Submission

No 69

# INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

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Joint Select Committee on Royal North Shore Hospital
Parliament House
Macquarie St
Sydney 2000

12 November 2007

The Honorable Mr Fred Nile

Dear Sir,

I am writing in my dual capacity as a doctor and a health care consumer to detail my concerns regarding specifically the bed availability and generally the funding of Royal North Shore Hospital. I would like to describe an incident that happened to my husband while he was a patient in the Emergency Department.

In summary, in January 2002 my husband had an accident where he seriously damaged his back. He arrived by ambulance to the Emergency Department about 10.00 pm and was triaged to be seen in the Receiving Room within ten minutes. The failures in his treatment were as follows:

1. He never went to the Receiving Room.

2. He was not fully assessed for ten HOURS.

3. He did not receive adequate pain relief for 6 hours.

4. He was both diverted to the House Doctor section of Emergency, and then x-rayed without being seen by a doctor.

5. He developed a migraine headache after a number of hours lying in pain on a trolley with his neck in an extension collar, staring at a fluorescent light. The staff were unable to give him any specific migraine medication because the after hours pharmacy is so limited.

6. He did not have an abdominal ultrasound to check for internal haemorrhage until 8.00am the following morning

None of the above is acceptable. These events occurred mainly because there were no beds available in the hospital, so the Receiving Room was blocked with patients who had already been assessed and treated, and were awaiting transfer.

I am a GP working in Lane Cove, and have to refer my patients to this hospital. Many of them are reluctant to go. I did my Intern and Residency years at RNSH in the 1980s and felt that the system was strained even then. It is more so now. I have not written about this earlier because I did not wish to imply criticism of the staff involved, nearly all of whom did their best for us. The problem is the lack of beds, facilities, staff and funding. I am well aware that the new POEM building has been built since 2002, but as long as the number of hospital beds is inadequate this scenario will be repeated. I am writing now, because I hope that the Parliamentary inquiry may achieve some change in the system.

You may have difficulty accepting that the treatment failures listed above occurred as I say, so I will give you the details.

On the evening of 3.01.02 we were at a friend's house in Waverton. My husband stepped backwards to let someone pass, and fell over the edge of the balcony which had no railing. He fell about 2.2 metres onto a terracotta pot in the flower bed below. It was immediately apparent from his posture that he had done a significant injury to his back. I jumped into the flower bed and asked him to wriggle his toes. Fortunately he could, which meant probably no neurological damage. I supported him in his twisted position until the ambulances arrived. The ambulance officers were their usual wonderfully competent selves, and had him strapped tightly to the backboard, neck in an extension collar and lifted out of the hydrangeas in about ten minutes from the time of the phone call. We went directly to RNSH.

He was triaged to be seen in Receiving Room in ten minutes, so we waited hopefully on the ambulance trolley in the waiting area. Two hours later we were still there. During this time the two ambulance drivers and their vehicle could not leave because he was on their trolley. They gave him a second dose of inhalational analgesia, which did not last long. They could not treat him further because he was now in a hospital.

There had been no patients going in or out of the Receiving Room in the two hours while we were waiting, so I asked the doctors on duty what was the problem. I could see that the patients in the receiving room had all been treated and were looking comfortable. Indeed, one woman got off her bed and walked into the waiting room to speak to her family. The doctors replied that the room was full, that there were no beds available in the hospital and that they had no idea when they would see my husband. They would not touch him because he was on an ambulance trolley, and hence not a hospital patient.

At this point, I suggested to the ambulance drivers that we put him back in the ambulance, and I would go home and get some pethidine to administer. They declined.

