Submission No 55

INQUIRY INTO OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

Name: Dr Teri Merlyn

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To Whom it May Concern

Over the past 15 years I have had the misfortune to be exposed to the deteriorating service of the Public Hospital system, with six surgeries, two long stay infections, radiation therapy for breast cancer and a cardioversion.

The hospitals involved have been primarily Mona Vale Hospital, with Hornsby, RNSH, and Manly

Therefore, I have solid experience to support my observation on the general deterioration at all levels of care. We have gone from an institution with a tradition of safety and genuine care to one of outright neglect; from beds made regularly with clean sheets to not at all over a week. The level of care and attention has declined commensurately.

My first knee replacement at MVH in 2012 I was in the surgical ward for 5 days then moved to rehab for 2 weeks, with high levels of care. The second knee replacement in 2015 my bedding was never remade, care support was desultory at best, with even drinking water not available, and unhelpful to the point of being negligent, and saw me summarily sent home on the 3rd day, despite my protestations that I was not able to cope on my own, and supplied with inadequate medication and no home support for four days.

In 2017 I presented to MV ED with a large wound on a highly compromised site, was sent away with minimal advice for wound caree and without being informed I was eligible for home nursing support. Two weeks later I presented again with the wound infected and was left sitting with an open wound for seven hours, waiting for transfer to Manly hospital, which had a Silver Compress. When I queried my situation the staff responded with "Welcome to Public Health". During that wait I also contracted Golden Staff.

I am hopeful that I have plateaued healthwise, because I dread a return to the new Northern Beaches Hospital, with it's evident problems and a disregard for public patients.

Sincerely,

Dr Teri Merlyn

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Re: Mona Vale Hospital Emergency Protocols for Dirty Wound Management

June 9, midday–

- I presented at MVH Emergency with a freshly made, large laceration on the left leg, inside shin, done on a rusty iron star picket. I had doused the wound with hydrogen peroxide and put on a Bettadine dressing.
- I appraised the nurse that I was Diabetes II and the wound was on a site already deeply scarred from a 2004 major cellulitis and multi staff infection that produced toxic shock and delirium requiring hospitalisation for 5 days
- The nurse who treated me cleaned up and dressed the wound and warned that it would need good care, that it was important to keep it up, preferably above the heart level, and if it didn't heal it may need plastic surgery. He said I should see my GP in a week.
- There was no referral to Home Nursing for changing the dressing, indeed, I was unaware of that service and was left to my own devices for that. and instead relying upon friends to help.
- For the next week I changed the dressing myself, and remained concerned because I was receiving differing advice, between the Emergency nurse, my GP, and friends who are health professionals, regarding whether the wound should be kept moist or dry, etc. etc. No one at any time suggested there was a service I could access.

June 16

- I saw my GP, Dr Albert Lam, (not a wound specialist) who changed the dressing, said I should change it every 2 days but it was ok to go about normal activity, in direct contradiction to the Emergency nurse.
- There was no mention of the possibility of contacting the Community Nursing Service for assistance with dressings.
- For the next week it was improving slowly, but not fast enough, and I thought to speed up that process with fresh aloe vera and a turmeric/

ginger/thyme poultice, not on the wound itself but around the site. I would not have done so if the wound was managed professionally.

June 23 – 11am

- When I removed the poultice dressing it was obvious that the wound was infected and I feared a cellulitis, so I presented at MVH Emergency. The dressing was removed, the wound cleaned, but no dressing replaced. I was directed to wait in the seating area of the short-term ward and sat there with an, uncovered, open wound for 3 hours until it was swabbed. The wound was then left uncovered for another two hours until someone put a dressing on it.
- I was finally told, that I would be spending the night in that ward, then transferred to Manly Hospital where the plastic surgeon would treat me. A canula was inserted and IV antibiotic administered.
- At Manly I was seen by a number of different staff, finally it was decided to use a silver compression dressing, which was applied on the Saturday morning, to be reviewed on Monday.
- IV antibiotics were administered 3 x pd

June 27

- I was released from Manly Hospital on Monday, midday, advised that I was to attend Mona Vale Home Nursing Service and to make an appointment for the dressing to be changed on Wednesday.

June 28 – 4.45pm

- I received a call from the MVH Home Nursing telling me that the result from the swab taken at MVH Emergency SIX DAYS AGO had come in and that I had contracted Golden Staff, so the antibiotic I was taking was not appropriate and that I must see my GP immediately and get a prescription for the correct antibiotic.

I suggest here, that there are three glaring points of omission by the MVH Emergency in this series of 'unfortunate events' :

1. Owing to the compromised condition of the wound site and its severity, exacerbated further by my being Diabetic, both of which factors were made clear to hospital staff at the time, I should have been referred to the Home Nursing Service for wound management and dressings as a first protocol and not left to manage it by myself.

If there had been appropriate dirty wound management protocols in place and I had been referred to the Home Nursing Service for dressings the wound would never have become infected in the first place.

2. When I presented with the infected wound two weeks later I should NOT have been left sitting in the short-term ward with an open wound for nearly 6 hours before someone thought to put a dressing on it. I consider it highly likely that the Golden Staff entered the wound during that period and now have a permanent, debilitating infection. It should be mandatory that wounds, especially when infected, are not left uncovered for long periods in situations where there is a risk of further infection.

3. Six days is far too long for a pathology report to return. I am told it takes around 48 hours, but that would have seen the report going to Manly on the Saturday, me being treated as having Golden Staff, and the appropriate antibiotics prescribed upon release. This delay of such important data is unacceptable in anyone's book.

I do not blame the overworked, undertrained staff. This lack of appropriate protocols has not only caused me great inconvenience and permanent, unnecessary injury, but has cost the State significant outlay in a period of hospitalisation, the now extended home nursing I am receiving and any further complications that may result from this infection later in life.

I am furious at this outcome for myself, and deeply concerned that, if this has happened to me, then it must be happening to others as well. I advocate most strongly that the hospital immediately move to establish appropriate dirty wound management protocols that will prevent such disastrous outcomes occurring ever again.

I want, at the very least, to be assured that this has been done, and I would also like some sort of apology to myself.

Yours sincerely.