Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF8

GF8

From: Rebecca McMahon
To: Peter Leck
Date: 17/12/2004 11:34:21
Subject: Intensive Care Unit

Hello Peter,

I refer to our telephone discussion yesterday and your subsequent facsimile in relation to issues with the Intensive Care Unit at the Bundaberg Hospital

After reviewing the documents you provided, I spoke to Michael Schafer in relation to this issue.

Both myself and Michael are of the view that this matter involves issues of clinical practice and competence, rather than allegations of official misconduct. Accordingly, as discussed yesterday, it would be more appropriate for a suitably qualified team of medical practitioners to review the practices of Dr Patel and the ICU generally.

Michael has confirmed my view that Gerry Fitzgerald, Chief Health Officer, will be able to provide advice as to the manner in which this review should be conducted.

Should this review identify further evidence which raises a suspicion of official misconduct on the part of any of the officers involved please advise me and I will reassess this matter.

If you have any further questions in relation to this matter please do not hesitate to contact me on 323 40589

Many thanks

Rebecca McMahon
A/Manager, Investigations
Audit and Operational Review Unit
Queensland Health
Ph: (07) 3234 1966
Fax: (07) 3234 1528
Email: rebecca_mcmahon@health qld gov au

CC: Gerry FitzGerald

From: Gail Aylmer
To: Keating, Darren
Date: 8/07/2003 5 32pm
Subject: wound dehiscence report

Good afternoon

I have attached the report I have completed in regard to the recent wound dehiscences. I am pleased to say that I have been able to exclude all but 4 of the 13 charts that were reported to me from a number of concerned staff, including one of the medical staff.

I have discussed these cases with Dr Patel this afternoon and as a result I have no further concerns. Dr Patel admitted technique problems with [illegible], and 130224 (stitch broke while in xray). His explanations for the other 2 people were also very reasonable.

The wound swab pathology for UR 130224 was significant and was Staph aureus scant, and Enterobacter cloacae 1+.

I did discuss implementing routine swabbing of all wound dehiscence that occur, as is the procedure at RBH. Dr Patel seemed happy to go along with this.

thank you for your time
Gail

Gail Aylmer
Infection Control Coordinator
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph: 4150 2273
Fax: 4150 2309

CC: Goodman, Glennis; Kennedy, Carolyn

Wound Dehiscence Report

May 2003 to June 2003

UR No	Pt's DOB	Surgeon & Assist	Adm date	Disch date	Re-adm	Initial Surgery	Date	Date of dehiscence	Wound swab	Comments
130224	22/12/39	Drs Patel & Igras	5/6/03	Transf to Mater Brisbane 20/6/03	No	Oesophago-gastrectomy	6/6/03	12/6 & 16/6	Yes 17/6 → see attached path form	12/6 → OT resuturing & washout of abdo wound dehiscence 16/6 → OT repair wound dehiscence & washout → OT exploratory Laparotomy, repair of leaking jejunostomy
128142	19/6/25	Drs Patel, Igras & Britten	26/6/03	2/7/03	Yes 3/7/03 Day 7 post-op	Sigmoid colectomy & High Ant Resection	26/6/03	3/7/03	No	3/7/03 dehiscence with greater omentum protruding from wound → OT resuturing & washout of abdo wound dehiscence
012769	13/9/24	Drs Patel & Igras	26/5/03	4/6/03	No	Sigmoid Colectomy	26/5/03	30/5/03	No	30/5 bowel visible through staple line (1 staple embedded in bowel) → OT suturing wound dehiscence
071453	30/10/27	Drs Patel & Igras	20/5/03	14/6/03 RIP	No	Sigmoid Colectomy & colostomy	23/5/03	30/5/03	No	30/5 → OT repair of abdo wound dehiscence

Queensland Government
Queensland Health

Report Criteria

(Enctr Discharge Fiscal Period) in (?StartFiscalPeriod) to (?EndFiscalPeriod) and (Enctr Inout Code) = "I" and (Enctr Facility Code) = "00062" and (R_ICD_PROC ICD VERSION) = "43" and (R_ICD_PROC Code_Block) in ["858", "859", "860", "872", "875", "876", "877", "878", "879", "880", "881", "883", "887", "895", "896", "897", "907", "913", "914", "915", "916", "917", "918", "934", "936", "976", "978", "979", "980", "985", "986"] and (Enctr Discharge Fiscal Year) = (?FiscalYear) and (R_ICD_DIAG ICD_VERSION) = "43"

Bundaberg Health Service District

Wound Dehiscence Indicator

Displaying Months between July, 2002 and June, 2003

Confidentiality Statement

The information in this report is confidential and is not for distribution or publication outside BHSD without the consent of the District Manager
Variations between this report and other reports of similar content may occur due to selection criteria or timing differences
If you have any further enquiries please contact DQDSU on Extensions 2208, 2207 or 2277

Data as at 18/02/2005

Discharge Month	No of Wound Dehiscence	Number of Abdominal Operations	Index %
Principal Surgeon	Wound Dehiscence 0	1	
Principal Surgeon AND	Wound Dehiscence 0	2	
Principal Surgeon BAK	Wound Dehiscence 0	18	
Principal Surgeon FAI	Wound Dehiscence 0	10	
Principal Surgeon GAF	Wound Dehiscence 0	4	
Principal Surgeon GOU	Wound Dehiscence 0	3	
Principal Surgeon JAY	Wound Dehiscence 3	27	
Principal Surgeon KIN	Wound Dehiscence 0	2	
Principal Surgeon LIM	Wound Dehiscence 0	8	
Principal Surgeon PAT	Wound Dehiscence 4	16	
Principal Surgeon SPEN	Wound Dehiscence 0	1	
Principal Surgeon STU	Wound Dehiscence 0	5	
Principal Surgeon WIJE	Wound Dehiscence 0	2	
TOTAL	**7**	**99**	**7.07**

Wound dehiscence identified from ICD-10 Code T81.3

Queensland Government
Queensland Health

Report Criteria

{Encntr.Discharge Fiscal Period} in {?StartFiscalPeriod} to {?EndFiscalPeriod} and {Encntr.Inout Code} = "1" and {Encntr Facility Code} = "00063" and {R_ICD_PROC.ICD_VERSION} = "43" and {R_ICD_PROC.CODE_BLOCK} in ["858", "859", "860", "872", "875", "876", "877", "878", "879", "880", "881", "883", "887", "895", "896", "897", "907", "913", "914", "915", "916", "917", "918", "934", "936", "975", "976", "979", "980", "985", "986"] and {Encntr.Discharge Fiscal Year} = {?FiscalYear} and {R_ICD_DIAG.ICD_VERSION} = "43"

Bundaberg Health Service District

Wound Dehiscence Indicator

Displaying Months between July, 2002 and June, 2003

Confidentiality Statement

The information in this report is confidential and is not for distribution or publication outside BHSD without the consent of the District Manager
Variations between this report and other reports of similar content may occur due to selection criteria or timing differences.
If you have any further enquiries please contact DQOSU on Extensions 2208, 2207 or 2277..

Data as at 10/08/2004

Discharged Month	No of Wound Dehiscence	Number of Abdominal Operations	Incidence
July	0	7	0 00
August	2	9	22 22
September	0	3	0 00
October	0	5	0.00
November	0	10	0.00
December	0	8	0 00
January	0	7	0 00
February	1	9	11.11
March	0	9	0.00
April	0	7	0 00
May	1	10	10 00
June	3	15	20.00
TOTAL	7	99	7 07

Wound dehiscence identified from ICD-10 Code T81 3

Queensland Government
Queensland Health

Report Criteria

{Enctr.Discharge Fiscal Period} in {?StartFiscalPeriod} to {?EndFiscalPeriod} and {Enctr.Drgout Code} = "1" and {Enctr.Facility Code} = "00062" and {R_ICD_PROC.ICD_VERSION} = "43" and {R_ICD_PROC.CODE_BLOCK} in ["858", "859", "860", "872", "875", "876", "877", "878", "879", "880", "881", "883", "887", "895", "896", "897", "907", "913", "914", "915", "916", "917", "918", "934", "936", "976", "978", "979", "980", "985", "986"] and {Enctr.Discharge Fiscal Year} = {?FiscalYear} and {R_ICD_DIAG.ICD_VERSION} = "43"

Bundaberg Health Service District

Wound Dehiscence Indicator

Displaying Months between July, 2003 and June, 2004

Confidentiality Statement

The information in this report is confidential and is not for distribution or publication outside BHSD without the consent of the District Manager.
Variations between this report and other reports of similar content may occur due to selection criteria or timing differences.
If you have any further enquiries please contact DQOSU on Extensions 2208, 2207 or 2277.

Data as at 10/08/2004

Discharge Month	No of Wound Dehiscence	Number of Abdominal Operations	Incidence
July	1	19	5.26
August	0	15	0.00
September	0	10	0.00
October	1	12	8.33
November	0	11	0.00
December	0	11	0.00
January	0	8	0.00
February	0	8	0.00
March	1	11	9.09
April	0	15	0.00
May	1	11	9.09
June	0	11	0.00
TOTAL	4	142	2.82

Wound dehiscence identified from ICD-10 Code TB1.3

From: Robyn Pollock
To: Gail Aylmer
Date 25/11/2003 11 48am
Subject: Doctors don't have GERMS

Gail, We had the delightful Dr Patel here today attemtping to fix a central dialysis catheter The nursing staff are always very strict with usinf aseptic technique accessing these catheters sterile gloves etc The nursing staff mentioned to Dr Patel as he was about to access one of these lines the nedd for sterile gloves, handwash He refused stating"Doctors hands don't have germs This just isn't good enough! what can we do Robyn

From Gail Aylmer
To: Keating, Darren
Date: 3/12/2003 3 37pm
Subject: Renal

hi Darren
I spoke to Robyn in renal about your meeting with Dr Patel She and the 3 staff members that witnessed the situation obviously do not agree with Dr Patel's version of the situation, however they are pleased you have spoken to him about this
Just FYI because I think it should be noted, Dr Patel visited the unit today and said that he has "had enough of renal and he wasn't going to do it anymore"

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph 4150 2273
Fax 4150 2309

email opened 17.a.46 3/12/03

Meeting re Dr Keating
27/11/03.

From: Gail Aylmer
To: Carter, Martin, Patel, Jayant
Date: 5/11/2004 1 49pm
Subject: Theatre protocol

Dear Dr Patel and Dr Carter

I, along with a number of other staff (including our microbiologist), have been concerned for some time now about the practice of staff wearing theatre attire outside of the theatre complex As you are aware this practice extends to (but is not limited to) the wearing of this attire down to the staff canteen hospital library and even outside the buildings and down the street!!

To quote Peter Collignon, "not wearing *street clothes* into theatres was one of the main dicta put in place by Semmelweis over 100 years ago" "If the same clothes ie restricted attire, are worn in theatre, in the wards and cafeterias etc, then they have become effectively *street clothes* " Peter is the Director of Infectious Diseases Unit and Microbiology Dept at Canberra Hospital and Professor at Canberra Clinical School, Sydney University and Australian National University He is a world-renowned expert in these areas I think you would find Peter's article of interest - I have placed a copy in the theatre staff room The article also supports the recommendations in the 2004 National Infection Control guidelines

I was interested to know what practices occurred in the Brisbane tertiary hospitals Not surprisingly all of these hospitals said they had a policy/protocol in place that restricted the wearing of theatre attire outside of the theatre complex With the exception of medical staff attending an emergency in ward areas, all staff must change out of their theatre attire prior to leaving the theatre complex Several of the hospitals contacted did say that had 'difficulties' with a number of non-compliant staff, however they were looking at ways to police this

I have discussed this with Gail in theatre and some of the theatre staff - so far I have had positive feedback I think this is because staff know it is 'the right thing to do

I have discussed this with Darren Keating who agrees very much with me - please note, this email has been CCed to Darren, and to Linda Mulligan

I would be interested in hearing your comments Obviously the supply of theatre attire will need to be increased to cover this change in practice

On another issue, I noted today that the blue plastic overshoes are very inadequate (ripping sweating etc) - I will ask Jim from stores to look at other more suitable alternatives

regards
Gail

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph 4150 2273
Fax 4150 2309

CC: Keating, Darren, Mulligan Linda

From: Gail Aylmer
To: Carter, Martin, Patel, Jayant
Date: 15/11/2004 4 14pm
Subject: theatre attire

Dear Martin & Dr Patel

Further to my previous email regarding the move to stop the wearing of theatre attire outside of the theatre complex, I would just like to inform you of my next steps in progressing this issue

I am assuming you do not have an issue with this plan, as neither Gail Doherty nor I have had any feedback from you Gail also tells me that this topic did not come up at last week's theatre management meeting I guess that Peter Collignon's article is very clear, and that combined with the practices in the tertiary hospitals, it is all rather straightforward - I don't see why our practices and standards should drop just because we work outside of the capital !!

I have attached a memo that I intend to distribute to all staff that enter the theatre complex This will go to all appropriate depts and to individual medical staff I will erect signage at the exits reminding staff of the need to change

with thanks
Gail

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph 4150 2273
Fax 4150 2309

CC: Doherty, Gail, Keating, Darren, Mulligan, Linda

no response from Patel or Keating
→ discussed w/c nursing staff

Queensland Government
Queensland Health

MEMORANDUM

To:	All Medical, Nursing and Operational staff entering Theatre Complex and CSSD department		
Copies To:	Dr Darren Keating, Mrs Linda Mulligan, Dr Martin Carter, Dr Patel		
From:	Gail Aylmer Infection Control CNC	**Contact No:**	Ext 2273
Subject:	**Wearing of theatre attire outside of the theatre complex**		

The current practice of wearing theatre attire outside of the theatre complex is not acceptable and breaches not only recommendations in the 2004 National Infection Control guidelines, but expert opinion and current best practice within the tertiary hospitals.

To quote an eminent Australian Professor, Peter Collignon "not wearing *street clothes* into theatres was one of the main dicta put in place by Semmelweis over 100 years ago" "if the same clothes, ie restricted attire, are worn in theatre, in the wards and cafeterias etc, then they have become effectively *street clothes*".

A number of changes need to occur to ensure this district abides by these guidelines Please note the following -

- Staff are required to change out of theatre attire when leaving the theatre complex
- Exception to this rule include medical staff attending an emergency in ward areas theatre tax staff transferring patients to and from the clinical areas, and CSSD staff when collecting items on their ward rounds Taxi staff are to remove their over-gown and change footwear prior to progressing from recovery through to the theatres
- Staff will be permitted to go to the Day Surgery Unit as long as an over-gown is used, and foot covers are changed on re-entry to the theatre complex
- Theatre attire will not be worn to the Base Coffee shop, staff dining room, hospital library, x-ray etc, smoking areas or outside of the hospital buildings in general
- Parents entering theatres must change into theatre attire (not just don an over-gown) I believe that parents would expect to change and they would feel some comfort that all the appropriate precautions are being taken with their children

Another practice that theatre staff are concerned with is the wearing of street clothes in the restricted theatre areas, for example the main theatre corridor

Signage will be put in place to remind staff of these changes There is an article by Peter Collignon that I recommend you to read – copies available in the theatre staff room

I appreciate that staff are very busy and feel they do not have time to change, however I am confident that all staff are aware of the need to comply with these guidelines and will make every attempt to do so

Gail Aylmer
Infection Control CNC

15 November 2004

From: Jayant Patel
To: Gail Aylmer
Date: 21/11/2004 8 03am
Subject: Thatre Attire

Dear Gail

I do agree with some of the comments you made in your memorandum dated 15 November regarding wearing theatre attire outside the theatre complex Before some one signs it as a policy and before we impplement it as a policy several issues and practical matter to be addressed and resolved Some of my comments are based on several studies about theatre attire as related to "infection control"

1 Studies have clearly shown that it an acceptable practice to leave theatre complex with scrubs for a short patient care issues, if there is a cover up like white coat, gown or a jacket For longer trip outside the theatre person can leaqve the complex with scrubs on but they should change to a new scrub attire before entering the theatre comples This is currently practiced at RBH

2 High level of cross contamination occur by the staff who leave theatre area too often and they should change to new scrubs every time they enter the theatre These are mainly theatre taxing staff who tranport patients back and forth several times a day including woman's unit This issue could be best addressed by seperate "outside" and "inside" runners The rule should be uniform for all persons involved

3 The highest level of bacterial contamination is related to the matresses and bed lines used for patients We currently bring the patients to the theatre complex in their own beds and leave these beds out side the theatre room for the entire length of surgery This issue need to be addressed by using theatre designated transfer beds which can be used only for the theatre

4 Parents of the children under going general anaesthesia are accompnaying patients during the induction of anaesthesia I think it is good practice to relieve anxiety both for children and parents Also, upto two after noons a week, one of the theatre is used to perform minor procedures where patients enter in thier street clothes If they require to change to scrubs (which I think should) we need to find an area for these people to change their attire Practice of patients and their family using the staff change room is not acceptable, unless every person using theatre has a designated locker

5 We need to add significant number of extra scrubs On the busy theatre day we are running out of the right size scrubs on several occasions We need to increase the available scrubs by at least 30%

6 Current disposable shoe covers currently used in the theatre are completely un-acceptable

I hope all these issues are addressed before implementing your recommendations as a policy

Thanks for your effort in this matter

Jay Patel
Director of Surgery
Chair, Theatre Management Group

CC: Darren Keating Gail Doherty, Linda Mulligan, Martin Carter

From: Gail Aylmer
To: Jayant Patel
Date: 22/11/2004 9:55am
Subject: Re Thatre Attire

thank you for your reply Dr Patel

In regard to point 1 I would be very interested in reading the studies that you refer to I certainly have read that doctors leaving for emergency/semi-emergency short patient care issues can leave, covered as you suggested and I believe that to be the intent of my memo In regard to changing clothes on return from a longer trip - I am unsure of what you mean by a 'longer trip'? I expect you mean a trip to the ward areas and that you are not referring to a longer trip that takes in a visit to the hospital coffee shop or exiting the hospital buildings'?

There is an issue with people changing on return to the theatre complex as mentioned by Peter Collignon in his article Also, there would not be increase in the use of theatre attire in the future if people have always been changing on return I believe an increase would indicate that people had not been changing on return

RBH have faxed me a copy of their policy which is included in their overall uniform policy which clearly says theatre attire is not to be worn out of the theatre complex - I have given Gail this policy As I stated previously to you, they did say they have trouble policing this rule with some staff

Point 2 I agree with you in regard to the theate taxi staff This is a difficult issue because of the current staffing I along with a number of theatre staff and the taxi staff themselves looked at how best to regulate this situation - what was mentioned in the memo is the best solution we saw under the current circumstances We discussed the need for an outside runner, and I said that I would support them in regard to infection control issues in any business case they may put forward

You speak of the 'high level of cross contamination by staff who leave theatre too often' - this is my point exactly but I do not believe this just applies to the theatre taxi staff - as I walk around the hospital (and outside the hospital buildings) I see staff wearing theatre attire in a variety of ways
- properly attired with gown firmly secured but with overshoes still on
- gown left open flapping in the breeze, with overshoes still on
- no gown at all, with overshoes still on (I am appalled to say that this is not an uncommon sight)

These practices should be a huge concern to us all - "the perception of the community is that a sloppy dress code equates to 'sloppy' work and infection control practices" (Peter Collignon 2004) Many of our 'hospital' community have expressed their concerns to me - a group of staff actually applauded me for doing something about this !!

