

# QUEENSLAND

## COMMISSIONS OF INQUIRY ACT 1950

### QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY

#### STATEMENT OF DAN BERGIN

- A. I, **DAN BERGIN, Zonal Manager, Central Zone, c/-Queensland Health**, in the State of Queensland, acknowledge that this written statement by me is true to the best of my knowledge and belief.
- B. This statement is made without prior knowledge of any evidence or information held by the Commission of Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.
- C. This statement repeats the questions which have been asked of me by the Commission of Inquiry and provides my corresponding answers.
1. What are the details (in brief)? of (i) Mr Bergin's formal qualifications and his working history. (ii) For what period was Mr Bergin employed, or otherwise engaged, by Queensland Health? (iii) What positions did he hold with Queensland Health, and for what respective periods? What responsibilities attached to those positions? (iv) Please provide a copy of the Position Description for Zonal Manager.

i. **Educational Qualifications:**

- Bachelor of Commerce, University of Queensland 1974

**Professional Affiliations:**

- Surveyor with Australian Council on Healthcare Standards
- Fellow, Australian Institute of Management
- Associate Fellow, Australian College of Health Service Executives

**Role as Zonal Manager, Central Zone, is as follows:**

- To provide effective executive leadership, coordination, management, monitoring and evaluation of public sector hospital and community based health services in the Central Zone.
- To develop and maintain, within available resources, a viable configuration and volume of health services, which best meets the community's needs.
- To provide direct advice and assistance to Health Service Districts in the leadership, management and direction of their areas of responsibility, particularly for cross District initiatives requiring optimal use of Queensland Health resources and infrastructure.
- To monitor and evaluate the performance of health service providers in achieving the requirements of their service agreement with particular emphasis on the contribution being made to address specific health outcomes, priorities and targets.

ii. **Current Position with Queensland Health:**

- June 2001 to Present: Zonal Manager, Central Zone
- 22 January to June 2001: Acting Zonal Manager, Central Zone

iii. **Previous Positions with Queensland Health:**

**April 1996 - January 2001:**

- District Manager, Gold Coast Health Service District
- District Manager role.

**February 1992 – April 1996:**

- Chief Executive Officer, Gold Coast Sector, South Coast Regional Health Authority
  - Executive leadership and management over the Gold Coast Health Service District. Responsible for the delivery of all health services in the Gold Coast area.

**July 1991 - February 1992:**

- Acting Chief Executive Officer, Princess Alexandra Hospital & Northwest Sector Brisbane South Region
  - Executive leadership and management of the Princess Alexandra Hospital and the health services in the north-west sector.

**May 1989 - June 1991:**

- Manager, South Brisbane Hospitals Board, Queensland Department of Health
  - Responsible for the Administration, Works and Finance Branch of the Princess Alexandra Hospital and other hospitals under the Board. Secretary to the Board.

**July 1988 - May 1989:**

- Assistant Director, Hospital Administration
- (Member of Multidisciplinary Health Services Team for the Central Region of the State)
  - Part of a Multidisciplinary Health Services Team responsible for coordinating health services in the central part of the State and providing a review and liaison role with hospitals and other health services.

**May 1982 - July 1988:**

- Operational Auditor, then Operational Audit Manager, Queensland Department of Health

iv. **See ATTACHMENT 1 for the position description for the Zonal Manager.**

2. (I) To whom was Mr Bergin responsible within Queensland Health? (II) How did Mr Bergin apprise his superiors as to developments within the Central Zone?

- I. June 2001 to June 2002 – Dr John Youngman, General Manager Health Services.

June 2002 (approx) to September 2003 (approx) – Dr Steve Buckland, General Manager Health Services.

September 2003 to July 2005 – Dr John Scott, Senior Executive Director Health Services.

- II. Monthly meetings were held involving all three Zonal Managers with Minister Edmond, Director-General Dr Robert Stable, General Manager Health Services Dr John Youngman, and then Dr Steve Buckland. These meetings occurred from the time I commenced acting in the Zonal Manager position in January 2001 until approximately February 2004.

Following Minister Nuttall commencing in February 2004, these meetings ceased.

Other mechanisms have included weekly meetings of the Health Services Directorate which included Dr Scott and the Zonal Managers, as well as some regular and ad hoc meetings which I had with Dr Scott. Other modes of briefing included emails, written briefs and phone conversations. There was also a weekly significant issues report which was collated from feedback from the Districts which was sent via me to Senior Management, and to the Minister I believe.

