

## Special Commission of Inquiry into Healthcare Funding

### Statement of Donna Saddler

**Name:** Donna Saddler  
**Professional address:** Bent St, Cooma NSW 2630  
**Occupation:** Nurse Unit Manager, Cooma Community Health Service,  
Southern NSW Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding (the **Inquiry**) as a witness. The statement is true to the best of my knowledge and belief.
2. This statement is provided in response a request from the Inquiry following its visit to Cooma Hospital on 13 August 2024.

#### A. INTRODUCTION

3. I am a registered nurse and the Nurse Unit Manager at Cooma Community Health Service in Southern NSW Local Health District (**SNSWLHD**), a role which I have been in since April 2021. A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0537.0001**).
4. Cooma Community Health Service provides a range of services to the local community including aged care assessment, chronic disease management, dietetics, maternal, child and family health, nursing, occupational therapy, physiotherapy, podiatry, psychology services, dental and palliative care. It also provides outreach services to areas such as Jindabyne, Bombala, and Delegate. Services are delivered in varied settings including a client's home, hospital inpatient units, the Cooma Hospital Emergency Department or ambulatory care clinics. We do not have a Hospital in the Home (HITH) programme at Cooma Hospital.
5. As Nurse Unit Manager, I lead the nursing team, coordinate patient care, manage staff workload and resources, and ensure safe practices. I am responsible for the management of three cost centre budgets, which are the Cooma community nursing pool, Cooma Diabetes Educator, and Commonwealth Home Support Programme - Cooma community nursing.

**B. CHALLENGES IN PROVIDING SERVICES***(i) Availability of community and primary care services*

6. Changes in available community and primary care service have impacted the services the Cooma Community Health Service offers.
7. The lack of private or general practice diabetes education services in the local area has seen referrals to our service increase, which has resulted in waiting times of up to twelve weeks for less urgent clients. We have 0.4 FTE vacant of a full-time position which has been advertised over six times with no applications. The incumbent staff member, working three days a week, is performing up to 135 occasions of service a month.
8. The lack of aged care beds and community care services has resulted in longer stays in hospital for elderly patients. Over the last twelve months, 27% of patients who required placement direct from Cooma Hospital into residential aged care had to go outside their local place of residence due to the closure of approximately 79 aged care beds in the Snowy Monaro area over the last twelve to eighteen months. Private and local government community aged care providers do not take on clients who live too remotely due to travel costs, often leaving NSW Health community nursing and Out of Hospital Care programs as the only services willing to go and provide care. Private and local government community aged care providers also do not have nurses on staff to manage their Commonwealth funded clients' wound or continence care needs. If the client is receiving a level 3 or 4 Home Care Package, the provider is receiving increased Commonwealth funding to deliver clinical care but are unable to meet this need. This results in referrals to community nursing to cover the shortfall. This leads to NSW Health funding further aged care services, and in circumstances where there is an available Commonwealth funding source.
9. There has been a lack of National Disability Insurance Scheme (**NDIS**) facilities within Cooma with wheelchair accessible bathrooms, resulting in several NDIS clients remaining in Cooma Hospital for almost a full year before suitable housing could be found. I am also aware of timeframes for NDIS occupational therapist reviews of six weeks, and then another six weeks for equipment to be trialled and installed in the accommodation. All of this increases the risk of hospital acquired complications for the patient.

*(ii) Distances and management of resources within the Cooma Community Health Service*

