

Submission
No 301

**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'm a Registered Nurse who left the profession after 25 years due to the stress and extreme responsibility placed on us day after day working with only 2 staff on a shift, looking after a ward and an Emergency Department with no back up. Our staff have fought for years for an on call nurse to provide us with an extra staff member to assist when the workload exceeds the capability of 2 staff or there is an emergency. 2 staff members should not be expected to look after a ward of up to 12 acute patients and a 2 bed Emergency Department. As well as answering phones, doing the admin work, organizing transfers, booking appointments, moving beds taking patients to X-RAY and the list goes on!

An example of a day in our lives was a day when there was myself and another colleague we had 13 inpatients (not even enough beds for the patients we had), 2 extremely unwell patients both requiring transfers to larger facilities, only 1 ambulance so the Dr and myself had to decide who was to be transferred as well as an Emergency Department that had a steady stream of patients through the door with not one other nurse to call to assist us. Our service has survived on the good will of our staff after finishing shifts or being on days off to offer our services to our colleagues to come in if there was an emergency or the workload was to much to handle.

The health service said we have CERS assist as our back up which involves calling 000 and asking for the ambulance to attend the hospital to assist the staff but this is to unreliable as a lot of the time the ambulance is out of town transferring patients abs leaving the town with no 000 coverage. There are so many horror stories and near misses another example was myself and another colleague were the only 2 in the entire building and we had a patient have a hemorrhage on the toilet, the patient went unconscious and I had to leave my colleague to run and call the Dr and CERS assist we had to transfuse the patient in the toilet.

We have to look after patients who are critically unwell with 2 staff as well as look after the ward and ED where in a city hospital there would be 6 people around them just looking after them ! In cases caring for them overnight while waiting for a helicopter to come that has been unable to land because of bad weather. We are a small rural country town who is at least 2 hours away from any base hospital with no Ultrasound or CT availability.

At times there is no Dr as we rely on locum Drs and agency nurses after the local health district walked in and removed a staff member with no contingency plan which resulted in a large number of resignations of wonderful staff due to the extreme conditions they were working under.

We deserve at least an on call nurse and 3 staff on each shift to be able to safely manage a ward and an emergency department before another critical incident occurs. This is our town and our community our family and friends and we get the same presentations that our city counterparts get the MVA, the cardiac arrests the critically unwell the fractures the injuries etc and we deserve enough staff to care for our town safely!