Submission No 635

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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I am working in the Ambulatory Care Department at Orange Health Services. In September 2017, we moved out of the location we were in and moved into a ward space that was unutilised. We were able to increase our service, run clinics such as Vascular wound clinic, streamlined IV iron administration practice and allow more specialties to use our clinic space to see outpatients, such as ENT. the hospital then employed a fulltime CNS to oversee Hospital in the Home. Our Community Nursing Team which utilises the same pool of Nurses allows for greater consistency of Pt care.

The Haematology Team of 2 Consultant Doctors oversee a vast proportion of blood cancer Patients in the Central West.

Since Orange Hospital moved to the Bloomfield Campus, there has been no palliative care ward. I don't know if there was an oncology ward. Palliative patients have been incorporated into the medical ward.

There has been a group called "Orange push for Palliative care" who have justifiably been looking to re-establish such a unit. For the past couple of years 4 beds in a nursing home have been leased to Orange Health Service to use as an alternative for people who are dying who choose not to die at home. This space has gardens, separate entrances for family, tea/coffee making facilities and 24hr RN nursing care.

In a move I believe to be purely political, I am not the only one to believe it, The acting CEO Mark Spittal recently announced that the new Palliative Care ward would open in Orange Hospital. Phil Donato, the sitting member for Orange also on his Facebook page on the 23rd December, also announced in a post, "Palliative Care ward Restored". The ward will actually care for Oncology, Haematology and Palliative Patients, not just Palliative patients.
10 beds will be closed on Medical ward, Nursing Staff would transfer, and a total of 2 beds would be added to the whole number of beds in the hospital to make the Palliative care ward.

To make way for this "great achievement" Ambulatory Care would move back into the old space, Haematology would reduce capacity by 60% The last day of clinic for the year saw 17 patients being seen vs 48 in the old location - The current Ambulatory Care location. Clinical trials department have been moved to office space with NO space to see patients. previously - also in Ambulatory Care's current space. had capacity to see 3-4 patients.
At no time was either Haematology, Clinical trials, Ambulatory Care or even the Palliative Care medical and nursing team EVER consulted. Not individually and definitely not at a meeting with heads of department together.

I remember at the end of September, The General Manager of the Hospital wandering through Ambulatory Care clinic with 3 elderly ladies and pointing at our treatment rooms and heard her describe what the space entailed. We were working hard at caring for our Patients and it disturbed the Pt I was seeing to.

Once we were swapped to our new(old) location, we had to reduce the physical bed numbers we could use for procedures from 3 to 2 and one of those was also to double as consultant space effectively reducing bed space to 1, as we also needed to fit in a doctors office. We also had to put the nurses computers somewhere and so the waiting room was reduced to fit. down from approx 8 chairs to 3. Other patients waiting have to wait in the corridor. This was done also to fit in another treatment chair. Previously we utilised 6, now down to 5, often with hours long infusions running. Due to overcrowding in the space our HITH nurse will be on the road seeing people at home, making her unavailable to round on the ward or ED with the DR, or manage programs of care and medications.

the department couldn't be staffed from 0700hrs as no Patients were seen during this time, however already this has impacted Pt care as Patients are arriving the same time as staff, therefore Staff do not have time to carry out the necessary functions of opening the unit for the day, getting the drug key from the Campus nurse manager, checking the oxygen, suction, checking medications for staff going to see someone at home, and setting up equipment that gets stored overnight.

Due to the reduced space in the physical department - it is certain that some functions of the unit will not continue to function, and will end up resulting in increased ED presentations for more minor reasons. due to Ambulatory Care being fully booked.
The staff in all these affected departments have been justifiably shocked and staff morale has plummeted. Our community office is not physically connected to Ambulatory care and we need to walk through the ward to get to either place for supplies to liaise with other staff.

With WNSWLHD CEO returning on 11/1/21, what better way for Mark Spittal to go out than to clock up a win with the public getting their own palliative care ward.

As a further insult, there are a number of buildings on the Bloomfield site abandoned. In conversation with a palliative care Nurse Specialist, these could be renovated to make single rooms, with doors opening to the grounds away from the bustle of the main hospital. This would require a large amount of capital, yet the Orange push for Palliative Care do not see this as a viable option and to my knowledge have not entertained at all the idea of fundraising for this, which I'm certain from the amount of praise of Phil Donato's post, publicly available, people would have been happy to help contribute to, as is testament from having the Ronald McDonald house appeal that saw a unit based in Orange on the grounds.

As a member of staff I cannot go to the media who haven't been made aware of the full extent that this move makes.

In the current ambulatory care setting it is very difficult to have any privacy while sitting in a treatment chair. This is now something we can't effectively provide.

I have heard that as a unit Ambulatory Care/Community Nursing has saved the Hospital in the millions from unnecessary or prolonged hospital stays from the service we are supposed to provide. But I urge you to look at the numbers once we have been in our new location a while and compare.

It is my hope that the grandstanding of Mark Spittal, and be seen for what it is. A failure of the current system. which puts resume achievements before the community, before patient care for all, rather than the select few who are mates with the general manager.