

Submission  
No 124

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

**Name:** Name suppressed  
**Date Received:** 9 December 2020

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Partially  
Confidential

I have recently had a very poor experience at Lismore Base Hospital ( which I have always supported ). My 85 y.o. husband ( with multiple co-morbidities ) was admitted, via Ballina E.D. on 15/10, with bi-lateral pneumonia. Due to restricted Covid visiting hours, the only opportunity I had to speak with a doctor was Friday 16/10. I was told my husband would not be discharged over the weekend, BUT, when our son, who had driven from the Fraser Coast, QLD, arrived to visit....was told, he was being sent home...or as my son put it "kicked out".

Sunday afternoon, NO discharge summary or plan provided for a man with multiple co-morbidities. I, as wife, NOK and carer, was NOT contacted. Patient was discharged without necessary anti-biotics. Patient was so unwell that I had little sleep Sunday night and spent the Monday calling his various specialists. I was contacted 6:30 p.m.

Monday. A bed was arranged at St Vincent's Private, Lismore, on the Tuesday, He remained there for more than 3 x weeks to treat the infection and complications. To my utter horror he has returned from hospital as an insulin dependent diabetic, Not something I ever had on my radar. Due to his significant vascular dementia, my carer's load has increased dramatically. I am managing everything from medication to his diet and fluid restriction.

I may now be forced to cease my part time work, which both provided financial support and independence, but also an emotional outlet. I do not know if his premature discharge, which I can only assume was related to staffing issues, caused his extreme decline and subsequent insulin dependence. BUT it definitely caused his medical status to become extremely precarious. If only it was managed properly in the public system.