Submission
No 651

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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Partially Confidential

I wish to make a submission specifically regarding my experience of Blue Mountains District Anzac Memorial Hospital and why I feel it should be classed as a regional hospital.
I am a resident of the upper Blue Mountains, so this is my local hospital. I also became a Registered Nurse in March 2020.

Because BMDAMH is not classed as a regional hospital, it does not maintain the staffing ratios of hospitals further west, which I understand from nursing colleagues to be 1 nurse to 4 patients. Nor does it have the benefits of a large metropolitan hospital, putting it in a category which receives none of the benefits of either system.

The general medical / surgical ward is one of the biggest in the health district, also catering to overflow patients from Nepean hospital. During my time as a novice nurse in this ward, it was not unusual to have a staff to patient ratio of 1:6 or 1:7. Many of the nurses on the ward are fantastic and they are incredibly caring and hard working. But they are not superheroes. Even with the best time management skills in the world, it is not possible to deliver adequate patient care at these staffing levels when the majority of the patients are high needs, given the ageing population and multiple comorbidities. This leaves nurses with impossible choices to make - consider looking after a dying patient, several others who need to be fed as they are unable to do so by themselves, another patient requiring pain relief (which means finding another available nurse for the legal administration of scheduled medications), and others who need assistance with toileting. Who deserves to be left waiting? The days when we were lucky enough to have a ratio of 1 nurse to 4 patients it felt manageable and that the care I delivered was of a quality I would be OK with for my family members. Beyond this, nurses were stretched to deliver the basics - medication administration, personal care, answering call buzzers, but on those days I went home feeling as though I had failed my patients.

I would also like to particularly address ToR 1 (j) regarding palliative care. The Blue Mountains has an ageing population, with 20% of the population over the age of 65. There are two palliative suites in the Rehabilitation Unit at BMDAMH and several at Springwood Hospital. It is very rare for these beds not to be filled and for other palliative patients not to be cared for in the general ward. This is highly problematic as palliative care is a specialty and should be treated as such. Staff, including nurses and doctors, did not have specific palliative care training. It was not unusual to have very junior staff looking after palliative patients. Junior doctors were sometimes too unsure of themselves to prescribe adequate pain relief and palliative specialist medical officers only visit the hospital several times a week as consultants. As a result I witnessed a number of deaths that were as far removed from the ideal of a peaceful and pain free death as possible. In fact, I have at least temporarily left nursing due to the traumatic deaths patients and their families experienced. This was very different to my experience of the palliative unit with the Rehabilitation Ward, where there were at least senior nursing staff with extensive palliative experience and deaths were managed in a far better way and with greater dignity. I believe the Blue Mountains deserves a specialist palliative unit to allow people to die supported by well trained and experienced staff who can minimise the distress and pain of their final journey.