

Submission
No 130

**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

We must have mandated ratios.

I work in anaesthetics at the Lismore Base Hospital.

I am experienced by virtue of being close to retirement; having worked more or less continuously since I graduated through the hospital based system aged 20.

Subsequent to my hospital based training I have attained critical care and masters level qualifications in management but prefer the bedside.

One day I had to visit the ward to pick up the patient because there was no one to transport the patient to theatre. This is not good practice as I am leaving the theatre but the list must continue.

I remember being struck by the demeanour of the nurse caring for my lady.

He appeared withdrawn and as I asked questions in terms of theatre readiness of my patient he just gesticulated forlornly a few times at the picture in front of him.

The patient being elderly and with a hip fracture was in a medical ward and the poor nurse admitted to having limited knowledge as to the competent care of a surgical patient who wasn't in their normal skill mix. It was hard to feel cross about things; the poor fellow was clearly in a pickle.

The patient had received a femoral nerve block in ED but by the next day was very withdrawn and anxious to me and although lucid was clearly in a lot of pain. The block had obviously worn off or never worked in the first place. This patient had probably had a pretty rough night and definitely a rough morning. Very little analgesia had been given since admission.

The poor nurse, quite junior had 6 patients to care for; all very heavy and with only a even more junior nurse comprising the team. The place looked like a mini tornado had gone through.

The work load looked so horrendous as I surveyed "the mess" of all these heavy patients and mused that I despite my experience, would barely cope either.

It would have taken an Olympic effort to get through all that and have clean, pain free well fed and hydrated patients; never mind their medications ,IV"s etc.

What about talking and communicating to ease their worries? Forget it. Good luck with their mobilisation regime too.

And how you could back up as a regular staff member and do that every day; well I wouldn't .
It would kill you emotionally and physically.

So back to theatre I go with my poor patient groaning and moaning at every movement of the bed and get her sorted with pain relief before we even get started.

I'm telling some of my theatre people what I saw and one of our Graduate nurses remarked that everyone who goes to work in that ward always cries at some stage while working there. Imagine that?

These nurses wont last in this industry if that is their daily life. Patients will become more and more neglected until it becomes the new normal and nurses will just "switch off" to protect their emotional wellbeing. Furthermore, the art and science of "complete" professional care will be relegated to text books only.

Just like in some nursing homes.

Mean while back in theatre we manage to pay a duty anaesthetist who is supernumerary 5 days a week for 10 hours at \$240 per hour assuming they are a VMO which most of ours are.

Their role is to supposedly coordinate the smooth running of the theatres as they liaise with the NUM running the floor.

Imagine how many additional nurses we could employ by reallocating some of those funds.