**Submission No 352**

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

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Rosa Mesina Aged 80, Passed away Cessnock Hospital 2 July 2020

Rosa was suffering Bradycardia, where her pulse rate would drop to 40 beats per minute when she had an attack. This would make her lose her energy and basically leave her unable function. Her heart would be under pressure to pump all her blood around her body with fewer beats per minute. This would increase her blood pressure. Already suffering from heart and kidney failure as complication from her diabetes, this put a huge strain on her body.

This was Rosa's third admission to Cessnock Hospital (CH) for this same condition. The 2 previous times she was kept in emergency and transferred to John Hunter Hospital (JHH) and Maitland hospital (MH) that had cardiac facilities. This time she was kept at CH. Despite the fact that Rosa's medical conditions were beyond the scope of care CH could deal with, her GP stabilised her kidney function and diabetes. He requested she see a cardiologist to deal with her heart condition. That meant a transfer to JHH or MH. A request was put in to transfer her to MH, with each request saying there was no beds, as they described Rosa as being non-urgent. This went on for a week. At 2am on the 2 July they could not find Rosa's pulse. Her heart rate had fallen again in another bradycardic event. Her pulse was weak. A monitor was used to find her pulse. Instead of giving her the help she needed (oxygen and medication and a transfer to ED- as this is a medical emergency), they simply let her go back to sleep. When she woke when her doctor saw her, he requested she be transferred to ED to wait for an urgent transfer to MH or JHH. This was around 7am, some 5 hours after her bradycardia started. Rosa's daughter in law brought up clean pyjamas at about 9:15. Rosa was still on the ward, still without oxygen to help her heart/respiration. Monique noted how weak she was. At 11 am her other daughter in law went to visit her as she had not seen her over her stay (while Rosa waited the week for her transfer). She was shocked by the state she found her in. asked what was being done to help her? She is a very sick lady. knew her and had seen her deterioration. She was told they were awaiting a transfer to ED (in the same hospital and some 9 hours after her health had deteriorated and 4 hours after the doctors request??)

Rosa was then, despite being so weak given a shower. Then dressing after the shower suffered a massive heart attack. She died 1 hour and a half later after receiving CPR, coming back and then arresting again multiple times.

Rosa should have been in the safest of places to look after her medical needs. Instead she was in a place where they had no idea how to deal with her medical condition. They were too caught up with the red tape in transferring a sick patient, well beyond the capabilities of the hospital to care for to get her the help that she needed. Basically the result was Rosa did not stand a chance.

The connection to JHH was only used after Rosa's heart attack that ended her life. It was not until then that an ED bed became available too. The sad part is that it took Rosa's death for the hospital to realize how sick Rosa was.

Her last hospitalisation only a month or so before seems to have been ignored. This event was looked at in isolation. Being “stabilized” this time seemed to ignore that Rosa had struggled with bradycardia for some time and how life threatening this condition is. The inability of CH and the system as a whole to recognize the seriousness of heart patients to get the help they need is extremely concerning and the use of the system that allows the connection to services from JHH in this case should be used before tragic events that I have described happen.