

STATEMENT OF GAIL MARGARET AYLMEER of address known to the Queensland Nurses' Union of Employees

Qualifications and experience

1. I am a registered nurse licensed to practise in Queensland and have been so registered since 1995. Prior to this I was an enrolled nurse for approximately 17 years.
2. I hold a Bachelor of Nursing from the University of Southern Queensland which was awarded in 1995. I also hold a Master of Nursing and a Master of Mental Health Nursing which were awarded in 1999 and 2002 respectively. I am currently undertaking a Graduate Certificate in Infection Control at Griffith University which I expect to complete by the end of 2005.
3. I am currently employed on a fulltime basis in the Bundaberg Health Service District at the Bundaberg Base Hospital as the Infection Control Clinical Nurse Consultant ("CNC"). I have held this position since 2 June 2003. Attached and marked GA1 is a true copy of the position description for the position of Infection Control Clinical Nurse Consultant. Prior to this, I was employed fulltime as a Nurse Educator. I have been employed as a registered nurse in the Bundaberg Health Service District since 1996 with an absence of seventeen months when I was employed as an associate lecturer at the Central Queensland University from February 2000 to July 2001.

Patient names

4. In this statement, in the interests of protecting the privacy of patients and the feelings of patient's family and friends, I have referred to patients according to a key devised by my lawyers which I have sighted and which I understand

is to be supplied by my lawyers to the Bundaberg Hospital Commission of Inquiry on a confidential basis.

Dr Patel and Infection Control Issues

5. In April 2003 I was the acting Nurse Practice Coordinator of the Surgical Ward at the Bundaberg Base Hospital from 14 April 2003 to 11 May 2003. I recall that Dr Patel commenced employment as the Director of Surgery during that time. I cannot now recall the date when he commenced as Director of Surgery.
6. In my role as acting Nurse Practice Coordinator I accompanied Dr Patel on patient rounds conducted on a daily basis from Monday to Friday. From the outset of his term, I observed that Dr Patel did not wash his hands after attending to his patients, which often involved him touching patients, handling their dressings and in some situations their wounds. In order to minimise risk of cross infection, it is best practice to handwash after attending each patient. I can recall that during rounds I tried inconspicuously to prompt Dr Patel to wash his hands. After a couple of days of prompting him to wash his hands he failed to respond to my prompting. I then resorted to carrying a box of gloves during his rounds to try and encourage him to improve his practise to minimise the risk of cross infection to his patients. He did use gloves when they were placed in his hands. I can recall that on at least two occasions I spoke to Dr Patel regarding the importance of performing basic infection control techniques. However, he continued to not wash his hands.
7. Because of my experience with Dr Patel in the Surgical Ward I decided to conduct an inservice on handwashing for the medical staff which was to be

A

conducted during their lunchtime meetings from 30 June to 8 July 2003. I coordinated the inservice with the Medical Education Officer Judy O'Connor. On 3 July 2003 the surgical team attended the inservice. Dr Patel initially attended and when I commenced the inservice he walked out of the room and made a telephone call and did not return. I noted this in my diary.

Wound Dehiscence

8. The Infection Control CNC position was unofficially responsible for consulting in relation to wound management issues as there was not a specifically appointed person to undertake wound management at the Bundaberg Base Hospital. This aspect of the role was not included in the position description for the Infection Control CNC.
9. As Infection Control CNC I conducted ward rounds on a regular basis. I can recall that during rounds in the surgical ward towards the end of June 2003 various nursing staff commented to me about the unusual number of wound dehiscence which had occurred over the last couple of months. In response to the concerns raised about the wound dehiscence, on 3 July 2003 I emailed relevant nursing staff requesting them to gather data about wound dehiscence over the past 6-8 weeks and arranged to discuss the issue further at a meeting on 7 July 2003 at 0900 hours in the seminar room. Attached and marked **GA2** is a true copy of my email dated 3 July 2003.
10. On 3 July 2003 I also telephoned a nurse at the Royal Brisbane Hospital who was part of the Infection Control team for guidance about how to manage wound dehiscence which was not caused by an infection. I was

(A)

informed that where wound dehiscence was not caused by infection it fell outside the scope of their role as Infection Control and could not advise me further. I made an entry in my diary of the fact that I telephoned the Royal Brisbane Hospital.

11. I initiated my own data collection from the information provided to me by surgical nursing staff and the Nurse Unit Manager of the Operating Theatres Jenny White. I initially identified 13 patient charts which identified patients who suffered from wound dehiscence during the period from May 2003 to June 2003. I then prepared my monthly Report to Leadership and Management dated 7 July 2003 and noted my initial concerns about wound dehiscence. This report was provided to the hospital executive consisting of the District Manager Mr Leck, Director of Medical Services Dr Keating, Director of Nursing Ms Goodman, Director of Corporate Services Mr Heath, Director of Community Services Ms Wallace and Director of Integrated Mental Health Service Ms McDonnell. Attached and marked GA3 is a true copy of my Report to Leadership and Management dated 7 July 2003.
12. On 7 July 2003 I attended the meeting with the relevant nursing staff and collected further data in relation to wound dehiscence. After the meeting I correlated the data and produced an initial Wound Dehiscence Report dated May 2003 to June 2003. I recall that I listed 13 episodes of abdominal wound dehiscence in respect of 12 patients. I hand delivered the initial report to the Director of Medical Services Dr Keating. Shortly after handing the initial report to Dr Keating, Dr Patel came to my office to discuss the report. The majority of the patients on the list were patients

(A)

under his care. We discussed each case and according to his definition of wound dehiscence, which he did not convey to me at any time, I agreed to decrease the number of wound dehiscence on the report from 13 to 5 incidences involving 4 patients. I then amended my initial report by amending the number of wound dehiscence from 13 to 5. Attached and marked GA4 is a true copy of the Wound Dehiscence Report for May 2003 to June 2003. I did not keep a copy of the initial report that I provided to Dr Keating.

13. I was disappointed with the outcome of the meeting with Dr Patel as I felt I had been placed in an unenviable position because I was not qualified enough to argue with him about his interpretation of what constitutes wound dehiscence. I am not a wound care expert and did not possess the expertise to challenge his conclusions about the wounds. In my opinion, Dr Patel should have been required to explain the incidences of wound dehiscence before an appropriately qualified surgeon or wound management expert.

Surgical Site Surveillance

14. In my role as Infection Control CNC I am required to maintain and update the Electronic Infection Control Assessment Technology (eICAT) data base used to report surgical site surveillance. It is a data collection and analysis package developed within the Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) which was set up by Queensland Health to standardise methods for collection of surgical site surveillance, amongst other things. I attached eICAT generated reports to my reports to Leadership and Management Committee and the Infection

GA

Control Committee on a monthly basis up until August 2004 and then every second month. I did not keep copies of the eICAT generated reports. The eICAT reports were and continue to be provided to the ASPIC Clinical Service Forum and the Obstetric and Gynaecology Clinical Service Forum on a monthly basis. The information contained in the eICAT reports details in-hospital and post-discharge surgical site infections from the identified clinical indicators.

15. CHRISP provides standardised definitions for in-hospital and post-discharge surveillance. However, it is accepted that there is currently no validated method of surveillance for collection of post-discharge data. CHRISP report that over 50% of surgical site infections are diagnosed following the patient's discharge from hospital. Bundaberg Base Hospital does utilise the CHRISP post-discharge surveillance method, and follows up patients with a letter and a telephone call to their general practitioner if required.
16. In summary the surgical site surveillance data for Bundaberg Base Hospital did not identify an unacceptable infection rate for those clinical indicators which we used. However, when I presented the eICAT reports to the various committees mentioned above in paragraph 14 I was careful to point out that that the post-discharge data could not be relied upon as an accurate indicator for post-discharge infection rates. Attached and marked **GA5** is a copy of my Report to Leadership and Management dated 2 November 2003 which highlights the issue about surgical site surveillance, amongst other things.

