

**Submission
No 455**

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

Organisation: John Hunter Hospital Hunter New England Health

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THE MAJOR TRAUMA AND ORTHOPAEDIC TRAUMA PERSPECTIVE.

The John Hunter Trauma Service provides care and expert advice to all of HNELHD, Mid North Coast LHD and to some of the Northern LHD. It is **the busiest Trauma Service in the state** seeing the largest volume of severely injured trauma patients annually. 2019/2020 saw 715 severely injured trauma patients admitted to the LHD ¹. We are the only combined adult and paediatric trauma centre in the state and the only Major Trauma Service (MTS) outside of metropolitan Sydney. 39% of all severely injured trauma patients come from rural areas. **The case fatality rates remain highest in Rural Trauma Services (RTS)** when compared to MTS and Paediatric Trauma Services (PTS). Our patients have **prolonged scene times** and **prolonged transfer times**. We know that our rural and remote patients have long delays until they reach definitive care compared to their metropolitan counterparts. (**>3.5 hours compared to 86 minutes**). Over a quarter of our patients (26.5%) are transferred in from one of our many referral hospitals. Due to **lack of adequate intensive care unit capacity** John Hunter Hospital frequently cannot fulfil its regional role. This means that rural patients from our region need to be transferred to Sydney by bypassing John Hunter Hospital, which **results further delays**, use of **more resources** and cause **more inconvenience to families**. Despite the large volume of patients and transfers with poorer outcomes, **overall, we continue to have the lowest case fatality rate in the state**. ¹As a service we participate in the Trauma Stream and the Critical Care Network to support all of or rural and remote hospitals as there will always be cases of severely injured patients arriving with private transport to these small hospitals with minimal staff, equipment and expertise. Our major trauma patients have **long rehabilitation** times and often require support from both their local hospital and the MTS during this phase. **Large distances** needing to be covered for multiple outpatients appointments puts considerable strain on patients and their family and whilst the introduction of telehealth appointments now account for approximately 10-15% of our outpatient clinic appointments the burden on both patients and treating teams is large and less than ideal.

JHH is also the busiest hospital in the state and 2nd busiest nationally for treating elderly hip fractures. We see approximately 450 cases annually. Due to the volume seen at JHH where possible our rural and remote patients are treated the local hospitals but with limitations of service provision at these sites **more complex patients with hip fractures will be transferred to JHH**. For those patients transferred into us their access to Operating Theatre is severely impacted on averaging **adding more than 48 hours to their wait times compared to primary presentations**.²

These examples demonstrate several points.

- 1) Despite our best efforts there are still significant delays to definitive care for our rural and remote patients and this impacts negatively on their outcomes that are well published in peer reviewed journals.
- 2) JHH as the Major Trauma Service continue to service the entire LHD with some impressive KPI's when compared to our Sydney Metropolitan counterparts however the system is strained and at risk of collapse that would further impact on our rural and remote patients.

References:

1. NSW Agency for Clinical Innovation. Major Trauma in NSW: 2019-20. Sydney: ACI; 2020.
2. : Australian and New Zealand Hip Fracture Registry Annual Report of Hip Fracture Care 2020. Australian and New Zealand Hip Fracture Registry, August 2020; Sydney.