Submission No 257

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

Organisation: Health Services Union NSW ACT QLD

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Submission to the NSW Legislative Council Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales

The Health Services Union NSW/ACT/Qld represents some 45,000 workers in both public and private health as well as ambulance paramedics and disability and aged care workers. In the hospital system we cover all levels of support staff and health professionals, as well as junior medical officers.

Within the terms of reference for this inquiry this submission will focus on sections G and H:

> *g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;*
>
> *(h) the current and future provision of ambulance services in rural, regional and remote NSW.*

The information we are supplying will reflect the experiences of our members who have provided information via interviews and online surveys.

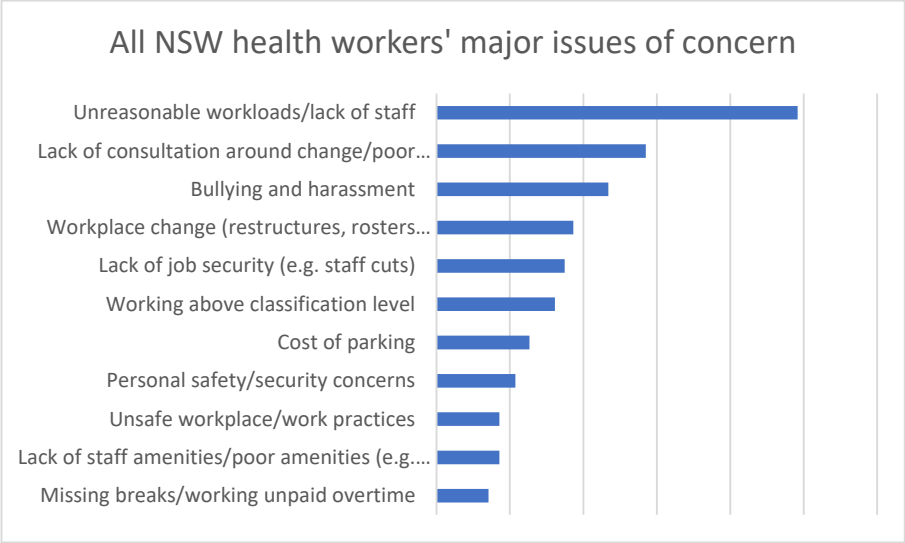
In both public hospitals and the Ambulance Service the central underlying workplace problem our members report is always the crucial issue of underfunding. This leads to insufficient material resources and inadequate staffing levels, which in turn make for employees who are increasingly subject to excessive workloads, inadequate training opportunities and workplace stress. The result is a poor level of service both in the range and quality of treatments available and in the physical environment in which those services are delivered.

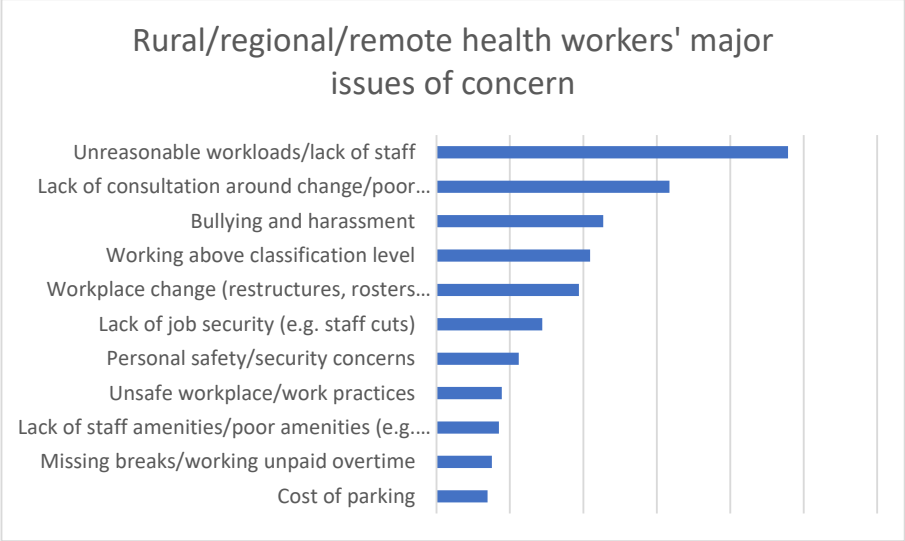
The staffing challenges and allocations that exist in rural, regional and remote NSW hospitals

The connected issues of underfunding and understaffing are reported as the most urgent problems of our public hospital members.

The most obvious sign of underfunding is understaffing and the excessive workloads that go with it, and this is endemic within the sector. Between November 2019 and February 2020 the union conducted a survey of more than 2000 members in public hospitals around the state and asked them to identify their most immediate concerns. Overwhelmingly the most common was staffing levels, with 24.67% of respondents identifying it as the number one issue and 51.66% putting it in the top three. The levels of concern expressed in the regions closely mirror the state-wide statistics.

