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Supplementary questions

Ms Jill Ludford, Chief Executive, Murrumbidgee Local Health District

QUESTION 1

How many current vacancies are there for:
(a) Nurse Practitioners;
(b) Registered Nurses; and
(c) Enrolled Nurses
in the Murrumbidgee Local Health District?

ANSWER

Murrumbidgee Local Health District (MLHD) uses the NSW Health Recruitment and Onboarding system to advertise vacancies and manage recruitment episodes for candidates seeking employment. All data in questions 1 to 3 is valid as of 21 May 2021.

(a) Nurse Practitioners: three current advertised vacancies

(b) Registered Nurses & Midwives: 130 current advertised vacancies

(c) Enrolled Nurses: 46 current advertised vacancies

QUESTION 2

Regarding:
(a) Nurse Practitioners;
(b) Registered Nurses; and
(c) Enrolled Nurses
what has been the average length of vacancy for each category?

ANSWER

The length of vacancy (recruitment time) is the number of days between the identification of a vacancy to when a contract is accepted, and pre-hiring administration is completed by the candidate.

The average length of vacancy from 2020-21 to date is 40 days.

(a) Nurse Practitioners: 62.5 days

(b) Registered Nurses & Midwives: 59.5 days

(c) Enrolled Nurses: 59.1 days

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QUESTION 3

Regarding:

(a) Nurse Practitioners;

(b) Registered Nurses; and

(c) Enrolled Nurses

what has been the longest length of time taken to fill a vacancy for each category?

ANSWER

The longest length of time taken to fill a vacancy from 2020-21 to date is:

(a) Nurse Practitioners: 71 days

(b) Registered Nurses & Midwives: 216 days

(c) Enrolled Nurses: 245 days

Longer than average vacancy periods occur for hard to fill geographical locations and highly specialised roles. Vacant positions are readvertised when there are no suitable candidate applications during the recruitment round.

QUESTION 4

When was the last time the Murrumbidgee Local Health District undertook a review of staffing levels across the 33 hospitals it has responsibility for?

ANSWER

Staffing levels are reviewed at each hospital annually. The profile is benchmarked with similar sites and provides minimum staffing requirements. Local managers can staff above this requirement if there are higher levels of activity.

The Public Health System Nurses' and Midwives' Award contains nursing and midwifery workload principles that support decision-making about staffing levels. Nursing staff at all sites have access to reasonable workload committees, with formal processes for escalating concerns. Requests for updated staffing levels at any hospital can be considered anytime, if the demand for care or resources increase.

QUESTION 5

The inquiry has received a number of submissions from nurses expressing concerns about a number of matters. One of the most significant concerns relates to the pressure of working in Emergency Departments without a doctor being available and present. What if any investigation or study has been undertaken by the Murrumbidgee Local Health District to establish the incidences of nurses working in Emergency Departments without a doctor being available and present?

(a) If undertaken, what has any investigation or study revealed?

ANSWER

All rural EDs have 24-hour access to a doctor via virtual care medical services to provide additional support and expertise, including when no doctor is available on site. Telehealth is used to provide both critical specialists and retrieval teams for urgent care patients, and to provide access to virtual GPs for the management of lower acuity patients. A senior Medical Officer provides medical assessment and support from presentation to discharge, or retrieval to specialist care.

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In September 2020, clinicians participated in Pulse Checks to determine the impact of changes made during COVID-19, including the use of telehealth. This identified opportunities for training and governance models for the use of virtual care.

A study was also undertaken in 2018 to evaluate the First Line Emergency Care training course. This offers advanced training and credentialing for the provision of emergency care to critically ill adults in the absence of a medical officer. The key findings of the study showed increased confidence, knowledge and ability to initiate potentially lifesaving treatment prior to the arrival of a medical officer or contacting an officer via virtual care.

No formal investigations have been undertaken to specifically establish the incidences of nurses working in EDs without a doctor present.

QUESTION 6

In some instances witnesses who are nurses have said that they do not feel able to take their annual or other accrued leave when it falls due because there is no one to replace them. Does the Murrumbidgee Local Health District have sufficient numbers of nurses to replace nurses when their accrued leave falls due?

ANSWER

The provision of annual leave is included in nursing staff profiles at all facilities in MLHD. Sites with vacant positions source agency staff, where available, to support nurses to take accrued leave at the time of their choice. The 2020 border closures have impacted the availability of agency nurses for smaller rural facilities. MLHD has commenced regional workforce planning by geographical clusters to enhance the availability of workforce replacement where there are vacancies.

