

Submission
No 592

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

Name: Mrs Miranda Kelly
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Partially
Confidential

On the 9th January 2020 my husband Matthew Kelly presented to Dubbo Base Hospital for a CT Scan of his right kidney as a follow up for, at the time a known 5mm kidney stone in the right-hand side that was still causing pain while working/being active. After the CT Scan was completed it was observed that the kidney stone had in fact doubled in size to 10mm and was described as to be “ball valving” and was now classed as unable to pass through naturally and we were taken to ED by the radiology staff for a consult.

After following up in ED it was discovered that at that time Dubbo Base Hospital didn't have any urology services present in the hospital for 6 weeks due to the Christmas/New Year period. Dubbo Base Hospital consulted with Orange Health Service, it was at this time that it was decided Matthew would be sent to Orange intervention of the kidney stone. My husband was expected to sit in the waiting room of Dubbo Base Hospital until a could be made available in Orange and a transfer could be made, which we were told wouldn't be until at least the next day. We had be in emergency waiting from 3pm 9th Jan 2020 and this was told to us at 9pm that night. We were expected to sit in the waiting room for a further 12 hours at least if not more. My husband self-discharged as this was ludicrous.

On the 10th January 2020 we drove to and attended Orange Health Service which is a 3 hour drive from where we live, where we my husband was put in for surgery. After the procedure my husband was in agonising pain and was admitted for pain control with multiple emergencies call for morphine throughout the night.

The next day my husband was still in quiet a lot of discomfort that we felt was not normal compared to what we were told where normal side effects by the Urologist but despite our concerns with the fact that we lived so far away and there were no urology services in Dubbo for at least a month the general surgeon explained that the care he was receiving in Orange Hospital could be continued at home and discharged us anyway.

We travelled back to Narromine that day Saturday 11th and arrived at approximately 6pm that night after Matthew experienced a very slow and painful trip home as every bump that was hit caused excruciating pain.

Matthew was given another lot of medication when we arrived home, which was barely taking the edge off the pain he was experiencing. At approximately 10pm Saturday 11th Matthew was in an extreme amount of pain and an Ambulance was called. Showing the Ambulance officers Matthews discharge Summaries and the medication he was on we were told that he should not have been let home in this state and should certainly not have been sent home without something stronger considering the amount of pain he was in when leaving the hospital. To get Matthews pain under control he was given 3 injections of Morphine and 3 shots of Fentanyl up the nose which allowed the pain to settle to a bearable threshold to transport him to Narromine Hospital.

Matthew was transported to Narromine Distract Hospital at approximately 11pm and there he receives another shot of Morphine and an anti-inflammatory indomethacin 100mg under the guidance of a virtual doctor. At approximately 2pm it was decided that Matthew need to be transferred to Dubbo Base Hospital but due to no availability of an ambulance he would need to be transported privately by us, so he was given another injection of Morphine and

Maxalon to try and settle his stomach. We were told that should never have been allowed as we left Narromine Hospital 15 minutes after the Morphine shot was given to be transported privately by myself who has no medical back ground. We arrived at Dubbo Base Hospital at approximately 2:45 and Matthew was given more pain relief. After consulting with the ED Doctor and voicing our concerns the Doctor agreed that Matthew would be better off being admitted for pain control over the weekend but he would need to have a consult with the on call surgical doctor first as they would be the ones that would need to admit him as all the ED beds were full.

Matthew was consulted by the on call surgical doctor at approximately 8am 12th January which lasted no longer than 5 minutes and he was not physically touched or examined, where we were told there was nothing that Dubbo Base can do as there were no urology service on until the 20th January, we voiced our concerns about my husband not being able to cope and that surely this is not a normal side effect to a stent. We were told by the surgeon to go home with scripts for analgesia and try that. Matthew was discharged at approximately 8:30am Sunday 12th January with a script for Endone 5mg, Pantoprozle, and Indomethin suppositories. At no stage during my husband presentation did Dubbo Base Hospital call the urologist that did the surgery at Orange Base.

Matthew was barely able to cope the remainder of the day/night due to the server amount of pain even though he was taking Endone 5mg, Indomethin, Tapentadol, Panadol and Nurofen on a very scheduled time table to the point we had alarms set so we knew when and what was due. We presented to the local medical centre at 9 am Monday 13th January as Matthew still was not coping and he was given a referral to Dr [redacted] and a prescription for Oxycontin as well as the other pain killers he was already on to try and ease the pain. At this point Matthew was on Indomethin, Endone, Oxyconin and Pantoprazole with no full relief of the pain.

By this stage Matthew had been bed ridden from the day of the operation apart from the Hospital/Doctor visits, unable to eat or drink due to the pain which was exacerbated with movement. I contacted Dr [redacted] office in Sydney and was lucky enough after explaining our situation to get an appointment with Dr [redacted] his next visit to Dubbo which was Wednesday 15th January at 5pm but as we weren't privately insured any treatment received, we would be out of pocket, which in the end was roughly \$5000at. Knowing we had this visit Matthew tried his best to cope at home on the huge amount of pain killers he was on for another 24hrs, which he was barely able to do. Being on this amount of painkiller also caused Matthew to have a constant nauseous feeling.

