Submission No 497

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

Introduction

The Warren LGA covers an area of 10,760 square kilometres and the shire population of 2732 includes 17.6% Aboriginal and Torres Strait Islander people (2016 census stats). The city of Dubbo is the main regional service centre and at the extremities residents of the shire may live up to 300 kilometres from Dubbo. The town of Warren has a General Practice primary care service with the equivalent of 1.5 FTE General Practitioners, a PT Pathology service and limited diabetes educator, speech pathologist, dietician, podiatrist and mental health counsellor. The Western NSW Local Health District (WNSW LHD) Warren Multi-Purpose Service includes 32 Aged Care beds, 5 acute beds, 2 emergency beds, a community health nursing service and an Aboriginal Health Care Worker.

Western NSW Primary Health Network (WNSW PHN) covers both Far West and Western NSW Local Health Districts across a total area of 433,379 square kilometres, making it the largest PHN in NSW (at 53.5%). The total population is estimated to be over 309,900 people with 18.5% over the age of 65years (ABS,2016). Approximately 10.5% of people in the region identify as Aboriginal and Torres Strait Islander.

fund-raising and building the facility with 50% substantial funds raised in the local community and the remainder government funding between 1990 and 2000. The hospital board made up of dedicated local residents and health professionals worked extensively for the community and Our family therefore has a particular interest in the Health services for the district as apart from my mother, two of my siblings and their families also live on rural properties in the district.

In the beginning the aged care facility had its own dedicated manager with other staff including carers, a diversional therapist, cook and cleaner. There was a separate manager for the Hospital and nursing staff. Now there is no dedicated manager for the Aged Care facility and there is often only one carer on duty for the whole facility. If there is an issue with a resident requiring assistance from that carer and another issue arises, the carer has to call the MPS to ask them to send additional staff from the hospital to assist. Thankfully an activities officer has recently been appointed on a part-time basis to plan regular activities for the aged care residents.

I try to assist my siblings in supporting my mother while she is living in the Aged Care facility by visiting regularly (Covid-19 restrictions depending).

My reason for writing this submission

Terms of reference 1 (a) health outcomes for people living in rural, regional and remote NSW;

Our father passed away in January 2018 after a short and distressing time in Dubbo Base Hospital. He became unwell just prior to Christmas in 2017 and was airlifted to Royal Prince Alfred Hospital (RPAH) in Sydney to have a pacemaker inserted as Dubbo Base Hospital (DBH) had no cardiologist available or appropriate beds in the hospital. He had a temporary line inserted on 24th Dec 2017 and a permanent pacemaker inserted on 26th Dec. He recovered well after the procedure but having had to stop his blood thinning medication prior to the procedure, he needed medical care to restart his medication and stabilise his INR levels. This had been difficult in the past so we were happy for him to stay in RPAH to establish this.

Although RPAH checked each morning with DBH to see if a bed was available, they were repeatedly told there was no bed available including the morning of 28th Dec 2017. However, mid-morning that day, air ambulance paramedics arrived at RPAH to take my father to DBH and I was told Dubbo must have a bed now. I was not happy as neither he, nor I, had received any discharge papers or seen a doctor confirming his transfer. I was told the papers would be completed and sent with him in the air ambulance to Dubbo but there was not time for me to read or check them and no one could confirm who had authorised the transfer. My father was able to dress himself, feed and toilet himself and communicate clearly when he was hurriedly taken from RPAH.

I contacted my brother who was in Sydney at the time and he immediately drove to Dubbo to meet my father at DBH. When my brother arrived at DBH he was asked why my father had been sent there because they had no bed for him. My father spent approximately 36 hours sitting in a chair in an isolated area of the ED. He said no one had attended to him or helped him find the toilets which resulted in him soiling himself and becoming quite distressed. My brother

and I both tried to establish from RPAH and DBH where the authority to transfer him had come from with no success, each hospital saying it was the other.

My father was eventually placed in a bed in the general hospital ward (G-Ward) where he steadily declined, we believe through lack of appropriate care or medical attention. There were clearly issues with the nursing care (insufficient staff who were working long/multiple shifts, very limited cleaning of rooms/bathrooms, inoperable pan room cleaning equipment, no checks on fluid intake to mention a few issues). After a particularly distressing incident I witnessed with my father, I decided he could not remain unattended and members of our family took turns staying with him night and day as he had become distressed, dehydrated and delirious at times. After complaining to the weekend duty doctor, he was moved closer to the nurse's station as he was clearly deteriorating but we still stayed to help care for him 24/7.

By the 9th January 2018 and with further decline it was clear he was not going to survive but we did not want him to pass away in DBH. He had on occasions pleaded with us to "Get me out of here." We spoke with his attending doctors and explained we wanted to take him "home" to Warren MPS and they explained he may not survive the road trip but were happy for us to try. He was transferred by road ambulance to Warren MPS community funded palliative care room where he passed away relatively peacefully a few hours later surrounded by my elderly and by then confused mother, my siblings and myself.

The "care" my father received in DBH was inferior to say the least and we were so grateful that when my mother had a similar heart issue, while visiting a friend in Sydney 5 months later that same year, she was able to have her pacemaker inserted at Royal North Shore Hospital (RNSH). She later returned to Warren to their home and the next year moved into the residential aged care facility at the Warren MPS where she is now well and content.

I do not agree that the staff, facilities or medical/hospital care should be compromised during the Christmas/New Year holiday period. People will become ill regardless of the time of year and often there are more accidents during the holiday periods anyway so there needs to be more trained hospital medical and nursing staff to cover such periods. Communication between the hospitals themselves and the staff within the hospitals needs to improve.

Terms of reference 1 (c) access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality services;

I can appreciate that small country hospitals may not have the facilities or equipment for some birthing situations and pregnant women would need to travel to larger areas to birth their children successfully. However, increasingly presenting patients have been advised to travel to Dubbo for relatively minor issues as there was either no doctor in attendance at the hospital or on call or no appropriate staff to attend to the patient. This has resulted in recorded presentations to the local hospital diminishing and DBH recorded presentations increasing suggesting to authorities that small rural hospitals require less funding /services while DBH numbers need more. Many of these minor issues could be dealt with locally if the staff numbers and their training were more comprehensive. Many of these patients have already travelled considerable time and distance from rural properties in the first instance.

At the local medical centre there is often no doctor available or the one that is there is booked out and so there is considerable wait times for appointments (sometimes weeks ahead). Another problem arises when there are locum medical practitioners attending but they are not consistent and so it is difficult for the doctor/patient relationship to develop and the doctor is not familiar with the patient's personal situation.

Attracting skilled medical and nursing staff in small rural areas is challenging but if there were greater incentives (including financial incentives) provided and regular periodic training opportunities in the larger regional health services, there would be improved job satisfaction and skills for staff and practitioners of all levels.