Supplementary Submission No 258d

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

Organisation: New South Wales Nurses and Midwives' Association

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NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH

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Portfolio Committee No. 2 - Health
Legislative Council
NSW Parliament
Email: portfoliocommittee2@parliament.nsw.gov.au

Dear Chair

Re: Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

In the interests of ensuring this Committee has a complete picture of our concerns, we submit an overview of the impact of the COVID-19 pandemic on rural, regional and remote NSW health and hospital services.

As detailed below, the pandemic has amplified existing issues. Given the lack of certainty in relation to the pandemic going forward, these issues demand attention.

Yours sincerely

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NSW NURSES & MIDWIVES' ASSOCIATION

Inquiry into health outcomes and access to health and hospital services in rural, regional, and remote New South Wales

NSWNMA

COVID-19 Supplement

NOVEMBER 2021

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Across NSW, the pandemic has placed unprecedented pressure on nurses and midwives. This pressure has cascaded throughout the health system, as nurses and midwives have adapted, adjusted, and extended their scope of practice to respond to actual and anticipated demand. At all times, while coping with unrelenting professional practice challenges, nurses and midwives also dealt with the constant underlying concern that they are working in a high-risk environment and may bring the virus home with them.

> *"The COVID-19 pandemic has highlighted how limited [the] care we can provide is here - with no ICU (Intensive Care Unit) beds and no ventilators, no negative pressure rooms, and minimal equipment for multiple deteriorating patients. Nurses and medical officers were informed early in the pandemic that we would need to discuss 'ceiling of care' for our patients early, as there may not be retrieval teams and ICU beds for our patients. We were told to be prepared to palliate family and friends. Nearly 2 years in, and we still do not have any of the services required to provide the level of care to the community that the city take for granted."*

The Association has maintained regular contact with our branches throughout the pandemic. The themes emerging from these discussions are of poor staffing and a heightened sense of anxiety and unpreparedness if a COVID-19 outbreak was to occur.

We are also very concerned (but not surprised) by the number of nurses and midwives who indicate they are on the verge of leaving or 'taking a break' from their professions. This was an emerging issue prior to the pandemic, but we believe the intrinsic rewards of a nursing or midwifery career are being overwhelmed by the workplace stresses caused by poor practice environments, and the ongoing insult of not being valued by their employers. Any one of these skilled nurses or midwives could walk into a role in Queensland or Victoria with better pay, conditions and mandated minimum staffing levels.

Staffing & Workloads

Adequate staffing remains a major issue in every regional Local Health District (LHD), including the base hospitals, with current vacancies ranging between 20 to 90 full-time equivalent (FTE) nursing shortfalls. Despite LHD's efforts to recruit, our members report multiple long-term vacancies.

During the pandemic recruitment has been hampered by an inability for agency staff to move across state borders. A lack of affordable housing options also remains a key barrier to nurses and midwives taking up positions.

The skeleton staffing of many smaller facilities, including Multi-Purpose Services (MPSs), is a major concern in terms of responding to suspected or confirmed cases of COVID-19. Sites where there is only one registered nurse (RN) on duty per shift face the challenge of maintaining the safe care of patients in the emergency department (ED), as well as being responsible for medication administration and clinical care needs of residents within the aged care area.

> *"This maternity unit has a staffing crisis and is at imminent risk of closure due to safety concerns. [Since] mandatory vaccination requirements, the unit has lost 2.84 FTE of staff which has exacerbated the shortages. Midwives are currently working 1 per shift as they cannot staff the second staff member. They are relying on covering an on-call midwife per shift from a very small pool of midwives already working full time and overtime hours. NSW Health does not provide agency midwives with overtime and their rates of pay are lower compared to other states so there is little incentive for agency staff to come to NSW to work. Border closures have also limited staff that would usually come and do contracts."*

Small sites such as MPSs or community hospitals only need one to two FTE nurse vacancies to cause staffing havoc, with many Nurse Managers and Health Service Managers having to undertake clinical shifts. Many permanent part-time RNs are regularly forced to undertake extended hours to keep a facility functioning.

For example, in September 2021, Cowra Hospital experienced critical staffing issues. Under normal circumstances there would be a total of three nurses rostered overnight, meaning only one RN to cover the ED, and usually one RN and one EN for the rest of the hospital. But they were so short-staffed, no replacement was available when an RN called in sick, leaving one RN for the entire hospital (including the ED, divided into hot and cold for COVID-19 infection control protocol).

