

**Submission  
No 1092**

## **INQUIRY INTO MONA VALE HOSPITAL**

**Organisation:**

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**Position:** [-]

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**Subject:**

**Summary**

# Dr Stephen Nolan

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## Respiratory & General Physician

Provider Number: 2103247H

### **Mona Vale Parliamentary Commission**

I wish to address the Term of Reference number 1 regarding the Intensive Care Unit at Mona Vale Hospital.

I believe that I am in a unique position to address a number of issues and provide insight regarding the Intensive Care as I am currently one of the VMO Intensivists at Mona Vale. I feel that my background is important to put my views into context so I wish to briefly outline my involvement in the Northern Beaches Health Service.

I came to the area as an Intern in 1995 after being trained in Adelaide. My wife has been a long term resident of Palm Beach. I have 5 young children all of whom have or will have attended the local school (Avalon Primary). I live locally (Palm Beach) and participate as an active member of the local surf lifesaving club. I fully intend to work my professional life within Sydney and particularly on the Northern Beaches.

Since moving to Sydney I have worked as an Intern, Resident, Registrar and Consultant at both Mona Vale and Manly Hospitals. I believe that I am the only person on staff at both hospitals who can claim such a position. At present I work as a General Physician on call for both Mona Vale and Manly. In addition I work as an Intensivist at both Mona Vale and Manly. I have my professional rooms as a General and Respiratory Physician at

Mona Vale. As a corollary of this I do not see Mona Vale and Manly hospitals as separate entities but one hospital on two campuses. I believe that I do not have biases or self-interest involved in my opinions and I believe my motivation for change is based on providing better and safer medical practices to my patients on the Northern Beaches

My dominant Intensive Care appointment on the Northern Beaches is at Mona Vale. I started in this position in December 2001 on a locum basis (providing occasional weekend cover). I accepted a VMO position in July 2002 and from November 2002 until recently I provided a one in two week 24 hour Intensive Care cover to Mona Vale. In addition I have provided an "as needed" Intensive Care cover to Manly Hospital. I think it is important to note that of the physicians who provide the Intensive Care services to the Northern Beaches the Director and I am the only ones who have been formally trained and hold Intensive Care qualifications.

I enjoy working in the area and I feel that I actively contribute to my community through these various activities. Like all of the local residents I want the best medical care for my family if they are to fall ill and for this care to be carried out on the Northern Beaches. It would be my preferred position that I could be full-time employed on the Northern Beaches as a physician and Intensivist. As the Intensive Care Service is being delivered at present this is not possible. The reasons for this are relatively complex.

The most important reason in my mind is that the size of both Intensive Care Units as separate units does not provide me as an Intensivist the "critical mass" of patients, which

would keep my clinical skills current, and at a level of competence which I consider necessary to be able to practice safely as an Intensive Care Physician. Examples of this include regular airway management, renal replacement therapy, advances in mechanical ventilation and the use of various "Intensive Care" medications. As a consequence of this critical mass problem recruitment of more Intensivists is difficult and the work is left to the few incumbents to that position. As a clinician you are then left to work in isolation without support on a roster where you are providing unsafe working hours (eg week on week off cover) to the hospital and its patients. This is an unhealthy professional and personal situation which is not sustainable in the long-term despite your best intentions as a clinician.

This situation is compounded by the lack of peer-review or access to the skills of other Intensivists to help you provide care to your patients. In addition, as each unit lacks critical mass they cannot attract training doctors in Intensive Care and usually junior staff are not trained in many, if any of the clinical skills necessary to manage a critically ill patient safely until the arrival of the Intensivist. It is not an unusual situation for junior medical staff to come to either Manly or Mona Vale Intensive Care Units without any of the necessary skills to safely manage a critically ill patient. This is a characteristic of most if not all small intensive care units. While we do not like to acknowledge this, such a situation does impact on the safety of our patients. At present Mona Vale Intensive Care does not have a dedicated doctor between the hours of 11 pm and 8 am. At Manly a junior doctor dedicated to the Intensive Care often does not have the clinical or technical skills necessary to safely manage an emergency situation. In my mind in 2005 this is not

acceptable if the hospital continues to have ventilated or complex sick medical and surgical patients. The situation at Mona Vale and Manly is not dissimilar to problems found at hospitals such as Campbelltown and Camden in the recent past.