Renal Unit Infection Control Issues

17. On 25 November 2003 I received an email from the Nurse Unit Manager of the Renal Unit Robyn Pollock regarding her concerns about Dr Patel's lack of appropriate aseptic technique when attending to patients in the Renal Unit. Attached and marked **GA6** is a copy of the email from Robyn Pollock to me dated 25 November 2003.
18. I immediately telephoned Robyn Pollock and then met with her and other Renal Unit nursing staff (whose names I cannot now recall) to discuss their concerns. I was informed at this meeting that an incident had recently occurred in the unit which involved Dr Patel and two patients (whose names I cannot recall). Dr Patel had inserted central lines into each patient about one week prior to the incident. The central line catheters had become blocked and Dr Patel attended to the patients in the Renal Unit to attempt to unblock catheters. He did not wash his hands prior to commencing the procedure and moved from one patient to the other and attempted to place some equipment used on one patient onto the equipment tray of the second patient. The nursing staff intervened to prevent him from contaminating the equipment. Only after the nursing staff's persistence did Dr Patel put on sterile gloves without washing his hands. He refused to wash his hands stating that "doctor's hands don't have germs". The nursing staff reported that he made this statement in all seriousness.
19. After the meeting with the Renal Unit nursing staff I arranged a meeting with Dr Keating to discuss the incident. Robyn Pollock and I attended a meeting with Dr Keating on 27 November 2003 and advised him of the

incident. Dr Keating advised that he would speak to Dr Patel and asked Robyn Pollock to provide him with statistical data to support the assertion that there was a problem with Dr Patel's aseptic technique. It is common practice for renal units to collect and maintain their own statistical data about infection rates which is the case at Bundaberg Base Hospital.

20. Shortly after the meeting, Dr Keating told me that he had spoken to Dr Patel about the incident in the Renal Unit and that his version of the incident was different to that given by the nursing staff. It was my impression that Dr Keating preferred the version given by Dr Patel over that given by the nursing staff.
21. On 3 December 2003 I informed Robyn Pollock of the conversation between Dr Keating and me. Robyn Pollock told me that Dr Patel had been in the Renal Unit that day and informed her that he had "*had enough of renal and wasn't going to do it anymore*". I sent an email to Dr Keating dated 3 December 2003 detailing my conversation with Robyn Pollock and to the acting Director of Nursing Beryl Callanan updating her on this matter. Attached and marked **GA7** is a copy of the emails I sent to Dr Keating and Ms Callanan dated 3 December 2003.
22. Sometime later, Robyn Pollock and the acting Director of Nursing Patrick Martin advised me that a meeting had occurred in February 2004 with Robyn Pollock, Lindsay Druce and Patrick Martin to discuss ongoing concerns about the infection rate of patients in the Peritoneal Dialysis program. The statistical data which was requested by Dr Keating at the meeting held on 27 November 2003 was made available at the meeting. Patrick Martin told me that he discussed the issue with Dr Keating and that

GA

Dr Keating made a comment of words to the effect "*well if they want to play with the big boys, bring it on*". This comment by Dr Keating clearly indicated to me that we did not have his support and that it was pointless to continue to raise issues when, in my opinion, there was no appropriate action taken. I felt like I was the trouble maker for bringing these issues to the attention of management.

Post-discharge Surveillance

23. By December 2003, I formed a view that hospital acquired infections were occurring and not being reported to me through the formal channels, that is, by way of staff completing an infection control notification form. I was aware of an increased number of complications following surgery, such as haematomas, nicks to internal viscera, leaking of anastomosis and readmissions following surgery which alerted me to the possibility of infection occurring. I became aware of these occurrences through discussions with nursing staff not through formal channels.
24. According to CHRISP, it is the role of a surgeon to determine whether a surgical site infection exists. In order to capture data on post-discharge wounds and to meet the requirements of CHRISP, I devised a Specialist Out-Patients Post-Operative Follow-up form. It required the cooperation of Dr Patel as Director of Surgery to facilitate this attempt to catch more data. Dr Patel agreed to trial the form and educate his staff regarding the use of the form. Attached and marked GA8 is a copy of the Infection Control Committee Record of Meeting dated 22 September 2003 and 9 December 2003.

25. The form was introduced in May/June 2004. Attached and marked **GA9** is a copy of the Specialist Out-Patients Post-Operative Follow-up form.
26. In May 2004 I increased the number of clinical indicators from which data was to be collected to include inguinal, umbilical and incisional hernia repairs. This data was not previously collected. In June 2004 I added further clinical indicators of simple, radical and extended mastectomies and revision of total joint replacements. I provide data to CHRISP twice a year for the period from 1 May to 31 October and 1 November and 30 April each year. As I had increased the number of clinical indicators in May/June 2004 I did not provide this data to CHRISP for the six month period ending 31 October 2004 as the data was not collected for a full collection period. The data which has been collected since May/June 2004 is waiting the next collection period by CHRISP.
27. From June to August 2004, on various occasions medical staff in the Surgical Review Clinic commented to me that they were too busy to complete the form because it required too much writing. Furthermore, they saw no need to do post-operative surveillance at all and questioned why it was necessary to complete the Specialist Outpatients Post-Operative Follow-up form when it was not required to be done at the Royal Brisbane Hospital.
28. I reported these comments about the difficulties medical staff experienced in completing the form to the Infection Control Committee at its meeting on 24 August 2004. Annexed and marked **GA10** is a copy of the Infection Control Committee Record of Meeting dated 24 August 2004. I also reported the comments to the Leadership and Management Committee at

its meeting on 30 August 2004. I advised that I would simplify the form even further. Dr Keating said that he would speak to the medical staff about the importance of completing the form and collecting the data. Attached and marked GA11 is a copy of my Report to Leadership and Management dated August 2004.

29. The form was revised and renamed and introduced into circulation in or about October 2004. Annexed and marked GA12 is a copy of Post-Operative Follow-Up form.
30. I was approached by enrolled nurse Janice Williams from Specialist Outpatients who informed me that when she asked Dr Patel to complete the form he scoffed and laughed at her. I cannot now recall when I was approached by enrolled nurse Williams. This was a good example of how Dr Patel would, at formal meetings such as ASPIC Committee meeting, give the impression that he was genuinely supportive of an initiative but outside the meetings he demonstrated a complete lack of interest to the point of undermining my efforts.

Inappropriate wearing of Theatre Attire

31. Another issue which came to my attention was the inappropriate wearing of theatre attire outside the theatre complex. I reported my concerns to the Infection Control Committee. Annexed and marked GA13 is a copy of the Infection Control Committee Record of Meeting dated 26 October 2004.
32. On 5 November 2004 I sent an email to the Director of Anaesthetics Dr Martin Carter and Dr Patel detailing my concerns about the wearing of theatre attire outside the theatre complex. The Director of Medical Services Dr Keating and the Director of Nursing Ms Mulligan also

received a copy of my email. I sought their comments about how best to address the problem. Annexed and marked **GA14** is a copy of my email to Drs Carter & Patel dated 5 November 2004.

33. On or about 15 November 2004, Dr Keating told me that Dr Patel had discussed the theatre attire issue with the acting Nurse Unit Manager of Theatres Gail Doherty and indicated to me that the issue had been dealt with. I asked Gail Doherty whether Dr Patel had discussed the issue with her and she denied that he had spoken to her about it. I then sent another email dated 15 November 2004 to Drs Carter & Patel which was copied to Ms Doherty, Dr Keating & Ms Mulligan. The purpose of the email was to firstly, confirm that I had received no feedback from them and that the issue was not discussed at the Theatre Management Meeting or at all which was contrary to Dr Keating's understanding. Secondly, to provide them with a memorandum that I wished to distribute to all staff members who enter the theatre complex. Attached and marked **GA15** is a copy of my email to Drs Carter & Patel dated 15 November 2004 together with the memorandum.

34. I received an email from Dr Patel, the only email communication I have ever received from him, responding to my email and memorandum dated 15 November 2004. Attached and marked **GA16** is copy of the email from Dr Patel to me dated 21 November 2004. I responded to him by expressing my interest in reading the studies about theatre attire to which he referred in his email. However, the studies were not made available to me.

