Appendix B. Patient Stories
(a)

17th March: at 6am, my son Khiam and I left to get firewood for home as we did previous years at Woodsdale, we met a white ute on the way in who told us about a large tree already on the ground, the tree had been partially cut but had fallen prematurely, the top end was being held up by the branches, Khiam started cutting at the top end of the tree while I started at the butt of the tree.

There was a loud crack noise and I tried to shout to Khiam to stop but it was too late, the tree lurched and slammed into Khiam, I rushed to Khiam, his chainsaw was still going, it was obvious that the tree had hit hard, he had the presence of mind to throw the saw away from him, A mate switched the chainsaw off and I drove the ute as close to Khiam as he could, we carried him as straight as we could about 6/7 metres to the ute and got in, Khiam rang the ambulance and I took the phone and explained briefly what had happened, advised that the ambulance would drive towards Black Charlies, while still on the phone to the ambulance we passed the 1st pick up point and 2nd pick up point at Runnymead Fire Station, met up with ambulance on the straight pass the fire station and they pronounced Khiam in a very bad way and would not get to the hospital alive by vehicle so a helicopter was needed, Khiam had no external bleeding it was all internal, the paramedic called for the helicopter and luckily it was on standby so it arrived very quickly.

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Khiam's mate and I continued by vehicle to the hospital and on the way picked up Donna (Khiam's mum) who is legally blind, by the time we got to the hospital at 8:30am Khiam was having surgery in emergency department where he had numerous blood transfusions.

They asked us if we would like to see him as his chances of survival was not very good, but he was taken to the main operating theatre upstairs. Around 2pm the surgeons called us to come to the Royal Hobart Hospital because they needed to talk to us, they explained they had done what they could and that he was stable and that from now on it would be up to orthopaedics. They told us that Khiam's femur was broken, several pelvic fractures and a broken right foot but we later learned that there were other injuries as well including a ruptured urethra and many other internal injuries.

Khiam had come out of surgery at 6pm meaning he had been operated on for 8/9 hours, he was put in intensive care and we finally saw him around 7pm, the next day we were only allowed to see our son for half an hour as nurses not finished and he had to have other tests.

At 12pm we got a call from the doctor because they needed our consent for another operation, the following day (now the 19th March) we phoned the RHH at 8am and was informed that Khiam had a stable night and was about to go in for more surgery, around 1:15pm the same day the hospital rang and informed us that the earlier surgery did not go as well as they hoped and they would have to re-operate, That same surgeon told us that Khiam would have to be flown over to the Melbourne hospital for further treatment.

21st March: At 9am, we rang the hospital and got no answer, we continued to ring the hospital and still got no answer until 9:45, they told us Khiam was sore and tired and not wanting to talk, that afternoon Khiam was moved to 'A' Ward, Khiam was still in lots of pain and very tired, evening visit got a card for the ICU staff thanking them for caring for Khiam.

23rd March: had a meeting with the RHH doctors who repeated he had to go to Melbourne in a day or so for further surgery and would be there anywhere from 4 days to 2 weeks.

The doctor at the Royal Alfred Hospital finally explained exactly what was wrong with Khiam, it took a week in RHH to even see a doctor let alone learn what was going on with Khiam, when I asked the doctor at RAH for details on Khiam's condition? within the hour he had met with us and explained everything that was wrong with Khiam, a big difference from the RHH who took a week to explain only a small part of what was wrong with him.

RAH checked Khiam's pain levels and increased his medication from 4mg p/h to 20mg p/h, some of his other meds were increased as well, which was another big difference we noticed between RHH and RAH, the RHH did not seem to know or care what Khiam was going through, we were sorry to leave the RAH as all the staff, that is all the staff were so good and attentive to Khiam and his needs, Khiam was at peace with this lot.

Friday 7th April: back at the RHH, the following morning a doctor told Khiam he needed to get up and start walking around, Khiam replied by asking the doctor if he had read his chart? At which the doctor replied "no", Khiam also asked the doctor for some more pain relief and the doctor told the nurse to go and fetch some Panadol? Again, Khiam asked if they had read the chart and again the answer was 'no', the nurse read Khiam's chart and got the right medication for him but the whole thing ended up taking 2 hours and the whole time Khiam was crying due to the amount of pain he was in.

When we left the RAH, they sent 2 copies of X-rays, scans etc, one for the RHH and one for Khiam so there should be no excuse why the RHH staff had not read any of the charts.

Monday10th April: a physiotherapist came and told Khiam that he will help him exercise in a chair but never came back.

Tuesday 11th April: we received a phone call from Khiam saying that the RHH was going to move him either to New Norfolk, St. Helens, Swansea or Orford, all places too difficult for his blind mother to get to for a visit, a social worker visited and was told of the proposed move – considering all Khiam's family was in Hobart, moving him would be counter-productive to his recovery, as having family and friends around would be helpful towards his recovery. When the social worker left she was visibly not happy about the pending move.

About 5pm the doctor came and repeated to Khiam that he was going to be moved somewhere else and Khiam argued against being moved so far away from family and friends, the doctor said it could not be helped and that Khiam was going, Khiam got angry and told the doctor that he does not want him near him anymore and asked the doctor to leave but the doctor refused and told Khiam he had no choice because he was the doctor and what he says go. At which point Khiam lost his cool and swore at the doctor and told him to leave and not to come back, the doctor sent security to see Khiam and they also told Khiam he had no choice and that he must see that doctor, I told the security that Khiam has every right to refuse a doctor if he has no trust in that doctor and that if they don't like it then they could talk to a solicitor.

12th April: 8am, Khiam rang and told us that Paul Harvey had visited him and reiterated that he will be moved out of the RHH irrespective of Khiam and his family's objections. At 9:45 am received a phone call from Vigilantly News, they want the story about what was going on with Khiam and by 10am had a film crew at home wanting an interview with Donna and myself, the story was aired on 9 news.

9 news were at home for 4½ hours, afterwards we rang Khiam and told him all about the interview, Khiam then told Paul Harvey what was going on and how he had been treated at the RHH, Mr. Harvey was not happy when he left, Khiam also told staff that he would prefer to go home rather than an out of town centre. After the news crew interviewed the doctors, it was announced that a physio and occupational therapist would visit the parent's home to see if it was possible. The house would need ramps, wider doors and slats in the bathroom.

13th April: film crew wanted an interview with Khiam so we asked RHH for a wheelchair to take Khiam outside for the interview, RHH said a chair and physiotherapist would help Khiam to go but no chair or physiotherapist came and had to cancel the interview.

12:30pm Khiam had another procedure. Khiam rang at 3:30pm very sore and tired from the operation. News crew did the interview with Khiam over the phone and it aired on the 6pm news.

15th April: Khiam rang and reported that he was in a lot of pain as his catheter had come out about 4 inches, he called the nurse who called the doctor, who pushed the catheter back in but did not supply any pain relief or request a ultra sound to assure that no damage had been done, 2 days later the catheter came out again for the second time and a nurse pushed it back in, twice more it came out and both times a nurse just pushed it back in and supplied absolutely no pain relief for him despite him screaming out in pain each time, on the Saturday there was puss coming out from around the catheter and it was so painful and stingy that Khiam asked to see a doctor. He waited for 2 hours before the doctor came and after having a look she said she had no idea what to do so she just left it and put him or morphine for the night, nothing else was done after that.

I rang the RAH in Melbourne and asked a urologist if he could explain what might be happening with the catheter and the puss around it and he informed us that it might be better for Khiam to come back to the RAH as it is probably too complicated for the RHH.

15th of April: RAH had given me a disc of the inside of Khiam, RHH was advised of the disc and at 9:30am Khiam rang and advised that he had another procedure in his room, but received no pain relief. A RHH doctor wanted to view the disc and it was ok for the doctor to view the disc but as Khiam's dad, I didn't want to let the disc out of my sight (out of distrust of the RHH), I went with the doctor to view the disc and after a few minutes I asked the doctor if he saw what he was looking for and if he could explain it to me? And the doctor replied no and that he might call the RAH. At 6pm Khiam rang me complaining of a lot of pain, he had a tube inserted into his stomach.

Khiam asked for a doctor as the pain was unbearable, 2 hours later a doctor visited, she said she knew nothing about his condition or what had been done, therefore she could not touch or do anything but did advise Khiam that he could be on morphine for the night and in the morning, someone who knows what's going on will show up to reassure Khiam. I resolved to calling the RAH again to advise what was happening with the catheter, namely, coming out and being pushed back in mostly by nurses, RAH were amazed at what I was reporting.

16th April: 9:30am I spoke to RHH doctor about the catheter, we complained that the swab taken was left on the bedside table overnight, the doctor knew nothing about any of it. (?)

17th April: Khiam again rang and reported a doctor had seen him and explained that his condition was complicated and the whole RHH team needed to talk and act, I spoke with the doctor about the catheter and he said it would be Wednesday before they do anything, I asked why the delay? And he told me that the whole team had to act together and the earliest would be Wednesday, I rang the RAH again and they were very sceptical and had unbelief.

18th April: 9am Khiam again rang me catheter came out again and balloon not inflated much, the end of the tube had crystal substance on it, it looked hard but was stinging and very painful, still no doctor until next day, at 2:30pm another doctor visited Khiam, he spoke of the fluid sacks but again nothing until the following day.

19th April: I had to take our copy of test done on Khiam and operation results, as the RHH could not find their copies and did not know what RAH had done, they advised Khiam would need more tests. At 2:30pm back at the RHH, spoke with Physio and social worker with Donna, the 5 of us agreed that Khiam coming home to convalesce.

Monday 24th April: had to organize paper work for travel with Khiam's return to RAH in Melbourne.

25th April: Khiam rang and reported the stitches in stomach where the catheter had been inserted were very red with puss all around them, the whole area was red and stingy, they should not be red, maybe they were unhygienic as there was puss all around them.

Friday 28th April: went to our GP who let us know that puss and redness from the stitches is not a good sign, usually means a lot of infection has set in.

29th April: visited Khiam, he was still in pain and not happy with most of what has been done while back at the RHH.

Monday 1st May: at 3pm Khiam received a call from RAH asking how his recovery is going? Khiam told them about the catheter etc – they expressed their sorrow that they sent him back too early. (exact word had sent him back too early to a Sh*t Hole)

4th May: 10am Khiam rang to advise he was leaving today.

Friday 5th May: day after leaving RHH, I took a swab of the puss and took immediately for testing, 2 days later, the results proved massive infection, I immediately got antibiotics and administered to Khiam.

Thursday 18th May: 3pm appointment at RHH with Orthopaedic, at 4pm with Paul Harvey who mentioned 'a few upsets with Khiam' that he was on call the day of Khiam's accident, he expressed sorrow at all the upsets Khiam had gone through.

22nd May: went to Scott Bacon's office about Khiam and his mistreatment at the Royal Hobart Hospital.

The catheter again causing trouble, not flowing, his bladder getting bloated, had to phone the ambulance at 3am, hospital staff tried to unblock SPC by flushing, no luck with flushing, called the doctor at 4:30am and was told he was on his way. At 7:30am doctor showed up, he had a go of clearing the SPC but couldn't, he advised Khiam would need to go for surgery, time then was 8:15am. Phoned the hospital at 11:50am, Khiam was just out of surgery, asked to see urologist who confirmed that both the catheter and Khiam's urethra track had closed, leaving 2cm gap to urinate through, the RAH had warned the RHH that the catheter had to be inserted correctly so not to close prematurely, now Khiam has a SPC and catheter in him.

The RHH sent him home at 2pm, half hour later the catheter was coming out again, lots of pain and now bleeding, blood clots in both tubes, rang the RHH and they wanted Khiam back immediately, again rang the ambulance and they took Khiam back to the RHH.

24th May: Khiam is in a lot of pain after going through bullshit again, another foul-up, I changed dressings and gave extra pain relief, now 25th changing dressings daily and sleeping on the lounge to keep an eye on Khiam.

26th May: took Khiam to local GP to let him know what's up etc, complained about the stuff ups at RHH, still in lots of pain, giving him extra endine for pain relief.

Tuesday 6th June: rang the ambulance again about 6:30pm, catheter not draining properly, at 7pm paramedic's changed catheter which should have been done in the hospital when Khiam was in the RHH clinic 4 check up on the 31st May.

Thursday 29th June: had appointment at RHH clinics, asked if they were doing the x-rays? Was told no-one had asked for x-rays, was leaving at 2pm but was stopped and told they need x-rays after all, the nurse asked Paul Harvey about the x-rays and was spoken to very surely by Dr. Harvey.

2:30pm, back for x-rays, 3pm saw doctor who knew a lot about Khiam. (definitely not Paul Harvey)

Saturday 8th July: Khiam having trouble urinating again and stinging, maybe another infection, Khiam very nervous about going to the RHH again, he's definitely not a happy chappy.

5pm on Saturday took Khiam to friends, 6pm said was having urinating problems again with blood clots in the urine, Khiam then rang the ambulance again who gave relief from stinging and pain.

David, Khiam's father

Appendix Section B

b)

Devonport:

I am a mother of triplets who are all sick with respiratory problems. Doctors have ordered puffers to continue for all three. If they have any more trouble with breathing, parents are to take them directly to Burnie as Mersey has no paediatricians to care for them. All three can't go in 1 ambulance at once. I was in Hobart from 24 weeks gestation. I Was due to have caesarean section just after Christmas. On Friday 23rd December I was told NICU was full and the wanted to transfer me to Launceston General Hospital!! I had not been able to stay at Launceston which is closer to home during my pregnancy because the NICU services I needed for premature triplets and any of the problems with my pregnancy were in HOBART!!!

I STAYED IN Hobart hoping for the best . I went into labour on Christmas day and had to have an emergency caesarean section. The babies were having apnoeas but because of bed shortages the triplets were transferred to Burnie too quickly and no apnoea was reported in the handover by staff. Burnie NICU couldn't cope with the two boys so they were transferred back to Hobart. This left me in Burnie with my baby girl trying to establish feeding, spend some time with my other two children and worry myself sick about my two boys in Hobart. NICU in Hobart was full to overflowing, triplets shared tube feeding and o2 therapy, nurses constantly short staffed and working double shifts.

There is only ONE NEURO PAEDIATRICIAN in the state. He comes to the LGH once every three months i.e 4 times per year. Otherwise every time there is a change in medication etc it means a trip to Hobart. Ambulance shortages means that babies have to travel separate days. Which baby do you leave behind??? 2/12 no road ambulance available for transfer to Hobart from Mersey so had to go by air. CST????

Absolutely disgusted with paediatricians in North/NorthWest. Both boys were not responding to noise or movement and were starting to have seizures. But doctors refused to believe us rather saying the babies were "just looking at the ceiling". They also said no tests were available to find out if they were fitting as the "fits" didn't last for more than five minutes. It was only when a video of seizures was shown to the Neuro Paediatrician that something was done. Even a Physiotherapist had commented re the fitting and an EEG showed four different seizures and both boys are now developmentally behind in growth and fine motor skills. I feel this should have been diagnosed months ago. They are now on medication and are responding to sound and follow objects with their eyes.

