Submission No 158

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

Name: Name suppressed

Date Received: 9 December 2020

I work as a registered nurse

In this time we have lodged multiple submissions to have an extra staff member on night shift-to no avail.

We have a 6 bed acute ward, a 2 bed emergency 24hr department, and have onsite a 24 bed nursing home.

We have intermittent GP cover and rely heavily on the virtual rural generalist service,

Nil security and nil Wardsmen/women on any shift.

So of a night in particular, if the RN is called and retained in ED, that leaves one staff member to deal with potentially30 people, most of which overnight are a 2 person staff assist to attend basic cares such as turning to prevent pressure areas or toileting, or requiring analgesia.

Should the RN need Drugs checked or assistance in ED, with a high flow of high acuity patients coming through, or mental health emergencies, my colleague is unable to assist or the time spend waiting is time wasted and time is something ED is usually short of,

It is very unsafe. Very unfair on the residents who call the RAC home having to wait for basic needs, and often are not met.

Basic nursing tasks like restocking or updating paperwork is virtually impossible to complete and often staff members have to stay back, unpaid to complete their workload.

Breaks are mostly non existent with a Solo RN as there is no one to cover the ward to ensure safety.

We continually run the risk of zero staff safety because our department is not sealed from the ward and mental health patients have been known to abscond through the hospital wards.

Staff burnout and morale is dismal.

Overtime due to sick leave is high.

Patient safety is compromised every shift.