35. I discussed the theatre attire issue further with the acting Nurse Unit Manager of Theatres Gail Doherty and agreed upon a compromise. I provided an update on the issue in my report to the Leadership and Management Committee. Attached and marked GA17 is a copy of my Leadership and Management report which briefly sets out the compromise reached regarding the wearing of theatre attire outside the theatre complex.
36. There was a Theatre Management meeting held in December 2004, a meeting to which I was not invited. I recall briefly speaking to Dr Patel in the lift about the outcome of this meeting. He told me that there was agreement on the proposed compromised position. I sent an email to Dr Patel requesting that he confirm the details in writing so that I could erect signage and inform staff of changes. He did not respond to this request.
37. On 3 February 2005, I sent an email to Dr Patel alerting him to further incidences of inappropriate wearing of theatre attire outside the theatre complex and of the fact that staff had overheard him telling junior medical staff words to the effect that *"they go on about trying to stop us wearing theatre clothes in the corridor, but that's rubbish"*. I believe that Dr Patel was undermining the Infection Control Program because on the one hand he was feigning support for change and improving practice and on the other hand he was making comments of this nature to nursing and medical staff which demonstrated a complete lack of support. I did not, in my earlier email correspondence, refer to the fact that on numerous occasions I observed him to be outside the hospital buildings inappropriately dressed in theatre attire. Nor did I mention that I had spoken to him on more than one occasion about this and that he assured me that he changed his attire

on re-entering the theatre complex because I did not wish to embarrass him before his peers. As the Director of Surgery I expected him to set a good example and it was evident that he had no intention of changing his practice of wearing theatre attire outside the theatre complex. Attached and marked GA18 is a copy of my email to Dr Patel dated 3 February 2005.

Other issues

38. During 2003 when Jenny White was the Nurse Unit Manager of Theatres she expressed her concern to me that Dr Patel did not seem to know his instruments well, using the wrong clamp for frail tissue, and that his technique was rough. I asked her to document her concerns but she declined. I was concerned about what she had said so I asked the Director of Anaesthetics Dr Martin Carter his opinion of Dr Patel's expertise. I asked him whether Dr Patel was a good surgeon. He replied "*I wouldn't let him operate on me*". On another occasion, when I was in the ICU staff room I heard Dr Carter refer to Dr Patel as "*Doctor Death*".
39. I was told by someone whose name I cannot now recall that two doctors overheard Dr Patel giving specific instructions to his student staff about what to record and not record regarding infection on the discharge summary. I was concerned about this and tried to investigate the situation but information was not forthcoming. Dr Patel was the person who signed off on the doctors/students assessments which placed them in a precarious position if they spoke up.
40. On 14 October 2004, I attended an Ethical Awareness Information Session which was, I believe, conducted by a number of presenters from corporate

office. I cannot now recall all the content covered in the session but I do recall that the code of conduct was mentioned and reference to the appropriate channels to use when disclosing information to persons/organisations outside Queensland Health. I remembered this part of the session because it was of interest to me given my knowledge of the complaints made about Dr Patel to the executive management. It was clear to me that complaints of that nature could not be disclosed outside Queensland Health without serious repercussions. I also recall saying to the Nurse Unit Manager of ICU Toni Hoffman words to the effect that *"it was a good thing that you had not taken your complaint to the CMC because you could get yourself into trouble"*.

Patient P54

41. On 19 January 2005, I received a telephone call from a patient P54 who had undergone a breast biopsy performed by Dr Patel on a Monday 17 January 2005. She telephoned me because she was concerned about her breast as the area around her biopsy site had become hard, hot, and black and felt sore. She was very concerned. I advised her that I would contact Dr Patel as soon as possible and inform him of the situation and that someone would contact her. I telephoned the Theatres and spoke to the acting Nurse Unit Manager Gail Doherty and explained the situation to her. I requested to speak to Dr Patel but as he was not available she offered to pass a message on to him to telephone me. Several hours later, I saw Dr Patel having his lunch. I asked him whether he had received my message. He said he was going to telephone her but I knew that he could not do this because he did not know the name of the patient. I gave him

FDX

her mobile telephone number because she was not staying at her home. He agreed with me that he should see this patient and that it was very important for him to see her. Over the next few days I continued to telephone the patient, and it was leading into the weekend, and she still had not been contacted by Dr Patel. I telephoned her again on the following Monday and she still had not heard from Dr Patel. She told me that her discomfort had settled a little as she had attended at the Eidsvold Hospital where she was commenced on antibiotics. I sent two emails to Dr Patel reminding him of this patient but he did not respond to my emails or at all. Attached and marked GA19 is a copy of the two emails I sent to Dr Patel dated 20 January & 4 February 2005.

Executive Management

42. It is my belief that many nursing and medical staff had concerns about Dr Patel's clinical practice, but felt there was no point in pursuing or reporting matters to the executive because Dr Patel appeared to be well supported by them. Dr Patel often made statements about the support he received from the executive and how much money he was making for the hospital. This belief was reinforced every time issues were brought to the attention of the executive and were met by no response.
43. In March 2004, Linda Mulligan was appointed as District Director of Nursing. I personally welcomed her appointment and looked forward to the prospect of having a strong nursing leader to buffer nurses from the negative comments made by the executive management. I was disappointed when I realised that Ms Mulligan was not there as a nursing leader but only as a manager. Her management style could best be

described as a micro-manager. She was very reluctant about allowing the senior nurses (level 3 upwards) to make decisions that fell within their responsibilities. For example, I accumulated TOIL hours but did not continue to have them credited to me because of the inquisition I was subjected to by Ms Mulligan when attempting to have the hours credited to me. She adopted an attitude that maybe I should not have been accumulating TOIL and that the work could have been undertaken in my usual hours. She did not give me any credit for acting responsibly in my role as a level four nursing officer. She was also very controlling in meetings. When issues were debated at meetings she had a habit of targeting certain nursing staff and silencing them.

44. I later found out from the Quality Coordinator Leonie Raven that Ms Mulligan commented at a meeting in August 2004 that *"the Executive in this organisation were not able to delegate any decision making responsibilities to any middle managers because they did not have any middle managers who were reliable enough to delegate to"*. Attached and marked **GA20**. The acting Director of Nursing Deanne Walls also told me that Ms Mulligan said that we (middle managers) did not like change. I did not find Ms Mulligan approachable nor did I find her very available to me as my line manager.

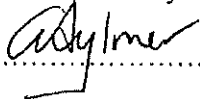
45. In my opinion, the executive demonstrated a disregard for nurses. For example, I attended the Improving Performance meeting held on 23 March 2004 shortly after Ms Mulligan had commenced in her new position. She entered an apology for the meeting. At the meeting the Press Ganey report was discussed and as the only nurse at the meeting I was asked to provide

an update on the progress nursing had made to address the recommendations of the report. I provided them with an update and in return I was confronted with a barrage of negative comments about nursing being obstructive and lying about the completion of a checklist. The District Manager definitely aired his disapproval to me that he was not happy with the progress nursing had made. I felt that nursing was being singled out for attack when, to the best of my knowledge, there were other health disciplines that similarly had not developed strategies to address the concerns. I was so disturbed by the manner in which I was treated at that meeting that I later requested to resign from the committee.

46. Following the Patel issue being leaked to the politician in March 2005, Nursing Officers 3, 4 & 5 were asked to meet in the Executive Conference Room with the acting Director of Nursing Deanne Walls. The District Manager Peter Leck attended the meeting and was obviously extremely angry and accusatory in his tone. I was offended by the ease in which he blamed nursing staff for this leak. He told us that he had heard from a number of reliable sources that nurses were responsible. I resented being accused of such behaviour and felt powerless to be able to defend myself and my peers. I was concerned that if nurses were made the scapegoat for this situation, then nurses in the future would be very reluctant to advocate for the patient. I was also very annoyed that the District Manager continued to report to the media that it would be difficult to recruit other doctors now, implying that Bundaberg nursing staff are in the habit of making malicious claims against medical staff, and that he expected that we would act this way again.

