Submission No 528

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,

I am making this submission to the Inquiry into regional health and hospital services, specifically regarding points C, G and I in the terms of reference.

My submission is regarding the nursing and medical staffing of the Hunter Retrieval Service (HRS). This service is based at the Intensive Care Unit (ICU) at the John Hunter Hospital in Newcastle and provides critical care advice and medical retrieval of adults and children in the Hunter, Mid North Coast and New England regions. The service undertakes 600 medical retrievals of critically unwell adult and paediatric patients each year and receives approximately 900 additional patient referrals requiring clinical advice and support which do not result in a medical retrieval by HRS. These numbers are growing every year as the population grows and becomes older, and sicker patients present to rural and regional health care facilities. HRS uses both road vehicles and helicopters to reach and transport the patients it retrieves. Clinical advice is generally given over the phone, although telehealth services such as webcams are available in some facilities.

The area HRS covers is unique as it covers both large metropolitan hospitals, and smaller rural and regional healthcare facilities. The aim is to provide critical care advice and support to all patients who need it, and crosses both public and private systems. In many ways, the Hunter Retrieval Service provides both in terms of numbers and geography, a critical care safety net to a large part of the north-eastern NSW population.

HRS clinical advice is currently given by a senior doctor in the John Hunter Hospital ICU or Paediatric ICU (PICU). This doctor is also responsible for the care of up to 25 ICU adult patients in a tertiary ICU or 5 in PICU, plus giving advice to other areas of the hospital including the Emergency Department, general wards and Operating Theatre. These senior ICU doctors are in the hospital until around midnight then are on call from home overnight. It is an enormous, exhausting, and at times almost overwhelming workload.

Retrieval calls are initially answered by a Retrieval Nurse who is an experienced ICU nurse with further training in Retrieval nursing. When a medical retrieval needs to be undertaken, the Retrieval Nurse will do this with a doctor that is specifically trained and rostered for retrievals. This means leaving the Retrieval phone with another ICU nurse who is Retrieval trained. As it is only experienced ICU nurses in the retrieval service, they are often the ones caring for the sickest ICU patients who may be on a ventilator, kidney dialysis machine, heart lung bypass (ECMO) or even In Charge of the John Hunter ICU and PICU with up to 30 patients and a similar number of nurses. As with the medical staff it can be overwhelming, and impossible to provide patient care while listening to a phone call about an unwell patient, taking notes and mobilising resources. These calls can take up to 2 hours and require undivided attention.

The solution to the issue is simple but adequate resourcing has not been available or forthcoming to support this. A separate and fully funded dedicated Retrieval Nurse Coordinator and dedicated Retrieval Consultant Doctor 24 hrs per day would allow them to focus on just critical care advice and Retrieval coordination, and remove the workload from the Intensive Care Unit. The senior doctors and nurses in ICU & PICU would be able to focus on their patients within JHH. It would improve patient safety both in JHH & the rural and regional healthcare referral sites as well as improving service delivery to staff in these sites who call the HRS for assistance. It would reduce the stress for staff. A dedicated retrieval coordination model would also improve the quality of the advice and provision of service in the large area that the Hunter Retrieval Service covers.

Suitably experienced retrieval nursing and medical staff already exist within HRS but there is no funding for them to be employed in a dedicated critical care advice and retrieval coordination role. It would only take a modest investment in staffing and technology to introduce this model and improve critical care healthcare delivery to rural and regional healthcare facilities and patients within a significant proportion of north-eastern NSW.