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SMB85

Queensland Government
Queensland Health

MINISTERIAL SUBMISSION

Number SB022800

For Approval

DEADLINE

10/5/2005

SUBMISSION to be limited to two pages only. Where additional information is required, supporting schedules / attachments should be used.

SUBJECT:

Level of Service Maryborough/Hervey Bay Hospitals

PURPOSE:

To inform the Minister for Health of the level of service recommended for Maryborough and Hervey Bay Hospitals given the current medical workforce shortages, and to seek the Minister's direction on his preferred approach.

DEPARTMENTAL OFFICER ATTENDING THE MEETING / EVENT: (Optional)

N/A

BACKGROUND:

The communities of Maryborough/Hervey Bay have been repeatedly and publicly assured by the Premier and successive Health Ministers that both Maryborough and Hervey Bay Hospitals will be maintained as fully operational acute facilities.

Due to staff shortages and the inability to maintain both facilities as fully operational acute facilities, services have been reassessed and realigned to enable the two hospitals to function in a complementary manner (eg. elective surgery at Maryborough Hospital, emergency surgery at Hervey Bay).

It is important to note that historically any perceived or actual reduction in services at either facility has resulted in community outrage towards Clinical and Executive Queensland Health staff and Government.

The Fraser Coast Health Service District has undertaken longstanding and mostly unsuccessful recruitment of medical staff. The District requires one (1) Physician, four (4) Medical PHOs and four (4) Emergency Department PHO/SMOs to be able to maintain the current level of services in Internal Medicine and Emergency Departments safely. A recently received report from the Australian Orthopaedic Association recommends four (4) orthopaedic specialists need to be found as well.

The clinical staff have stated that the safety of patients is at risk due to:

- significant number of newly appointed Overseas Trained Medical staff;
- absence of senior medical staff or Registrars to provide supervision, education and support for junior medical staff;
- RMO (junior medical staff) rostered to work as PHOs (senior medical staff) when they do not have the skills or confidence to fulfil this role;
- difficulty covering rosters, resulting in excessive overtime/fatigue;
- prolonged adverse media related to overseas trained doctors and its impact on individual clinician confidence (OTDs being fearful of making genuine human error, temporary visa and fear cessation of sponsorship);
- absence of accredited training programs.

KEY ISSUES:

The level of service proposed to be implemented at Maryborough Hospital, which reduces, but does not eliminate risk of adverse event/outcome, given the current medical staffing available, is as follows:

- Emergency Department will be open 24 hours.
- Category 1 patients presenting by QAS will be taken to the nearest hospital (MBH/HBH). As Category One patients are 'being actively resuscitated' delay in access to medical assistance (even junior medical officer) may increase the likelihood of the patient's death.
- Medical officers rostered to Maryborough Hospital Emergency Department will all be assessed prior to placement to ensure their resuscitation skills are appropriate.
- Patients assessed by QAS paramedics as requiring admission (eg: Category 2-3 patients) will be redirected to Hervey Bay Hospital (QAS Bypass Protocols will require development);
- Patients presenting directly to the Emergency Department, will be assessed by a Registered Nurse, categorised as Category 1-5. Category 1-3 will be reviewed by a Medical Officer, situated at Maryborough Hospital, on call, in phone/telehealth consultation with senior staff (Hervey Bay/RBWH) and transferred to Hervey Bay Hospital or retrieved to a tertiary facility (eg RBWH) for ongoing management;
- Category 4-5 will be managed by Registered Nurses in consultation with medical staff (by phone or videoconference (VC) with Hervey Bay/RBWH, once VC installed);
- All patients requiring acute admissions will be admitted to Hervey Bay Hospital;
- Patients who are not admitted following QAS presentation to Hervey Bay Hospital, and who have no other means of transport home, will be transported back to Maryborough Hospital or home by taxi (whichever is closest) at no cost to the patient. (This is a contentious issue and provision of taxi transport with specific criteria/limitations (yet to be determined) at no cost may avert public outrage. It is not anticipated to be large numbers of patients. This initiative has implications for other services across the State);
- Elective, non-acute, step down care patients only will be admitted to Maryborough Hospital (little change from at present);
- Should peaks in demand for inpatient beds occur at Hervey Bay Hospital, unopened beds will be opened temporarily to ease the pressure on beds. This will require nursing, administrative and financial resources additional to current establishment.