QUESTION 7

Are you aware of doctors engaged at any of the 33 hospitals in the Murrumbidgee Local Health District working excessive numbers of hours and unsustainable amounts of overtime?

(a) If so, in which hospitals is this occurring?

ANSWER

No. The NSW Health Policy (PD2019_027) outlines the Employment Arrangements for Medical Officers in the NSW Public Health Service. Rostering of medical officers must apply the Public Hospital Medical Officers Award entitlements. MLHD ensures that all rosters comply with Award provisions, policies and guidelines, and that rosters support medical officers to prevent fatigue and to provide safe patient care. The overtime of Junior Medical Officers is subject to regular audit, and staff specialists are only required to provide reasonable on call cover.

Visiting Medical Officer (VMO) engagement with a public health organisation is governed by the Public Hospitals (VMO Sessional Contracts) Determination 2007 or the Public Hospitals (VMO Fee-For-Service Contracts) Determination 2007. MLHD supports reasonable on call requirements but does not have oversight of VMO working hours when they are working in private practice or other services. VMO submissions for fee for service or sessional payments are reviewed each month.

Managing fatigue is part of the professional responsibility of every practitioner for their own wellbeing. The NSW Health Code of Conduct (PD2015_049) outlines that all staff must *'be in a fit and proper condition to carry out their duties when commencing work and while at work'*.

MLHD uses medical locum relief, nurse practitioners, and virtual care to ease the burden of on-call arrangements for medical staff and support medical practitioners to take well deserved breaks.

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QUESTION 8

How many of the 33 hospitals in the Murrumbidgee Local Health District currently do not have a security guard on duty 24/7?

ANSWER

Security staff are engaged based on an assessment of risk. This approach is consistent with the requirements of work health and safety legislation. All staff receive the appropriate violence prevention and management training to ensure they can provide assistance to their colleagues in the event of an incident. All staff working in EDs carry personal duress alarms to call for assistance from both colleagues and the local police when necessary.

Eight facilities have security staff located at Wagga Wagga, Griffith, Deniliquin, Young, Corowa, Tumut, Leeton and Narrandera.

QUESTION 9

Over the last two years have any employees (including agency staff or contractors) of the Murrumbidgee Local Health District, been injured arising from aggressive or violent behaviour from patients?

(a) If so, provide the name of the hospital and the number of incidents?

ANSWER

Six staff members have sustained an injury arising from aggressive or violent behaviours from patients over the last two years at the following facilities:

- Wagga Wagga Hospital – 4 staff members
- Deniliquin District Hospital – 1 staff member
- Holbrook District Hospital – 1 staff member.

QUESTION 10

Does the Murrumbidgee Local Health District require additional funding and/or resources from the NSW Government to improve security at hospitals to meet best practice standards?

ANSWER

Local health districts receive global funding to meet the requirements set out in relevant NSW Health policies.

QUESTION 11

Which of the 33 hospitals in the Murrumbidgee Local Health District do not have a doctor present, at least some of the time each day of each week?

ANSWER

Two Multi-Purpose Service facilities (Culcairn and Berigan) currently have no medical officer in the town to provide ED on call cover. Both facilities have new General Practitioners (GPs) applications for a VMO position, and credentialing is underway.

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QUESTION 12

Which of the 33 hospitals in the Murrumbidgee Local Health District exclusively use Telehealth for after-hours emergencies, treatment and care?

ANSWER.
All MLHD hospitals have registered nurses on-site rostered 24 hours a day, seven days a week. Telehealth services are facilitated by trained nursing staff who connect patients virtually with specialist teams.

Virtual Care includes specialist critical care doctors and nurses, who provide high level medical support and transport coordination. There is also a Remote Medical Consultation Service that provides medical support for less urgent presentations.

QUESTION 13

What are the five leading chronic health diseases occurring in the Murrumbidgee Local Health District?

(a) What early intervention programs and initiatives does the Murrumbidgee Local Health District have in place to deal with each of the diseases?

