

Submission

No 13

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Organisation:

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Theme:

Summary

From 1981 - 1986, 1995 - 2007 I have worked at RNSH

I resigned as a Senior Orthopaedic Consultant VMO in 2007. My resignation from RNSH was as a result of what I perceived to be an endless procession of events highlighting the bureaucratic negligence, administrative duplicity and medical indifference that has come to characterise the current RNSH.

The system and a philosophy of the Northern Area Health is typical of dysfunctional organizations, and is "process driven rather than mission driven".

I can give you a litany of complaints I have forwarded to administration (to theatre management committees, quality assurance units, directors of medical units/services, all of which have essentially been ignored or shelved, for example

Multiple patients with clinically confirmed infected joints or compound fractures being left to "rot in the ward" for 18 hours or more due to inappropriate theatre management

Fractures taking days to get to theatre with multiple fasting and unfasting episodes

Patients with fracture dislocations of joints continually being sent away from casualty despite having undiagnosed major neurological or tendon injuries "missed" and not referred for appropriate ongoing care

A Patient sitting in casualty for 8 hours with a severe fracture/dislocation with a documented "dead" shoulder joint with no referral to orthopaedics and then being told the care was "quite adequate" by the review process

Patients being lied to about the delay in their surgery by service units whose service would be found wanting if the truth was known

Killing live cockroaches on operating theatre tables during operations and no response when I forward a written complaint and response requested

High-pressure hoses exploding in theatre during use injuring staff

Operating tables breaking in two due to age/fatigue failure off whilst the patient was anaesthetised. A spinal injury only being avoided due to the anaesthetist's catching the upper portion of the bed before the patient came to harm

Inadequate surgical instruments to undertake the day-to-day surgery required

To name but a few - I am sick and tired of documenting in the patient's records our systems failures and then forwarding these to the TMF (Insurance fund for hospital medico-legal negligence) and wondering whether a lawyer's letter will ensue, despite the fact we had no ability to treat the patient as we would like or as good clinical practice dictates, because the system won't let us!

We have been exposed to a rotating door of poor or duplicitous middle managers, who are servants to a paperwork process, which hides the problems from those that try to effect change. And when there is an audit and problems are listed the "faceless" people who effected these "efficiency" changes in the first place are re-instated in another guise. If an individual does step out of line, they soon become a casualty of the "system". Too many good people have been bled by the system and it will only get worse to the detriment of those people exposed to the Public Hospital System.

The quality assurance schemes are a joke - they rigorously record patient misadventures, but do little to change the main reason for the failures.