47. The Minister for Health Mr Nuttall and the Director General of Queensland Health Dr Buckland visited Bundaberg on 7 April 2005. They addressed the staff at Bundaberg Base Hospital and they too took a similar line to that previously taken by the District Manager. I was very offended and upset by their comments and aggressive tone. I believed their visit inflamed and upset many staff. It is my recollection that they said were words to the effect that "*we have just been to Springsure and what a great place that is, and now we have to come to Bundaberg*". I believe that we, the nurses, were being punished for what had happened and were being characterised as troublemakers and responsible for the bad situation in Bundaberg. We were told due to the leak to the media the outcome of the Clinical Audit conducted by the Chief Health Officer Dr Fitzgerald in

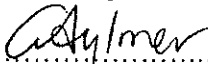
February 2005 could not be released.



Signed: Gail Margaret Aylmer

Date: 24/5/2005

I, Gail Margaret Aylmer, do solemnly and sincerely declare that the content of this my statement for the Bundaberg Hospital Commission of Inquiry (this declaration being at the foot of the last page of the statement comprising 19 pages) is true and correct to my knowledge and belief and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.



Gail Margaret Aylmer

Declaration Taken By:


.....
Lawyer

Date: 24 May 2005

GAI



QUEENSLAND HEALTH



BUNDABERG HEALTH SERVICE DISTRICT

POSITION DESCRIPTION

POSITION TITLE	Infection Control Clinical Nurse Consultant
VACANCY REFERENCE NO.	
LATTICE POSITION NO.	
LOCATION	Bundaberg Base Hospital.
CLASSIFICATION LEVEL	3
REPORTS TO	Director of Nursing Services
AWARD	Queensland Nurses Award
REVIEW DATE	December, 2005

PURPOSE OF POSITION

The Infection Control CNC is responsible for:

- Planning, implementing, maintenance, and supervision of an Infection Control program for the Bundaberg Health Service District.
- Coordination of Waste Management Program in collaboration with Safe Practice and Environment Committee
- Coordination of optimal patient care by integrating the role of clinician, consultant, and resource person.
- Promoting and maintaining a safe environment and effective patient care by utilising continuous quality improvement techniques.
- Providing cost-effective care by utilising clinician-led management principles.

ROLE OF DEPARTMENT

The Infection Control Program aims to:

- Reduce the incidence of hospital acquired infection
- Ensure appropriate management of clinical, related and general waste
- Improve patient outcomes in collaboration with clinicians
- Prevent infection transmission within the health care facility

ORGANISATIONAL ENVIRONMENT

A handwritten signature or initials in the bottom right corner of the page.

The Bundaberg Health Service District provides comprehensive Hospital and Community based health care. The District consists of Bundaberg City and surrounding coastal towns from Burnett Heads to Woodgate, the towns of Childers, Gin Gin and Mount Perry. There are Hospitals at Bundaberg, Childers and Gin Gin and a Community Health Centre at Mount Perry.

The Bundaberg Hospital campus is a 140-bed facility. The Hospital provides medical, surgical, paediatrics, emergency, intensive/coronary care, day surgery, renal, orthopaedics, diabetes, gynaecology/obstetrics, medical oncology, rehabilitation, allied health and mental health services for the District population.

Community Health Services provided by the District comprises Community Mental Health, Alcohol and Drug, Child & Youth Mental Health, Child Health, Breast Screen, Oral Health and Indigenous Health.

Bundaberg Health Service District has approximately 850 employees.

REPORTING RELATIONSHIPS

- Reports to the Director of Nursing Services.
- Has working relationships with Assistant Director of Nursing, Bed Coordinator and Director of Corporate Services.
- Communications will take place with a number of stakeholders including patients, members of the community, colleagues within the nursing division and medical, operational, housekeeping, catering, dental, breast screen and pathology services.

QUALIFICATIONS

- It is essential that the nurse is registered by the Queensland Nursing Council and holds a current practicing certificate.
- It is highly desirable that the nurse possesses or is working towards a certificate/diploma in Infection Control.

SPECIFIC DELEGATIONS/ACCOUNTABILITIES

- Accountable for a safe standard of care.
- Assumes responsibility for own actions.
- Performs continuous quality improvement activities including performance indicators for unit, performance appraisals, incident monitoring, audits, policy review, evidence based practice and orientation of new staff.
- Accountable for the management of the resources of the unit utilising the principles of clinician-led management.
- Accountable for the management of the unit within the financial delegations/guidelines to achieve activity/target outcomes.
- Accountable for the provision of a monthly report on budget expenditure to the Director of Nursing Services.
- Accountable for completion of a yearly Infection Control Management Plan.
- Delegation of recurrent funding \$1000
- Delegation for non-recurrent funding \$1000.

PRIMARY DUTIES/RESPONSIBILITIES

- Provide inservice to all staff to ensure infection control educational needs are met.
- Provide inservice to all staff to ensure waste management educational needs are met.

- Participate in the evaluation of new products within the health service.
- Maintain an Infection Control Policy manual in accordance with evidence-based literature, current legislation and guidelines.
- Develop and maintain a system of recording, reporting and evaluating hospital-acquired infections.
- Undertake research projects as identified through the surveillance and monitoring program
- Establish and monitor performance indicators
- Maintain own professional and clinical competence through inservice programs and conferences.
- Actively participate in a working environment that supports quality human resource management practices including workplace health and safety, employment equity, antidiscrimination and ethical behaviour.
- Provide expert advice on infection control issues within the facility and in the community as required
- Actively support the concept of quality improvement by coordinating and conducting quality activities pertaining to infection control
- Relieves in higher positions as required

ADDITIONAL INFORMATION

Queensland Health is a “smoke free” employer. Smoking is not permitted in any Queensland Health facility except where specifically defined.

The Bundaberg Health Service District requires all employees to adopt appropriate and recognised measures to minimise the risk of infection and workplace injury to themselves, other staff and clients and to adhere to the Districts Infection Control Policy Manual and Workplace Health and Safety policies and practices.

A Bundaberg Health Service District *Confidential Agreement* is to be signed upon appointment.

The Bundaberg Health Service District is an Equal Employment Opportunity Employer

Applicants must address each selection criterion.

SELECTION CRITERIA

- | | |
|--------------|--|
| KSC 1 | Demonstrated competence in patient-focussed care and problem solving skills at an advanced level in a specific field of practice. |
| KSC 2 | Demonstrated ability to contribute to efficient and effective management of resources |
| KSC 3 | Demonstrated ability to provide nursing leadership and high level of communication while working as an autonomous practitioner within a multidisciplinary field. |
| KSC 4 | Demonstrated knowledge of and involvement in:
Quality improvement
Research
Staff Development |

KSC 5

Demonstrated ability to actively participate in quality human resource management practices including Workplace Health and Safety, Employment Equity, Anti-Discrimination and ethical behaviour.

6A2

From: Gail Aylmer
To: Allan, Liz; Baxter, Sharon; Hoffman, Toni; Jenkin, Di; Kuhnel, Faye; McDermid, Gwenda; Robinson, Ann; Smith, Karen; Tilsed, Joy; White, Jennifer; Williams, Janice
Date: 3/07/2003 12:13pm
Subject: wound dehiscence

Hi all

I am (as I know a number of you are as well) becoming increasingly concerned re the number of wound dehiscence that have occurred over the last 6 - 8 weeks. While it does not appear that the dehiscence is relating to infection, this needs to be investigated further to identify the cause/s.

Things to consider for example include - how frequently this is occurring? what type of surgery is involved? how many days post-op did the dehiscence occur? who the surgeon, assistants, scrub nurse etc were? what theatre did the surgery occur in? what ward they were nursed on? etc etc

I have investigated a couple, and in those cases the primary post-op dressing was left intact for >24hrs, thereby allowing for a reasonable wound union to occur before the ward staff came near the wound.

