

Submission  
No 543

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

**Name:** Name suppressed  
**Date Received:** 14 January 2021

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Partially  
Confidential

I work at Griffith Base hospital outpatients department.

I am not always able to devote 100% of my work day to my clinical role as minimal support staff are hired or provided.

We don't have a full time clerk. A few years ago we did, but in recent years it was cut back due to lack of funding.

The Admin staff used to support the clinical staff, now they must prioritize medicare and funding activities above any other job/activity (as directed by management). So instead of devoting my work hours to pt care, I must divide it into admin and clerical duties which reduces the clinical care available.

My time is further taken away from patients because the electronic systems do not talk to each other and am forced to duplicate any written entry across multiple platforms (I have talked to my city counterparts, they don't have to do this), why must clinical staff write the same notes more than once?

During the pandemic this has become worse, as clinical staff must further divide their time to screen pts entering the facility, especially over holidays, clinical staff had to answer a door bell, screen pts, direct them to where they needed to go on top of their normal duties (no one extra was hired for this, existing staff were expected to do it)...this was very disruptive and pts feel that they can't ask for more care because clinicians are already stretched too thin.