Point 3 I agree with you and this was discussed It was recognised that our practices MUST be reviewed and it was decided that Gail Doherty, Raelene McDermid in CSSD and I would contact other facilities to find out their practice I expect the use of theatre designated beds will be the outcome as you suggest

Point 4 I am not suggesting the parents not be allowed in to theatre to be with their children during induction What I am saying is that they need to change first As a parent I would *expect* to change in clean clothes to go into a theatre as I am sure most people would regard this as a 'clean environment' As I said in my memo, a parent would be comforted that all care was being taken Perhaps the parents and minor ops people could change in DSU?

Point 5 I have asked John Lee to monitor the theatre attire usage and to order more as appropriate

Point 6 As you are aware from an earlier email I have contacted the Purchasing Officer in regard to this matter, and have asked him to source an alternative product to be trialled He did state that he was not aware there was a problem as he had not received any complaints re same

I was aware that everyone except for Martin (who is away), had opened their email prior to me distributing the memo to staff

Surgical Site Infections by Procedure
1/11/2004 to 31/01/2005
Hospital:All
Specialty:bowel excision without colostomy,hernia,laparotomy,mastectomy,orthopaedic
Class:All

Surgical Site Surveillance

Surgical Site Infections by Procedure

All Hospitals

elCAT

Date Range: 1/11/2004 to 31/01/2005

Specialty: bowel excision without colostomy,hernia,laparotomy,mastectomy,orthopaedic

Class: All

			Inhospital Infection					Post Discharge Infection					
		Total Operations:	Superficial:	Deep:	OrganSpace:	Total:	Rate:	Superficial:	Deep:	OrganSpace:	Total	Rate:	Overal Rate:
32003-00	Sigmoid Colectomy	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
32024-00	Anterior Resection Rectum	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
30614-02	Hernia Repair (Unilateral) Inguinal	13	0	0	0	0	0.00%	1	0	0	1	7.69%	7.69%
30614-03	Hernia repair inguinal bilateral	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
49318-00	Total Hip Replacement	7	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
49518-00	Total Knee Replacement	10	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
30353-00	Unilateral extended simple mastectomy	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
30359-04	Unilateral radical mastectomy	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
30617-00	Umbilical Hernia Repair	9	0	0	0	0	0.00%	0	1	0	1	11.11%	11.11%
30403-00	incisional Hernia Repair	3	0	0	0	0	0.00%	1	0	0	1	33.33%	33.33%
30393	Laparotomy/division of adhesions	7	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%

Print Date 9/02/2005
Data Date 9/02/2005

Surgical Site Surveillance
Prophylaxis Summary by Procedure

elCAT

Bundaberg Base Hospital

Date Range: 1/11/2004 to 31/01/2005

Hospital: All Hospitals

Specialty: bowel excision without colostomy, hernia, laparotomy, mastectomy, orthopaedic

ICD Code	Procedure	Number of Procedures performed	Number of Procedures where prophylaxis was given	Percentage of procedures where prophylaxis was given
bowel excision without colostomy				
32024-00	Anterior Resection Rectum	1	1 ✓	100.00%
32003-00	Sigmoid Colectomy	1	0	0.00%
hernia				
30614-02	Hernia Repair (Unilateral) Inguinal	13	6	46.15%
30614-03	Hernia repair inguinal bilateral	1	1 ✓	100.00%
30403-00	Incisional Hernia Repair	3	3 ✓	100.00%
30617-00	Umbilical Hernia Repair	9	2	22.22%
laparotomy				
30393	Laparotomy/division of adhesions	7	4	57.14%
mastectomy				
30353-00	Unilateral extended simple mastectomy	1	1 ✓	100.00%
30359-04	Unilateral radical mastectomy	1	0	0.00%
orthopaedic				
49318-00	Total Hip Replacement	7	6	85.71%

EXHIBIT D

ICD Code	Procedure	Number of Procedures performed	Number of Procedures where prophylaxis was given	Percentage of procedures where prophylaxis was given
49518-00	Total Knee Replacement	10	10 ✓	100.00%

Print Date 9/02/2005

Data Date 9/02/2005

UNNIS

Surgical Site Surveillance

Surgical Site Infections by Procedure
(Bundaberg Base Hospital)

eICAT

Date Range: 1/07/2004 to 31/07/2004

Speciality: All | Class: All

			Inhospital Infection					Post Discharge Infection					
		Total Operations:	Superficial:	Deep:	OrganSpace:	Total:	Rate:	Superficial:	Deep:	OrganSpace:	Total	Rate:	Overal Rate:
30614-02	Hernia Repair (Unilateral) Inguinal	4	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
35653-01	Total Abdominal Hysterectomy(TAH)	4	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
49518-00	Total Knee Replacement	4	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
30359-04	Unilateral radical mastectomy	2	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
32006-00	Left hemicolectomy	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
30617-00	Umbilical Hernia Repair	4	0	0	0	0	0.00%	1	0	0	1	25.00%	25.00%
30403-00	Incisional Hernia Repair	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
30393	Laparotomy/division of adhesions	1	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
16520-02	Elective caesarean	5	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
16520-03	Emergency caesarean	7	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%

Print Date 30/08/2004
Data Date. 30/08/2004

QHB.0003.0002.00145

UR	NAME	SURG	OPERATION/DATE	RETURN TO THEATRE	SECOND OPERATION	LOS	SLOS	COMPLICATIONS
71453		1	sig col 5/03	1	reclose	25	24	dehis
12769		1	sig col 5/03	1	reclose	12	9	dehis
130224		1	oesophgectomy	3	recx2/leak anasto	15	11	dehis
910		1	hartmans 1/04	1	redo colostomy	70	14	dehis/stoma wound sinus
20609		1	total col5/03	1	RECLOSURE	34	12	dehis
49114		1	ANT RESCT	1	reopen/fist/colost	19	17	fist /colostomy
99769.0		1	anterior resection	1	reclose	?		dufuse
133338.3		1	reast colostomy	2	drain/abcess x2	20	22	dehis
133338.4	same patient	1	no proc.		readm day after dis	44	4	
134442.1		1	sig col. 3/04	1	SEE BELOW	10	7	dehis
134442.2	SAME PAT		closure dehis			11	5	
128142.1		1	colect	1	see below	7	9	dehis
128142.2	same patient		reopening lap site			4	2	
007900	Gastrotomy	1			deceased same day.			
035261		1	Lap Chole.	(2ND)	drainage of pelvic collection + laparotomy + drainage subphrenic abscess			
				(3RD)				
					Small. LOS 1 MONTH H.F.U.			
		1	Inguinal Hernia Repair x2		1+D 1ST 1+D 2ND	10	10	

CODED DEHIS	DEPTH DEHISCENCE	ADMISSION STATUS	DRG	COMMENTS
Y	FULL	ELECT	G02A	
Y	FULL	ELECT	G02A	
Y	FULL	ELECT	G03A	transfer to bris
y	full	EMERG	G01A	
			J06B	
Y	FULL	ELECT	G02A	
Y	no dehis	ELECT	G01A	
Y	FULL	"		
y	**part**	**elect**	**A06Z**	
		emerg	X63A	
y	**full**	**elect**	**N03a**	
		emerg	X06A	
Y	**full**	**elect**	**GO2A**	
y		EMERG	X06B	
? Ventilated post 2nd OP + transfer to BRISBANE				

t.

GFIO

[redacted]

Queensland Government

Queensland Health

Sue,

As discussed, please find attached a copy of all documentation that Audit received in relation to this matter.

Many thanks,

Rebecca.

With compliments

AUDIT & OPERATIONAL REVIEW BRANCH

FILE NOTE

File No.	A15
District	Bundaberg Health Service District
Subject	INTENSIVE CARE UNIT
Type	TELEPHONE CONVERSATION
Date	17 December 2004
Time	9.45AM
Officer	MCMAHON

Comments – Details

- Phone call from Peter Leck, Manager, Bundaberg Health Service District
- He advised that he had received a formal written complaint from the Nurse Unit Manager of the ICU.
- He stated that the complaint related to the clinical practices of Dr Partell, Director of Surgery in the ICU. In particular, that he had poor outcomes from surgery, including deaths and that he was keeping patients in ICU when they should be transferred out of the District (to a larger hospital).
- He stated that he had made some preliminary inquiries and staff had supported this complaint with vague statements and concerns. At this stage they had found no clear evidence to suggest that his surgical practices are inappropriate.
- He stated that it should be noted that there is a significant personality conflict between the Director of Surgery and the NUM, to the point where the two officers don't speak to each other.
- He stated that the District needed to handle this carefully as Dr Partell was of great benefit to the District and they would hate to lose his services as a result of this complaint.
- Apparently there is some dissatisfaction amongst the local doctors because Dr Partell was recently given a university appointment that they felt should have gone to a local doctor.
- He stated that he was proposing to deal with the complaint by doing a clinical review of the procedures in the ICU generally. He stated that he had spoken with Mark Matuissi, who had suggested Dr Alan Mohoney, an Anaesthetist Intensivist at Redcliffe, Caboolture
- He had also spoken with Mary Montgomery who had agreed to release him to do this review
- He stated that he was contacting Audit in order to see if we had an interest in this matter
- I stated that based on the information he had provided, this complaint involved clinical practice issues, rather than official misconduct. I explained that to the best of my knowledge these issues would be reviewed by clinicians (who were qualified to form

Prepared by:	
Date:	

FILE NOTE

Comments – Details
assessments as to the appropriateness of another medical practitioner's work practices I explained that in the past these reviews had been conducted by the Chief Health Officer. • Peter stated that he was not aware that the CHO did this type of review • I stated that I would speak further with Michael Schafer in relation to this matter, but that I suspected he would agree with my view that the CHO should handle this issue. 4 00pm - Phone call to Michael Schafer. • Advised him of the details of the complaint He agreed with my view that this issue should be handled by the CHO • We agreed that I would email Peter Leck and advise him that given that this complaint involved the clinical practices of the ICU, in particular one medical practitioner, rather than allegations of OM, he should seek advice from the CHO as to the best manner in which to review the unit • Agreed that I should CC this to Gerry Fitzgerald

From: Rebecca McMahon
To: Peter Leck
Date: 17/12/2004 10:30 59 am
Subject: Intensive Care Unit

Hello Peter,

I refer to our telephone discussion yesterday and your subsequent facsimile in relation to issues with the Intensive Care Unit at the Bundaberg Hospital

After reviewing the documents you provided, I spoke to Michael Schafer in relation to this issue

Both myself and Michael are of the view that this matter involves issues of clinical practice and competence, rather than allegations of official misconduct Accordingly, as discussed yesterday, it would be more appropriate for a suitably qualified team of medical practitioners to review the practices of Dr Patel and the ICU generally.

Michael has confirmed my view that Gerry Fitzgerald, Chief Health Officer, will be able to provide advice as to the manner in which this review should be conducted

Should this review identify further evidence which raises a suspicion of official misconduct on the part of any of the officers involved please advise me and I will reassess this matter

If you have any further questions in relation to this matter please do not hesitate to contact me on 323 40589.

Many thanks

Rebecca McMahon
A/Manager, Investigations
Audit and Operational Review Unit
Queensland Health
Ph. (07) 3234 1966
Fax: (07) 3234 1528
Email rebecca_mcmahon@health.qld.gov.au

CC: Gerry FitzGerald

Peter Leck = DRH - Bundaberg.

Gerry FitzGerald - Intensive Care Unit

From: ~~Rebecca McMahon~~
To: Peter Leck
Date: 17/12/2004 10:30 AM
Subject: Intensive Care Unit
CC: Gerry FitzGerald

Hello Peter,

I refer to our telephone discussion yesterday and your subsequent facsimile in relation to issues with the Intensive Care Unit at the Bundaberg Hospital.

After reviewing the documents you provided, I spoke to Michael Schafer in relation to this issue.

Both myself and Michael are of the view that this matter involves issues of clinical practice and competence, rather than allegations of official misconduct. Accordingly, as discussed yesterday, it would be more appropriate for a suitably qualified team of medical practitioners to review the practices of Dr Patel and the ICU generally.

Michael has confirmed my view that Gerry Fitzgerald, Chief Health Officer, will be able to provide advice as to the manner in which this review should be conducted.

Should this review identify further evidence which raises a suspicion of official misconduct on the part of any of the officers involved please advise me and I will reassess this matter.

If you have any further questions in relation to this matter please do not hesitate to contact me on 323 40589.

Many thanks

Rebecca McMahon
A/Manager, Investigations
Audit and Operational Review Unit
Queensland Health
Ph: (07) 3234 1966
Fax: (07) 3234 1528
Email: rebecca_mcmahon@health.qld.gov.au

EXECUTIVE SERVICES

Queensland Government
Queensland Health

FAX MESSAGE

Bundaberg Health Service District
PO Box 34
BUNDBERG Q 4670

CONFIDENTIAL

TO:		FROM:	
Fax:	32341528	**Fax:**	41502029
Name:	Rebecca McMahon	**Phone:**	41502025
Organisation:	Acting Manager, Investigations, Audit & Operational Review Unit	**Name:**	Peter Leck
Date:	16/12/04	**Position:**	District Manager

CONFIDENTIAL COMMUNICATION

SUBJECT: Documents

Pages 7 **(Inclusive)**

Dear Rebecca

Please find enclosed documents as per our telephone conversation of today.

Yours faithfully

Peter Leck
District Manager

22nd October 2004
Peter Leck,
District Manager,
Bundaberg Base Hospital,
P.O Box 34.
Bundaberg 4670.

Dear Peter,

I am writing to you to officially inform you, of the concerns I have for the patients in ICU in relation to the behaviour and clinical competence of one of the surgeons. Dr Patel

Dr Patel first voiced his displeasure with the ICU around the 19th May 2003. A patient UR number 034546 came to the ICU post oesophagectomy. This patient had multiple comorbities and for the last 45 minutes of surgery, had no obtainable Blood pressure The anaesthetist who accompanied him into the ICU, stated " It was a very expensive way to die " He required 25ug of Adrenaline and 100% O2. Dr Patel stated the patient was stable The Nursing staff who were communicating with the patients family told the patients mother that he was extremely ill. Indeed he progressed to brain death Dr Patel continued to say the patient was stable. The course of treatment for this patient was very difficult, he required dialysis and there was constant conflict between the anaesthetists, Dr Patel and the Physicians about his care. The Director of Anaesthetics and ICU was away and Dr Younis was left in charge, he was reluctant to question whether or not we should be doing such large operations here at BBH. Dr Jon Joiner and I went to see Dr Keating to voice our concerns. We both believed we could not offer adequate post op care for oesophagectomies The literature stated a hospital should be doing at least 30 per year to maximuse outcomes. At this time I first stated my concern that Dr Patel could describe a patient on maximum Inotropes and ventilation as stable. I voiced these concerns to Dr Keating After this incident Dr Patel and I had a conversation where I told him that the ICU wished to have a good professional working relationship with him. I tried to tell him that we were a level one ICU and that our staffing levels and scope of practice meant that we could only keep ventilated patients for 24-48 hrs , before transferring them to Brisbane. Dr Patel stated that he would not practice medicine like this and he would go to "Peter Leck and Darren Keating and care for his own patients." This incident was repeated relatively soon after the first. Dr Patel would threaten the staff with his resignation when it was suggested it was time to transfer out a ventilated patient He continually stated he was working in the " third world" here. He would use "Peter Lecks" and "Darren Keatings" names as a type of intimidation and threat to the staff. He stated on several occasions he would go straight to Peter Leck as he had made him " half a million dollars this year". Every time we had a ventilated patient in the ICU that required inotropes he would argue with the anaesthetists about which inotrope to use. His choice of inotropes did not reflect best practice guidelines in Australia. He refused to speak to the writer, (myself). All requests for a bed would go through either another nurse or doctor. He would yell and speak in a very loud voice, denigrating the ICU and myself and at times the anaesthetists, The nursing staff felt they were often the " meat in the sandwich" He would harass them and ask them " Whose side they were on". At times he would actively try to denigrate my ability as a NUM to the nursing staff and other doctors. (See attached documentation).

Soon after Dr Patel started operating here the nursing staff observed a high complication rate amongst the patients. Several patients had wound dehiscence and several experienced perforations. This is a list of patients I believe require formal investigation. This is taken from our ICU stats and are not a full and comprehensive review as there are no stats from OT or Surgical Ward.

UR 130224 6/6/03 post op oesophagectomy
12/6/03 wound dehiscence.
15/6/03 2nd wound dehiscence
suffered a third wound dehiscence was transferred to Brisbane on the 20/6, had a J tube leak and peritonitis. A bed had been obtained earlier for this man, but Dr Patel went up to Dr Keating who advised our anaesthetist to keep him for a few more days, in which time the bed was taken, and he stayed several more days whilst another bed was sourced. The Doctors at RBH questioned why we were doing such surgery here when we were unable to care for these patients.

P16 post op oesophagectomy ventilated for 302 hrs.

P12 Ventilated for many days: transferred to Brisbane after many arguments in the ICU with DR Patel who refused initially to transfer this patient.

P27 issue with transferring patient to Brisbane.

P32 Bowel Obstruction Resection and Anastomosis on 7/2/04 T/F to Brisbane on the 11/2/04 on the 12/2/04 laparotomy showed perforation and peritoneal soiling.

P14 Wound Dehiscence and complete evisceration 8/4/04. Booked for sigmoid colectomy and found to have ovarian ca.

UR 020609 27/4 Wound dehiscence.

UR 29/6 Insertion of Vascath perforated ® IJ.

UR 086644 Delay in Transfer to Brisbane , See attached report, Pt died.

P37 10/7 laparotomy for Ventral Hernia, developed haematoma in ward and attempted evacuation done without any analgesia Drs notes consistently say patient well when Pt was experiencing large amounts of pain and wound ooze

P161 pt had Whipples , death cert stated he died of Klebsiella pneumonia and inactivity

P22 death cert stated pt died of malnutrition. Had been operated on 31/7/04.

Several conversations were had with other doctors , Acting Directors of Nursing and NUMs. Dr Miach refused to allow Dr Patel to care for his patients as he stated he had 100% complication rate with Peritoneal Dialysis insertion. This was stated in a Medical Services forum as well as in a private conversation with myself. This data was shown to the Acting Director of Nursing Mr. Patrick Martin.

On the 27th July 2004, Pt UR number 086644 returned to ICU in Extremis with a chest injury, The events of these13 hrs is well documented. Dr Patel interfered in the arranged transfer of this patient to Brisbane and the patient died after it was thought the retrieval team were on there way to retrieve this patient The subsequent events of this intervention and the traumatic pericardial tap (described by the nurse caring for the patient as repeated stabbing motions)resulted in the ICU staff requesting advice from the nurses union . The staff involved in this situation described it as the worst they had ever seen. They were acutely distressed. An attempt was made to seek EAS support, but they were unable to assist due to their workload. One staff member accessed Psychological support privately. I was requested to fill in a sentinal event form , by the then QI Manager Dr Jane Truscott. The events of this incident were discussed at length with the union, who offered support to the staff. They also offered me several ways I could report the long standing concerns I had with the current situation in ICU. The day after the patients death , when I thought he had safely been transferred to Brisbane . Dr Strahan came to talk to me in the office and found me very distressed. He offered to talk to some of the other doctors and get back to me as the representative of the AMA in Bundaberg. He did this stating " there is widespread concern, but at the moment no-

one is willing to stick their neck out" He urged me to keep stats on my concerns. I spoke with Dr Dieter Berens and informed him the nursing staff were going to report their concerns with Dr Patel to an official source. He stated he would support us , by telling the truth, but he was concerned he would lose his job and Dr Patel would be the one left behind It is widely believed amongst the medical and nursing staff that Dr Patel was very powerful, that he was wholeheartedly supported by Peter Leck and Darren Keating and was untouchable. Anyone who tried to alert the authorities about their concerns would lose their jobs. This perception was indeed perpetrated by Dr Patel on a daily basis. Many of the residents and PHO's have expressed their concerns, Dr Alex Davis, and Dr David Risson, But were unsure of what to do because of the widespread belief Dr Patel was protected by executive.

