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Garling report executive summary

The 'Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals' (the 'Garling Report') was released in 2008 and presented various recommendations to the New South Wales Government. As hospitals were understaffed at the time, and training was deemed insufficient, the recommendations aimed at improving patient care and treatment by focusing on hospital staff and implementation of new training and best practice guidelines. However, there is still concern, particularly with respect to smaller regional hospitals, that these recommendations have not led to any significant improvement in the level of care and treatment which is being provided. Despite the subsequent implementation of various policy frameworks and training platforms across NSW – such as the 2012 'Between the Flags' system [which included the Clinical Emergency Response System (CERS)] – big question marks remain over the numbers of staff, and the level of staff training and experience, in smaller regional hospitals with emergency departments. Garling Report findings for rural hospitals Chapter Six, Volume One of the Garling Report includes numerous findings in relation to rural hospitals. These include the following: A major lack of staffing across all levels, including GPs, specialists, anaesthetists, nurses and midwives. Exacerbating factors include very slow replacement of staff and an ageing workforce. Recruitment and retention of staff are both low. Inability to retain permanent specialist staff has led to a reliance on fly-in/fly-out specialists, at great cost. There is a flow-on effect from the lack of clinical nurse educators, making it harder to recruit and train nurses. Second/third year RNs are often the most senior nurse on a shift. There is a lack of staff in training programs, and little support from government and colleges for increasing training. The lack of staff/facilities is especially pronounced for mental health services in rural areas. There are significant issues with transport, both with regards to rural patients getting to metropolitan/regional hospitals for specialist treatment, and with the trip home, which seemingly has no consistent system in place. Recommendations proposed to improve services provided by rural hospitals (2008) The Garling Report put forth several recommendations including: Recommendation 12: NSW Health should take immediate steps to enhance the supply of a skilled workforce of clinicians to rural areas by ways which include, at least: (a) Giving consideration to whether there is an available process by which there ought to be made compulsory a rural training term for employed junior medical officers in their second and third year of employment with NSW Health, including reviewing which hospitals have the capacity to accept such trainees and what other steps are necessary to ensure the adequacy of the training of such junior medical officers undertaking a rural term. (b) Reviewing the existence of and developing, as required, employment packages with features which would attract and retain skilled staff to work in rural communities. This may include developing formalised partnership structures between metropolitan hospitals and rural hospitals which facilitate the transition of clinicians between the hospitals. (c) Developing education facilities and programs which ensure that clinicians working in the rural and remote areas of NSW are provided with adequate education and training. Recommendation 13: NSW Health should seek an amendment to the Mental Health Act 2007 to permit suitable remote facilities, specified in regulations to the Act, to operate safe assessment rooms for mental health patients on the basis that three hourly review of the patient may be undertaken by a senior nurse or psychiatrist over a video link. Recommendation 14: NSW Health should address the transport problems associated with providing care for rural patients including: (a) Abolishing the personal contribution and administration charge for all qualifying IPTAAS claims; (b) that there is a need to create a non-urgent transport service to be responsible for the return transport of patients from metropolitan or rural hospitals to either their hospital of origin or alternatively to their homes, depending upon their clinical condition. Current state of rural hospitals and conclusions Although numerous recommendations were made in the Garling Report, it is uncertain whether they have had any real impact on the quality of care provided by smaller regional hospitals. Many local healthcare employees have commented on the current issues in their industry. In a recent survey of 2,500 nurses and midwives working in the public sector across NSW, 70% said they had 'seriously thought' about leaving the profession. Brett Holmes, general secretary of the NSW Nurses and Midwives' Association, comments that almost all these nurses and midwives cited 'workloads' and 'inadequate staffing levels' as the cause. At Catherine Henry Lawyers, we have represented many clients who have claimed damages for personal injury and death as the result of inadequate care and treatment received at regional hospitals. The root causes of these failures were that these hospitals were under-staffed, under-resourced and/or the staff did not have the requisite training and experience to provide necessary acute care and treatment. For example, we were recently involved in a case where our client's mother tragically passed away as a result of a serious medical condition which went undiagnosed and untreated until it was too late. It is imperative that the Australian and NSW governments make the necessary legislative and funding reforms in relation to our acute care hospitals. Urgent action is required to ensure that the acute care and treatment provided by regional hospitals is both timely