [3] - 6165:23, 6165:24, 6173:33  


---

**T**  


---

**tail** [1] - 6185:1  
**Tamsin** [1] - 6149:28  
**target** [1] - 6170:22  
**targeting** [1] - 6172:18  
**task** [1] - 6236:31  
**tasks** [7] - 6177:19, 6198:1, 6199:9, 6211:46, 6215:1, 6215:41, 6232:36  
**TAX** [1] - 6186:29  
**team** [19] - 6160:19, 6177:10, 6177:11, 6187:31, 6188:32, 6191:14, 6191:19, 6191:22, 6205:2, 6212:1, 6216:36, 6225:11, 6226:35, 6229:36, 6229:45, 6230:1, 6230:16, 6230:24  
**team's** [1] - 6189:1  
**teams** [11] - 6155:33, 6155:39, 6156:20, 6156:23, 6169:34, 6183:40, 6187:42, 6191:15, 6212:26, 6217:5, 6219:27  
**tears** [1] - 6216:29  
**technical** [1] - 6211:14  
**technically** [1] - 6214:7  
**teeth** [1] - 6232:20  
**telehealth** [5] - 6165:29, 6165:32, 6165:35, 6165:41, 6166:16  
**temporarily** [3] - 6194:47, 6195:40, 6230:47  
**temporary** [7] - 6156:39, 6182:3, 6193:23, 6194:40, 6209:16, 6209:17, 6238:31  
**tend** [7] - 6168:42, 6172:42, 6173:12, 6198:5, 6209:1, 6211:6, 6224:7  
**tendency** [1] - 6189:29  
**tends** [1] - 6169:27  
**term** [10] - 6162:40, 6163:2, 6163:5, 6171:11, 6171:13, 6190:17, 6217:12, 6218:40, 6218:42, 6223:28  
**terms** [55] - 6153:21, 6155:1, 6157:17, 6157:39, 6158:28, 6159:38, 6165:43, 6167:21, 6168:10, 6168:37, 6172:30, 6178:5, 6179:2, 6183:23, 6184:19, 6185:20, 6185:22, 6185:31, 6185:32, 6185:36, 6186:44, 6187:10, 6189:15, 6189:33, 6191:28, 6191:43, 6192:41, 6195:23, 6196:12, 6198:47, 6199:24, 6200:16, 6202:2, 6202:26, 6202:32, 6203:42, 6205:21, 6211:21, 6213:28, 6214:14, 6215:3, 6215:4, 6215:6, 6215:29, 6215:40, 6216:3, 6216:6, 6228:44, 6233:30, 6237:11, 6239:32, 6239:36, 6240:14  
**terrible** [3] - 6211:17, 6216:45, 6217:17  
**terribly** [1] - 6217:9  
**terrifying** [1] - 6228:21  
**tertiary** [2] - 6156:13, 6169:17  
**test** [4] - 6171:47, 6197:27, 6197:43, 6197:46  
**testify** [1] - 6201:14  
**tests** [2] - 6177:6, 6200:4  
**thankful** [1] - 6210:17  
**theatre** [2] - 6190:12, 6220:27  
**themselves** [9] - 6150:12, 6160:6, 6164:33, 6174:46, 6176:46, 6186:31, 6206:21, 6210:41  
**therapeutic** [1] - 6232:16  
**therapist** [1] - 6160:19  
**therapists** [2] - 6181:27, 6214:20  
**therapy** [3] - 6181:34, 6202:15, 6233:28  
**therefore** [12] - 6180:13, 6189:17, 6189:19, 6189:20, 6190:2, 6190:13, 6194:29, 6197:15, 6198:25, 6201:47, 6202:17, 6213:41  
**they have** [23] - 6155:35, 6161:18,

- 6165:43, 6173:45,  
6174:45, 6175:30,  
6188:10, 6200:45,  
6201:29, 6203:9,  
6204:6, 6204:36,  
6211:40, 6212:21,  
6212:27, 6213:40,  
6213:41, 6214:15,  
6220:40, 6221:1,  
6221:2, 6226:34,  
6237:42  
**they've** [30] - 6177:31,  
6178:36, 6178:37,  
6178:38, 6179:9,  
6179:10, 6179:12,  
6180:7, 6180:8,  