10. As part of our Cooma Community Health Service outreach services, often a nurse will have to travel an hour for one occasion of service, or 300 kilometres in one day for two occasions of service. This makes it difficult when our activity is reported to the Ministry of Health based on direct care occasions of service. These clients deserve the same equity in care as those in town or metropolitan areas and often cannot come to clinics for many different reasons, including lack of transport, no carer supports or physical limitations.
11. As the manager, I need to ensure the client is seen in a timely manner while also considering about how best to allocate resources in a financially viable way. To try and address this I have based a nurse at Jindabyne four days a week to cover the increased service demand in the mountain areas. I do not have a funded nursing position specifically for Jindabyne, so it comes from our overall staffing allocation, but it helps to cut down on travel between Cooma and the mountains. The Jindabyne nurse (who lives in Jindabyne) still travels over 100km on average every shift to see her clients.
12. Another strategy is that we try to group our other clients who live in different geographical areas and plan visits in a coordinated manner. For example, one nurse will travel to cover Adaminaby and Buckenderra based clients while another nurse will cover Michelago and Jerangle. My team have issues when the frequency of clients' home visit needs differs, but we make it work as efficiently as possible.
13. If the client has family, we may negotiate with them to come to the clinic for one of the visits with another visit being at home depending on the family member's availability and working commitments.
14. There needs to be a way to recognise within the funding system the distances that rural health teams have to travel to deliver care to make it fair for services and clients.

*(iii) Wound care*

15. The budget provided for wound care in my community nursing pool cost centre, as provided to me in monthly financial statements, has sat between \$12,000-\$14,600 each year since I started in this role in 2021. As a cost centre manager, I am not involved in budget building, however I provide explanations to my manager regarding budget variances.

16. During that time our activity has increased in occasions of service and in acuity of clients being referred. We now regularly perform between 350 and 400 occasions of service a month for wound care and lymphoedema management. This is an increase of approximately 100 occasions of service a month from 2023. Many of these clients have complex wound care needs for burns, chronic ulcers, drain management and lower limb lymphoedema which require expensive therapies, products and devices. My budget has not increased despite the increased activity and acuity.
17. We have had to go significantly over budget each year to provide the care our clients need. For the 2023-24 financial year our spend was \$51,929 on medical supplies and medications. This one budget not only covers wound care dressings, it covers stocking two wound care clinics (Cooma and Jindabyne) and treatment boxes for home visits, clinics for women's health, childhood immunisation and diabetes education, and continence and stoma care.
18. There have been recent changes to the products we are able to purchase through procurement. A few common dressing products have been withdrawn and replaced with less expensive products that we have found to be less effective on our clients. For example the under-cast padding previously available was soft and conforming to oedematous legs underneath compression bandages. Clients were able to tolerate this for several days at a time. The new product is not soft or conforming. This poses a risk to the client due to creasing and irritation under the compression bandage. The new border foam dressings do not adhere as well as the previous option. All of this means more frequent dressing or bandaging, which increases costs and suboptimal wound management. My team has provided feedback to the procurement team about our concerns.
19. I have not seen an increase in funding to my service in line with our increased activity. In fact the financial statement I have been provided for the 2024-2025 financial year shows a decreased budget for goods and services. I am aware the increased activity assists SNSWLHD in negotiating more funding from the Ministry of Health however I am not aware of how this is distributed to individual services.

**C. RECRUITMENT OPPORTUNITIES**

20. An opportunity for increasing local interest in nursing careers and addressing the difficulty in recruiting to vacant roles within the health service lies in bringing training back to regional towns. The local TAFE in Cooma used to provide Certificate 3 and 4 in

Individual Support for Community, and Assistant in Nursing. This was a wonderful pathway for local school leavers (and year 11 and 12 vocational students) to enter the nursing pathway. The local TAFE in Cooma ceased providing these courses in approximately 2016.

21. This means people Interested in careers in health need to travel out of Cooma to continue their education, with associated personal financial costs.
22. Cooma Hospital has a good relationship with the local high schools, and we take work experience students from year 10 upwards. There has been increased interest in this program over the last twelve months. The Australian National University has a training centre in Cooma for medical students, and Cooma also has a Country University Centre which supports people studying by distance education. If we could facilitate increased collaboration between Cooma Hospital, local TAFE and university training facilities located in Cooma, it would provide opportunities to keep local people locally, train them professionally and increase engagement in our community.



Donna Saddler



Witness: Caroline Coles

30/8/24

Date

30/8/24

Date