Regional, rural and remote communities are denied services by the lack of investment in health staff





The two groups diverge, however when it comes to the type of staff employed. Regional members have identified major difficulties in workplaces attracting and retaining suitably experienced staff.

> *Recruitment at times has been difficult in regional and rural areas compared with metropolitan facilities. In terms of resources metropolitan areas definitely have an abundance of resources compared with regional and rural areas.*
>
> Health professional, western NSW

> *Because the employers are more desperate to fill positions in the regions, the skill set of staff are not as good as in the city.*
>
> Health professional, Illawarra

Graduates may have come from metropolitan areas where they may not have needed to have the generalist skills required.

Health professional, South Western NSW

This matter of generalist skills has been raised by many members, particularly in clinical and allied health positions. Rural and regional staffing establishments in general lack the range of specialities available in the larger metropolitan facilities. Further, staffing cuts have a more severe effect on rural facilities which already have a more limited range of personnel than their larger metropolitan counterparts. As a result, at best, workers are required to perform a broader range of duties. At worst, the services just aren't there when they're needed.

A lot of hospitals have been downloaded to NPS and this is pretty scary. Doing a lot of patch and transfer as quickly as possible. No birthing facilities. It takes about an hour and a half for urgent transfer. Can't come out to these communities, you don't know what you're in for. Someone lost their eye because they got injured on the wrong day of the week. I know for my health I have to drive myself to a metro area to get the care I need. So many people are sitting out here with potential cancers and no treatment.

Health professional, Western NSW

There is only one HSA and some days there is no Security at all.

Wardsperson/HSA, Northern NSW

We have had a reduction in staff. The manager was removed, and the impact on our team has been noticeable. Bush fires and COVID has reduced time spent on what we usual do. We are spread thin. Trying to run so many programs with so few staff, so I don't think we can deliver the same quality of service as in the metropolitan areas. My team have had ordinary outcomes due to the pressure of having to deliver a range of programs and doesn't seem to be huge amount of support or recognition.

I have 8 to 10 programs that I'm responsible for, but in the metropolitan areas would not have so many programs.

Health manager, Murrumbidgee

Many specialist services are not on hand often or at all and require travel to access.

Health professional, Far Western NSW

Stroke patients are not being transferred to a tertiary centre or being offered best practise care. This can leave significant residual deficits and impairments. people no longer able to work, requiring full time care means carers giving up their previous roles and an ongoing need for NDIS/aged care funding and assistive technology. Sub-acute rehab units being shut for 3 weeks as a 'Christmas closure' directly and significantly impacts patient outcomes during this period. Paediatrics is a major need as is a visiting geriatrician.

Health professional, Southern NSW

One hospital I worked at didn't not have a triage nurse in ED at certain times during the night. Patient and ambulance presentations would have to wait for a nurse to notice they were waiting and then become available to assist.

Health manager, Mid North Coast

> *We have to work under COSOPs* [Remote Medical Consultation Service] *as there is no doctor available on-site to service the hospital. This means stress on staff working those shifts, and patients facing limited consultation and extended waiting times. Patients can't be moved out to referral hospitals due to bed shortages, but can't access the services they need on-site*

Health professional, Murrumbidgee

The term 'Jack of all trades' is heard frequently from members relating to the variety of roles and tasks required of them: roles which in city hospitals would be filled by staff in a range of complementary disciplines.

> *Most of us in rural regional are overworked and have to work outside our scope of practice or 'wear multiple hats' because no one else is around.*

Health professional, Western NSW

> *Due to staff absences, I am constantly rostered to cover reception and switchboard - this is not my primary role according to my PD.*

Administrative assistant, Far Western NSW

> *To be a good a rural clinician, you need to know a lot about everything. In metro settings, you need to know a lot about one thing.*

Health professional, Southern NSW

RECOMMENDATION 1: That the NSW Government invests in increased resourcing to allow for health services in regional, rural and remote to provide a greater range of services to their local communities.

Staff have limited scope for skills development

This requirement for a generalist approach to duties has the knock-on effect of reducing workers' opportunities to develop their skills into more specialised areas and thus limits opportunities for progression. In turn this makes regional work a less appealing choice for people considering their career options and can stifle the ambitions of those who see themselves as trapped in dead-end positions.

> *The lack of opportunities for work expansion is very suffocating at times. There's The lack of opportunities for work expansion is very suffocating at times*

Health professional, Southern NSW

> *I do not have time for research or quality projects that may translate into improved clinical practice. I do not have access to the same funding or resources to support my clinical practice or professional development.*

Health professional, Hunter New England

> *There's a lack of access to continuing professional development opportunities- this is a mandatory requirement and you have to travel to attend at often significant cost. Career progression in my discipline is non-existent: what we need is the ability to easily go up grades – the current method of career progression by regrade is decided by managers who have a vested interest in denying this opportunity to keep FTE cost as low as possible.*

RECOMMENDATION 2: That the NSW Government initiates a program to facilitate training and skills development to allow for career advancement of workers in regional, rural and remote areas.