Prior to April 2004, all three Zonal Managers were members of the Strategic Directions Group of Queensland Health. This group was chaired by the Director-General and included the most Senior Executives of Queensland Health including the General Manager Health Services. Following Dr Buckland's appointment as Director-General, this group was abolished and a Board of Management was created which did not include the Zonal Managers.

3. (i) How often did Mr Bergin visit Bundaberg Hospital between 1 April 2003 and 1 April 2005? (ii) How often did he have discussions with Dr Keating? (iii) How often did he have discussions with Peter Leck? (iv) How did Mr Bergin apprise himself of what was happening at the Hospital?
- i. I visited Bundaberg at least three times during this period. I recall another visit by car with Minister Edmond which may have been during this period, however I cannot be sure.
  - ii. During my visits to Bundaberg, I always met separately with the District Manager, Peter Leck, and with the District Executive as a group, which included Peter Leck and Dr Keating. I cannot recall ever having a discussion solely with Dr Keating.
  - iii. I also would have phone conversations with Peter Leck on an 'as necessary' basis probably occurring every one to two weeks as well as at Zonal Forums which were held approximately every three months.
  - iv. The following methods were used:
    - Visits to the hospital.
    - Discussions with the District Manager.
    - Comparison of performance against Service Agreement.
    - Weekly significant issues reports from the District.

- Monthly financial and patient activity reports from the District.
  - Monthly Elective Surgery reports from the Surgical Access Service.
  - Feedback from staff of the Central Zone Management Unit.
  - Complaints to the Minister and/or Director-General from patients, staff, Members of Parliament, Unions etc.
4. (i) What was Mr Bergin's interaction with the Bundaberg District Health Council? (ii) What is Mr Bergin's view as to the role of that Council?
- i. I recall meeting with the council perhaps twice and meeting the Chairman once at a Statewide meeting of Council Chairpersons in Brisbane.
  - ii. When I met with them in April this year, after the Dr Patel issue had erupted publicly, they felt that they had been kept in the dark as to the seriousness of the issue. They also indicated that they felt disempowered, frustrated and wanted to play a more meaningful role. I encouraged them to articulate clearly as to what they believed they should be doing differently and discuss that with the Acting District Manager.
5. (i) What role did Mr Bergin have in the employment of Dr Patel and in his appointment of Director of Surgery? (ii) When did Mr Bergin become aware of Dr Patel's said employment and appointment? (iii) To what extent was Mr Bergin apprised of Dr Patel's performance within his employment between 1 April 2003 and 1 April 2005?
- i. None – this is within the HR delegation of the District to deal with and these matters are never referred to me unless the District Manager is part of the Selection Panel.
  - ii. I became aware of Dr Patel on 02 February 2005. (see ATTACHMENT 2)
  - iii. I was not apprised of Dr Patel's performance or concerns about it until I received a Briefing Note dated 01 February 2005 on 02 February 2005 (see ATTACHMENT 3). The District Manager informed me of complaints against Dr Patel in relation to his clinical outcomes and this was to be investigated by Dr FitzGerald.
6. During the period of Dr Patel's employment at the Bundaberg Base, it is understood that Queensland Health had in place policy 15801 (ex 279) being the Credentials and Clinical Privileges Guidelines for Medical Practitioners July 2002. Under this policy, district managers were responsible for ensuring that an appropriate committee periodically reviewed the credentials and clinical privileges for each medical practitioner operating within the district. There is no evidence that Dr Patel was ever reviewed in accordance with that policy (or a Fraser Coast policy in similar terms). It has been suggested this was because the Royal Australasian College of Surgeons would not nominate a surgeon for the task.
- (a) Does Mr Bergin have any information that contradicts the understanding set out above?
- No. Metropolitan and regional Health Service Districts are responsible for operating their own Credentials and Clinical Privileges Committee process in accordance with the Queensland Health policy of July 2002.

