

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

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Northern Beaches Hospital

I have been admitted as patient at the NBH now on four occasions, and I have been in the Emergency Dept five times. My first admission was through emergency to the ward in November 2018, several weeks after the hospital opened. The experience in emergency was very thorough and quick to identify my problem. However, the experience in the ward was horrendous as there is no other words to describe it.

The ward appeared to be staffed by Agency staff who had no knowledge of any procedures (I doubt if any existed) shortage of equipment, drinking cups, pillows. Every day was a fight with nursing staff over prescription medicine prescribed by my own doctor. Often answers like “you don’t have that now” or “it is not on the list” occurred daily. After blood pressure monitoring, I asked questions requesting the results, for my own piece of mind and to be aware of progress, nursing staff mostly would not answer. Often the results of these tests were not entered on my patient record sheets. I left NBH without any follow up programme or advice offered. During my internment two other patients who shared the room just left during the night as they had not received their medications although requested for days.

From my previous experience being so horrible I was reluctant to again go back to NBH. Due to my wife and children proximity and with promises that things had improved I agreed to be admitted at NBH for major lung surgery. This occurred on 6 May 2019. After surgery I was in the ICU for a week. My experience with the ICU was extremely good. The staff all appeared to be very experienced with no agency staff in sight. Every part of my stay there was extremely professional and I could not praise all the ICU staff enough.

I left ICU and went to a ward for three days, unfortunately the experience in the ward was similar to my first bad experience although not quite as bad. Again, constant disagreements with nurses over what and when different medications prescribed for me could be taken. Often when I asked if they could obtain things such as water, Panadol, or to empty the catheter bag for me would either say I’ll be back or they would just disappear and never be seen again. I continually had to ask for my catheter bag to be emptied. Finally, I had to empty it myself as staff didn’t answer the call button often, or after periods of after 40 minutes. The bag volume was supposed to be recorded against fluid taken in however this was never done. There seemed to be no overall supervision of the inexperienced nurses and wards people. It was difficult to identify a nurse from a trainee or ward assistant. Also, the English language appeared to often be a problem with staff.

My next experience was within two days of being discharged from the ward for lung surgery. I again went to emergency, again staff were efficient and attended to my need expediently. I left the emergency with a catheter the emergency staff expressing the opinion I should not have been discharged from the ward two days previous.

On 23 May 2019 I had further surgery at Royal North Shore for prostate problems. I was discharged on 25 May 2019. In early June (10th) I was taking ill with a chest virus and attended NBH emergency where again I was treated professionally and then admitted to the ward.

The ward on this occasion had improved as it appeared that there were some permanent staff and there appeared to be some procedures in place. I still encountered some problems obtaining my own prescribed medicines. I was in isolation as the type of infection was not diagnosed and as a precaution this required all persons entering my room to wear a mask, applicable to all staff and visitors. This was not adhered to mostly and was applied haphazardly. I was able to leave the room

for exercise providing I was masked. Staff often did not adhere to the mask application nor did food supply.

As mentioned, the improvement in the ward compared to previous admissions was better but still lacked firm oversight of procedures. I was often unable to identify nurses or those with qualifications from other ward people or other service people. There was no apparent security as to who entered any ward, if they were Doctors or visitors or even tradespeople. I was discharged on 15 June 2019.

On 20 June 2019 I was again admitted to NBH through emergency for complications associated with prostrate surgery on 23 May 2019. The emergency staff were good and provided me with relief and I was admitted to the ward again. In emergency a nurse in the ward attending to me totally had a perpetual cough, no mask and having recently having a lobe of my lung removed and being admitted for a respiratory infection I was concerned with the continual coughing of the emergency nurse. This same nurse accompanied me all the time in emergency and to the admission in the ward.

In the ward I was treated for the complications of the prostrate with continual blockages of blood clots. Fortunately, for the following two days there appeared two very experienced nurses who took over and after many procedures I was able to have some relief. There were other nurses attending who had no experience in the treatment at all. There were also very young maybe wards men? I don't think they were nurses again with out easy visual identification of staff it is difficult to identify who actually is administering either medicines or procedures. I endured agony for two days often having to call out to anyone who could hear me as the bell would go unanswered. On several occasions' visitors would hear my cries and they would get a nurse.

While in the ward I contacted pneumonia, I believe possibly from the nurse in emergency on admission. While in the ward I had a major issue and was unable to breathe. I was still under the care of the urinary Doctors who fortunately organised for CT and chest X Rays and treated my pneumonia until 26 June 2019 when I was discharged. There was no follow up advice or programme.

On discharge I still had pneumonia and was sent to the transit lounge to await my wife picking me up. The only time I have seen any security was on this occasion when two very inexperienced apparently security people would not allow my wife to park within a reasonable proximity to the transit lounge. I was forced to walk a considerable distance in the cold still suffering pneumonia.

From my experiences at NBH Improvements to services are very simple;

- Employ a balanced mixture of experienced and younger nurses on the wards.
- Make all staff easily identifiable with uniforms (nurses, wards, cleaners, food supply)
- Install a Standard Operating Procedure (SOP) for all ward operations.
- Upgrade the method of administration of patients prescribed medicines instead of the haphazard method currently operating.
- Have experienced supervisors oversee all ward staff.
- Employ more training nurses to assist supervision of inexperienced nurses.
- Have fully employed staff where possible in place of agency staff.
- Get trained experienced security personnel.
- Restrict open to any person at any time into the wards.

Thank you for the opportunity to express my views on the NBH.

Yours sincerely

Terry Fitzgerald

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