Submission

No 40

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Name: Mrs Lyn Tonkin

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Rev the Hon Fred Nile MLC & Committee Members
NSW Parliament Joint Select
Committee on Royal North Shore Hospital
Submission to NSW Parliament Joint Select Committee on Royal North Shore Hospital.
By Lyn Tonkin

Dear Rev Fred Nile & Committee Members.

Terms of Reference: Clinical Management and Staffing, Emergency Department Operation, Resource Allocation, Complaint Handling and Measures to Improve Quality of Care.

There is a list of 23 witnesses to attend the hearing on Monday 12th November 2007.

Five of the witnesses listed are or were acting in that position, 1 former Northern Sydney Central Coast Area Health Service Chief Executive Officer, 4 Directors and 1 Chief Finance Officer. One witness Ms Linda Davidson (acting Director of Nursing RNSH) was Director of Nursing at Ryde Hospital until recently. When and why did she become acting Dir. of Nursing at RNSH? Who was the Director of Nursing at RNSH prior to Ms Linda Davidson and why isn't she a witness? There are three Finance Officer witnesses although surprisingly the Northern Sydney Central Coast Area Health Service Director of Clinical Governance Dr Philip Hoyle is not scheduled to appear. Dr Hoyle's key accountabilities include patient safety and clinical quality system implementation, analyzing, reporting on patient safety and clinical quality program, to oversee the area complaints handling system and to guide development of the Area's Integrated Risk Management Program. The Risk Management Program obviously calculates which risks will be taken in hospitals and how to manage it when the care, treatment or diagnosis goes wrong and a risk taken becomes an adverse or sentinel event. The Director of Royal North Shore Emergency Department is Dr Robert Day and he is not scheduled to attend the hearing on 12th November 2007 although Dr Day's responsibility is the appropriate provision of care, services and admissions. Dr Tony Joseph heads the Trauma Department at RNSH and he also is not scheduled to appear.

When a woman is experiencing severe pain and then has a miscarriage in the toilet after many attempts to explain to staff what was happening there is a problem with care in this emergency department and reports are this has happened many times before. If hospitals were genuinely caring, they would display a sign explaining the process of Triage categories 1-5, what is included in each category and the suggested waiting time. An area health executive explained that they can't let patients know what triage categories are as they would all come in with symptoms that would allow them to be seen quickly. It appears executives mistrust patients before they even get to see the triage nurse. My own experience of public hospital emergency departments is that of sub standard treatment, why would anyone attend unless it was urgent?

Strategies for improving ethical quality of clinical care in New South Wales' public hospitals, particularly the emergency departments, are going to be difficult to implement and audit. Everyone assumes nurses and doctors care about patients but that is obviously not the case as at least two nurses in Royal North Shore Emergency Department told a distressed mother-to-be to "just wait", they did not care or give care. She required privacy and medical attention and did not receive it until she miscarried. There were obviously standing orders, protocols, guidelines approved by the Dir. E.D., manager of RNSH and the CEO, NSCCAHS to avoid admissions that are in danger of miscarrying as it has happened to others before Jana Horska.

It is just one example of some health professional's cold, inconsiderate and uncaring neglect of their duty of care, there are many others.

We hear comments from the Premier, the Health Minister and Health Executives as soon as a problem appears that we need to change and improve the system. It is just an excuse to avoid taking responsibility. Care is simple to define: to attend to and give serious attention. It is not necessary to make things more complex than need be, advising of a necessity to change the system conveniently removes the problem, a lack of care. SYSTEMS DO NOT GIVE CARE, PEOPLE (DOCTORS AND NURSES) GIVE CARE.

Since hospital boards were abolished as part of the Health Services Amendment Bill – 17/11/2004 Chief Executive Officers of area health services have clear lines of accountability to the Director-General who in turn is accountable to the Health Minister. Dr Stephen Christley would ultimately be accountable and responsible for approving the protocols and guidelines in operation at Royal North Shore Hospital as he was CEO of NSCCAHS till the end of July 2007. Establishing new protocols and guidelines is a lengthy process and unlikely to have been changed since his departure. According to the Health Service Amendment Bill – 2004 Dr S Christley is accountable.

Ms Mary Dowling is establishing a Professional Practice Unit (PPU) at NSCCAHS to address the way complaints are handled. There are Complaints Resolution Officers already in hospitals to liaise with patients and family members who have complaints, they are part of the Health Care Complaints Commission and Dr Hoyle also oversees complaint handling at NSCCAHS. A discussion regarding resource allocation should include unnecessary expenditure of this type as well as an appropriate budget for each hospital. Additional hospital beds are opened with the premier and health minister's big media announcement and then closed with no announcement. Hospitals can't operate properly without an adequate budget directed to areas of clinical services, clinical staffing and a yearly sustained increase of bed numbers.

As soon as a hospital inquiry or investigation has been decided the implicated staff are removed (on extended leave or resign) and an acting replacement assumes the position. Until there are severe penalties or fines for obstructing investigations in this way the government is not serious in resolving its' problems in public hospitals.

Dr Richard Matthews, NSW Health, explained he does not believe there is human error in triage categorization (Stateline). Dr Matthew should do some checking before making those types of statements because there are definitely errors in triaging. Dr Matthews also indicates there is an increase in Emergency Dept. number of attendances, I'm sure he is aware that targets are set for E.D. attendances. RNSH during the year 2000-2001 E.D. attendances were 42,799 and in 2004-2005 attendances were 42,291. This represents a reduction in numbers, the targets were then increased for 2005-2006 and the numbers of E.D. attendances were 46,696.

The Committee would be assisted by the attendance of Dr P Hoyle NSCCAHS, Dr R Day RNSH, Dr T Joseph RNSH and input by Jana Horska and Mark Dreyer. Thank you for the opportunity to contribute to this Inquiry.

Yours sincerely

L Tonkin

Mrs Lyn Tonkin

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