Statement of Kylie Tastula

Special Commission of Inquiry into Healthcare Funding

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1. I am a Nurse Practitioner ('NP'). This means that I am registered as a Registered Nurse ('RN') with the Nursing and Midwifery Board of Australia ('NMBA') and that I have an endorsement on my registration to practice as an NP.

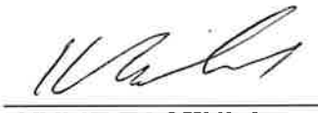
2. I obtained my registration as an RN in 1997 following the completion of a Bachelor of Nursing from the University of Newcastle. In 2021 I received my NP endorsement from the NMBA after completing a Master of Nursing (Nurse Practitioner) at the University of Sydney.

3. I make this statement in my capacity as a member of the New South Wales Nurses and Midwives' Association ('NSWNMA').

4. I have been employed by the Sydney Local Health District ('SLHD') since 2009 working in Neurosciences at Royal Prince Alfred Hospital. I worked as a Clinical Nurse Consultant since 2011 before becoming an NP.

5. As an NP, I have an extended scope of practice. In my area of practice this means my role also involves things such as making decisions about diagnostic interventions and determining the appropriate treatment pathway for patients for patients of our service. I also run outpatient clinics where I see young and acute stroke patients to coordinate their care.

6. As part of my role, I was the Chair of the Stroke Network for the Agency for Clinical Innovation ('ACI') from 2017- 2023. The ACI is a pillar organisation of NSW Health that focuses on improving clinical practice and patient outcomes. The ACI have a range of 'Networks' that cover different specialties. Our role was to look at statewide issues, models of care and implementation of new programs relevant to our area of practice.



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7. I am currently on multiple state and national committees and boards including the Acute Stroke Nurses Education Network, the Stroke Recovery Association of NSW, NSW Ministry of Health Advisory Council, ACI subcommittees (data and benchmarking, reperfusion and stroke executive), Stroke Unit Credentialling (National Stroke foundation) and National Targets Workforce.

8. My role on the ACI Stroke Network provided me with a statewide perspective and understanding of some of the challenges associated with procurement.

9. Through the NSWNMA I have been asked by Mr Stuart Jacobs, Principal Solicitor for the Special Commission of Inquiry into Healthcare Funding, to provide a statement to the Inquiry regarding my personal experience of procurement issues.

10. Below I have detailed procurement issues I have observed either personally or from conversations/communications with my colleagues.

11. There are three main issues with procurement that I wish to highlight. These are a lack of consistency in procurement processes between sites including approval/sign-off requirements as well as inconsistency with the products procured for each site.

Procurement processes

12. There is a significant lack of consistency throughout NSW Health facilities, LHDs and agencies as to the process required to obtain stock or equipment. Not only are there different processes for how different types of stock or equipment are to be obtained, but there are different approaches to how approvals for purchase are granted.

13. There needs to be a clear and consistent delegation framework for decision-making, as well as a degree of trust from executive staff to managers. As clinicians we are entrusted the care of vulnerable people and trusted to

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responsibly use costly equipment; it is incongruous that some levels of management are not then given the trust to be able to make procurement decisions for purchases over $50.00.

14. At present many purchases require sign-off by multiple different people before it can be purchased. This slows the process and adversely impacts staff and patients when the stock or equipment they need is not available when they need it. This also results in frontline staff and managers having to use their already stretched resources to chase signatures and/or call around and try to 'borrow' stock from other wards or facilities.

15. For example, in my role I am required to submit data to ACI for benchmarking. This benchmarking requires the use of computer software called, Power BI, a data visualisation tool.

16. Power BI creates a dashboard for us to be able to generate reports and compare data with other stroke services in NSW. Last year, Power BI came to the end of free license period and each stroke service had to buy their own license for Power BI. From my conversations with colleagues at other services I found out that the process for purchasing the software was different at every hospital.

17. We currently use a program called SARA (Search and Request Anything). This is an online portal that we use for leave applications, IT requests and procurement.

18. Prior to the implementation of SARA, any purchase requests were made with a form we called an 'S1'. This form would be submitted to our line manager with attached quotes obtained from the relevant department (e.g. IT). The form would need to be signed off by a number of different managers. The number of people needing to approve a purchase would differ between services and would also vary depending on how much the purchase request was.

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19. After an item was approved for purchase, the request would be sent to the LHD's Finance team who would then facilitate the purchase.

20. The current SARA system does not provide any guidance as to how we obtain quotes, what information is required to submit that request or what layers of approval are required. This creates uncertainty and confusion when placing orders for products that are needed within a particular timeframe.

21. My colleagues who work in other stroke services don't necessarily use SARA or have a comparable process for procurement. This means it has been difficult to access information or support around the appropriate process for the procurement of software specific to my area of practice.

22. With the procurement of software, most stroke service staff use the same software in the same way and the cost is the same for all, but the process to obtain it is different. I am aware that some services received sign-off for the purchase of Power BI in a day and some not at all.

23. Another example of procurement processes resulting in a poor use of resources is the procurement of post-processing software we use in stroke care. To be eligible for endovascular clot retrieval a patient needs to have perfusion imaging which demonstrates the amount of damage and 'at risk tissue' present. This software does not come as standard with a computed tomography (CT) machine. For facilities to purchase this software, each facility had to negotiate directly with the supplier.

24. The need for individual facilities to do this meant different prices were paid by different facilities, and there was no ability to purchase in bulk. Some facilities had this approved quickly and others waited years for executive to sign off on their purchases.

25. The time spent by clinicians to negotiate the terms of the contract to purchase this software from a private company was unreasonable and a poor use of

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resources. Clinicians must be consulted appropriately, however contract negotiation and purchasing should be undertaken by a non-clinical staff member retained for that purpose.

Products procured

26. There is a lack of consistency between facilities and agencies within NSW Health as to what products are ordered, and these inconsistencies can exist within facilities in the same Local Health District ('LHD').

27. Having different equipment at different sites makes transfers very difficult for patients and staff. For example, arterial lines could have a different set up in different facilities and the Ambulance Service or Medical Retrieval service, meaning that they have to be changed as soon as the patient arrives at the other facility. This could also mean that the patient has to have two changes of their arterial line in the course of a transfer if this is done by the Ambulance or Medical Retrieval team.

28. When I have personally escalated issues with procurement these have been resolved promptly, however I have heard reports from people across NSW about delays in getting equipment and products due to the long line of people who need to sign off on these purchases. I have been informed by some that any purchase over $500 in their facility had to be signed off by the general manager.

29. Whilst my role doesn't involve the direct ordering of any equipment, I oversee an emergency service and am aware of the impact that flawed procurement processes have on the delivery of care. I have lost count of how many times I have heard doctors asking for a device or piece of equipment only to be told that the facility has run out. This should never happen. Clinical staff should be focusing on care and not chasing orders.

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30. If facilities across NSW Health had consistent processes and purchased the same products, this would reduce a lot of these issues. I understand that the 'deliverEASE' supply chain project has been rolled out and hopefully this will help with stock levels and ordering, however we are yet to see all the benefits of this system.

END OF STATEMENT

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