Dictated by Emily Page

[redacted]

Appendix Section B patients stories

c)

Margarets Story

I fell over last October and presented to the Mersey Accident and Emergency. I was taken straight in and sent for x-ray. This showed a fracture at the top of my arm. I then went straight back into emergency where they strapped my shoulder and sent me home. They told me they would organise a check up which I had one month later at the fracture clinic. I then had another appointment approximately two weeks later.

I still couldn't raise my arm above shoulder height and I was in a lot of pain having physiotherapy. I went to my GP and I asked for an ultrasound and that is when they found a piece of bone floating in the nerves and joint. They then said it would need to be surgically removed. When I fell I also damaged two discs in my back and I am still on the waiting list to see a neurosurgeon in Hobart. The pain continues.

APPEDIX B. Patient Stories
(d)

[redacted]

Theresa Barr

Theresa is 33 years old. On 21st of April, T was booked in for elective C section for her baby, so she went in and had the baby. The Doctor's said there was a lot of scar tissue due to a previous 2 births and she started to get preclampysa with this pregnancy and had it with both of her other births.

The Doctors said when they were stitching her back together they may have nicked her bladder. They said they had to fill her bladder with blue dye to see if the dye exited, the blue dye came out as it should so there was no nicked bladder as T was informed by the hospital.

They sewed T up and in recovery they said to the nurse, this lady has had no blood loss, most women bleed, but T didn't so they were concentred and they kept an eye on her and T went for a few hours with no blood at all. T was worried as this was her third baby, T was doing what she could to try to help the body release it, which she did do in the end.

Her baby was in ICU because he had wet lungs and was breathing with difficulty, at first he was ok when he was born but then started to have trouble and the nurses and Doctors were talking and T didn't understand what was happening in addition to the worry about her stomach. T also reported that something that looked like a vomit bag was put in her stomach and when she asked about it, T was told it was prevent infection. T had never seen this before, ie not with her last 2 children.

T was in quite a bit of pain in the ward, but got up that night and started moving around. T was released on the Monday (4 days in hospital). The wound was covered and T said the hospital advised her bandage needed to stay on for 10 days. T was not given any advice as to wound management, treatment, checks her GP nor was she asked about how she would cope with a baby and 2 small children at home. T was advised not to drive.

The following week or so the bandage was removed as it came off in the shower, and T noticed a stitch on the right hand side that was quite annoying and T asked the midwives who came to visit her at home, if the stitch could be removed. T had to wait for the stitch to come out and didn't touch it.

T was in excruciating pain, each day it was getting worse. T couldn't move, she felt like a 'really old person' and was hunched over walking. She ended up showing her partner her stomach. He took photographs. T went to PAC (Pregnancy Assessment Centre) to discuss the problems. They said that she had 3 holes-there was one on the left and right that were quite small and the one in the middle was quite large. The Doctor's looked at it and sent T home because they said it would close itself.

The following week, T went back to PAC and said that she still wasn't right and that every day she was feeling worse. Because her blood pressure and temperature were normal, T kept getting sent home-however T was on blood pressure tablets. T had her mum with her for that visit. A student doctor came in to look at it and she told us she would get a more senior staff member to look at it. An hour later, T went to the front desk and said she was still waiting to see a Doctor. The Doctor she was waiting for was sitting in the staff room drinking coffee. She said hse hadn't been able to find a senior doctor-T had been led to believe that someone was coming to help her, but no one was. Her baby needed a feed, he was with dad and T needed to get back to him. T said to the staff she needed to get home to breastfeed her baby, but still no Doctor came to see her so she went home.

The following visit, about 3 weeks after the birth of her baby; T went in with her partner and baby and said to the PAC that she was really, really sick-that she wasn't right and that she knew something was up. T's blood pressure and temperature again was normal, they checked the wound, covered it up and sent her home.

Then on the following week, (Approximately mid May) T started vomiting, had hot and cold sweats, a temperature. Evert time she went to eat or drink she vomited, had migraines and pain. After spending the day in bed, T got up and T thought she had weed herself because she was drenched and something had run down her leg. T put her had down to touch where the wound was, and the area was soaked. That is when she said to her dad she thought she needed to go to the hospital. Dad was so worried, he said to call an ambulance so T did that.\

A small ambulance/van came first. T's heart rate was 204, her temperature was about 39-40C and her blood pressure had dropped really low. He told her she needed to go see her GP, I advised him that I could not get into my GP because it is a 4 week wait. He said that T needed to be looked at by somebody. The paramedic contacted T's GP directly and spoke with him and he said if T could get there within half an hour he could look at T.

The paramedic took T there and dropped her off. By the time her GP saw her, T's blood pressure had dropped further-he r Doctor said her obs were worse. The GP looked at her and said you are really sick, you have an infection running through your body and you need to get to the hospital straight away. T's dad picked her up and took her in straight to PAC , her Dad dropped her off and mum met T in the PAC later. So they waited and waited and waited. T's Gp said that if her hands go white, she is in trouble. She told the Doctor at PAC that, she shrugged it off. Her mother said, 'I have already lost one daughter to this hospital I am not losing another.' And then they started to take it a bit seriously.

The Doctor came back in and said 'can I do anything for you?' T said, 'Please don't walk away and not come back like last time'. Dr Dimity just happened to walk into PAC and she saw T and was shocked that T was back again. Another Doctor came in to look at T and she said I am not leaving here until you fix me'. The Doctor's admitted her to RHH and started her on IV antibiotics.

T was in hospital for 6 days. She had IV antibiotics in for the whole time as well as on fluids due to dehydration. T was in a room with a new premature born baby, knowing that she had infections they just were not sure what they were at that point in time as the swab results were not in yet., they had just chosen an antibiotic to start treatment until they knew what they were dealing with.

When the results came in as a Strep A infection. They still left me in the room with the lady with the prem baby in ICU. They then started treatment with the correct antibiotics. A day before T's release the infectious disease part of the hospital contacted the ward and said I needed to be isolated in my own room. They moved T and everyone had to be gowned up, except sometimes the nurses would come in without gowns on.

The next day T was discharged from the hospital, the wound doctor came in before she left and had a look at the wound. She put a vacuum dressing on the wound. From then on T had an appointment with her. They started plugging the hole with medical silver. This was her treatment for weeks as well as a prescription of oral antibiotic. T was taking 4 tablets 4 tablets 3 times per day.

Following that the wound doctor was the only person looking after her. T would normally take the dressing off at home, have a shower, because they were not waterproof. Once out of the shower, T covered the wound to protect it and went straight to the hospital appointment and this is when T started taking photographs of the wound and the dressings.

The Doctor would put silver back in the hole, cover it up and T would leave. After being admitted previously they organised for HDN to visit between hospital appointments so the dressing could be changed more frequently, because it needed to be. This went on for weeks. After the first week, T started going to them as it was easier.

Around the 12 weeks mark, T said to the wound doctor that she doesn't feel right, that there was a lot of pain in her stomach and that the discharge from her wound had changed from blood to green. The doctor said that is normal and sent her home. Every time she went to the HDN, she told the nurses the same thing, that she felt unwell, that it wasn't normal and they said it was alright that the silver would fight the infection.

T started getting worse. T was in constant pain, T was tired, T didn't want to get out of bed as she couldn't sit up straight and the HDNs and the wound doctor just kept fobbing her off. T went to see the wound doctor again. She looked at it and noted the amount of blood in the wound. They thought at this stage that T may have clots. Belinda said T needed an ultrasound.

The wound Doctor called someone else and said 'I would be inclined just to sew you up'. There was still a hole in T's stomach. T had an ultrasound, there was no collection in her stomach. Then they got an emergency appointment with the Gynaecologist because they didn't know what else to do, approximately a week later.

The Gyno looked at the stomach. T explained he needed to do something as this was now making her depressed. T said it has been 3 months since the birth of son. He said, 'you being cut is the reason you are here today.' T told him this was her third C section-it was 'not her first time at the rodeo'. At that point he called another Gyno, and advised they would put her on the surgery list Cat A, to cut out 'all of the bad stuff (ie infected and damaged parts)'. That is when they diagnosed a sinus-T had never heard of this before and asked the Doctor for an explanation. He said it was a tunnel that led to nowhere.

At this point, it was measured at 3 cm deep. T filled in the paperwork for the surgery, more bandages were provided to T and she went home. That was on a Monday. By Friday it was time to see HDNs again. At this point T had to get her bandage changed twice a week (Wednesday and Friday) and T kept saying to HDN that she was feeling worse. When HDN saw the bandage they advised she had to go back to hospital.

HDNs called the wound doctor, she advised sending T straight to the hospital, PAC advised sending T straight to them. T waited and a Doctor came in and said to another nurse, she is past her 4 weeks she can come to PAC, she needs to go to ED, not here. T advised, if you are going to send me, send me now. Don't leave me waiting here. He walked off. T then had people walking in checking her blood pressure and other things. A lady Doctor came in to advise that she had said T needed to go to PAC. So T was able to stay.

More bloods and swabs were taken, and they put a canular in saying that would be admitted to the hospital and at this point Doctor Dimity had seen T again on her travels and she said 'I am so sorry, I cannot believe this is still happening to you.' She did some work and got T a bed at the Hobart Private.

T was then put on IV antibiotics, it had to run over 6 hours, with a 2 hour break and then back onto the antibiotics again. When the results came in, T had 4 different kinds of infections. T had, Strep A again, another Strep, Staph and another infection that she didn't understand the name of. T was shocked. The nurse said 'you are fine because it's not golden staph'.

Staff told T she was now on a waitlist to have the infection cut out, then when the Doctor came in he explained if they operate it will leave a bigger hole and they will have to start again. Theresa advised she was not told that by the Gynaecologist, she was shocked that then had an impact on Ts state of mind and she says fell into a big depression. At that point, T had no idea when she would get out of the hospital-they were pumping her with antibiotics and they didn't know what they were going to do.

The staff ended up saying she could go home, but that she needed a PICC put in, otherwise she would be staying another 2 weeks in hospital. T said she needed to get home to her 3 children. The RHH said she needed to keep seeing the HDNs to have the bandages packed and changed, no assistance was offered.

The hospital didn't explain what a PICC was, T had no idea what it was. They organised to have it done in a day or 2, a lady then came in and said 'I am here to put your PICC in'. It was then explained to T the PICC would go in her arm up near her heart-T was shocked she had no idea that's what it would be. The lady said she had done a lot of these and that an ultrasound would be used to select the best vein, but she said it could miss and go up near her neck. It was only at that point in time that T understood what it meant.

T sat there for 15 minutes asking questions about it, as she struggling to get her head around the idea of it. There was the option of not doing it but she would need to stay in hospital. The ultrasound came out, checked for the right vein, numbed the area and installed it and T had to go and get an extra to check it was in the right place.

After the x-ray, T was advised the PICC was in the right place they took blood and connected the antibiotics to the PICC and they removed the cannula, hours after the PICC was installed and only after T asked for it to be removed.

T had to wait for antibiotics to come from Melbourne before she could leave the hospital-which was another days wait. The Gynaecologist said he wanted to try T on the antibiotics for 2 weeks, and if these don't work there will be no option but to operate. The infectious disease staff said T was able to go home, with follow up appointment the following week as well as a follow up with the Gynaecologist.

T turned up on the Wednesday and spoke with the same Doctor who deals with infections, she said the Gynaecologist said he would come to that appointment to make it easier for T. The Doctor and T were both under the impression he would attend the appointment. They tried to contact him, but then changed date to the following week (10th August). T had also been told she would be informed about this appointment, and it was only because T spoke with the wound Doctor on Monday that she even knew about the appointment with the infections Doctor what time and where.

A social worker from the RHH was arranged through the Tasmanian Patient Health Group to meet with T to see what assistance could be provided. Her name was Fiona. T was a mess, and explained to her that she couldn't hang clothes out because of the PICC, that she was having trouble cleaning, couldn't hold the baby for long, that she was still sore and very tired. Fiona's response was to say that there was a line between when Child Protection get involved. This added to T's distress because she thought it was completely inappropriate as she was seeking assistance. In the end the Social worker said she could contact the GP, talk to the psychologist about putting medication up and that was it. No other assistance was offered.

At the appointment they changed all of the outside of the PICC, all of the bandages, provided T with a weeks' worth of antibiotics except for one day as they didn't have enough. T had to collect that on the following Monday. The following week, the infectious disease people looked at the PICC and said it was pointless having it in any longer and they removed it.

T was informed that 2 weeks of antibiotics had been tried and that she now needed to see the Gynaecologist. He measured the wound, which had already been measured by the wound doctor on Monday and it hadn't changed at 3 cm. The Gynaecologist was now saying it was only 1cm in size. This is after only 2 days, and this made no sense to T as the wound had been 3cm for 3 months, had been measured on the Monday at 3cm and now she was being told it was only 1cm in size. No further tests were taken. He said it could now close up as it had changed in size and all that needs to happen now is the wound needed to be covered and would close over and that T was now discharged from seeing the Gynaecologists, which she couldn't believe as she had already a number of issues and what if things didn't go to plan.

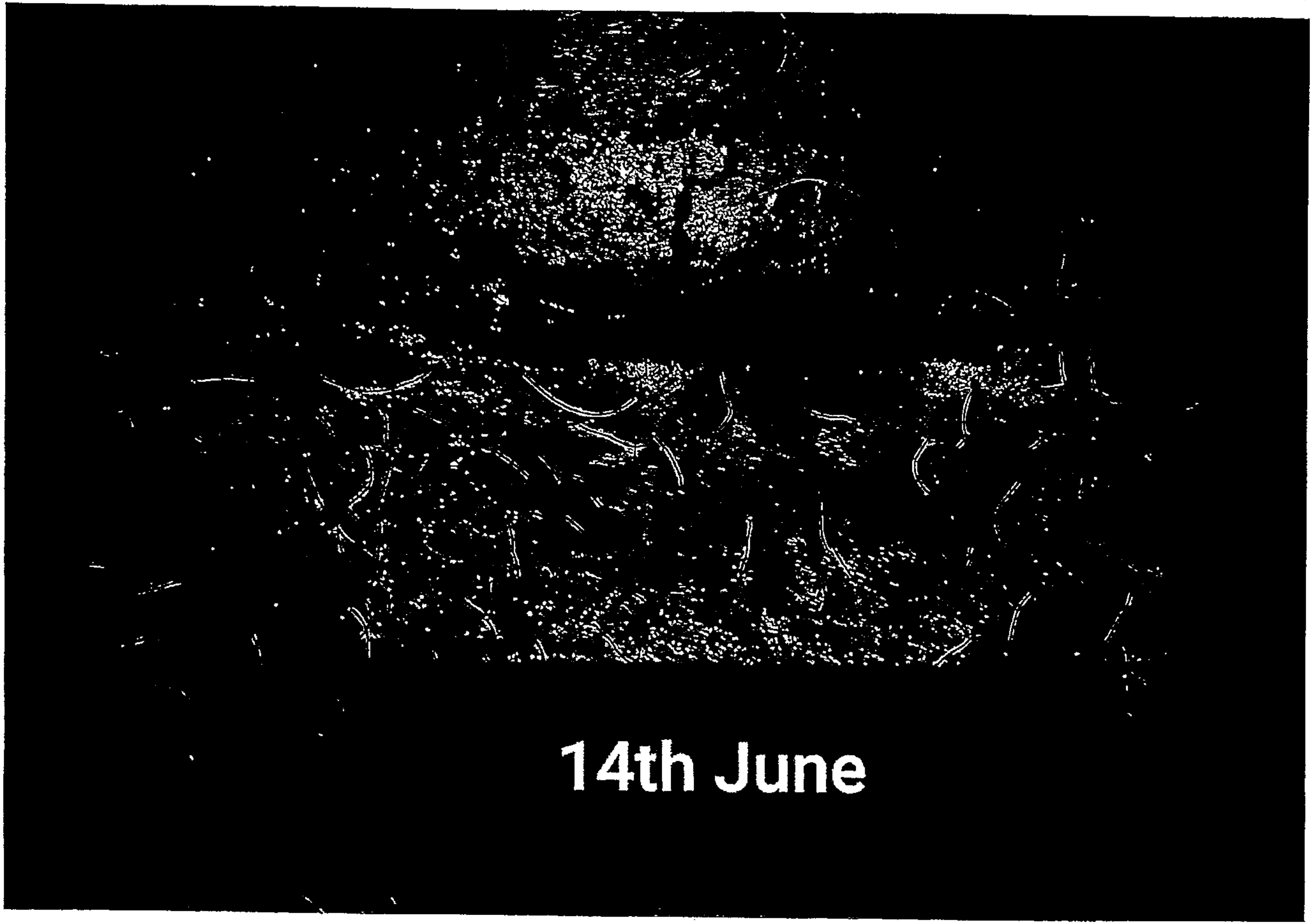
During this appointment, T heard staff talking to each other about 3 other women in the maternity ward in the same situation as T.

