

BACKGROUND INFORMATION ON PAMBULA HOSPITAL

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Please note the dates used are my personal recollection. However, I have attempted to provide insight into the process over time of the cutbacks which have occurred.

Frank

Over the last few years the following services have been removed from Pambula Hospital. Plastic surgery, general surgical lists have been reduced to one list per month, all gynaecology surgery, the option of one orthopaedic list, the on-call operating theatre for emergency surgery like emergency gynaecology, paediatric admissions, maternity admissions, and patients requiring monitoring of their health status.

When I first arrived in the area back in 1994 the features that struck me about the hospital was the cohesive nature the way the staff worked together.

At that time there was a hospital manager and a deputy hospital manager. Both of these positions were occupied by very experienced nurse managers who were also heavily involved in the clinical running of the hospital. Both of these managers were active in the Emergency Department, the operating theatre, the obstetric ward and general ward duties.

This enables the general nursing staff to manage the patient load very well knowing they had experienced fallback staff. At that time there was a number of nursing staff members who had worked at the hospital for many years. The corporate knowledge they possessed couldn't be measured as so many of them had accumulated a wealth of experience.

With the resignation of the hospital manager, came the appointment of the first nonclinical manager for the hospital. This manager was notable for being the first to suggest that Pambula Hospital should be converted to a nursing home. This was an attitude expressed subsequently by a number of administrators.

There was quickly conflict between the new administrator, and the nursing staff along with the Deputy Hospital Manager who left shortly after.

The immediate effect on the nursing staff and the workload that they were expected to perform, was a sudden loss of two very experienced clinicians. Despite repeated attempts by nursing staff and medical staff to have the hospital staffing reviewed, management resolved that the existing nurse staff numbers was sufficient to meet the need.

For a number of years now, the medical staff has been urging various area health service managers to review the staffing arrangements at Pambula Hospital. Pambula Hospital has been designated a community hospital, despite the title Pambula District

Hospital. Bega Hospital was designated a district hospital and was afforded a different staffing formula. Bega Hospital is structurally different from Pambula Hospital in that it has a number of separate ward areas. Pambula Hospital, on the other hand, is like one long ward housing up to 30 patients. This means that nursing staff must be able to manage any condition from an acute illness presenting to the emergency Department to the more chronic illnesses affecting aged patients.

Having worked at both Bega and Pambula Hospitals, it is clear that the difference staffing arrangements has a big impact on the work the nurses must perform and their ability to do so. For example, Bega Hospital has one registered nurse, one enrolled nurse and a nurse unit manager for the Emergency Department. Pambula Hospital must manage with one nurse during the day. There is no additional allowance for staffing the emergency Department in the evening or night shifts. This is despite both emergency departments seeing approximately the same number of patients.

Similarly, the maternity department at Bega Hospital has traditionally had one midwife and one enrolled nurse available additionally rostered for each shift. If there are no patients in the maternity department, then it has been my experience that the nurses assigned to that department do very little. In contrast, at Pambula Hospital, one midwife is allocated to manage the obstetric patients. If there are no obstetric patients to care for, this nurse must participate in general ward duties along with the other staff. If there are obstetric patients present in Pambula Hospital, then this effectively reduces the number of nurses who must care for the remaining patients in the hospital.

During the second half of 2007, a decision was made by management to reduce the number of registered nurses available to work on the afternoon shift by one, and replace that person with a wardman. Serious concerns were raised by nursing staff regarding this decision but they were told they needed to manage with this decision because of budget restraints.

One of the most contentious decisions made by nonclinical management was the decision to make those nurses who

chose to work on night duty for personal reasons, participate in day duty. This decision meant that those nurses who only wished to work on day duty were suddenly told they must participate in night duty. This decision caused a great deal of anxiety amongst nursing staff, as nurses had chosen to work on night duty for specific reasons. They did not want to work on day duty. Similarly, nurses who prefer to work during the day time were very resentful at having to suddenly work night duty. This caused some nurses to simply resign their positions.

