Submission
No 111

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
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SUBMISSION TO PARLIAMENT RE RURAL HEALTH

I have been a Registered Nurse for almost 50 years and spent most of that time on the outskirts of Sydney but for the last 19 years have been living and working in the Mid North Coast of NSW. Currently I work as a Clinical Nurse Educator in the Emergency Department (ED) of Manning Base Hospital, (MBH) Taree and have held that position for around 5 yrs on and off.

I believe that there are a number of negative health related aspects associated with living in a rural community as opposed to Metropolitan and I shall try to address these logically, but not necessarily in order of importance. Some of these issues are interdependent.

1. Tyranny of Distance:

1.1 A number of patients travel substantial distances to attend the ED. Forster is 37 km or 33 minutes away, Pacific Palms is 58 kms and 50 mins away and Smiths Lake is 65 km or 57 mins away. There is little, if any, public transport to these areas and certainly not "after hours." Whilst patients may be able to get private transport, or indeed an ambulance (NSWAS) to the hospital they often cannot get private transport back home, especially after hours. Many patients are elderly and relatives left at home often do not like to drive at night. A taxi to Forster costs around $140 which is well beyond the capability of most people. These patients must then spend overnight in the ED which a) Is not conducive to a good nights' rest in a noisy environment b) blocks beds for further incoming patients and c) impacts negatively on Emergency Treatment Performance (ETP) one measure of ED performance.

1.2 Because there are few specialty services available at Manning hospital, we must transfer a significant number of patients to the John Hunter Hospital at Newcastle which is 172 km and 2 hrs away. The type of patients requiring transfer are those with an ST elevation myocardial infarction (STEMI) those with ischaemic limbs requiring heparin infusions, head and hand injuries, some stroke patients and some with aneurysms (either brain, thoracic or abdominal) to give you some examples. These often require a Registered Nurse escort and a round trip often takes around 5 hours which depletes nurse staffing in the ED for nearly a full shift as well as removing an ambulance from the area for that time.

1.3 I personally know of occasions where patients have died either *en route*, as a result of having to travel to Newcastle by NSWAS or whilst waiting for NSWAS to provide the transport to take a patient to Newcastle. Because the number of NSWAS crews working evening and overnight is greatly reduced, it is extremely difficult, if not impossible, to get patients transferred at this time as it leaves the area with no NSWAS cover. Alternatively, "on call" ambulance personnel are utilised leaving them exhausted for when they are next on shift.

1.4 Additionally, where patients are transferred to MBH from nursing homes, it is generally not possible to get them back to the nursing home of an evening or overnight because of either a) NSWAS logistics described above or, staffing at the nursing home is such that they are unable to accept residents after 9pm. Again this means that such patients spend overnight in the ED often not being picked up by the non urgent Patient Transport Service (PTS) until nearly lunchtime the next day.

1.5 In terms of the PTS, this is now coordinated centrally, no doubt in an effort to save money. However the staff in the control centre know little, if anything, about local geography which results in an inefficiency of service. Prior to centralisation, drivers were able to schedule their trips much more efficiently.

1.6 Many patients need to find their own way, and at their own expense, for specialty services either at Newcastle or Sydney (or Port Macquarie for radiotherapy) and generally needing to pay for their own accommodation overnight.

2. Recruitment, Retention and Deskilling:

2.1 Also relating to distance, as mentioned above, is the ability to recruit suitably skilled and knowledgeable people to medical, nursing and allied health and, indeed, top Management positions. The ED in particular relies heavily on locum medical officers who differ widely in terms of skills and knowledge, sometimes being quite deficient in these areas. People are not going to work in Taree unless they move to the area, or it's surrounds, to live. Whilst there are large numbers of people moving to the area, they are generally retirees looking for a less hectic lifestyle than the cities.

2.2 In rural areas there is less workplace choice. People tend to get into a job and stay there until they either retire or move out of the area. This limits career opportunities for younger employees and consequently makes working here less attractive. Additionally, employees are often reluctant to "rock the boat" and will often tolerate things more than metropolitan colleagues for fear of jeopardising their job whereas their metropolitan counterparts can change employers more easily.

2.3 The current recruiting system, ROB (Recruitment and On Boarding) used by Hunter New England Local Health District (HNELHD) is disgraceful and it often takes months before staff can finally commence work and this in itself makes moving to this area problematic. The resulting unfilled vacancies means that existing staff work short handed or work overtime. I am unsure whether this is a deliberate ploy to make budgetary savings via vacancies but it is extremely frustrating for all managers. Additionally, many positions are short term contracted meaning that there is no permanency once the contract has expired again making the move to this area unattractive.

2.4 There is also a tendency to leave senior Management positions unadvertised and filled on a temporary basis. For instance at this hospital the Director of Medical Services and the Director of Nursing and Midwifery position have been vacant for over 12 months and filled by individuals on a temporary basis. The person in the Director of Medical Services position had little or no Management experience prior to this. There also has been difficulty in recruiting a Medical Director of the ED as it is less attractive and more isolated than hospitals in metropolitan areas.

2.5 Staff working on the front line of Health, like anyone else, become good at what they do by repeating the same things multiple times. Statistically, smaller populations in rural areas mean less patients attending hospitals which means less exposure and experience for staff. Employees moving from metropolitan to rural areas often find that specialised skills, acquired previously, are now no longer needed and as a result become de-skilled.

2.6 There has been talk about having a public hospital and ED at Forster, especially prior to the recent state elections. This of course is extremely popular with the community, especially those living closer to that area who currently have to travel. What politicians and the public fail to understand is that a hospital is more than just bricks and mortar. It needs suitably trained and skilled people. The result of putting a public hospital in Forster would be that half the staff at MBH would transfer there leaving both Forster and Taree understaffed. In terms of an ED, there needs to be a critical mass of patients arriving for treatment and this ensures that staff can maintain their knowledge and skills as noted in 2.5 above.

2.7 There has been a marked decrease in General Practitioners in this area since I arrived here in early 2002. The last I heard was that numbers had reduced from 34 down to 19 and not all of these full time. But this is hearsay and would have to be checked.

3. Power and Budget:

3.1 There is a huge imbalance of power between the executive in Newcastle and those in MBH and, given the lack of managerial experience, qualifications and political knowhow of a number of key executives at MBH is unlikely to change. Consequently there is a huge imbalance in budget with MBH grossly under resourced in comparison to hospitals in Newcastle and Tamworth.