Excessive travel puts undue pressure on workers

Related to the requirement for staff to take on multiple roles is the demand that they be available to work at a number different facilities. In regional areas this often means travelling unreasonable distances and results in fatigue and added stress.

> *Failure to replace and recruit staff to Psychology positions in Community Health in SSWLHD. This results in staff in the regional area (Wingecarribee) being pressured to fill these positions, despite them being 50-80 km away as "we are all the same health service".*
>
> Health professional, South Western Sydney

> *I'm the only practitioner in a town of 15,000 people. So it's very difficult to help everyone. Too much paperwork and administration when I could be better used to do my primary job. If I do my primary job more, then waiting times would be reduced. There are a 6 months waiting lists for my services. I'm meant to cover a large geographic area. It takes longer to help people. Plus I'm at risk of driver fatigue.*
>
> Health professional, Western NSW

> *Many staff travel hours and hundreds of kilometres during a work day, travelling during daylight to avoid road hazards such as animal strike. There are unsealed roads that are unsafe during wet weather so travel may need to be postponed. Most roads are unlit and there is heavy truck traffic. Many areas are prone to flood, fire and other adverse weather occurrences.*
>
> Allied health assistant, Western NSW

RECOMMENDATION 3: That a review be conducted regarding workers who are required travel between different workplaces or patients/clients with a view to limiting or reducing distances covered.

RECOMMENDATION 4: That such travel be considered as time worked.

The lack of funding for needed staff is seen as driving a wedge between workers in different departments and, as a result, of contributing to interpersonal friction and declining morale.

> *Allied health are stressed out. There is friction and bullying between disciplines because they are competing for the same funding for staff. They deliver more specialized services in the city because they have more staff than we do in the rural setting.*
>
> Health professional, Illawarra

> *Staffing is my biggest issue as half the machinery is not being used and they take from one department to help another which causes other areas to fall behind. We are supposed to work as a team to achieve a common goal, not to be on opposite sides of the fence.*
>
> Laundry assistant, Hunter New England

Lack of support and limited leave opportunities poses a serious risk to workers' health

Where staff levels are already insufficient there cannot be the surplus needed to fill in during periods of staff absences. As a result we have received widespread reports of curtailed services during leave

periods and of staff burnout from the combination of excessive workloads and lack of consideration by management when it comes to applications for recreational and sick leave.

> *When I first came here there were meant to be two full-time [positions] but I had to work the extra position. I did 56 days in a row on call before I finally got someone to come out to give me a break. The nurses are quite often understaffed and have had five nurses resign last month due to work pressures. I have been asking for additional staff and it has been repeatedly denied. Not good that you do the work, the statistics then management deny you the resources. You are expected to do the work of two people. It shouldn't matter if I'm sitting in a metro [facility] or a rural [facility], we should have the same conditions.*
>
> Health professional, Western NSW

> *Rural NSW offers very hard and highly responsible work for new graduates without enough care and support for them. No one ever replaced me when I was on leave as a regional drug and alcohol counsellor - children affected by substances died while I was on leave, and this felt predictable. One of my colleagues died at work - exhausted by her case load tripling - she drove into a tree.*
>
> *The good things about rural settings should be amplified and care taken to protect staff from the down side of work in rural settings, like unwanted sexual advances, racism and homophobia. Managers need to improve drastically and get a culture of kindness started. Workers really need their rights defended.*
>
> Health professional, Sydney

> *After fighting for support to do my job for almost two years, I am now on compensation for a mental health condition*
>
> Administration officer, Southern NSW

> *There are often staff shortages and recent job losses through a restructure with experienced staff leaving the service. Often nil backfill capacity and no local casual source*
>
> Health professional, Southern NSW

> *In my role I often see staff burnt out from being unable to recruit or fill roles - even though it is mainly health professionals and nurses that we cannot source, it causes a strain on the whole business unit. I fear that in future some of our hospitals will close due to being unable to find staff*
>
> Administration officer, Southern NSW