Working night duty is difficult no matter who does it. It is difficult to understand a decision which would force night duty upon those staff who felt unable to work those shifts and at the same time forcing nursing staff, who for one reason or another, preferred to work during the night shift to suddenly work during the day.

During the 90s the hospital managed a variety of patients. It had a fully functioning operating theatre with a number of nurses skilled to work there. There were up to five doctors skilled in the administration of anaesthetics and a number of procedures were performed in the operating theatre.

During this period there were no formal on-call arrangements for the operating theatre. There were regular operating lists, but in the event of an emergency operation needing to be performed, the practice was to obtain nursing *staff and* anaesthetic staff along with the appropriate surgeon at the time.

A number of different types of operations were performed during this period. There were two general practice surgeons providing general surgery and gynaecology surgery for two lists per month- I here was a plastic surgical list once a month and specialist gynaecology list every two weeks. There were three specialist general surgeons each of whom performed one general surgical list per month, making a total of three lists per month.

The hospital operated with a separate paediatric ward in the centre of the hospital opposite the nurse's station, for easy observation. Adult patients requiring further monitoring were admitted to the hospital, and generally placed in a ward which was adjacent to the nursing station for ease of observation.

The obstetric unit at Pambula Hospital functioned with six GP obstetricians, which was gradually reduced to four. Emergency caesarean sections were performed in the operating theatre. A 24 hour seven day week service was provided for maternity patients.

Towards the latter part of the 90s, the changes in management also included the appointment of nurse unit managers for the operating theatre, the Emergency Department and the obstetric department. These appointments were made to nurses working Bega Hospital, so the management of some Pambula Hospital units were managed from Bega. This was a very unsatisfactory situation as remote managers had little understanding of the workload at Pambula Hospital although I found that it was a positive move in ED. It was around this time that the then Southern Area Health Service added another layer of management with the formation of a sector management for both Pambula and Bega Hospitals. This was supposed to be equal management but the new sector manager located herself at Bega Hospital and rarely visited Pambula Hospital.

In 1999 a patient required an emergency caesarean section, which was managed according to the practice at the time, when staff were called in on an ad hoc basis. This case was managed without incident as were many others prior to this time. However, the operating theatre nurse unit manager resolved that a critical incident had occurred and it report was made which resulted in the closure of the maternity services at Pambula Hospital by the then Southern Area Health Service allegedly on the basis of patient safety. At that time management was not shy about its intention to close a number of services at Pambula Hospital.

The method, by which Pambula Hospital operated its emergency theatre use at the time, was a common feature of a number of hospitals in the Southern Area Health Service. However, only Pambula Hospital was singled out for closure of its maternity department. In fact this is the same method used by Bega Hospital today to staff the second theatre in that hospital in the event of an emergency (particularly an obstetric emergency) when the main operating theatre at Bega Hospital is occupied with a long procedure, often orthopaedic in nature.

In 2000, an enquiry into maternity services at Pambula Hospital took place, and recommended that maternity services should be continued at Pambula Hospital and made a number of recommendations to enhance the service. These recommendations included the provision for on-call anaesthetic staff, on-call operating theatre nurses, on-call surgeons for caesarean section and sufficient midwives for the system. Initially, there was difficulty in achieving all of these objectives as there was insufficient staff available to provide cover. Medical staff council raised a number of objections over the implementation of this report, citing a number of maternity services throughout the Southern Area Health Service who were not required to comply with these recommendations.

Nevertheless, the Southern Area Health Service and the New South Wales government provided the sum of \$200,000 to implement these recommendations. Over time the number of midwives, and operating theatre nurses increased and Pambula Hospital had maternity services and on-call operating theatre services available 24 hours a day seven days a week.

In 2002 Pambula Hospital became the site of all Gynaecology surgery performing one list per week.

In 2001 Dr David Saxton resigned as resident obstetrician and gynaecologist. This left a total of three general practitioner obstetricians working at Bega Hospital. By 2005 there were only two obstetricians at Bega Hospital. One of these two, began to train to perform caesarean sections, and is currently able to perform most types of caesarean sections. Dr Simonson covered for emergency caesarean at Bega Hospital at times between 2001 and 2005.