The current Maryborough Hospital services in general surgery, endoscopy, paediatrics, general medicine, maternity/obstetrics, outpatients and mental health will continue as at present, with the exception that no acute admissions will occur into Maryborough Hospital.

A review of procedural activities undertaken in operating theatres is being progressed with assistance from RBWH/PAH surgeons.

The following action has been taken to mitigate risk and manage the situation immediately:

- Meetings with Junior and Senior Medical staff have been/are planned weekly with the Acting District Manager/Director Corporate Services and Director Medical Services to identify concerns (current/emerging), and monitor progress related to action taken;
- Requests to RBWH and PAH have been submitted for PHO/SMOs to provide emergent onsite cover without success to date;
- Provision of medical staff relief to North Burnett Health Service District will be ceased (from 16/5/05);
- Telephone contact with senior medical staff at RBWH has been made available to all Junior medical staff (from 6 May 2005);
- Telehealth equipment has been ordered for Emergency Departments at Maryborough/Hervey Bay Hospitals and will be linked directly to RBWH Emergency Department. The Maryborough/RBWH link commenced 9 May 2005;
- Nursing staff education to support implementation of the Primary Clinical Care Manual/RN assessment of presenting patients, is to be commenced at both Maryborough and Hervey Bay Hospitals;
- Advanced Life Support Training for all junior medical staff has commenced;
- The implementation of a 'patient advocacy' process, whereby a designated staff member visits every inpatient every day to ascertain/solicit concerns about clinical care and take remedial action.

The following action has been taken to mitigate and manage the situation in the short term:

- A local review of medical recruitment processes and profiling of the medical workforce (% OTDs; % with AMC, number of vacancies per specialty; impact of vacancies on service) has commenced;
- A wireless Local Area Network (laptop on a trolley on a wireless network) is to be implemented (on trial) into Maryborough Hospital Medical/Surgical Ward, to provide junior medical staff and nursing staff with point of care access to clinical information, patient results, evidence databases and clinical resource materials. If the trial is successful in improving clinical processes and safety at MBH, the technology will be implemented in Hervey Bay Hospital Medical Ward.
- A Clinical Liaison nurse will commence 11 May 2005. This nurse at level NO3 will support the Director Medical Services in the investigation clinical complaints/incidents, facilitate service improvement related to clinical incidents/complaints, facilitate the Morbidity and Mortality Committee and undertake the preparation and implementation of requirements to obtain Accreditation for Registrar Training in all specialties;
- A trial of a level NO3 nurse (Case Manager) to co-ordinate and support junior medical staff clinical activities/case management in internal medicine, is under consideration;
- The potential for the establishment of a Clinical Support Centre at RBWH to provide clinical support to clinicians in Regional and Rural/Remote facilities via telehealth

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technology is being explored with the Zonal Manager Central Zone, District Managers and Directors Medical Services at RBWH/FCHSD;

- The Queensland Health funded upskilling of experienced Emergency Department Registered Nurses (15 FTE) to Rural and Remote Endorsement (RIPRN) over the next 12-24 months at an estimated cost of $35 000;
- Implementation of actions from the Chief Health Officers report into the critical incident at Maryborough/Hervey Bay, including the allocation of $100 000 per annum recurrent to support clinical skills development of junior medical staff (in consultation with the Queensland Health Clinical Skills Centre).

MEDIA IMPLICATIONS:

It is anticipated that adverse media and community outrage will be generated. The following actions will be taken to minimise public reaction and if possible, enlist community support:

- Regular meetings with Fraser Coast HSD staff to update on actions required/taken;
- Acting District Manager to brief District Health Council, local MPs, Media Representatives;
- Pro-active media articles (with support from Queensland Health Public Relations) to be drafted and published to support the changes implemented;
- Provision of taxi transport to Maryborough Hospital or home (whichever is closest), to patients presenting to HBH by QAS, who are not admitted, is being developed (guidelines and limitations will be required).