ANSWER

Chronic Condition	Early intervention programs and initiatives
Chronic Obstructive Pulmonary Disease (COPD)	• Winter Strategy 2021: intensive GP case management • Active Ageing programs - Gentle exercises, Tai Chi and Aqua Fitness • Stepping On program • Get Healthy Information & Coaching Service • Healthy and Active for Life • Aunty Jeans Chronic Disease Program • Pulmonary rehabilitation programs • Respiratory care coordination • Respiratory nurse practitioner case management • Smoking cessation • Implementation of the COPD X guidelines for the management of Chronic Obstructive Pulmonary Disease in collaboration with primary care providers • Collaborative Commissioning: care pathway developed from diagnosis and service gaps addressed through commissioned services
Diabetes	• Healthy and Active for Life • Diabetes specialist teams provide intervention on diagnosis • Diabetes Nurse Practitioner for complex case advice • Gestational Diabetes program • Paediatric diabetes clinic –Griffith and Wagga Wagga • Get Healthy Information & Coaching Service • Smoking cessation • Munch and Move • Healthy Eating Active Living

	• Go4Fun Online • Healthy canteens
Ischaemic heart disease and chronic cardiac conditions	• Healthy Eating Active Living • Active Ageing programs - Gentle exercises, Tai Chi and Aqua Fitness • Stepping On program • Healthy and Active for Life • Get Healthy Information & Coaching Service • Aunty Jeans Chronic Disease Program • Cardiac rehabilitation • Smoking cessation • Collaborative Commissioning: care pathway developed from diagnosis and service gaps addressed through commissioned services
Chronic kidney disease	• Healthy Eating Active Living • Active Ageing programs - Gentle exercises, Tai Chi and Aqua Fitness • Stepping On program • Get Healthy Information & Coaching Service • Aunty Jeans Chronic Disease Program • Healthy and Active for Life • Chronic Kidney Disease Specialist Nurses & Nurse Practitioner • Education for GPs on early recognition of Chronic Kidney Disease • Home First Training Programs & Home Outreach Nurse Support
Mental health conditions	• MLHD provides acute and community based Mental Health services for people with moderate to severe or acute mental health conditions. These services provide specialist services for children and young people, adults and older people. Each team also has Aboriginal Mental Health staff and Peer and Family and Carer Workers. • MLHD works collaboratively with a range of non-government organisations that provide non-clinical psychosocial support services for people with chronic and/or severe mental health conditions. • My Step to Mental Wellbeing is a Primary Health Network commissioned service, provided by MLHD in the Western part of MLHD. It provides a range of services in a stepped care model, including psychological interventions for people with mild to moderate mental health conditions, in-reach to residential aged care, through to Team Care with GPs for people with chronic mental health conditions. • MLHD also provides Got It! – a school-based early intervention program for young children in Kindergarten to Year Two with emerging challenging or disruptive behaviour. The program consists of both universal and targeted approaches that includes screening by both teachers and parents. Teachers are also trained to facilitate a Social and Emotional Learning Program, which is implemented with children in Kindergarten to Year 2. • The MLHD SchoolLink Clinical Leader works with schools across the region to build resilience in children and young people, and to support the school community in matters related to mental wellbeing.

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QUESTION 14

> In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in rural, regional and remote New South Wales?

ANSWER

MLHD Palliative Care Network provides specialist multidisciplinary care guided by experienced palliative care doctors and Nurse Practitioners. The Network supports at home care and end of life services in hospitals.

Improved access for palliative care services is obtained by linking specialist services with community care nurses, local allied health clinicians, NSW Ambulance and GPs.

Palliative care teams are allocated to provide care across the region, in accordance with patient needs.

After hours palliative care is supported via the MLHD Palliative Care on call service. Visits are provided every day where required.

Community based clinics with specialist palliative care doctors are also provided in collaboration with the patient's GP.

Patients admitted to MLHD hospitals have access to the palliative care physicians via virtual care. Urana, Deniliquin, Cootamundra and Hay Hospitals have been allocated $620,000 Palliative Care minor works capital funding to create home like environments.

Across MLHD, staff are provided with specific education and training to support people passing away in their place of choice. This was supported through an additional $315,064 for palliative care education and training funding for MLHD between 2017-18 and 2020-21. If patients choose care at home, the team works with home care package providers so families are supported during this time.

Patients who require short term support for symptom management can be admitted to the Public/ Private Palliative Care Ward at Calvary Hospital for specialist inpatient intervention. Patients who are unable to be supported at home can be admitted to the Forrest Centre Hospice, a specialised centre for ongoing palliative care.

QUESTION 15

> In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in rural, regional and remote New South Wales?

ANSWER

Early referral to palliative care services requires increased community understanding and awareness about palliative care. As communities are more aware of the benefits of advanced care planning, consumers and families will be more likely to access support earlier, before reaching a crisis at the end of life.

There will always be the need for face to face support for palliative care towards the end of life. Virtual care is used to complement face to face services and support a multidisciplinary approach for care in a person's home.