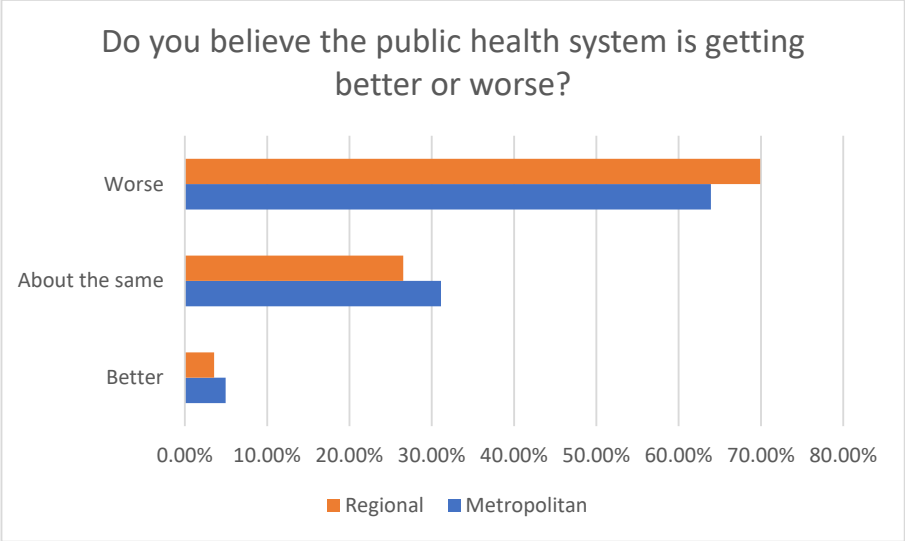
RECOMMENDATION 5: That the NSW Government initiate a review to identify the real levels of staffing required in regional, rural and remote health services and that it commit to building staffing establishments up to the recommended levels.

The current strategies and initiatives that NSW Health is undertaking

The public health system in the regions is deteriorating

HSU members do not identify any effective action being taken by NSW Health to improve working conditions and services in regional NSW.

In the November 2019 – February 2020 survey mentioned above, we asked: 'Do you believe the public health system is getting better or worse?' While the participants overwhelmingly replied that the system was worsening, this feeling was stronger in the regions with 70% as opposed to 64%.



In support of this, long-serving workers in particular reported their experiences of deteriorating standards.

> *My team are currently at our lowest staffing levels in my memory. We all have excessively large caseloads … We must be all things to all people. To top it off our psychiatric registrar has just told us that they cannot do any clinics, and from now on all first level registrars will not have clinics, meaning that all of our consumers can only access a locum psychiatrist, who usually is a different doctor each week.*
>
> Health professional, Western NSW

> *I have worked in health for 30 years and this is the worse I have seen it.*
>
> Technical assistant, North Coast

The public sector wages cap is also contributing to low staffing levels, making work in the public sector increasingly less attractive, especially for health professionals, many of whom have achieved much more substantial pay rises in the private sector.

> *The stagnating cap on our wages makes it hard to keep up with expenses.*
>
> Health professional, Riverina

> *Cost of living increasing but our wages don't increase to match*
>
> Hospital assistant, Hunter New England

> *Private sector wages are much higher than public sector, the 2.5% wage cap should be increased to at least 5%*
>
> Health Manager, Northern NSW

Recommendation 6: That the NSW Government initiates a specific attraction and retention bonus to encourage workers to take up positions in regional, rural and remote health services.

Many members complained of a lack of knowledge of regional conditions when it came to developing and planning for health services: that not enough consideration was given to the differing needs of rural as opposed to metropolitan facilities.

> *I think the services offered by NSW Health in regional and remote areas are poorly planned. I believe the services available exceed the requirements in some areas while others do not receive the resourcing required to improve the health outcomes of our community. Policies and service planning are metro-centric.*
>
> Health manager, Mid North Coast

> *There is limited resourcing in rural with readily available and follow-up equipment suppliers. It can take months for trial of a specialist piece of equipment. Rural Infrastructure struggles with poor resources, developing and maintaining strong evidence-based leadership and community engagement. It feels like services are being siloed more and more rather than integrating.*
>
> Health professional, Southern NSW

> *It is very difficult working in a regional area (Wingecarribee Local Government Area) attached to a major metropolitan area with a rapidly growing population under the one health service. All planning, recruitment, staff allocation and treatment planning is based around the needs of the metropolitan areas while resources for the regional area are eroded. In the last 10 years our service, formerly 3.75 FTE, is now 1.8 FTE, with positions moved to the metropolitan part of the health service.*
>
> *Trying to advocate for our clients and community to managers based in the city is very difficult. We are constantly berated for trying to argue that service models used in the city will not apply equally as well in a regional setting and smaller community.*
>
> Health professional, South Western Sydney

> *Decisions seem to be made in metropolitan facilities that effect regional facilities, but without any consultation from those in relevant fields, in regional areas. We operate different. Each hospital is individual and works differently. Making across the board decisions for every facility is simple unfair and can prove to be pointless and unproductive.*
>
> Hospital assistant, Northern NSW

> *The further from Sydney, the more forgotten you are. You are the last to receive updates, grants, funds, and resources. Regionally you are expected to provide the same services in the same model of care as in metro settings. Easier done when your warehouse is 20km, not 600km away. Easier done when you have access to tertiary care facilities onsite, and not have to travel "interstate" to Canberra 250km away to access them.*
>
> Health professional, Southern NSW

RECOMMENDATION 7: That the NSW Government establish a consultative committee dedicated to the planning and development of health services in regional, rural and remote communities, and that that committee include members with direct experience the of particular conditions and the needs of those communities.