T has now informed Doctor's that she wants her tubes tied as she does not want to go through this ever again because of the infection and trauma post birth on her physically and mentally. She is now talking to the Doctor about options-not once did the hospital talk to her about contraception, or ask what she was on or give her anything when she left the hospital. T explained she can't take the pill due to health reasons, and she wanted to know what else was available to her. T has now been given a needle that lasts for about 3 months.

On 14th August, T was very sore and irritated on the wound-red raw and inflamed. T tried to leave it and tried to call HDNs, she was worried it was on the verge of cellulitis. HDNs called her back, and T again explained that something was not right-she said she would send a photo to HDNs. T was on the verge of going to ED last night, but is now waiting to go and see HDNs for their opinion-she has sent them a picture last night and the nurse advised it looked 'angry' and she may need antibiotics again.

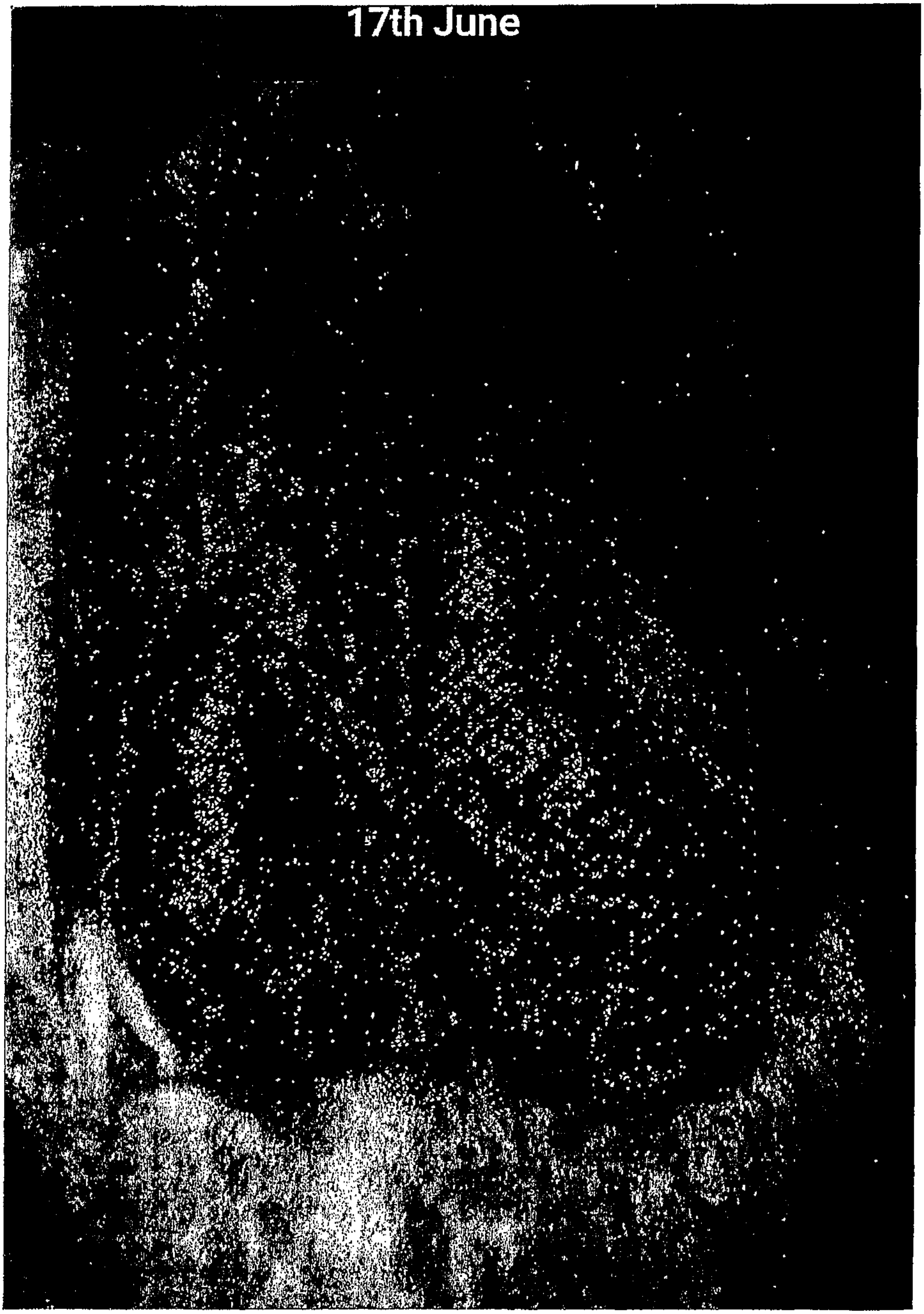
This ordeal is not over for T. Her baby is now 4 months old.