To keep my Intensive Care skills and knowledge current I have chosen to work at Blacktown Hospital where I have a 0.5 FTE (full-time equivalent) staff specialist position in Intensive Care. In this unit we have the equivalent of 6 full-time specialists all trained in Intensive Care and 11 registrars of which 5 are training in Intensive Care as their subspecialty and a critical mass of patients. This workforce is sustainable and in my opinion provides an excellent and safe Intensive Care service to the people of Western Sydney. Such a situation is possible on the Northern Beaches if both units are combined instead of duplication of inadequate services on both sites. I believe that experts on Intensive Care service delivery agree unanimously on this as the solution to the Intensive Care problems on the Northern beaches and it is my preferred position. The location of this service is the responsibility of the administration taking into account all of the factors involved in service delivery. On a personal level I am willing to work in either unit as the primary level 5 unit and provide cover to the other unit as my Director (Dr Paul Phipps) thinks appropriate.

The recent "crisis" at Mona Vale regarding Intensive care services I believe highlights the division of opinion in the community and the unfortunate political grandstanding associated with this issue. In my opinion interest groups do not understand the major issues in providing an Intensive Care service in a small district hospital. While the public

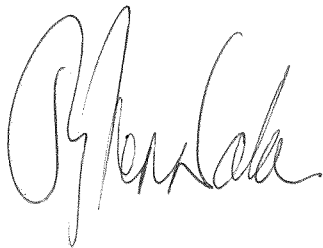
are appropriately passionate about their local hospital there is more to an Intensive Care Unit than the sign on the front door. I have tried to highlight the medical issues but many of the nursing issues are the same. People's lives are more at risk from a small Intensive Care Unit which is, understaffed, overstressed and unskilled than the risk of being transferred to another hospital with a bigger Intensive Care Unit.

On a personal level I have found it disappointing that not one of the public figures (both state and local) that have had a strong public opinion on the Intensive Care service at Mona Vale have attempted to contact me to ask me about these issues. The exceptions to this have been the current Health Minister (Maurice Iemma) and Professor Kerry Goulston. I have found medical administration at both Northern Sydney and Northern Beaches supportive of me and are working in close association with the clinicians in Intensive Care at both Manly and Mona Vale in putting together a sustainable medium and long-term solution which will benefit all people of the Northern Beaches by providing a sustainable and safe Intensive Care environment.

As one of the Intensivists on the Northern Beaches I believe that there is only one medium term option available and one long-term option. In the medium term the Intensive Care Units at Mona Vale and Manly **must** combine onto one site with one unit acting as a level 5 ICU while the other unit should act as a level 3 High dependency Unit. This change in service delivery will provide for a critical mass of patients through the larger Intensive Care and help with maintaining skill levels of all health professionals within that unit. In addition more appropriately skilled junior staff can be recruited to the

larger unit. It is anticipated that recruitment of Senior Medical staff would also be possible for the larger unit and allow for Intensivist cover of the smaller unit. The net result of this change I believe will be a sustainable and safer workforce for all residents of the Northern Beaches. The long-term solution is the development of a new Northern Beaches hospital. The site and size being determined by Health Service strategists not by clinicians or self-interest lobby groups.

I stress these views are personal and have been formed over 10 years of diligent clinical service to the Northern Beaches. I thank you for your time and would be only be to delighted to discuss these issues further for clarification if the committee felt this was necessary.

A handwritten signature in black ink, appearing to read "Peter Lake". The signature is fluid and cursive, with the first name "Peter" written in a larger, more prominent script than the last name "Lake".