The current and future provision of ambulance services in rural, regional and remote NSW.

Ambulance service delivery to rural, regional, and remote NSW is of a substantively different nature to the delivery of metropolitan ambulance services, due to factors such as distance, population, and resourcing. The upshot of this is that delivery of ambulance services to rural, regional, and remote populations poses unique challenges.

It is the position of HSU members that the quality and availability of ambulance services in NSW should not be dependent on the postcode in which you live. Unfortunately, the situation as it currently stands works to disadvantage communities in rural, regional, and remote NSW. HSU members keenly understand the challenges and costs involved in delivering health services outside of metropolitan centres. However, it is clear that there is chronic underinvestment in the delivery of rural, regional, and remote ambulance services, and a concomitant failure to support the dedicated and passionate paramedics who serve these communities. This has a direct impact upon patients, attested to by the member-submitted case studies within this submission.

Regional, rural, and remote communities left behind: fixing the critical under-resourcing

HSU paramedic members harbour strong concerns about ambulance resourcing for rural, regional, and remote areas. In a recent survey, some two thirds of members working at non-metropolitan stations indicated that there are not enough paramedics on road to meet demand in their area. Paramedics are frequently called upon to fill shifts at stations hours away from their base, such is the extent of the chronic understaffing. In the midst of staffing shortfalls, service cuts continue to be made.

To prevent falling further behind other states, as a general principle, the number of qualified paramedics serving New South Wales, including regional, rural, remote New South Wales, should meet or exceed 61.9 per 100 000 people. This represents the average number for Victoria and Queensland, far exceeding the rate for New South Wales of 37.7 qualified paramedics per 100 000 people, figures most recently published in the Productivity Commission's 2020 *Report on Government Services 2020: Section 11, Ambulance Services*.

Members are unanimous on the point that under-resourcing of regional, rural, and remote ambulance services can have a tangible negative impact on patient outcomes. Due to the few crews on duty, and the distances traversed to transport patients to hospital, there are frequently times where the nearest paramedics available may be 100 kilometres away. When crews are not immediately available to respond to a case, wait times for an ambulance to arrive can extend beyond an hour. This frequently occurs where crews are taken out of their response area and are not backfilled.

> *'With no doctor available it is critical to have advanced skills. A survivable injury in metro is a death sentence in rural areas.'*
>
> – Paramedic based in the Orana Region

The clinical limitations of smaller, regional hospitals also add to the responsibility placed on paramedics to provide appropriate clinical care where it is otherwise unavailable, such as through the Clinical Emergency Response Systems (CERS) Assist program, and creates an ongoing presumption that ambulance resources in non-metropolitan areas be utilised for long distance transfers to larger hospitals. Consequently, rural communities may be left entirely unattended by paramedic crews for periods of hours.

'Better health outcomes will result from early intervention and the earliest point for intervention is in the pre-hospital setting.'

– Paramedic based on the Mid North Coast

Delays in patient care caused by extended waiting times can impact upon patient recovery and lead to longer stays in hospital, thereby transferring costs to other parts of the health system. In this way, enhancement of ambulance services need not be viewed as a costly exercise, rather as one which can potentially reduce overall costs to the public health system at the same time as supporting better outcomes for patients. As a surveyed paramedic member put it, "in trauma, the golden hour waits for nobody and has no respect for geography."

Even where new health facilities are being built in regional, rural, remote New South Wales, expanded services are not funded. The South East Regional Hospital in Bega, opened in 2016, lacks the funding to be able to staff half of the emergency department with nurses or doctors meaning that half the emergency department beds in this new facility are not used. When entire wings and wards of hospital are not staffed due to funding not being forthcoming, transfer of care time for paramedics is slowed, taking up already limited ambulance resources for the area.

The lack of non-emergency patient transport services in the regions is a key issue which exacerbates problems with under-resourcing. In areas where the patient transport services are lacking, the time of the few available paramedic crews is taken up with low-acuity work and routine hospital transfers that would be more appropriately undertaken by patient transport officers (PTOs). There is also potential to expand the scope of PTO skills and abilities to enable them to take on more non-emergency work. For example, current arrangements mean that stable patients with cardiac monitoring are not able to be transported by PTOs. If PTOs were able to take on these kinds of low-risk transfers, freeing up paramedic crews to attend to high acuity work, the ambulance and patient transport system would work more efficiently, improving the service being delivered.

