

Submission  
No 566

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

**Name:** Name suppressed  
**Date Received:** 13 January 2021

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Partially  
Confidential

To whom it may concern

I would like to express my concerns for Rural and remote MPS's and Hospitals. As a carer working full time at an MPS we have lost a lot of fulltime permanent staff members to part time or casual to even agency whom don't know the community as well as the locals.

We (our MPS) use to run with 3 staff members on a Morning shift consisting of 2 RN's and 1 EEN for a 12 bed ward plus a 3 bed ED and 2 Dialysis chairs 3 days a week. This ratio was the same for the afternoon shifts except the Dialysis. We have a Aged Care unit attached to the facility which is a 19 bed unit with 3 staff operating in the unit morning and evening. This ratio changes on Night shifts when it is run with only 1 RN in the Acute setting and 2 staff members out in the aged care area thus only 3 staff members for a 34 bed facility.

Our 3 staff member was the EEN who was able to assist with the daily showering of patients, assist with the administration of medications and the timely manner of vital observations being conducted. In the last 2 1/2 years we have lost the 3 person on the acute ward (EEN) thus leaving only the 2 RN's to man the ED and Ward departments, so effectively 2 staff for 15 bed ward that is not counting any one that happens to walk into the facility. The EEN's are now deskilling as they don't get the opportunity and exposure in the acute setting and feel that they are working above their scope of practice.

A Dr was always available, on hand to treat or assist with emergencies. At the moment we operate with a rotating roster for the Drs' and they are only working part time in the community and on a 5 to 7 day on call basis when they are rostered. Our Drs have become nearly non existent and we are having to rely on the use of the virtual Dr or V Care a lot more. Our community are relying on the nursing staff to advise these Drs' if the patients' leg/arm body part is warm/hot to touch. Gone are the days where everything was hands on. There are times that we are expected to work without a Dr at all. Our local Drs' are now operating on a part time basis within our community and the community are having to wait up to 4 weeks to get an appointment to get scripts or a review, and are being told to present to the hospital which then puts more of a strain on the resources at the hospital and staff.

Our patients care and safety is a high priority but unfortunately it is slipping through the cracks of the health care system. Pts' are missing out on personal cares and not getting their pain relief on time as staff are stretched and can not attend to it when needed.

So I ask you to PLEASE hear our concerns and help us to help our community for the better in all Rural and Remote regions.

Thank you.