The Nurses union have offered advice in that there are several ways these concerns can be reported if not dealt with internally, after my conversation with Peter Leck and Linda Mulligan on Wed, I believe they were not in receipt of the full concerns, but now that they are they will deal with them.

Dr Miach has reiterated he has dealt with the issue by not letting Dr Patel near his patients. These concerns were openly discussed at the medical services forum

A peripheral concern is the reports the junior doctors have voiced about forms not being filled out correctly, of being told not to use certain words in discharge summaries, and various other chart irregularities

Toni Hoffman

Toni Hoffman

Documentation from Karen Sturner,Karen Fox, Kay Boisen x2, Karen Jenner , Vivienne Tapiolas included.

EXECUTIVE SERVICES

CONFIDENTIAL

Notes of Meeting – 5 Nov 04

Present :

Dr Martin Strahan – VMO Gen Medicine - BBH
Mr Peter Leck – DM BHSD
Dr Darren Keating – DMS BHSD

Context :

Ms Toni Hoffman NUM ICU/CCU has made a number of allegations against Dr Jayant Patel, Director of Surgery BBH, including some allegations about his clinical competence. Dr Strahan was asked to provide any comment in relation to these allegations because Ms Hoffman had named him as one doctor who shared similar concerns.

Response :

Dr Strahan outlined a case where a woman from Biggenden was referred to him for investigation of abdominal pian He performed a gastroscopy on the woman finding obstruction in the 2nd part of the duodenum and was unable to advance the scope any further, despite multiple attempts After the procedure the woman experienced ongoing abdominal pain (? perforation), so was referred to BBH and seen by Dr Patel. A CT scan was performed and reported to Dr Strahan as showing dye in the abdominal cavity. He reviewed the films and believed the dye showed a nephrogram. Nevertheless Dr Patel operated and found carcinoma of the pancreas (which was confirmed as adenocarcinoma by biopsies taken at time of endoscopy) Dr Strahan believed this case showed Dr Patel was rigid in his thinking and judgement being unwilling to be flexible as new evidence came to hand. This lady was sent home and returned for a Whipples operation. Unfortunately she died several days after the operation. He also questioned whether the Whipples operation should be done in Bundaberg, whilst acknowledging most specialists (inc himself) in regional areas may have kept patients too long before referring to metropolitan hospitals.

Dr Strahan believed that Dr Patel had an aggressive and assertive personality, but had he had kept his distance from Dr Patel. Dr Strahan noted that the local specialists felt Dr Patel had arrived from the US, been appointed as Director of Surgery and given appropriate authority supported by management, which he had used to reduce surgical waiting lists. However he appeared to operate without some form of peer review. He was seen as a self declared expert from the 1st world here to help the 3rd world of Bundaberg. The local specialists saw him as 'a Johnny come lately" who had been given the 'inside running by management' with concerns held by the specialists over his university appointment and appointment to the local Oncology committee.

Dr Darren Keating
DMS

EXECUTIVE SERVICES

CONFIDENTIAL

Notes of Meeting – 2 Nov 04

Present :

Dr David Risson –PHO (PGY3) - BBH
Mr Peter Leck – DM BHSD
Dr Darren Keating – DMS BHSD

Context :

Ms Toni Hoffman NUM ICU/CCU has made a number of allegations against Dr Jayant Patel, Director of Surgery BBH, including some allegations about his clinical competence. Dr Risson was asked to provide any comment in relation to these allegations because Ms Hoffman had named him as one doctor who shared similar concerns.

Response :

Dr Risson's concerns related to transparency of the current surgical audit process conducted in the Surgical Department, where he believed there was lack of structure. He was concerned that upon cessation of use of the Otago database, there weren't reasons provided about the change nor an adequate replacement put in place. He had concern (which was shared by nursing staff) about the apparent number of post-operative complications including infection.

Ms Hoffman had spoken to Dr Risson about the care of Mr Bramich but he wasn't involved in the care of this patient and couldn't comment He did remember hearing about one case where insertion of a CVP line by Dr Patel had possibly pierced the SVC, leading to pericardial tamponade and patient death. Dr Risson was involved in getting consent for the procedure from the patients, but hadn't observed the procedure.

Dr Risson described his relationship with Dr Patel as amicable noting that he could be flighty and occasionally unpredictable. The resident staff believed that he was very severe in reprimands, particularly for minor issues.

Dr Risson had never been told to not write anything on a discharge summary and had attended a Surgical Department meeting where wound dehiscience and superficial infection had been discussed

Dr Darren Keating
DMS

EXECUTIVE SERVICES

CONFIDENTIAL

Notes of Meeting – 29 Oct 04

Present :

Dr Dieter Berens – Specialist Anaesthetist BBH
Mr Peter Lock – DM BHSD
Dr Darren Keating – DMS BHSD

Context .

Ms Toni Hoffman NUM ICU/CCU has made a number of allegations against Dr Jayant Patel, Director of Surgery BBH, including some allegations about his clinical competence. Dr Berens was asked to provide any comment in relation to these allegations because Ms Hoffman had named him as one doctor who shared similar concerns.

Response :

Dr Berens noted that he could only talk about areas that crossed over with Dr Patel, being primarily care of ICU patients He believed that Dr Patel's critical care knowledge was not up-to-date in relation to choice of some drugs and fluids plus application of some physiology principles to care of critically ill patients. He remembered 2 cases related to his concerns. He acknowledged that he was aware of a difficult working relationship between Dr Patel and some ICU nurses.

As an anaesthetist, Dr Berens noted that Dr Patel's manual skills were very good and that patients being admitted to BBH (and ICU) were older and sicker than several years ago, when he was previously employed at BBH He questioned Dr Patel's judgement to undertake some procedures (e g. vascular, Whipples), with regard to his currency in doing such procedures. In one case of placement of a gastrostomy tube, he had concerns about the control of the trochar.

He believed that Dr Patel's attitude to other professionals made him hard to work with on occasions. He felt that Dr Patel made categorical statements, didn't appear flexible and wouldn't discuss alternative clinical options. Dr Berens believed that Dr Patel appeared reluctant to admit to other doctors his own mistake or error in care of patients. He didn't appear to be completely accountable and honest about his surgical actions.

Dr Berens noted that Dr Patel could be short with his resident staff (while acknowledging that most senior doctors had been short with residents at different times) and had a reasonable working relationship with nursing staff in theatre He believed he could continue to work with Dr Patel in the future

DK

Dr Darren Keating
DMS

From: Rebecca McMahon
To: Peter Leck
Date: 17/12/2004 10 30 59 am
Subject: Intensive Care Unit

Hello Peter,

I refer to our telephone discussion yesterday and your subsequent facsimile in relation to issues with the Intensive Care Unit at the Bundaberg Hospital

After reviewing the documents you provided, I spoke to Michael Schafer in relation to this issue

Both myself and Michael are of the view that this matter involves issues of clinical practice and competence, rather than allegations of official misconduct. Accordingly, as discussed yesterday, it would be more appropriate for a suitably qualified team of medical practitioners to review the practices of Dr Patel and the ICU generally

Michael has confirmed my view that Gerry Fitzgerald, Chief Health Officer, will be able to provide advice as to the manner in which this review should be conducted

Should this review identify further evidence which raises a suspicion of official misconduct on the part of any of the officers involved please advise me and I will reassess this matter.

If you have any further questions in relation to this matter please do not hesitate to contact me on 323 40589

Many thanks

Rebecca McMahon
A/Manager, Investigations
Audit and Operational Review Unit
Queensland Health
Ph (07) 3234 1966
Fax: (07) 3234 1528
Email. rebecca_mcmahon@health qld gov au

CC: Gerry FitzGerald

FILE NOTE

Meeting of Toni Hoffman, Linda Mulligan and Peter Leck
20 October 2004 – 3.30pm

Peter Leck began meeting by thanking Toni for her time and advising that any issues raised would be followed through. Toni indicated that she had a number of concerns about patient safety relating to Dr Patel She outlined them:

Patient Safety

1)

- Concerns re what constitutes a stable patient. Oesphagectomy. Dr Patel had written in notes patient was stable but was in fact brain dead.

2)

- Concerns that we were doing things outside scope of practice. When looking at transferring patient – Dr Patel threatened to resign.
- Funding used as a threat – made $500k for Director of Medical Services and District Manager if we couldn't guarantee to provide care he would resign. Beds in Brisbane would be booked but patients not transferred.
- He alienated anaesthetists so that every day there was a fight in unit about management of patients.
- Constantly denigrate ICU – describes it as third world.

3)

- Dr Patel very old fashioned in types of drugs used. Nursing staff caught in middle between anaesthetists and himself.
- Followed a nursing staff member around and kept at her, harassing her.
- When questioned about appropriateness of complexity of surgery (eg thoracotomy) said it was something else eg wedge resection of lung and that you have to do a thoractomy anyway for this.
- Mr Bramich - Dr Patel said wasn't sick enough to go to Brisbane – then - became too sick to go to Brisbane and patient died
- Pericardial tap – no evidence on echo that required. Coroner's review showed traumatic damage to heart on autopsy.
- This was final straw – 9 year old daughter watched her father die. Dr Patel screamed at patient's wife not to cry.
- Dr Strahan visited me after Mr Bramich's death and I explained my concerns. He said he was in AMA and would talk to other doctors. He came back and said doctors had concerns but did not have enough to stick their necks out with.
- Dr Miach said won't let Dr Patel near him nor his patients
- Jon Joiner and I have seen Darren
- Gail Aylmer and Robyn Pollock been to see Darren about lack of handwashing.
- Nursing staff involved in Mr Bramich's care contacted QNU. Nurses wanted it to be a coroner's case. QNU have said that they can take it to DG or nurses could seek whistleblower status and contact HRC or CMC.

- Approached Jenny Church but said won't fill in adverse events forms.
- Saw Di Jenkin – she not filling in forms, and said "what is the point".
- Dieter said wouldn't pursue as he might be one to lose job.
- David Risson has concerns.
- Heard second hand that Dr Patel told junior doctors not to use certain words in discharge summaries so that issues not picked up.
- Wound dehiscence – not all being reported.

I didn't want anyone to come and die in unit because he stops transferring patients.

And I think he is working outside scope of practice – Dr Miach openly questioned his qualifications and he has pushed us too far. We are working outside scope of practice.

Dr Miach said he managed situation by not allowing Dr Patel to go near his patients.

Mr Bramich – they may come back and said he would die anyway – but that isn't the point. It was about him interfering in process that would have got patient to Brisbane in the time for him to have the best chance.

Am quite happy to be proven wrong.

Want independent assurance outside of Bundaberg that right things being done.

G:\EXEC\Distmng\2004\FILE NOTE re ICU 201004.doc

ATTACHMENT 2.

CONFIDENTIAL

Notes of Meeting – 5 Nov 04

Present :

Dr Martin Strahan – VMO Gen Medicine - BBH
Mr Peter Leck – DM BHSD
Dr Darren Keating – DMS BHSD

Context .

Ms Toni Hoffman NUM ICU/CCU has made a number of allegations against Dr Jayant Patel, Director of Surgery BBH, including some allegations about his clinical competence. Dr Strahan was asked to provide any comment in relation to these allegations because Ms Hoffman had named him as one doctor who shared similar concerns

Response :

Dr Strahan outlined a case where a woman from Biggenden was referred to him for investigation of abdominal pian. He performed a gastroscopy on the woman finding obstruction in the 2nd part of the duodenum and was unable to advance the scope any further, despite multiple attempts. After the procedure the woman experienced ongoing abdominal pain (? perforation), so was referred to BBH and seen by Dr Patel. A CT scan was performed and reported to Dr Strahan as showing dye in the abdominal cavity. He reviewed the films and believed the dye showed a nephrogram. Nevertheless Dr Patel operated and found carcinoma of the pancreas (which was confirmed as adenocarcinoma by biopsies taken at time of endoscopy). Dr Strahan believed this case showed Dr Patel was rigid in his thinking and judgement being unwilling to be flexible as new evidence came to hand. This lady was sent home and returned for a Whipples operation. Unfortunately she died several days after the operation. He also questioned whether the Whipples operation should be done in Bundaberg, whilst acknowledging most specialists (inc himself) in regional areas may have kept patients too long before referring to metropolitan hospitals.

Dr Strahan believed that Dr Patel had an aggressive and assertive personality, but had he had kept his distance from Dr Patel. Dr Strahan noted that the local specialists felt Dr Patel had arrived from the US, been appointed as Director of Surgery and given appropriate authority supported by management, which he had used to reduce surgical waiting lists. However he appeared to operate without some form of peer review. He was seen as a self declared expert from the 1st world here to help the 3rd world of Bundaberg. The local specialists saw him as 'a Johnny come lately' who had been given the 'inside running by management' with concerns held by the specialists over his university appointment and appointment to the local Oncology committee.

Dr Darren Keating
DMS

Notes of Meeting – 29 Oct 04

Present :

Dr Dieter Berens – Specialist Anaesthetist BBH
Mr Peter Leck – DM BHSD
Dr Darren Keating – DMS BHSD

Context :

Ms Toni Hoffman NUM ICU/CCU has made a number of allegations against Dr Jayant Patel, Director of Surgery BBH, including some allegations about his clinical competence. Dr Berens was asked to provide any comment in relation to these allegations because Ms Hoffman had named him as one doctor who shared similar concerns.

Response :

Dr Berens noted that he could only talk about areas that crossed over with Dr Patel, being primarily care of ICU patients. He believed that Dr Patel's critical care knowledge was not up-to-date in relation to choice of some drugs and fluids plus application of some physiology principles to care of critically ill patients. He remembered 2 cases related to his concerns. He acknowledged that he was aware of a difficult working relationship between Dr Patel and some ICU nurses.

As an anaesthetist, Dr Berens noted that Dr Patel's manual skills were very good and that patients being admitted to BBH (and ICU) were older and sicker than several years ago, when he was previously employed at BBH. He questioned Dr Patel's judgement to undertake some procedures (e g vascular, Whipples), with regard to his currency in doing such procedures. In one case of placement of a gastrostomy tube, he had concerns about the control of the trochar.

He believed that Dr Patel's attitude to other professionals made him hard to work with on occasions. He felt that Dr Patel made categorical statements, didn't appear flexible and wouldn't discuss alternative clinical options. Dr Berens believed that Dr Patel appeared reluctant to admit to other doctors his own mistake or error in care of patients. He didn't appear to be completely accountable and honest about his surgical actions.

Dr Berens noted that Dr Patel could be short with his resident staff (while acknowledging that most senior doctors had been short with residents at different times) and had a reasonable working relationship with nursing staff in theatre. He believed he could continue to work with Dr Patel in the future.

DK

Dr Darren Keating
DMS

ATTACHMENT 3

From: Rebecca McMahon
To: Peter Leck
Date: 17/12/2004 11:34 21
Subject: Intensive Care Unit

Hello Peter,

I refer to our telephone discussion yesterday and your subsequent facsimile in relation to issues with the Intensive Care Unit at the Bundaberg Hospital.

After reviewing the documents you provided, I spoke to Michael Schafer in relation to this issue

Both myself and Michael are of the view that this matter involves issues of clinical practice and competence, rather than allegations of official misconduct Accordingly, as discussed yesterday, it would be more appropriate for a suitably qualified team of medical practitioners to review the practices of Dr Patel and the ICU generally.

Michael has confirmed my view that Gerry Fitzgerald, Chief Health Officer, will be able to provide advice as to the manner in which this review should be conducted.

Should this review identify further evidence which raises a suspicion of official misconduct on the part of any of the officers involved please advise me and I will reassess this matter.

If you have any further questions in relation to this matter please do not hesitate to contact me on 323 40589.

Many thanks

Rebecca McMahon
A/Manager, Investigations
Audit and Operational Review Unit
Queensland Health
Ph: (07) 3234 1966
Fax: (07) 3234 1528
Email rebecca_mcmahon@health qld gov au

CC: Gerry FitzGerald

4 January 2005

ATTACHMENT 4.

2005.

Michelle Hunter
Acting Clinical Nurse
Surgical Ward
Bundaberg Health Service

CONFIDENTIAL

Lynda Mulligan
Director of Nursing
Bundaberg Health Service

Dear Lynda

I would like to express my grave concern about a recent patient : P26 P26 had a motorbike accident on 23/12/04 and sustained a laceration to his left groin area. He was subsequently taken to theatre on arrival to DEM and had a femoral vein repair and debridement/washout and wound closure. At the time of this surgery his femoral artery was intact. P26 was admitted to ICU intubated post op and a few hours later had to return to theatre with a pulseless left leg and he had fasciotomies performed to his thigh and lower leg. Again he returned to ICU for a few hours and then again went back to theatre with acute ischaemia to his left leg despite the fasciotomies. He had an exploration and arteriotomy with a Gortex bypass graft. My dealings with P26 started on the 30 December when I looked after him on an evening shift. He had recently been transferred to the ward from ICU. My assessment of P26 showed he was tachycardic, febrile and his left leg was grossly swollen and oozing very large amounts of serous ooze. His Left foot was purple and mottled to the ankle, he had a Posterior Tibial pulse on Doppler but no Dorsalis pedis pulse. He was unable to move his leg, was cold from the ankle down and had very patchy sensation. This information was made available to the Doctors on duty that afternoon.

I did not look after P26 again but was team leader for other shifts in which he was an inpatient in the surgical ward. P26 was transferred to the Royal Brisbane Hospital for vascular surgical care on 1 January 2005. I have since learned that P26 is in a grave condition in ICU there and he has undergone an amputation of his left leg as well as other procedures.

My concerns are with the surgeon that performed his initial 3 operations whilst in the care of the Bundaberg Health Service. I am concerned that if the patient had been transferred to Brisbane initially he my not of lost his leg or be in such a grave condition.

I would like his treatment at this hospital investigated as I fear his health and well being has been compromised by inadequate, sub standard treatment by the medical team.

Your urgent assistance in this matter is greatly appreciated.