RECOMMENDATION 8: That the NSW Government invests in increased resourcing for regional, rural, and remote ambulance services, to match or exceed 61.9 qualified paramedics per 100 000 people.

RECOMMENDATION 9: That the NSW Government invest in non-emergency patient transport services to relieve the routine transport workload placed on regional, rural, and remote paramedics and enable paramedics to dedicate more time to their core ambulance work.

Dangerous paramedic health and safety environment

Failure to properly resource rural, regional, and remote ambulance services impacts upon paramedic health and wellbeing. Increased workloads and fatigue raise the risk of injury and can impact upon psychological health. Increased stress, working through meal breaks, and excessive overtime hours are just some of the consequences of an under-resourced ambulance service. The view that long-distance transfers are a risk to paramedic health and safety was held unanimously among regional and rural based paramedic members surveyed. Fatigue caused by long distance driving is further exacerbated when paramedics are directed to travel for more than an hour when directed to other stations for day relief.

Numerous surveyed paramedics also raised concerns about the expectation that they transfer patients at unreasonable hours during the night, even where the transport is not time-critical, further adding to paramedic fatigue and causing health and safety concerns.

Budget problems have meant that the Ministry of Health allows roster vacancies to remain unfilled, leading to the continued dangerous work practice of sending single paramedics on responses. Any

genuine prioritisation of paramedic health and safety involves the stamping out of single-responder practices, guaranteeing that no paramedic is expected to attend to a case without a partner working alongside them. Unfilled roster vacancies add to paramedic work intensity, causing fatigue, and further depletes the already stretched resources in rural, regional, and remote New South Wales.

RECOMMENDATION 10: That the NSW Government adequately funds NSW Ambulance to ensure all posted rosters are maintained.

RECOMMENDATION 11: That, as a health and safety priority, the practice of sending paramedics out as single-responders is ended.

Overdue professional pay

The valuable skills that paramedics deliver to the communities they serve, and the high-pressure situations they routinely navigate, are made clear in this submission. Their professional standards are on par with or more demanding than that of other APHRA registered health professionals. Yet, in New South Wales they are still not recognised with professional wages, lagging behind the rest of Australia. The NSW Government's wages policy must be abolished to enable the pay of New South Wales paramedics to catch up with their interstate counterparts. In rural and regional areas especially, the shortfall in pay is made up with overtime and on-call shifts, producing an overworked and fatigued workforce more susceptible to injury.

RECOMMENDATION 12: That the NSW Government's wages policy be abolished.

Restoring NSW's place as leaders in paramedic scope of practice

Current policies of the Ministry of Health actively prevent the highest skilled paramedics from working at rural, regional, and remote stations. Paramedics based outside of metropolitan areas are prevented from undertaking training to become Intensive Care Paramedics (ICPs), and ICPs are being blocked from transferring to non-metropolitan stations unless they accept a deskilling of their position. It is well reported that rural, regional and remote communities find it difficult to attract and retain health specialists for their community. Given that many paramedics want to live and work in these communities, preventing them from upskilling or maintaining their skills represents a serious missed opportunity. The rationale for minimising the presence of ICPs in non-metropolitan NSW is not clinical but primarily based on cost minimisation.

Consideration of the skills mix in the delivery of regional, rural, and remote ambulance services must be prioritised. An increased presence of ICPs in non-metropolitan areas provides a support network for other staff, preventing high-stress situations where more junior paramedics are unable to call for backup because no ICP is available to assist. Indeed, there is a historical precedent of NSW Ambulance facilitating the recruitment of higher skilled paramedics to regional stations. The recruitment model pursued in the early 1990s actively promoted the presence of highly skilled Advanced Life Support (at the time known as Level 4) paramedics in the regions – NSW Ambulance no longer recruits to Advanced Life Support (ALS) positions, with the only paramedics still employed as ALS Paramedics being those who commenced at that level before its phasing out. In terms of skill level, they currently sit in between P1 Paramedics and ICPs.

'It is well reported that rural, regional and remote communities find it difficult to attract and retain health specialists for their community. Given that many paramedics want to live and work in these communities, preventing them from upskilling or maintaining their skills represents a serious missed opportunity.'

Since this time, processes have changed with the effect being that the Ministry of Health has ceased to invest in developing skills of regional paramedics. HSU

members are of the view that NSW Ambulance should consider a return to a similar model that supports the upskilling of paramedics serving regional, rural, and remote NSW, rather than one which is designed to impede it. There is a critical need to increase the number of ICPs and Extended Care Paramedics (ECPs), with some 90% of surveyed regional, rural, and remote paramedics indicating that there are not enough ICPs and ECPs in their area.