Can I ask you to gather any data you may have and come to the Seminar Room Monday 7 July at 0900hrs so we can investigate this situation further. At this stage I have not invited any medical officers.

thanks
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

REPORT TO LEADERSHIP AND MANAGEMENT
--

7 July 2003

Infection Control

Statistics – Surgical Site Surveillance for May 2003

Vaccine Cold Chain

- Audit conducted last week by Public Health of the 5 vaccine fridges; and Childers. Gin Gin and Mt Perry audited earlier in June – awaiting Report
- Requires a policy – department protocols

Reporting from Rural Facilities

- Current reporting process flawed – indicated that Childers had an infection rate of 39.5% - will consult with rural facilities and develop a standardised reporting tool for them

Occupational Exposures

- Updating the info currently supplied
- Will supply 'Occupational Exposure Kits' to DEM – complete with policy, info and path forms

Wound Dehiscence

- Concern re high number of abdominal wound dehiscence since early May - currently investigating 13 patient charts at the moment ? technique ? fault with closure product used
- Would like to implement that all wound dehiscence in the future are automatically swabbed for culture (& sensitivity).

Education Program

- Handwashing – all clinical staff
- Infectious patients – for clinical and non-clinical staff

Waste Management

- currently reviewing location and size of waste bins in clinical areas – 3rd floor

Product Review

- Haemolancets – safe retractable – low/med/high flow
- NGT / feeding tube attachment device – currently surveying ICU / Surgical / Medical ward staff

Professional Development

- 4 days training at Brisbane Chest Clinic

Report compiled by:

Gail Ayimer
CNC Infection Control

GA4

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-gastroctomy	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

GA4

PA

REPORT TO LEADERSHIP AND MANAGEMENT

2 November 2003

Infection Control

- Infection Control Management Plan – to be evaluated SP&E May 2004

Surveillance follow-up post-discharge

Options

- Continue as is
- Ask MOs to notify IC CNC
- Give package to patients on-discharge includes follow-up letter with return envelope, wound info

Education Program

- Education for non-clinical staff - isolation practices – 12 sessions in October
- Plan in place to commence monthly Infection Control education sessions for all non-clinical staff in January 2004. Will precede WH&S.
- Plan in place to commence in January 2004, quarterly Infection Control sessions for Allied and Community Health staff
- Competency for wearing Personal Protection Equipment (PPE) – hope to complete before Christmas
- Laminated cards – occupational exposure & waste segregation – to be distributed this month
- Better signage & quick reference guide for isolation procedures – commencing education for nursing staff Thursday – focus on areas with isolation rooms first.
- International Infection Control Week in October – foyer display & in excess of 100 staff undertook hand-washing 'glitterbug' test
- BBV Promotion – in collaboration with Q Clinic

Vaccine Cold Chain

- BFU fridge replacement fridge ordered. Q Clinic & Mt Perry have purchase details - need replacement in the long-term.
- All nursing staff sent individual letter highlighting the importance of Cold Chain management and reinforcing the appropriate response when a breach in the Cold Chain occurs.
- Asked all dept heads to ensure their unit protocols have been updated, and that Cold Chain is mentioned in their orientation booklets

Occupational Exposures

- Waiting times in DEM (previously approx 2 hrs) decreased to average 30 mins. Protocol & info letter for staff.

Staff Health

- Latex sensitivity register – memo to staff
- Review vaccination status for certain staff – i.e plumber's assistant, paed's staff

Waste Management

- Sharps audit in December with Rep
- Nifty nabber & policy – inservice this week with Gardening staff
- Sharps disposal bins to be placed in public toilets & replace existing ones near ATODS. Awaiting info from Collex re outside sharps disposal bin/s

- Saniflash

Product Review

- Disposable plastic gowns
- Hollister tube attachment device

Report compiled by:
Gail Aylmer
CNC Infection Control



GA6

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 attempting to fix a central dialysis catheter. The nursing staff are always very strict with using 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 need for sterile gloves, handwash. He refused stating "Doctors hands don't have germs". This just isn't good enough! what can we do. Robyn

P

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

PA

From: Gail Aylmer
To: Callanan, Beryl
Date: 3/12/2003 3:39pm
Subject: Fwd: Renal

Hi Beryl

just to keep u in touch with the Dr Patel thing - basically he denied it by the sounds (no surprise). I have forwarded u a further email I sent Darren just FYI

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

**BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING**

Meeting of: Infection Control Committee

Meeting No: 09/03

Date: 22 September 2003

Start Time: 1335hrs

Present: J White, C Kennedy, R McDermid, W McLucas, G Aylmer (insufficient numbers for a quorum)

Apologies: J Kirby (P Heath) and Annette Baldry

Confirmation of Minutes:

Seconded:

Minute Taker: R McDermid

Correspondence: Nil

GA8

648

B

STANDING AGENDA ITEMS		
Item No.	Topic	Discussion
09/03-1	Reports	<ul style="list-style-type: none"> Report process from Rural Facilities restructured Reports from Childers and Gin Gin received and presented. Mainly nursing home type patient infections, and any infection in acute patients generally were transfers 0% infection rate for Bundaberg. Surgical site surveillance for July discussion followed about deciding on new clinical indicators, difficulty in post-discharge follow-up and about signal surveillance that is currently undertaken.
09/03-2	Quality Management	<ul style="list-style-type: none"> Gail reported that we still require a number of policies - these include <ul style="list-style-type: none"> Outbreak management Spills management Screening for Significant Organisms Collection of specimens SARS
09/03-3	Waste Management	<ul style="list-style-type: none"> Gail passed on from Narelle issues Gin Gin was having in regard to
		<p>Agreed Action, Person Responsible, and Time Frame</p> <ul style="list-style-type: none"> Gail to finalise paperwork for rural facilities Gail will commence giving a monthly Signal Surveillance report Gail to continue to liaise with infection control network in regard to any new initiatives in post-discharge surveillance Gail to formulate and present at next Infection Control meeting

20

		<ul style="list-style-type: none"> disposal of oxygen/IV tubing etc at the local dump. Received complaint from council concerned that IV drug users were removing the tubing etc. Gail had discussed with Peter Heath and Christian Patinson (CZ Waste Coordinator) – due to small amount of contaminated waste Gin Gin has, these items can go into contaminated waste bins. Peter Heath asked that Christian discuss issue with council and do an audit in the future. Disposal of kitchen oil from Gin Gin – approval for a local farmer to dispose of same 	
09/03-4	CSSD	<ul style="list-style-type: none"> Raelene expressed concern re Air Viva bags/ laryngoscope blades being hand-washed in the ward and not being sent to CSSD for decontamination Memo to be distributed listing items for decontamination etc. If compliance did not improve following memo, we discussed sending a letter to the Clinical Service Forums to assist in staff compliance 	<ul style="list-style-type: none"> Carolyn and Raelene to do a memo to staff giving them guidelines. Contact educators in regard to providing education for staff who do not use a reservoir bag on their air vivas Jenny and Gail to look at purchase of disposable equipment for arrest trolleys
09/03-5	Environmental Audits	<ul style="list-style-type: none"> Cleaning Services Supervisor not in attendance -- all audits presented had been followed up and completed. 	
BUSINESS ARISING			
05/03-1	Anaesthetic equipment from Special Care Nursery - BFLU	<ul style="list-style-type: none"> Carolyn read response and noted NUM's concern re return of equipment – memo (as mentioned above) will address this issue 	<ul style="list-style-type: none"> Complete
07/03-6	Terms of Reference & review of membership	<ul style="list-style-type: none"> Letter not sent as yet to representatives from medical and surgical ward 	<ul style="list-style-type: none"> Gail to discuss with NUMs from both areas
NEW BUSINESS			
Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
09/03-6	CHRISP Report	<ul style="list-style-type: none"> Data from report presented – due to small number of cases, very difficult to draw any conclusions, however our rates fall well within acceptable ranges Gail has presented to L&M 	<ul style="list-style-type: none"> Agreed Action, Person Responsible, and Time Frame Gail to present to ASPIC
09/03-7	Vaccine Fridge Audit Report	<ul style="list-style-type: none"> Reasonable outcome from auditor. Only one fridge (BFLU) fridge requires replacement within 6 – 12 months, and 2 fridges (Q Clinic and Mt Perry) both are highlighted as requiring long-term replacement. Only require telephone audit in future. Cold Mark monitors and instructions have been distributed, and the Immunisation Coordinator for zone has given extra education. 	<ul style="list-style-type: none"> Gail to provide education to pharmacy delivery staff
09/03-8	Protocol for DEM re waiting times for staff following	<ul style="list-style-type: none"> Since implementation of new kits, it has been identified that staff can spend up to 2 hours in DEM following an occupational exposure. Gail 	<ul style="list-style-type: none"> Gail to develop protocol for DEM. Also educate Triage nurses and inform all staff in area of new protocol