- (b) There are a number of surgeons in the Bundaberg and Fraser Coast areas who are Fellows of the RACS. Is there any reason why one of those surgeons could not have been utilised to review Dr Patel for credentialing and privileging, in lieu of a nomination from the RACS?
- I am not aware of any reason why a local Fellow of the RACS could not have been used, however it is preferable to have the relevant College involved as the guidelines suggest.
- (c) There appears to be no attempt by Dr Keating or Peter Leck to consult with Queensland Health in Brisbane about difficulties experienced in complying with the policy. Was Mr Bergin aware of any difficulties that districts were experiencing in securing appropriately qualified people for the credentialing and privileging committees? If so, was it only Bundaberg?
- As part of providing the secretarial role for the Rural Committee, a number of operational issues had become apparent. In collating these and seeking to identify appropriate strategy, a short survey of clinical privileging was undertaken of all Districts throughout the Zone. The responses were received during October 2004. Subsequently, a Brief (see ATTACHMENT 4) was produced on issues in relation to credentialing and clinical privileging which was the subject of discussions at the subsequent Zonal Forum with District Managers in November 2004.
  - While the focus during that period was on the rural districts, the survey did identify a number of issues with how clinical privileging processes were operating throughout the Zone. One aspect that came up was that Bundaberg and Fraser Coast Districts were pursuing a joint committee which appeared a rational approach for peer review. It was noted however that the shared committee was encountering difficulties getting College nominations for review of several specialties including the Royal Australasian College of Surgeons. (See ATTACHMENT 5)
  - At the Zonal Forum on 16 & 17 November 2004, the District Manager for Fraser Coast, Mr Mike Allsopp indicated that Fraser Coast and Bundaberg were subsequently going to be meeting to finalise their joint District policy and to progress credentialing and clinical privileging processes. The Manager of the Central Zone Management Unit, Mr Graeme Kerridge, emphasised that this should be done regardless of whether they could access College representation (although that would have been highly desirable). Prior to the survey there was no indication that Bundaberg and Fraser Coast were experiencing difficulties securing appropriate specialist participation on committees.
- (d) What assistance was given by Queensland Health's head office to districts in relation to credentialing and privileging?
- For the rural General Practitioner level hospitals, each Zone operates a Rural Credential and Clinical Privileges Committee. For the Central Zone Rural Committee, the Central Zone Management Unit provides secretariat support – the Committee being chaired by a regional Director of Medical Services with members being rural General Practitioners who call on specialist advice where required.
- (e) When did Mr Bergin first become aware of difficulties within Queensland in securing the assistance of the RACS for credentialing and privileging surgeons?

- October 2004.

(f) What measures did Mr Bergin have in place to ensure compliance with the credentialing and privileging policy?

- At the Zonal Forum with District Managers in November 2004, the need to progress privileging processes regardless of College nomination was highlighted, noting that such participation can be performed remotely if travel is a concern. It is important to note that it is believed that Peter Leck had departed the Zonal Forum prior to discussion of the credentialing and clinical privileging process. This was because the Tilt Train derailment had just occurred and he wished to get back to the Bundaberg Hospital as soon as possible to assist with the process of looking after the large number of patients who went to Bundaberg Hospital.
- In early December 2004, Central Zone held a workshop on Service Capability Framework Implementation which was attended by District Managers, Executive District Medical Superintendents and Executive Directors of Nursing Services (see **ATTACHMENTS 6 (a) and (b)**). In view of the importance of comprehensive clinical credentialing and privileging processes, a presentation by the Chair of the Central Zone Rural Credentialing and Clinical Privileging Committee, Dr Ian Mottareilly, was organised. This presentation highlighted the clear delineation of roles between Districts and the Committee and the risks if medical staff were appointed prior to consideration of a committee or to assessment of interim privileging.
- Apart from the practical role played by Central Zone Management Unit supporting the Central Zone Rural Credentials and Clinical Privileges Committee, the assistance provided is in the form of assisting Districts with adequate and efficient processes when their local structure is inadequate. For instance, when Fraser Coast Orthopaedics fell over and a number of Brisbane-based consultants commenced doing outreach, Central Zone Management Unit assisted the District implement rapid review processes for granting interim privileges. Districts can also access the Unit to assist with obtaining specialist input to their credentialing and clinical processes from metropolitan hospitals.
- The Service Agreement with Districts, including Bundaberg, required compliance with the Credentialing and Clinical Privileging Policy (see **ATTACHMENT 7**).

7. The Commission understands that Queensland Health had policies in place concerning complaint and incident management (Queensland Health Policy on Complaints Management 15184 issued July 2002 with accompanying work instruction outlining the roles and responsibilities of various persons; Queensland Health Integrated Risk Management Policy 13355 and accompanying work instruction initially issued on 20 February 2002 and reviewed and updated in June 2004; the Queensland Health Incident Management Policy issued June 2004). It has been suggested to the Commission that the complaints handling process has not dealt with matters in a timely and transparent manner and that there is a lack of feedback and follow up on complaints to the extent that it discourages staff and patients from complaining in the first place.