24th May 2017

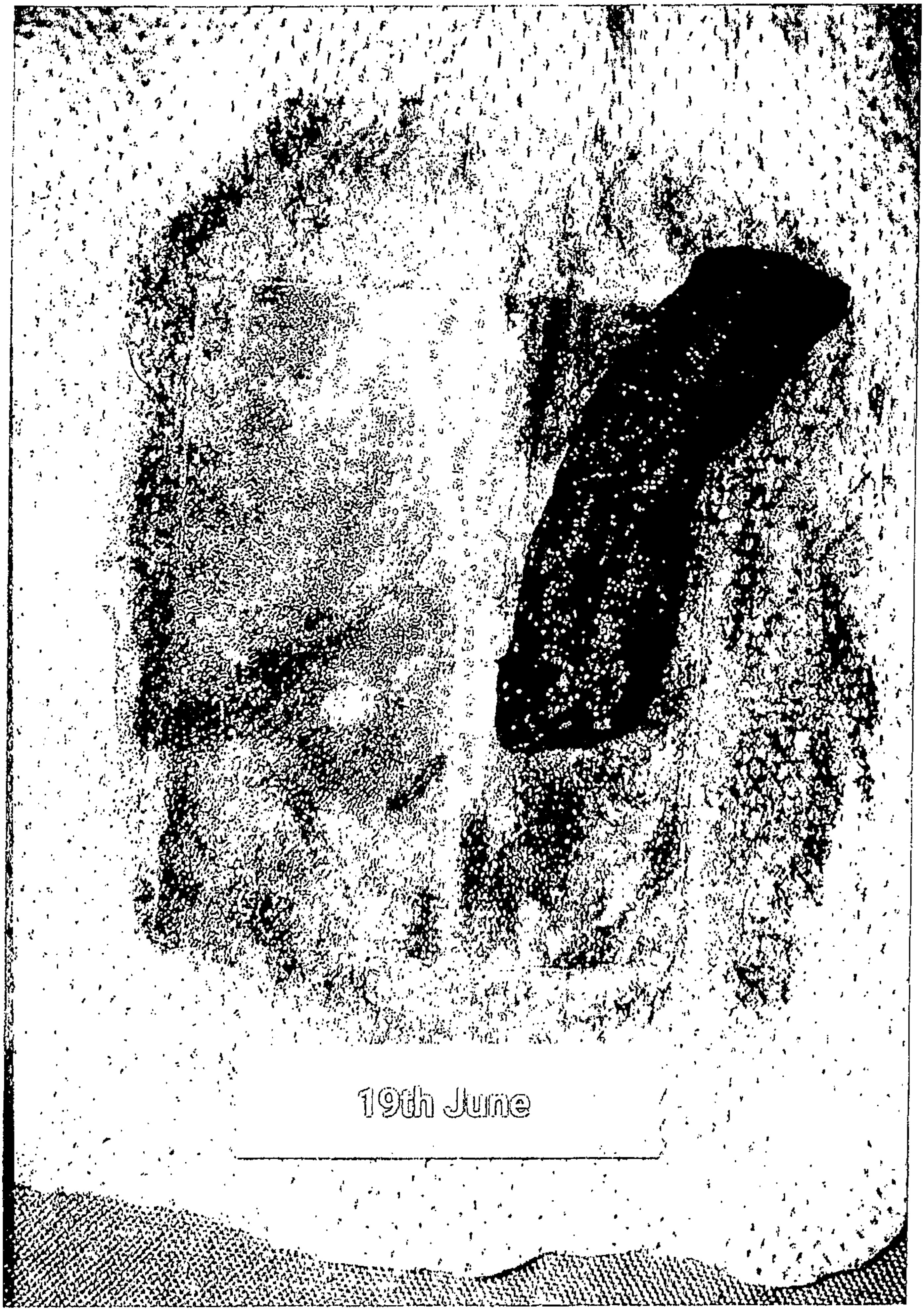


14th June

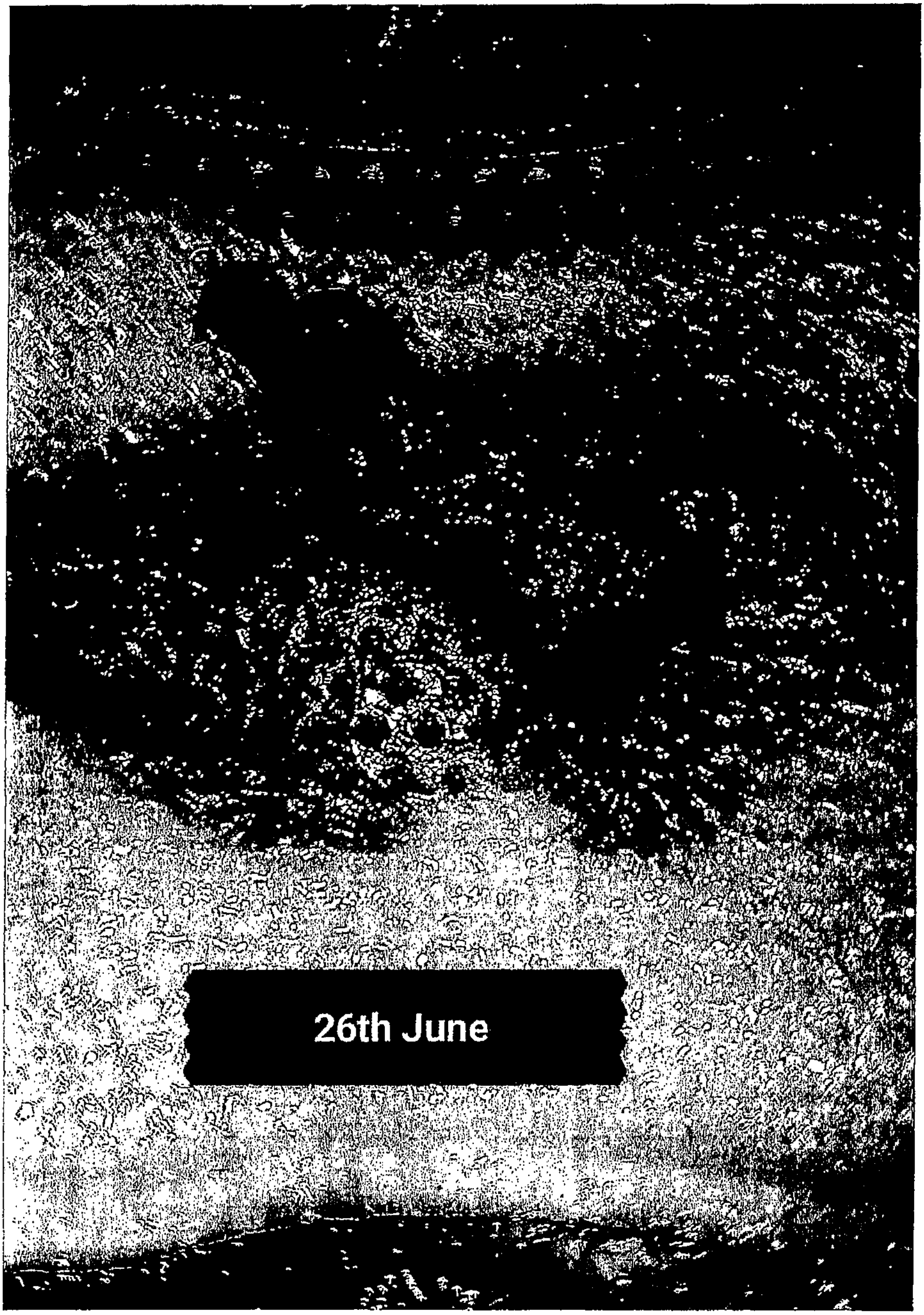
15th June



17th June

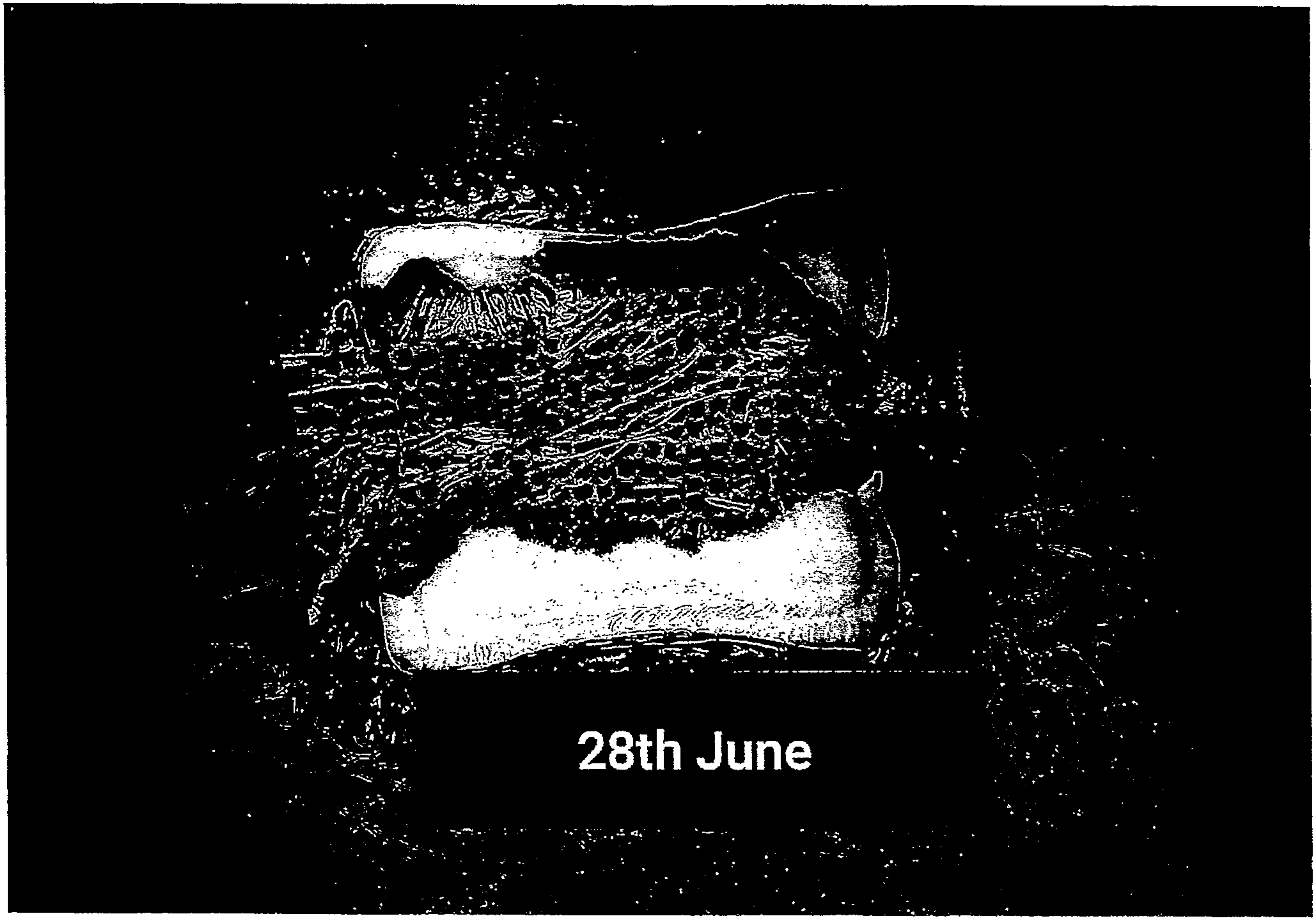


19th June

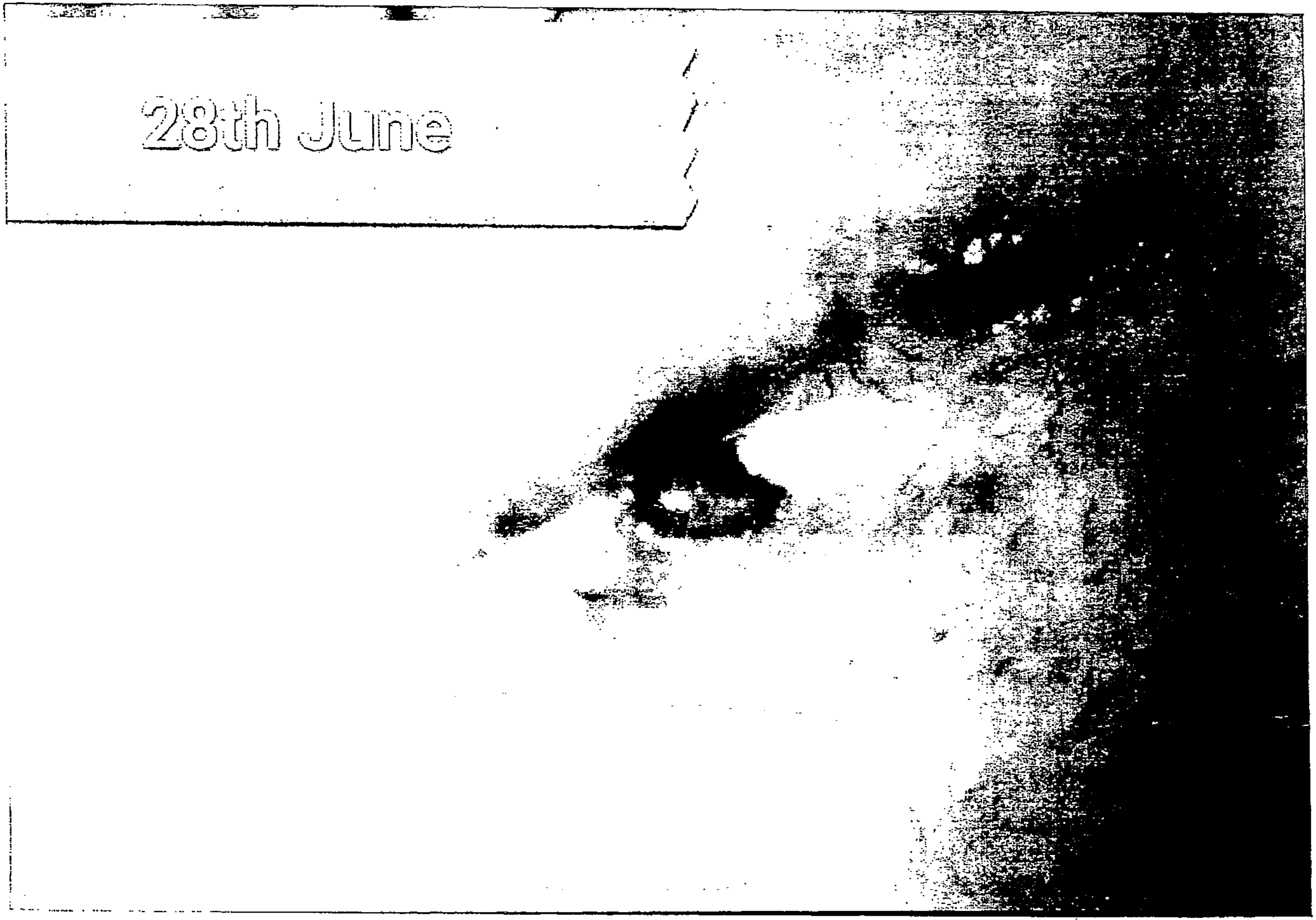


26th June

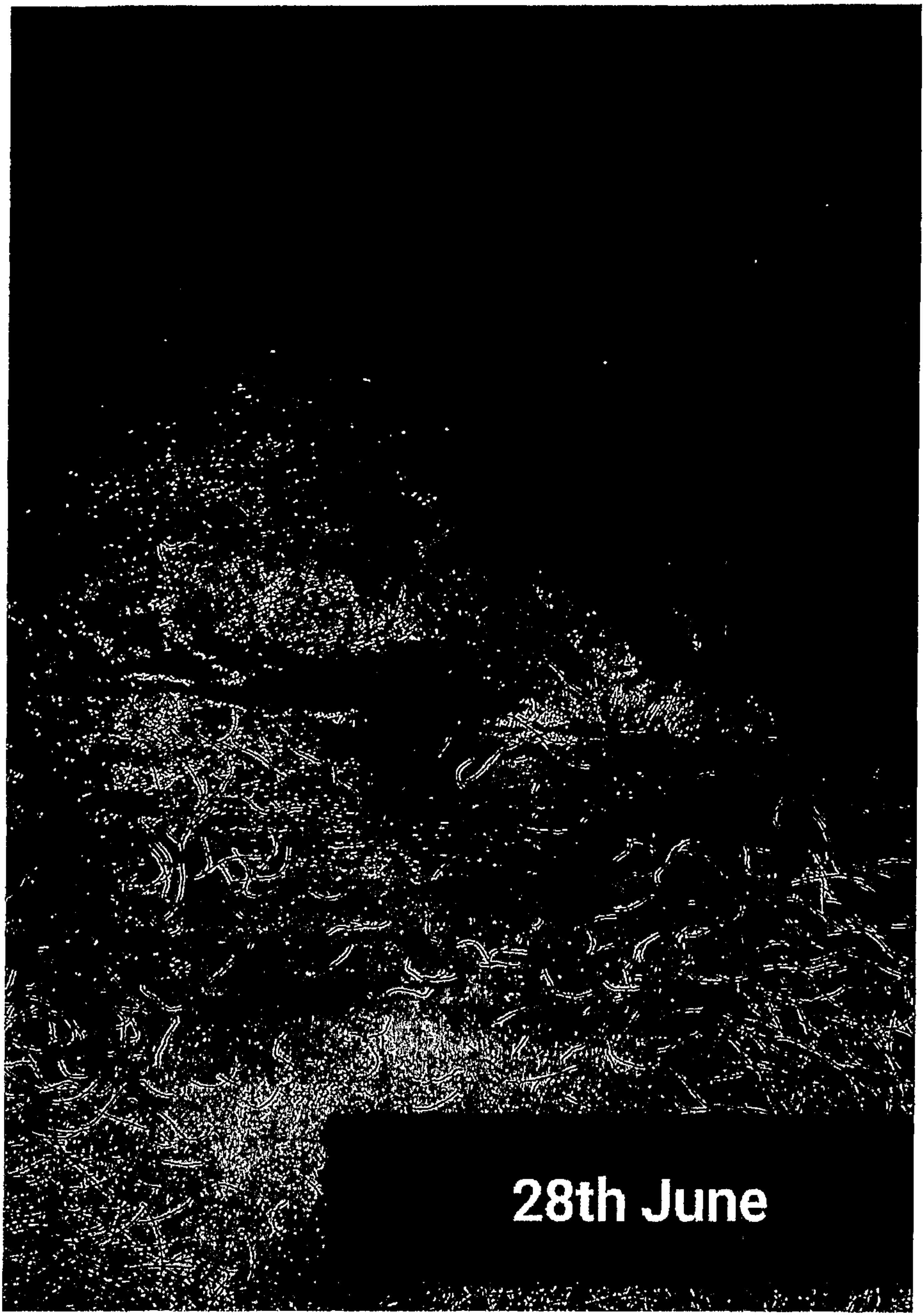

27th June



28th June

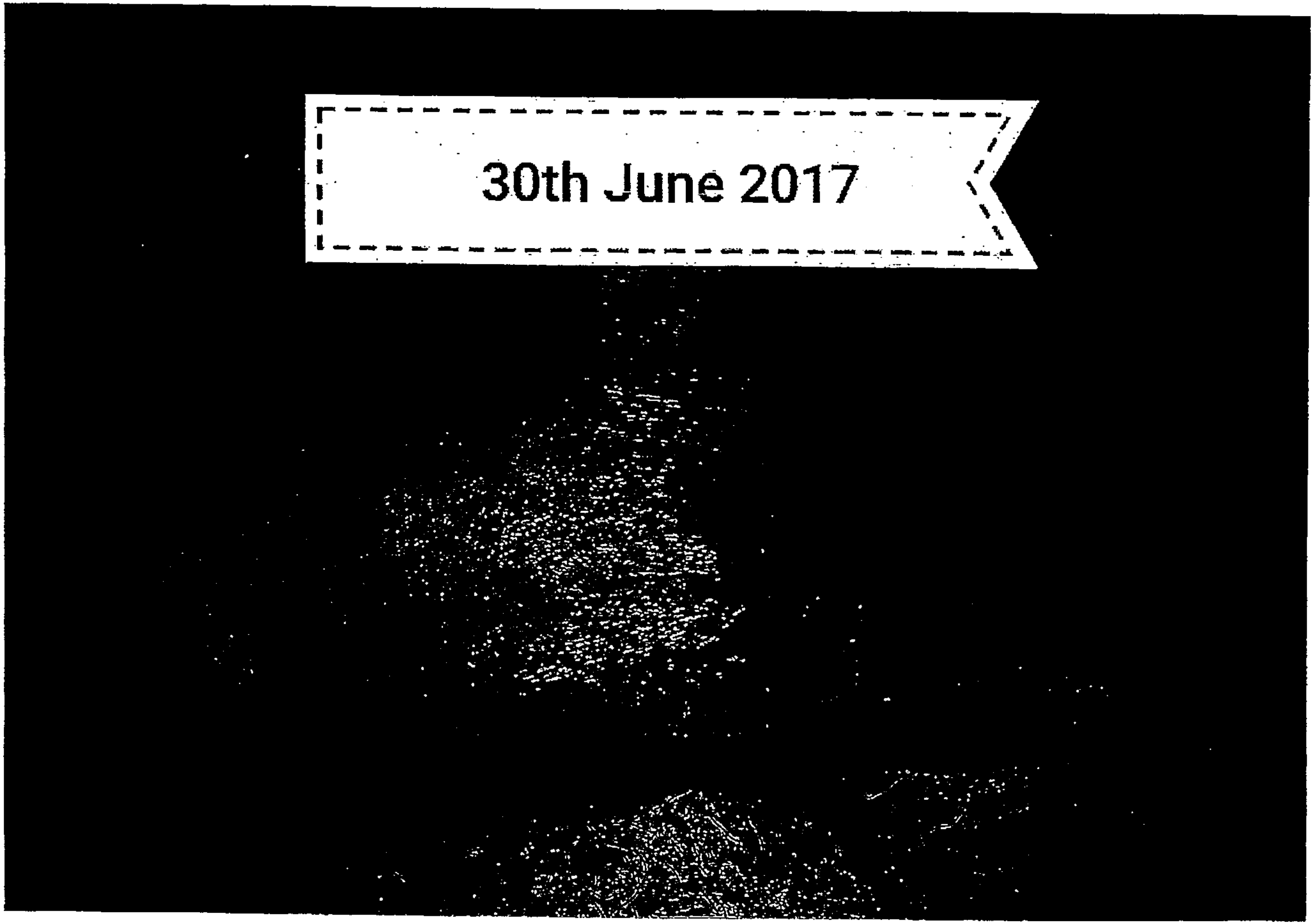


28th June



28th June


30th June 2017



30th June 2017

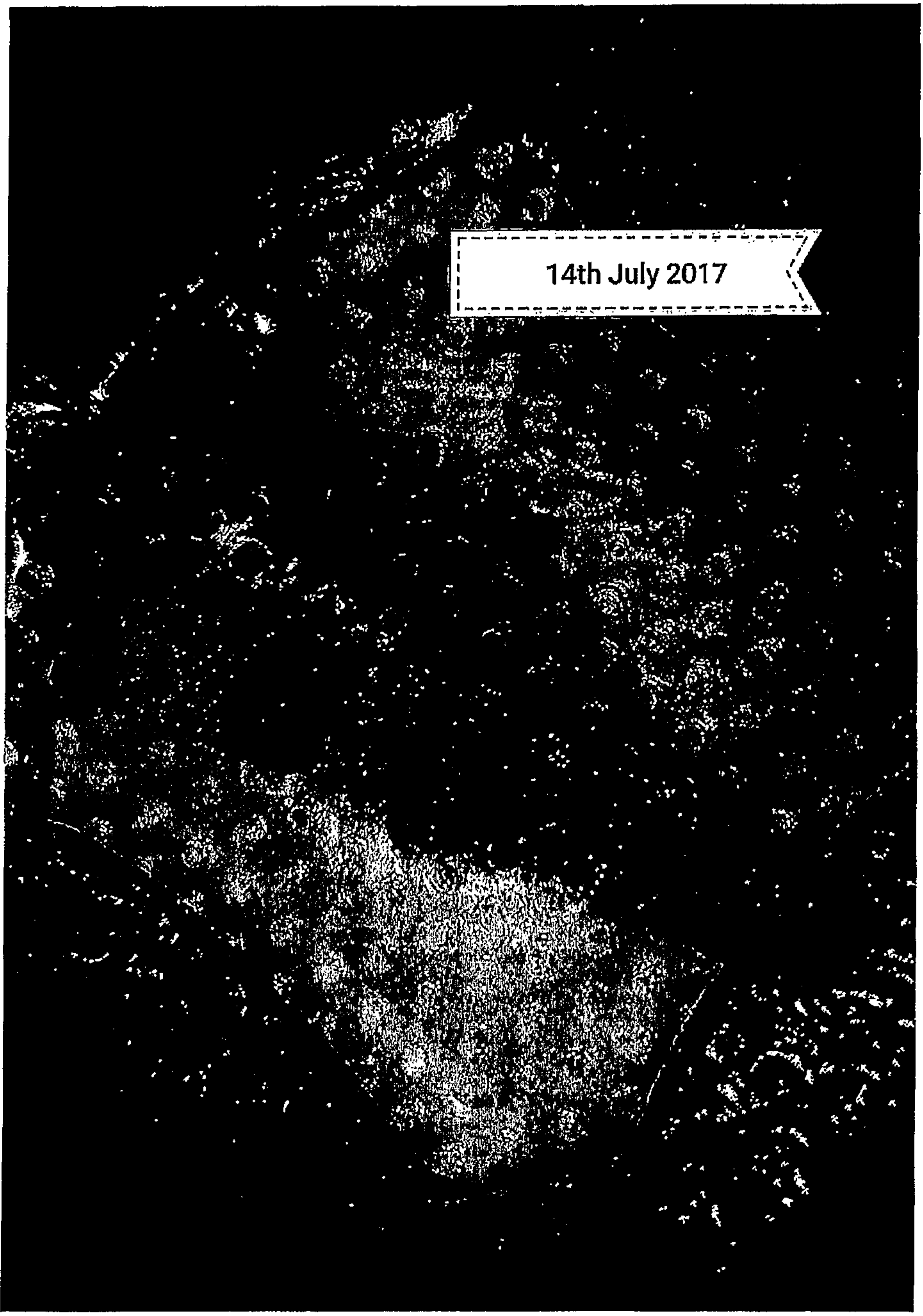
2nd July 2017

2nd July 2017


5th July 2017

9th July 2017

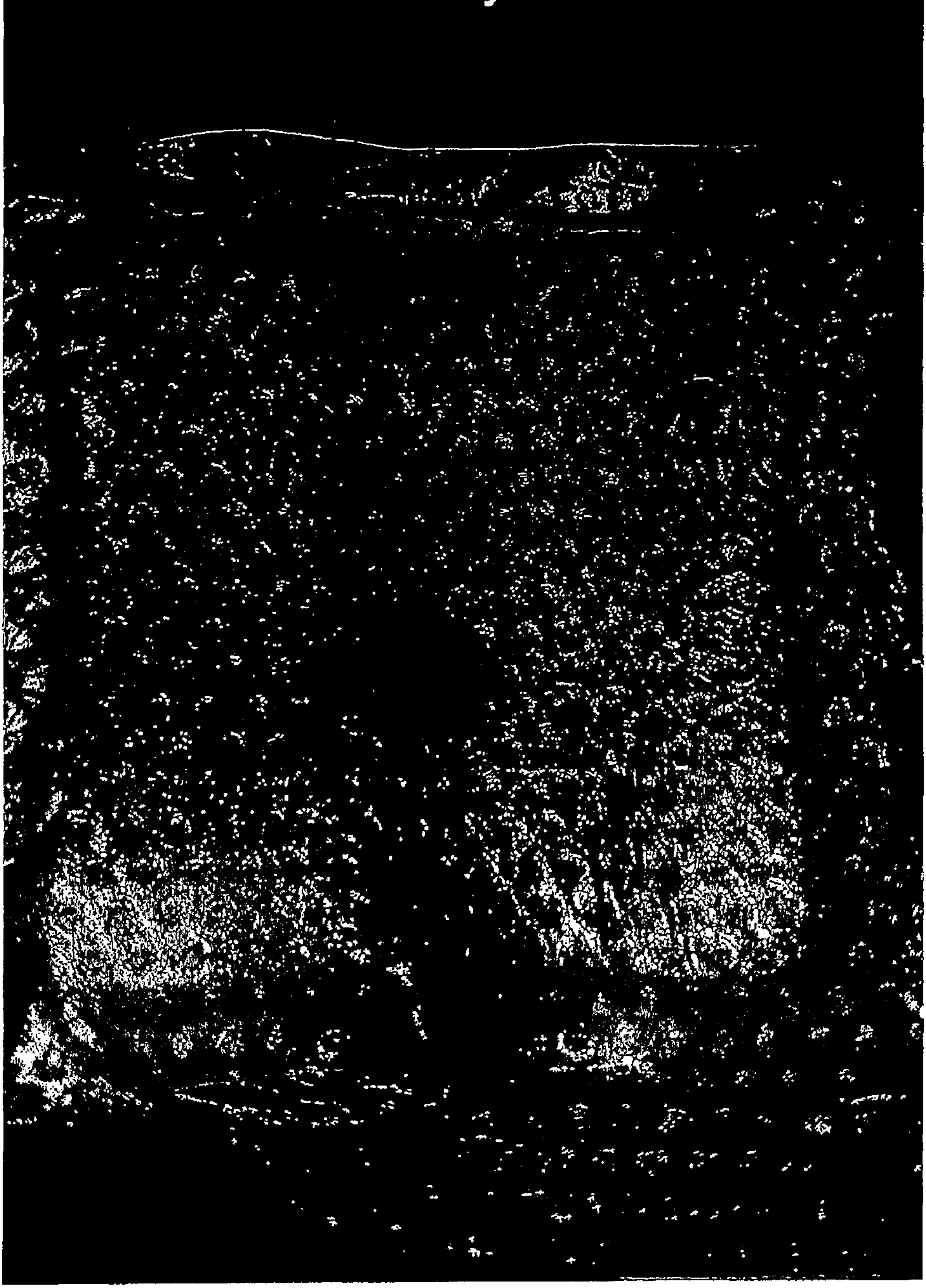
12th July 2017



14th July 2017

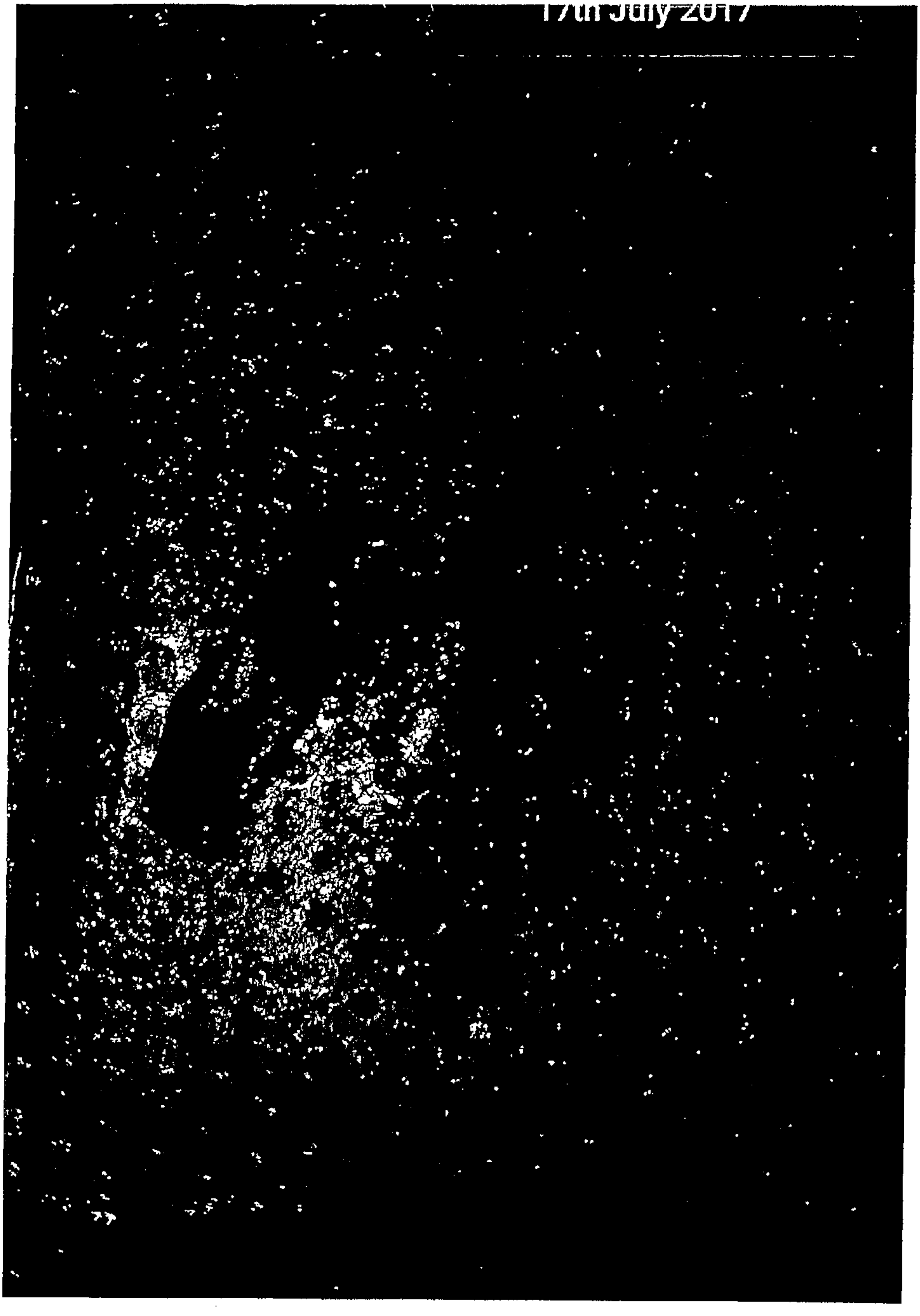
16 July 2017

18th July 2017



20th July 2017


th July 2017



17th July 2017

All Rebecca Lyons, search your mailbox Home Rebecca

Appendix B Patient Stories e)

Compose

Archive Move Delete Spam

Inbox (9999+)
Drafts (48)
Sent
Archive
Spam (755)
Trash (230)
Smart views
Important
Unread
Starred
People
Social
Shopping
Travel
Finance
Folders
Recent

Charmaine 3

People

Patient A

Charmaine Smigielski <silvicharms@gmail.com> Today at 8:30
To rebecca_red_egypt30@yahoo.com

A story for you to send through anonymously -

"My son was recently admitted to the Royal Hobart Hospital's ICU following an attempt to take his own life by carbon monoxide poisoning. The following 3 days he was kept in heavy sedation to allow assisted breathing and oxygenation of his body. The fear the medical staff had was that they were not sure how he would come out of the treatment as the CO is toxic to the brain.
On the 4th day, they took him off the assisted breathing and thankfully he seemed to be himself, recovering quickly.
Staff advised that as he was now out of danger (poisoning) they were going to transfer him to a (mental health) ward bed. We waited 4 days and still no transfer, with my son taking up an ICU bed. There were no mental health beds available.
As told to me by my son, after he received one visit from a psychologist, he was then was discharged direct from ICU and told to go to his GP.
This was certainly distressing as he was discharged back into the environment that he was in prior to his attempt to take his own life. The transition from that situation should have allowed more time under care (in a ward bed) to ensure surrounding support was already in place, medical, family and friends. Instead, with this type of situation not being experienced before, we were left simply to fend for ourselves.
We did and so far it has worked, thanks to my son's GP and his medical support team.
The shortage/closure of mental health beds placed our son at risk, especially at a vulnerable time, surrounded by inexperience family & friends.
I think we were extremely lucky and hope others that needed a mental health bed were too"

Reply Reply to All Forward More

Click to Reply, Reply all or Forward

APPEDIX B Patient Stories
(F)

DANNI'S EXPERIENCES WITH RHH

[redacted]

Danielle Sproule

[redacted]

