

Submission
No 81

**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 senior Registered Nurse at the John Hunter hospital. I have worked here for many years and have witnessed the practice, policy and cultural changes that have occurred since my employment. The BIGGEST issue that I feel intrudes and inhibits our ability as nurses is the outdated and old school system of hours per patient day and the way in which we currently assess patient acuity and need. I have done a substantial amount of research into this topic and have the ability to both mathematically and through practice changes prove that patient acuity and the requirement of nursing care has increased substantially since the last review and update on nurse hour funding. I speak initially as a medical nurse that must navigate the current funding, support a team with minimal staffing and nurse patients in an unsafe environment as my shift has been denied staffing despite increase patient acuity due to funding by hours per patient day.

I speak secondly as a team leader that must support our floor nurses, advocate for our patients and represent our staff. I can say that due to the current level/assessment of funding that I have been put in unsafe situations and been asked unsafe practices of my employers due to their attempt to make hours per patient day work. It does not. It is unsafe and expects too much of our nurses who have worked too hard towards their career to lose it over a financial issue caused by our funding/government system.

If further information is required to support these statements I can send through a graph that I created outlining the difference between patient acuity per acute ward and how the variations between the different types of acute ward are so great that nursing requirements differed greatly and hours per patient day is inapplicable. I. Woke e our current biggest downfall in the area of nursing our ability to fairly assess and allocate staff based on patient acuity but also our funding g that is currently based off bourse per patient day. This is an outdated system that needs to be made relevant to the current practices, expectations and ability of our kidding and care staff.