

Submission  
No 500

**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

I am offering some experiences of health services in Bathurst that have happened to my immediate family. Considering there are only 9 of us the odds of things going wrong seems extraordinarily high. Considering we are reasonably intelligent people who are employed, contributing members of our community, if we are subjected to these awful incidences what is happening to people who can't speak up for themselves?

My sister fell off the laundry bench and landed on her head. Her husband took her to hospital because they live out of town and it was quicker than an ambulance. The emergency department at Bathurst hospital assessed and x-rayed her and then told her to go home, take some Panadol and go to Orange hospital the next day because she had a broken arm that would need surgery. They told her and her husband to also ring Westmead hospital in a week's time and arrange to go there after that to see about the skull fractures. We didn't think this was a good idea as she was in extreme pain so we took her to Westmead the day after the surgery in Orange.

When Westmead reviewed the x-rays they found she had over 100 skull fractures. They organised surgery to remove her face, plate the front of her head together and stitch her face back on. When she wasn't making a good recovery as she should have, they organised more x-rays to supplement the ones done at Bathurst and found that she also had fractured vertebrae and ribs. Is this gross incompetence, understaffing or under-resourcing? She is still suffering.

When I broke my leg the hospital didn't have any camboots so they told me to drive to town, buy one and have it fitted by a physiotherapist. The only place that I could get one was at a physiotherapist at a cost of \$120. He was appalled that the hospital hadn't cleaned any of the blood off my leg from the accident and gave me gloves and swabs to try to do it myself. He reasonably refused to come anywhere near me until that was done.

When I attended the fracture clinic at Bathurst Hospital the advice was to bring a book as the wait might be hours, and it is. The doctor made a mistake by transposing the date for the next clinic assessment so that the leg ended up locked up because of the length of time I was instructed to be non-loadbearing on crutches was months longer than it should have been. I had to then attend physio for weeks to try to get movement back even though it was the hospital's fault. In the emergency department the young registrar seemed dead on her feet and couldn't understand the x-ray report until I showed her where she had made a comprehension error.

I broke the other leg the next year and was told at the fracture clinic to walk on it without a camboot or crutches at the 17 day mark. The fracture didn't heal. Again I had to then attend physio for weeks to try to fix the problem. The hospital policy is to shove everyone onto their GP instead of using hospital services. The hospital throws you out on your own as soon as they can get rid of you. My GP had no knowledge of how to treat a fracture because he never sees them. The wait for appointments with my GP is anything from 1 week to 5 weeks so we tend to go with any young inexperienced person with interesting results or do what my mother-in-law did after a stroke at Christmas.

She was ejected back home to look after her invalid husband as that seems to save a lot of money all round for NSW Health. It took 2 weeks to get a review with her GP with medication changes pending that appointment that were essential treatments for stroke prevention. More than slightly dangerous in my opinion. Does this happen in Sydney? Does everyone have to plan weeks ahead for when they think they might get sick in order to get an appointment? This is the case at every surgery in Bathurst.

When my brother sustained a brain injury he was referred to Westmead Hospital Brain Injury Unit by the Intensive Care Unit at Bathurst. That unit at Bathurst was extraordinary and exemplary. When Easter was approaching the standard practice is to shove everybody out as it is in every other public holiday time and there is not enough staff and it is cost effective to close wards and beds. Westmead told my sister and I that we would have to do the patient transfer to get our brother back to Bathurst hospital and we have to be at the Westmead hospital at 8am (which meant leaving home at 5am) to undertake training in transfer, injections, medications etc.

Neither of us had ever done an injection in our lives. The hospital ran out of time to do the training and by 11.50am they gave us some hasty verbal advice and waved goodbye. The first medical procedure was scheduled for 12 noon so we had to go to a public park on the roadside. The brain injured man wrestled the syringe off us and it was a nightmare.

On getting my brother back to the rehab unit at Bathurst I stayed by his bedside until evening. He was injected with insulin by a nurse before dinner. I asked if I should then take him to the dining room as it is imperative to have food to prevent a hypo event and possible coma. I was told in no uncertain terms that a staff member would come and take him to the dining room and help him eat and that family and visitors were not allowed in that area.

When no-one came I went searching. Everyone had finished dinner and been taken to their rooms. Two staff were changing sheets in the adjoining room after a faecal event and the other was in the staff room eating meal. I pointed out that we were heading for a medical emergency so that nurse got him a plate piled high with spaghetti with plain tomato sauce and nothing else. This is the absolute worst thing to give a diabetic as it causes a sudden spike in BSL and then a very sudden drop. I stayed with my brother until 9.30pm and then came back into the hospital at 8am. There were bloodied swabs under the bed. I dyed my hair black overnight and they thought I was my sister that next morning.

They proceeded to tell me a whole pack of lies about what had happened the day before, not realising I knew everything firsthand. When some days later I queried why he seemed to be losing a lot of weight and his trousers were falling down they said they would weigh him. Miraculously when I checked the chart he now weighed much more than when he was transferred to Bathurst. Re-weighing revealed the truth and he was losing weight and constantly hungry. Some figures seemed to have been tampered with on his charts but they were very stupid about the figures they decided to substitute. I started to bring food in and also take him to the dining room and supervise his eating.

When I couldn't get time off work other family members and friends had to look after while he was in hospital. This is like a third world country system. It is obvious that the rehab unit has neither the staff nor skills to manage brain injury or diabetic patients, and the staff are not managed well. Diabetic management and esocailly meals are appalling. The accommodation was totally unsuitable for a brain injury patient.

On one occasion my brother walked straight past staff, out the front entry of the hospital, down the street and somehow managed to get across a highway with traffic running either side of him, reportedly arms spread in front to try to keep his balance and shuffling slowly while leaning backwards. When the police returned him to hospital some time later he hadn't been missed. The hospital rang me with another made up yarn not realising that the police had already contacted me.

In the most recent incident my brother was taken to the emergency department and then put in ICCU. They did not have the staff to supervise meals so he was left to his own devices which had a very poor outcome because he has support staff at home to help him with all aspects of his life. He didn't eat properly, do any grooming, teeth cleaning or showering during his hospital stay when he was on the medical ward because staff were not available for that supervision. To follow up this hospital stay we have a specialist appointment. The wait is 3 months which is pretty typical and that will be way too late.

When my nephew was attacked and had his face bashed (broken jaw, multiple fractures, unconscious) he waited in the emergency department the whole day and because he wasn't taken by ambulance, is extremely stoic, and didn't complain and desperate to lie down and take some Panadol he went home. Similarly we left the emergency department at hospital on two other occasions for the same reason after being instructed by a medical person at a sporting event to attend hospital. You can't do rest ice compression elevation in a waiting room, and if the wait stretches to hours and all day the outcome is worse. All of this arises from exorbitant pressures put on emergency departments.

Although we are all very grateful for any health care that we get in regional areas it is only when we are in Sydney hospitals that we see that there is a very big difference between what is acceptable practice here and in cities. There seems to be a marked difference in available specialists, available operating theatres, available surgeons, skill levels, staffing and hospital management between the two. There is equipment here unable to be used. There is a concentration of services in Orange to the detriment of other hospitals. There are enormous risks taken in regional health care and often very poor or dire results. Ongoing patient problems arising from this model of care make it very possibly a very expensive short sighted way to run a government health care service.