Yours Sincerely

Michelle Hunter

I Jenelle Joy Lane, enrolled nurse Advanced Practice request anonymity under the WHISTLEBLOWERS PROTECTION ACT 1994 - Reprint no. 3G. I will be known as WB 06

My name is Jenelle Joy Law. I am an Enrolled Nurse and am licenced to practice in the state of Queensland.
I am employed by Queensland Health and work at the Bundaberg Base Hospital in the Operating Theatres as an Enrolled Nurse Advanced Practice.
I was rostered to work on Monday 20th December 2004 and also rostered to be on call that same day.
This statement is regarding the death of Mr. Gerard Kemps who was operated on Monday the 20th December and passed away the following day, Tuesday 21st December. The procedure that he initially had performed, was a gastro-oesophagectomy. This was done by Dr. Jay Patel.
My issues regarding this matter are with Dr. Patel himself. I felt his professionalism was of a very poor standard. It began on the morning of the 20th December. I commenced my shift and was told that the gastro-oesophagectomy case may be cancelled due to there being no spare ventilators in the Intensive Care Unit. Dr Patel came into our tea room not very happy and complaining, saying that one of the patients was a head injury patient and the ventilator should be turned off, and the other was a private patient and should be sent to Brisbane, that way he would have a ventilator for his patient and the surgery could proceed. In a short period of time, a ventilator became available and his procedure went ahead.
Mr. Kemps was wheeled into the operating theatre. He was a happy, easy going man,and very pleasant to talk to. The gastro-oesophagectomy was performed. When the surgery was finished and we were preparing to transfer Mr. Kemps, it was noted that his Bellovac drain was filling quite rapidly. The anaesthetist, Dr Deiter Berens, asked for Dr Patel to please come and review the patient as he was concerned about the blood loss. While I was in the theatre Dr Kariyawasam came and saw the patient. He didn't have any answers for the situation. I was then asked to go for my lunch break.
By 5.30pm that same day, the theatre staff were informed that Mr. Kemps was required to return to theatre immediately or he would die. He was bought through from the Intensive Care Unit and a laparotomy, spleenectomy and thoracotomy was performed. The suction unit filled very quickly once the laparotomy was started. There was 2.3 litres of blood in the suction unit that I could visibly see. Two litres of normal saline wash was also used. Throughout the surgery I gave the scrub nurse, Registered Nurse Katrina Zwolak, 75 large sponges and 15 raytec. There was blood and blood clots all over the floor. Dr Patel stated a number of times, that the unexplained bleeding, had nothing to do with his surgery that he performed that morning.
During the procedure, Dr Patel stated that this patient is going to die and was yelling at us to get his family. The family was found and brought into the hallway of the theatres. Dr Patel left the operating theatre while still in his scrub gear and went and spoke to them. During the procedure Dr. Patel became anxious and agitated, and stated a few times, that this problem, being the excessive bleeding, was not his fault and had nothing to do with his surgery. The patient's incisions were closed. Dressings were applied, but had to be reinforced with combines as they continually oozed with blood. The patient was then transferred back to the Intensive Care Unit.
I personally found that being involved in this case was quite distressing. I fully understand that with every operation there is a risk, but what confuses me, is that there was no uncontrolled bleeding prior to Mr. Kemp's first surgery, then there was massive

bleeding afterwards. If this had nothing to do with Dr. Patel's surgery, why did this man start bleeding uncontrollably? Shouldn't some sort of official inquiry be done regarding this matter, and should Dr Patel be allowed to continue doing this type of surgery, as my understanding is, that all of his patient's that have had this surgery have not survived. Mr Kemps was due to go to Brisbane to have this surgery performed. Why was this changed? I understand that being an Enrolled Nurse I do not have a lot of the medical knowledge, but I do have compassion for people. Why was the big rush to have this surgery performed? Was it such of an emergency that it had to be performed before Christmas? Could it not have waited until after Christmas, so the Kemps family could have enjoyed Christmas together.

Jenelle Law

J Law

COVER NOTE

DAMIEN PAUL GADDES
REGISTERED NURSE (SINCE 1992)
BUNDABERG BASE HOSPITAL

QUALIFICATIONS

CERTIFICATE IN NURSING 1992
SARAH KEENAN SCHOOL OF NURSING
SINCE 1992 I HAVE HELD CLINICAL POSITIONS IN THE PERI OPERATIVE ENVIRONMENT.

I AM WRITING THIS STATEMENT TO VOICE MY CONCERNS IN MY OPINION OF DANGEROUS PRACTICE WITH DOCTOR J. PATEL (DIRECTOR OF SURGERY OF THE BUNDABERG BASE HOSPITAL.)

I ALSO REQUEST THAT I HAVE PROTECTION UNDER THE WHISTLE BLOWER'S ACT 1994. MY REQUEST IS FOR THE PURPOSE OF AVOIDING BULLYING (FROM DR PATEL) AND STAFF SPECULATION.

I BEGAN MY SHIFT AT0730 HRS ON THE 20/12/04> THE HALF HOUR EARLY START WAS TO ACCOMMODATE ORGANIZATION OF ALL NECESSARY ANAESTHETIC EQUIPMENT AND STOCK FOR MR G.KEMP UR NO.007900 SCHEDULED FOR A "GASTRO-ESOPHAGECTOMY" VIA A ABDOMINAL AND THORACOTOMY APPROACH. (IVOR-LEWIS ESOPHAGECTOMY).

I COLLECTED THE DANGEROUS DRUG KEYS FROM ICU AND CONVERSED WITH THE STAFF RE THEIR READINESS FOR MR KEMP POST OP. MARTIN BRENNAN (RN) INFORMED ME THAT THEY DO NOT HAVE THE STAFF FOR ANOTHER VENTILATED PATIENT; AS THEY ALREADY HAD TWO PATIENTS ON VENTILATORS. I THEN DECIDED TO RING DR BERENS RE THE SITUATION AND THE POSSIBILITY OF POSTPONING OR CANCELLING THE CASE DR BERENS CONCURRED WITH AND STATED WE WOULD POSTPONE THE CASE; I TOLD DR BERENS THAT I WOULD NOTIFY DR PATEL.

I ASKED SWITCH TO CONNECT ME TO DR PATEL'S MOBILE PHONE. I INFORMED DR PATEL OF THE BED SITUATION IN ICU. HIS TONE OF VOICE BECAME ANGRY. HE THEN STATED THAT THE *BRAIN-DEAD* PATIENT SHOULD HAVE HAD THE

VENTILATOR TURNED OFF AND THAT THE OTHER PATIENT HAD PRIVATE COVER AND COULD HAVE BEEN TRANSFERRED TO BRISBANE. DR PATEL BEGAN TO SAY HOW THE ICU STAFF AND DR JOINER WERE INTERFERING WITH HIS PLANNED CASE THAT DAY; ALSO THAT HE WOULD CLEAR THE ICU FOR HIS PATIENT. I INTERRUPTED DR PATEL AND EXPLAINED THAT I WAS PASSING ON PERTINATE INFORMATION AND THAT I WOULD NOT BE PREPARING EXPENSIVE EQUIPMENT AND WASTE IT UNTIL I KNEW DEFINITELY WHETHER THE CASE WOULD BE GOING AHEAD. DR PATEL SAID, " I KNOW THANK YOU" AND THEN HUNG UP.

I CONTINUED TO PREPARE THE THEATRE SUITE AND ANAESTHETIC EQUIPMENT TO WHERE NO ITEMS WERE WASTED YET, WERE AT THE READY. WE BEGAN THE ANAESTHETIC AT APPROXIMATELY 0900 HRS POST HEARING THE *BRAIN-DEAD* VENTILATOR WAS SWITCHED OFF AND A BED WAS NOW AVAILABLE.

MR KEMP RECEIVED A C.V.C, ARTERIAL LINE, THORACIC EPIDURAL, LEFT AND RIGHT PERIPHERAL LINES. THE SURGICAL CASE BEGAN AT 0952 TO 1312 HRS. THE PROCEDURE BEGAN WITH THE LAPAROTOMY; NOTHING I RECALL DURING THIS PART OF THE OPERATION WAS A

problem. We changed Mr Kemp's position to lateral and proceeded with the thoracotomy.
Approximately half an hour on I noticed the Bellovac drain was half full with no vacuum and the blood was still draining into the Bellovac. By that time we had given the patient at least three units of packed cells. Dr Berens requested an Arterial blood gas the Hb was 70 g/L. Preoperatively it was 75 g/L. I observed his heart rate was climbing steadily during the case and his systolic was consistently less than 100 mmHg.
I stated,"Dr Patel the Bellovac drain is over half full with no vacuum and was still draining freely". Dr Patel stated, "That's what drains are for Damien!" Dr Berens continued intravenous fluids as per the fluid balance and anaesthetic record sheets. Dr Berens ordered another arterial blood gas post additional units of packed cells; the patient's Hb remained at 70 g/L.

Dr Berens relayed this information to Dr Patel and his impression that the patient is haemorrhaging. Dr Patel gave no response to Dr

BERENS. THE OPERATION WAS COMPLETE BAR CLOSURE AND THE BELLOVAC WAS EMPTIED TWICE BEFORE THE OPERATIONS END AND WAS CONTINUING TO DRAIN BLOOD. DR PATEL HAD LEFT THE THEATRE AND LEFT THE JUNIOR STAFF TO CLOSE THE INCISION. DR KARIYAWASAM WAS ASKED AFTER APPLYING THE DRESSING TO OBTAIN DR PATEL TO REVIEW THE FLOW FROM THE BELLOVAC DRAIN (LAPAROTOMY) AND THE BLOOD PRESSURE WAS LOW AND HIS PULSE WAS ELEVATED. DR KKARIYAWASAM RETURNED AND INFORMED US DR PATEL'S ORDERS WERE TO ADMIT THE PATIENT TO ICU. ALL PRESENT STAFF LOOKED AT EACH OTHER AND STATEMENTS CARRIED THE THEME THAT THE PATIENT WAS BLEEDING. DRBERENS STATED," THIS PATIENT WILL BE BACK TO THEATRE TONIGHT" I WAS THEN INSTRUCTED TO GO TO MY BREAK, BY THEN THE PATIENT WAS TRANSFERRED TO ICU.

I BEGAN MY SHIFT THE NEXT DAY (21/12/04) AND HEARD AT APPROXIMATELY 1000 HRS THAT MR KEMP HAD DIED DUE TO LOSS OF BLOOD. IT WAS THEN I FELT I NEEDED TO LET MY SUPERIORS KNOW MY CONCERNS.

DAMIEN P GADDES

D P Gaddes

14/1/05.

21 October 2004

Ms Toni Hoffman
Nurse Unit Manager
Intensive Care Unit
Bundaberg Base Hospital
BUNDABERG QLD 4670

Good Morning Toni

As a patient advocate I feel that I must advise you of particular instances which have come to my attention which may either:

- breach the duty of care which is owed to the patients of this hospital; and/or
- may constitute behaviour which is not of an acceptable professional standard.

On a number of occasions I have had concerns regarding Dr Patel's indiscrete behaviour concerning fellow colleagues and clinical management. I have outlined below examples of such behaviour:

1. 13 September 2004: As I left the lift towards the canteen I could hear Dr Patel discussing a present patient of ICU around the table with junior surgical doctors. He proceeded to say that "Dieter was being very silly about this patient and he knew what he was doing not Dieter". I could still hear the conversation after leaving the canteen and waiting back at the lift. As I found this extremely unprofessional I reported my concerns to Toni Hoffman and Dr Dieter Berens.

2. 25 August 2004: I was looking after patient P 31 1 (post op evacuation of haematoma), and she expressed to me her concerns of Dr Patel's treatment. She stated that the day before in Surgical Ward on Dr's rounds they had removed sutures from her wound and tried to manually evacuate the haematoma with no local anaesthetic or pain relief.

3. On previous occasions I have been put into the situation of Dr Patel advising relatives that the patient's medical condition was improving. A number of these patients had been critically ill at the time and soon after died. This has caused a conflict between the relatives and myself in the following manner:

- During my clinical care of the patient I build up a repour with the relatives;
- The relatives want me to advise them of the condition of the patient;
- I advise them in a honest and caring manner about their condition, even in the event that their condition is critical and/or deteriorating;
- Dr Patel will then advise the relatives that the patient's condition is improving (in a number of occasions in my opinion this clearly appears to not be the case);

I Katrina Gail Zwolak Registered Nurse level 1/ 5 am requesting anomininity under the Whistleblowers Protection Act 1994 – Reprint no 3G. I will be known as WB 07.

14.1.05

Statement of Katrina Gail Zwolak employee of Bundaberg Base Hospital Bourbong Street Bundaberg Queensland 4670 – dated 13. 01. 2005.

I am a Registered nurse licensed to practice in the state of Queensland and have been endorsed and practicing since 2001. I am employed as a registered nurse at the Bundaberg Base Hospital and for two years on February 17th 2005 I will have been working full time in the peri- operative department, performing rostered and on call shifts in this area.

I was rostered on from 8 am to 4 30 pm and the on call shift for the 20th of December 2004. I was aware on the 19th of December that the following day a gastro-oesophagectomy case was to be performed. Upon arriving to work on the 20th of December I was informed that this case was to be cancelled due to a lack of ventilators being available in the Intensive Care Unit (ICU). Dr Patel entered the theatre tea- room stating how there was a brain stem injury in ICU in which the ventilator should be turned off and that the private triple AAA (abdominal aortic aneurysm) patient should be sent to Brisbane. Within a short time a ventilator became available in ICU and the gastro- oesophagectomy case for UR 007900 proceeded.

I was not involved in the elective procedure however I was on call this day. At approximately 5 30 pm I was told to set up for the return to theatre of UR 007900 for a laparotomy. When the abdomen was re- opened blood poured out and the suction units were rapidly filled, my scout, Enrolled Nurse Jenelle Law observed 2.3 litres of blood in the suction units before washing with normal saline began, we then proceeded to use a total of 75 sponges and 15 raytec gauze. Kidney basin after kidney basin was filled with blood clots as Dr Patel removed them from the abdominal cavity, blood and blood clots ended up all over the theatre floor- it took an hour to clean the theatre post surgery.

During the procedure when the bleeding could not be stopped Dr Patel was stating loudly that "this was not from my surgery" even though no one had said that it was from his surgery. At one point in the procedure he also began yelling "get the family, get the family" when ICU was contacted and the family weren't present he continued to yell "get the family", he also kept saying "this mans gonna die, he's gonna die on the table", once the family were able to be present he walked out of the theatre in his scrub gear and spoke to them. Dr Patel also performed a spleenectomy and thoracotomy on UR 007900, whom I learned later died in ICU on the 21st of December 2004.

.....

Katrina Zwolak.

ICU ISSUES WITH VENTILATED PATIENTS;

BBH ICU is a
Designated level one unit, capable of ventilation for short periods of time 24-48hrs. Consistently exceed this. Can do this for short periods of time, but not longer than a few days Level of Unit made clear to surgeons and this has appeared to distress one of the surgeons when their patients are going to require long term ventilation and be moved to Brisbane. Usually the process works well except when Dr Patel's patients are involved. When Dr Patel first came to BBH it was explained to him that we do not have the resources to ventilate long term patients. He then stated he would "not practice medicine like this and would resign". He stated that he "would not transfer his patients to other hospitals". He has consistently denigrated the ICU and made such comments such as:

"This would not have been missed on the wards" (Gentamicin being written up by physicians.)

He stated to one of the R.N's that he had "contacts" in Brisbane and would use them to block a patient being transferred Dr Patel consistently vents his frustration at the current system by being insulting to the nurses and the ICU. He consistently talks loudly to his PHO and JHO about "How difficult it is to work in this ICU" How backward it is and how it is like working in the third world for him. He does not usually do ward rounds with the ICU physician and this causes problems with the ICU nursing staff when they are receiving conflicting orders about treatment. Dr Patel will not converse with the NUM. Dr Patel has attempted to cause conflict with the staff in ICU, By stating the NUM is unsupportive of her staff.

The Director of the Unit, Dr Carter, is usually supportive and proactive about transferring patients, except when Dr Patel's patients are concerned Dr Patel creates such an atmosphere of fear and intimidation in the unit that his behaviour is rarely challenged Dr Patel has repeatedly threatened to
A) Resign
B) Not put any elective surgery in ICU.
C) Complain to the Medical Director
D) Refuse to complain to the Medical Director any more and go "straight to Peter Leck" as "I have earned him ½ million dollars this year."

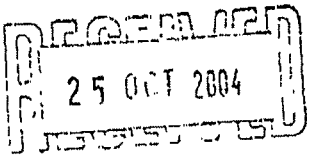
Dr Carter has approached the NUM several times about increasing the Nursing FTEs so that we can "care for Dr Patel's patients properly". It was explained to him that it is a complicated process that requires much more than an increase in FTE's. We do not need more nurses when we are acting in our designated capacity. It is when we consistently act outside of this role for extended periods of time that these issues arise
. There is such a feeling of disunity in the ICU at present, it is upsetting to the nurses, every time we have a patient of Dr Patels's the staff anticipate an argument. When Dr Patel's ventilated Patients require ongoing care or have been ventilated for longer than 24-48 hrs ,it needs to be reiterated that they will need to be retrieved to Brisbane after 24-48 hrs , or sooner if there are two ventilators in ICU The admission and discharge policy of ICU must be adhered to.

On several occasions when Dr Patel's Patients have been in the ICU, he has refused to transfer his patient to Brisbane, even when the patients have deteriorated and have been in ICU for much longer than 24-48 hrs. He has done this when a bed has already been obtained This has, on several occasions placed the patient in jeopardy as they have further deteriorated

I have voiced my concern regarding the level of care required for some of Dr Patel's patients several times. I have accompanied Dr Jon Joiner to meet with Dr Darren Keating when the issue of doing oesophagectomies has arisen in the unit

This week we had a critically ill patient transferred back to ICU in extremis He was a 46 year old male with a crush injury to his chest, multiple # ribs and a flail segment He was shocked, in pain, tachycardic and hypotensive. The Anaesthetist in charge attempted to place an arterial line and a central line as well as transfuse the patient. At one point the patient went

Queensland Government



Queensland Health

25 10 04

Dear Peter,

Here is the documentation to accompany my complaint, and the complaints of the nursing staff

Thanks

Tom Hathaway
NUM Ward

- This causes confusion and unrest for the relatives as they are told conflicting information; and

- This also causes great conflict for myself as I do not know whether to be honest with the relatives or to go along with providing an illusion that the patient's condition is improving (even if in my opinion this is not the case).

Please contact me if you require further explanation in relation to the above issues.

Regards

Karen Stumer

Karen Stumer

into ventricular standstill Dr Patel was seen to make a comment to another surgeon and laugh. Dr Patel repeatedly stated in a loud voice the comments that this patient did not need to be transferred to Brisbane. He stated the patient did not need a thoracic surgeon He asked the PHO "how much trauma had he done". He went on to say "no more trauma should be done at this hospital, if we cannot handle it" All of these comments were said in front of staff and other patients. A bed was arranged at PAH, and booked at around 1430 hrs. The clinical coordinator only needed to be notified to organise the retrieval It was decided, before the clinical coordinator would be called a CT needed to be done. There was a delay in obtaining an anaesthetist due to one being required for a perforated bowel. Dr Patel insisted the surgery for the perforated bowel be performed prior to the CT, despite the patient requiring ongoing resuscitation. I called Dr Carter and he agreed to transport the pt to CT On return from CT it was agreed the patient would be transferred to Brisbane. I had previously voiced my concerns to Dr Gaffield that although I had heard Dr Patel say the patient did not need transfer as he did not need a thoracic surgeon, there were other issues such as a lack of pathology and blood bank support and the fact we did not have an intensivist or other equipment. The patient was sent to CT and then it was decided to definitively transfer him to Brisbane. There was some delay in contacting the clinical coordinator as they were doing a ward round. After about fifteen minutes the clinical coordinator phoned back and spoke with Dr James Boyd. This was about 1930 hrs, 4-5 hrs post the initial confirmation of the bed being available at the P.A. During this time Dr Younis had been trying to resuscitate the patient, insert central and arterial lines, administer blood and intubate and ventilate the patient. Three ICU nurses were involved with this patient throughout his stay. The Retrieval team arrived about 2215 and whilst attempting to prepare the patient for transfer he deteriorated and died

My concerns are:

The staff in the ICU is expected to function outside of the role of the level one unit, repeatedly when the limitations of the unit are well known.

The behaviour of Dr Patel in intimidating, bullying, harassing and insulting the staff in ICU continues.

The interference of Dr Patel with this particular patient which delayed his transfer. (Dr Patel was asked to review the patient). This delay may have contributed to the outcome of this patient.

My concern that the personal beliefs of Dr Patel concerning the types of patients he can care for here, actually endangers the lives of the patients as these patients that would be transferred to Brisbane are not being transferred early enough.