6182:46, 6185:7,  
6188:14, 6188:17,  
6188:18, 6188:30,  
6191:18, 6198:30,  
6201:41, 6202:3,  
6202:22, 6202:23,  
6206:18, 6208:8,  
6210:43, 6211:11,  
6212:29, 6213:20,  
6214:14, 6220:46,  
6223:32  
**thick** [1] - 6211:27  
**thinking** [2] - 6180:27,  
6211:38  
**thinly** [3] - 6182:26,  
6190:44, 6191:4  
**third** [5] - 6150:5,  
6158:36, 6183:42,  
6184:25, 6184:31  
**three** [23] - 6151:15,  
6151:16, 6154:8,  
6160:30, 6160:32,  
6160:43, 6160:45,  
6171:5, 6171:7,  
6181:32, 6181:40,  
6184:21, 6191:19,  
6192:46, 6192:47,  
6198:12, 6200:43,  
6214:1, 6214:2,  
6216:26, 6233:37,  
6241:4  
**threshold** [1] -  
6165:36  
**throughout** [4] -  
6150:13, 6156:17,  
6200:41, 6217:28  
**time-limited** [1] -  
6231:43  
**timely** [4] - 6164:35,  
6230:15, 6240:30,  
6242:33  
**tired** [1] - 6210:20  
**TO** [1] - 6243:21  
**today** [9] - 6150:5,  
6150:26, 6151:21,  
6153:11, 6188:47,  
6236:34, 6236:43,  
6242:16, 6243:3  
**together** [5] - 6163:36,  
6228:1, 6228:22,  
6231:15, 6238:23  
**toilet** [3] - 6200:9,  
6200:10, 6205:31  
**toileted** [1] - 6206:12  
**toileting** [2] - 6206:11,  
6215:5  
**token** [1] - 6194:17  
**toll** [1] - 6210:21  
**took** [1] - 6175:43  
**tool** [2] - 6170:3,  
6215:15  
**top** [3] - 6195:30,  
6195:37, 6201:38  
**topic** [1] - 6234:6  
**topics** [3] - 6151:17,  
6151:21, 6180:43  
**total** [2] - 6157:46,  
6158:7  
**totalled** [2] - 6153:38,  
6153:45  
**touch** [2] - 6164:13,  
6166:28  
**touched** [8] - 6197:4,  
6214:44, 6216:20,  
6233:34, 6233:38,  
6239:35, 6241:28,  
6241:29  
**towards** [8] - 6158:43,  
6174:11, 6182:19,  
6182:24, 6183:47,  
6188:5, 6209:38,  
6216:32  
**track** [1] - 6232:24  
**tracking** [3] - 6233:13,  
6237:20, 6237:21  
**tract** [1] - 6206:13  
**train** [3] - 6219:12,  
6228:22, 6228:23  
**trained** [4] - 6174:25,  
6210:26, 6212:20,  
6219:36  
**trainees** [5] - 6184:22,  
6184:26, 6218:32,  
6219:5, 6219:31  
**training** [18] -  
6173:26, 6176:16,  
6176:20, 6176:24,  
6176:28, 6176:29,  
6183:47, 6184:3,  
6184:8, 6184:19,  
6184:22, 6184:29,  
6184:40, 6218:13,  
6218:32, 6228:20,  
6228:30, 6238:37  
**transcript** [4] -  
6205:43, 6212:35,  
6234:7, 6243:5  
**transfer** [11] - 6157:9,  
6158:9, 6158:46,  
6159:9, 6160:41,  
6172:2, 6172:24,  
6187:39, 6191:41,  
6234:44, 6239:11  
**transferred** [3] -  
6156:35, 6157:20,  
6161:25  
**transfers** [1] - 6172:7  
**transition** [4] - 6159:1,  
6174:32, 6174:38,  
6187:42  
**transitional** [4] -  
6214:27, 6214:35,  
6223:8, 6233:35  
**transitioning** [1] -  
6187:31  
**translate** [1] - 6230:39  
**transport** [3] -  
6171:25, 6171:26,  
6172:2  
**transports** [1] -  
6170:4  