My husband was palmed off from one doctor to the next and no one actually attempted to fix the problem and his medications were changed and purchased daily due to the fact they were just changed to stronger ones "to get him through".

That night 14th January 2020 at 10pm my husband's pain was out of control again and we represented to Narromine Hospital where he was given more Morphine and discharged home at 6:30am Wednesday 15th January by 10am my husband was unable to cope with the unbearable amount of pain he was in and we had to call the Ambulance for a 2nd time. After explaining to the paramedics that we had an emergency appointment in Dubbo with

Dr [redacted] at 5pm that day but we were concerned that the state he was in we wouldn't be unable to get there they decided to give him 2 bags of fluids and told me to ring Dr [redacted] office and explain the situation and see if we could get him in sooner. Upon ringing Dr [redacted] office, we were advised that we should take him straight down to Dubbo and they would fit him in-between patients.

We arrived at Dr [redacted] rooms at approximately 3:30pm where Matthew was taken and laid on a bed to wait for the doctor. At this stage Matthew was very sick he was a shade of grey and his face had a drawn look to it and he hadn't eaten or drank for nearly 6 days. Dr [redacted] walked in took a brief history and looked at Matthew and said we need to get you into surgery tonight you have acute intolerance of the stent that has been inserted. After discussing with the Private Hospital it was discovered that their laser was broken, Dr [redacted] then tried to get the laser from Dubbo Base Hospital sent over so he could do the surgery there and then Dubbo Base refused to let the laser be transported so the next option was Dr [redacted] would operate at Dubbo Base Hospital that night if there was a theatre bed free but unfortunately DHB had no beds free and after exhausting all avenues to get Matthew in that night we had to wait until the next morning after the laser technician had been to fix the Private Hospital's laser.

10pm Wednesday night Matthew was again taken to Narromine Hospital for an intolerance to the medication Indomethin, which was causing vomiting and delirium. Matthew was given a bag of fluid and after a couple of hours in hospital he was allowed home due as they now he had surgery booked for the following day with Dr [redacted].

Matthew's stent removal and stone blasting went ahead on Thursday 16th January and he woke still in quiet a lot of pain that required a night's stay in Dubbo Private Hospital. After Dr [redacted] reviewed him that night after surgery, we found out this pain was due to the fact that he was passing blood clots that were in the kidney surrounding the stone, this pain seemed to have settled within a week or so.

Fast forward to November 2020 and my husband was diagnosed with another ball valving kidney stone, this time we were lucky enough to be seen by a doctor that put him in for surgery in 15th December 2020 for removal of stone and stent insertion. The doctor was well aware of Matthew's previous intolerance so left the strings attached to the stent so it could be removed without surgery if he developed the same symptoms as before it was due to be taken out on the 21st December. Matthew was in quiet a lot of discomfort but it was able to be managed with endone and plexia.

Matthew made it until 10pm on Friday 18th December before he started to experience the previous symptoms so we presented straight to Narromine Hospital and he was consulted by the virtual doctor where he was given Morphine and transported to Dubbo Base Hospital via Ambulance on 19th at 2:30am for further investigation and possible stent removal. He was in short stay the following morning where he was told he can go home but after running through the history and standing firm on our concerns he was allowed to stay until that afternoon at 4pm. Matthew was discharged with a change of medication and the stent was still in place as we were told by the ED staff that the surgical team on call that day refused to let them remove it and it had to stay in until Monday 21st.

Matthew made it until 11pm 20th and we had to represent to the Narromine Hospital as he was in excruciating pain. Upon presentation the virtual doctor was called but no answer. They were called continuously for the next 25 minutes as Matthews pain was a 12 out of 10, his blood pressure was through the roof with pain and he was desatting. At this point we had been at the hospital for over half an hour with no pain relief as the Nurses are unable to administer without a doctor's consent.

I was at my wits end and my husband was begging for something to help him and the nurse was looking visibly distressed with the situation, so I explained to the nurse that I understand she was unable to administer medication and I was not angry at her but she needed to unhook my husband so I could take him out the front to call an ambulance so he could get pain relief. Honestly in what world is leaving a hospital to call an ambulance to get faster help acceptable!

After this statement the nurse tried the manager where they gave consent to administer Mophine until the doctor could give the order, the morphine (first lot of pain relief he was given) was administered 1 hour after we presented and the virtual doctor didn't become available until 1 ½ hours after we first presented. My husband was transferred back to Dubbo the following day 21st December for stent removal.

We hope and pray we never have to go through this again, the rural public health system is unsafe. We have sense purchased private health insurance but unfortunately it wouldn't have helped in our presentations as private specialists aren't readily available out in the rural areas to start with let alone nearing the Christmas Holidays.