A Secondary concern of mine is the level of surgery which is performed that should only be performed in a tertiary hospital

Terri Ibbraw

25.10.04

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF9

6F9

From: Peter Leck
To: Scott, John
Date: 20/01/2005 8:41:09
Subject: Re: Bundaberg Director of Surgery - Dr Jay Patel

Thanks John - have discussed matter with Gerry Fitzgerald and progress is being made

Peter

>>> John Scott 20/01/2005 8:03:58 >>>

Hi Peter
Only just got to this now - sorry.
In the new environment of QH I would suggest you make contact with Mark Waters or John Wakefield if Gerry Fitzgerald is not able to help quickly.
If you can't get assistance from any of them (and I'd be surprised if you couldn't) then could you please contact me again - give me a call
Thanks
John

>>> Peter Leck 01/13/05 10:39am >>>

Hi John,

Sorry we have missed each other over the last week.

I was really trying to catch up about Dr Patel, our Director of Surgery, who undertook the procedure on the 15 yo male who had initial surgery in Bundaberg and subsequently transferred to Brisbane where he had a leg amputation. You will recall that Steve Rashford raised some concerns.

I was just wanting to flag, that I actually do have some concerns about the outcomes of some of Dr Patel's surgery. Late last year I received some correspondence from a member of the nursing staff outlining a number of concerns about outcomes for patients (including some deaths). This is coloured by interpersonal conflict between Dr Patel and nursing staff - particularly in ICU.

Until the last week, my Medical Superintendent did not believe the complaints were justified and were completely driven by the personality conflict - however he has now expressed some concern although he still believes most of the issues are personality driven.

Late last year I made contact with Mark Mattiuissi for advice about who could conduct a review of the concerns - and particularly of elective surgical ICU cases. My Med Super is keen not to have a professorial "boffin" from a tertiary hospital undertake such a review for fear that they might not relate to the "real" world demands of surgery in regional areas

Mark suggested Alan Mahoney from Redcliffe I flagged this also with Audit and Operational Review seeking some assistance for the review. They have referred me to Gerry Fitzgerald.

Unfortunately Gerry has been away (back next week) - I was really ringing to flag this with you as I'm becoming increasingly anxious about the need for a swift review process and wasn't sure I could wait until next week to get something going (now I think that this is okay - sorry!).

A few of the nursing staff have advised that they reported the matter to the QNU before coming to management (thankfully the QNU advised them to report to us).

Peter

Bundaberg Hospital Commission of Inquiry

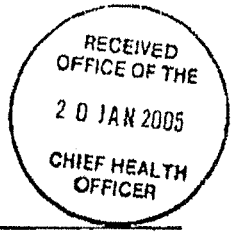
Statement of Gerard FitzGerald

Attachment GF10

CF10

Queensland Government
Queensland Health

MEMORANDUM



Confidential

To: Dr Gerry Fitzgerald
Chief Health Officer

Copies to:

From: Peter Leck, District Manager
Bundaberg Health Service

Contact No: 07 41502020
Fax No: 07 41502029

Subject: **Staff concerns regarding outcomes for some complex surgery at Bundaberg Hospital**

File Ref:

Thank you for your offer of 17 January 2005, for your office to be involved in the review of outcomes of some complex surgical procedures at the Bundaberg Hospital.

In late October 2004, the Nurse Unit Manager of the Intensive Care Unit, Ms Toni Hoffman, raised concerns about the outcomes of surgery for some patients being treated by the Director of Surgery, Dr Jay Patel. Ms Hoffman also highlighted conflict between herself and Dr Patel and suggested this conflict was repeated between Dr Patel and other medical and nursing staff.

On 22 October 2004, Ms Hoffman placed her concerns in writing (Attachment 1), and provided details of several patients where she had concerns about their treatment and outcomes.

After discussing the matter with both the District Director of Nursing Mrs Linda Mulligan, and Director of Medical Services Dr Darren Keating, a decision was made to confidentially meet with some medical staff in an attempt to ascertain whether there was a shared view about some surgical outcomes, or if the allegations more reflected personal hostilities. A summary of discussions with medical staff (Attachment 2) are attached.

Subsequently I made some enquiries about obtaining an appropriate clinician to review the relevant cases, and to provide advice as to whether some procedures being performed adequately took account of the capacity of the local intensive care service.

Dr Alan Maloney, an anaesthetist with intensive care experience at the Redcliffe/Caboolture District Health Service was recommended. The District Manger agreed to release Dr Mahoney to conduct a review if required. To date, Dr Mahoney has not been directly approached.

Some assistance for Dr Mahoney in conducting the review was sought from Audit and Operational Review Branch. The Branch indicated that as the matter was not one of official misconduct, that your office would be best suited to assist (Attachment 3).

Since the original correspondence from Ms Hoffman, several nurses have also provided correspondence raising their concerns. (Attachment 4). Some have sought protection under the Whistleblowers Protection Act.

The concerns raised were briefly discussed with Dr Patel on 13 January 2005, following his return to work from leave Subsequently Dr Patel has advised that he does not intend to extend his contract when it expires on 31 March 2005. Dr Patel has been employed on a contractual/locum basis since April 2003 He had worked in the United States for many years prior to coming to Australia.

I would be grateful for an appropriate review of the cases where concerns have been raised.

Please do not hesitate to contact me if you have any queries.

Peter Leck
District Manager
19/01/2005

28/3/04

REPORT ON INCIDENT ON 4-5TH MARCH BY KAY BOISEN (BBHICU)

PATIENT: P40
SURGEON: Dr. Patel
ANAESTHETIST: Dr. Berens
NURSE: Kay Boisen RN

Dear Toni,

On March 4th, Dr. Berens discussed with Dr. Patel, his concerns about P40, in my presence. This discussion focused on the patient's slow improvement, his ongoing problems and current deteriorating ventilatory status. As we had two ventilated patients in the unit, Dr. Berens suggested that P40 be transferred to a Brisbane ICU. Dr. Patel stated forcefully that he was going to approach the executive about staffing increases in the Bundaberg Base Hospital ICU, to accommodate post-op ventilated patients. Dr. Patel considered that if the BBHICU could not accommodate post-op ventilated patients, the hospital "would lose a lot of money". Dr. Patel then commented further, that he may have to consider not operating on any patient requiring post-operative care in this unit. Following this debate, Dr. Anderson reviewed P40 and advised that he warranted further surgery. P40 was returned to theatre, the same evening.

On the 5th March 2004, at around 4 pm, Dr. Patel reviewed P40. Dr. Berens was also in the unit at the same time. During this ICU visit, Dr. Patel told me that he had attended a meeting with members of the Executive, including Mr. Leck, and Ms. Hoffman. Dr. Patel stated that despite him telling both Mr. Leck and Ms. Hoffman that the unit was understaffed, they informed him that the unit was fully staffed. Dr. Patel commented that "it's not very good when you boss doesn't support you". I responded that the unit was fully staffed for a Level 1 ICU, which is only meant to cater for one ventilated patient for a duration of 24 to 48 hours. I felt as though Dr. Patel was indicating that Ms. Hoffman wasn't supportive of the BBHICU or the unit staff. Dr. Patel then immediately repeated his same statement about the unit being understaffed to Dr. Berens. Since this statement was in my presence, I reiterated the limitations of the unit's level 1 status, again, before Dr. Patel left the ICU.

Yours sincerely,

K Boisen RN

KAY BOISEN.

Queensland Government
Queensland Health

Bundaberg Health Service District

Adverse Event Report Form

Ensure that any person involved is safe and that all necessary steps have been taken to support and treat this person and to prevent injury to others. Ensure medical records are factual and up to date.

DQDSU Use Only

Registration No:	P0334	Date Registered:	3/8/04	Date Received
Risk Assessment Grading	Consequence: Major	Likelihood: Possible	Risk Rating: Very High	RECEIVED 02 AUG 2004 DQDSU
Risk Level:				
Assessed By:	J Truscott			
Action Required:	Fwd to DDM, DMS, DON 27/8/04			

Please print clearly using a black pen (Attach extra sheets if required)

Site: ☑ Bundaberg ☐ Childers ☐ Gin Gin ☐ Mt. Perry

Patient/Visitor Adverse Event

Bundaberg Hospital
BRAMICH
ESMOND

SEX: M
UR NO:

M

A

PLANT OPERATOR

Department	ICU		
Sex of Subject	(Male)	Female	Not stated
Subject is	(Patient)	Visitor	Other
MHS Client	Involuntary	Voluntary	Unknown
Reporters Details	Name: Karen Fox		
	Contact No: Ext 2310		
Reporters Classification	Please specify: RN.		
Witness	Name & Contact No: D Aitken, Ext 2310		
Witness	Name & Contact No:		
Adverse Event	ICU.		
Date of Adverse Event	27/7/04 Time:		
Current patient diagnosis/problems	Ventilated #ribs		
Adverse Event Type	ICC drain, no water in underwater seal section.		
Next of Kin notified?	Yes (No) N/A	Name:	
Medical officer notified?	(Yes) No N/A	Name: DR PATEL.	

Staff Adverse Event

Enter details in this column.

Full Name				
Employee Number				
Department				
Employment Type	Fulltime	Part time	Casual	Temporary
Shift Type	Fixed	Standard	Rotating	Other
Date of Event		Time		
Shift time	From	To		
Position title				
Supervisor Details	Name			
	Contact No			
Brief description of event	What were you doing at the time of the adverse event?			

years

Already forwarded to DM, DMS, DON

Can you make sure they get a form for AE follow up. Thx.

Medical Officer's examination (This section to be completed for patien

If relevant, please describe the assessment of the subject's condition and list treatments/inv

Medical Officer's Signature:			Date & Time:	
Disclosure process initiated?	Yes	No	N/A	Name:

Please complete all sections on page 2 for all adverse events (Patient or Staff)

Description of Adverse Event: Please describe exactly what happened, including who was involved

On doing checks - noted no water in underwater seal drain section of ICC drain

If this adverse event is a fall, pressure area or occupational exposure, please complete the relevant minimum data set form

Contributing factors: Identify causes/conditions/practice/human error/patient behaviour/staffing/experience/etc that contributed to the incident

?Busy, unstable pt from previous shift

Treatment/Investigations ordered: Indicate what treatments or investigations were required as a result of this incident

Rt water into appropriate section

Impact or Outcome: What has been the outcome of this adverse event?

Unknown -

Minimisation of Outcomes: What actions undertaken to lessen outcome or if this was a near miss what stopped the event from occurring?

Rectifying the situation...

Prevention: How could this adverse event have been prevented?

More time, checking

Signature		Date	28/7/04.

Thankyou for completing this form. Please give this form to your Shift Supervisor

Shift Supervisor/Management Report

Comment on action taken or action needed to be taken to prevent recurrence

↑ awareness of need for H2O in underwater sealed drainage. Unsure of who set up unit. Emergency situation.

Has the adverse event been documented in the medical record?	Yes	No	If not, why not?
Name: Terri Hartman	Signature: Terri Hartman		

Please forward this form to the Clinical Quality and Decision Support Unit

Director's Comment (Where required)

WHSO Comment (Staff Adverse Event Only)

DoDSU Comment:

Queensland Government
Queensland Health

Bundaberg Health Service District

Sentinel Event Report Form

Sentinel events are rare and serious events that require prompt and in-depth investigation
Sentinel events must be reported verbally to the District Manager, Director of Medical Services, Director of Nursing and other relevant Director within 12 hours.
This written report forwarded to DQDSU within 48 hours

Please print clearly using a black pen

Site	☒ Bundaberg	☐ Childers	☐ Gin Gin	☐ Mt Perry

Details of the subject of the sentinel event (fill in applicable details)

Last Name	Or affix Patient Label: BRANICH	Sex of Patient:	☑ Male ☐ Female ☐ Not stated
First Name	DESMOND	IMHS Clients:	☐ Voluntary ☐ Involuntary ☐ Unknown
UR Number	086644	Unit: Inpatient Unit	ICU
DOB/Age	15.4.1948	Unit where event occurred	ICU
Reporters Details: Name	Toni Hoffman	Signature	Toni Hoffman
Contact No.	41503310	Date	2.8.04
Reporters Classification:	☒ Nurse ☐ Medical Officer ☐ Allied Health Professional ☐ Other - specify		

Sentinel Event

Please indicate which Sentinel Event has occurred:

- ☐ Procedures involving the wrong patient or the wrong body part
- ☐ Retained instruments or other material after surgery requiring re-operation or further surgical procedure
- ☐ Haemolytic blood transfusion reaction resulting from ABO incompatibility
- ☐ Medication error leading to death of a patient reasonably believed to be due to incorrect administration of drugs
- ☐ Infant discharge to wrong family
- ☐ Maternal death or serious morbidity associated with labour or delivery
- ☐ Intravascular gas embolism resulting in death or neurological damage
- ☐ Suicide of a patient in an in-patient unit
- ☑ Any serious and rare event

Date of Event	27.7.04			Time of Event	1300 onwards hours
Reported to..	☐ DM	☐ DMS	☐ DON	Time reported	hours
reported to	☐ DCAHS	☐ DCS	☐ Service Director IMHS	Time reported	

Narrative Provide details of how this event occurred, including people involved, outcomes etc Attach additional sheets if insufficient space

Pt readmitted in extreme Anaphylaxis & pt trying to exhibit pt insert lines, give blood, surgeons with pt, pt had period of ventricular standstill during central line insertion DIM surgeons need to TR pt to Brisbane where Facilities Are Staffed, pts attending surgeon Dr Peter informed SE-H pt did not require Thoracic Surgical Transfer. See attached notes and sequence of events. Initial CXR pt to contain NGT & TPCH then PAH resulted in a NGT being available & looked at 1430 h.s. Delay due to subsequent investigations & pt.

Peritoneal Dialysis Catheter Placements - 2003

Patient	Surgeon	Date Catheter Placed	Date of Catheter Problem	Catheter Problem	Outcome	Catheter Position	Infection
E. Ball	Patel	15/08/2003	19/09/2003	Migration	Surgical intervention 19/9/03 - Cathy Marshall	upwards	chronic exit-site infection & peritonitis
E. Hillyard	? Patel	3/12/2003		Migration	Deceased prior to catheter repair	side-upwards	
R. Marr	Patel	30/09/2003	4/11/2003	Infection Catheter Position	MRSA treated with IV Vancomycin	side-upwards	exit-site infection MRSA
P. Noppe	Patel	19/09/2003		Infection Catheter Position	Peritonitis treated as in-patient with IP AB's	upwards	chronic exit-site infection serratia
E. Nagle	Patel	14/11/2003	16/12/2003	Migration	Surgical intervention - Died	side-ways	
A. Weir	Patel	6/10/2003	18/11/2003	Impaired Outflow Drainage	Surgical intervention - Hernia repair performed privately	side-ways	nil to date
x6 Peritoneal Dialysis Catheter Placed 2003							

From: Linda Mulligan
To: Toni Hoffman
Date: 26/08/2004 5:12pm
Subject: Re: ICU INCIDENT

** Confidential **

Dear Toni-Thank you for this additional information, it will be sent on a part of the review of the incident.

I have just arrived back to the office and urgently requested information re tomorrow's case you have outlined.. I tried to call to speak to you personally, but have left, hence this email.. Dr Keating has sought information re the same, and has confirmed the case is not a thoracotomy (which has been confirmed by Martin Carter who has seen consent form), but rather a wedge resection and the plan is for the patient to return to the Surg Ward, therefore advised suitable for this case to proceed..

It appears there is conflicting information, which at the best of times is difficult to sort out, but even more so this late the night before the surgery. This highlights to me the issues/strategies with communication that you and I have discussed previously are not resolving and further action needs to occur. In light of this matter not just involving nursing I will look at proceeding to involve others in discussing the issues at hand. Thanks Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Toni Hoffman 08/26/04 09:49am >>>

Dear Linda,

I am attaching the report I have written concerning the care of MR Bramich and my concerns.. MY first report was written in haste as I was asked to lodge it ASAP with DDSQU, as a sentinal event. Two of the other staff have written reports. One has accessessed EAS , But has had difficulty in doing so, so has been using a private psycologist. I have made several calls to EAS and none have been returned to me, I understand they are down some staff as well.I have discussed my concerns with DR Carter. A thorocotomy is booked for this Friday. DR Carter did ask me whether we are comfortable caring for a thorocotomy, DR Patel assurred him the pt would not be ventilated. I am concerned that large scale surgery is being sceduled on a Friday when over the weekend not all available staff are here.

Thanks
Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

My name is Toni Hoffman; I am the Nurse Unit Manager of the Intensive care/ Coronary Care Unit at Bundaberg Base Hospital. I have been employed here in this capacity since June 2000. I am a Registered Nurse, Midwife, and hold post graduate qualifications In ICU, a Graduate Certificate in Management and a Master of Bioethics

Mr Desmond Bramich, a 55 yr old male, was admitted to the ICU on the 25-07-2004 after being involved in an accident where he had been pinned under a caravan when it slipped He sustained a crush injury to his chest, multiple fractured ribs, a flail segment, Haemo - pneumothorax.. He was stable during his initial stay in the ICU and was transferred to the surgical ward at 1400. Around 1200 on the 26-07-2004, ICU staff were notified a patient was deteriorating on the ward and required transfer to ICU. ICU was full and it was necessary to transfer out another patient before we could accept Mr Bramich back. He returned to ICU at 1300 on the 26-07-04. On his return he was diaphoretic, hypotensive and tachycardic.He was complaining of extreme chest/ back pain. Dr Younis, the anaesthetist was attempting to resuscitate Mr Bramich, by himself initially, as the other doctors were either busy with other patients. Three nurses were assisting Dr Younis Blood was being delivered, and mention made of obtaining some platelets. Dr. Carter, Head of Anaesthetics came into the ICU at this time and stated "if the patient is going to need blood products, he will need to be flown out " We do not have access to platelets etc at BBH; at night, they need to be obtained from Brisbane... One of the doctors rang Prince Charles Hospital, but there were no beds there The doctor from Prince Charles later called back and stated that a bed had been obtained for Mr Bramich at Princess Alexandra Hospital. This phone call was taken by me at approx 1430. The coordinator just stated the surgeons needed to speak to each other and then the retrieval team organised. I passed on this message to Drs Boyd, Gaffield, Warming ton and Carter The surgeons in Bundaberg wished to do a CT prior to speaking to the surgeons in Brisbane .. Meanwhile Dr Younis was still attempting to place a central line and an Arterial line in the patient. The patient went into Ventricular standstill whilst the central line was being inserted, an arrest was called and some atropine given..

Dr Gaffield had brought Dr Patel into the unit to review MR Bramichs' x-rays Dr Patel heard the patient was to be transferred to Brisbane. He stated in a very loud voice, that the patient did not require transfer to Brisbane. He also stated the patient did not need a cardiothoracic surgeon, he asked the PHO, Dr Boyd, how much trauma he had done He also stated he would "stop doing trauma here if we could not handle it" I went and spoke to DR Gaffield and voiced my concerns about the delay in getting Mt Bramich to Brisbane I was concerned Mr Bramich would die if we did not expedite the transfer Dr Gaffield explained he wished to do a CT scan so he could give a definitive handover..

In the interim, Dr Patel came into the ICU, informed the staff he had perforated a patient's bowel, and required an anaesthetist, to repair the same. Another emergency was occurring and we did not have another anaesthetist to accompany Mr Bramich to CT. I rang and asked if Dr Carter could do it as the transfer was being further delayed.. Dr Carter agreed, the CT was done and Dr Gaffield stated the patient would definitely be going to Brisbane The phone calls to Brisbane were made with my assistance as Dr Boyd was unsure of the transfer procedure. We had some difficulty accessing the clinical coordinator at one point as they were having handover and we had to make several calls through switch..