(a) What are Mr Bergin's comments as to these matters?

- **Patient Complaints:** I believe that there are generally good processes in place to deal with these. Complaints to the Minister, Director-General etc involve very senior, experienced staff within Queensland Health reviewing the adequacy of action taken to investigate complaints and the appropriateness of the proposed response. Not infrequently, further information is sought or action requested of the District concerned, eg: to have personal follow-up with the patient to explain face-to-face the answers to the patients' questions. This does not, however, guarantee that the informed patient will be satisfied and patients are advised of the contact details of the Health Rights Commission if they wish to take the complaint further. Strict timeframes for dealing with patient complaints are set.
- **Staff Complaints:** I believe that there are numerous avenues for staff to make complaints and to expect that they will be properly dealt with. I believe that it would be widely understood by staff that they are entitled to raise a complaint or concern with their Line Manager or Supervisor and should they feel that that complaint has not been satisfactorily dealt with from their point of view, or that they feel uncomfortable about taking a particular complaint to their Supervisor, that they are perfectly entitled to take the matter higher within the organisation structure.
- There are statutory grievance processes which staff can, and do, utilise to deal with concerns which they have if they believe their complaints have not been satisfactorily dealt with through the normal management processes. Investigations would then normally be undertaken by independent people.
- I would expect that staff who have concerns about significant patient safety issues would feel professionally compelled to take whatever avenues were effective to ensure that these matters are dealt with effectively. From my own experience, I know that staff sometimes are not willing to raise concerns if they do not have clear cut evidence to support those concerns.

(b) How many sentinel event and serious adverse risk reports did Mr Bergin receive from Bundaberg Hospital, when and from whom? What were they and what did Mr Bergin do about them?

- Our records show that there was one Sentinel Event notification received involving the suicide or unexpected death of a patient of a Mental Health Service who has been in contact with the Mental Health Service in the past seven (7) days (received on 20 Oct 04).
- Process involves the District undertaking a root cause analysis of the event. The Patient Safety Centre follows this up to ensure that the District undertakes this. At this time, District staff are yet to be trained in Root Cause Analysis procedures.

(c) What action, if any, did Mr Bergin take in response to data concerning patient safety issues that emerged in the Bundaberg Hospital Measured Quality Process Report and when?

- Following the release of the July 2004 Measured Quality Hospital Report covering the period 2002/03, a series of presentations of the data were held by the Measured

Quality Program at each District. Central Zone Management Unit staff attended some of these meetings.

- The two clinical areas where the data showed outliers were in Acute Myocardial Infarction; In-hospital Mortality; and Stroke In-hospital Mortality.
- In both areas, the District outlined the investigation it had undertaken as well as the action it had taken, or proposed to take, to obtain improved outcomes (see **ATTACHMENT 8**) and this information was sent by the District to the Measured Quality Program staff who are responsible for arranging expert assessment of the response and proposed corrective action (see **ATTACHMENT 9**). Zonal staff reviewed the responses by the District to the data and discussed the responses with the Measured Quality Program. The action taken by the District appeared credible and appropriate.

(d) Which, if any, Bundaberg matters did he refer to the Medical Board, Audit and Operational Review or other appropriate external bodies?

- None that I can recall.

(e) The Commission understands that:

- (i) Under Queensland Health complaints management policy, there is a requirement for each district to provide an annual report (concerning complaints received and organisational improvements subsequently implemented) to the General Manager of Health Services, and to report generally on major risks to Queensland Health Audit and Risk Management Committee ("QHARMC");
- (ii) Health Service Districts are not all complying with the annual report to the General Manager of Health Services requirement;
- (iii) Aside from the provision of risk registers, there is no process for the Districts to provide ad hoc risk advice to QHARMC relating to specific complaints.

(i) What are the details of Mr Bergin's knowledge of the matters relating to compliance set out above? (ii) Did Mr Bergin provide briefs to the Queensland Health Minister in relation to any of the matters relating to compliance alleged above? (iii) What steps did Mr Bergin, take, or know of, to ensure that the districts within the Central Zone complied with the complaints policy?