There were four general practitioner obstetricians at Pambula Hospital with one able to perform caesarean sections. As the only surgeon at Pambula Hospital providing cover for emergency caesarean section, relief from this duty occurred on a monthly basis since 2004 by the visiting specialist gynaecologist. Requests of the general surgeons at Bega Hospital to assist with this cover were refused.

In 2003 the chairman of the Bega district hospital medical staff council and the chairman of Pambula district hospital medical staff council, Dr Frank Simonson and Dr Gareth Long proposed a joint medical staff council review of current services. A meeting was held of all doctors working in the Bega Valley at the Wolumla Hotel in November 2003. The Wolumla location was chosen because it was felt this is contestable and I believe something like "reflecting what was then a commonly used term "Wolumla Base Hospital" this term inspired the cohesion necessary to move forward to a single larger hospital.

During 2004 the New South Wales Minister for Health, Craig Knowles, made a decision to make Bega Hospital an orthopaedic hub. At that time there were two operating theatres at the hospital, neither of which were suitable for orthopaedic procedures. The second operating theatre at Bega was unsuitable for any procedures.

On the other hand, the operating theatre at Pambula Hospital was larger, newer and more suitable for general surgical procedures.

Lobbying began in earnest for the New South Wales government to fund the building of a new operating theatre at Bega Hospital. The decision to both lobby for and commence construction of a modernised orthopaedic operating theatre at Bega Hospital was very controversial, given that it was also planned that a new hospital to service the shire was needed. It was argued that the expenditure of millions of dollars on a new operating theatre at Bega was a waste of money given that it would be pulled down after a new hospital was completed. In addition Pambula Hospital had a larger theatre than the existing theatre at Bega Hospital, was fully staffed, and not utilised fully.

During 2004, 2005 and 2006 Pambula Hospital operated maternity services and operating theatre services 24 hours a day seven days a week. During 2005 the number of general surgical lists diminished at Pambula hospital. There was no apparent reason provided for this but the regular weekly general surgical list declined. There is evidence available that pressure was being applied to the GSAHS to fund a new operating theatre at Bega Hospital by maintaining length waiting lists for operations.

In 2003 the plastic surgeon retired and the list that he used at Pambula Hospital disappeared. One of the general surgeons continued to perform day surgery at Pambula Hospital which comprised local anaesthetic procedures only. There was a lot of resentment for this activity because an operating theatre and three operating theatre nurses was required to perform essentially simple procedures under local anaesthetic which could have been performed in an area other than an operating theatre.

During 2005 it was intended that the two orthopaedic surgeons would commence day surgery at Pambula Hospital, however only one of the orthopaedic surgeons agreed to do this.

During 2007 there was a loss of some midwives as a result of conflict with management. The Bega hospital had sufficient midwives to maintain a service but they only had two obstetricians, resulting in an unsafe roster of 1: 2. On the other hand, Pambula Hospital had sufficient obstetricians but had shortages of available midwives. On this basis it was decided to alternate the service between Pambula and Bega Hospitals. During this time, management were to advertise for replacement midwives at Pambula Hospital. Medical staff discovered that they were not advertising at all for a replacement midwife. In fact, they replaced the midwife positions with general nurses which meant there was a long-term loss of midwives to the hospital. When questioned about this, management replied it had been an oversight.

The management at Pambula Hospital had repeatedly stated their desire to close the maternity services at the hospital.

Prior to 2007, the operating theatre was staffed with regular operating theatre staff and in addition experienced casual nursing staff worked there. Nurses working casually are often very skilled, but are unable to work on permanent duties because of family commitments. However they fill an important human resource and are able to work in a variety of settings such as the emergency department, maternity and the operating theatre. Some of these casual nurses had a lot of experience as operating theatre nurses.