**travel** [4] - 6162:20,  
6215:35, 6215:36,  
6215:38  
**traverse** [1] - 6186:16  
**treat** [7] - 6159:45,  
6160:16, 6179:13,  
6198:19, 6204:9,  
6204:21, 6208:13  
**treatable** [2] - 6175:5,  
6204:26  
**treated** [1] - 6164:45  
**treating** [1] - 6208:12  
**treatment** [2] -  
6195:34, 6233:10  
**treatments** [1] -  
6207:13  
**trend** [1] - 6178:5  
**trends** [1] - 6230:26  
**triage** [4] - 6172:18,  
6208:23, 6229:32,  
6231:13  
**triaging** [1] - 6215:15  
**trialled** [1] - 6233:37  
**tribunal** [3] - 6169:39,  
6169:44, 6240:44  
**tried** [6] - 6166:43,  
6224:39, 6226:17,  
6232:5, 6232:45,  
6233:24  
**triggered** [1] - 6177:3  
**triggers** [2] - 6198:35,  
6232:34  
**triple** [1] - 6205:10  
**trivial** [1] - 6162:13  
**trolley** [2] - 6232:27  
**trolleys** [1] - 6207:12  
**true** [1] - 6206:26  
**truly** [1] - 6238:35  
**try** [32] - 6151:17,  
6159:44, 6166:14,  
6169:18, 6171:45,  
6172:25, 6173:16,  
6187:41, 6188:29,  
6189:26, 6191:6,  
6191:7, 6192:2,  
6202:8, 6203:23,  
6210:4, 6212:5,  
6212:46, 6213:13,  
6213:18, 6213:23,  
6213:34, 6214:5,  
6214:12, 6214:29,  
6215:25, 6223:40,  
6224:38, 6226:22,  
6227:47, 6236:38,  
6241:32  
**trying** [37] - 6158:40,  
6160:34, 6165:26,  
6165:30, 6165:45,  
6166:37, 6174:38,  
6174:40, 6187:35,  
6191:20, 6191:21,  
6197:27, 6200:29,  
6202:2, 6202:18,  
6202:19, 6203:11,  
6210:31, 6216:41,  
6216:43, 6218:9,  
6219:2, 6222:5,  
6227:12, 6227:19,  
6227:23, 6227:31,  
6227:43, 6228:6,  
6228:24, 6228:32,  
6229:15, 6234:16,  
6234:25, 6236:30,  
6236:38, 6239:12  
**tumours** [1] - 6177:4  
**turn** [2] - 6198:40,  
6228:6  
**turned** [1] - 6222:45  
**turning** [1] - 6209:36  
**turnover** [2] - 6208:41,  
6230:32  
**twenty** [1] - 6219:17  
**two** [37] - 6152:43,  
6156:20, 6156:42,  
6158:41, 6167:31,  
6167:37, 6168:3,  
6169:8, 6169:29,  
6173:12, 6173:33,  
6174:7, 6175:35,  
6176:11, 6178:2,  
6184:24, 6186:34,  
6189:44, 6191:30,  
6193:43, 6195:19,  
6195:28, 6196:6,  
6199:33, 6200:42,  
6210:9, 6210:33,  
6210:34, 6211:1,  
6211:2, 6213:37,  
6218:13, 6229:11,  
6229:33, 6230:1,  
6235:16, 6241:38  
**two-bedded** [1] -  
6199:33  
**twofold** [1] - 6240:14  
**type** [15] - 6157:22,  
6159:19, 6162:8,  
6169:36, 6170:31,  
6172:18, 6177:16,  
6188:20, 6188:33,  
6190:7, 6212:17,  
6224:26, 6229:9,  
6235:37, 6235:40  
**types** [6] - 6156:35,  
6202:45, 6206:7,  
6210:27, 6222:19,  
6230:26  
**typical** [1] - 6206:45  
**typically** [9] - 6161:32,  
6171:23, 6186:38,  
6186:42, 6187:14,  
6211:9, 6221:17,  
6221:24, 6221:27
- 
- U**
- 
- ultimately** [2] -  
6189:7, 6216:30  
**unable** [5] - 6197:14,  
6201:43, 6230:20,  
6231:29, 6241:23  
