

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Name: Name suppressed
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Partially
Confidential

My (then) 91 yo mother was admitted via ambulance to Coffs Harbour Regional Hospital on Thursday, 9th April, 2020 suffering physical exhaustion (from COPD). Later that evening a resident medical doctor discovered a tumour in the abdominal region thought to be rectal cancer. Unknown at the time the hospital's services were being wound back in anticipation of a potential COVID demand and the usual Easter A&E peak demands. There was pressure coming to perform urgent surgery as their were operating theatres available and needing booking.

We insisted that time be allowed to ensure my mother's legal affairs were modified and in order prior to any surgery considering the tumour had probably been in existence for some time. Over the Easter break my mother's care had been excellent due in part to the low demand on the hospital's services. Come the Tuesday after Easter, the wheel's began to fall off as staff returned from the break.

As my mother's Enduring Guardian & Power of Attorney, I then ran into all kinds of resistance and conflicting messages about my mother's treatment and discovering changes via third parties despite having spoken directly with the Nursing Unit Manager. The communication was nothing short of appalling. This is just a brief description of the issues involved.

COVID-19 is indeed a rare event and has it's impact, but should never be the standard excuse for everything. Despite several requests to allow my mother to be moved to a private hospital, and continued refusal by the hospital, she was finally transferred at a moment's notice. Pure chaos. Fortunately the rehabilitation received at the private hospital enabled my mum to come home safely.

The outcome at the public hospital may have been a different outcome. An observation. Each time I visit the CH hospital, I notice the ages of the staff (Doctors, nurses & allied health professionals) to be at the mature end of the spectrum with very few younger staff (quiet noticeable). As the current staff move toward retirement ages, I wonder what kind of mix we will have in ten years time. Will our hospitals have to be staffed by robots and visiting staff on temporary work visas from third world countries?

I fail to see a workforce being trained for an aging population and the blame is to be laid purely at the feet of politicians and bureaucrats who have failed to plan and have instead planned to fail.