I was sent to the Royal Hobart Hospital via my G.P. I was taken in by ambulance with chest pains and was considered as a Category 2 patient via Tasmanian Ambulance. When I arrived they took me through to be triaged and was sent into waiting room. I was in waiting room for four hours, then I was taken out the back to be assessed then back to the waiting room for another three hours until they decided to do a chest x-ray, bloods etc. Everything came back normal. I was then sent home.

The second experience occurred when I went in with abdominal pains. This time I went in via private car, was triaged and was told to sit on the blue chairs. I waited two and a half hours with the pain getting much worse. I went and told the nurses and they told me they would get authorisation to get me pain relief. This took another three and a half hours to receive. I was then admitted to the short stay unit but there were no beds available. I was again placed in the waiting room for twenty – three hours. After twenty three hours in the waiting room I was taken out back into a bed. I was in Emergency for forty hours in intense pain and then told there was a bed in the surgical unit but it wouldn't be ready yet. So I again had to wait in the emergency department waiting room for a further three hours. That is forty three hours all up. Then I was taken upstairs and was sent home with severe abdominal pain, vomiting and a high fever.

Three days later I couldn't tolerate the pain so fronted again at the Emergency department with the same issues and again sent home to be followed up in the clinic. I went to the clinic in August 206 where I saw a Gynaecologist. He then put me on Category 1 for urgent surgery list for diagnostic laporoscopy. While I was still waiting for surgery I had to keep going back to and from the hospital in pain. Finally in June 2017 nearly twelve months on the Category 1 waiting list I was operated on. I was in day surgery and expected to go home the same day but was kept in for forty eight hours.

The point in regard to Category 1 surgery patient the wait time is within thirty to sixty days not nearly twelve months.
Apart from being made wait so long, I was subjected to long, uncomfortable waits in the Emergency department whilst in severe pain, I had to keep returning to the emergency department and G.P. And I was further humiliated by being called a drug addict and they stated all the time that there was nothing wrong. I have had numerous visits to the hospital but due to "NO BEDS" I was always sent home knowing I would have to return there within days of coming home. On top of this I have suffered many infections, numerous surgeries and complications all due to the lack of proper care due to the health crisis which is still continuing because there are no beds, not enough staff or doctors to put patients in empty beds which I have seen multiple times on admission.

Danielle Sproule

[redacted]

27th June 2017 [redacted]

Laporoscopy performed at Royal Hobart Hospital

Two weeks later I presented to my GP with temperature, painand a swab was taken which was positive to *Staph Aureous* – MRSA resistant to anti-biotics

Still one month trialling oral anti-biotics and it is still not getting better

I go back to GP on 3rd August and was told it was still infected. Was put on Bactrum 800/160 orally.