From 2007 onwards, management decided that casual nurses would no longer be allowed to work in the operating theatre. Management were not prepared to look at alternative models of staffing the operating theatre. In addition, the deputy senior nurse unit manager at Pambula Hospital, who had had many years of experience as an operating theatre nurse, and who provided on-call operating theatre duties, was prevented from continuing in this role without working

regularly in the operating theatre. She was not able to fulfil her management role along with regular operating at Bega Hospital. These factors began to cause shortages to appear in the operating theatre nurses roster.

In September of 2007, Pambula Hospital took on the role of all operating for the Bega Valley during the period when the new operating theatre was being built at Bega. This included all obstetric services for the region. During this time one of the two obstetricians at Bega took leave and the second participated in one weekend of on-call. Neither of these two obstetricians could participate in the regular on-call arrangements at Pambula Hospital because of the distance involved in travelling in an emergency. However the service functioned well and there was no need to provide expensive additional locum support.

In addition to the difficulties in staffing the operating theatre roster, the new operating theatre nurse unit manager decided that all operating theatre nurses at Pambula Hospital must work at the Bega hospital operating theatre. If they did not work at Bega hospital, then they were not permitted to work in the operating theatre at Pambula Hospital. This was designed to fill roster gaps at Bega hospital, but the effect was that further roster gaps began to appear in the Pambula Hospital operating theatre roster. This caused resentment from Pambula nursing staff that were required then to travel to Bega Hospital on a regular basis if they wish to continue their role as operating theatre nurses.

Management stated that this was for safety reasons and was NSW Health Policy. As this had never been raised before, management was asked to produce the policy. Management then advised that there was no policy. Management was then asked to utilise Pambula Hospital for more theatre lists and have the nursing staff work at Pambula Hospital. This would have enabled the operating theatre roster at Pambula to be maintained, and therefore keep emergency theatre and maternity at Pambula operational. Management refused.

Following the completion of the operating theatre at Bega, a number of senior nursing staff from Pambula Hospital were transferred to Bega hospital to fill gaps in their roster. These were largely management positions but when these staff left Pambula Hospital, even though for only a short period, there were significant gaps in the skill base available at Pambula Hospital. The management did not replace the skill base at Pambula Hospital, in particular nurses with operating theatre skills, so that within two weeks of the completion of the new operating theatre at Bega hospital, there were insufficient numbers of operating theatre nurses to maintain the 24 hours seven days a week operating theatre cover for Pambula Hospital. This combined with the decision to refuse to allow experienced casual nurses with operating theatre experience to work at Pambula Hospital, meant that at times there was no operating theatre cover for the maternity service.

In January of 2008, after having provided all gynaecology surgery for the region for the previous six years, all gynaecology surgery including outpatient clinics was transferred to Bega hospital. Once again management stated this was for safety reasons, but this ignored the fact that gynaecology surgery had been performed safely at Pambula Hospital for the past 15 years. Given that there was then no operating theatre work available of any substance for the operating theatre nurses, the nurses were told they had to perform shifts at Bega Hospital in order to participate in the on-call theatre roster for obstetrics. This resulted in nursing staff beginning to resign, because they chose to not work at Bega Hospital. By August 2008 three experienced operating theatre nurses resigned from Pambula Hospital and began working in the private sector. Other senior nurses began working some shifts in the Bega Hospital, leaving shortages at Pambula Hospital.

Medical staff asked management to offer on call shifts to nurses who lived near Pambula Hospital to cover the operating theatre roster for maternity needs. As the likelihood of being called in after hours was very remote this seemed a good proposal. Management replied by saying they could not offer on call work to these staff because of industrial rules.

In 2007 the Greater Southern Area Health Service decided that Pambula Hospital maternity could no longer manage term twin deliveries. After having provided this service for years, with medical staff being trained and credentialed for management of twin deliveries, there did not seem to be a sensible reason for this. This resulted in a mother who had been cleared to have their babies locally at Pambula Hospital by the specialist staff at Canberra Hospital, having to stay in a motel in Canberra and then having an elective caesarean section at the Canberra hospital.