09/03-9	Occupational Exposures Isolation Signage	took this to L&M – outcome that staff are to be seen asap	
09/03-10	Competency for wearing of Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Gail presented signage used by some to the Brisbane hospitals. To introduce locally as STOP and Protective equipment required signs are very clear and would be 'universally understood'. Has L&M approval. Important to ensure staff know not only what equipment is available, but also how to wear and remove same safely. Gail has L&M approval to introduce a competency for this 	Gail to proceed with developing competency
09/03-11	Education for non-clinical staff in regard to Isolation Practices	<ul style="list-style-type: none"> Gail conducting 8 sessions with operational and housekeeping staff, and 4 sessions for catering staff. Important that staff understand modes of transmission and basic isolation practices 	Gail conducting education during October
09/03-12	International Infection Control Week	<ul style="list-style-type: none"> Week 20 to 26 October – theme is 'Lead health care a hand by washing yours'. 	Gail to focus on handwashing in as many departments as possible during this time
09/03-13	'Bug Busters'	<ul style="list-style-type: none"> Looking a clinical portfolios for clinical areas – utilise resource people 	Gail to discuss with NDMs

Meeting Closed: 1435hrs

Next Meeting: 23 October 2003

**BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING**

Meeting of: Infection Control Committee

Meeting No: 12/03

Date: 9 December 2003 (November mtg cancelled)

Start Time: 1335hrs

Present: C Kennedy, A Baldry, Y Spokes, R McDermid, J White, G Aylmer

Apologies: P Heath

Confirmation of Minutes: Raelene McDermid

Seconded: G Aylmer

Minute Taker: R McDermid

Correspondence: Nil

SEPARATE AGENDA ITEMS			
Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
10/03-1	Reports	<ul style="list-style-type: none"> Reports presented. Nil significant. Gail discussed new approach to obtaining information on post-discharge surgical site surveillance. Dr Patel has agreed to trial a process where the Medical officers seeing the patients at follow-up visits will complete an Infection Control form. This form will indicate whether or not the patient has had a post-op wound infection. In the attempt to capture all patients, Gail will still send letters out to those patients who the doctor does not complete a follow-up form for. 	<ul style="list-style-type: none"> Gail to develop an appropriate form and distribute to surgical teams – to commence January 2004 and report back progress at future meetings
10/03-2	Quality Management	<ul style="list-style-type: none"> Discussed survey recommendations 	<ul style="list-style-type: none"> Gail to address recommendations as appropriate and report back progress at future meetings Gail to send letter to IC CNC at Fraser Coast re dental services
10/03-3	Waste Management	<ul style="list-style-type: none"> Gail reported sharps bins will be fitted soon in public toilets in foyer and in DEM and near ATODS and downstairs from ATODS. Close to installing outside sharps bins – will be placed near Rose Garden entry & at bottom of concrete steps near back of ATODS. Gm 	<ul style="list-style-type: none"> Gail to report progress at next meeting

BE

09/03-4	CSSD	Gin and Childers are both getting a bin each - location selected - awaiting arrival of bins through Needle & Syringe Program.	<ul style="list-style-type: none"> Pupil nurse x 2 placement. No problems as yet with linen room ceiling leaking due to rain. 	<ul style="list-style-type: none"> Raelene to feedback at next meeting whether memo regarding decontaminating equipment has improved compliance with clinical staff
09/03-5	Environmental Audits	<ul style="list-style-type: none"> Nil presented this month 		
BUSINESS ARISING				
Item No.	Topic	Discussion		
09/03-3	Waiting times for staff in DEM post occupational exposure	<ul style="list-style-type: none"> Complete 	Agreed Action, Person Responsible, and Time Frame	
09/03-4	Isolation Signage	<ul style="list-style-type: none"> Complete. Infection Control competition "who is the face behind the mask" was successful 	<ul style="list-style-type: none"> Complete 	
09/03-5	Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Catering staff have obtained competency. 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> Gail to contact Yvonne re training of housekeeping staff
09/03-11	Education for non-clinical staff in regard to Isolation Practices	<ul style="list-style-type: none"> Complete. Ongoing education starting monthly 2004 	<ul style="list-style-type: none"> Complete 	
09/03-13	'Bug Busters'	<ul style="list-style-type: none"> Discussed value of role 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> Gail to follow-up with some allied health areas as well
10/03-1	Ongoing Infection Control education for clinical & non-clinical staff	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> Complete 	
NEW BUSINESS				
Item No.	Topic	Discussion		
12/03-1	Infection Control Management Plan 2003-2004	<ul style="list-style-type: none"> Tabled as some small changes to plan have been made 	Agreed Action, Person Responsible, and Time Frame	
12/03-2	Holiday Reliever	<ul style="list-style-type: none"> Gail discussed closure period. To ask Liz Allan to respond to any occupational exposures during this time. Both Carolyn and Raelene are available to support staff with infection control issues over this time. Memo with contact details will be circulated. Cameron Duffy relieving Gail for 2 weeks starting 19 January 2004. 	<ul style="list-style-type: none"> Complete 	

Meeting Closed: 1400hrs

Next Meeting: 24 February 2004 (no January meeting)

AB

Specialist Out-patients Post-Operative Follow-up

Clinic Date: _____

UR NUMBER	PATIENT'S SURNAME	PROCEDURE	INFECTION?		
1.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
2.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
3.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
4.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
5.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
6.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
7.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
8.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
9.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
10.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
11.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
12.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
13.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
14.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
15.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
16.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
17.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
18.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
19.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
20.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
Please send this form to INFECTION CONTROL					

CAF

GA10

BUNDBERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

GA10

Lee

Meeting of: Infection Control Committee

Meeting No: 08/04

Date: 24 August 2004

Start Time: 1330hrs

Present: Carolyn Kennedy, Gail Ayimer, Raelene McDermid, Peter Heath, Yvonne Spokes

Apologies: Annette Baldry

Confirmation of Minutes: Carolyn Kennedy

Seconded: R McDermid

Minute Taker: Raelene McDermid

Correspondence: Nil

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
06/04-1	Reports	<ul style="list-style-type: none"> CHRISP data presented – reasonable comparison for BBH against 23 other QH hospitals ICAT data reviewed for June and July 04 Gin Gin report – only one Long stay chest infection IV Cannulation – completed in the last month and sent to Continuum of Care Committee. 	<ul style="list-style-type: none"> Nil action
06/04-2	Quality Management	<ul style="list-style-type: none"> New 'know what bins to throw it in' signs placed around BBH that reflects new allowances by city council Shawn working on increasing quantity of items that can be recycled October waste audit planned 	<ul style="list-style-type: none"> Gail to check up on progress of other policies to ensure they have been signed off Gail to move toward organising October audit
06/04-3	Waste Management 5.1.9	<ul style="list-style-type: none"> SRACA Conference update – Keynote speaker announced that use of linen drapes will eventually (approaching 2007) not meet standards, therefore need to consider disposable drapes in the future gowns – brought a sample of a long sleeve disposable gown - \$1 each/pack 75. Comes in 2 sizes – Kimberley Clark updating trays – commenced process of reviewing trays to meet new standards Loan sets – new trial in place for loaner kits looking at weight load of carry kits being excessive for staff to handle 	<ul style="list-style-type: none"> Gail and Raelene to compare cost of existing disposable long-sleeved plastic gown to this Kimberley Clark gown
06/04-4	CSSD		