I have presented to the Royal Hobart Hospital Emergency Department on two occasions and had doctors treat me like an animal and sent me home as there were NO BEDS.

They kept me in overnight after having a mild anaphalaxic reaction.

I was kept in overnight then sent home to follow up with the GP again and get him to do wound care which is still infected and still have lots of pain.

I am waiting on a call from nurse in charge at Gynaecology clinic about urgent appointment as one is set for September. However I believe this needs to be drained, cleaned out and my GP should not have to do this as it's a surgery matter.

Appendix B patient stories
g)

Rebecca Lyons

[redacted]

17th July 2016

I presented at the Royal Hobart Hospital A & E department with severe abdominal pain (low right hand side), high temperature and vomiting. I was kept in A & E and gynaecology registrars attended after the doctor conducted an internal examination. Two female gynaecologists attended and another internal was done. I was then told I would be admitted for possible surgery. Whilst waiting to go to a ward I was taken for another test (ultrasound with an internal) and also a CT scan. Transferred to a ward in the early evening (ward 2B surgical room 20). Here I was kept under observation and fasting as gynaecological team had decided to operate.

18th July 2016

Around 7.30 – 8 am surgeons (1 young Asian male and 1 older caucasian male) came to explain they were going to operate as the team had decided it was a possible torsion of right ovary (twisted ovary). I was put on continued fasting for surgery. Approximately 9.30 pm a nurse came to inform me that I was to be prepared for surgery. I was taken to the pre-op room to meet the anaesthetists around 10.15 pm. It was here I spoke to the young doctor whom I saw in the ward in the morning. I was surprised to see him still working 14 hours later. He told me not to worry when I said he looked exhausted. I was taken in to theatre and woke up in the ward around 2.30 am.

19th July 2016

Around 10 am a nurse advised that I was being taken for a CT scan as there was a possibility during the surgery some damage may have been done to my bowel. They thought it may have been 'nicked'. I was taken to CT scan and the orderly and CT operator went to roll me from bed to CT tray when I yelled in pain. They didn't realise (were not told) I had just had surgery with a 12.5cm cut across lower stomach. They were surprised and very apologetic.

20th July 2016

The older doctor from the 18th July came to see me and explained that they tried to operate laporoscopically but it was difficult to locate the ovary so they had to cut across. He said they took most of the right ovary and left a bit still inside as to prevent the onset of menopause. This was confusing as I am 50 years old and have a healthy left ovary.

21st July 2016

Discharged from hospital

27th July 2016

I went to my GP at Sandy Bay and my doctor (Dr Noden) had not received any information in regard to my hospitalisation or surgery.

5th August 2016

I went to GP at Sandy Bay to have wound dressing removed. The nurse took it off and com[redacted] that the surgical line looked roughly done and to keep an eye on it.

10th August 2016

Sick with flu/bronchitis for nearly two weeks

25th August 2016

4.30 pm I went to my GP clinic at Sandy Bay as I was increasingly unwell, high temperature and a very large area had hardened around scar and was causing terrible pain. Immediately the doctor wrote a letter to Royal Hobart Hospital A & E department. He thought it was an abscess with a large collection in it which would require draining.

5.10 pm I presented to A & E department with the letter and was taken to a bed. Again I was seen to by the gynaecology team and multiple tests done – bloods, urine, ultrasound, CT scan and 3 internals. There was a discussion around surgery again. They debated whether to operate or just treat with a combination of antibiotics.

26th August 2016

I was again taken to ward 2B surgical after staying the night in A & E. The gynaecology doctors came to review me and said the ultrasound showed my left ovary was swollen and enlarged. They decided to leave that until specialist appointment in September.

27th August 2016

IV antibiotics and gynaecologists visited to say they wouldn't operate

28th August 2016

Discharged with oral antibiotics.

Still very sore across wound

Still hard across wound

6th September 2016

I Went to GP at Sandy Bay as I was still concerned about hard section. Dr Claughton checked my file and also Dr Noden's emails but there was nothing from the Royal Hobart Hospital in regard to my surgery or subsequent hospitalisation on 25th August.

Dr Claughton was annoyed as he wanted to know what surgery and medications I had been given so he could further treat me. He rang the Royal Hobart Hospital and explained the urgency of having patient information for treatment. Dr Claughton then ordered an independent ultrasound despite having one booked at the Hospital on 20th September as he didn't trust them done there.

12th September 2016

I had an ultrasound done at xray (Glenorchy) and it showed no problem with the left ovary at all. Confusing as the doctors in hospital told me that the left ovary may require surgery at some stage.

27th September 2016

Specialist Clinic Appointment (level 8). The doctor wasn't familiar with my case and had to consult the computer files. This however didn't tell him any details of what had been done to me. So he asked me to explain. He had a look at my tummy and was shocked at it. He checked scar and hardness and said it would take a long time to heal and that surgery would be required somewhere in the near future to rectify it. He said he'd give approximately 10 months for swelling to completely go down and there would be a permanent section of hardness. He couldn't confirm if the ovary was removed or part thereof as he didn't have details in regard to the surgery. Very confusing as this appointment was organised by the gynaecology team post- surgery to check on my progress.

I discussed a tummy binder as my friend who is a doctor overseas had asked me if I had been given one after surgery. He was quite shocked that I wasn't given one as he said it should have been used immediately after surgery. The specialist was unaware of them and said to perhaps use physiotherapist to get one. He wanted to refer me to physiotherapy to help reduce swelling. I had to wait back in waiting room for him to organise a referral appointment. While waiting a nurse came to me and said the physiotherapy department would call me in regards to appointment.

10th October 2016

After waiting for call from physiotherapy I called specialist clinic and spoke to the receptionist who said she would check and call me back. Approximately half an hour later she called to say she couldn't find any record of referral for me. She offered to get physiotherapy to call me. To date no follow up call.

*Whilst in hospital, on both occasions I spent time talking to the other women in my ward and was saddened by their stories of problems associated with their treatment. Transparency, honesty and proper management is required.

*SIDE ISSUE: I was being transported by an orderly to a CT scan. It was my second admission time and I had IV drips for the subcutaneous infection. We were in a lift and two workers with orange Fairbrother tops on entered the lift , filthy and carrying food/coffee/ The orderly asked them to hop out of lift. They ignored his request twice. He raised his voice and raised his voice to photograph them. They got out and swore at him. He explained to me and apologised as his concern was my health due to infection. Apparently he said the hospital staff have had issues with them coming into lifts with surgical patients with dirt etc on clothing.

Since September 2016

I continue to have difficulty since the surgery. I have also waited for the physiotherapy referral and continued to call to sort it out to no avail. After the surgery I expected and was told I may have a few periods that were a bit painful, however after 3 months my period was still excrutiating. Prior to the surgery my period lasted 3 days with second day being slightly heavy. I didn't even use a full packet of sanitary regular size pads. Since the surgery I have had extremely heavy period which lasts 10 – 14 days with 2 days break then back again. I have had to wear a super tampon and two super sanitary pads at same time. In shower with tampon out blood flows and clots come out. At night I fold up a towel between my legs to stop leakage. I'm scared to go out much and won't sit down in case I leak on chairs. The pain is intense only in right hand side down low. It is becoming exhausting to deal with due to constant tiredness and weakness in legs. Also where the scar is and surrounding area is painful to touch and distended. I am unable to wear clothing that sits on it and have had to buy loose dresses and soft stretchy leggings.

I have also been to the family planning clinic in Glenorchy and sought help with Dr Claire Roberts. Dr Roberts has tried medication to ease the bleeding and pain but to date none have worked. She also wrote to the Royal Hobart Hospital requesting an appointment with specialists. I received a letter acknowledging receipt of referral but did not get an appointment until 27th June 2017.

30th May 2017

Earlier in the day I felt very tired and went home after friend I visited said I was looking pale and unsteady on feet. I rested on couch and got up to have a shower before bed. I remember getting out of shower and I found myself laying on floor in hallway with a towel wrapped around me. I don't remember collapsing or how long I lay there. Around 10 pm I called an ambulance and explained what happened and that I felt disoriented and strange. They said an ambulance would come.

After waiting an hour and feeling heady I called again and was told they were busy but would get to me when they could. Eventually at 11.55pm the ambulance came and the officers deemed it necessary to transport me to the Royal Hobart Hospital. They told me to get warm top and handbag so I left the lounge and went to bedroom to get them. Upon returning the ambulance officers had left the house and were outside. I went to back door and felt very woozy so stood in porch holding the wall to steady myself. The male officer was at gate down driveway and told me to proceed to ambulance. I held wall of house as I went down stairs and along driveway to ambulance. I felt wobbly in legs and believe the officers should have accompanied me from the house. Inside ambulance I sat and the male officer took my blood pressure on the way. He said it was extremely high.

Once at hospital I had to sit on chair in hall for ages with the officers until triage nurse took me into Accident & Emergency department waiting room. I was sat on blue chairs. About half an hour later my housemate came up as he'd finished work. He stayed and notified the desk that I nearly fell off blue chair. My head was hurting and I felt dizzy and nauseous. The triage nurse took me into a room and tried to take blood but was unable to get needle in. Took blood pressure and it was 247/129. I was sat back on blue chairs for hour and a half. When they took me in a doctor managed to get bloods done, blood pressure still high. The doctor remembered me from last year and was shocked to see my tummy was still distended and hard. A nurse asked me to remove my bra so they could do ecg test. I went to remove left strap and cried out in pain. I couldn't move my arm. The doctor saw a swelling on upper left arm and thought it might have happened when I collapsed.

I was sent for a chest x-ray and CT scan ordered for later. A nurse came in with two tablets and I asked what they were. She said Tramadol for pain. Just as well I asked as I have alert on fill as I can't take opiates due to adverse reactions.

31st May 2017

Taken to EMU unit and put in solo room. Doctor came and asked questions. Made me stand but I nearly fell down. For a second time a nurse bought me Tramadol. Thankfully this time my housemate was present and questioned what it was. My head was throbbing and lips sticking together. I asked for water as I hadn't had any fluid since around 9 pm the previous night. In the afternoon I was moved to a three bed ward in EMU unit. I was put on intravenous drip. I deteriorated with head feeling like it would explode, couldn't tolerate noise or light.

1st June 2017

I was transferred to a bed in level 9 Oncology ward. Was observed and again offered Tramadol.

2nd June 2017

I woke up around 6am and a nurse asked me why I hadn't taken the pills sitting on my tray. I wasn't aware of being given them. A few doctors came around and said they were ordering blood pressure medication and after given it I would be monitored for two hours and then discharged if it dropped a bit. My housemate questioned why I wasn't being checked properly and why nothing had been done about my arm (I still couldn't move it). They exchanged a lively conversation to which the senior female doctor admitted it was because they needed the beds. She said sorry but others are being discharged too. I was discharged in the afternoon.

8th June 2017

I was able to get an appointment at Glenorchy Medical Practice at 3.30 pm with Dr Vithanage. She sent me for blood test and ordered an ultrasound on my left arm.

15th June 2017

Appointment with Dr Vithanage at Glenorchy. Blood pressure still elevated and glucose up. Prescribed Metformin, Idaprex 4mg and Amiodipine Sandoz 10mg and told to get blood pressure checked every day.

16th June 2017

Had ultrasound at Rosny as it was earliest appointment I could get anywhere. The lady who did ultrasound called a doctor in to look at my shoulder and it showed a torn tendon and bursa swollen approximately 5 times the size it should be. She explained I would need cortisone needles in it and surgery most likely. This wasn't checked whilst in Royal Hobart Hospital despite telling them I couldn't move my arm and had a distinctive swelling on upper left arm.

20th June 2017

Appointment with GP Dr Vithanage. She sent referral to the Royal Hobart Hospital for my shoulder. I was also referred to Physiotherapy.

26th June 2017

Physiotherapy appointment. Shoulder taped up. Still so painful and unable to move it.

27th June 2017

Specialist appointment at Wellington Clinic level 8. They have listed me for surgery and I had to fill in admission forms and was told they would call me with date and time. Finally felt things might get done as the doctor said it was quite shocking the problems I was having.

10th July 2017

Physiotherapy appointment. No improvement in range of movement

17th July 2017

Appointment at Glenorchy medical practice. Dr Vithanage changed dosage of Idaprex from 4mg to 8mg

*

I am still waiting for surgery and still waiting for appointment in regard to my shoulder. I am still in pain daily from stomach and now from shoulder. I am limited to panadol only as I am allergic to pain medication. My quality of life is reducing and pain etc is exhausting me. Last year I was approved to work on Christmas Island but due to problems after surgery I was unable to go. They held the job for three months to give chance for recovery but due to ad hoc treatment and wait for appointments I lost the opportunity to work.

Tasmanian Government

ROYAL HOBART HOSPITAL
GPO BOX 1061
HOBART 7001
TASMANIA

TASMANIAN
HEALTH
SERVICE

[redacted]

[redacted]

Date: 11th May 2017 Our Reference: 101890649

OUTPATIENT APPOINTMENT NOTIFICATION

Dear Ms Lyons,

Re: **Rebecca Louise Lyons** **DOB: 09/05/1966**

We wish to confirm the following appointment has been scheduled:

Clinic: **Gynaecology**

Date: **Tuesday 27th June 2017** Time: **10:00 am**

The location of the clinic is **Wellington Clinics, Level 8, 42 Argyle Street.**

If you have any of the following, please bring with you to the appointment:

- Medicare, Pensioner, DVA, Appointment cards and this letter;
- Current medications, x-rays and any test results or letters concerning the condition.
- Infant Health Record book (if applicable)

The Royal Hobart Hospital is a teaching hospital and it is likely you will be asked to participate in the education of new Health Professionals by allowing clinical students to assist in the consultation. We appreciate your co-operation.

Attendance at this clinic is very important.

If this appointment date is unsuitable or if there is a change of address, telephone number or any personal details, please contact us on the telephone number below. **Non-attendance will result in the hospital discharging you back to your General Practitioner.**

Appointments Officer
Women's Health
Outpatient Department

Royal Hobart Hospital

Telephone: (03) 6166 0000

Telephone Business Hours: 9:00am to 4:00pm
(Monday to Friday – excluding Public Holidays)

For further information regarding the Outpatient service at the Tasmanian Health Service please go to www.outpatients.tas.gov.au

///

ROYAL HOBART HOSPITAL CLINICS

YONS, REBECCA
[redacted] Medicare Number: 4070175915
our Reference: Lab Reference:
ddressee: DR VINDHYA VITHANAGE Referred by: DR VINDHYA VITHANAGE
ame of Test: U/S LEFT ARM
equested: 08/06/2017 Collected: 16/06/2017 Reported: 16/06/2017 13:5 [redacted]

S LEFT ARM

STORY
ump upper arm. Recent fall due to LOC. Pain over the ltoid region.