A key justification raised by the Ministry of Health for limiting the number of ICPs in regional, rural, remote stations is that the work in these areas is primarily low acuity and is not conducive to paramedics maintaining ICP level skills. This assertion is usually made on face value and without supporting evidence. While dedicated intensive care training was originally established in Sydney, there is now sufficient exposure to intensive care work across regional areas. In fact, a report by NSW Ambulance in 2014/15 seen by an HSU member showed that approximately 11.5% of responses in rural NSW were intensive care level responses, a proportion on par with that of metropolitan areas. 75% of regional, rural, and remote paramedic members surveyed agreed that there was enough appropriate work in their area for consolidation of ICP skills.

Other health professionals, such as registered nurses and medical officers, are empowered to use their full skills regardless of where they are based. Any concerns about the maintenance of ICP skills in regional and rural areas should be seen as an opportunity to improve and enhance training programs, rather than to deprive communities of the levels of care afforded to metropolitan populations.

The importance of intensive care paramedic skills to regional communities cannot be overstated. Beyond the fundamental principle that all people in New South Wales are equally deserving of the highest quality care and service regardless of their postcode, ICP skills are of special value for rural, regional, and remote communities. Regional and rural NSW, as a consequence of poorer resourced hospitals, who are often unable to appropriately prepare patients for transfers, are more reliant on the skills of paramedics and would benefit more from ICP presence.

> *'The impact of having greater distances to travel combined with the … lack of tertiary medical services in rural & regional areas means that the skills of paramedics should be of a higher standard as transport times to "definitive care" is significantly greater, requiring further interventions during this time.'*
>
> – Paramedic based on the South Coast

> *'Sometimes an ICP is the most trained person in the community and the more we have in regional [areas] the better outcomes for patients will be.'*
>
> – Paramedic based in the Central West

ICPs possess specialised skills such as airway management and intubation and can be called in where there are no doctors available – without ICP presence, rural communities may at times lack any skilled health professionals with airway management skills. Similarly, ICPs are skilled in pain management, and can administer particular drugs, such as ketamine, fentanyl, and midazolam, at high doses over extended periods – these skills attain greater importance in the rural context, as patients are spending significantly longer in transport to major trauma centres.

At smaller hospitals, ambulance resources are often called in to assist with providing medical care and resources in the event of major traumas or high workloads. More than 80% of regional and rural paramedics surveyed report having been called on to assist patients in a hospital as the highest available clinician in the area. The existing CERS Assist program (which is frequently and routinely used across the state) involves small hospitals engaging the services of skilled Intensive Care Paramedics

where doctors are unavailable. This program provides value to regional/rural communities and to NSW Health, and is also a source of revenue for NSW Ambulance. However, it also takes time and resources away from core ambulance work.

The need for the CERS Assist program is emblematic of the broader situation facing regional, rural, and remote healthcare provision. As it currently stands, paramedics are the last line of defence for the health system in regional, rural, and remote New South Wales. The ongoing centralisation of services within selected regional centres means that countless wards are closing in smaller hospitals in rural and remote areas and many patients must travel further to receive care. With decreased services and lack of doctors at rural hospitals, paramedics are called upon to fill that gap. The isolation of rural areas from other community and allied health and medical facilities, which are increasingly withdrawing from rural communities, means that paramedic presence increases in importance.

> *'Lack of proper clinical health resources in regional and remote areas leaves a huge health care gap which is often filled with ambulance services. A lack of highly skilled ambulance paramedics in these areas further increases that gap, and the health inequity between the city and the bush.'*
>
> – Regionally based paramedic

ECPs are also a valuable resource for regional, rural, and remote communities, especially insofar as they alleviate pressure on hospitals and other health services in the community. Their expanded scope of practice enables them to take on higher level clinical decision making and many of their higher-level skills enable them to perform interventions that would otherwise not be possible outside of a hospital context.

Enhancing the presence of Intensive Care and Extended Care Paramedics outside of metropolitan areas is critical to improving health outcomes and promoting equity across the state. This must however be paired with a commitment to further enhance the ICP scope of practice to bring New South Wales in line with interstate jurisdictions. Some 85% of surveyed regional/rural paramedics agreed that the stagnation of the ICP scope of practice in New South Wales has a negative impact on patients in regional, rural, and remote settings.

RECOMMENDATION 13: That any current ICP or ECP who relocates to any location in NSW from a designated ICP or ECP position is supported to maintain their skills and is paid accordingly.

RECOMMENDATION 14: That the Ministry of Health considers a return to recruitment models which facilitate higher skilled paramedics outside of metropolitan areas, similar to practices in the early 1990s.

RECOMMENDATION 15: That the Ministry of Health stop preventing the recruitment of Intensive Care Paramedics to regional, rural, and remote ambulance stations.

RECOMMENDATION 16: That the Ministry of Health stop preventing regional, rural, and remote based paramedics from upskilling to Intensive Care or Extended Care roles.

RECOMMENDATION 17: That paramedic scope of practice be expanded across all levels.