Key Messages:

- It is not possible to eliminate all risk in health service delivery.
- Patient and staff safety must take priority above all other considerations.
- The proposed level of service maintains a level of service that improves clinical supervision and support for junior medical staff (OTD/Australian graduates) and goes some of the way towards addressing the concerns expressed of clinical staff, that junior inexperienced staff were not being provided with adequate supervision/support;
- Registered Nurse assessment of patients presenting to Emergency Departments is standard practice in the majority of rural facilities;
- Upskilling of Registered Nurses to RRIPN is within the existing legislative framework (QNC Scope of Nursing Practice) for Isolated Practice Areas. The Health (Drugs and Poisons) Regulation will require amendment to enable nurses to use drug therapy protocols in regional areas in order to respond to the current doctor shortage. The assessment protocols and flowcharts, however, can be used without limitation currently, with medication orders by phone via medical officer;
- Local clinical staff and executive have contributed to and supported the development initiatives designed to maintain an optimal level of service within existing human resources;
- A process to support patients who are not admitted following QAS presentation to Hervey Bay Hospital, and who have no other means of transport home, to be transported back to Maryborough Hospital or home by taxi (whichever is closest) at no cost to the patient is proposed.
- The initiatives require a substantial recurrent financial investment by Queensland Health.
- Further revision of services related to procedural activity and level of surgery undertaken is anticipated.

CONSULTATION:

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Meryn Pease Director of Nursing Hervey Bay Hospital
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Geoff Dawson Director Corporate Services Fraser Coast Health Service District
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IS THIS IN ACCORDANCE WITH ANY COMMITMENTS / INITIATIVES:

The reduction in services is contrary to all commitments given to the community by Premier and successive Health Ministers.

RECOMMENDATION:

It is recommended that the Minister for Health note the information provided and indicate his preferred direction if it is different to the direction proposed in this submission taking into account:

- The level of service to be implemented for Maryborough Hospital Emergency Department and Internal Medicine;
- That the level of service to be implemented, minimises but does not eliminate risk of adverse event/poor outcome;
- Unopened beds at Hervey Bay Hospital will be opened temporarily, if required to ease bed pressure;
- That adverse public reaction is expected;
- That further reduction in the level of services at Fraser Coast Health Service District may result, following a planned review of procedural activities being undertaken in Operating Theatres, with assistance from RBWH/PAH surgeons, in line with the Queensland Health Service Capability Framework.

It is further recommended that the Minister note that substantial recurrent funding will be required from Queensland Health to support the following:

- The funding of education and skills enhancement for medical and nursing staff;
- The establishment of clinical liaison, case manager and patient advocacy roles as indicated above;
- The establishment of a Clinical Support Centre and telehealth facilities as appropriate in Emergency Departments at Fraser Coast.
- A process to support patients who are not admitted following QAS presentation to Hervey Bay Hospital, and who have no other means of transport home, to be transported back to Maryborough Hospital or home by taxi (whichever is closest) at no cost to the patient is proposed.

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It is further recommended that the Minister for Health provide direction on the proposal to seek amendment to the Health (Drugs and Poisons) Regulation to enable RNs in Regional areas who undertake the Isolated Practice Endorsement, to use Primary Clinical Care Manual Drug Therapy Protocols.

ATTACHMENTS:

N/A

MEDIA RELEASE: (Optional)

[ ] YES [X] NO

COMMUNICATION STRATEGY / SPEECH: (Optional)

[ ] ATTACHED [X] NOT ATTACHED

Cleared by:
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Date: 10 May 2005

Prepared by: Ms Kerry Winsor, Acting District Manager
Unit: Fraser Coast Health Service District
Contact No: 4120 6865 or 0419 654 693
Date: 9 May 2005

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APPROVAL/RECOMMENDATION

SUBMISSION

Recommendation Approved / Not Approved: ....

COMMENTS:

Minister
Having visited Fraser Coast last week, I support the measures proposed here. This will be the first of a number of service revisions as previously discussed.
I would support changes to the Drugs and Poisons Regulation but advise this may have industrial and medico-political ramifications from medical lobby groups.

DR STEVE BUCKLAND	**GORDON NUTTALL MP**
Director-General	**Minister for Health**
13/05/05	**Member for Sandgate**
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