- i. I cannot recall ever seeing any annual reports from Districts on complaints received and organisational improvements implemented. I also cannot recall ever seeing any reports on major risks to the Queensland Health Audit and Risk Management Committee. I cannot recall any requests for these reports to be provided.
- ii. I cannot recall providing any briefs to the Queensland Health Minister in relation to compliance to the above.
- iii. I cannot recall taking, and am not aware of any measures being taken, to ensure compliance by Districts within the Central Zone with the Complaints Policy.



8. The Commission has received evidence that good practice in a hospital requires that there be regular clinical auditing through one of more of various methods. (i) Did Mr Bergin satisfy himself that clinical auditing practices were in place at Bundaberg, and that they were adequate? (ii) What inquiries did he make in reaching a view in that regard? (iii) What changes have been made at Bundaberg Hospital this year, in relation to clinical auditing for surgeons and for the hospital clinicians generally?

- I. and II. - I relied primarily upon the Australian Council on Healthcare Standards (ACHS) accreditation processes to assess the adequacy of clinical audit processes. The hospital had been fully accredited by ACHS in 2003.

My understanding was that the awarding of full ACHS accreditation meant that the hospital met the standards required by ACHS in relation to clinical audit processes. If this had not been the case, then the hospital would not have been accredited. There is no Queensland Health standard that I am aware of against which each hospital's clinical audit processes can be measured. Therefore, reliance has been placed in the past on the ACHS, or some other appropriate external accreditation process, for District health services to assess the adequacy of clinical audit processes, external accreditation is a mandatory requirement for Districts.

I would emphasise that clinical governance, which includes clinical auditing, is a major focus of the Patient Safety Centre of Queensland Health. This Unit is playing the key driving role with respect to improving clinical governance within Queensland Health and therefore it is important that the Zones work within that overarching improvement framework and not attempt to implement their own measures. In any event, there is not the resources that would allow for this to occur.

- II. The Surgical Service Capability Framework has been reviewed and a list has been developed of procedures that should not be performed at Bundaberg Base Hospital. This list has been circulated to all Surgical staff. Initial work has been undertaken on the Service Capability Framework for Intensive Care and this work remains ongoing.
- Weekly Surgical audits have been commenced, particularly focussing on complications with surgery.
  - Morbidity and Mortality Meetings have been commenced.
  - Nursing staff conduct Schedule 8 drug audits on a regular basis.
  - Implementation of the PRIME Incident Monitoring System has commenced.
  - Complaints management process has been reviewed and changes made to ensure all complaints are managed in accordance with Queensland Health policy.
  - Incident management process has been reviewed and appropriate changes made to ensure all incidents are managed appropriately.
  - Training has occurred in the Human Error and Patient Safety (HEAPS) methodology to allow clinicians to analyse errors and promote team work and open communication.

9. A number of people have given evidence about the care provided at Bundaberg Base Hospital to a 15 year old male identified as P26 (see especially the evidence of Dr Jenkins, Dr Ray, Dr Rashford, Dr Gaffield, Dr Boyd, and the mother of P26). Dr Rashford, who oversaw the patient's transfer to Brisbane, raised concerns about the patient's care by an email of 4 January 2005 to Dr Scott. That email and the subsequent follow-up are contained in the attachments to exhibit 210. It might be contended that the care provided to the patient was not fully investigated because no report was received from the operating surgeon in Bundaberg (namely Dr Patel) or the treating surgeons in Brisbane (namely Drs Jenkins and Ray), because the briefing note on the topic was completed within 24 hours, and because it appears that no clear protocols were put in place to avoid a recurrence. What does Mr Bergin say to such contentions? Does he consider that the follow up by Queensland Health to the incident was adequate?

- I was unaware that the operating surgeon was Dr Patel. As stated earlier, I was not aware of Dr Patel or any concerns about his practice until 02 February 2005. I read on the brief written by Dr Keating (see **ATTACHMENT 10**) that a staff surgeon, Dr James Gaffield, and the Director of Anaesthetics and ICU, Dr Martin Carter, had been consulted in the development of the brief. I was not made aware at the time of concerns expressed by RBWH surgeons.
- Following a conversation I had with Dr Steve Rashford, I had discussed with Peter Leck as to whether there should be an external review of the case given the strength of Dr Rashford's concerns. The advice came back from Peter Leck that Dr Keating felt that this was probably unnecessary.
- Given that the Brief:
  - a. identified that the patient had been kept too long;
  - b. stated that a "Policy for transfer to tertiary facilities of patients with emergency vascular conditions when condition is stable" would be implemented;
  - c. did not mention any systemic issues re surgical quality at Bundaberg Hospital and I was not aware of, nor had been informed of same;
  - d. did not mention other complaints about the particular surgeon and I was not aware of nor had been informed of same;
  - e. did not suggest wilful negligence.

