

DR SUZANNE DALY
SUMMARY OF EXAMPLES OF SYSTEMIC PROBLEMS (NOT
NBH AND AMBULANCE SVCE
2019

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With redactions

1. Private patient

Fractured ribs and hip around prosthesis needing replacement surgery.
Had to wait 4 days for want of anaesthetist. Thurs to Tues.

In intensive care there were so many problems in his room that his wife visiting noticed not only with him but also the patient in the room next door.

Bed table could not go across bed due to machinery underneath so he could not feed himself. Also after the operation there were problems when sent too early to an ordinary ward with no proper orthopaedic chair or foot stool and he was in a lot of pain. The nurses were sympathetic and pointed out that there were 2 in another ward. Management were angry and threatened staff with loss of employment if they dared criticise things. This threat hangs over all there to this day Staff are frightened to speak out individually in case of retribution.

2. Private Patient.

Operation at San.

Post op problems at home, rang ambulance. She requested to be taken back to the San but the Ambulance took her to NBH under their instructions. At the NBH she was treated correctly by the hospital doctor, but she did not see her specialist. She found out later her surgeon had not even been informed of her admission!

3.

Mother took vomiting child to A and E at NBH

They interviewed her about private health cover twice - once in A and E, again in the ward, rather than attending first to the child. She felt pressured - "if you want" best treatment" - go private! (several patients have this story.)

Spent several days visiting her son in hospital and in the end was showing staff where things were!

4. Elderly patient

NBH: Old patient, quite ill herself, had to comfort crying nurse who had not eaten all day because so busy. And she could not find where anything was! Several patients noted young nurses crying! Several patients noted nurses were unfamiliar with equipment and where things were.

5. (who put his story out to those on his email list)

Drove himself to NBH in middle of night with severe gastro, arriving at A and E about 3 am. He declared himself a public patient. The man in front of him had already waited 2 ½ hrs, so fearful of a long wait (3 people in front) he drove himself to RNSH where he was attended to immediately but was by then collapsing with dehydration.

6. (had two bad experiences). First problem

Calls ambulance. Volatile high BP and slow pulse rate. Admitted to NBH. Was given less medication than prescribed at home (mistake). Nurse refused to call Doctor to correct the dosage on chart. Daughter came in and made waves. High BP settled somewhat and patient went home. No investigations were done.

7. Second prob.

Called ambulance 2 days later. Ambulance came in 15 mins but was towards end of their 12 hour shift so they would not take her to FF because they knew there was a backlog at NBH and they would have had to wait in A and E way past their shift so they called a second ambulance and stayed with patient till that one came resulting in further delay to her treatment. When she was admitted the first two electric BP machines did not work and a manual machine could not be found. Ambos corroborated her own readings with their reading so she was admitted and investigations commenced.

(too long shifts for ambos - mistake at ambo HQ -ADMIN NEEDS INVESTIGATING).

8. Prem baby NBH

This premature baby was discovered to have pressure ulcer on heel due to ID band applied too tightly!

Same baby was in middle of receiving second dose of Gentamicin i/v - this error was intercepted - luckily after 40 % given. But this medication can cause deafness so correct dosage must be exact. This is a well-known fact about toxicity. Especially with prematurity. Should never have been given. This is inexcusable in a Special Care nursery!

9. Pregnant woman miscarried NBH

Woman treated for miscarriage. No anti-D available (Standard treatment for Rh negative woman) She was sent home and told that she could get Anti D from her GP the next day.

Anti D should automatically be available and administered as soon as needed!

10. Hygiene, Sanitation NBH

Highlights problem about babies. No toilets for nurses in birthing suite which means nurses have to go to another floor and leave mother during labour.

BAD PLANNING state of the art hospital.

11. Heart problems - Horror Story, NBH.

Mr under cardiologist known to have heart problems. He became more breathless over several days so he contacted his cardiologist who advised him to go to San. Daughter arrived but he was more distressed and needed to use oxygen (which fortunately his wife had in the house) so daughter then called the ambulance. But the ambulance officer said he had to take everyone to NBH. Mr was too

distressed to argue much so he agreed to go to the NBH. The first 2 electronic BP machines did not work. A manual BP machine was found but the stethoscope had a missing ear piece replaced by cotton ball!. Patient was admitted. Tests organised but he waited 3 days for the "urgent "echocardiogram. When the machine arrived, it could not fit into his room without reorganising the furniture. Technician left in the middle to take a private phone call, jeopardising quality of recording. Cardiologist then arranged for him to go to San for angiogram. Aortic artery was blocked and he is requiring surgery.

12. Collapsed toddler. Horror story

A 17-month-old, one of twins, suddenly collapsed and was unconscious at Bilgola Plateau, near Newport. The Grandfather who was caring for her called 000 and followed instructions in CPR which he performed till ambulance arrived. Baby only semi-conscious 2 mins before ambulance arrived. Ambulance had taken 35 mins as it had to come from Balgowlah near Manly. Two other ambulances also arrived!

We have GOT TO HAVE MORE AMBULANCES. ESPECIALLY FOR DROWNINGS IN THESE BEACH SUBURBS THIS SUMMER.

13. Breathless Older woman NBH

Elderly woman could not breathe, called daughter who called ambulance. She was taken to NBH with complaint of breathing difficulties. Was not examined properly and instead, many tests were requested costing a lot of money.

Went to her GP (me) next day and found to have allergic rhinitis! Just needed a nasal spray which fixed the breathlessness. ? Over servicing or incompetence?

CONCLUSIONS: FROM PATIENTS COMPLAINTS:

1. PROBLEMS ARE SYSTEMIC AND CONSTITUTE A FUNDAMENTAL FLAW. WITH THIS FAILED PUBLIC/PRIVATE MODEL, HEALTHSCOPE COMPUTERS ARE NOT COMPATIBLE WITH OTHER HOSPITALS IN THE NORTHERN HEALTH DISTRICT

THEY WILL NOT CHANGE. HOSPITALS IN A NETWORK SHOULD BE INTEGRATED.

3. ONLY WAY FORWARD IS FOR HEALTH DEPARTMENT TO TAKE OVER MANAGEMENT

4. ONGOING RESIGNATIONS OF GOOD STAFF. DIETICIAN AND SOCIAL WORKER.

5. PATIENTS NOT TOLD WHAT TESTS ARE FOR AND NOT GIVEN RESULTS AND CAN END UP WITH UNEXPECTED BILLS AND OFTEN HAVE COMPLAINED OF PAINFULL VENEPUNCTURES.