

Supplementary  
Submission  
No 197a

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

**Name:** Name suppressed

**Date Received:** 28 July 2019

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Partially  
Confidential

A family member presented at NBH as an emergency patient after years of a debilitating condition which they knew was going to result in major surgery in the near future. Specialist had advised this was a last resort as she preferred that person was able to be operated in another hospital due to her concerns regarding the care and issues at NBH

Unfortunately the long drive after consulting the urgent care staff meant patient could not present at another hospital due to increasing urgency, pain and distress and young daughter driving.

On arrival at the NBH Emergency

Dept there were no vacant parking spots and had to be dropped off and left while daughter parked the car and walked back. The car park entry is tricky and parking hard as space so tight. Parking fees are high.

- Emergency dept. is not easy to find and the longest point from the carpark

Emergency dept is very small and apparently was very busy ?- approx 10 patients - with admin staff heard to complain it was “too busy” and “we can’t cope” Triage dept has windows which allow no privacy from others in waiting room.

#### ADMISSION TO EMERGENCY

- Admitted and agreed to waive excess fee as private patient though after discharge home was sent an anaesthetist bill with payment demanded immediately by his rude receptionist. This was rectified by surgeons staff.
- Pain relief was to be given IV as not able swallow or keep any thing down but kept bringing oral medication - staff didn’t read notes as injections ordered •Told nil by mouth then told could have water to take tablets which was against surgeons orders •IV was inserted after insistence from family as no food or drink had been taken for 3 days as not able to swallow and vomiting back up •Registrar on shift stated he didn’t need to read notes or latest MRI just performed -staff noted to raise eyebrows when he spoke - he advised he will do what he saw fit at the time and as needed- major bowel surgery was required but fortunately the specialist was able to get a colleague to perform. Suggested patient go home with pain relief and see own specialist ? Would not acknowledge preliminary investigations had been done and not required again as condition long term.
- Staff handovers incomplete and info re current and past medical condition not acknowledged
- Own specialist contacted by patient who then made special trip to hospital to update staff and inform them of long term condition and urgency of condition

#### ADMISSION TO WARD

- Patient was nil by mouth but kitchen staff kept coming in and offering drinks as no signs or info anywhere •No info on patient board in room - not even name for 10 days admission •Sent to theatre quickly after being told it would be a while - was sent down in day clothes and not changed into a gown and they forgot to send notes and labels with patient •In pre surgery anaesthetists starting prepping patient and at same time putting stickers and probes on hairline and discussing with each other “ is this the right way?”without any indication to patient as to what was happening. Patient became agitated and asked what they were doing and did she need to provide consent ? Told they were trialling it on patient to establish brain oxygen levels.A sales manager then removed them to the eyebrows and asked that they get someone from another level to come down so she could be shown how to use them and before surgery could commence

## POST SURGERY

- Blankets thrown on floor after return from theatre not put in linen trolley - still there on visiting next day
- Old iv removed and thrown in hand washing sink - still there after 3 days when other visitor put in bin
- IV drip pain relief ran out x 3 as RNs had changeover and did not refill before leaving and did not advise next shift of this - patient had to ask to have it refilled as pain increased and not able to be kept under control
- Additional pain relief via IV had RNs often disputing times given with incorrect times noted on medication charts
- Anti nausea relief was sporadic with either forgetting to give or stating already given
- Side effect of morphine is “itching” and when asked for antihistamine was told by RN she would be charged for it
- Hand overs were discussed in corridor not at bedside raising confidentiality issues
- Staff not able to be identified as name badges in obscure position or turned around
- Curtains or doors left open with patient unable to have privacy
- RN heard arguing over whose job it was to empty catheter bag
- Sharps thrown in bin not in specific container in room
- IV inserted and difficult to undo connection to change bag of solution - staff member went out and came back with kitchen scissors to undo same.

- Registrar unable to undo tape to replace iv cannula without distress to patient claiming they weren't supplied appropriate tape
- Room cleaned once after 7 days with needle and tablet found on floor - patient couldn't take oral meds so where did it come from ?

- No one used hand washing sink as jug over plug hole
- Junior registrar asked patient to tell her what what was wrong and what operation was had as she didn't have time to read patient notes
- Gloves not used when emptying catheter bag
- Gloves not used when changing IV or IV administering drugs
- When able to eat needed special diet - was told to bring in own food and drinks
- Staff did not know how to operate any of the lights in the room causing disturbance and discomfort when not able to be turned off or on as needed
- Staff has to reach over patient and wound area to turn off call buzzer as bed placed in middle of call system on wall
- Extended time to answer call bells - other patients also as call bell board heard ringing unanswered in corridors
- left in chair at side of bed without access to call bell
- When able to sit out of bed was in high back chair as physio advised they had no recliners
- Could see other residents in their rooms from window
- Could hear other residents through talking and going to toilet
- Bed sheets not changed unless patient asked for this
- No where to put flowers
- Operating surgeon came to visit and noted food sent up which was inappropriate due to need for special diet - said “ we need to get you out of here - you will be better off at home “

## POST SURGERY DISCHARGE - DAY10

- No wound care or discharge instructions from ward staff - had to attend Mona Vale Urgent Care next day to get information as wound “red”and “weeping”after dressing taken off in hospital and not replaced - an infection was noted next day
- No wheelchair available to take to car park so patient had to walk as no emergency spots vacant
- Patient had to go to pharmacy by self and wait for discharge medications
- Survey sent but not time to complete but hospital advised issues with same and of no use

- Another family member advised own GP of this patients emergency admission and was advised to not go there as so many of her patients were concerned with the “running” and inadequate care being provided at NBH

## MAIN ISSUES of CONCERN this admission

- Pain management
- Medication management
- Wound management
- Confidentiality and Privacy
- Orientation to site

- Infection control standards and guidelines including cleaning
- Ineffective communication
- Insufficient equipment
- Safe working practices
- Staff knowledge levels
- Fire and emergency orientation
- Dietary requirements for specific diets
- Issues of “private” and “public” patients

We need better for residents of the Northern Beaches