Submission
No 78

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

Name: Name suppressed

Date Received: 29 November 2020

Partially
Confidential

I am a RN at a rural ED. We operate with an on call Doctor who is either a locum or one of the local GPs. For the most part the locums tend to be Drs that are not working in their home city's for a reason. They have poor clinical decision making skills, and in an emergency are quite often out of their depth. They rely on the RN to make decisions for them, point them in the right direction, suggest or correct treatment, and generally as one said the other day "I expect you to act like junior doctors". There is no one senior who is monitoring the treatment they provide, they have no supervisor. Further complicating the issue is out ED is mostly staffed by agency nurses. Sometimes nurses who are amazing. And sometimes nurses who are hiding out in the bush because they know we are desperate. Nurses who are not equipped to work in isolated settings, making clinical decisions that are well beyond what they signed up for. Providing treatment that is at a nurse practitioner level, treatment that is often outside their scope of practice.

There is no incentive to work in the bush. We don't get any extra remuneration. And our conditions are such that it can be exceptionally difficult to get staff to stay. I went two years without a formal meal break, the amount of patients we see everyday with only one be doctor and two/three nurses is such that we are essentially putting a bandaid on a broken leg. We are not able to provide the care out patients need. They get the bare minimum often after waiting hours to be seen. Then they will wait hours for tests, more time for results, and then if they need care at a tertiary centre it can take days for transfer out. Staff spend hours trying to organise transfers, more time escalating care, apologising to family's and patients after they are bumped from transfer.

And if it's a mental health patient sedating them so they don't destroy the ED, staff and themselves. It's not exactly best practice. And the worst thing is that our patients think that this is what they get. That they get care that can be second best, or worse. That is so bad at times that staff themselves wouldn't allow family members to be treated there. That members of our community are so scared to attend our ED they don't come and die at home.

I love my job. But I am one of three permanent RNs in the department. If things don't improve I won't be staying on. After 12 years I can't deal with the stress anymore. I love my job. But I didn't sign up to be a junior doctor.