

Submission  
No 496

**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

**To the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.**

My comments are drawn from the personal experience of myself and family in the following hospitals. R.P.A. Royal North Shore, Ryde, Coffs Harbour, Adventist Hospital Wahroonga, Tamworth, Armidale and closer to home Dubbo Base and Warren M.P.H.S.

Through him I gained a realistic understanding of the constraints within the health system, budgetary considerations, prioritising of services, staffing issues etc. At the same time I gained an appreciation for what is possible with improved health outcomes when local community is heavily involved and feels ownership and responsibility for delivery of services.

Unfortunately in later years decision making is now increasingly centralised with diminishing consultation of local involvement, understanding and subsequently community funding has declined.

The health system my father dedicated so much of his time and money into improving in the end failed him, badly leading to his demise at Dubbo Base Hospital which I unfortunately witnessed and his subsequent death at Warren Hospital in 2018. I seek not to blame individuals but to highlight systematic failings that led to this outcome. As a farmer I understand the responsibility for livestock their husbandry and welfare. If my duty of care for them was the same as my father received I would be considered at best negligent and at worse an investigation would be undertaken.

In my experience metropolitan facilities services outcomes and even waiting times have been good and constantly improving. In stark contrast regional services at major centres are severely stressed even overwhelmed with budgetary limitations, staff shortages. Getting someone quickly through the system is the priority, where the main focus should be the best possible outcome or welfare of those most in need and vulnerable. There is declining confidence in the ability of health services to provide for delivery of good and timely health outcomes, in more isolated rural areas. Due to physical and financial constraints many can not travel to access care which means they end up foregoing or delaying care until obvious poor outcomes as a result. Telehealth is good alternative to follow up care with specialists only after initial face to face consultation. Improved patient transfer and community transport options enabling travel and access to health care must be a priority and timely emergency care accessible quickly when not available locally.

## Things Should Not Have Had To Witness At Dubbo Base

- Blood and Urine not cleaned up for hours in bathroom accessed by entire ward despite numerous requests.
- People unable to feed or drink without assistance having to go without because none available.
- Patients not having access to bedpans told to reuse old one because none available on entire floor.
- Father transferred from R.P.A. despite consultation with family to say this would not be happening and being sent to Dubbo Base where they claimed to have told R.P.A. they had no beds available.
- Subsequent 36 hours sitting in a chair in E.D. at Dubbo with no communication with staff even to be told of location of toilet facilities.
- Doctors and nursing staff not even aware of patients actual condition or treatment.
- Nursing staff not entering wards for an entire shift but constantly doing “paperwork” looking at computer screens and mobile phones.
- Nursing staff aware that a drip had come out but let contents go on floor and left it for next shift to fix up hours later.
- Constant focus on freeing up beds, ie, trying to find alternatives at numerous other hospitals, despite wishes of patient, family even doctors at the same time being completely unaware of condition of the patient.
- Ongoing apologies by staff and doctors for the shortcomings of the hospital procedural failings and nursing care.
- People told to travel another 130 kms to go to Dubbo because no doctor at Warren Hospital no ambulance/patient transfer available. Must find own way despite people obviously at risk during the trip unable to drive themselves.
- Staff unskilled to do minor procedures and no trained nursing staff available.

Base hospitals believe they can only do acute care. Responsibility passed onto other hospitals despite their lack of resources sometimes even doctors so no follow up no support and often they end up back at the Base. Everyone passes the buck especially when it comes to aged people or dementia where they get lost in the system unless someone is there to act on their behalf. They are seen just as a burden and use up resources that could be allocated elsewhere.

## SUGGESTIONS

- Focus on patient assistance travelling to and between hospitals
- Preventative availability of education and services, example dietary, nutrition, drug and rehabilitation, physiotherapy, occupational therapy
- Regional training such as Coffs Harbour Hospital where skills can be passed on and easy access to training
- Incentives for staff or mandatory obligations to get people into regional areas and access to accommodation for them
- Homecare and Aged Care assistance for old people to stay at home where assessed needs can actually be met decreasing burden on nursing homes and hospitals
- Increased backing for community nursing travelling to peoples homes.

- Target needs of community that is allowing for aged, indigenous, Diabetes and easier access to care and palliative nursing.
- Increased oversight at all levels
- Encourage those in system to help improve it not cover up or ignore failings.
- Every Hospital should have access to a G.P. for face to face visits.
- Increased nursing skills and leadership supervision of those with limited skills or in training
- Dementia facilities so families divided