Once the clinical coordinator had spoken with Dr Boyd and the retrieval team were on their way, I spoke with the after-hours nurse managers, the night staffs were here and I felt able to leave. (I was due off at 1630) The family had been told he was to be transferred; Dr Boyd had spoken to them and the procedure and accommodation in Brisbane, as well as

the patient's condition. The retrieval team arrived at 2015, he became increasingly unstable and he arrested and died at 0012.

Subsequent events in relation to the transfer of the patient were bought to my attention by the staff in the morning. At some point Dr Patel changed his mind about the patient not requiring transfer, to being far too ill to be transferred. The staff involved in the incident believe that Dr Patel impeded this patients' transfer to Brisbane. They are also concerned about his treatment of the family. I have offered and attempted to access EAS for the staff. I believe this is a coroner's case, and as such, expect to be involved in the investigation.

Statement by Karen Fox

STATEMENT OF EVENTS ON 27TH JULY 2004

NAME: Karen Lynne Fox

Registered Nurse in the State of Queensland
Initially registered in NSW in 1985, registered in Queensland in 1996.
I have a Graduate Certificate in Coronary Care, Midwifery, and an Intensive Care Certificate. I have worked in Critical Care since 1991.

Re: MR DESMOND BRAMICH DOB: 15/04/1948

On the 27th July 2004 I was called in to work an extra 12hr night shift. I commenced duty at 1900hrs. On arrival in the unit the unit was a hype of activity with a number of medical staff present, nursing staff and the NUM.

Other staff on this shift were: RN Vivian Tapiolas, RN Daniel Aitken, RN Sandra Sharp and a student nurse, Richard Dodsen.

I began caring for Mr Bramich at the commencement of the shift.
Mr Bramich's family were around the bedside and in the waiting room, including his nine year old daughter.

The busyness and need to attend procedures as required did not allow for a comprehensive nursing check of the patient or equipment.
At approximately 1930hrs we received a phone call from the RFDS flight nurse. I spoke to her regarding Mr Bramich being transferred to Brisbane. She asked if we had a confirmed bed, as I was unsure I enquired to the medical staff regarding this and was informed that we did not. I relayed this information to the flight nurse who stated that they would not come if the bed was not confirmed. I said we would follow it up and get back to them. This was discussed with Dr Boyd who said he would follow it up.

The cares for Mr Bramich were undertaken by myself and RN Tapiolas. At varying times one of us was away from the bedside obtaining blood from blood bank, making or receiving phone calls and gathering equipment. Bramich was extremely unstable, hypotensive and ventilated. Dr Younis was present and was ordering treatment. The unit was busy with beds full and another ventilated patient.

Times are approximate due to the busy nature of the events.

Dobutamine was commenced as I arrived on duty and then noradrenaline was commenced at approximately 2050hrs. He remained hypotensive. We commenced fluid boluses, blood transfusion and ongoing support.

Dr Patel reviewed the patient, ordered an echocardiograph at approximately 2015hrs. Whilst waiting for the echocardiograph Dr Patel, in a very loud voice, stated that they are too busy ventilating 90 year olds and looking after cardiac patients to care for this patient. On the result of the echo Dr Patel instructed us to set up for a pericardial tap, which we did. After numerous attempts under ultra sound guidance he inserted a pericardial drain and sutured it in place. Only 3-4 mls of blood was obtained during the procedure.

During this procedure Dr Patel was loudly making comments that the patient will die and does not need to go to Brisbane. I asked Dr Patel to mind what he was saying as the family were in the hallway. Dr Patel commented that they need to know, I in turn

commented that they need to be told face to face not over hearing what was being said behind the curtains

During the insertion of the pericardial drain we did not have in stock all of the items that Dr Patel was requesting, when told he repeatedly said to get the Nurse Manger to get them as that was her job. I phoned and spoke to the theatre staff who also were unsure of what Dr Patel required.

Dr Patel then inserted a second chest drain, without the use of the introducer. Continuing in a loud voice he lectured the JHO as to why he did not use the introducer in a chest trauma and what he may do to the JHO if he caught him using one in a similar situation. During the insertion of the drain Dr Patel poked and prodded using his fingers through the incision. There was oozing from around the drain insertion site.

Following this Dr Patel spoke with the family, RN Tapiolas was present during the discussion. When the family came to the bedside the wife and daughter in law were extremely distressed, crying loudly and speaking to the patient. Dr Patel abruptly told them that they were not to cry at the bedside. During this time the daughter was also present.

A little later a call came from the RFDS stating that they were on their way. Dr Carter phoned in after this to enquire what was happening. I informed him that the retrieval team was on the way, he then stated that therefore he would not need to be further involved.

They arrived at approximately 2215hrs. Dr Younis was present and handed over to the doctor. Cares were as per the retrieval doctor's instructions.

During the preparation for the flight Mr Bramich deteriorated blood was pulsating from the intercostal drain site. This was sutured by Dr Boyd. The patient continued to deteriorate and subsequently had a cardiac arrest. Resuscitation was carried out as per orders from the flight Doctor. Dr Younis was present and assisted with the attempt.

The flight Doctor spoke to the family pre, during and post the arrest. I was present when she spoke to the family during the arrest and at her request I stayed with the family. I stayed with them until after she spoke with them when resuscitation attempts were ceased. This was at approximately 0012hrs.
Dr Boyd was also present during the arrest, and a JHO.

The family were allowed time with their loved one and offered support during this time. They remained with him until the police arrived at approximately 0300hrs.

I found this night to be very distressing and upsetting. I found Dr Patel's behaviour to be bullying.

Watching him do procedures was barbaric and unsightly.

I have many years experience and I have never seen a surgeon behave in this manner before.

Further to this incident was when Dr Patel took P43 to OT for amputation of his toes. Due to a dispute with the anaesthetist Dr Patel was responsible for the man's pain relief. On return to the unit the nurse from the OT stated that P43 was in pain throughout the procedure and had squeezed her hand until it was white.

I find Dr Patel's general manner to be intimidating, loud and often inappropriate.

(Karen L. Fox)

I was rostered in the Intensive Care Unit as a Registered Nurse for a night shift on Tuesday 27 July 2004.

That night I was allocated to be the runner for the ventilated patients. In total there were two that night. However, due to Mr Bramich's condition I was working very closely with RN K Fox and was assisting with the care for him.

Whilst RN Fox received a handover from the Day shift Nurse I was assisting Dr Younis's requests with respect to treatment for Mr Bramich. This treatment consisted of commencing an Noradrenaline infusion, taking observations, calling Pathology and generally carrying out requests from Dr Younis.

Dr Patel was in and out of the intensive care unit that night as he was requesting further treatment for Mr Bramich. At one point, Dr Patel was greatly concerned in relation Mr Bramichs's unexplained tachycardia and hypotension and he stated that he thought Mr Bramich had a pericardial tamponade. Dr Patel said that on the Cat Scan there was a small effusion and he was going to perform a pericardiocentesis. Dr Patel requested various pieces of equipment and I, together with others assisted his requests. He instructed that the radiologist be called and to bring the image intensifer so he could perform an echo on his heart. In following out these requests, I was sometimes required to leave the bedside.

There was an incredible amount of activity for this patient, and as well as that procedure, there was a necessity to go to Blood bank, (some distance away from intensive care) conducting and receiving telephone calls in relation to this patient, making up infusions and calling appropriate personnel. I only partially witnessed some of this procedure, as Dr Patel with assistance from Dr Boyd had repeated attempts to perform this procedure. At times I was in Blood bank and others in Theatre trying to locate Dr Patel's requests for equipment.

During the procedure I heard Dr Patel say that Mr Bramich was not going to Brisbane as he was too sick, and probably was going to die. RN Fox informed him to quieten down as the relatives could hear him and he needed to speak with them. He obliged with her request.

After Dr Patel finished the procedure, RN Fox requested I go with Dr Younis and Dr Patel to talk with the relatives who were in the waiting room. Dr Patel informed the relatives that Mr Bramichs's condition "was so critical he was going to die". He informed the relatives that "he had placed a needle around his heart and got

back only three or four mls, so it was not compromising him at all". He said his injuries were severe as his heart and lungs had been crushed from the caravan and often these injuries took 24 to 48 hours to surface. The relatives asked for Mr Bramichs to be sent to Brisbane, but Dr Patel informed them that he had been a "trauma surgeon in the United States for 10 years" and he knew that a cardio-thoracic surgeon could not operate on him in this instance.

They were informed Mr Bramich would not survive the plane trip to Brisbane. The relatives were visibly upset and asked " how could this happen?". Then they asked if there was any chance of survival. Dr Patel replied "1% and it would be a miracle".

After the relatives came in to see Mr Bramich they were visibly upset, crying loudly. Dr Patel walked over to the bedside and asked them to be quiet as how would Mr Bramich feel if he could hear them. Mr Bramichs's son calmed the family down.

There was much confusion with reference to Mr Bramichs's retrieval. I was informed that he was not going to Brisbane, even after receiving a telephone call from a Registrar in Brisbane and he doubted if he was going to be retrieved. Then I was informed by Dr Patel that he was not going. Then I was informed some minutes later by RN Fox that the retrieval team was on its way from Brisbane. After the arrival of the team and during transference of equipment, Mr Bramich became bradycardiac and arrested. His resuscitation is as documented, but he unfortunately passed away.

KAY BOISEN RN

ICU Bundaberg Base Hospital.

3rd August 2004.

Dear Ms Hoffman,

I would like to bring to your attention an incident that occurred in the ICU on Sunday 1st August 2004. I was rostered and working a 0700-1930 shift with CN Byrne and RN Cree. I was assigned to nurse a ventilated patient in bedspace 5. At approximately 0900 Dr Patel entered the unit via the door connecting ICU and Theatre. Nurse Manager Ms J McClure and I were standing at the end of bed 5 having discussed the full bed status of the unit. I was handing over the patient condition to Ms McClure.
Without preamble Dr Patel launched into a tirade "Why were there two ventilated patients in the ICU?" "What about the policy of only having ventilated patients for 48 hours and then moving them to Brisbane?" "It seems only surgical patients are transferred to Brisbane from this unit." "What is needed is a separate surgical unit." Dr Patel was directing this conversation to both Ms McClure and myself, I didn't respond initially but did speak up to point out to Dr Patel that the ventilated patient in Bed 5 was only ventilated four hours previous and that the ventilated patient in Bed 8 was of much longer duration but that consultation with Brisbane doctors, more than once, had resulted in the decision by the Brisbane doctors that the patient was not to be transferred. I further stated that we were, in fact, running the unit within the management guidelines. I felt that Dr Patel was stating derogatory remarks against the unit as a whole and to the ICU management team in particular.

Yours sincerely,

Kay E. Boisen.

RE: DR. PATEL

I was working in ICU looking after a patient in bay seven, when Dr Patel came over and started discussing Mr. Bramich's autopsy results (that had taken place that day) with me over the top of this conscious patient. He was convinced that I had cared for the patient and was telling me about the results. I informed him that I did not know the patient. He then finished the report and moved away. The problem that I have with this is that Dr Patel was discussing confidential patient details over the top of another patient who was aware and no doubt concerned about her own problems without thinking about another patient's autopsy.

I have had found that Dr Patel is prone to be indiscreet in discussing his personal opinions of other doctors and nursing staff (very loud). I have heard Dr Patel agree with the ICU consultant with regard to NG feeding a patient who had had abdominal surgery. The next morning when he was informed that the patient had not tolerated his NG feed, he informed me that it was a "silly" idea of the consultants yesterday to even consider feeds (once again very loudly).

Karen Jenner ICU

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF11

GF11

Jobs for Bundaberg, Maryborough and Hervey Bay.

- I have requested infection rates, unplanned admissions to ICU, unplanned returns to OT – information on the way
- I have requested clinical privileges details – information on the way
- I have asked Judith to organise a meeting room for us – done
- I have asked Judith to arrange meetings with DM, DON and DMS early on Monday morning – being organised, except that the DON is away on Monday 14th, so we will see her early on Tuesday 15th
- I have asked Judith to arrange meetings with all staff involved – either individually or in small groups – whatever is appropriate – there are probably 20+ staff, so we will see how we go
- I have also asked Judith to discuss our visit with the DM, DON and DMS and intended discussions with staff so that senior executives can talk to staff prior to interviews being arranged – so that it's not a shock – more of a pleasant surprise
- I have asked Judith to organise retrieval of medical records – if we run short of time and need to get then photocopied so that we can bring them back here to look at – so be it
- I have obtained printouts from HIC – in the blue folder – will talk to you about them on Tuesday

Gerry –

Dan Gaynor

- Have you spoken with the zonal managers about the reviews?
- Have you spoken to Mike Alsopp (DM-Fraser Coast) about the review? Tony Harold Fraser Coast Hlth Sup
- Have you spoken to Tony Harrington? Wide-ow

I don't want to organise anything for Hervey Bay/Maryborough until the appropriate people know about the issue and review.

Reference appreciate

Susan Jenkins

From: Susan Jenkins
To: Judith Woods

Hello, Judith
Thankyou so much for your help with all of this Here are some other requests I wonder if it would be possible to have a copy of the hospital's infection rates (by surgeon), unplanned admissions to ICU and unplanned returns to operating theatre (by surgeon) - since the hospital is accredited with ACHS, these may well be routinely collected as part of the ACHS clinical indicator programme If not, the data for the second two indicators may well be collected manually by OT and ICU and the infection control co-ordinator should have the infection rates The timeframe for the data collection should be from April 2003 until as recent as possible - depending on data collection processes Also, does the hospital have a clinical privileges process? If so, would it be possible to obtain copies of approvals which outline the scope of practice? If it is possible, then I can let you know which we would like to look at If it isn't possible to have copies, please could these be available for us to see when we make our on-site visit?

I may need to request further data - many thanks in advance for your help. I will also ask you to make appointments for us with various members of staff.

Kind regards,
Sue

Gerry - are you happy for me to send this email to our contact - Judith Woods?

looks Good

How do we get manually!?

email sent - 1.50pm 01.02.05.

Susan Jenkins - Visit to Bundaberg

From: Judith Woods
To: Susan Jenkins
Date: 1/02/2005 12:19 PM
Subject: Visit to Bundaberg

Hi Sue

As requested, I have prepared the attached list.

on 14/15 February, I have booked you into our small exec conference room. the room has network access and there is also a phone in there. The only problem is the Management meeting is from 9 - 11 on Mondays, so during this time, I can put you in Dr Keating's (Director of Medical Services) office if you require a room. I hope this is ok.

Please let me know if this information is not what you are looking for.

regards

Jude

Judith Woods
Executive Support Officer
Director of Medical Services
Bundaberg Base Hospital
PH: 4150 2210
FX: 4150 2029

SURNAME	FIRST NAME	PERIOD OF EMPLOYMENT	SPECIALITY	DESIGNATION OF EMPLOYMENT
Patel	Jayant	01.04.2003 – current	General Surgery	Director of Surgery
Gaffield	James	28.04.2003 - current	General Surgery	Staff Surgeon
Robinson	Neil	05.06.2000 – current	Orthopaedics	Staff Orthopaedic Surgeon
Chaudhry	Abdul	14.01.2002 – current	Orthopaedics	Staff Orthopaedic Surgeon
Anderson	Pitre	07.01.2002 – current	General Surgery with interest in Urology	VMO
DeLacy	Geoffrey	27.06.2003 – current	General Surgery	VMO (inc Breast Screen)
Kingston	Howard	26.11.1997 – current	General Surgery	VMO
Thiele	Brian	27.07.1988 – current	Vasc Surgery	VMO (Amputee Clinic only)
Delaney	Michael	17.04.2000 – current	Orthopaedics	VMO
O'Brien	Christopher	01.05.2004 – current	Orthopaedics	VMO
Walker	Brian	10.05.2004 – 02.07.2004	General Surgery	Locum
Ramsey	Bill	02.05.2004 – 08.05.2004	General Surgery	Locum
Feint	Jeffrey	10.02.2003 – 11.04.2003	General Surgery	Locum

12

From: Peter Leck
To: Bergin, Dan
Date: 2/02/2005 7:43:09 pm
Subject: Re: Investigations

Sorry Dan - I did prepare a Brief over the last couple of days and it has been submitted, along with others, for your visit tomorrow.

Peter

>>> Dan Bergin 2/02/2005 15:45:57 >>>

Gerry,
thanks for the heads-up, paticularly about Dr Patel about whom I had not been briefed and given that I am visiting Bundaberg tomorrow and will be speaking with the senior medical staff I had already been briefed by Fraser Coast and Steve Rashford about the Hervey Bay patient
Dan

Dan Bergin
Zonal Manager
Central Zone

Phone : (07) 3131 6987
Fax : (07) 3235 4384

>>> Gerry FitzGerald 2/02/2005 2:44:54 pm >>>

Dan

I have been asked by John to undertake two investigations in your zone, and I would like to keep you in the information loop just in case you have not been informed.

The first case involves allegations of poor surgical outcomes raised with me by Peter Leck at Bundaberg regarding a Dr Patel. The second case involves the death during transport of a patient from Hervey bay Hospital. Terry Hanelt has been helping with this.

We intend to travel to Bundaberg and Fraser Coast on the 14th 15th February to interview people and examine relevant record. I will give you a verbal brief on findings as soon as possible after that information collection exercise.

regards

Gerry

Dr Gerry FitzGerald
Chief Health Officer
Queensland Health
Phone: 323 41137
Fax: 3221 7535
Email: Gerry_FitzGerald@health.qld.gov.au

Susan Jenkins

From: Susan Jenkins
To: Judith Woods

Hello, Judith.
Here is the list of medical records we would like to look at when we come up to see you on Feb 14th
UR numbers
034546
130224
p16
p12
p27
p32
p14
020609
086644
p37 — p37
p161 — p161
p22 — p22
p24, p31 E Nagle p43 (had amputation of toes)
007900
p40
There may be further records we would like to look at - will let you know

The staff we would like to speak to are
DM, DON, DMS - first thing on Monday morning - either individually or as a group - for about half-an-hour We are happy to start early - whatever time suits locally. We would also like to talk to the DM, DON and DMS at the end of the day if possible The other staff are
Ms Toni Hoffman
Dr Patel
Dr Jon Joiner
Dr Younis
Dr Miach
Dr Strahan
Dr Dieter Berens
Dr Alex Davis
Dr David Risson
Ms Gail Aylmer, Ms Robyn Pollock, Ms Jenny Church, Ms Ms Michelle Hunter
Ms Jenelle Law
Mr Damien Gaddes
Dr Kanyawasam
Ms Katrina Zwolak
Dr Carter
Dr Gaffield
Ms Karen Stumer
Ms Karen Lynne Fox
Vivian Tapiolas
Ms Kay Boisen
Ms Karen Jenner

I think these are all the staff we need to see, but it may be a good idea for the DON and DMS to check the list and see if any relevenat staff are missing. I think interviews of about 20 minutes should be OK - perhaps it may be possible to see small groups of staff if this is appropriate The DON, DMS and NUM-ICU may be able to help here - there are quite a few staff to talk to, so this could be helpful Either that, or the CHO may see the doctors and I may see the nursing staff If so, we will need two rooms We will need to see Dr Patel on his own

As we discussed this morning, I am not sure if staff know we are coming, so I will leave this matter in the capable hands of the DM, DON and DMS

Thanks once again for your help,
Sue

Susan Jenkins - Re: Hello, Judith.

From: Judith Woods
To: Susan Jenkins
Date: 4/02/2005 12:46 PM
Subject: Re: Hello, Judith.

Hi Sue

will get this underway

I have a few questions for you.