> *"Work for our team has been increasingly difficult since the COVID-19 pandemic hit Western NSW. We have seen presentations to our ED increase dramatically. We have limited GP (General Practitioner) access here at the best of times with NO doctors on site; there is one doctor in the town who works at the local medical centre, and we have him on call approximately 10 days a month. Our facility relies heavily on Virtual Rural Generalist Service (VRGS) and locums, which are increasingly difficult to secure for remote placement. Our nearest referral hospital is a Base Hospital, some 130 kilometres away."*

"The COVID pandemic in Western NSW, particularly in Dubbo, has seen many of our community not being able to access their regular medical appointments in Dubbo, either because the specialists have greatly reduced the number of patients they are seeing or the sheer fright of travelling to Dubbo while it was and still is in the midst of a massive outbreak of COVID. This has meant that those in our community with serious medical conditions are not being seen as regularly as they normally would be, and they are becoming increasingly unwell. Many of them are too frightened to present to the hospital knowing how extremely busy we are."

Bourke Hospital has 15 Residential Aged Care beds (RAC), an ED and 7-bed inpatient unit (IPU), 4 of which are designated for confirmed COVID-19 patients (in separated hot area). The night shift roster consists of one RN and one Assistant in Nursing (AIN). Fit testing of respirator masks has occurred; however staff have been told to "minimise use of N95 masks". No face shields have been provided.

Exposure to COVID-19 can have very significant consequences for staffing in rural, regional and remote health settings. For example, during the recent Delta outbreak at Deniliquin Hospital two staff were exposed in the ED with subsequent exposures and infections, resulting in the forced closure of 10 inpatient beds and 17 staff isolating. In order to keep the facility open, nursing staff travelled from Wagga Wagga to assist.

"When COVID hit our small town recently, we had to make rushed changes to our facility. Management rarely listened to the nurses, and now we are stuck with bad staffing, pathetic layouts, fire exits being blocked off unsafely and in an unsafe emergency department. Recently our already stretched staffing levels have been pushed further, by ward staff being pinched for the testing clinic. Unfortunately, the testing clinic hours are not advertised regularly, and this means the hospital is overrun with community members needing testing."

We were informed at one point that there were over 100 confirmed COVID-19 cases in Dubbo. Multiple staff were in isolation or providing care for children who were in isolation. There were no casual staff or agency staff available, and the Base Hospital operated with 30 staff down. The COVID-19 testing clinic and vaccination hubs were soaking up any extra staff. Management and executive staff worked the floor, even delivering meals. Staff were working multiple double shifts. At the time staff were not fit tested.

During the recent state wide lockdown, the Inverell Hospital ED was staffed by agency medical officers. One doctor left at 4pm, before the lockdown came into effect on 14 August 2021, and resulting in no medical officer coverage until further notice.

Work Health & Safety

The pandemic has highlighted and further exacerbated existing issues for nurses and midwives working in rural and remote locations. The range of issues include limited vaccine access, poor access to fit testing and built environments that are inadequate to safely manage high risk aerosols. Patient safety has been constantly compromised by barriers to fly-in/fly-out medical specialists and an inability to transfer patients to appropriate care.

> *"In our hospital we struggled for basic equipment during the COVID-19 pandemic: a lot of items went on backorder including syringes, dressings, sharps bins. With limited storage areas and minimal budgets for stores, departments were frequently forced to 'borrow' basic equipment to give bare minimum care."*

Nurses and midwives working with positive COVID-19 (or suspected COVID-19) patients are required to wear P2/N95 respirators. These devices must be fit tested to ensure the wearer is provided a suitable level of respiratory protection. NSW Health committed to rolling out a program of fit testing for nurses and midwives in the middle of 2020.

Fit testing requires specific equipment and suitably trained personnel to undertake the fit testing process. Nurses and midwives in rural and regional facilities continue to work with COVID-19 positive patients without having been fit tested, more than 12 months after agreement was reached with NSW Health.

As recently as October 2021, a patient was admitted to the Shellharbour Hospital Mental Health Unit via a magistrate order. Rapid Antigen Testing confirmed the client was positive for COVID-19. None of the nursing staff on the shift had been fit tested and nor were security staff.

