

Submission
No 637

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

Name: Name suppressed
Date Received: 1 January 2021

Partially
Confidential

No staff to relieve for holiday or sick leave available.

Aggressive pt, and nurses coping the full verbal assault. Its very distressing

Isolated Unit on public holidays, if your pt is aggressive.

Staff leaving the unit because of the pace in which staff have to work to stay within time restraints.

Management not wanting to pay overtime, when it is worked due to work load.

Increase in pt numbers leading to increase work load and no more time to do the work, as Overtime not paid.

Rushing pt through with their treatment is not always the answer, staff need to spend time with pt who are very ill some days, in order to find out what actually is the problem/s.

Pt see staff rushing round so they don't feel they can ask their concerns and get their needs met.

Elderly pt difficult to cannulate.

New staff not being trained enough in tertiary hospitals to copy with difficult cannulations of pt and problem solve. This put more pressure on the only other member in the unit who already had a patient load and her own work to do. More training for a long periods need to occur with the new trainees.

Pressure put on staff in specialist units in the country areas. We often feel on our own.

EEN need to be trained in CVC access in the satalite units so that we can have enough staff to staff them, as the original staff are getting worn out very quickly.

Satalite units only have 2 staff in them for 6 pt. with a dependant level of 5, which is within protocol.

If we go to 8 pt we will need one more staff member, where will they come from. We are already running at only 4 staff members now, as another one has resigned from this position, due to work load.

More need to be trained ASAP.