

To whom it may concern,

Re: Tasmanian Government Green Paper Submissions 2015

Preamble

As a registered nurse of approximately nine years standing I have worked in the public sector, at the Royal Hobart Hospital (RHH), on surgical wards and I am concerned with the staffing of these wards.

What the Tasmanian Government's Green Paper says

The 2015 Tasmanian Government Green Paper states that 'compared to similar hospitals, the RHH has a higher proportion of surgical patients' and that 'the highest rates in the nation of adverse events [occur] within our hospitals'.

Viewpoint

From my years of work, experience and observation of pre and post-surgical care I have formed the opinion that nursing staff are under-valued by senior management who do not fully understand the complexity of care and heavy workload that increasingly sicker patients require.

A few corroborative statements

To underline the increasing complexity of patients' needs and the severity of their health status I cite these few basic statistics. The rate of diabetes in Australia is increasing steadily; by 2031 an estimated 3.3 million Australians will have type 2 diabetes (Voss et al, Diabetes Australia). Three in five Australian adults are overweight based on BMI, that is, 12 million people (Australian Institute of Health and Welfare). Cases of bowel cancer among young people between 20-34 years have risen by 64%. This increase appears to be related to obesity and smoking as well as genetic factors and diet (Cancer Council Australia). This is a 'snapshot' of the patients we deal with and a mere glimpse of their co-morbidities.

Green Paper's Stated Aim

The Green Paper states as one of its aims: achieving a 'health work force [that] has the appropriate skill mix and is supported to sustain clinical and professional competence'.

The Reality

Time and time again the skill mix for a shift is compromised, tired nurses are doing double shifts or casual staff are filling in for sick staff. They (casual staff) often have little or no familiarity with the ward they are assigned or the patients allocated to them. This does not bode well for consistent or quality patient care.

The Ideal

For all important facets of patient care, i.e. continuity of care, timely and safe care it is imperative that staff be rested and not constantly asked or required to work double shifts. Staff should be knowledgeable of the layout and equipment of the ward. They should not be given more than two high acuity patients, and where possible, given the same patients on consecutive shifts. They should be supported by allied health professionals, axillary staff and management.

Rostering should be of a more user friendly shift mix and not a seemingly random mix of late/early or night shifts.

Recommendations

- More permanent nursing staff so that there is less reliance on casual staff and less requirement for double shifts.
- Employment of more graduate nurses with educators to assist them into practice.
- More, not less as has been the trend, allied health staff hours, e.g. ward clerks, physiotherapists and phlebotomists. They play a vital role in patient care and enable nurses to fulfil their role more fully and efficiently.
- Further time allocated for nurses to attend education in services and obtain mandatory competency requirements.

Conclusion

It appears to me that many cost cutting measures to date are nothing but false economies. For example, reduced physiotherapist hours can result in a patient having a full or developing hospital acquired pneumonia and thus require a longer hospital stay. Less nurses, poor rostering and lack of support can equal low morale and less than optimal care of patients. **That is not what the Tasmanian public wants!**

Regards,

Debra Dean