**unbudgeted** [1] -  
6193:36  
**under** [31] - 6150:44,  
6156:23, 6156:40,  
6156:43, 6157:3,  
6157:5, 6157:11,  
6157:13, 6157:21,  
6157:22, 6166:7,  
6168:2, 6172:16,  
6174:29, 6175:21,  
6175:25, 6175:47,  
6176:45, 6177:16,  
6177:31, 6183:39,  
6184:10, 6187:22,  
6187:23, 6189:1,  
6215:33, 6218:14,  
6221:17, 6231:2,  
6231:7, 6238:2  
**undergraduates** [1] -  
6184:28  
**underlying** [3] -  
6155:44, 6204:31,  
6207:10

- underneath** [3] - 6173:13, 6173:14, 6173:15
- understood** [4] - 6162:35, 6164:11, 6198:27, 6204:36
- Understood** [2] - 6169:22, 6178:13
- unfairness** [1] - 6184:36
- unfamiliar** [1] - 6212:21
- unfavourable** [1] - 6239:21
- unfortunately** [9] - 6153:10, 6160:8, 6192:3, 6205:15, 6206:44, 6211:12, 6217:14, 6219:33, 6232:37
- unfunded** [1] - 6193:36
- unhappy** [1] - 6175:29
- unit** [20] - 6150:27, 6150:28, 6150:39, 6171:17, 6174:8, 6189:34, 6189:46, 6192:11, 6194:39, 6214:27, 6214:35, 6216:6, 6216:12, 6216:43, 6219:20, 6219:21, 6219:23, 6223:4, 6232:22, 6240:4
- unit's** [1] - 6176:14
- units** [4] - 6161:17, 6204:23, 6240:39, 6240:41
- University** [1] - 6228:28
- unplanned** [1] - 6192:29
- unsafe** [5] - 6176:46, 6176:47, 6181:3, 6189:31, 6197:23
- unstaffed** [1] - 6193:36
- unsure** [1] - 6193:25
- unwell** [7] - 6159:8, 6159:9, 6164:47, 6174:47, 6195:32, 6220:43, 6220:46
- up** [84] - 6152:34, 6153:24, 6154:22, 6155:13, 6160:42, 6162:47, 6163:13, 6167:46, 6168:5, 6169:46, 6170:36, 6170:37, 6174:13, 6177:22, 6180:14, 6180:33, 6180:40, 6183:42, 6184:1, 6184:9, 6184:14, 6184:34, 6189:5, 6190:6, 6192:11, 6192:31, 6193:12, 6193:34, 6195:20, 6195:28, 6197:16, 6198:16, 6199:34, 6200:6, 6201:15, 6201:34, 6201:35, 6202:1, 6202:12, 6202:23, 6202:38, 6205:43, 6206:12, 6206:40, 6206:46, 6207:9, 6207:11, 6207:14, 6207:15, 6207:30, 6208:21, 6208:22, 6208:41, 6209:36, 6211:13, 6213:14, 6213:17, 6213:20, 6217:26, 6218:2, 6218:15, 6218:20, 6218:21, 6218:32, 6219:2, 6219:26, 6220:1, 6221:10, 6223:10, 6224:43, 6224:45, 6229:7, 6229:37, 6232:35, 6234:4, 6235:35, 6236:15, 6236:29, 6236:32, 6236:36, 6237:23, 6239:19, 6240:34
- up-front** [1] - 6224:43
- urban** [1] - 6218:38
- urgent** [13] - 6167:27, 6167:45, 6168:3, 6170:13, 6170:16, 6170:22, 6170:24, 6170:30, 6170:38, 6172:15, 6172:23, 6191:39, 6227:2
- urinary** [3] - 6206:13, 6206:14, 6221:4
- urine** [2] - 6177:7, 6177:8
- utilised** [1] - 6157:34
- vascular** [1] - 6220:20
- vast** [3] - 6200:40, 6218:37, 6241:37
- ventilator** [1] - 6190:5
- verbally** [1] - 6210:4
- versus** [1] - 6162:19
- via** [4] - 6150:34, 6158:39, 6229:7, 6235:35
- vicious** [1] - 6214:3
- Victoria** [2] - 6165:29, 6165:35
- Victorian** [1] - 6166:16
