Submission No 116

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

I am writing this to provide a perspective from a health clinician's point of view regarding the rural health system. I am a New Zealand based trained registered nurse. I have been working in rural health in Australia for the last 3 years and have experienced many cases where it involved the lives of patients which could have ended in death and one of them did result in death. It is my hope that this writing along with many other inquiries that the NSW government has received, imminent actions are taken not only to make the health system of Australia better but also to save the lives of Australian people.

In the current financial situation, nationally and internationally with COVID pandemic, finances of the country is something that is limited along with shortage of nurses, doctors and allied health professionals. Therefore, I acknowledge and accept the reality that providing a medical officer to every single town in Australia may not be something that is realistic in today's situation, although it is the ideal situation that many Australian people hope to see. Knowing that this is a long term goal, a short term goal that is achievable within a short period of time to alleviate the current rural health crisis is something that the government must consider.

One of the examples is widening the scope of practices for nurses such as allowing rural health nurses to initiate blood testing by using their clinical judgement and provide the patient centered care with the resources that are available at the facility. This would enable nurses to escalate the situation appropriately. Recently, the clinical nurse specialist and the health service manager have told the staff that nurses cannot initiate the blood testing using the point of care as they are diagnostic tools used by the doctors and mentioned about the cost of the istat. I believe that this is contradictory to the purpose of point of care and the values of NSW health. The following is an example which I recently have encountered. In a small hospital, a town of 1700 where I am currently working, a patient with end stage renal failure, diabetes, GCS 13 / 14, haemoglobin of 80, troponin of 0.31 and without NFR was not transferred to a tertiary hospital 5 hours after presentation. The blood test, ECG and blood sugar level which are basic interventions in any hospital were not performed at the beginning of his presentation and one of the reasons was the nurses unable to initiate the blood. If these were performed at the beginning of the presentation, the patient would have received appropriate care in a timely manner by transferring him out of the facility earlier. This could have ended in yet another death which Australia is familiar with by now. In my short years of nursing experiences in rural health, examples of near death are numerous. But, I believe one small change such as the above which can be implemented relatively easily, can start to make differences to the rural health of Australia.

Another solution that the government must consider to overcome the current situation is the desperate need for more education for the nurses in the rural facilities to increase their knowledge and skills. This includes senior registered nurse positions to be filled by someone who has appropriate experience, skills and qualifications. It is poor to see the health facility appointing a registered nurse who did not have a certificate for trainer and assessor and a postgraduate certificate as a clinical nurse specialist. It is poor to see the clinical educator providing no clinical based in-service for the last 9 months I have worked in the facility other than reviewing what paperwork needs to be included in the admission pack. It is poor and dangerous to see a registered nurse with less than 3 years of experience in 1 facility alone who has been given a permanent night shift position when there are fewer staff around to

assist with the care at that time of the day. It is poor to see patients being transferred out for clinical situations that could be managed by registered nurses such as a patient with hypoglycaemia and who has NFR and has clearly indicated her wish not to be transferred to other facilities. It is poor to see a lack of collaboration and communication between the hospital and the ambulance officers such as the absence of scenarios and education sessions especially during the down time when in an emergency situation or when the hospital requires CERS assist, they must work together as a team.

There have been numerous situations at the facility where I am working at the moment where the emergency physicians from the tertiary hospital refused to visualise the patient via the camera nor initiate the visualisation assessment via the camera. Anything above triage 3, I believe it should be mandatory for medical officers to visualise the patients for the safety of the patients and the nursing staff at a small facility.

I plead with you NSW government to remember and if patients have been transferred out to the tertiary hospital especially for unnecessary clinical situations and situations where transfers could have been delayed till the morning when there are more staff available for assistance in the middle of the night or late evening, how is that justifiable that NSW health provides health to the rest of 1700 people in town without an ambulance as it is in transit to the tertiary hospital (takes 6 hours for the ambulance to return back to town)? These 1700 people in town by no choice of their own remain vulnerable and their right to health and safety are impaired.