

Submission
No 160

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

Name: Name suppressed
Date Received: 8 December 2020

Partially
Confidential

Please find attached letter from CE WNSWLHD to a complaint about poor care at Dubbo Base.

I have entered in Orange my response to issues with in.

I am replying to the inept investigation of complaint.

Please just walk into G ward in DBH.

A new building can not change poor culture which extends throughout facilities in towns reliant on this base hospital.

Thank you for your email regarding the treatment your husband received at Dubbo Hospital. The concerns outlined in your letter and subsequent telephone conversation with the General Managers office are acknowledged and I regret any distress and anxiety you and your husband have experienced as a result of this matter. [redacted], Acting General Manager, Dubbo Health Services, has advised that the concerns you raised have been investigated and that [redacted], Deputy Director of Nursing, contacted you to discuss these concerns and apologise on behalf of the health service.

I have been advised that a review of [redacted] medical record revealed that a diagnosis of pericarditis was initially made based upon his clinical presentation, and test results, all of which did not indicate anything that required immediate intervention.

The diagnosis was not communicated to us. We were made to sit in the waiting room for 2hrs and 20 minutes waiting for a discharge summary. We were told Barry was being discharged as it was not cardiac. I read the discharge summary which stated pericarditis. He was given a script for GTN..... this is not cardiac.

The discharge summary stated to see GP in 3 to 5 days. This is an impossibility with the ever dwindling number of GPs in WNSWLHD.

Following [redacted] re- presentation on [redacted] October 2020 for his continuing chest pain, further tests were undertaken which revealed severe vessel coronary artery disease and he was admitted to the Coronary Care Unit for ongoing monitoring while awaiting an angiogram appointment in Orange.

Western NSW Local Health District aims to ensure all people have timely access to health care, and acknowledges that at times of high demand, there may be delays. Patients requiring treatment at the Orange Catheter Lab are treated according to clinical priority, it is unfortunate that your husband's appointments were cancelled due to the presentation of higher risk emergency cases taking priority. I have been advised that [redacted] was offered alternative available options to have the procedure attended at private hospitals which he initially declined.

If documentation was audited correctly you would note it stated we were returning to Narromine. We do not live in Narromins

Medical records indicate that the checking of blood sugar levels, were recorded at appropriate times for a type 2 diabetic on oral hypoglycaemics. Five checks were undertaken in the Emergency Department, three in G Ward and at least four times per day in the Coronary Care Unit. Unfortunately, bloods were not tested upon admission onto General Ward

I confirm it is usual practice for ward clerks to approach patients and inquire if they wish to elect to use their private health insurance if admitted. Dubbo Health Service apologises if this process was interpreted as being forced, or the benefits to use private health insurance were not clearly outlined.

Dubbo Health Service is guided by the NSW Health directives for COVID-19 screening and social distancing please refer to our website www.wnswlhd.health.nsw.gov.au/ for further information.

Covid screening should be attended by nursing staff not cleaners. More than one question should be asked...not 'have you been out of Dubbo in the past fortnight?' it is a Base hospital, 80% live outside of Dubbo. When answering affirmative...no further questions followed. We were just given a mask. Where were names addresses temperature being recorded...they weren't. Not one staff member in G ward wore a mask. No signage of how many people could be in a particular area.

Perhaps you should read, print and distribute NSWHealth daily bulletin regarding Covid-19. As a NUM and a swabber at a Covid clinic in HNELHD, I am thankful I work in a LHD who sights excellence as mandatory.

Thank you for your feedback, it is often the case that further improvements to services and processes are achieved through examining the care provided to individual patients.

If you would like more information, please contact _____, Acting Executive Director, Operations, Western NSW Local Health District, _____ or _____ on _____