

**Submission  
No 613**

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

**Name:** Ms Elizabeth Hayes

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January 14th, 2021.

To: Greg Donnelly (Chair NSW Rural Health Inquiry).

Dear Mr Donnelly,

It's just 16 months since my family lost our father, Bryan Ryan, in circumstances that left us almost speechless.

Although, not quite.

I told the story of my father's death for 60 Minutes Australia and in doing so opened up a world of personal pain felt by so many others living in rural, remote and regional areas.

#### Dad's story

In August 2019, when my father was taken to Manning Base Hospital by ambulance, we, and he had no idea he'd never come home.

Dad was admitted to the public hospital's emergency department with what would be diagnosed as pneumonia.

From the beginning there were concerning signs that dad was not necessarily in the best of hands.

Despite having with him a Webster pack of the prescribed medications he took everyday, on three occasions at the hospital that night, he was given higher doses of medication than he normally took. In fact, dad was overdosed twice the amount with one drug which slowed his heart to a concerning level.

Manning Base Hospital conducted what was called a London Protocol Investigation, which determined dad's "near miss", as I describe it, was the result of human error.

The report also investigated dad's transfer from the public hospital via ambulance to the nearby Mayo Private Hospital where he was to fully recuperate.

It was determined that that process too had failed dad. He did not have with him a medical discharge summary.

Had the paperwork been done properly we are left to wonder whether what happened next, might have been prevented.

Upon arrival at the Mayo Private Hospital, dad was assessed and admitted.

My father had a heart condition called Atrial Fibrillation. The medication treatment included a blood thinner considered crucial to helping prevent strokes.

Despite not having a medical discharge summary with him there was a full list of dad's prescribed medications. But for whatever reason, the doctor at The Mayo Private Hospital

who undertook to chart that list, missed the blood thinner. Put simply, it was not written down.

It meant for the entire eight days of dad's stay, he was not given this vital stroke prevention medication. And despite being nursed daily and attended to by other doctors during his stay, no one picked up the error.

My father suffered a catastrophic stroke.

It was only when my family and I attended Manning Base Hospital where dad was taken for emergency treatment, did we learn of the error, written in his hospital notes.

The doctor from the Mayo Private Hospital who had already gone home, later came to the emergency department and advised medical staff of the medication error.

A Root Cause Analysis investigation cited human error.

Humans always make mistakes, but what protocols are in place to prevent them or at least minimise the risk, you might ask.

It seems, and it's obvious that back then at least in my father's case, not enough.

In the end, my family was left flabbergasted that our father, a fully paid up private health insurance patient (not that that mattered) could have his life so shockingly compromised. That his and our trust in a health system was so poorly placed.

And it was shattering to learn that this 79 bed private hospital with often elderly and vulnerable patients had only one doctor rostered on, and who bundled off in the evening.

During our family meeting with hospital management, it was explained that this situation of just one doctor to cover all patients, was because "that's the case in most country hospitals".

<https://www.youtube.com/watch?v=0aQD98ABziE>

<https://www.smh.com.au/national/nsw/liz-hayes-reports-on-the-heartbreaking-death-of-her-own-father-20200911-p55u>

### The Public Response

The response to my story was and continues to be overwhelming.

And my colleague, ABC court reporter, Janelle Wells, who also told me of the appalling treatment her late father, Allan Wells, experienced in his local hospitals, has also been inundated with tales of despair and loss.

It is now impossible, I believe, to ignore the issues that so many in the country are experiencing.

Distance does mean disadvantage.

From my own research it is clear medical staff at many hospitals are expected to dispense an extraordinary range of services without proper facilities or support.

Nursing staff are often left to hold the fort. Virtual doctors are being relied upon more and more with patients reporting very mixed outcomes. Paramedics find themselves spending hours on the road transferring patients to other hospitals where there are doctors, leaving the towns they're supposed to cover, without an ambulance service.

[https://www.youtube.com/watch?v=IFu20Y\\_T\\_jY](https://www.youtube.com/watch?v=IFu20Y_T_jY)

Many of those working in rural and regional health have long been seeking a better system. This crisis, and that's what I believe it is, didn't just happen. It's been coming for a long time.

### Whistle blowers

I have spoken to many doctors, nurses and health care workers who have felt fearful for their patients, because of a substandard health system, but have been too afraid to speak out.

There is a very real belief that punishment awaits those who go public with their concerns. They're deemed troublemakers.

NSW Health Minister, Brad Hazzard, argued that was not true when I raised it with him, but none of the health workers I spoke to accept that. Some told me they had already been issued with warnings; others had been threatened with their jobs.

### The Push Back

My experience as a journalist is that there is often a defensive reaction to media exposure. Yet surely when examining the state's health services, it's reasonable for those who make the decisions and determine where the money is spent, to be held to account.

The Western NSW Local Health District took the extraordinary step of releasing a statement to staff about a story I'd done before it had gone to air.

Obviously there was an anticipation the report would contain some unfavourable comments. Ultimately, in my opinion, this pre-emptive strike unkindly impacted its own local people who were bravely telling their stories. The very people they should be listening to.

### The People

It is to be remembered that this is the peoples' health system. It is taxpayers' money that pays for the jobs of many of those who seek to pull down the blinds.

Transparency is essential.

It is a pretence to continue with the claim that all is well for people in rural districts. Building new hospitals is most welcome, if it means they're supported with appropriate staffing, equipment and services.

But that's not what is happening.

It is outrageous that nursing staff run off their feet, tell of having to rely on the cook in some rural hospitals, to help look after patients.

A total rethink is required, and perhaps it's not just about more money, but how the billions in the budget, are spent. It's clear governments and their health departments need to nail down how to attract doctors to live and work in rural communities.

And it's essential for rural communities with specific needs to receive help, whether it be mental health services, palliative care or as in the Manning-Great Lakes region, cardiac care where heart issues are amongst the worst in the state.

It's time for an open and honest conversation so as those who work at the coalface, the patients they care for and their communities are heard.

For too long, people in the country, those who have no choice but to rely on their local health services, have felt powerless and voiceless.

Yours sincerely,  
Liz Hayes

Reporter  
60 Minutes