

**Submission
No 393**

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

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I am a local regional Registered Nurse working in the Shoalhaven in the field of Neurology as the Clinical Nurse Consultant employed by Parkinson's NSW. I am part funded by the Primary Health Network and Parkinson's NSW. I have to fight for my funding every financial year to deliver my very unique service to over 700 people in the Shoalhaven Region living with a Neurodegenerative condition. Very often out of area referrals are given to me due their high acuity and complexity of care these come from Bateman's Bay Moruya and the Illawarra regions, all are out of my practice jurisdiction. Adding to this I have no local Neurologist to fall back on to conduct team meeting and professional case conferencing to ensure best practice outcomes occur locally. There is no MRI at our Hospital, there is no space for me to run a Neurology clinic in the hospital clinic. The best model of care for Neurology services would sit in with the Geriatric Team of the Hospital where there is a Multi disciplinary team to support my work, conduct case conferencing and liaise with associated health professionals to obtain best outcomes for patients living with a debilitating ,depressing and misunderstood condition, creating a sense of despair & hopelessness for people with the condition. This includes their carers, loved ones and extended family. I run 4 Parkinson's Support Groups and 4 Carer Group as well as 1 Group for people with Young Onset Parkinson's Disease. I do this knowing that from year to year my funding will be compromised. It is very distressing for my patients not knowing if they will still have their Parkinson's Nurse available to support them with medication, social and emotional advice as well as linking them to vital local services that very often are poorly staffed in regional towns.

In the Gilmore electorate we are the 4 highest for stroke risk, yet we have no MRI, No Neurologist and a little stroke unit that does not provide the advanced treatment for acute stroke. This leaves our regional patients with worse health outcomes and high admission rates to Aged care facilities sooner with higher rates of deficits and morbidity. I may not have all the data. However, working on the ground seeing, hearing, and feeling at the grassroots what is happening to our most vulnerable causes much distress. It is great to have the opportunity to express my concerns using this platform and am grateful to see an enquiry into health outcomes for regional towns is being taken seriously. I was head hunted from Wollongong Hospital to support the Shoalhaven to establish a Stroke and Cardiac Pathway program from the Shoalhaven Emergency Department to when a patient is admitted to the Wards for treatment. During this time, I wrote the submission for a stroke unit. In 17 years since this has been initiated there has been no changes to improve this facility especially given our growing aging population and evidence of Gilmore being 4th highest stroke risk region nationally. Reference: <https://strokefoundation.org.au/No-postcode-untouched>

There are other issues I should list

1. Sporting Injuries such as Orthopaedic and head injuries particularly on the weekends are transported to the North causing time delay in treatment and budget blowouts to our hospitals and ambulance services.
2. The Shoalhaven has a high rate of unemployment, Drug use and people struggling with mental health. There is clear lack of Mental Health services and mental health trained staff to manage the workload locally. This means many residents wait extended times to see a mental health professional when they are ready to seek help. This scenario means an increase in suicide and depression rendering people remain in their state of hopelessness. This is a major impost of people's quality of life and the economy overall, given they are unable to hold employment without the appropriate support and assistance by professionals.
3. There is no In- Patient Detox services for our youth in the Shoalhaven. There is an in-home service that is stretched to capacity. Evidence has shown that being detoxed locally close to home with support reduces repetition of use and improved rates of recovery.
4. No Maternity Unit in Ulladulla, and an over stretched service in the Shoalhaven Hospital. Women living in Milton -Ulladualla regions further south have no choice but to travel an hour to- 1.5 hours to have their baby delivered in a hospital. This pressing issue poses a high risk of morbidity and mortality for mother and child, particularly for low socio-economic and vulnerable people including young mothers and teenagers.
5. Lack of Acute Care Services for Aboriginal people. We have Aboriginal Medical centres however acute emergency services that culturally appropriate is lacking. Adding to this and Aboriginal person presenting with an acute mental health or Drug & Alcohol issue is treated poorly and there are no resources to treat them with care and respect when they present.
6. A dedicated Acute Emergency Mental Health Department. Currently patients presenting with an acute mental health issue are left to wait overnight and many presentations have had to wait several days before appropriate support has been received. The revolving door in the Shoalhaven is alive due to poor Mental health pathways service structure due to lack of resources, support and funding for such a progressive strategy to reduce recurring admissions.
7. Travel cost and inconvenience of visiting loved ones in metropolitan hospitals is a major impost on our Aging cohort who are no longer able to travel an hour or two from the Shoalhaven region to Wollongong without this impacting them financially as well as their social and emotional wellbeing. Providing local services in regional towns is the best practice model we should be striving for. In the end it saves on interhospital transport costs which comes from our taxes and costs to the family. The Shoalhaven has large pockets of low socio-economic families. Having this on top of a tight family budget has emotional and financial impacts to all involved. Health care seems for these people for the privileged. In a rich country like Australia this should not be the case.

There is a Community Action Group who are lobbying for a Greenfield Site in the Shoalhaven. Below is a list of their reasons why this should occur based on the issues listed below.

