

**INQUIRY INTO OPERATION AND MANAGEMENT OF
THE NORTHERN BEACHES HOSPITAL**

Name: Name suppressed

Date Received: 4 July 2019

Partially
Confidential

Dear Legislative Council Committee Members,

RE: Inquiry into the operation and management of the Northern Beaches Hospital (NBH)

I will address the Terms of Reference, No. 2 – Health inquire into and report on the operation and management of the Northern Beaches Hospital, and in particular:

- (d) standards of service provision and care at the hospital,
- (e) staffing arrangements and staffing changes at the hospital,
- (g) the merits of public private partnership arrangements for the provision of health care, and
- (h) any other related matter.

My 79-year-old mother, identifiers

had 3 admissions to NBH in 2019.

1. The first admission was by ambulance on Saturday 5/1/19 with non-life-threatening symptoms, a fractured hip without acute pain. In emergency Mum was told there was no difference between the care she'd receive whether she was admitted as a public or private patient. Because of this advice and even though Mum had private health insurance, she chose to be admitted as a public patient. Mum's sex initially was classified as Male (a photo of this is available on request but for privacy not provided). Mum's room had two beds with the second bed receiving several patient's during her stay. To our family's surprise Mum was operated on the next day, a Sunday, as a family we discussed who was benefiting from the timing of her operation as we imagined there was limited staff rostered on and why the urgency. Mum's sex was eventually reclassified to female and she was discharged 10 days later with her hospital notes, which is how I was able to take the photo. Mum received Hospital In The Home (HITH) for one week and the hospital notes were given to one of the visiting nurses to return to the hospital.
2. The second admission was self-presenting at emergency on Saturday 2/2/19 on the advice of Mum's GP after an X-Ray, which showed the pin/s stabilising Mum's hip had dislodged. Mum was in acute pain and admitted immediately. Mum chose to be admitted as a private patient and got her own room, this is a considerable difference between public or private, which contradicts the advice Mum received during her first admission. After diagnosis of Mum's hip, she was told she would need a full hip replacement, however, because of open wounds on her legs and the risk of infection she would be given a 10-day course of antibiotics prior to operating. These open wounds were present on Mum's first admission, caused by a chronic skin condition and our family wondered why this wasn't an issue during her first admission, was it because she was a public patient, or had it been overlooked? Had antibiotics been administered during her first admission, she may have had a better outcome than the one she endured. Mum was operated on Tuesday 19/2/19. It was discovered that Mum's femur head had died and in the surgeon's words her hip was 'full of goop from a suspected infection'. We were assured Mum was being given the 'Golden Standard' in treatment, being, Stage 1; hip removed, an antibiotic filled spacer cemented temporarily in its place and a six-week course of Vancomycin intravenously administered via a PIC line then Stage 2; the hip replacement. The PIC line was inserted through a vein in Mum's arm past her neck down into her heart by an anaesthetist, who warned her of the danger of the PIC line becoming contaminated and for her to take extreme care of it. Mum and our family were very upset, we speculated that the oversight of Mum's leg infection on her first admission caused the hip infection. This was only the beginning of Mum's problems. It became evident from Mum's care that staffing levels were inadequate. Mum was only allowed to bear touch weight on the injured hip, had to use a frame to move around and was permanently connected to an infusion pump, so she relied heavily on nursing staff to assist her. She would call for help, often nursing staff were delayed or at times didn't turn up, causing Mum unnecessary distress because of bed wetting. Mum was often left in the shower by herself and on one occasion I arrived and had to help finish her shower and dress her as a specialist was waiting to see her. Nurses seemed to be in a hurry, her wound dressings were removed without care and the wounds would be torn open again. Our family was astounded, these were the wounds that caused 10 days of delay and possibly the hip infection. Some nursing staff were inexperienced, during one shower

a nurse was cutting the bandage holding Mum's PIC line in place, Mum said to the nurse to be careful as that was where her PIC line was, the nurse said he wasn't near the line but Mum asked the nurse to stop and get senior staff as she was sure he'd cut through the line and he had. Our family could not believe this could happen and were assured by management that an internal investigation would be conducted. Mum had to endure an additional PIC line procedure as she was only halfway through her six-week course of Vancomycin. Communication was another issue, Mum was very weak, had lost a considerable amount of weight, was understandably depressed and trying to verbalise to nursing staff that she was concerned about her kidneys. For several days I spoke with Mum and ask what they were doing about her kidneys and she said they were doing nothing. I phoned the ward and complained that no one was listening to my mother. The very next day a Nephrologist visited Mum and in his words her kidneys had 'gone to sleep'. It took weeks before Mum's kidneys started to recover. NBH were lacking equipment, the frame the surgeon insisted on Mum using, was oversized, as the only other option was too small. This caused a considerable amount of shoulder pain. Mum was receiving daily physiotherapy and she asked if they could relieve the pain in her shoulders. She was told each time she asked that the physiotherapist could only work on her hip and she never received any shoulder care. Our family were becoming increasingly worried with each mishap and the deterioration in her mental health, so we decided Mum needed to be taken out of the hospital for a break, even if it was just outside. The social worker agreed and organised for a wheelchair to be made available. It seems there was only one wheelchair for the ward and several times it wasn't available for Mum, so our family bought in our own wheelchair. We negotiated for Mum to come home for a couple of weeks prior to her third operation. Mum was discharged on 2/4/19, 8 weeks after admission, in a worse state than when she had arrived on 2/2/19 but unbelievably, as a private patient, she wasn't entitled to HITH, we were basically left on our own to manage Mum's health and this highlighted another noticeable difference between public vs private. Another difference was, as a private patient, Mum received numerous pathology invoices from Australian Clinical Labs (Clinicalabs), her bloods were being taken daily for many weeks due to the infection and then her kidneys. She didn't receive one as a public patient.

3. The third and scheduled admission on 16/4/19 was to complete Stage 2 of Mum's hip replacement, she spent a further two weeks in NBH, which went to plan and without unnecessary trauma.

Clinicalabs, have been difficult to deal with. Once Mum started to receive their invoices, she was too ill to deal with them. My father has Alzheimer's, so I offered to follow up, as Mum was sure they were covered by her health insurance. I called Clinicalabs billing enquiries and was told, my mother had to tell NBH who her health fund was and provide her membership number, that way the invoices would automatically go to the health fund. Billing enquires then found this information on the system and processed the invoices. Mum had provided the NBH with this information on her second admission. When additional invoices arrived, I called billing enquiries for a second time and was told again that it was my mother's responsibility to provide the information. I got upset, said it's not my mother's fault that NBH haven't correctly completed the information she's provided for the automated system to work and reminded them they had the information on the system. I was told all outstanding and future invoices would be dealt with and I didn't need to call again. To date we are still receiving reminders and late notices.

On the ward, I witnessed Clinicalabs staff with incorrectly labelled pathology requests. I had planned to take Mum outside in her wheelchair, but we were told to wait as Mum needed more bloods taken. After 45 minutes I went to the nurse's station to ask how much longer pathology would be. The nurse said Clinicalabs staff had just arrived pointing to two people. The nurse said to them would they mind doing Room 19 first and the Clinicalabs staff said they didn't have a request for Room 19. The nurse gave Mum's name and they said oh it's written here as Room 16 and they proceeded to cross out something on the request form and rewrite something else in its place.

Thank you for your time in reading my submission, I truly hope this assists in providing better health outcomes at NBH,

4 July 2019