- view** [14] - 6158:46, 6161:37, 6164:42, 6164:44, 6166:31, 6177:25, 6183:23, 6193:24, 6201:25, 6214:34, 6218:46, 6242:2, 6242:7, 6242:8
- villages** [1] - 6155:7
- violence** [2] - 6174:10, 6176:19
- violent** [1] - 6209:37
- virtual** [7] - 6227:9, 6229:32, 6229:38, 6231:13, 6231:24, 6231:26, 6231:27
- virtually** [1] - 6231:31
- vision** [2] - 6198:35, 6199:44
- visit** [2] - 6157:29, 6199:16
- visited** [2] - 6157:35, 6225:16
- visitors** [1] - 6217:24
- visits** [1] - 6164:38
- visual** [1] - 6205:33
- VMO** [2] - 6170:31, 6172:22
- VMO's** [1] - 6191:14
- VMOs** [1] - 6227:3
- voice** [1] - 6198:26
- voices** [1] - 6152:34
- volume** [1] - 6153:45
- 
- W**
- 
- wait** [8] - 6154:22, 6155:26, 6185:34, 6198:10, 6208:19, 6208:21, 6230:9, 6236:32
- waiting** [49] - 6152:24, 6152:25, 6154:17, 6154:27, 6155:8, 6156:34, 6157:9, 6159:40, 6167:15, 6168:29, 6169:12, 6169:25, 6170:7, 6170:9, 6171:5, 6171:6, 6171:7, 6171:9, 6171:11, 6171:18, 6171:20, 6171:21, 6171:23, 6171:30, 6171:38, 6172:43, 6173:7, 6177:29, 6177:40, 6181:33, 6181:42, 6181:45, 6185:4, 6185:32, 6188:33, 6189:16, 6189:19, 6189:30, 6198:10, 6198:15, 6198:18, 6202:36, 6203:28, 6226:46, 6235:3, 6236:20, 6237:26, 6239:45
- waits** [2] - 6207:5, 6208:25
- wakeling** [1] - 6180:42
- Wakeling** [25] - 6150:40, 6152:10, 6152:12, 6153:27, 6155:12, 6155:15, 6163:12, 6163:41, 6167:13, 6169:24, 6169:43, 6171:36, 6176:36, 6187:44, 6190:25, 6193:27, 6196:44, 6207:37, 6222:14, 6234:3, 6236:15, 6236:20, 6236:47, 6238:21, 6239:43
- WAKELING** [33] - 6151:11, 6152:12, 6153:30, 6155:17, 6163:43, 6164:9, 6167:17, 6169:46, 6171:38, 6171:44, 6176:39, 6177:35, 6180:47, 6188:3, 6188:26, 6189:24, 6189:38, 6189:44, 6193:30, 6194:22, 6197:1, 6197:9, 6198:9, 6198:29, 6207:40, 6222:22, 6222:30, 6222:34, 6223:43, 6224:13, 6224:29, 6236:23, 6237:13
- Wales** [6] - 6149:19, 6155:47, 6156:2, 6183:35, 6194:25, 6224:1
- walk** [4] - 6174:43, 6201:41, 6201:43, 6202:4
- walked** [1] - 6180:28
- walker** [1] - 6214:15
- walking** [2] - 6201:43, 6203:8
- walks** [1] - 6232:18
- walls** [1] - 6202:16
- wandering** [2] - 6186:43, 6223:2
- wants** [1] - 6220:35
- ward** [61] - 6155:25, 6156:39, 6156:40, 6156:42, 6157:33, 6157:34, 6158:7, 6158:14, 6158:17, 6158:21, 6158:22, 6159:38, 6161:4, 6172:2, 6176:23, 6183:42, 6187:16, 6187:41, 6189:35, 6189:41, 6192:6, 6192:24, 6192:27, 6192:36, 6192:42, 6192:45, 6193:10, 6193:17, 6193:23, 6193:40, 6194:40, 6194:41, 6195:3, 6195:40, 6198:41, 6199:7, 6199:28, 6199:33, 6200:39, 6200:41, 6200:42, 6201:6, 6201:8, 6201:26, 6205:5, 6205:16, 6205:28, 6209:26, 6211:41, 6214:7, 6214:10, 6215:27, 6216:6, 6216:35, 6217:27, 6219:29, 6219:30, 6223:19, 6224:37, 6232:5, 6233:24
- ward"** [1] - 6158:17