My husband was lying all this time with an injured back on a rigid board on the trolley, with his legs strapped together and his neck in a collar. He was to the side of the corridor, staring up at a fluorescent light and unable to move or turn his head to see what was happening. When I told him that help was unlikely to be forthcoming any time soon, he swore at the ceiling. Probably because he had been sworn at before, the male triage nurse decided to take this personally, and strode across the room to berate him like a naughty teenager for his language. There was a stunned silence in the waiting room while he stamped back to his desk. My husband gestured him back over and they confronted each other as the nurse leaned over the head of the trolley. They were nose to nose like two pieces of jigsaw puzzle as my husband told the triage nurse never to speak to anyone like that again. The nurse then flung himself into his office chair, slid across the room, threw my husband's file across the desk and sat with his arms folded and his back to us.

Clearly the situation was hopeless, and the system was now the enemy, so the ambulance drivers and I decided to move to St Vincents Hospital. Just as we were leaving, one of the other nurses said that a bed was available in the House Doctor section, where non acute cases are usually treated. We decided to stay. The ambulance drivers, their vehicle and their trolley left, finally free to be useful again. My husband's legs were still strapped together, and he was still on a hard bed, and without analgesia. The collar was digging into the back of his head, and causing pain which he was trying to relieve by flexing his neck using his hands under his head. If he did have a cervical fracture, this would have made it worse. Since his lesion was clearly in his back, not neck, I told him to remove the collar. Predictably this caused reproof from the nursing staff, who were just doing their job. I asked repeatedly for some analgesia to be prescribed.

About 2.00 am an orderly came to wheel my husband down to x-ray. Someone, somewhere, was organizing this, but we had not yet seen a doctor. I asked how the radiographer would know what to x-ray. "We will just take a trauma series and do the lot", was the reply.

By 4.00 am my husband could not stop groaning with the pain. Still on the hard bed, still no analgesia. Then the night intern arrived, and I suggested some morphine, which he duly prescribed. But it did not seem to make any difference, so I checked the drug chart. He was only given 3 mg, which was a laughable dose for a 90 kg man in severe pain. (I would have started with 10mg.) The nursing staff called the intern back, and he added another 5 mg, which began to work.

The x-rays arrived and revealed a fractured vertebra (Serial x-rays showed two fractured vertebra, one of which collapsed over time by 70%) However, on that night the process was just beginning and the x-rays did not seem to adequately explain the severity of his pain. He had not been seen by a registrar, but clearly nothing more was going to happen that night, so I went home.

He rang me about 7.00 am to say that he had developed a migraine headache and needed some medication (sumatryptan) but that all the nurses could give him was panadeine. When I worked in RNSH Emergency years ago, the pharmacy closed early and overnight there was very small range available to be prescribed. The system seemed unchanged. So I brought him a tablet from home, and said "Just swallow it and don't tell anyone you have taken it." So now, not only was the system the enemy, but it seemed like a third world system as well.

When I arrived at 8.00 am, there was a new shift of doctors on duty. A registrar in A&E was performing an abdominal ultrasound on my husband and apologizing for the delay. He claimed that it had been a particularly busy night. He had not been there at the time, and he had not seen. I had. It did not look any busier than usual to me. The problem was there were less beds available in RNSH now, than when I was there twenty years ago, despite the growth in population.

As a GP, patients complain to me about :

- the extensive waiting times in A&E,
- being put into mixed gender 4 bed wards, with inadequate privacy,
- and having to be at the hospital to feed their relatives.
- Food is delivered by dietary staff, and often removed untouched by elderly patients.

RNSH needs more staff as well as more beds. When trainee nurses first went into the tertiary institutions, they were going to be replaced by nurses' aids. I have yet to see one.

As a GP I receive government instruction on how to deal with an outbreak of SARS or a terrorist attack, which I find quite amusing. If the system does not cope with normal daily requirements, how will it cope in a crisis?

I sincerely hope that the state and federal governments can forget about tax cuts and political point scoring, and provide a health system that is not an embarrassment in our affluent country. It's a matter of life and death, and it could be yours.

Yours sincerely

Dr Carolyn Bennett

cc Jillian Skinner Shadow Minister for Health
cc Matthew Daly CEO Royal North Shore Hospital
cc Joe Hockey Federal MP
cc Gladys Berejiklian Sate MP