BUSINESS ARISING FOR CATERON'S 13

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
01/04-1	Negative pressure rooms	<ul style="list-style-type: none"> Geoff Hill is hopeful the medical ward negative pressure rooms will be functional in the second week of September 	<ul style="list-style-type: none"> Gail to follow-up and report back to committee
06/04-5	Committee Membership	<ul style="list-style-type: none"> NUM ICU and Medical Ward, plus CN Form Surgical have agreed to join committee 	<ul style="list-style-type: none"> Complete
NEW BUSINESS Section CATERON'S 13			
08/04-5	Frequency of Meetings	<ul style="list-style-type: none"> This topic has been discussed again – all present agreed that a 2nd monthly meeting was appropriate. 	<ul style="list-style-type: none"> Gail to make changes to Terms of Reference and notify all members. Complete
08/04-6	Linen management – mesh bags	<ul style="list-style-type: none"> Gail discussed problems with overloading mesh bags. New signage being erected by Infection Control giving staff specific guidelines to follow Gail to alert NUM on surgical ward to purchase more mesh bags as this ward is often overloading bags – on investigation by ICC, no more mesh bags could be located to correct problem 	<ul style="list-style-type: none"> Gail to followup outcome of signage Gail to discuss with all NUMs to ensure they have sufficient mesh bags on hand for staff to use
08/04-7	Implementation of QH Immunisation policy	<ul style="list-style-type: none"> Will accept HepB titre as evidence of immunisation. Difficulties arise when new staff member claims to have not seroconverted. Until further advice comes from QH, then will accept a stat dec from employee listing what HepB immunisation they have had to date. For applicants who are not vaccinated, they will be required to sign a form agreeing to HepB vaccination, and covering the costs involved. 	<ul style="list-style-type: none"> Complete
08/04-8	CHRISP data	<ul style="list-style-type: none"> Reasonable comparison with other QH hospitals 	<ul style="list-style-type: none"> Complete
08/04-9	Difficulties with post-discharge followup	<ul style="list-style-type: none"> Discussed. Poor compliance by medical staff – stated “did not see the need to do post-op surveillance” 	<ul style="list-style-type: none"> Complete Gail seeing Dr Keating next week. Will feed back to committee at next meeting
08/04-10	IV Cannulation – dressings	<ul style="list-style-type: none"> Discussed. Staff unhappy with current dressing as is not secure. ICC has been checking with other facilities what IV dressing material they use. The only other item on contract is unsatisfactory. 	<ul style="list-style-type: none"> Gail to feed back to committee at next meeting
08/04-11	Signal surveillance workshop for Gin Gin & Childers	<ul style="list-style-type: none"> Workshop on 8th October to implement new tool for surveillance in sites that do not use CHRISP. Workshop will be held in Bundaberg and participants will come from other wide bay facilities. 	<ul style="list-style-type: none"> Complete
08/04-12	Holiday Relief	<ul style="list-style-type: none"> ICC going on 3 weeks leave in September. Cameron Duffy relieving in position. As Cameron unable to do stats, will focus on waste management education, updating non-clinical staff's PPE competency and conducting hand hygiene education sessions. 	<ul style="list-style-type: none"> Complete

Meeting Closed: 1430hrs Next Meeting: 26 October 2004

Handwritten mark

REPORT TO LEADERSHIP AND MANAGEMENT

August 2004

Infection Control

- July ICAT report – joint infections
- CHRISP Report – reasonable comparison for BBH against 23 QH facilities. Must remember data set is small and the data should only be used as a guide.
- Post Discharge follow-up – difficulties with capturing this data – seeing Darren later
- Signal Surveillance – workshop on 8th October to implement new tool for surveillance in sites that do not use CHRISP. Workshop will be held in Bundaberg
- Medical Ward Negative Pressure Rooms – prediction that rooms will be functional 2nd week of September. Extra medication cupboards fitted into wall outside room.
- IV dressings – need to improve current IV practices.
- Mandatory HepB evidence of immunisation – will now just accept a titre. Difficulties arise when new staff claim to have not seroconverted - ?stat dec until otherwise advised by QH
- Overfilling of linen mesh bags - signage providing specific guidelines – asked NUMs to order additional bags if necessary.
- Frequency of Infection Control meetings – moved to 2nd monthly
- Printer - now receive path reports via sexual health printer
- Holiday relief – 10 Sept to 5 October – Cameron Duffy.
- ?Outcome from Macerator Business Case

Waste Management

- 3 day Hospital waste audit in late October
- Shawn moves to increase recycling
- New signage reflecting the city council extra allowances in place at BBH.
- Focus on waste segregation education in September
- Red Cross are going to dispose of their own clinical waste – using Collex

Product Review

- Currently reviewing dressing materials used
- Revising forms relating to purchase of new products and product trial forms

Gail Aylmer
CNC Infection Control

Post-Operative Follow-Up

Date:

Surname: U/R No: Given Names: Sex: DOB: (Affix Patient Identification Label Here)	Wound Infection? <hr/> No <input type="checkbox"/> Yes <input type="checkbox"/> Wound swab <input type="checkbox"/>
--	--

Surname: U/R No: Given Names: Sex: DOB: (Affix Patient Identification Label Here)	Wound Infection? <hr/> No <input type="checkbox"/> Yes <input type="checkbox"/> Wound swab <input type="checkbox"/>
--	--

Surname: U/R No: Given Names: Sex: DOB: (Affix Patient Identification Label Here)	Wound Infection? <hr/> No <input type="checkbox"/> Yes <input type="checkbox"/> Wound swab <input type="checkbox"/>
--	--

Surname: U/R No: Given Names: Sex: DOB: (Affix Patient Identification Label Here)	Wound Infection? <hr/> No <input type="checkbox"/> Yes <input type="checkbox"/> Wound swab <input type="checkbox"/>
--	--

Surname: U/R No: Given Names: Sex: DOB: (Affix Patient Identification Label Here)	Wound Infection? <hr/> No <input type="checkbox"/> Yes <input type="checkbox"/> Wound swab <input type="checkbox"/>
--	--

Surname: U/R No: Given Names: Sex: DOB: (Affix Patient Identification Label Here)	Wound Infection? <hr/> No <input type="checkbox"/> Yes <input type="checkbox"/> Wound swab <input type="checkbox"/>
--	--

Please send this form to Infection Control

CS

**BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING**

6A13

6A13

See

Meeting of: Infection Control Committee

Meeting No: 10/04

Date: 26 October 2004

Start Time: 1330hrs

Present: Carolyn Kennedy, Gail Aylmer, Gail Doherty, Dilys Carter, Raelene McDermid, Peter Heath, Yvonne Spokes

Apologies: Toni Hoffman, Annette Baldry

Confirmation of Minutes: Carolyn Kennedy

Seconded: Yvonne Spokes

Minute Taker: Raelene McDermid

Correspondence: Nil

STANDING AGENDA ITEMS for Continuum 5.1.3

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
10/04-1	Reports	<ul style="list-style-type: none"> ICAT data unavailable due to IT difficulties with program Gin Gin now using Signal Surveillance – investigations have been conducted with outcome of no hospital-acquired being proved. No-one from Childers attended Signal Surveillance workshop in October – will try to train a staff member up in January 05 	<ul style="list-style-type: none"> Follow-up on outcome of ICAT program problems
10/04-2	Quality Management	<ul style="list-style-type: none"> IV Cannulation Policy – awaiting notification from Continuum of Care Committee – apparently held over at last meeting 	<ul style="list-style-type: none"> Gail to check up on progress of this policy with Continuum of Care Committee
10/04-3	Waste Management 5.1.9	<ul style="list-style-type: none"> Annual waste audit planned for early November. 	<ul style="list-style-type: none"> Gail to move toward organising November audit
10/04-4	CSSD	<ul style="list-style-type: none"> No new issues 	<ul style="list-style-type: none"> Nil action
BUSINESS ARISING FOR CONTINUUM 5.1.3			
Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
01/04-1	Negative pressure rooms	<ul style="list-style-type: none"> One negative pressure room became available in October – still awaiting works to complete second room 	<ul style="list-style-type: none"> Gail to follow-up and report back to committee progress on second room
08/04-4	Disposable gowns - costing	<ul style="list-style-type: none"> Gail reported cost of disposable gowns comparable to our existing gowns – recommend no change with current arrangements 	<ul style="list-style-type: none"> Complete
08/04-6	Mesh bags for linen	<ul style="list-style-type: none"> Less occurrence where bags have been overfilled 	<ul style="list-style-type: none"> Complete