When I spoke to the DON, she advised me that she will be away on 14th Feb. She will be back on 15th Feb. Did you want to see her in the morning? or speak to her via phone in the week before. She is also away on the Friday 11.

also, she raised that the Nursing staff may wish to bring a support person... that could be someone from QNU. Is this acceptable.. I know they will probably ask me this when I call them, so am just wanting to make sure..... and, should a Dr want to do this, is that acceptable.

Two people that were not on the list were Gail Doherty and David Levings (they are A/NUMS in Theatre) will I put them in?

A lot of the staff listed, will probably want to meet privately, so I will see how I go.

finally..... A few of the Doctors have left the Hospital.

Dr Younis - returned o/seas (will be here in May for some locum work)
Dr Alex Davis - she has returned overseas
Dr David Risson - Not at BBH - I think he is still employed by QH, but not sure where? ? Dalby
Dr Kariyawasam - Not at BBH - I think he is still employed by QH, but not sure where?

sorry for all of these questions.....

Jude

Judith Woods
Executive Support Officer
Director of Medical Services
Bundaberg Base Hospital
PH 4150 2210
FX 4150 2029

>>> Susan Jenkins 02/04/05 12:17pm >>>
Hello, Judith
Here is the list of medical records we would like to look at when we come up to see you on Feb 14th
UR numbers

There may be further records we would like to look at - will let you know

The staff we would like to speak to are
DM, DON, DMS - first thing on Monday morning - either individually or as a group - for about half-an-hour We are happy to start early - whatever time suits locally We would also like to talk to the DM, DON and DMS at the end of the day if possible The other staff are
Ms Toni Hoffman
Dr Patel
Dr Jon Joiner
Dr Younis
Dr Miach
Dr Strahan
Dr Dieter Berens
Dr Alex Davis
Dr David Risson
Ms Gail Aylmer, Ms Robyn Pollock, Ms Jenny Church, Ms Ms Michelle Hunter
Ms Jenelle Law
Mr Damien Gaddes
Dr Kanyawasam
Ms Katrina Zwolak
Dr Carter
Dr Gaffield
Ms Karen Stumer
Ms Karen Lynne Fox
Vivian Tapiolas
Ms Kay Boisen
Ms Karen Jenner

I think these are all the staff we need to see, but it may be a good idea for the DON and DMS to check the list and see if any relevenat staff are missing I think interviews of about 20 minutes should be OK - perhaps it may be possible to see small groups of staff if this is appropriate The DON, DMS and NUM-ICU may be able to help here - there are quite a few staff to talk to, so this could be helpful. Either that, or the CHO may see the doctors and I may see the nursing staff If so, we will need two rooms We will need to see Dr Patel on his own

As we discussed this morning, I am not sure if staff know we are coming, so I will leave this matter in the capable hands of the DM, DON and DMS

Thanks once again for your help,
Sue

Susan Jenkins
Manager-Clinical Quality Unit
Office of the Chief Health Officer
Queensland Health Building
147-163 Charlotte Street
Brisbane
Telephone 07-3405-5776

Susan Jenkins - info as requested

From: Judith Woods
To: Susan Jenkins; teapots@tpg.com.au
Date: 10/02/2005 4:23 PM
Subject: info as requested

Hi Sue

Sorry this is so late... I am in the middle of rostering, appointments of new docs and our new call centre.. and getting ready to go on leave next week...

anyway, I have sent this to both your work and home address, just in case I missed you this arvy.

I have attached the list. The green highlights are yet to be confirmed, but I think I have everyone. There are 3 extra people, they were at the DON's suggestion.

Unfortunately, I am not able to tell you who has union representation, but I believe the majority of the nursing staff will.

Peter said that he will be in early on Monday as well, so if it's not me that meets you it will be him.

Regards

Jude

Judith Woods
Executive Support Officer
Director of Medical Services
Bundaberg Base Hospital
PH: 4150 2210
FX: 4150 2029

Palm Beach-Currumbin Clinic, The	Accredited	30/04/2007	N
Peninsula Eye Centre	Accredited	8/02/2006	N
Peninsula Private & Pine Rivers Private Hospitals	Accredited	12/02/2005	N
Pindara - Gold Coast Private Hospital	Accredited	18/07/2006	N
Pindara Day Procedure Centre	Accredited	25/08/2006	N
Pioneer Valley Private Hospital	Accredited	10/08/2005	N
Pittsworth & District Friendly Society Hospital	Accredited	8/02/2007	N
QFG Day Theatres	Accredited	9/04/2005	N
Queensland Eye Centre	Accredited	22/06/2006	N
Rejuvenation Clinic	Accredited	11/08/2006	N
Short Street Day Surgery	Accredited	6/09/2006	N
Southside Endoscopy Centre	Accredited	22/07/2006	N
Spendelove House	Accredited	12/10/2006	N
Spring Hill Clinic	Accredited	16/11/2006	N
St Andrew's Hospital-Ipswich	Accredited	26/04/2005	N
St Andrew's Toowoomba Hospital	Accredited	6/07/2006	N
St Andrew's War Memorial Hospital-Brisbane	Accredited	29/11/2006	N
St Luke's Nursing Service	Accredited	31/07/2008	N
St Stephen's Private Hospital	Accredited	18/09/2005	N
St Vincent's Hospital - Toowoomba	Accredited	20/12/2005	N
Sunnybank Private Hospital	Accredited	8/05/2006	N
Sunshine Coast Day Surgery	Accredited	17/08/2006	N
Sunshine Coast Haematology and Oncology Clinic	Accredited	8/07/2006	N
Sunshine Coast Private Hospital, The	Accredited	15/01/2006	N
Toowong Private Hospital	Accredited	8/02/2005	N
Toowoomba Hospice Association Inc	New Member *		N
Townsville Day Surgery	Accredited	22/03/2006	N
Tn Rhosen Day Hospital	Accredited	23/10/2005	N
Vision Centre Day Surgery	Accredited	17/05/2006	N
Wesley Centre for Hyperbaric Medicine, The	Accredited	14/06/2007	N
Wesley Hospital Townsville The	Accredited	30/11/2005	N
Wesley Hospital, The	Accredited	2/05/2005	N
Private/Public			
Hopewell Hospice Services Inc	New Member *		N
Noosa Hospital, The	Accredited	14/10/2008	N
Public			
Banana Health Service District	Accredited	3/01/2006	N
Bayside Health Service District	Accredited	18/08/2005	N
Bowen Health Service District	Accredited with HPR	20/08/2006	N
Bundaberg Health Service District	Accredited	24/11/2005	N
Cairns Base & Gordonvale Hospitals & Integrated Mental H/S	Accredited	25/11/2006	N
Central West Health Service District	Accredited	17/10/2005	N
Charters Towers Health Service District	Accredited	15/07/2006	N
Fraser Coast Health Service District	Accredited	14/09/2006	N
Gladstone Health Service District	Accredited	8/05/2006	N
Gold Coast Hospital	Accredited	14/11/2005	N
Gympie Health Service District	Accredited	23/11/2006	N
Logan - Beaudesert Health Service District	Accredited	22/02/2006	N
Mackay Health Service District	Accredited	14/05/2006	N
Mater Health Services - Public	Accredited	30/10/2005	N
Moranbah Health Service District	Accredited	5/09/2005	N
Mount Isa Health Service District	Accredited	19/04/2006	N
Prince Charles Hospital Health Service District, The	Accredited	29/01/2005	N
Princess Alexandra Hospital Health Service District	Accredited	22/10/2005	N
QEII Hospital Health Service District	Accredited	7/05/2008	N
Queensland Tuberculosis Control Centre	Accredited	30/12/2007	N
Redcliffe Caboolture Health Service District	Accredited	10/06/2006	N
Rockhampton & Yeppoon Hospitals & Integrated Mental H/S	Accredited	31/05/2006	N
Royal Brisbane and Women's Hospital Health Service District	Accredited	22/05/2008	N
Royal Children's Hospital and Health Service Brisbane The	Accredited	20/07/2005	N
Sunshine Coast Health Service District	Accredited	9/07/2005	N
Theodore Council on the Ageing	Accredited	13/07/2006	N
Toowoomba Health Service District	Accredited	17/08/2008	N
Torres Strait & Northern Peninsula Area Health Service Dist	Accredited	8/10/2006	N
Townsville Health Service District	Accredited	17/04/2006	N

Susan Jenkins - Dr Jay Patel

From: Peter Leck
To: FitzGerald, Gerry
Date: 29/03/2005 9:57 AM
Subject: Dr Jay Patel

Gerry - just a note to keep you up to date.

Jay Patel is currently on stress-related sick leave. His current contract is through to 31 March. He will not proceed to take up the contract which was to take effect from 1 April and will return to the United States early next week.

Peter

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF12

GF 12

From: Peter Leck
To: FitzGerald, Gerry
Date: 8/02/2005 13:04:01
Subject: Re: Clinical Audit

Thanks Gerry,

Will do.

Peter

>>> Gerry FitzGerald 8/02/2005 11:31:52 >>>

Peter,

I have reviewed all the material to date and while it is appropriate to proceed with the clinical audit it is too early to be able to document any particular concerns regarding any individual.

To that end we would appreciate the opportunity to meet with a variety of staff including Dr Patel with a view to identifying their concerns and views regarding the quality of services provided at Bundaberg. At this point we will be simply collecting information and not seeking to validate or evaluate any particular concerns raised.

Therefore it would be too early and inappropriate to raise any particular concerns with Dr Patel which he may feel he has to respond to in particular. Should particular issues arise at any time then in the interests of natural justice he would be given the opportunity to respond to any of those issues in directly

Would you mind asking Dr Patel if he can spare some time to meet with me to discuss any concern he may have. It may be appropriate to also meet with the other general surgeon if possible as well.

Regards

Gerry

Dr Gerry FitzGerald
Chief Health Officer
Queensland Health
Phone: 323 41137
Fax: 3221 7535
Email: Gerry_FitzGerald@health.qld.gov.au

(5)

From: Peter Leck
To: FitzGerald, Gerry
Date: 2/7/05 4:50pm
Subject: Re: Review - Dr Jay Patel

Thanks Gerry.

I will await your advice from Audit before providing any written details to Dr Patel.

Dr Patel is aware that an investigation is to be conducted by yourself and Sue Jenkins and arrangements are being made for him to be interviewed by you next week

I think it is appropriate that he be provided some details about the complaints so that he can prepare for the interview

However I need your confirmation about what can/should be provided especially in light of the Whistleblower Protection requests

Peter

>>> Gerry FitzGerald 7/02/2005 15:55:19 >>>

Hi Peter

Dr Patel is definitely entitled under the principles of natural justice to be confronted with the details of the complaints made against him He may not necessarily be entitled to know the identity of the complainants although **we will check that out with Audit**. Some of the complainants have claimed protection under whistleblowers legislation and I am unsure what that entitles them to However I believe we can achieve natural justice without disclosing identities.

You may need to outline to him that there have been complaints and that these complaints will be the subject of an investigation by the CHO. We may then try to put together a summary of those complaints to present to him on the day. We will then allow him to respond further in writing should he chose to do so. He may decline to meet with me until he has had the opportunity to respond to the complaints I hope he does not do so. Our main intent is to find the facts and to seek a resolution ASAP.

Regards

Gerry

Dr Gerry FitzGerald
Chief Health Officer
Queensland Health
Phone 323 41137
Fax: 3221 7535
Email: Gerry_FitzGerald@health.qld.gov.au

>>> Peter Leck 7/02/2005 2:35:40 pm >>>

Hi Gerry,

I'm not sure if you are aware that Dr Patel has not actually seen the allegations made against him - although he has received verbal advice from me in broad general terms.

Please advise when/if you would like any material to be made available to him.

Thanks

Peter

CC: Keating, Darren

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF13

GF13

Queensland Government

Queensland **Health**

Enquiries to: Mrs Susan Jenkins, Manager-Clinical Quality Unit, Office of the Chief Health Officer
Telephone: (07) 3405-5776
Facsimile: (07) 3221-7535
File Number:
Our Ref: 0181-0345-005

Mr Jim O'Dempsey
Executive Officer
Medical Board of Queensland
19th Floor Forestry House
Mary Street
BRISBANE Q 4001

Dear Jim,

I wish to formally bring to your attention and seek assessment of the performance of Dr Jayant Patel who is the Director of Surgery at Bundaberg Hospital. Dr Patel is an 'area of need' registrant who was first registered in April 2003.

In February, I was requested to undertake a clinical audit of general surgical services, following concerns raised by staff with the District Manager, Mr Peter Leck. Those concerns related to a perception of a higher rate of complications from his surgery, the conduct of complex operations at the hospital which are beyond the capability of relevant support services at Bundaberg Hospital and a tendency to retain patients for too long at Bundaberg Hospital when optimal practice would dictate earlier referral to a facility where there is a higher level of expertise.

There is evidence that the outcomes of those complex operations (namely oesophagectomies), were relatively poor, with at least two of the patients dying in the immediate post-operative period. In addition, data produced during the audit demonstrated a significantly higher rate of complications than the peer group average, however, we have not been able to exclude the impact of differential severity on this complication rate.

In addition, concerns were raised about his relationship with key members of staff, including some nursing and some medical staff. I think these matters would not reach a threshold for disciplinary action by the Board, and have referred these to the District Manager to deal with.

My investigations to date have not been able to determine if Dr Patel's surgical expertise is deficient, however, I am concerned that the judgement exercised by Dr Patel may have fallen significantly below the standard expected. This judgement may be reflective of his decision to undertake such complex procedures in a hospital that does not have the necessary support, and in his apparent preparedness to retain patients at the hospital when their clinical condition may warrant transfer to a higher level facility.
I would be grateful for the Board's consideration of this matter.

Yours sincerely

Dr Gerry FitzGerald
Chief Health Officer
24/03/2005

Office Queensland Health, 147-163 Charlotte Street, BRISBANE QLD 4000
Postal GPO Box 48, BRISBANE QLD 4001
Phone (07) 322 52481
Fax (07) 322 17535

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF14

GF14

Queensland Government
Queensland Health

MEMORANDUM

To: Dr Steve Buckland, Director-General

Copies to:

From: Dr Gerry FitzGerald
Chief Health Officer

Contact No: (07) 323 41137

Fax No: (07) 322 17535

Subject: Clinical Audit – General Surgical Services at Bundaberg Hospital

File Ref: 0181-0345-005

In February this year I was asked to undertake a clinical audit of general surgical services at Bundaberg Hospital. As you are aware, the events which triggered this audit have now been the subject of questions in Parliament.

The report of the clinical audit is now complete and I have attached a copy to this memorandum. There are issues which I need to bring to your attention.

There is evidence that the Director of Surgery at Bundaberg Hospital has a significantly higher surgical complication rate than the peer group rate (Appendix 1). In addition, he appears to have undertaken types of surgery which, in my view, are beyond the capability of Bundaberg Hospital and possibly beyond his own skills and experience, although his surgical competence has not been examined in detail. I believe his judgement, both in undertaking these procedures and also delaying the transfer of patients to a higher level facility, is below that which is expected by Queensland Health. I would recommend that these matters should be examined by the Medical Board and have written to the Executive Officer – Mr Jim O'Dempsey, bringing the matter to his attention.

The audit report also identifies that there has been a failure of systems at the hospital which has led to a delay in the resolution of these matters. The credentials and clinical privileges committee has not appropriately considered or credentialled the doctor concerned. The executive management team at the hospital does not appear to have responded in a timely or effective manner to the concerns raised by staff, some of which were raised over 12-months ago. While the report makes a number of recommendations for system improvements, I would recommend that some discussion should occur with the hospital management, reminding them of their responsibilities to put such systems in place and ensure they respond appropriately to reasonable clinical quality concerns.

Dr Gerry FitzGerald
Chief Health Officer
24/03/2005

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF15

GF15

Enquiries to: Diane Allwood
A/Executive Support Officer
Office of the Chief Health Officer
Telephone: (07) 323 41138
Facsimile: (07) 322 17535
File Number:
Our Ref:

Mr Peter Leck
District Manager
Bundaberg Hospital
Bourbong Street
BUNDABERG 4670

Dear Peter,

Please find enclosed a copy of the report of the Audit of Surgical Services at Bundaberg Hospital.

I have also provided a copy of this report to the Director General and he has asked me to provide a copy to you directly and, to request from you a report as to how the recommendations arising from this report will be implemented.

I would be grateful if you could provide me in due course with a response and an implementation program for the recommendations arising from this report. I would be happy to assist wherever possible in the preparation of that program. Should you require any assistance please do not hesitate to contact me or Ms Susan Jenkins on telephone: (07) 340 55776.

Yours Sinecerly

Dr Gerry FitzGerald
Chief Health Officer
7/4/05

copy: Mr Dan Bergin, Zonal Manager, Central Zone, Citilink Precinct, 153 Campbell Street, Bowen Hills, Qld 4077
Ms Susan Jenkins, Manager, Clinical Quality Unit, Office of the Chief Health Officer

Office
Queensland Health
147-163 Charlotte Street
BRISBANE QLD 4000

Postal
GPO Box 48
BRISBANE QLD 4001

Phone
(07) 322 52481

Fax
(07) 322 17535

Postal 814/05

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF16

From: Vinod Gopalan
To: Hanelt, Terry; Keating, Darren
Date: 15/07/2004 2 25pm
Subject: credentialling

Dear All

Just an update into whats happening I have contacted the college of surgeons in Victoria who refereed me to the college branch in QLD, following my discussuions with them, they informed me that they had been swamped with applications from other area health services Importantly they had a new chairman now and at this stage they are unable to suggest a suitable candidate as there are problemsd including indemnity of the college representative for any fallout from the review I got a call yesterday from the college informing me that they were now awaiting advice from the college headquaters in Melbourne I will keep you posted, however I think we should get together and review our own staff applications Can you provide me with a number of suitable dates?

Regards

vinod gopalan

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Meeting of: FCHSD & BHSD Credentials & Clinical Privileges Committee

Meeting No: 01/04

Date: 26/11/04 **Start Time:** 1030

Present: Drs D Keating (DMS BHSD & Chair), T. Hanelt (DMS FCHSD), V. Gopalan (DDMS FCHSD), M Strahan (RACP Representative), P Miach (Dir Med BBH), A. Jones (Dir Med HBH), C Ryan (RACP Representative), F Tan (Paediatrician FCHSD)

Apologies: Dr J. Williams, Dr F Van der Huyzen

Confirmation of Minutes: Nil **Seconded:** Nil

Minute Taker: D. Keating

Correspondence: Nil

New Business

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
11/04-1	Cof C	Paediatrics Clinical Privileges	Application for Clinical Privileges were received from. Dr Jasper Van der Huyzen FRACP Dr Felix Tan FRACP Dr Chris Ryan FRACP Dr Margaret Holloway FRACP Dr Ogiji Review application for Clinical Privileges were received from: Dr Judith Williams FRACP	Attendees who were also applicants were excused when their application was discussed The committee agreed to advise the respective DMs that clinical privileges in general paediatrics and neonatology be awarded to all applicants for 3 years All applicants except Dr Ryan to be requested to provide evidence on enrolment and/or ongoing involvement in RACP's MOPS program. Dr Ogiji to show evidence of CME in relation to ADD/ADHD in next application DMSs to forward advice to DMs.	Closed

New Business					
Item No	**EQuIP Function**	**Topic**	**Discussion**	**Agreed Action & Outcome, Person Responsible, and Time Frame**	**Open/Closed**
11/04-2	CofC	Internal Medicine Clinical Privileges	Applications for Clinical Privileges were received from Dr Miach FRACP Dr Smalberger Dr Conradie Dr Jones FRACP Dr Kostic FRACP Dr Morgan FRACP Review applications for Clinical Privileges were received from Dr Strahan FRACP	Attendees who were also applicants were excused when their application was discussed. The committee agreed to advise the respective DMs that clinical privileges in internal medicine be awarded for 3 years to all applicants. Dr Miach – subject to evidence of RACP MOPS and to provide audit of renal biopsy procedures at next application Dr Smalberger – including gastroscopy, colonoscopy and bronchoscopy subject to evidence of enrolment on CME program. To provide audit of endoscopy and bronchoscopy procedures and to seek certification from the Conjoint Committee for endoscopic procedures by next application Dr Conradie – subject to evidence of enrolment in CME program Dr Jones – subject to evidence of RACP MOPS and to provide audit of procedures at next application Dr Kostic – subject to evidence of RACP MOPS and to provide audit of liver biopsy procedure at next application. Dr Morgan – subject to evidence of RACP MOPS. Dr Strahan – including gastroscopy and colonoscopy subject to evidence of Conjoint Committee certification in gastroscopy and colonoscopy and to provide evidence of audit of endoscopy procedures at next application. DMSs to forward advice to DMs	Closed

New Business					
Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
				DMS BHSD to seek copies of privileges for Brisbane based VMOs from employing hospital	Open

Meeting Closed: 1300

Next Meeting: 1200 29 Nov 04.

