

In confidence

21 February 2022

The Committee Secretary
Health and Environment Committee

Dear Committee Secretary

Please accept the following submission as part of the inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland Public Health System.

My submission focuses particularly on the impact the availability of aged care has on the Queensland public health system and subsequently the patient's and their family (carers). My family and I have had personal experience over the last few months of the lack of aged care beds on the Gold Coast and the subsequent issues with the Queensland public health system as a result.

My 76 year old mother-in-law was an independent adult, receiving a full pension and living on her own independently in a rental property up until 30 August 2021. On 30 August 2021 she was admitted to Gold Coast University Hospital (GCUH) with a stroke. She was medically treated and spent considerable time in hospital rehabilitation until she was discharged 5 October 2021 under the hospital transition care program (TCP) with the intention to be able to remain in her rental property independently.

My mother-in-law was re-admitted to GCUH 20 October 2021, with a further stroke while still under the TCP. She was assessed, treated, and undertook further rehabilitation and was again discharged 8 November 2021 under the TCP.

During the subsequent week she was receiving daily visits under TCP. Communication with TCP expressed some concerns about her health. On 14 November 2021, we took her to GCUH Emergency Department requesting re-admission and MRI as we believed she had a further stroke. She was re-admitted into the GCUH Decision Unit. We received multiple diagnoses, from different specialists who disagreed with each other, including dementia; delirium; blood disorder; loneliness was even suggested, stroke etc. It was not until day 8, when she received an MRI that she was diagnosed as having had a further stroke.

We enquired while they were trying to make a diagnosis, whether we should let her rental accommodation go and look at permanent aged care options. I was advised not to take that step until on 29 November she was assessed by the hospital Aged Care Assessment Team (ACAT), and they formally approved permanent high care and 63 days residential respite care. From the 30 November we actively pursued finding her a Commonwealth supported bed (either respite or permanent).

We tried the following Aged Care Facilities:

- 30/11/21 Lions Aged Care Hope Island (application submitted 30 /11/21)

- 7/12/21 - Arcare (Pimpama and Hope Island) – visited Pimpama and given contact for placement Manager (advised she was away until 7 December so could not view facilities until then). 7/12/2021 Application submitted.
- 7/12/21 BUPA Runaway Bay – made appointment 7/12/21 – would not accept application
- 8/12/21 – After talking with hospital, chasing us to find a bed for mother-in-law, we were advised to contact Aged Care Decisions to assist us in finding a bed. We were given three names and told that if a bed was available, the Aged Care Facilities would make contact with us. One contact us back being Tricare (see the 9/12)
- 8/12/21 Contacted McKenzie Aged Care Robina – via website contact – no follow up response after being told a staff member would contact me.
- 9/12/21 Tricare (location not disclosed) – Advised one bed available and went to view facilities. Facilities/care/ hygiene concerns and my husband and I agreed we would not put any person in such a place ever.
- 9/12/21 – re-contacted Arcare to expand the option to all their Gold Coast facilities.
- 14/12/21 – Through Aged Care Decisions – a second place from the list of three, Ashmore Retreat, contacted us. We went for interview and submitted application. They advised that they had initially missed the notification from Aged Care Decisions as they were newly registered with them.
- 17/12/21 Provided all the required information from Centrelink etc and made advance payment and my mother-in-law to be admitted 17/12/21.

During all this searching for Aged Care bed we were told there were extreme bed shortages on the Gold Coast and that all the families that have respite care approved, take advantage over the Christmas period and place their loved ones into care and collect them after Christmas. There were no emergency beds held in any facilities for a situation such as ours. We also became aware that families that had money and could pay the appropriate fees managed to get a bed where we were on the waiting list.

On the 17 December 2021, attending the hospital to help transition her, we were advised by the GCUH that she was too sick with infection etc. and they would not discharge her into the care of the Aged Care – Ashmore Retreat.

From that time on she was treated for an infection; her ability to digest food deteriorated etc. By Christmas Eve she was seriously ill (nasal feeding tube and drip for infection (cause unknown) and we were advised that further MRIs etc had revealed she had been having multiple embolism showers (mini strokes). We asked for her to be palliative but was requested to delay decision for further intervention. On 29 December, the decision was made by medical team and us to put her in palliative care- the hospital was unable to prevent the ongoing strokes; they could not detect the source of infection, but it was the worst result with blood tests. My mother-in-law passed away on 3 January 2022 at GCUH under palliative care.

During the period she was in hospital we spent \$800 in parking fees to support her care. Due to staff shortages etc, with COVID, towards the end we had to be there during mealtimes to feed her to ensure this was occurring (as cold food was often on her tray and she could not feed herself or recognise that she needed food, collect and wash her clothing on a daily basis. Her clothing was wrapped up in a plastic bag to bring home with faeces sometimes still attached. The practice at GCUH was to provide laxatives and adult continence pads for every patient who was not mobile. On Christmas day we found her lying in bed with soiled sheets (dry so it had been that way for some time); another time - I had to soak her hands and clean up faeces that had been under her fingernails for two days. I cannot count the number of times she was moved around into different rooms on the wards. Early in her care when

she was capable of being taken to the shower, she shared a room and/or bathroom with male patients (no lock on door) and they would walk in on her which made her so scared. We had to be there for showers so we could monitor the door. . We had to juggle work commitments to ensure we met with her specialists during Rounds etc. We had to manage all of this while both my husband and I worked fulltime. We had to juggle work commitments to ensure we met with her specialists during Rounds etc. Aged care is a specialty and nursing staff often struggled with the high needs and lack of staff/resources.

We have now received a bill for her care while she was in hospital as a public patient and were advised that we did not find an aged care bed quickly enough. When we questioned the bill of \$1216.95, we were told that because my mother-in-law was not discharged for a full 7 days from 8 November (though admitted in the early hours of the 8th day) that we are charged for her continuous care during this period and that both admissions are counted together as one though we were never advised of this policy and did our very best to find her a bed as soon as we could. We have sought a review of this decision 3 February 2022 but have yet to receive a response.

Overall, I think it is important to have the human element considered as part of policy decisions. Since the Aged Care Quality and Safety Commission, there have been quality standards implemented. These same Standards also need to be reflected in the Public Hospital Setting as long as Public Hospitals become a temporary aged care solution due to lack of Aged Care beds. Emergency beds in Aged Care homes should be made available during peak demand respite periods, such as Christmas holidays. Families should not be financially penalised (particularly pensioners) by QLD Health when there are no Aged Care Facilities available despite every effort of the families.

Thank you for your time in considering this submission as part of your Committee.

Yours sincerely

Julie Glenn

A large black rectangular redaction box covering the signature area.