As is usually the case the Greater Southern Area Health Service claimed that this was for safety issues because of the inability of the hospital to care for fully term babies. There was no difference in the role delineation for neonatal care at Pambula Hospital, Bega hospital or Moruya hospital. As there was no doctor available to perform twin deliveries at Bega hospital, but twins were being delivered at Moruya Hospital, it was seen as further evidence of the intent of the Greater Southern Area Health Service to downgrade services available at Pambula Hospital.

In October 2007 Greater Southern Area Health Service announced that the new hospital for the Bega Valley would be built at Bega. This was, and is a very contentious decision causing a lot of anxiety in residents living in the southern half of the shire. From the time this decision was made, the present manager of Pambula Hospital advised nursing staff that they should "ge off the sinking ship" and get out of "this white elephant". This was very distressing to the nursing staff and obviously caused some to consider their future at Pambula Hospital. To add to their insecurity nursing staff working at Pambula Hospital were advised that once the new hospital was completed that they will need to apply for positions at the hospital, whilst staff working at Bega Hospital will be automatically employed.

During 2007 paediatric admissions began to be refused. Repeatedly management advised that there were insufficient nursing staff to care for paediatric patients. During 2008 the decision was made by management to prevent all paediatric admissions to Pambula Hospital and transfer those patients to Bega Hospital despite the medical staff at both hospitals having the same qualifications. This was despite the role delineation for paediatrics at Pambula Hospital being the same as Bega Hospital, Moruya hospital and Bateman's Bay hospital. (Role delineation document 2006). Management advised that the decision was Health Department policy and when they were asked to produce the policy, they replied that there was no policy but admissions would not be allowed.

The inability to manage paediatric patients at Pambula Hospital causes great concern and disadvantage to families. This is particularly the case for families with more than one child where the need to care for children at home must be balanced with the need to care for the child in hospital. The medical staff complement at Pambula Hospital has the same paediatric skills available to it as did the Bega Hospital. Paediatric patients who require specialist care have always been transferred to tertiary level centres and are not managed locally. However, it is essential that wherever possible paediatric patients should be managed close to their homes and family.

At this time Pambula Hospital is unable to manage patients who require cardiac monitoring. This has been a progressive policy during 2008. The Department of Health guidelines relating to the management of patients requiring cardiac monitoring do not exclude Pambula Hospital. What is important is the ability to directly observe these patients and to be able to interpret changes which appear on the monitor.

With the loss of senior experienced nursing staff, many with specialist skills, the nursing staff complement has an increased number of recent graduate nurses and nurses who are re-entering the workforce. Some of these nurses lack the confidence and experience to manage patients who require cardiac monitoring. The lack of senior nursing staff means that inexperienced nursing staff do not have a means of professional support and advice for managing patients requiring cardiac monitoring. If senior nursing staff were not obliged to work at Bega Hospital they would be available to mentor the other nursing staff.

Traditionally a number of patients who require cardiac monitoring, but do not require intensive care or coronary care intervention, have been managed at Pambula Hospital. In recent months management refused to allow these patients to be admitted to Pambula Hospital, again citing safety as the issue. Most of these patients have a cardiac condition which is essentially stable and does not require specialist intervention in the short term. These patients, like paediatric patients, and in particular elderly patients, need to be near their homes and their family for support. There is limited availability for intensive care or high dependency beds at Bega Hospital and at Canberra Hospital. Patients not requiring specialist care should be managed at Pambula Hospital.

Since the commissioning of the new operating theatre at Bega Hospital, the second operating theatre at Bega has been largely dormant. There are insufficient numbers of anaesthetists and nursing staff available to service this operating theatre. However this operating theatre is necessary to manage emergency operations, like caesarean sections, when the main operating theatre is occupied by a prolonged orthopaedic procedure. This has happened on a number of occasions when a mother or baby has been compromised in the maternity department. There is no on-call facility at Bega hospital to enable staff to man the second operating theatre. In the event that an emergency operation needs to be performed in the second operating theatre at Bega, staff are telephoned at home when they are not on-call to assist in the operation. This was the procedure back in 1999 at Pambula Hospital but was not considered safe practice. On the other hand Pambula Hospital had an operating theatre on-call 24 hours a day seven days a week for emergency caesarean sections.

