

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

**Name:** Name suppressed  
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Partially  
Confidential

As a RN in rural NSW ( MLHD- ), I continue to experience, as do all nursing staff in the facility, unreasonable and unmanageable workloads due to under staffing in ED (5 beds and x 1 rostered RN/shift), Acute ward 18 beds, and Aged Care Unit (31 residential beds).

In ED, not only do we contend with the drug and alcohol affected aggressive people, but also the verbally aggressive due to increased waiting times in ED. is also a gazetted MH assessment facility, and it not uncommon to have 3 MH presentations, with suicidal ideation, at one time, in the ED. This added to presentations of Cat.2-3 emergency conditions, weighs heavily on the RN rostered in ED, working in isolation from the rest of the hospital, and with 1 x VMO and 1 x 2nd VMO on call. In the event of a deteriorating patient, the RN from Acute Ward is called to assist, (and vice versa) which during pm and night shift, leaves an Enrolled nurse to continue care of acute patients unaided.

Nursing staff have been requesting Management for extra staffing for past 2yrs, which has constantly been rejected. Staff are constantly working overtime, called in to work on days off mentally fatigued, and constantly being called to fill open shifts where staff are unavailable.

How does this impact on the well being of our patients that we are supposed to be delivering holistic care to? Our care has to be prioritised, where only the essential care is provided . The MH of both staff and patients have been increasingly at risk of deterioration. Meeting KPI's within the ED dept are impossible. Especially with Covid precautions and isolations. Allowing funding for further staffing will impact positively on the care of all.