

**Submission  
No 219**

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

**Name:** Mr Geoff Horsnell and Sharon Horsnell

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## **Submission to the Inquiry into the operation and management of the Northern Beaches hospital**

Submitted by Geoff and Sharon Horsnell, Newport.

**Background.** Both Sharon and Geoff have a unique perspective to NBH, RNSH, MVH and the SANS following a series of medical incidents and admissions for various reasons to all of these hospitals both in family history and recent years. I will summarise in the appendix.

### **Overview:**

**Royal North Shore Hospital (RNSH)** is the gold standard in that the systems, protocols, staff experience, access to specialists and specialty services are excellent. This particularly applies to the Stroke Unit, the cardio-vascular unit and respiratory units. So much so our first preference would be to be taken to RNSH before any of the others in an emergency and for general and specialist care. This is probably a result of years of experience with consistency of staff and management plus solid funding by government. Only negative is the high cost of food in the cafeteria.

**Northern Beaches Hospital (NBH)** suffers from teething issues, which hopefully will improve or disappear. It is a good facility, a pleasant hospital and has large capacity but on admission via emergency we noted the staff struggled with equipment failures and shortages and systems problems. The monitoring equipment failed and needed to be replaced. The staff struggled with catheter equipment and procedure and discussed openly competing protocols in front of patients. Staff and paramedics seem to lack confidence in the hospital management and discussed these concerns with patients.

The pathology unit Clinical Labs proved to be unprofessional, poorly staffed in numbers, unaware of what they could do and not do with regard to obtaining copies of reports. Failed to answer phones at all or promptly, left hospital staff and patients waiting for long periods due to understaffing. Gave incorrect information over the phone. The end-result was no confidence in their tests and reports. They acted like beginners. Having dealt previously with Douglas Hanly Moir the difference was chalk and cheese. We believe the hospital probably appointed Clinical Labs based on cost not on delivery of service and failed to oversee them. Food in hospital cafeteria is way too expensive with no provision for low-income patients.

### **Mona Vale Hospital (MVH)**

We have had two children born in MVH and my father pass away there many years ago and we regularly accessed its services so we know it well. With my two heart attacks in 2003 and 2012 I attended MVH first before being redirected by helicopter and later ambulance to RNSH cardio-vascular unit. There is no doubt MVH has reached and passed its "Use By Date". Having experienced the quality of service at RNSH as well as admissions to MVH in the last days before it closed it was obvious the new NBH and RNSH are much better hospitals. I accept that diagnostic services are better when placed together, supporting and complementing each other. The staff at MVH were excellent but the facilities and specialist services were run-down or missing. MRI scans were conducted at a private clinic at Frenchs Forest requiring transport by ambulance or taxi. Heart Attack patients have bypassed MVH since the early 2000 and were taken to

the specialist cardiac unit at RNSH. The new NBH has extensive diagnostic services together eg MRI, Ultrasound, X-ray, Pathology etc.

With the State government pushing more development into the peninsula at Warriewood, Ingleside and shop-top development along the Pittwater Rd and Barrenjoey Rd corridors, the demand for services at MVH will increase. The site I believe is dedicated and retained for medical services. The rehabilitation unit, palliative care and community nursing centres at MVH should continue to be supported. The Acute Care Unit should be upgraded to a level 3 hospital with a brand new building and allow for growth to level 4 and 5 over future years with population growth. MVH needs to support emergencies such as those common on beaches and waterways as well as asthma, allergies and sporting injuries. Also the doctor/day clinic is a positive service particularly for Mums and low income patients.

**Distance:** It's more important that the services provided at the hospital are high quality rather than the time it takes to get to the hospital. I would put more emphasis in the time it takes for the ambulance to attend the patients. The ambulances at Avalon and Narrabeen (soon MVH) need to be on call 24/7 for local peninsula incidents, not sent out of the area all over Sydney leaving the peninsula void of quick ambulances. Once patients are in the ambulance the paramedics stabilize and prepare patients and inform the hospital of the patient's condition. If you transport yourself to MVH or NBH when you have a stroke or heart attack you will most likely be sent by ambulance to RNSH due to its 24/7 Specialist Wards for stroke and Cardiac issues.

A look at Google maps for a patient coming from the northern peninsula shows travel times via Wakehurst Parkway OR Mona Vale Rd/Forestway OR Collaroy Plateau/Cromer back route are not dissimilar. Paramedics need to be aware of the alternative routes if Wakehurst Parkway is flooded. Note also when the Parkway is flooded, ambulances could probably negotiate the minor flooding over the road anyway.

**Selling of MVH Site:** If the state government needs to sell land to fund its budget look at the unused blocks adjacent to Mona Vale Bowling Club, Kitchener Park, Scout and Guide Halls and the Mona Vale Golf Course. The NSW government also owns extensive land holdings in Ingleside and the Warriewood Valley.

**Sydney Adventist Hospital (SANS)** It would be fair to say Sharon's expectation was high when admitted to SANS only to be disappointed by a low standard of care delivery. RNSH is better than SANS in nursing care, concern for patients and genuine interest in outcomes. The exception would be access to high level specialists at SANS is excellent. Incidents at SANS included putting beginner nurses in ICU post surgery without proper supervision. Poor infection protocols with equipment swapped between patients in ICU. No fridge on the ICU level for ice packs requiring nurses to not supply ice, delay ice or go to another floor. The breakdown of the hot water service in the patients bathroom in rehabilitation on a weekend resulting in the patient having to shower at the other end of the ward. Repairs took about 5 days and no tradesmen were available on the weekend. Failure to put proper compression socks and equipment post operation on the patient. Conclusion it's over-rated and RNSH is better.

**Hospital Parking.** Concession card discounts make parking at the public hospitals viable. We would hate to pay the fees charged to everyone else. SANS parking fees don't account for long term patients visited regularly by family.

### **Appendix 1. Recent admissions to hospital**

MVH treatment of star spike injury (ambulance), TGA memory loss incident and diagnosis (ambulance)

NBH: Stroke scare admission referred onto RNSH Stroke Unit (ambulance), medical incident at Bunnings (ambulance), diagnosis at NBH.

RNSH Myocardial Infarction 2003 admitted to MVH emergency and helicopter to RNSH cardiovascular unit. 2012 admitted to MVH emergency and transported to RNSH by ambulance cardiovascular unit.

SANS Knee replacement surgery, DVT, Pulmonary embolism, stroke, PFO diagnosis and repair. Knee rehabilitation.

Previously 2 x babies born at MVH maternity.