Reasons to Advocate for a New Shoalhaven Greenfields Hospital

1. The current hospital is difficult to access and local residents, ambulance drivers and motorists are fed up with access blocks. The Nowra Bridge intersection design does not factor in a significant upgrade to the hospital meaning our road network is ill equipped to manage the potential long term growth ramifications into the future. Better Planning must be initiated to mitigate congestion and slowing down of emergency vehicle transportation. This was stated by the Nowra Business Chamber President.
2. Nursing Staff state- Need to separate General emergency admissions from Mental Health emergency admissions based on best practice models for those presenting with acute mental health issues. Including those presenting with suicidal ideation or drug and Alcohol over dose. This will also assist the Police to be better supported given a best practice model or pathway is initiated allowing people timely access to mental health support and reduce risk of reoccurrence providing cost savings into the future.
3. There are inadequate Stroke Services as previously mentioned, in the Shoalhaven Local Government Area. Given our ageing population we currently demonstrate poor Stroke retrieval with significant time delays in anti-coagulant drug administration for Clot retrieval. Shoalhaven requires at least an 8 bed Stroke Unit with access to a Neurologist and increased specialist Neurological nurses. An In-hospital MRI (Medical Resonance Imaging) scan would make a significant difference in reducing patient distress/discomfort when having to be transported to the Central Business District for their MRI. This too would attract a neurologist who would be likely to work at a hospital that is well resourced to treat our local residents without having to travel an hour North for treatment post CVA. The Gilmore Electorate are 4th highest in the Nation for Cerebral Vascular Accident (Stroke) risk. This means we need to develop best practice models to improve patient outcomes. It is imperative given our ageing population, not to mention people that experience young onset Stroke that have the potential to have lasting detrimental physical impacts without timely treatment.
4. High expenditure of using MRI services outside of Hospital grounds is not economically sound. The cost of staff and transport from Shoalhaven District Memorial Hospital to the Private MRI (Medical Resonance Imaging) Service does not make good economic sense and is costing the Health system thousands of dollars!! We Request an up dated Nuclear Medicine Department with view for future PET (Positron Emission Tomography) scan facilities to ensure diagnostic resources have a future in our region.
5. High expenditure of Hospital Air and Road Ambulance transport to Wollongong Hospital , can be avoided if services were available at Shoalhaven.

6. There is limited public Orthopaedic Services for young people incurring a fracture or injury from weekend sport . There no access of MRI for weekend sporting injuries unless privately insured. Frequently our people are being transferred to Wollongong for orthopaedic injuries placing financial and emotional stress on families..
7. Out- dated Stress Test and Cardiology Unit – Cardiologists are running out of functional space and require increased resources in the hospital to deliver care based on best practice.
8. Outdated Intensive Care Department
9. Outdated Nuclear Medicine Department.
10. Require expansion of surgical services due to long surgical waiting lists
11. Require in- patient Dementia specialisation for acute admissions given our ageing population and high acuity of patients currently blocking our medical wards.
12. There is currently no Detox and Rehab services to treat our locals in the Shoalhaven as part of an overall Mental Health strategy. Evidence demonstrates improvement in outcomes when managed in their own cities and treated by local accessible services close to home and family.
13. Poor accessibility for People with Disabilities requires urgent attention given the high rate of elderly and People with Disabilities accessing the hospital
14. Outdated Staff Administration building.
15. Physiotherapy Department is outdated making rehab and associated therapies challenging and prohibitive for inpatient and out patient clinics during the week.
16. Indigenous significance of site and drainage pressure outflow to the Shoalhaven River would require investigation and upgrading.
17. Local residence concerns over hospital expansion and lack of space with added disturbance regarding helipad and helicopter landings. The Crown land was gazetted and is currently used for Primary School Children to do their sports.
18. Lack of Emergency and In-hospital beds, causing bed block issues making it difficult for the ambulance service to off load patients before getting to their next call out in a timely manner
19. Staff stress and poor ratio of care impacting best practice outcomes and reduced satisfaction of service delivery as well as long Emergency waiting times.
20. No room at the hospital for specialist or Nurse led clinics such a Parkinson’s nurse led clinic . There are over 700 known Parkinson’s patients across the electorate not to mention other neurodegenerative conditions such as Multiple Sclerosis, Huntington’s etc...
21. A new Green fields site would provide Economic Stimulus to the Region with local employment opportunities.
22. A new hospital with updated resources will attract and keep high quality health professionals in the region
23. Reduce numbers of inter hospital transfers by road and air will provide cost savings to our health dollar into the future

24. Close links with university will mean our education programs will be enhanced, attracting funding for programs to keep student health professionals in the area.
25. Having a teaching grade hospital in a regional town will set a precedence for excellence in health outcomes, and enhance social and economic outcomes.
26. A New building site will be able to design and construct solar panel solutions for cost savings, sustainability and reduce carbon emissions.
27. Provide opportunities for water saving initiatives making the hospital sustainable, responsible for water usage, and cost effective into the future.
28. Strategies to improve waste management in the hospital can be initiated allowing best practice in medical waste management. The Shoalhaven have an opportunity to be leaders in this space.
29. Patients presenting from Gaol (Justice Health) should able be treated in a separate area in Emergency providing safety for community members , offender rights and support Justice Health workers and corrections staff based on best practice models and policies.
30. No Ear Nose & Throat Specialty Services for Shoalhaven residents in the public system This poses risk to young children and young families with ENT issues particularly our large Indigenous population who are high risk for Otitis Media and related ENT health issues.