

**Submission
No 720**

INQUIRY INTO MONA VALE HOSPITAL

Organisation: Northern Beaches Health Service, Mona Vale Hospital

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Subject:

Summary

28th January 2005

To the Director, GPSC #2.
Legislative Council
Parliament House
Macquarie Street
Sydney 2000

RE: Parliamentary Inquiry:

The circumstances surrounding recent and proposed changes to Mona Vale Hospital

I am the Director of Intensive Care Services on the Northern Beaches. I have made a contribution to the Northern Sydney Health submission to this Parliamentary Inquiry but would also like to emphasise a few points in a short submission of my own.

I am a full time intensive care specialist, living on the Northern Beaches. I have been the Director of Intensive Care at Manly and Mona Vale Hospitals since August 2003 and also work as an Intensivist at Royal Prince Alfred Hospital.

It became apparent to me from an early stage that the Northern Beaches Intensive Care Service did not meet current ICU standards in terms of physical facilities, medical staffing and quality of care. It was also apparent that the problems of staffing and critical mass were not new. Similar concerns had been expressed by a large group of Northern Beaches clinicians and published in the Manly Daily 23rd February 2001.

One of my first responsibilities as Director was to attend the Northern Beaches Health Panel in November 2003. I made a presentation and expressed my concerns to the community. I then chaired a Northern Beaches ICU implementation group to define the problem and look for solutions. This group had wide representation and identified the following main issues:

1. Insufficient critical mass of patients.

Mona Vale and Manly Intensive care units treat too few patients for medical and nursing staff to maintain skills and be professionally rewarding. This issue has been repeatedly

documented: NSW Intensive Care Implementation Group report 2003, NSW IC-IG Discussion paper 2004 – ‘The current role and future viability of small ICU’s level 3 and 4’ and Joint Faculty of Intensive Care Medicine Guidelines.

2. Insufficient critical mass of senior medical staff.

There are approximately 3.4 full-time equivalent Intensivists employed on the Northern Beaches to provide 24 hours a day, 365 days a year on-call for two units (ie. two Intensivists on call at any one time). This is clearly an insufficient workforce to perform the clinical, educational, quality and administrative activities of two modern Intensive Care Units. We have been unable to attract full time Intensivists to Mona Vale because of the low patient volume and high levels of on-call. As a result we have employed some specialists who do not normally work in intensive care, as locums. This provides poor continuity of care, which together with unfamiliarity with intensive care patients and poor out-of-hours cover has the potential to seriously affect patient care. At the same time there is only one Emergency staff specialist at Mona Vale Hospital despite aggressive recruitment that has been unsuccessful for similar reasons. The Intensivists are not on site and often there is no emergency specialist on site either. This puts further pressure on junior doctors and nursing staff responsible for the acute management of critically ill patients and in turn makes recruitment of suitably qualified junior medical staff difficult.

The group agreed upon specific resolutions as follows:

1. A single level 5 unit on a single site is the ideal configuration to provide intensive care services to the Northern Beaches residents.
2. The current configuration of intensive care services are unsustainable even in the short term
3. The current level of senior medical staffing is inadequate and unsustainable despite active recruitment strategies
4. The current level of out of hours junior medical staffing is inadequate, particularly at Mona Vale, despite active recruitment strategies

The options for improving the service appear to be:

1. Closing Mona Vale hospital to all acute services.
 - a. This has been rejected by many staff members and management.
2. Increasing staffing levels at Mona Vale.
 - a. Recruitment strategies have failed
 - b. This does not address the problem of critical mass of patients.
3. Transferring three intensive care beds from Manly to Mona Vale hospital together with acute services. This has been rejected for the following reasons.
 - a. Manly hospital ICU has better staffing, organisational structure and is a busier unit
 - b. Manly has full emergency specialist cover to provide critical care back up (see 'justification for intensive care beds to be sited at Manly' NSH submission).
4. Transferring two intensive care beds from Mona Vale to Manly as proposed by the plan supported by GMCT.

GMCT plan for the Northern Beaches:

This would involve running an integrated critical care service across the two Northern Beaches sites with cross appointments and staff rotation. The unit at Manly would operate all the ICU beds in an upgraded 10-bed unit. The unit at Mona Vale would operate as an HDU with Intensivist support. The Emergency Department at Mona Vale would be upgraded. Acute medical and surgical services at Mona Vale would be maintained. All specialists would be cross-accredited to work at both sites.

Similar models of care are already in operation at hospitals such as Canterbury and Mt Druitt. Canterbury hospital, for example has an HDU with no Intensivist cover. However, the 150 bed hospital receives 25000+ Emergency presentations per year, delivers more than 1500 babies per year and operates acute medical and surgical services.

Benefits of the GMCT proposal:

Benefits to Northern Beaches patients:

- Improved patient safety
- More experienced staff
- Better out of hours medical cover
- Improved continuity of care
- Improved quality assurance programs
- All critically ill patients will be cared for by an upgraded service
- All critically ill patients will be cared for by a well trained team

Benefits to Staff:

- Improved education and training
- Improved junior medical staff supervision
- Broadened clinical experience
- More flexibility in rostering
- Reduced onerous on-call.

Benefits to Northern Area and NSW:

- Ability of Northern Beaches Intensive Care Service to contribute to the training of much needed Intensive Care Registrars (both units are currently too small to train ICU registrars)
- Improved access to level 5 ICU beds (currently no official level 5 ICU beds on the Northern Beaches)
- High grade ICU service may attract other acute services to Northern Beaches
- Sustainable Northern Beaches Critical Care Service to serve new hospital
- Increased number of intensive care beds available to NSW network (currently only Manly ICU beds are available to the Network)

I fully support this plan as the most sustainable model of critical care service delivery until a more permanent solution involving a new Northern Beaches Hospital is in place.

The staff and community of the Northern Beaches have had intense speculation about the future configuration of the health care model for many years. There exists a depth of feeling and suspicion that makes the process of change very difficult. A well-organised community action group has developed that includes many staff members who respond with rapid and passionate opposition to any change in configuration of services although they often agree with the necessity for change. It has been difficult for many staff and community members to visualise an integrated health service for the Northern Beaches, rather than a two-hospital rivalry. It is understandable that a change in service configuration should lead to uncertainty, especially if it may impact on ones clinical practice. However, quality and safety of patient care is the priority and the driving force behind the proposed changes.

A handwritten signature in black ink, appearing to read 'P. Phipps', with a small comma to the right.

Paul Phipps B.Pharm., M.B.B.S., Ph.D., F.R.A.C.P., F.J.F.I.C.M.

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