and competent, ultimately avoiding preventable injuries and deaths. ABC's Four Corners episode, Health Hazard, investigates how your postcode can determine the quality of the hospital care you get. *Contributions to this article were made by CHL Paralegals Elise Jensen and Nick Audet. Page 2 Rosemary Listing has joined Newcastle-based firm, Catherine Henry Lawyers, as Special Counsel in Health Law. Rosemary specialises in medical negligence, consumer protection, and product liability. Head of Health Law and... Catherine Henry Lawyers' Health Law team successfully resolved a damages claim for a client who sued for clinically inappropriate cosmetic dental work. Our client wanted to improve her smile Our... Our Health and Medical Law team handles many medical negligence cases for our clients. We help them to gain compensation for their economic and non-economic losses resulting from failures by... In a recently published case - Jones v Braund (No. 2) [2020] NSWDC 54 - a man was awarded more than \$177,000 in damages for suffering after having a failed... Our health law team helped a social worker in regional NSW to successfully respond to a complaint made against her by a client to the NSW Health Care Complaints Commission. Her client alleged... Leading, regional NSW-based health lawyer, Catherine Henry, says a proposal to scrap mental health treatment plans in favour of online assessment tools is concerning for GPs and for people experiencing... We acted for a number of family members of a woman who tragically died from septic shock from the complications of weight loss surgery. The deceased had a BMI of... Our client was 123 kilograms when she was advised to undergo gastric band surgery. The defendant doctor – a general surgeon - was dismissive of the potential risks pre-surgery. Our... More Australians than ever are turning to surgery to shed unwanted weight. Australia's battle with the bulge is becoming a national health crisis. Indeed, burgeoning waistlines are on the rise... A leading regional NSW based law firm that specialises in legal support for women is in the running for two national 2020 Australian Women in Law Awards. Catherine Henry Lawyers... Consumers need easy access to data about the performance of individual aged care facilities so that they can make informed decisions, says the Australian Lawyers Alliance (ALA). ALA spokesperson and... We were pleased to participate recently in the launch of the University of Newcastle Law School Older Persons Legal Clinic. The clinic began seeing clients over 12 months ago, but... WARNING: This story talks about an Aboriginal person who has died We acted for an Indigenous woman from western NSW –a woman of the Ngemba, Ualarai, Murrwarri and Wailwan people –... WARNING: This story talks about an Aboriginal person who has died Catherine Henry Lawyers is a supporter of the National Justice Project co-founded by civil rights lawyer George Newhouse. NJP... NAIDOC week invites all Australians to embrace the true history of Australia. With the spotlight on Indigenous communities, we look at the issue of stillbirth - the hidden tragedy impacting... WARNING TO READERS WHO ARE ABORIGINAL AND TORRES STRAIT ISLANDER. This story talks about people who have died. Our client was only 50 when she died. She had an elective... The Royal Commission into Aged Care Quality and Safety has appropriately spent time looking at the specific and, at times, unique problems Indigenous Australians face in relation to aged care.... A number of cases before the courts emanating from treatment in the Hunter region have drawn attention to the quality of care in our mental health facilities. Over the course... We acted for the parents of a young man against a mental health facility who were found liable for failure to admit a suicidal patient - their son. The deceased... 6-12 September is Birth Trauma Awareness Week where we recognise the stories of people who have experienced trauma as a result of child birth. The Week is also a time... A few years ago we acted for a couple who lost their baby following a prolonged labour at home. The mother decided early in her pregnancy that she wished to... There are a lot of things to think about when it comes to childbirth, especially the first time. There is much written about "normal childbirth" but what does this mean?... We acted for a 24-year-old woman from regional NSW who sustained very severe physical and psychological injuries during the traumatic birth of her second child. In fact, our client's injuries... Weekend media reports of incidents at Dubbo and Taree hospitals show the need for government action on disproportionate funding and outcomes in regional NSW hospitals to deliver a fairer health... The team at Catherine Henry Lawyers supports Red Nose Day on August 14, 2020. Here's why, and how you can help reduce Australia's still too high child-death rate. What is... The specialist health and medical law firm representing 65 victims of disgraced cosmetic surgeon, Dr Leslie Blackstock, is testing new reforms to medical indemnity laws to help its clients and... Melissa Harrison's experience of breast augmentation by disgraced cosmetic surgeon, Dr Blackstock, was so horrific that she says she contemplated taking her own life. A mother of three and a... Leading regional NSW based law firm, Catherine Henry Lawyers, is in the running for two prestigious Australian Law Awards. The firm is one of eight finalists for Regional Law Firm... We sought damages for our client in a case brought in the Supreme Court of NSW for serious injury as a result of improper sepsis treatment. Our client had been... The Australian Government needs to do much more than extend the Office of the National Rural Health Commissioner to tackle the disproportionately greater number of poor health outcomes experienced by...

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