Submission No 39

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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My career as a nurse has expanded 35+ years, majority in rural setting and transitioned from many levels to now manager. Currently the deficit in skilled staff is impacting all levels of our health care and impacting on patient experience and outcomes at all levels. The MPS model and set staffing is inequitable to other facilities. frequently the Aged Care patient numbers at these facilities are not included in nurse patient ratios or reflected in admitted patient numbers. the staffing profile here is 1 RN and 1 EN or AIN, with base 13 residential aged care, 5 acute beds and an active ED-frequently a ratio of 17 patients to 2 staff. No security staff and no local police. The ED is delineated at level 1 which describes the minimum support services to be delivered safely. However, does not reflect the ratio of staff to patients or to manage presentations safely in the absence of a Medical Officer, or lack of staff to follow escalation plans or to special patients that are delayed in transfer processes for increased needs.

The need to admit patients of increased needs is frequent due to distance, bed availability, transport availability and MOU that delays transition to the next level of service. Although clinical staff are expected to extend skills to meet the needs of all patient presentations of all levels of required care and inclusive of daily allocated workload plus meet assessment needs of virtual services in absence of Medical officers, physios, mental health and drug and alcohol impacted persons.

Staff consistently support with extra hours for emergencies or leave often lacking of meal and toilet breaks. Job satisfaction and social interaction is low but community and team commitment is high, this exacerbates burnout and fatigue. This would not happen in large hospitals-do your shift and go home. There is no incentives and no wage increases for these extra work burdens. But there is an expectation that every person is treated and receives an expected level of care in a timely manner by smiling courteous staff; that the required documentation and medication needs are met and entered as per the set clock, that we perform at a safe level no matter what is thrown into the patient mix and if there is an adverse outcome an investigation will give us the opportunity to find out how and why that patient had a bad experience or outcome at the risk that we may be held accountable or deregistered.

We cannot fix patient outcomes until we fix availability of a skilled workforce, with ratio equality whether rural or metropolitan, with safe work environments and remuneration equality of other workforces. You look after us and we will look after you! Nurses roles and responsibilities during Covid-19 were pivotal to our communities safety, workloads increased, recruitment availability decreased and lifestyles impacted immensely, the offer of a spot on the foreshore to watch fireworks by Gladys comes as a complete insult to all front line clinicians, perhaps she could come to the country for a rural emergency department experience....this would be of more value.