At Cowra Hospital we are aware nurses were told stock of their fit tested mask was no longer available and they would have to "make do" with what was available. In Port Kembla Hospital, nurses working with positive COVID-19 patients were not fit tested as at late September 2021, and at Morisset Hospital we are aware that no nurses were fit tested, as of August 2021.

In Dubbo, we are aware of a member who was fit tested however her specific respirator mask was temporarily unavailable, leaving her to suffer with broken skin integrity on her nose. Staff in the designated COVID-19 ward had access to just one shower – with six staff on night shift, this resulted in up to a 90 minute wait for a shower. A second shower has since been made available. In addition, staff have been deployed to the COVID-19 ward from other areas of the hospital, even though they have not been fit tested and were told they were "ok" if they wore a face shield.

As the Delta outbreak expanded across Western NSW LHD, Coonabarabran Hospital was advised it was to begin to admit suspected and confirmed COVID-19 patients. The area to be dedicated to the acutely unwell has no negative pressure rooms and no oxygen supply. No risk assessments were done to date. Our member reported fit testing was done 'one morning' with no notice – consequently only those on shift were tested. The fit testing team was expected to return the next day but did not.

At Warren MPS, there was no courier available for swab transport to Dubbo Base Hospital. Members were told they must provide transport, which takes them away from clinical work. In terms of fit testing, they had one visit in June, but this was unannounced so again only those staff on duty were fit-tested. This equates to approximately 25% of staff.

We have been advised at Albury Base Hospital there are no negative pressure rooms available. Some COVID-19 patients were being cared for in single rooms with ventilation grates on the bottom of the doors, allowing possible transmission. This was in a general medical ward, alongside confused and wandering patients. Nurses were very worried the general medical patient could walk into the single rooms, particularly as there were not enough staff to supervise the confused patients.[1] There were also issues with hotel quarantine or special health accommodation, as Victorian residents were unable to access hotel quarantine run by NSW Health.

At Maitland Hospital, positive COVID-19 patients have been accommodated in a four-bed room within a general medical ward. There is no door on the four-bed room and non COVID-19 patients in room directly opposite (also without a door). There is no Personal Protective Equipment (PPE) station for staff outside room.

Inside Shellharbour Hospital ED, there is no capacity to designate 'hot' or 'cold' treatment areas due to the limited size. The nominal "isolation area" is curtained off, but not physically separated. There is not enough staff to work separately, and staff have had to move between 'hot' or 'cold' areas within the ED, thereby increasing the risk of cross infection of staff and patients.

> *"Now the decision has been made that this hospital will be accepting COVID-19 positive patients (with no prior notice or consultation) it is difficult to imagine how a hospital that is not currently covering the day-to-day staffing needs of the Emergency Department will find the extra resources to meet this new demand."*

[1] https://www.bordermail.com.au/story/7480766/lack-of-negative-pressure-rooms-key-for-COVID-ward-raised-in-2020/

Vaccinations

There had been widespread issues associated with nurses and midwives accessing vaccination in rural, regional and remote areas. This illustrates the lackadaisical approach on the ground towards ensuring all staff were protected, during a period of significant risk to health and safety in these services.

As of August 2021, at Coolah MPS there was one visit by vaccination services, with no prior notice provided, so many staff were not aware. Only the staff on duty at the time were given their vaccination. Up to six staff had vaccination appointments booked in for a neighbouring area, but the clinic cancelled these appointments the evening prior. Staff were then offered vaccination appointments in Dubbo, but on weekends only. Members were reluctant to travel into Dubbo at the time. Approximately 90% of RAC residents were vaccinated and only 50% of staff. Also, during August, at least four nursing staff at Dunedoo MPS had not had their first COVID-19 vaccinations. Members had reported repeatedly trying to access vaccination appointments, while simultaneously facing sanctions if they did not get their first doses prior to 17 September.

As outlined above, the pandemic has amplified existing widespread staffing issues in rural, regional and remote health services. The Delta wave of infections further exposed the serious inequities in access and working conditions for nurses, midwives, and patients in regional, rural, and remote NSW. Given the lack of certainty in relation to the pandemic going forward, these issues demand the Committee's urgent attention.