

Submission  
No 316

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

**Name:** Name suppressed  
**Date Received:** 15 December 2020

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Partially  
Confidential

I currently work in a very busy regional hospital Special Care Nursery. We are a level 4 unit and for infants from 32 weeks gestation.

The area we service is a large area, and over the years, other hospital maternity units within our local health district have closed- leaving us the only maternity service to look after all the newborns. We also have a higher level of care than our neighbouring private hospital and other public hospitals on our LHD border meaning we often receive from other hospitals too.

We are chronically understaffed, overworked (often doing overtime and/or no breaks) and have poor skill mix due to lack of senior RNs. To top it all off, we do not have a ward clerk so that on top of our ever increasing workload, we are also expected to attend clerical duties such as admission paperwork, data entry, answering doorbells and phones as well. I have never know a ward to not have a ward clerk.

We have been requesting more staff and a ward clerk for years but we are told 'there is never enough money in the budget'. My fear is that it takes a severe tragedy or death for change to occur in the health system- does this mean we have to wait until someone's loved one dies for change to happen????

Why do we have to work in these conditions?