HSU Paramedic Case Studies

Paramedic members in rural, regional, and remote New South Wales are placed into situations on a daily basis where under-resourcing and unavailability of higher skilled paramedic backup has a tangible impact on their ability to give patients the best possible treatment. Dozens of surveyed members volunteered examples of cases where they were unable to give their patient the level of

care that they knew that patient needed. The two case studies included here demonstrate instances where the reticence to recruit more ICPs to non-metropolitan areas has directly led to patients spending extended periods of time in significant pain. They are examples of instances where the postcode in which the patient lived had a direct bearing on the level of care that they received.

HSU PARAMEDIC CASE STUDY 1:

Paramedics in the Hunter region were called to a tractor incident involving a middle-aged man. The man had been driving the tractor on the side of a hill when it tipped over. The tractor rolled over the man's leg, fracturing his femur, with paramedics also concerned about potential pelvis fractures. Paramedics administered morphine and attempted to traction the limb, however the patient was in extraordinary pain. Identifying the need for support from more senior paramedics, the paramedics called for backup early on, first requesting a helicopter, however none were available. The paramedics then requested backup from Advanced Life Support or Intensive Care Paramedics so that the patient could be administered ketamine to relieve the pain. The paramedics were told that the nearest backup was in Newcastle. From the time of the initial request, it took over one hour for backup to arrive, leaving the patient in significant pain for an extended period.

HSU PARAMEDIC CASE STUDY 2:

Paramedics on the Mid North Coast were called to a man experiencing shortness of breath. The man had been released from hospital the day prior. The initial assessment of the paramedics was acute pulmonary oedema. Identifying the situation as serious, they called for backup, however no Intensive Care backup was available. The paramedics relied on the interventions that they were able to make, administering glyceryl trinitrate and high flow oxygen therapy. However, the paramedics were limited in the ways they could treat the patient, as only ALS and ICP level paramedics can administer frusemide to help assist with the patient's breathing. A call to the Clinical Advice Line for guidance also went unanswered. As a consequence of backup not being available, the treating paramedic had to manually ventilate the patient for forty minutes on the way to hospital, an extremely difficult task in a moving vehicle with an agitated patient experiencing significant discomfort. On arrival at the hospital, the patient was immediately treated with frusemide and BiPAP. Had backup been available the patient could have been treated with the most appropriate interventions by ICPs on the way to hospital.

Recommendations

RECOMMENDATION 1: That the NSW Government invests in increased resourcing to allow for health services in regional, rural and remote to provide a greater range of services to their local communities.

RECOMMENDATION 2: That the NSW Government initiates a program to facilitate training and skills development to allow for career advancement of workers in regional, rural and remote areas.

RECOMMENDATION 3: That a review be conducted regarding workers who are required travel between different workplaces or patients/clients with a view to limiting or reducing distances covered.

RECOMMENDATION 4: That such travel be considered as time worked.

RECOMMENDATION 5: That the NSW Government initiate a review to identify the real levels of staffing required in regional, rural and remote health services and that it commit to building staffing establishments up to the recommended levels.

Recommendation 6: That the NSW Government initiates a specific attraction and retention bonus to encourage workers to take up positions in regional, rural and remote health services.

RECOMMENDATION 7: That the NSW Government establish a consultative committee dedicated to the planning and development of health services in regional, rural and remote communities, and that that committee include members with direct experience the of particular conditions and the needs of those communities.

RECOMMENDATION 8: That the NSW Government invests in increased resourcing for regional, rural, and remote ambulance services, to match or exceed 61.9 qualified paramedics per 100 000 people.

RECOMMENDATION 9: That the NSW Government invest in non-emergency patient transport services to relieve the routine transport workload placed on regional, rural, and remote paramedics and enable paramedics to dedicate more time to their core ambulance work.

RECOMMENDATION 10: That the NSW Government adequately funds NSW Ambulance to ensure all posted rosters are maintained.

RECOMMENDATION 11: That, as a health and safety priority, the practice of sending paramedics out as single-responders is ended.

RECOMMENDATION 12: That the NSW Government's wages policy be abolished.

RECOMMENDATION 13: That any current ICP or ECP who relocates to any location in NSW from a designated ICP or ECP position is supported to maintain their skills and is paid accordingly.

RECOMMENDATION 14: That the Ministry of Health considers a return to recruitment models which facilitate higher skilled paramedics outside of metropolitan areas, similar to practices in the early 1990s.

RECOMMENDATION 15: That the Ministry of Health stop preventing the recruitment of Intensive Care Paramedics to regional, rural, and remote ambulance stations.

RECOMMENDATION 16: That the Ministry of Health stop preventing regional, rural, and remote based paramedics from upskilling to Intensive Care or Extended Care roles.

RECOMMENDATION 17: That paramedic scope of practice be expanded across all levels.