08/04-9	Post-op surveillance	<ul style="list-style-type: none"> Education has assisted in increasing staff awareness of problem This issue has been discussed – no solution – ongoing problem as some MOs say they do not see need for surveillance 	<ul style="list-style-type: none"> Continue to explain benefits of surveillance to medical staff to improve compliance in notifying infections. Complete
08/04-11	Signal surveillance	<ul style="list-style-type: none"> As above in 10/04-1 	<ul style="list-style-type: none"> Complete
NEW BUSINESS for October 21, 2004			
10/04-5	Protocol for sick leave for staff post gastro etc	<ul style="list-style-type: none"> Discussed issues surrounding staff being asked for example with Norovirus, to take 48hrs off after last of symptoms prior to returning to work. Is this sick leave or workcover? ? protocol needed. 	<ul style="list-style-type: none"> Gail will follow-up with the Executive in the future about this issue. Complete
10/04-6	Self-assessment	<ul style="list-style-type: none"> Discussed. ? need to consult with other CSSDs in regard to ACHS comment 	<ul style="list-style-type: none"> Raelene to check conformity to Aust standards for CSSD
10/04-7	ACHS Risk Management in IC workshop	<ul style="list-style-type: none"> Workshop claimed to discuss clinical indicators, however this wasn't the case. Otherwise reasonable but no real new information given 	<ul style="list-style-type: none"> Complete
10/04-8	Theatre attire	<ul style="list-style-type: none"> Concerns by various members of staff about theatre staff wearing theatre attire outside of theatre complex. Poor compliance with medical staff even in tertiary hospitals – policy forbid such practices however still occur. Theatre gowns not always worn Theatre gowns not always done up to cover theatre attire Overshoes being worn outside of theatre complex Staff wearing theatre attire outside of hospital buildings 	<ul style="list-style-type: none"> Gail to report back progress
10/04-9	Outcome of Macerator business case	<ul style="list-style-type: none"> Gail still have not heard back outcome from this business case. Peter Heath stated executive would look at this when the need to replace a sanitizer arose 	<ul style="list-style-type: none"> Complete

Meeting Closed: 1430hrs

Next Meeting: 21 December 2004

GA14

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

AS

GAIS

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



**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 taxi 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). Speaking as a parent, 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

GA 10

From: Jayant Patel
To: Gail Aylmer
Date: 21/11/2004 8:03am
Subject: Theatre 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 implement 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 leaqqve the complex with scrubs on but they should change to a new scrub attire before entering the theatre complex. 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 mattresses 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

GA17

**BUNDABERG HEALTH SERVICE DISTRICT
LEADERSHIP AND MANAGEMENT PRESENTATION**



INFECTION CONTROL

DATE 20 / 12 / 04

Standing items	Issues to be noted	Timeframe / expected outcomes/ cost
Surgical site surveillance	<ul style="list-style-type: none"> New ICAT program installed late November – considerable initial problems, however now resolved. The new program has not been released across the state as yet Refer to data supplied for clinical indicators – period July 04 to Oct 04 Data submitted to CHRISP 6 December 04 	Completed
Rural Site Reports	<ul style="list-style-type: none"> Signal Surgical Site Surveillance was introduced in October. Only Gin Gin conducting their own investigations. Childers did not attend training – plan to train up a Childers staff member in Jan 05 Investigations have been conducted with no notable infections to date 	Completed
Occupational Exposures	<ul style="list-style-type: none"> November Nil exposures reported December (to date) needlestick (medical) 	
Staff Health	<ul style="list-style-type: none"> Check HepB status of all existing staff in Category A & C. Also, check immunisation status of Category A & C staff working in specialised areas – eg. HepA, rubella, varicella etc 	<ul style="list-style-type: none"> Commenced Nov 04 Expect to complete March 05
Waste Management	<p>Audit conducted in November 05 - Summary</p> <ul style="list-style-type: none"> Greatly improved to March audit. Nil sharps inappropriately disposed of this audit. <p>Areas for improvement</p> <ul style="list-style-type: none"> Disposal of office and confidential papers – being put into general waste Recycling – need to provide more bins so areas can increase their ability to recycle syringes containing blood or drugs being in general waste rather than clinical waste lancets for diabetic tests being put into general waste instead of sharps bins 	<ul style="list-style-type: none"> Report to be submitted to SP&E Committee 23/12/04

GA17

	<ul style="list-style-type: none"> • yellow-top specimen jars being put into general waste instead of clinical waste. 	
<p>Other issues</p>	<ul style="list-style-type: none"> • only 1 of the 2 Medical ward negative pressure rooms working • Update re theatre attire <ul style="list-style-type: none"> ➢ Theatre attire continues to be worn inappropriately by medical staff – gowns are not worn, or are being left open. Also wearing overshoes outside of theatre complex. ➢ theatre attire being worn by medical staff outside of hospital buildings, and while eating at Coffee Shop. ➢ Good compliance by nursing staff. <p>While I find this topic difficult to compromise on, I am willing to concede that all staff (not just medical staff, as there shouldn't be 2 rules) can leave theatre in theatre attire if:</p> <ol style="list-style-type: none"> 1. an over-gown is properly worn 2. overshoes are removed 3. staff do not leave hospital buildings 4. staff do not sit & eat in coffee shop/dining room/seminar room 5. change on return to theatre complex <ul style="list-style-type: none"> • Immunisation Fridge for Mt Perry has been repaired – awaiting engineering staff availability to transport & re-install 	<ul style="list-style-type: none"> • Maintenance unable to give timeframe for completion • Awaiting outcome from Theatre Management Meeting – ICC not invited to attend • Maintenance will attend asap
<p>Education/Quality</p>	<ul style="list-style-type: none"> • Usual monthly Infection Control Update for non-clinical staff • Usual monthly education for nursing staff • Assisted Sexual Health staff in recent Blood Borne Virus 3 week campaign • Open Day display in association with Sexual Health • Conducting a Point of Prevalence survey to assess staff compliance with IV practices – i.e length of time IV cannulas are remaining in etc 	<ul style="list-style-type: none"> • Will feedback outcomes at Feb L&M report
<p>Product Review</p>	<ul style="list-style-type: none"> • Meeting cancelled 	

Gail Ayimer
Infection Control CNC, 13 December 2004

6418

From: Gail Aylmer
To: Patel, Jayant
Date: 3/02/2005 2:41pm
Subject: wearing of theatre attire

Dear Dr Patel

I am still very concerned about the issue of wearing theatre attire freely outside of the theatre complex.

A theatre staff member confirmed to me today that s/he see medical staff walk out of the theatre complex in theatre attire (overshoes on, no gown, hat on), and then walk straight back into a theatre without changing.

I was told today by a senior member of staff that you were overheard earlier this week telling junior medical staff that (and this is paraphrased), 'they go on about trying to stop us wearing theatre clothes in the corridor, but thats rubbish....'.

A surgical ward staff member recently told me of a similar conversation they overheard, involving yourself discussing this issue while you were in the surgical ward.

I have no reason not to believe these staff as I am still seeing you wearing theatre attire inappropriately. I recognise that I have not heard the above information first hand, however I am concerned if this is the perception that others are receiving.

I am surprised this is the case considering the conversations that we have had in regard to this issue.

I intend to do up signage listing the requirements as discussed and agreed upon at the Theatre Management meeting in December, and told to me by yourself and Gail Doherty. I intend to ask Darren Keating to authorise the signage by signing it off - I ask that you co-sign as Director of Surgery.

I have no issue with the nursing staff compliance.

I trust you will support me in this endeavour.
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

GA19

From: Gail Aylmer
To: Patel, Jayant
Date: 20/01/2005 8:34am
Subject: Eidsvold patient

Dr Patel

I was wondering how you got on with **PS4** the lady I discussed with you yesterday lunch-time? Here is her mobile again, just in case you can't find that piece of paper with her number.
mob: 0428 58 33 19
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

GA

From: Gail Aylmer
To: Patel, Jayant
Date: 4/02/2005 3:47pm
Subject: Eidsvold patient

Dr Patel

I was wondering what the outcome was with the lady from Eidsvold that you were going to follow-up post breast biopsy a week or so ago?

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg, Queensland, Australia