

Ms Natasha Exel
Inquiry Secretary
Legislative Council
Parliament House
Hobart TAS 7000

Robin Wilkinson
3/372 Park St
New Town TAS 7008

Dear Ms. Exel

This is one patient's stories about a health system which struggles to provide basic care for those of us that have disabilities, are aging and who are sick.

1. Ambulance Services

Paramedics mostly do an excellent job with limited resources. I have had to call them 8-10 times in the last 12 months. One time when my bandaged legs were inflamed and very painful and with the advice of two of my carers, I called an ambulance at 7.10 pm. My carers were very worried about my pain levels. At around 11pm ambulance services rang to apologise for the delay, stating they would be here in an hour. The service arrived at 1.30am and took me to the Royal Hobart Hospital. The hospital placed me in the waiting room-with no toileting assistance- until 8am when I finally got into Accident and Emergency. The staff in A and E were wonderful, took me to the toilet, and addressed the pain and inflammation issue.

2. Hospital admission 1.

Diagnosis- pneumonia- coughing, stress incontinence, poor balance (due to physical disabilities), trouble with cannulating (as I only have one arm and poor veins).

Having been admitted to A & E, I was sent to the Assessment Planning Unit (APU) into a four bed ward -2 men, 2 women- one of the men had a mild intellectual disability but was experiencing a severe psychotic episode. His episode was evident by him shouting, talking rapidly, agitatedly, pacing up and down, and hence was very difficult for the staff to manage. Eventually, a security guard was assigned to manage his behaviour over 24 hour periods. This man, was also looking through my curtain space, possibly thinking he could help me. I had no dignity or privacy. Another patient was making moaning noises all day and night. It took the staff 3 days to work out that this elderly woman was in pain, but too demented to be able to verbalise her pain.

It is my understanding that patients are placed in APU for a maximum of three days prior to transferring to a ward. I had 6 days in APU and one of my treating doctors wanted me to stay an extra day. I went home for better care from my carers. In APU, I did not know whether or not I could get a basic wash as they have no showers, and I was towel washed every second or third day. I would like to know what is the RHH's policy on providing a daily basic wash for patients. Also in APU

patients do not get any menu choice, presumably because patients requiring more than 3 days care are supposedly transferred to a ward.

3. Hospital admission 2.

Diagnosis – broken foot – unable to move when unable to weight bear.

After assessment in A&E, I was admitted to APU. I was there for 8 days in a 4 bed ward. Most of those 8 days, the other three beds were occupied by sick demented women. One of them kept trying to get into my bed. She also had low vision and in feeling her way touched my broken foot. Another patient, kept calling out for "Lynette" day and night, and was so noisy the nurses moved her for 4-6 hours so we could get some sleep. I needed an MRI and waited 8 days before this happened. I believe a machine was broken but I was given no explanation for the delay in having this procedure.

Again, I did not get a proper hot towel wash each day- in fact, I was lucky if it was every 3-4th day. However, it was the staff in APU who supported my transfer to a ward. Once on a ward, I could be showered daily, have a rubbish bag on the end of my trolley, and was able to make my own choices from the menu.

I would really appreciate an opportunity to talk in person to the members of the committee of the inquiry. I do have some ideas about trying to improve the Assessment Planning Unit, and the management of "difficult patients". Also, I would like the opportunity to work with hospital staff about improving the care of people with disabilities, particularly those who are aging and sick.

This submission has not really touched on my mental or emotional state during these two traumatic admissions to the RHH.

Yours sincerely.

Robin Wilkinson A.M.

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From: Natasha Exel
Sent: Monday, 21 August 2017 4:43 PM
To: Jenny Mannering; Allison Waddington
Subject: Addendum to Robin Wilkinson's submission

Hi Jenny and Ali,

Robin Wilkinson would like to add the following to her submission. However, we didn't receive it electronically

Re my hospital visits, I am not complaining about staff but about APU itself. The Assessment Planning Unit lacks:

- 1) Sufficient staff to manage complex needs;
- 2) APU has no windows and grey walls. An immediate improvement could be some pictures to cover up the grey walls;
- 3) APU has no showers;
- 4) Even long-stay patients get no choice from the menu. I had to check what was delivered to me because of allergies.