- wards** [32] - 6156:18, 6156:33, 6156:42, 6157:28, 6157:29, 6157:35, 6158:18, 6169:33, 6169:40, 6187:34, 6190:34, 6193:10, 6194:46, 6201:4, 6203:47, 6204:11, 6204:32, 6204:34, 6204:39, 6205:30, 6206:18, 6206:26, 6214:39, 6215:28, 6215:32, 6215:33, 6215:38, 6215:44, 6216:43, 6219:30, 6221:31
- washer** [1] - 6232:22
- washes** [1] - 6210:5

<b>washing</b> [2] - 6232:21, 6232:23	6179:18, 6179:23, 6179:30, 6180:7, 6180:13, 6180:21, 6180:31, 6180:42, 6181:17, 6182:1, 6182:7, 6182:14, 6182:19, 6182:24, 6182:30, 6183:4, 6183:15, 6183:22, 6183:28, 6184:43, 6186:3, 6186:15, 6186:33, 6187:5, 6187:10, 6187:25, 6187:44, 6188:23, 6189:13, 6189:33, 6189:40, 6190:23, 6190:36, 6190:42, 6191:1, 6191:6, 6191:43, 6192:6, 6192:23, 6192:34, 6192:41, 6193:3, 6193:17, 6193:27, 6194:15, 6194:34, 6195:10, 6196:14, 6196:24, 6196:40, 6197:3, 6198:5, 6198:23, 6198:40, 6199:4, 6199:21, 6199:27, 6199:37, 6201:21, 6202:26, 6202:31, 6202:43, 6203:15, 6203:33, 6203:42, 6204:4, 6204:36, 6204:43, 6205:21, 6205:37, 6205:47, 6206:6, 6206:32, 6207:3, 6207:19, 6207:25, 6207:32, 6207:44, 6208:2, 6208:28, 6208:45, 6209:6, 6209:12, 6209:19, 6209:25, 6209:43, 6210:24, 6211:5, 6211:17, 6211:37, 6212:9, 6213:7, 6213:26, 6214:5, 6214:19, 6214:24, 6214:37, 6215:44, 6216:16, 6217:31, 6218:24, 6219:9, 6219:44, 6220:35, 6221:12, 6221:33, 6221:39, 6222:12, 6222:28, 6222:32, 6223:39, 6224:5, 6224:23, 6224:36, 6225:34, 6225:40, 6226:29, 6228:35, 6228:43, 6229:24, 6230:39, 6231:35,	6232:4, 6232:41, 6233:21, 6233:43, 6236:13, 6236:17, 6236:45, 6237:38, 6238:20, 6238:47, 6239:30, 6239:42, 6240:9, 6240:19, 6240:44, 6241:13, 6242:1, 6242:12, 6242:45, 6243:2	<b>ways</b> [3] - 6161:8, 6163:19, 6240:45	<b>Wednesday</b> [1] - 6198:17	<b>week</b> [14] - 6156:21, 6160:42, 6162:15, 6162:19, 6181:33, 6181:40, 6195:27, 6200:20, 6207:6, 6210:1, 6219:27, 6226:4, 6230:4	<b>weekend</b> [1] - 6241:38	<b>weekly</b> [1] - 6162:10	<b>weeks</b> [8] - 6152:43, 6160:31, 6160:32, 6169:2, 6214:1, 6214:2, 6241:5, 6241:9	<b>wellbeing</b> [1] - 6190:15	<b>west</b> [2] - 6155:24, 6158:14	<b>west"</b> [1] - 6158:11	<b>wheel</b> [1] - 6214:15	<b>whereas</b> [6] - 6181:2, 6200:10, 6204:29, 6218:42, 6221:9, 6222:7	<b>whereby</b> [1] - 6214:6	<b>whilst</b> [3] - 6160:1, 6222:3, 6231:7	<b>whole</b> [12] - 6154:41, 6163:7, 6180:8, 6184:12, 6194:5, 6197:34, 6205:2, 6213:39, 6219:33, 6220:8, 6227:6, 6238:7	<b>wide</b> [1] - 6214:14	<b>wider</b> [1] - 6215:36	<b>willing</b> [4] - 6161:14, 6161:24, 6232:12, 6242:30	<b>willingness</b> [1] - 6178:26	<b>wing</b> [1] - 6155:24	<b>winter</b> [12] - 6194:7, 6194:16, 6194:18, 6195:11, 6195:15, 6195:30, 6195:37,	6195:47, 6196:17, 6196:20, 6196:22, 6223:15	<b>wish</b> [1] - 6165:46	<b>wished</b> [3] - 6200:3, 6200:4, 6200:5	