PORT
the region of the visible swelling, no focal sonographic normality is identified. There is no muscle tear or ematoma. There is no cystic or solid mass. There is no screte lipoma.

the patient reports pain over her deltoid region, the oulder was examined, (at no charge).

e AC joint demonstrates bony irregularity but no malignment and no capsular swelling. The patient is not cally tender here.

e biceps tendon is intact and normal with no evidence of nosynovitis or a tear. There is no biceps sheath fusion. The subscapularis tendon is intact. Overlying th the biceps and subscapularis tendons is a fluid-filled d thickened anterior recess of the subacromial/subdeltoid rsa.

e infraspinatus tendon is intact. When scanning steriorly, a small glenohumeral joint effusion is seen.

ere is a recent full thickness tear of the anterior to d supraspinatus tendon. It is 8 mm in transverse mension and up to 16 mm in longitudinal dimension. The ring is ragged. Fluid traverses the defect in the tendon d extends into the overlying bursa. The bacromial/subdeltoid bursa is moderately distended with uid. Its lateral recess descends over the humeral neck. e bursa bunches on most movements of the arm, consistent th impingement.

NCLUSIONS

Recent full thickness supraspinatus tear.
Secondary bursitis with impingement.

PHILIPPA TAPLIN
iology Tasmania

ROYAL HOBART HOSPITAL CLINICS

FT152500

Patient Details

UR No:
Ms Rebecca Louise Lyons
Medicare Number [redacted]
DOB: [redacted]

[redacted]

[redacted]
PH: (W)
Mob:

Dr Vindhya Vithanage
Prov. No. 4775355A
Glenorchy Medical Centre
346 Main Road
Glenorchy TAS 7010
Ph: (03) 62 74 0800 Fax: (03) 62 72 0877

Referred to : **Specialist : Orthopaediac / general surgery**

Provisional Diagnosis:

Full thickness supraspinatus tear assessment / management

Referral Details:

This patient had a fall resently and admitted to RHH ED .She has left arm pein , Resent USs showed full thickness tear . Appreciate your assessment and management for her .

Signed: *Date: 20/06/2017*

Allergies:

opeolds

Medical History:
Not recorded.

Current Medication:

Metformin 1,000mg Tablet 1 Daily

Social History:

Seen Before No **Interpreter** No **Language** **GP Priority** Next Available

Template produced by Tasmania Medicare Local April 2005, Modified Sept 2013

Appendix Section B patient stories

h)

Patient 1 story

A lady spent one week in Calvary hospital with spinal surgery then t[redacted]bilitation before discharge ack to Devonport. Occupational Therapists asked her how she wo[redacted] when she got home and she said she didn't know. Her husband had had a stroke and was disabled. The Occupational Therapist said the patient would need to make her own arrangeme[redacted] homecare or whatever because she didn't live in Hobart

Three weeks later my aged care contacted and help was organised for next week. So a total of four weeks passed with no assistance and no equipment was organised to help me [redacted]

APPEDIX B Patient Stories (1)

in:draft

Gmail Move to Inbox More 5 of 7

COMPOSE

Inbox
Starred
Sent Mail
Drafts (7)
More

Jim +

Evidence for the inquiry into Acute Health Services

Inbox x

Kate Leitch <kateleitch01@gmail.com> Jul 2 (8 days ago)
to me

I am writing to share my experience of what we experienced during our daughters 18 month long mental illness.

For reasons we have been unable to establish (we were told genetics is the most likely reason) she became unwell in year 11, displayed symptoms and signs of depression and anxiety. Stopped attending college by April and stopped being able to go to her part time job, then she stopped eating for three weeks.

We had private health cover but didn't have psychiatric cover on our plan.

Three times we went to the RHH emergency department when she was extremely suicidal, not eating, not sleeping, self harming and wanting to self harm further and with high anxiety and she was very distressed. We didn't know how to help her. She was on medication at this stage and it wasn't working.

The first time we went we were seen by a doctor who asked questions to evaluate her status. After this she was told that "She was a nice girl and she would not want to go in the psych ward." And "it's not a nice place." She was treated with kindness and I think we were given some Seroquel (Quetiapine) and sent away and I remember feeling terrified that I would wake up in the morning and she would be dead or missing.

Sometimes I slept on the floor outside her room when she was feeling especially bad.

No recent chats
Start a new one

in:draft

Gmail

Move to Inbox More 5 of 7

COMPOSE

Inbox
Starred
Sent Mail
Drafts (7)
More

J Jim +

As far as I can tell I was my child's mental health coordinator and I had way too much emotional involvement and no experience or knowledge to do the job well. We bumbled through and I don't know how we would have ended up if we didn't have private health cover, which is wrong.

So this was our story and experience. I hope things can be improved for others. Especially around eating problems in young adults as that was one of the worst areas I encountered. There is nothing once people turn 18. Thankfully my GP was amazing and saw my daughter weekly for about a year and bulk billed every appointment.

The most central option the hospital - open 24 hours and full of medical professionals - was useless.

I desperately wished to meet other families who had been through this and come out the other side. I wanted to know how many young people could be this unwell and recover and lead a normal life. I wanted to know the statistics. Where is all of this support?

No recent chats
Start a new one

I am able to be contacted if you wish to discuss this further.

Regards Kate Leitch.
0417 542 907

Kate Leitch (kateleitch01@gmail.com)

Hi Kate ,
Normally it's our Sec Alli Thant respond , but I want to thank you myself for allowing us to share your story.

I'm so sorry this has happened and will get it to the inquiry, this is one of many stories that show why we need to hold any Tasmanian Goverment

Send

Appendix Section B patient stories

j)

Patient B

I went to Latrobe Emergency Department in September last year (2016) with severe abdominal pain. I arrived at 10 am and was finally seen two hours later and taken to another reception room. About 2 pm I had a CT scan and they told me I had diviticulitus and they had sent the x-ray to a Burnie team and I would have to go to Burnie. At 4 pm my husband offered to take me to Burnie but they declined and said I was too ill and had to go by ambulance. At 5.30pm they put me in a recliner chair in the Emergency ward. Then at 7pm they put me in a bed there in the emergency ward. I slept after being given a pain killer. At 10pm an ambulance took me to Burnie. On arrival we waited in the ambulance area for about 20 mins till they knew where to take me.

The ambulance went to a ward and was shown a bed. No nurses came and I fell asleep fully clothed on the bed. About 2am I awoke undressed and got back into bed. I didn't see a nurse until the following morning. They failed to take care of me. The staff at Latrobe and the ambulance officers were really terrific. I know they were very busy and due to short staffing and not enough available beds

Appendix Section B patient stories

k)

Patient C

After feeling unwell all day I presented to the Mersey Hospital at 5pm on Saturday with abdominal pain. At 6.30pm I was told I had appendicitis and would need to be transferred to Burnie by ambulance. Burnie said they had a bed ready – however I was told there was no ambulance available. My husband offered to drive me but we were told no. The pain was getting worse and worse. I was told that Burnie rang twice but still no ambulance.

The ambulance arrived about 12.30 – 12.45am stating that they had been in Latrobe all night and were not called out to a job. At 2am I was wheeled into an overflowing Emergency Department in Burnie and put into a paediatric bed as this was the only bed available. I was starting to become septic. They increased the IV drugs as theatre staff had gone home so I was now scheduled for theatre at 7am

At 7am an old man with a hip fracture went to theatre. Early in the afternoon I finally got tsaken to theatre. My family were told to expect me out in about one and a half hours. As they were removing my appendix they ruptured and haemorraghed causing greater risk of more infection. I went into recovery and as I was waking up I haemorraghed again and had to go back into theatre. My family had been told I was ok then that I wasn't. I am the mum of a six month old girl.

I got back to the ward at 7pm that night, septic, sick and on massive doses of IV antibiotics and needing a lengthy recovery. I was in a four bed ward but only two beds were being used as there weren't enough staff to open the other beds. At all times the staff at both hospitals and ambulance officers were amazing , working hard under harder conditions.

Appendix Section B patient stories

L)

Patient D

A patient went to the Emergency ward at Burnie Hospital at 10.30am in an at risk state. After being in the waiting room for three hours she was taken to the emergency room. When the doctor finally saw her she was asked to sign a do not rescusitate form because of all the problems she has with only one lung. A bed was finally found in the hospital at 1 am. She was taken up then this meant that someone had to be discharged at 1 am in the morning.

I am not complaining about the nurses and doctors. They do a great job and are quite sympathetic to each patient's needs. One nurse that was working in the emergency ward was working 14 hours shift. **SO IS THIS EVEN LEGAL?**

Appendix Section B patient stories

m)

Patient E

In May 2017 whilst my mother was in the Mersey Hospital Emergency Ward I was sitting with her and was listening to the nursing and medical staff behind the desk talking about an accident the day before in Devonport and no ambulance had been available to attend. The police at the scene of the accident actually transferred the patient to hospital. I was appalled at how bad our health system really is

Appendix section B patient stories
(n)

Charmaine Smigielski

[redacted]

In January 2017 I had two tumours removed from my spinal chord........ in Royal Hobart Hospital. I recovered well from the surgery but had not had my bowels open as I have a spinal chord problem at L2 which affects my bowel function. I had taken at least six tablets and four lots of liquid ....with no result on day three post-op.

During this time Accident and Emergency was frantic and the ward had been told to get every possible patient out to make room to empty the Emergency Department. This meant I was told I could have an enema and then I would be going home.

I explained that home was Latrobe, which is almost 300 km away and there are not many places to stop along the way with toilets. I was told "no problem" I would be fine to travel the distance sitting in the car. Just stop every half hour. I asked if they had any suggestions as to where I should stop if all the medication I had taken should start to work on the way home.

Their answer was to give me some pads and sent me on my way. My discharge medication wasn't even complete. They did not have time.

On 5th June 2017, I presented to Accident and Emergency in the Mersey hospital with very painful right knee. An x-ray showed an old ligament tear. I was given pain relief, told to rest it and to see orthopaedic clinic asap. They said they would organise the appointment.

On 7th June 2017 I presented to Accident and Emergency in the Mersey hospital in extreme pain in my right knee radiating to my right hip and I was unable to weight bear. I was told I needed an MRI scan but I would need to see my GP to get one ordered as the doctors at the hospital are NOT ALLOWED TO ORDER THEM DUE TO COST.

They did manage to get me into the orthopaedic clinic the next day. The orthopaedic doctor told me I needed an MRI and they would review me after I had it done so they knew what they were dealing with.

Crying with pain I had to get to my GP clinic, beg to see someone as my GP had no available appointments for over a week, to get an MRI ordered, then go back to the hospital for the MRI. Getting in and out of the car with a knee I couldn't bend, in extreme pain, unable to weight bear and trying to use a walking frame.

The earliest MRI I could get was at 7am in Launceston on Friday the 9th June 2017. A 200 km round trip for my husband and I who are both on pensions and with my leg still very painful.

APPENDIX B Patient Stories (O)

My elderly grandmother fell and severely fractured her arm on the 13th July 2017. She was transferred by ambulance from Devonport to the North West Regional Hospital where she [redacted] the ambulance outside emergency for at least an hour as there were no beds in the emergency department for the ambulances to unload. There were three ambulances in front of my grandmothers.

Finally in the emergency department she was put into an "extra" bed that had been found somewhere and placed in the unit, where she stayed until the next day before a bed could be found on the ward. The surgeon had told her and myself that she may have to go to the Alfred for surgery as it was going to be complex. Then we were told it would be done in NWRH.

On 14th July she was fasted all day , then told it would be the next day (Saturday) as they didn't have all the equipment needed. Saturday she was fasted again but the equipment still didn't arrive until lunchtime and it needed to be sterilized. So my grandmother was told she would be having the surgery early Sunday morning. Early Sunday morning, however, a young child went to theatre and my grandmother went in the afternoon – returning to the ward that evening.

Monday morning 17th July MET call for low BP. She was confused and affected by sedation. Tuesday 18th July my grandmother was told she could go home. I refused to take her. On Wednesday 19th July MET call low BP. Then later in the day she was again told she could go home. I again disagreed. Thursday 20th July doctors again tried to discharge her even though she was not fit for discharge.

I was looking at my grandmothers notes and found a form filled in by a doctor in Accident and Emergency. My grandmother had been given strong pain relief and has no recollection of speaking to this doctor about this form. She is normally very lucid and would NEVER have agreed to what was written on this form. I was also with my grandmother the entire time and have enduring guardianship which the staff were aware of. The form had been filled in that my grandmother was for "palliative care only".

I was absolutely appalled to think she had had two MET calls in the past week. Had her condition been worse she would have been left to DIE AND NOT TREATED BECAUSE OF THIS ERRONEOUS FORM.

I mentioned this to the nurse and showed it to her and she said it should never have happened and she would get it sorted. That form then completely disappeared from my grandmothers notes – not to be seen again. Please see attached photo!

The plan was then for physio and O/T and a rehab bed at Mersey which is closer to home or a transitional care package. She was only getting minimal help in NWRH so against medical advice because no beds were available elsewhere I took her home on 29th July.

PLEASE FIND ATTACHED PHOTO OF:-

MEDICAL GOALS OF CARE PLAN FROM MY GRANDMOTHERS NOTES [illegible] CURATIVE or RESTORATIVE with [illegible]

[illegible] for [illegible] support [illegible]

☐ NOT FOR CPR or INTUBATION [illegible]

[illegible]

C. The goal of care is PALLIATIVE
focus on [illegible] quality of life

☐ NOT FOR CPR OR INTUBATION

Specify [illegible]

D. The goal of care is
COMFORT DURING THE DYING PROCESS

☐ NOT FOR CPR or INTUBATION

The [illegible] limitation of medical treatment [illegible]	☐ in [illegible]
[illegible]	☐ [illegible]
[illegible] REASON [illegible]	☐ DESIGNATION [illegible]
[illegible]	[illegible]
[illegible]	☐ [illegible]

[illegible]

APPEDIX B Paitent Stories

(P)

Jim Franke <tasmanianpatienthealthgroup@gmail.com>

struggle to keep private health cover with a chronic pain condition from failed spine surgery

2 messages

james davidson <jamesdavidsonsnr@iinet.net.au> Thu, Jul 27, 2017 at 12:05 PM
To: media@lanhanpr.com.au, media@cronicpainaustralia.org.au, tasmanianpatienthealthgroup@gmail.com

hello,

my name is Jim Davidson and i am writing seeking some help with my long long term chronic pain following two surgeries and a fall which caused another fracture.

My story started back in 2002 when I had a disc repaired in the thoracic area , this all went well, but then in 2009 i somehow ended up with a bulging disc at L3/4 and this was partially repaired allowing me to walk properly again, at the time i recall the surgeon saying that i really needed a fusion but he had had a very long day in theater and he didn't think it wise to continue and just did the disc.

From then on i began suffering pain on the opposite side of my back and it then spread to all of my lower back, subsequent visits to the surgeon made me aware that i would be up for a fairly large out of pocket expense, and even though we have private insurance it would not be covered, so circumstances were such that i opted to go through the public system at the R.H.H, I was listed as cat 2, but never got any further on the list despite my GP writing and outlining the fact that my pain was increasing and I needed to be seen.