Over the last few years the following services have been removed from Pambula Hospital. Plastic surgery, general surgical lists have been reduced to one list per month, all gynaecology surgery, the option of one orthopaedic list, the on-call operating theatre for emergency surgery like emergency gynaecology, paediatric admissions, maternity admissions, and patients requiring monitoring of their health status.

Pambula hospital is increasingly being used to manage postoperative patients from Bega hospital, patients with chronic health problems, and aged care. These patients require intensive nursing care and are often immobile. Nurses are confronted on a daily basis with heavy lifting, urinary and faecal incontinence, immobility, the need to feed patients, distressing palliative care and so forth. Whilst this is a very important part of nursing care it is very heavy work and it can be demoralising at times. All healthcare workers feel a sense of reward when patients leave the hospital recovered. The withdrawal of a whole range of services to be offered at Pambula Hospital has left the staff demoralised and feeling worthless. Pambula Hospital used to offer a variety of services which were interesting and challenging for the nursing and medical staff. This was a recruitment advantage. They were able to provide true community hospital care. Increasingly they are being asked to care for a limited type of patient which can be difficult and frustrating, making recruitment very difficult. The hospital has not been allowed any role at which it can excel which was a gross underutilisation of the skilled staff.

The important thing to remember about Pambula Hospital is that it is a micro-community or on its own. Each service is dependent upon the other. The closure of the obstetric unit resulted in the closure of the operating theatre, which resulted in the loss of anaesthetic staff to the emergency Department, the resignation of nursing staff who could not do the work to which they had been trained and were not prepared to travel the distance to Bega hospital.

So far we have lost a total of 14 experienced nursing staff, 4 resigned and taken positions at Bega Hospital (RG,PM,HG,KL), 7 resignations from the hospital service completely (RX,RB,GA,MM,JM,MC,XX) and we have a total of 5 having 10 work at Bega Hospital on a regular basis (DF,KS,DT,LM,CJ,HD) leaving Pambula Hospital short staffed of experienced nurses.

Given the importance of both Pambula and Bega hospitals to the region what then can Pambula Hospital do as part of the general health service? Firstly it can provide maternity services, to the southern half of the shire, it has four obstetricians and three anaesthetists, trained midwives and operating theatre nurses. It can provide after-hours emergency operations particularly for life-threatening conditions like ectopic pregnancies. It can provide a range of day surgery in the operating theatre like endoscopy (gastroscopy and colonoscopy), all gynaecology surgery, day surgery urology, day surgery orthopaedic procedures like arthroscopies and carpal tunnel procedures, ophthalmology procedures as there are two visiting specialist ophthalmologists to Pambula. Waiting lists at Bega Hospital which are extended because there are insufficient anaesthetists and operating theatre nurses can be immediately shortened. Pambula Hospital should remain a true Community Hospital admitting children and adults with a variety of conditions that do not require constant specialist care available only in urban tertiary level hospitals.

Pambula Hospital can also be the site for day surgery for ear nose and throat surgery and plastic (usually facial skin cancer) surgery. Because there is no public ENT surgery available in the Greater Southern Area Health Service, most patients are transferred, particularly children, to Sydney. Because there is no demand made upon the Area Health Service far-ear nose and throat surgery, the Area Health Service does not believe there is a need for ear nose and throat surgery in the region. There are specialist ENT surgeons who visit the area and he would be willing to provide a surgical service if operating theatre time was made available. This could easily be done at Pambula Hospital and would require very little infrastructure. There would be an obvious and clear benefit to residents if this type of facility was made available.

Over the last decade, particularly since the amalgamation of the old Area Health Services to the Southern Area Health Service and then to the even bigger Greater Southern Area Health Service, there has been a determination by management to close Pambula Hospital and relocate services to Bega Hospital. The decision to recommend to the New South Wales State Government to site a new hospital at Bega was done WITHOUT ONE COMMUNITY CONSULTATION. This has also been the approach taken in withdrawing services from Pambula Hospital.