

Submission
No 290

**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

As a resident of Tenterfield I wish to express my concerns along with those of many others in the shire regarding the staffing of Tenterfield Hospital and the access to good hospital care for our growing population.

The nursing staff roster of 2 per shift is self evidently inadequate. With the best will in the world 2 nurses cannot cover a situation in the emergency room and care of those in the wards. In a rural community, injuries requiring emergency treatment incurred on farms may have already taken valuable time to get to Tenterfield. The ER may be covering accidents with farming machinery, and animals, let alone from the domestic setting and they don't line up neatly in occurrence just because the nurses are already busy. Without a doctor in residence things just get that much trickier.

My husband and I are 65 and 67 years old and part of the growing population in that group in Tenterfield Shire.

I have had personal two instances of Tenterfield Hospital doing its very best. Our move to Tenterfield, just over 3 years ago, coincided with my husband having a stroke. We were transitioning briefly in Lismore when this occurred and he was admitted to Lismore Hospital and receiving treatment within half an hour of the event. Would that have happened in Tenterfield? Unlikely with its current level of funding and staffing. His recovery was good but the staff at Lismore were reluctant to release him as they were uncertain that Tenterfield would be able to cope if there were unforeseen developments. After 2 weeks he was discharged. Had he been living in Lismore it would have been a much shorter stay. Had he been able to easily access Stanthorpe Hospital it may also have been shorter.

The second event occurred in March 2019 while I was away teaching a workshop. Late at night before bed he passed out and, in the fall, broke his leg. It turned out the faint was due to a sudden plummet in sodium and potassium exacerbated by blood thinners. I received a phone call at 4.30am from a nurse explaining that he had managed to call an ambulance (the hospital is 2 minutes down the road) and because of his history they were putting him in a helicopter to take him to whichever hospital would have him. They didn't know if it would be Lismore, Toowoomba or the Gold Coast.

It turned out to be the Gold Coast University Hospital, where he was well treated, all sorts of tests run, leg in moon boot but then came the stall in getting him home after 2 weeks. They seemed to have some difficulty in getting him in to Lismore, which was their first choice. I wasn't getting any real answers about what was going on so I called the patient manager at Tenterfield Hospital who was brilliant. He rang the Gold Coast and convinced them to sign him off to Tenterfield Hospital, found a doctor who would sign him in and set the wheels in motion. I was very keen to get him back to Tenterfield as visiting to Coolangatta is a four hour trip one way. The Gold Coast couldn't activate normal patient inter-hospital transfer for reasons never really explained so I drove over to Coolangatta, packed my husband into the back of the car with his leg up and a cup to pee in and we drove 4 hours back to Tenterfield for him to be admitted there. He was well looked after during his stay but even then cleaning staff were helping with some ward duties and meals.

The point of the story is that distance can be the enemy. Administrative issues seem to clog the system. This seems particularly so in a monolithic system like Hunter New England Health and may actively work against the patient. Sudden life threatening events can occur anywhere and at any time regardless of one's age. Funding and staffing regional health can't be done on the law of averages. The 'what ifs' actually happen. Incentives are needed to encourage doctors and nurses to stay in town and allow them to work in a sane environment.

I would suggest break up Hunter and New England Health into much more manageable and in touch areas by creating two regions instead. Work to allow the NSW Queensland border to become more porous for inter patient transfers by ambulance and incentivize doctors to stay for longer than three years in a country town by providing housing assistance and rental assistance for surgeries.

Thank you for reading