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Meeting of: FCHSD & BHSD Credentials & Clinical Privileges Committee

Meeting No: 02/04

Date: 29/11/04 **Start Time:** 1230

Present: Drs D. Keating (DMS BHSD & Chair), T Hanelt (DMS FCHSD), V. Gopalan (DDMS FCHSD), M. Stumer (Dir O&G), D Ludwig (Dir O&G HBH), A. Bush (RANZCOG Representative).

Apologies: Nil

Confirmation of Minutes: Nil **Seconded:** Nil

Minute Taker: D. Keating

Correspondence: Nil

New Business

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
11/04-3	Cof C	Obstetrics & Gynaecology Clinical Privileges	Application for Clinical Privileges were received from. Dr M.Stumer FRANZCOG Dr E. Gomes FRCOG Dr T. Davies FRANZCOG Dr D. Ludwig FRANZCOG Dr K. Wickremachandran FRANZCOG Dr A. Nair Review application for Clinical Privileges were received from: Dr W Wijeratne FRANZCOG	Attendees who were also applicants were excused when their application was discussed. The committee agreed to advise the respective DMs that clinical privileges in obstetrics and gynaecology be awarded to all applicants for 3 years with following restrictions. Dr Stumer Obstetrics – excluding amniocentesis. Gynaecology – excluding level 3 or 4 advanced operative laparoscopy procedures (as per RANZCOG Statement Jul 02), endometrial ablation procedures or new gynaecological procedures (including sling procedures) without evidence of	Closed

New Business

Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
				competency assessment acceptable to RANZCOG and BHSD. Also excluding reversal of sterilisation procedures. Dr Gomes – Subject to evidence of RANZCOG MOPS. Obstetrics – excluding amniocentesis Gynae – No application Dr Davies - Subject to evidence of RANZCOG MOPS. Obstetrics – excluding amniocentesis Gynaecology – excluding level 3 and 4 advanced operative laparoscopy procedures as per RANZCOG Statement Jul 02, endometrial ablation procedures and reversal of sterilisation procedures. Dr Ludwig - Subject to evidence of RANZCOG MOPS. Obstetrics – including amniocentesis and to provide audit results Gynaecology – excluding level 4 advanced laparoscopy procedures as per RANZCOG Statement Jul 02. Dr Wickremachandran - Subject to evidence of RANZCOG MOPS. Obstetrics – including amniocentesis and to provide audit results. Gynaecology – including cystoscopy and sling procedures but excluding gynaeoncology and level 3 and 4 advanced operative laparoscopy procedures (as per RANZCOG Statement Jul 02)	

New Business					
Item No	EQuIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
				Dr Nair - Subject to evidence of enrolment in CME program. Obstetrics – excluding amniocentesis Gynaecology - excluding urogynaecology and level 3 and 4 advanced operative laparoscopy procedures (as per RANZCOG Statement Jul 02). To provide audit of colposcope sessions Dr Wijeratne Obstetrics – including amniocentesis and to provide audit of procedure Gynaecology – excluding level 4 advanced operative laparoscopy procedures as per RANZCOG Statement Jul 02, endometrial ablation procedures and reversal of sterilisation procedures DMSs to forward advice to DMs.	
11/04-4	CofC	Other speciality privileges	The following specialities require nomination of college representation: a. anaesthetics b surgery – general and orthopaedic c. radiology d. ophthalmology – FCHSD only RANZCP requests all applications for psychiatrists be forwarded to college for review.	Dr Gopalan to follow-up with colleges to arrange meetings in 2005.	Open

Meeting Closed: 1330

Next Meeting: TBC

APPLICATION FOR CLINICAL PRIVILEGES (RURAL FACILITIES & GPs)

FOR THE POSITION/S OF _____

AT THESE PUBLIC HOSPITALS **BUNDABERG / HERVEY BAY / MARYBOROUGH** (Delete as appropriate)

Clinical Privileges Requested (Specify in which areas of practice clinical privileges are sought, such as anaesthetics, obstetrics, surgery, orthopaedics, radiography, ultrasound and give details of any subspeciality / procedures in which you wish to participate.)

General Practice
Note:
General practice includes all other primary care areas including geriatrics, paediatrics, palliative care, antenatal care, psychiatry, internal medicine, closed orthopaedics, minor operations and radiology

Anaesthetics
- ☐ Adult
- ☐ Child 3 years and over
- ☐ Child 12 months and over

Obstetrics
- ☐ Uncomplicated deliveries
- ☐ Instrumental deliveries
- ☐ Caesarean section

Surgery Abdominal surgery
(indicate scope of surgical procedures to be undertaken)

_____

_____

_____

Endoscopy
- ☐ Upper
- ☐ Lower

Orthopaedics Operative: Minor
(such as carpal tunnel, ganglion, tendon repair)

Radiography
Licence Number _____

Ultrasound[1] (indicate scope of practice)

_____

_____

Other (please specify) _____

_____

_____

Personal Details

Family name _____ Given name(s) _____

Business address _____

_____ Postcode _____

Private address _____

_____ Postcode _____

Telephone Business _____ Private _____ Mobile _____

E-mail address _____

Date of birth _____ Gender ☐ M ☐ F

Qualifications

Degree/fellowship etc	University/college etc	Year of qualification

Previous appointments (List chronographically – attach separate list if necessary.)

Note As there are currently no guidelines or standards available for ultrasound, clinical privileges will be reviewed on the basis of experience and qualifications. Medical practitioners should demonstrate due care and diligence within the bounds of their competencies and experience

From: Vinod Gopalan
To: Darren Keating
Date: 7/01/2005 5 09pm
Subject: Re Clin Priv - Surgeons

Dear Darren

Happy New Year.

I emailed the college last month again. Again no response. I don't know what to do, any ideas.
Thanxs for the RACMA info so far

Kindest Regards

Vin

>>> Darren Keating 01/07/05 05 02pm >>>

Hi Vin

Happy New Year to you !!

Is there any news from RACS about a representative for clin privileges meeting for surgeons ?

Regards

Darren

Dr Darren Keating
Director of Medical Services
Bundaberg Health Service District

07 4150 2210
Darren_Keating@health.qld.gov.au

From: Darren Keating
To: Judith Woods
Date: 2/4/05 9 41am
Subject: Re Fwd Hello, Judith

Hi JW

Re Credentials

Find attached application forms for clinical privileges, copies of recent meetings and terms of reference for the Committee.

Upon my arrival, the clinical privileges process was dormant The TORs were finalised in conjunction with FCHSD, interim privileges provided for all clinicians and work begun on forming the committee (including getting college nominations). FCHSD had this responsibility and due to resignation of the DepDMS, this didn't get going until 2004

The RACS have been unable to provide a suitable nominee despite ongoing contact (see attached emails), hence surgical credentialling hasn't been completed

Darren

Queensland Government Queensland Health	**Bundaberg Health Service District** **Policy & Procedure Document**	QHEPS No.

Title:	Credentials and Clinical Privileges for Medical Officers
Manual Name & No:	No. 3 – Human Resource Management
Section:	Section 2 – Recruitment, Selection, Appointment and Employement
Policy Number: Manual/Section/Number	3.2.C1

Applicable to: All BHSD and FCHSD Medical Staff

Effective Date: 01 January 2003

Last Review Date: New Policy

Next Review Date: 01 January 2007

Initiator: Dr. Darren Keating

Authorised:
Original signed by Peter Leck
District Manager

Ratified:
Original signed by Cathy Fntz
Human Resource Manager

Originals kept in the District Quality and Decision Support Unit

Replaces: New Policy

References:

The Prince Charles Hospital Health Service District Procedure Manual, PROPCH000136v2

Credentials & Clinical Privileges, Guidelines for Medical Practitioners July 2002

Queensland Health Policy - Credentials & Clinical Privileges for Medical Practitioners

Description:

Guidelines for review of medical staff credentials and appropriate clinical privileges.

Definitions:

Credentials represents the formal qualifications, training, experience and clinical competence of the medical practitioner. Documentary evidence of credentials could include University Degrees, Fellowships of Professional Colleges or Associations, Registration by Medical Boards, Certificates of Service, Certificates of completion of specific courses, periods of verifiable formal instruction or supervised training, information contained in confidential professional referee reports and medical indemnity history and status.

Clinical Privileges: equates to a medical practitioner being granted permission to provide specified medical services within specific health care facilities. Privileges granted to one health care facility are not automatically transferable to another facility. Likewise, the extent of privileges granted may vary from one facility to another, dependent on resources and role delineation between facilities.

Policy Statement

To ensure that all medical practitioners utilising the Bundaberg and Fraser Coast Health Service District facilities practice high quality care, the granting of clinical privileges is only to those practitioners who are appropriately qualified, trained and experienced to undertake clinical care. The two Health Services have combined in order to make the process more impartial for those being considered for credentials and clinical privileges and in anticipation of some clinicians being able to practice across the two health service districts.

Outcome

All medical practitioners within the B.H.S.D. and F.C.H.S.D. who are the senior clinician for patients under their care are appropriately qualified, trained and experienced in clinical care.

Interns, Junior House Officers, Senior House Officers, Principal House Officers, Registrars and Fellows undertaking post fellowship training do not need to undergo the process as a Clinically Privileged practitioner will be responsible for supervision of their clinical practice.

Procedure

The Directors of Medical Services B.H.S.D. and F.C.H.S.D. will convene Credentials and Privileges Committee to undertake the review of credentials and recommend appropriate clinical privileges for:

- Senior Medical Officers (full time and part time)
- Visiting Medical Officers
- University Medical Staff
- Relieving Medical Staff
- Temporary and Emeritus appointees
- Applications for Senior Medical Staff positions.
- Practitioners participating in patient care in an honorary or assisting capacity.

AUTHORITY FOR GRANTING OF PRIVILEGES

The District Managers B.H.S.D. and F.C.H.S.D. are the delegated officers with responsibility to confer clinical privileges, after recommendation from the Credentials and Privileges Committee. The District Managers may confer privileges no wider than those recommended. Interim privileges for temporary or relief appointees may be approved by the Director of Medical Services of either District Health Service, subject to confirmation by the Credentials and Privileges Committee at its next meeting.

COMMITTEE MEMBERSHIP

Core membership of the Committee shall comprise.-

- Director Medical Services Bundaberg Base Hospital
- Director Medical Services Hervey Bay Hospital
- Medical Superintendent Maryborough Hospital

The chair will rotate between the core membership every three years

In all instances the Committee will also invite input from the relevant Department Director and Specialty College. At the discretion of the College, this input can be either in writing or by spokesperson attendance or by spokesperson teleconference at the meeting.

CRITERIA TO BE USED IN EVALUATING CLINICAL PRIVILEGES

The Applicant

Possession of (or eligibility to obtain) professional registration with the Medical Board of Queensland;
Qualifications and training appropriate to the privileges applied for;
Clinical experience and competence in the appropnate field of expertise;
Professional "good standing" including professional indemnity status, specialty College support, professional referee comments and peer recommendations,
Commitment to past and continuing professional education and quality assurance activities;
Physical and mental fitness to practice.

The Health Care Facility

Facilities, equipment and financial resources available;
Availability of necessary support services;
Role delineation of the facility

DURATION OF PRIVILEGES AND TIMING OF REVIEW

Privileges granted will be subject to three (3) yearly review, excepting-

At time of initial appointment, a one (1) year probationary review will be undertaken
Privileges will be automatically withdrawn on termination of appointment or should appointee cease to be legally entitled to practice.

A review of clinical privileges granted will be undertaken at the request of the Director General, District Manager, Director of Medical Services or Department Director. Such review is not a mechanism for dealing with disciplinary or other administrative matters and should only be used when concerns are expressed about clinical competence.

An appointee may also request review or extension of existing privileges at any time.

RIGHT OF APPEAL

A practitioner, whose request for privileges has been denied, withheld or granted in different form to that requested, should be advised in writing and provided with the rationale for the Committee's recommendation.
The practitioner should also be advised of the right to appeal against the decision.
Such appeal should be made to the District manager within 28 days of receipt of notification of Committee recommendation.
The appellant is required to submit reasons as to why privileges should be reconsidered, addressing any issues of deficiency raised by the Credentials and Privileges Committee.
The District Manager shall request the Credentials and Privileges Committee reconvene within 28 days of appeal being received Credentials and Privileges Committee shall also invite representation from the relevant District's Professional medical committee and from the relevant specialty college
Should the reconsidered recommendation not be acceptable to the appellant, then that individual has the right to further appeal the decision At which point, the District Manager should refer the matter to the Chief Health Officer who shall convene a Privileges Appeals Tribunal.

Current Appointments (List appointments that will continue concurrently at other facilities, including time commitment.)

Papers Published / Presentations / Special Interests.

Registration

Are you currently registered to practice in Queensland? ☐ Yes ☐ No

If yes quote registration number

Is your registration ☐ General ☐ Conditional

If conditional, under what section of the *Medical Practitioners Registration Act 2001*?

Are you the subject of disciplinary proceedings in any state, territory or country, preliminary investigations, or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner? ☐ Yes ☐ No

Are you vocationally registered? ☐ Yes ☐ No

Have you any physical or other condition that may limit your ability to practice? ☐ Yes ☐ No

If yes comment

References* (List names and contact details of three professional referees who can comment on your skills in the areas for which you are seeking clinical privileges.)

1

2

3

**Please note that the medical superintendent of the facility at which you are currently practicing and/or your immediate supervisor will be contacted for referee comments. Where relevant the applicable professional college will be invited to participate in the committee meeting or provide comments in writing.*

Applicant's Endorsement

I agree to abide by the policy and guidelines applicable to the facility to which I am applying for clinical privileges

Signature _____ **Date** ____/____/____

Note

1 First time applicants please attach copies or other evidence of any qualifications detailed in the application form
2 A separate typed curriculum vitae should be attached in support of this application
3 A position description should be attached to this application

This information is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of your application

APPLICATION FOR CLINICAL PRIVILEGES (SPECIALISTS)

FOR THE POSITION/S OF _____

AT THESE PUBLIC HOSPITALS **BUNDABERG / HERVEY BAY / MARYBOROUGH** (Delete as appropriate)

Clinical Privileges Requested (Specify in which areas of practice clinical privileges are sought, such as family medicine, obstetrics, paediatrics, surgery, anaesthetics, medicine and give details of any subspecialty/procedures in which you wish to participate)

_____

_____

_____

_____

_____

Personal Details

Family name _____ Given name(s) _____

Business address _____

_____

_____ Postcode _____

Private address _____

_____

_____ Postcode _____

Telephone Business _____ Private _____ Mobile _____

E-mail address _____

Date of birth _____ Sex ☐ M ☐ F

Qualifications

Degree/fellowship etc	University/college etc	Year of qualification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Appointments (List chronologically – attach separate list if necessary)

_____

_____

_____

_____

_____

Current Appointments
(List appointments that would continue concurrently at other health care facilities, including time commitment)

_____

_____

_____

_____

Papers Published / Presentations / Special Interests

_____

_____

_____

_____

Are you currently registered to practice in Queensland? ☐ Yes ☐ No

If yes, quote registration number _____

If conditional under what section of the *Medical Practitioners Registration Act 2001*? _____

Have you subjected your clinical work to quality assurance mechanisms including clinical audit and peer review processes? ☐ Yes ☐ No

If yes, are you prepared to continue to do so? ☐ Yes ☐ No

Are you the subject of disciplinary proceedings in any state, territory or country, or preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner? ☐ Yes ☐ No

If Yes comment _____

References* (List names and contact details of three professional referees who can comment on your skills in the areas for which you are seeking clinical privileges)

1 _____

2 _____

3 _____

**Please note that the medical superintendent of the facility at which you are currently practicing and/or your immediate supervisor will be contacted for referee comments. Where relevant the applicable professional college will be invited to participate in the committee meeting or provide comments in writing*

Signature _____ **Date** ____/____/____

Note
1 First time applicants please attach copies or other evidence of any qualifications detailed in the application form
2 A separate typed curriculum vitae should be attached in support of this application
3 A position description should be attached to this application

This information is collected for review by the relevant Queensland Health credentials and clinical privileges committee to assist in the determination of your application

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF17

GF 17

Queensland Government
Queensland Health

MEMORANDUM

To: Dr Gerry Fitzgerald, Chief Health Officer
Ms Sue Jenkins, Manager, Office of the Chief Health Office Advisory Group

Copies to:

From: Peter Leck, District Manager
Bundaberg Health Service District

Contact No: 07 41502020
Fax No: 07 41502029

Subject: **Patient Satisfaction Survey**

File Ref:

Please find enclosed relevant patient satisfaction survey results for surgical services.

Press Ganey conducted a pilot survey in 2001.

Other surveys were conducted in 2003 and 2004

The 2003 survey shows that surgical services were rated by patients as significantly higher than the mean Bundaberg hospital score for "doctor care". Most aspects of surgical "doctor care" were rated higher than the mean for all facilities participating in the survey, public hospitals participating in the survey, and hospitals surveyed in the 101-150 bed range.

The 2004 survey showed patients rating "doctor care" for surgical services as higher than the Bundaberg hospital mean – although the difference was not statistically significant.

No statistically significant differences were found between the results for "doctor care", between the 2003 and 2004 surveys. The Bundaberg Hospital scores were not significantly different to the mean scores from other hospitals participating in the survey. However, there was a general decline in the score when compared to 2003.

Dr Jay Patel commenced work at Bundaberg Hospital on 31 March 2003.

The surveys were conducted during the following periods:

2001	01/10/2001 – 30/11/2001
2003	01/07/2003 – 31/08/2003
2004	01/07/2004 – 31/08/2004

Peter Leck
District Manager
14/02/2005

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF18

GF18

From: Peter Leck
To: Raven, Leonie
Date: 21/10/2004 9:09:15
Subject: Re: Adverse Event forms

Thanks

Peter

>>> Leonie Raven 21/10/2004 9:07:33 >>>

Hi Peter

There was never a report put in for this perforated bowel incidence.

Found the great long letter that Toni wrote about ventilated patients, and one incident about a wound breakdown but the doctor involved is not named.

That's about all we have

>>> Peter Leck 5:17:03 pm 20/10/2004 >>>

Leonie,

Can you please see me urgently relating to any adverse events concerning Dr Jay Patel.

Thanks

Peter