

**Submission
No 406**

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

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Rural and remote health services are often challenged by providing care to some of the most disadvantaged communities, in relation to access to health care and health care outcomes. Health care teams need to be able to provide health care services across the patient age and health continuum. The nursing workforce needs to be flexible and highly skilled in the role of the 'rural generalist' nurse. This workforce due to isolation and decreased medical officer availability, may also be required to work as a first responder for complex clinical conditions. The ability to work autonomously and with advanced clinical skill development is therefore essential within the small team of rural and remote health care providers.

Two key aims are essential to developing and maintaining the nursing workforce.

- Building a rural nursing workforce that is valued by the organisation, community and broader healthcare sector and
- Developing a governance framework that clarifies rural nurses' scope of practice and provides a robust educational curriculum that supports the Rural Generalist sub-specialty.

Background

The delivery of safe and effective emergency care relates directly to the challenges associated with the availability of a skilled nursing workforce.

Specific workforce challenges include:

- the recruitment and retention of nursing staff with emergency services skills
- the aging nursing workforce and limited availability of mid-career nurses.
- the requirement of experienced nursing staff to support in-charge of hospital roles
- the requirement to lead CERS responses when medical staff are unavailable
- the requirement to undertake extended roles when medical staff are unavailable.
- the time taken to train/upskilling nursing staff to perform emergency clinical skills
- the requirements for ETEK (Emergency triage education kit) and FLECC (First line emergency care course) training
- the skill mix and competency of nursing staff within facilities that support emergency services
- limited financial incentives attached to working in a rural setting

Medical workforce significantly impacts not only on the provision of services but also on the nursing expertise required to support patients when medical officers are unavailable. In some instances registered nurses are required to work as autonomous practitioners treating and discharging emergency department patients. While this practice is undertaken routinely, the support for nurses to fulfil a formalised advanced practice nursing role within the rural sector is not generally supported. It is believed that advanced practice roles such as Nurse Practitioners and Clinical Nurse Specialist 2 (CNS2) roles, would compromise the existing GP VMO/ hospital relationship and risk the existing service delivery models.

Where service delivery requires the nurse to fulfil a first line emergency care role, services struggle to develop and maintain a workforce that can deliver advanced practice care.

The role of the nurse when medical officers are not present changes significantly and this is supported by a variety of education programs. Registered nurses are credentialed to work at their full scope of practice and governance over the education programs is strong. In practice, however, failure to fill a roster with skilled nurses means that there are instances across a variety of services where First Line Emergency Care Course (FLECC) qualified nurses are not available on every shift.

Many mid-level career nurses find the uncertainty of the rural case mix challenging and desire greater support within the clinical context when gaining confidence to practice autonomously when medical coverage is not available. Role ambiguity for nursing staff whose role changes day-to-day, based on the medical coverage availability, also adds to a feeling of vulnerability and a concern regarding extended scope of practice roles. Staff feel the responsibility is significant and the support is not always available in a timely manner. Many mid-career nurses leave the rural sector as they do not want to take on the independent responsibility of caring for emergency services patients.

Within the rural and remote health workforce, the nursing workforce must have built-in development pathways to ensure that all staff can develop the specialist skills set required to ensure patient safety across all shifts.

Many facilities attempt to recruit the 'rural generalist' nurse who can work across the scope of the rural and/or remote facility including the emergency department. When these staff are not readily available the most successful model, is for each facility develop their own specialist registered nurse workforce.

The key development areas for staff with extended skills include the ability to:

- attend triage,
- work in-charge of hospital,
- lead clinical emergency response (CERS) when a medical officer is unavailable, and
- treat ED presentations when a medical officer is unavailable

In practice there are a number of challenges that prevent staff from achieving their educational goals.

- Frequency, duration and location of training
- Flexibility in options for training
- Requirements for ongoing assessment
- Clarity around the training pathway
- Ability to gain ED experience when there is only one staff member rostered on a shift
- Limited clinical exposure to extended skills
- Role ambiguity (MO available/ MO not available)
- Lack of confidence and currency of practice
- Workforce deficits and staff retention rates

Rural practice requires a broad clinical knowledge that is not limited to patients presenting to emergency departments, but requires comprehensive primary health and emergency care knowledge and skills.

All members of the nursing team require knowledge commensurate with their scope of practice in the following areas.

- Emergency care
- Triage
- Comprehensive clinical assessment decision-making/ knowledge/ skills
- Acute and sub-acute care
- Chronic disease
- Wound management
- Aged care
- Community health
- Effective time management and communication skills
- Palliative care (CRANaplus 2020)

Staff should be provided with options and alternative models to gain the skills required to work in rural facilities. A rural education review should be undertaken identifying the procedures relevant to a rural generalist workforce. These would form the bases for a credentialing pathway as an alternative to FLECC.

The rural generalist nurse is a sub-speciality in its own right and staff should develop skills that develop equally all aspects of the role. Post graduate offerings that develop these skills should be supported for example; Graduate Certificate in Rural Critical Care or Graduate Certificate in Nursing (Rural and Remote Stream).

Suggested strategies to improve the Rural and Remote Healthcare

In the instance a Medical Officer is not available the nurse providing senior clinical decision-making for the hospital needs to be clear. This person is not always the in-charge of hospital, but the most senior capable clinician on shift. Having a job title attached to the role would decrease ambiguity and lend legitimacy to the extended scope of practice nurses may need to undertake. A suggested name could be the Emergency Care Liaison Nurse.

It is recommended that when a Medical Officer is not available at a hospital, an 'Emergency Care Liaison Nurse (ECLN)' or other named position, should be identified on each shift. This staff member would be responsible to lead rapid responses and clinical reviews and attend to all Emergency Department presentations during the shift. This role is not a supernumerary role but is held in conjunction with the rostered shift and existing duties.

It is recommended that the community be informed when facilities do not have medical officer coverage, outlining that the service provided at the site is led by a registered nurse under the remote direction of a medical officer. This information would include the identification of the nearest medical officer staffed emergency department.

It is recommended that the role delineation of an Emergency department be changed when staffed by nursing staff in the absence of a doctor. (Eg; first aid station only)

It is recommended that workforce plans eliminate the practice of utilising agency nurses as the most experienced nurse within a facility. This could be addressed by the Ministry of Health adopting financial incentives that support nurses relocating to rural and remote setting, specifically targeting existing emergency department staff. A model similar to that used in teaching.

It is recommended that alternative pathways to obtain the theoretical component of the FLECC program be developed. One subject in a Graduate Certificate of Emergency Nursing or Graduate Certificate in Rural Critical Care could provide a pathway that supported ongoing academic pathway for early career nurses.

In addition it is recommended that the development of a Rural Generalist Curriculum Pathway be undertaken that incorporates training for Assistants in Nursing, Enrolled Nurses and Registered Nurses.

References:

CRANaplus (2020) Pathway to Rural Practice- Preparing to Work Rural
https://crana.org.au/uploads/pdfs/CRA4845_Pathways_Brochure_final.pdf accessed 11/8/2020