I then opted to see another neuro surgeon who said that he would operate at the royal as a private.patient, i was under the impression that no out of pocket would be incurred , and as i sat on the waiting list for an appointment the pain just got worse and worse, i was sent to see a private pain specialist who opted for spinal nerve blocks, all this did was deaden my leg for a day and was no help at all, I then saw a neurologist, he was very helpful and changed my medication to stronger doses of targin and durotram to be managed by my GP, and referred me to another pain specialist who charged like nothing else and then wanted to insert a tens device into my spine, that gave off a pulse controlled by remote, but i was quoted $50,000 for the device that may or may not have been covered by my heath fund and he quoted ten or more thousand for out of pocket expenses that were not covered, plus on going fees to maintain the device, needless to say when I pointed out that I would have to re mortgage my house to cover his costs this never went ahead.

So i continued being managed by my GP who had to continually get approval for my medication, until i had a fall on Friday the 13/3/15 and fractured a vertebra at L1 which required non surgical intervention but i had to wear a back brace for months, plus i also did further injury to my lower back .

I finally got into the specialist clinic at the royal Hobart, and after several visits, Xrays, MRI, and cat scans, plus bone density, the ball started moving and it was agreed i needed the long overdue fusion of my lower back at L 3/4 and S1 this surgery took place on the 15/6/16, i was discharged on the18/6/16 on a walking frame.

I must point out that i have no complaint about the staff at the hospital or after care whilst there, they were fantastic, and clearly working under extreme pressure,i was told by a nurse when i asked why I was being discharged so quickly, it had to do with messages from on high that if i could walk without hands on help then out you go .

I had follow up appointments at the clinic, where i pointed out that the promised reduction in pain by up to 60 per cent had not occurred in fact it has gone the other way and I am now in severe pain all day seven days a week , unless i take strong pain meds which eases the pain a bit so I can do things.

On one visit to the clinic this specialist discharged me from further need of help without me knowing about it, and it was by pure luck i saw a tick in the discharge box, but to get it changed i had to lodge a complaint with the hospital so I could get to see the surgeon.

I was then offered an option to go to a special unit for pain management this involved a three part procedure, first a question and answer form to be returned, this was done, the second was a visit to the clinic with other people to have the matter explained, this we also did, and we had to sign a form that would give a one on one appointment with three specialists, Dr, psyche and physio within three months, after this time elapsed i rang to find out why the delay, only to be told that i could expect to wait 12 months now for the appointment, when I asked why, i was not given a satisfactory reason, I was very angry about this, and said some things which then resulted in a visit from the police to check that i was not suicidal.

I have tried and tried to get someone, anyone to help, i am in no doubt that the surgery failed, i need help because i am having trouble walking when the pain is really bad, sometimes I am panting when I walk , it hurts to bend over and jars when i walk needless to say the long,walks we used to go on no longer occur because of the pain, I can not do what I used to do around the house before the surgery , but on a positive note it was suggested by my physio that I take up swimming, whilst it has improved my general health and i have lost over 20kg it has not helped with the pain.

I have written to minister Ferguson,and twice to the hospital public relations area but as yet apart from a computer reply heard nothing.

I am at my wits end, I don't know what to do next, I am not asking for two much just some promised help, the health system is screwed up in Tasmania,

When i as a private patient have to go to a public hospital for surgery and appointments because i can not afford the out of pocket costs, and the public patients get to go to the private hospitals for their surgery, I know it is a fact that the Royal Hobart has purchased Eight beds at the Hobart private hospital, this is nuts, not only that, we can not even get a private room but had to share with a public patients, this occurred just the other day my wife had to have surgery on the 25Th July at the Hobart private hospital requiring an overnight stay , we had to be at the hospital at 11.30am and after check in we sat in a overheated smelly lounge until 2pm, with clearly public patients as well, some had even turned up with the whole family in tow, not children adults, coughing and sneezing over everyone, then after she was given a shared room with a public patient,(i know this because she told us) not only that but my wife had an open wound requiring to heal from inside out, but then had to use a toilet that others were using including visitors, not good at all.

Not only that but the surgeon wants $500 as out of pocket expenses, what expenses, I did not get any answer to this, but once again i am sure(and this is my opinion) that the situation is such that public patients are being treated in the private hospitals under the specialists and as we have private insurance we are covering the cost to the public patient, and i am forced to go to the public hospital for treatment because of.the cost.

I should also mention that through my GP i attempted to see a pain specialist, but they had full books and not taking new patients .

So hear i sit or lay on my bed wondering if i will ever get any help or end up in a wheel chair because of the pain that i suffer, and don't forget the side effects , social isolation because you don't want to do anything, loss of appetite ,bad temper, mood swings and ever watchful about how much medication you take of a day , not forgetting the cost at the pharmacy because as yet i d,ont have a health care card, the last lot cost over $150.00.

I am a retired police officer, on a state T.P.I pension and struggling to maintain our private health cover, because of my chronic pain .

Dont forget also, I dont get any help with prescriptions, I have the yearly private health cost of over $4400, plus two medicare levies Doctors fees out of pocket expenses on and on Xrays , MRI, CT scans if they dont bulk bill.

I hope someone can help me and others in my situation.

Jim Davidson

Jim Franke <tasmanianpatienthealthgroup@gmail.com> Thu, Jul 27, 2017 at 12:29 PM
To: james davidson <jamesdavidsonsnr@iinet.net.au>

Hi James,

Thank you for your email and the history, I am truly sorry this has happened to you . We are getting stories like yours coming in every day, sadly the Health Minister ignores them and most patients tell us they never get a reply from him.
The group will support you and work towards the treatment you need.
I look forward to meeting you tomorrow.

Kind Regards
Jim Franke
Co Founder Tasmanian Patient Health Group
[Quoted text hidden]

Appendix section B patient stories
Q)

Legislative Council inquiry into Acute Health Services

My name is Louise; I am a Registered Nurse/Registered Midwife working on the North-West Coast. My submission regards the changes to maternity services across the North-West.

From the White Paper, (or the Whitewash, as staff have taken to calling it) a change to one campus for births on the North-West was implemented on 1st November, 2016. There are many problems with the way this service has been introduced and the drop in the level of care has been significant.

Maternity services in the North-West are now named "North West Integrated Maternity Services". Staff use the term North West Isolated Maternity Services because the services are all provided in isolation, causing isolated care as well. There is no continuity of care, women are seen by one group of midwives at Ante Natal Clinic, seen by different midwives at NWPH for their birth and inpatient care and seen by yet another group for their care at home post birth.

Previously most of the midwives that worked in Ante Natal Clinic also worked on the wards and in birth suite, therefore during labour many women received care from midwives that they had previously met and had established a relationship with. In many cases the midwives providing care to women had looked after them during previous pregnancies/births. Continuity of care/carer is not about the women seeing a "familiar face" but is about better outcomes for mothers and babies, (Sandall, Gates, Shennan and Devane 2013). During labour, women with midwives that they had established a relationship with were less likely to have epidural/spinal anaesthetic, instrumental births, episiotomies and more likely to go into labour spontaneously. There is also a much higher rate of satisfaction when women labour with a known midwife (McCourt and Pearce 2000 and Finlay and Sandall 2009).

The introduction of a Midwifery Group Practice has somewhat addressed the issue of women having a known midwife but MGP is able to only see 20% of women in the North-West. They are currently chronically understaffed and in July only had approximately 3 more openings for women until the end of the year.

Minister Ferguson stated on numerous occasions (in the white paper, in press releases and in interviews) that moving to one campus for birthing would result in less locums being employed. Mr. Ferguson did not say that it was *hoped* less locums would be employed but that less *would* be employed. In fact, both antenatal clinics are staffed almost entirely by locums and the NWPH is staffed almost entirely by locums also. It should be noted that some of the locums are employed for a term of only *one week.*

Numerous women have complained that they see a different doctor each appointment. Also sometimes due to miscommunication/improper rostering there are not doctors available for appointments, sometimes the women's appointments have to be changed, one woman has had one of her appointments changed 3 times.

Under the White Paper massive changes were made to maternity services on the North West Coast. A transition team was put together to facilitate these changes, this transition team has now disbanded. There has not, or is there scheduled a review of these changes to the service. For a project of this size not to be reviewed or to have the changes evaluated is astounding. The changes affected where women birth, the closing of a birthing unit, (requiring women to travel a further 55 kms to deliver), relocation of staff to different hospitals to work, training of emergency department staff to deliver the women who would not make it to Burnie and numerous staff leaving. Yet no evaluation/review of the consequences of the changes, successful or otherwise, has been conducted!!!!!

A visit at home service sees women at home after their baby is born and they are discharged from hospital. The service based at the Mersey Community Hospital (MCH) is fully booked and often requires extra staff to see all the women at home. The service at Burnie (North West Regional Hospital - NWRH) is never as busy as the MCH and often the Burnie staff are required to travel to Latrobe to help the MCH service. This is because the majority of babies being born are from the Ulverstone, Forth, Devonport, Latrobe, Railton, Spreyton, Port Sorell and Shearwater areas.

An ante natal clinic was hurriedly formatted at the NWRH to see pregnant women. The area is very small and does not even include a toilet. This means that the pregnant women have to use a public toilet and walk back in public with their swabs and containers of urine sample. Staff also have to use the public toilet, however at times they are able to access the toilets of the UTAS Rural Clinical School. This access is not available out of normal office hours or of weekends.

One of the assessment rooms at the new clinic is very small and some staff feel claustrophobic when using it. The rooms have shared thin walls and there is no confidentiality. It is possible to hear conversations in the next room which is not appropriate especially when discussing medical conditions, relationship status and smoking/drug use. There are insufficient rooms available as the clinic has appointments for midwifery visits, doctor visits and the diabetes educator. The clinic also sees women without appointments for any concerns they have; such as reduced fetal movements or women who believe that they have started labour. Often the rooms are all in use and appointments run late, other services that have an office there (visiting at home midwives) cannot access their office as it is being used and they have to sit in the waiting room and write their confidential notes surrounded by women waiting for their appointments.

There is no staff room available for staff; they have to eat their lunch in an assessment room (when they are not in use) or sit at the reception desk to eat. There is nowhere for staff to store their handbags, personal belongings or even coats and wet umbrellas.

All parts of the Maternity Services are severely short-staffed. It is not possible to cover shifts, let alone any sick leave or annual leave and many staff are working extra hours or extra shifts. The THS is currently using 2 agency staff and the NWPH is employing 4 agency staff. This shortage has come about because staff are very unhappy with the new service and are leaving. The service is having trouble recruiting midwives as the service is split into two. One service, private covers birth and inpatient admission the other service, public, covers ante natal and post natal care. As a midwife under the public service there is no access to labour ward or ability to maintain competency looking after women in labour. When recruiting, midwives do not wish to work in a service in which they cannot perform the full range of maternity care.

Women on the North West Coast are very dissatisfied with the service. I have personally passed on 4 serious complaints to my manager. There are a multitude of less significant complaints that staff are dealing with all the time. These issues range from women who suffer from anxiety disorders and their partner/mother is not permitted to stay with them at NWPH, to women upset at having to obtain transport to drive to NWPH in the middle of the night for assessment, to women delivering their babies (in ambulances and in private cars) because there was insufficient time to get to the NWPH from say Railton or Port Sorell.

I hope that this submission demonstrates that the new North West Integrated Maternity Service is failing women and their families, failing dedicated midwives and is causing distress to not only pregnant women and their families but also to the remaining midwifery staff.

Finlay S, Sandall J. "Someone's rooting for you": continuity, advocacy and street-level bureaucracy in UK maternal healthcare. SocSci Med 2009;69 (8):1228-35

McCourt C, Pearce, A. Does continuity of carer matter to women from minority ethnic groups? Midwifery 2000; 16:145-54.

Sandall J SH, . Gates S,.Shennan A,.Devane D.,. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2013 (8):CD004667.

APPENDIX B Patient Stories (CR)

Gmail

More 20 of 22

COMPOSE

Inbox
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Drafts (7)
More

J Jim +

No recent chats
Start a new one

My experiences. Inbox x

Sheila Allen <sheilaallen1953@hotmail.c Jul 1 (9 days ago)
to me

This was my first experience when I was taken by ambulance to the Royal Hobart Hospital in July 2015.

I was rushed into emergency with severe back pain, the cause of which was unknown at that stage. It was around 3-4pm

I lay on a trolley for hours in a corridor, as there was no room for me in emergency. I was in agony, finding it hard to lay on the trolley despite pain relief given by a 'green stick'. The paramedics were concerned enough to stay with me in a sort of tag team.

I'm not sure of the exact amount of time I lay there but it was hours. I'm told it was around 7:30pm before I was taken into the E. D. & attended to by a doctor. It's a bit of a blur after that as the pain was extreme & I was sedated. I do know I was taken, at some stage, to paediatrics emergency as there were no beds for me anywhere else. Two days later I was taken to 'the dungeon' as the nursing staff referred to it, where I was put alongside three geriatric patients. They all appeared to be suffering from dementia, two of them were calling out all night & the other elderly lady removed her robe & tried to climb into bed, first with me & then into the bed of the man next to me. The nursing staff were alerted by my buzzer.

I was eventually diagnosed with Leukaemia.

Never, during the time I was in hospital was I admitted to a ward. I was told there were no beds available. On the day I was going home a staff member told me she had good news, there was a bed but as I'd been told I could go home later that day I decided to stay where I was.

Being told I had cancer, being drugged up to the eyeballs with pain killers was traumatic enough, but being shuffled around between various emergency department beds did nothing to help my fear, concern or comfort.

I cannot praise the staff highly enough. Paramedics, E. D. doctors, nurses, porters, specialists, support staff, all were dedicated, professional & amazingly kind, working under very difficult conditions in sub-standard facilities.

My second experience was shorter but no less traumatic.

two months later I had cause to visit emergency again. I arrived to the E. D. at approx 5am & did get attended to quite quickly. Because of my cancer I have low immunity. I had contracted Influenza A & was very unwell.

All of the nursing staff were fully masked & gowned up for an infectious disease while treating me & my cubicle had a 'no entry, infectious disease' notice on it.

At approx 4pm a nurse came in, still fully masked & gowned & told me I would have to go home as there were no beds in the wards.

As my husband had not been allowed to accompany me into emergency & had been told I'd be admitted later he had gone to move the car.

I then had to go & sit in the waiting room to wait for him amongst other people coughing, sneezing & clearly unwell while I was contagious & with little or no immunity.

It came as no surprise to my family that the following day I became even more unwell & was attended to by my own G. P. I am lucky that a friend who is a nurse said she'd care for me at home as I was determined not to go back to the Royal Hobart Hospital again.

Appendix D patient stories

5)

Gmail **Jim Franke <tasmanianpatienthealthgroup@gmail.com>**

Upper House Inquiry

1 message

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4 **Charmaine Smigielski** <silvicharms@gmail.com> Wed, Aug 16, 2017 at 12:47 PM
To: tasmanianpatienthealthgroup@gmail.com

Information given to me by a member of staff at Mersey Community Hospital so this information has to remain ANONYMOUS.
In August 2017 a patient with a twisted bowel waited all night for transfer to LGH but in the morning when still no ambulance available his wife had to drive him to Launceston.
Also the same week a patient with a severe laceration to his upper thigh caused by an angle grinder accident waited several hours for ambulance transfer to NWRH and his wife finally drove him to Burnie.
Twice in one week no ambulances were available to transfer patients between Mersey Hospital and other hospitals.