Submission No 515

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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To whom it may concern, and the members of the Parliamentary Inquiry Committee,

I am writing to make a submission to Inquiry into *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales*.

My name is , and I am a Registered Nurse of 8 years experience. I currently hold the role of Clinical Nurse Educator on a Surgical Ward in regional NSW, a role I have been employed in for close to 18 months. The majority of my nursing career has been spent working on the ward in this regional Base Hospital. Having worked in other wards, units and departments within this hospital I have an understanding of the barriers, limitations and challenges associated with providing safe, high quality care to patients across the acute setting.

As I have progressed in my career, I have seen the structure and function of the Health Care System I am employed within decline significantly. I believe that the focus is very much on profit and cost cutting, instead of where it should be - establishing robust systems and a culture where safe, high quality patient care can be provided in a sustainable manner.

I will now briefly address three of the terms of reference for this inquiry:

(c) access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services; & (d) patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW;

The Base Hospital I work in receives emergency and elective patient admissions from across the LHD. The Base Hospital is also the next closest referral hospital for smaller, more rural sites - many of whom have limited, or no access to Medical staff. This increases the demand on the Hospital as we struggle to meet the demands of not just our city, but also outlying areas. The Hospital is frequently on 'bed block' with patients remaining in ED for close to 24 hours, with Ambulance services struggling to offload patients. It could be argued that some patients on the wards are discharged prematurely to facilitate admission of the ED patients. Conversely, many patients remain on the wards for extended periods of time due to complex admissions, nil Social Worker or Discharge Planner, lengthy wait times for services such as ACAT, Orthopaedics, Angiograms, MRI Scans, Mental Health or Transfer to the next major referral hospital, or a tertiary centre in Sydney. Greater access to these services would significantly reduce wait times, hospital length of stay and undue delays in providing the necessary clinical care. It is unrealistic for an LHD to expect one major Hospital to support the entire needs of the district. Whilst on shift in an ICU **four** patients waited for greater than 5 days on inotropes/vasopressors for transfer to a tertiary Hospital in Sydney for essential cardiac/cardiothoracic interventions. How is this safe or appropriate? Why were alternatives not sought, or considerations made to consider referral to another Tertiary Hospital? As a

Nursing workforce we are on the receiving end of frustration and aggression from patients and their loved ones due to these barriers, and service limitations out of our control. The clinical implications for delayed treatment and prolonged hospital stay are significant and increase morbidity and mortality

(g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;

Rural and regional hospitals are staffed according to the unreasonable NHPPD system where there is no consideration given to patient acuity, clinical need, staff skill mix or admissions after midnight. The ongoing use of this system is reprehensible as it does not take into account that Nursing, and Health Care is 24/7 and that every patient's clinical needs are unique. The correlation between unsafe staffing and poor clinical outcomes is clear. The incidence of patient complaints, falls, pressure injuries, and medication errors is increasing, with no solutions posited by hospital leadership, management or executive. The expectation is that Nurses will continue to do more, with less. Nurses are frequently coerced and directed to work double shifts, overtime and excessive on call to meet service needs. Staff well being and fatigue are overlooked. An exhausted, jaded workforce do not provide high quality care. Our Nursing Registration is at risk every day, the likelihood of a significant clinical issue, or undue harm coming to a patient is a very real threat. An inquiry into staff resignations, high staff turnover, transfers to sub-acute or community clinical, excessive sick leave and difficulty securing agency staff would validate this. No foresight is put into creating a sustainable staffing model and working culture where the is a focus on empowerment, education, retention and most importantly the delivery of safe, high quality care.

On an individual level greater than 75% of my working hours are dedicated to direct patient care and being in-charge of a shift. I am then questioned as to why mandatory training compliance is poor and Education KPIs are not being met. If there is a clinical incident, and error or an IMS the immediate response from management/executive is the staff need more education. I am not alone in this as every CN/ME working within my hospital has experienced this within the last twelve months.

It is an egregious failure of the health care system that our patients and broader community are discriminated against based on geographical location. Profit is put first, as is the championing the business agendas of the LHD to create the illusion of success at the cost of patient care and staff wellbeing. I welcome this thorough and comprehensive examination of the failings of the health care system to address the needs of people living in rural and regional areas. More importantly I hope to see the implementation of tangible, practical solutions to address the issues, remove the barriers and improve clinical outcomes for the people of NSW.

I would respectfully call upon the NSW Government and NSW Health to:

- **Immediately** decommission the NHPPD framework, and remove its inclusion in the NSW Nurses Award.
- **Immediately** implement a safe, evidence based Nurse to Patient ratio framework.
- Create and/or increase provisions for Orthopaedic, Coronary Interventions, In-Patient Mental Health, and Aged Care Assessment Services within my, and other rural/regional LHDs.
- An investigation into the pervasive culture of bullying, coercion, and lack of transparency within the LHD.
- Fund and establish frameworks to allow for 24 hour Registered Nurse care in all Residential Aged Care Facilities across the state.

In summary, these are serious and pressing concerns that both myself and my colleagues hold. I am passionate about patient care and am proud of being a Registered Nurse. It would be a personal and professional loss if I had to leave the profession I love. If things continue as they are it will become even more unsafe for my patients, and jeopardise my professional registration. With this in mind I want to be an active part of improving the system and welcome any opportunity to contribute.

I thank you for reviewing my submission and would actively welcome any questions, or follow up. I would also like to indicate I would be willing to speak in person at the Inquiry, or to any other Parliamentary body.