<b>wishes</b> [1] - 6160:24	<b>withdrawal</b> [1] - 6204:15	<b>WITHDREW</b> [1] - 6243:18	<b>witnesses</b> [2] - 6150:45, 6151:15	<b>WITNESSES</b> [1] - 6243:18	<b>Wollongong</b> [27] - 6150:39, 6155:20, 6155:22, 6156:12, 6156:16, 6157:45, 6169:9, 6169:17, 6169:20, 6172:5, 6188:39, 6188:45, 6193:31, 6193:33, 6193:44, 6194:1, 6194:8, 6194:44, 6215:37, 6218:43, 6220:14, 6221:16, 6223:18, 6226:34, 6228:28, 6233:28, 6233:40	<b>word</b> [2] - 6194:15, 6229:4	<b>words</b> [1] - 6164:4	<b>worker</b> [5] - 6160:19, 6160:26, 6232:10, 6232:15, 6240:22	<b>workers</b> [7] - 6169:35, 6173:27, 6176:28, 6181:27, 6209:40, 6209:46, 6232:38	<b>workload</b> [3] - 6212:28, 6222:3, 6241:30	<b>workshop</b> [4] - 6229:9, 6235:37, 6235:40, 6235:47	<b>workshops</b> [1] - 6239:1	<b>world</b> [3] - 6239:3, 6240:22, 6241:15	<b>worn</b> [1] - 6216:5	<b>worried</b> [1] - 6224:15	<b>worse</b> [4] - 6184:11, 6195:30, 6200:47, 6201:4	<b>worst</b> [2] - 6195:22, 6196:12	<b>wound</b> [8] - 6173:11, 6173:12, 6173:13, 6173:23, 6179:46,	6180:21, 6212:41, 6231:32	<b>wounds</b> [2] - 6173:28, 6208:12	<b>Woy</b> [6] - 6168:15, 6191:31, 6191:32	<b>wrap</b> [1] - 6231:6	<b>wrapped</b> [1] - 6212:46	<b>write</b> [1] - 6160:27	<b>writing</b> [1] - 6165:24	<b>wrote</b> [2] - 6158:17, 6235:17	<b>Wyong</b> [16] - 6150:28, 6152:38, 6159:39, 6163:45, 6166:9, 6168:11, 6176:40, 6181:36, 6191:31, 6191:32, 6191:40, 6196:12, 6238:42, 6240:24, 6240:35, 6240:40
<hr/> <b>Y</b> <hr/>																																																					
<b>year</b> [21] - 6152:39, 6154:23, 6175:36, 6184:25, 6184:32, 6184:33, 6193:24, 6194:19, 6195:24, 6196:11, 6196:18, 6208:21, 6209:39, 6213:46, 6225:7, 6225:11, 6225:13, 6226:9, 6226:12																																																					
<b>year"</b> [1] - 6155:22																																																					
<b>years</b> [26] - 6154:8, 6156:20, 6166:10, 6184:20, 6184:22, 6184:24, 6189:29, 6193:43, 6196:12, 6196:19, 6210:26, 6212:16, 6216:26, 6217:38, 6218:14, 6218:19, 6218:21, 6218:29, 6219:17, 6219:18, 6219:26, 6220:7, 6222:37, 6223:8, 6223:36, 6233:37																																																					
<b>yelling</b> [1] - 6200:27																																																					
<b>yesterday</b> [2] - 6157:41, 6158:6																																																					
<b>young</b> [4] - 6174:9, 6204:13, 6216:28, 6217:10																																																					
<b>younger</b> [2] - 6199:43, 6200:25																																																					
<b>youngest</b> [1] - 6175:35																																																					
<b>yourself</b> [1] - 6210:40																																																					

**Z**

---

**Zealand** [1] - 6220:9