

## Supplementary Questions

### INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES HEARING

Tuesday 18 May 2021 SUPPLEMENTARY QUESTIONS Ms Samantha Gregory-Jones, Registered Nurse, New South Wales Nurses and Midwives' Association

**1. In addition to what is contained in your submissions and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in Canowindra and the surrounding area?**

I must commend Canowindra hospital on the palliative care service that it delivers. The staff at the hospital are devoted to providing state of the art care to palliative patients who are often known and respected members of our community. We have a dedicated palliative care area which includes an ensuite, television, radio and kitchenette for family. The domestic staff are wonderful in ensuring family members are catered for. However, due to staffing issues, unfortunately staff are unable to spend the amount of time they would like to caring for these patients to provide adequate care such as two hourly pressure injury care. Sometimes, this is attended with the assistance of family members. The suite is outdated and requires new furniture and equipment. Since the hearing, it was announced that Canowindra will receive a \$50, 000 grant to be used for palliative care services.

The care at Canowindra Hospital is exceptional and the nurses and medical professionals offer an extensive range of skills and services. People from outside the community choose to travel to Canowindra instead of their local hospital because we offer a timely service and personalised patient care. We have a great rapport with orange hospital and our team excels in rehabilitation and difficult discharge planning. Although this is great, it means nursing staff are stretched to the limits and are expected to the jobs of a discharge planner whilst not receiving the same monetary compensation and still completing all other duties within their shift. In city hospitals the role of discharge planner would be a discrete role because of the amount of time it takes and the value of the benefits to the system when it done well. It is difficult for us to do this as well as direct patient care activities.

This hearing has been an opportunity to place our rural communities on the map and give our community the care it needs. Despite lack of resources and staffing, the team is exceptional. Canowindra hospital is made up of staff with extensive skills and experience and they offer a passion which is unique. Working in rural facilities offers great nursing skills which are not routinely done in metropolitan areas and these skills make staff advance practitioners which should not be taken for granted. It would be wonderful if NSW Health recognised this by funding education to enable us to further expand our scopes of practice.

**2. In addition to what is contained in your submissions 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 Canowindra and the surrounding area?**

The community would benefit from more access to basic services such as x-ray which is currently only offered 2 days a week. Patients are therefore forced to either drive 45 minutes to Orange or drive 30 minutes to Cowra and pay for private scans if they are urgent. Admitted patients who need basic services such as x-ray may wait 2-13 days due to the unavailability of transportation services. A CT scanner locally such as in Cowra would decrease a lot of transportation fees and waiting times.

Provide a second registered nurse on every shift that can be allocated specifically to ED. This could potentially allow ambulatory care to extend its opening hours and take the pressure of community health who are only available for wound care one hour a day.

Provide a third nurse on afternoon and night duty to make it safe for staff and patients.

Mandated nursing ratios will improve patient safety and satisfaction, reduce errors and avoidable harm such as pressure injuries and improve staff health and satisfaction.

The employment of a nurse practitioner would be beneficial as it would take the pressure of the medical officers having to leave their surgery to treat patients deemed at triage 4 or 5 which could be better managed at a general practice. It would also be fantastic if nurses already committed to the area were supported to undertake the pathway to becoming a nurse practitioner.

Offer an exchange program for rural and base hospitals to swap staff so they can be more aware of the differences in skills and facilities offered.