QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

SUPPLEMENTARY STATEMENT OF JENNIFER KIRBY

1. I, **JENNIFER KIRBY,** Manager, District Quality and Decision Support Unit (DQDSU), of c/- Bundaberg Base Hospital, Bourbong Street, Bundaberg, acknowledge that this written statement by me dated 8 July 2005 is true to the best of my knowledge and belief.

2. This statement is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.

Qualifications and Experience

3. I refer to my earlier statement dated 17 June 2005, which I now supplement as follows:

4. From 1996 until October 1999 I filled the part-time position of elective surgery coordinator at the Hospital.

5. My duties and responsibilities for this position were to manage the elective surgery waiting list and to manage theatre bookings.

The waiting list

6. Surgical admissions to the Hospitals are of two types, namely emergency (surgery on less than 24 hours notice) and elective (planned surgery on greater than 24 hour notice).

7. Every speciality and surgeon at the Hospital has an elective surgery waiting list. In other words there is an orthopaedics, gynaecology, general surgery and urology waiting list.

8. The sequence of events leading to creation of the list is as follows:
   a) every patient is seen in outpatients by a doctor;
   b) if identified as a surgical candidate, the doctor fills in a theatre booking request form categorising the degree of urgency with which surgery is required, namely:
      - category 1 – urgent;
      - category 2 – semi-urgent;
      - category 3 – non-urgent.

   The form also identifies the surgical procedure required.

c) according to government policy category 1 candidates are to have their surgery within thirty days, category 2 are to have their surgery within ninety days or less and category 3 are to be treated in a time period greater than 90 days. Government policy further provides for a zero percent tolerance for category 1 patients and 5% for category 2 patients. This means that all category 1 patients must receive their surgery within 30 days.

Theatre lists

9. Theatre lists are assembled from the elective surgery waiting lists.

10. The theatre lists are managed by the administrative staff and the elective surgery coordinator in the Hospital's Theatre Booking Office.

11. The responsibility of these staff is to book patients for theatre, notify them that they are booked and make an appointment for them to attend the pre-admission clinic at the Hospital.

12. The surgeons frequently visit the Theatre Booking Office and discuss with the elective surgery coordinator the composition of the theatre lists.

13. Patients are thus treated and managed based on clinical needs.

14. Naturally, should the patient deteriorate, he or she is advised to either present to the emergency department, if it is urgent, or, alternatively, see their GP or return to the specialist clinic (for review by the surgeon who booked them for surgery) for re-categorisation, as appropriate.

15. The waiting list is reviewed on an ongoing basis by the elective surgery coordinator to ensure its currency. That is, to ensure that the patients are moving through the list in accordance with their classification.

16. The theatre booking staff working under direction from the elective surgery coordinator formulate draft theatre lists. These lists are formulated several weeks in advance of the planned surgery and are not formulated in any way based on financial incentive to the Hospital, at least not in my experience.

17. The coordinator looks at the draft lists in consultation with the Director of Anaesthetics and Intensive Care and the Nurse Unit Manager of Theatre on a weekly basis.

Elective surgery activity

18. I now address the topic of the Hospital's surgery target.

19. The elective surgery target is negotiated with the Central Zone Management Unit at the Hospital on an annual basis. It is the agreed amount of surgery that the Hospital will undertake over the ensuing 12 months.

20. It is not agreed in terms of patient numbers, but as a set number of weighted-separations.

21. I now explain the term 'weighted-separations' –
    - On discharge from the Hospital, all patients are assigned to a Diagnosis Related Group ('DRG');
    - There are approximately 900 DRGs in the Australian Classification System;
    - The patients are grouped into DRGs on the basis that they are clinically similar cases and that their resource consumption is similar;
    - Each DRG is then assigned a weighted-separation. This is a numeric value. The more complex the case, the greater the 'weighting'. That is, because it uses more resources or the patient may have additional complications or co-morbidities.

22. One weighted-separation attracts funding of $2,500.

23. The Hospital and the Central Zone Management Unit are currently responsible for monitoring the Hospital's performance of its elective surgery activity and throughput monthly.

Comment

24. I am currently and have been, since the 2001 year, responsible for monitoring progress towards achievement of the Hospital's elective surgery target.

25. I am aware of statements by some witnesses to this Commission that theatre throughput at the Hospital was orchestrated by Dr Patel and Hospital administrators on the basis of budgetary considerations and financial incentive rather than clinical need.

26. I strongly disagreed with this evidence. This has never been my experience. In all cases, composition of the lists are based solely on clinical priorities. Indeed, based on:
    - Government guidelines which govern waiting list management;
    - Monitoring and enforcement of those guidelines by the elective surgery coordinator and various clinicians;

    it is most unlikely that one clinician could 'hijack' the list as has been suggested.

Signed at **Bundaberg** on **8 July 2005**.

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Jennifer Kirby
Manager
District Quality and Decision Support Unit
Bundaberg Base Hospital