I accepted the view of Dr Keating that an external review was unnecessary.

- Subsequently, I emailed the District Managers and the Directors of Medical Services at Bundaberg Hospital and RBWH, (see **ATTACHMENT 11**) copying them with Dr Rashford's original email of concern, and Dr Keating's Brief in response, and asked them to arrange "...discussions between relevant staff of Bundaberg and RBWH HSDs to ensure in future the timely transfer of patients who require specialist Vascular and other care not available in Bundaberg, so as to improve patient outcomes. Please let me know of any unresolved difficulties in this regard."
- I intended that key staff such as Executive Directors of Medical Services and relevant clinicians at both hospitals would have then discussed the details of a protocol to ensure that any preventable harm which had occurred to this patient was not repeated in future by ensuring the transfer of patients at the most appropriate time. I did not receive any

follow up inquiries from any of these staff I emailed and so, assumed my request had been acted upon. I also outlined to Dr John Scott, Acting Director-General, my proposed course of action with which he concurred. (See ATTACHMENT 12)

- Following the Commission staff indicating that no clear protocol was put in place, as I had been assured by Dr Keating that it would be, I have followed up with the Acting District Manager who has indicated that it has not been located in the Hospital. As a consequence, I have asked that it be developed as a matter of high priority.

10. Was Mr Bergin responsible as Zonal Manager for performance reviews in relation to the Director of Medical Services for Bundaberg Hospital, and the District Manager for Bundaberg. In any case, how were there performances reviewed? What is his assessment of their respective performances and how has he reached that assessment.

- I was not responsible for conducting performance reviews of the Director of Medical Services for Bundaberg Hospital as this position reports directly to the District Manager. I am not aware of how the District Manager reviewed the performance of the Director of Medical Services.
- I had not received any complaints about Dr Keating's performance and based on my interaction with him, he seemed to me to be a competent manager.
- With regard to the District Manager, there had not been a formal performance agreement process since 2001/02. I would give feedback to the District Manager on an informal basis when appropriate.
- The Health Services Directorate has been developing for some time a balanced scorecard which was to be used as a basis for performance agreements between the Senior Executive Director Health Services, Zonal Managers, and District Executives. I am not aware of the current status of the Scorecard since Dr Scott left Queensland Health.
- Based on my interactions with Peter Leck, the performance of the District in achieving its Service Agreement obligations, innovations which had been introduced in Bundaberg District, I believed that Peter Leck was a competent Manager. Like many of his colleagues in these positions, he has had the very difficult challenge of meeting increasing expectations for health services from the population served while being required to manage within a fixed budget.

11. Dr FitzGerald has given evidence of carrying out an investigation at Bundaberg Hospital in February and March 2005, with a particular focus on concerns raised about Dr Patel. When was Mr Bergin first made aware of Dr FitzGerald's views as a result of that investigation? What steps did Mr Bergin contemplate, and take, in relation to Dr Patel's continuing employment as a result of the information so received?

I received a copy of Dr FitzGerald's report, "Clinical Audit of General Surgical Services – Bundaberg Base Hospital" dated 07 April 2005, on 11 April 2005 (see ATTACHMENT 13). Prior to this date, I have no recollection of receiving any information, verbally or in writing, from Dr FitzGerald nor anyone else in relation to Dr FitzGerald's views as a result of his undertaking the clinical audit. By the time that I received Dr FitzGerald's report, Dr Patel had left the country, so therefore the question of what steps I took regarding Dr Patel's continuing employment is not applicable. I had already been informed by Peter Leck in his Briefing Note of 01 February 2005, that Dr Patel's practice had been restricted from including more complex procedures and that this action had been taken following discussions with Dr FitzGerald.

Given that at that stage Dr FitzGerald was only investigating complaints, this seemed to me the most appropriate action to take and no further action was warranted.

12. The Commission has received evidence about longstanding concerns in public health including the state's dependence on (i) overseas trained doctors, (ii) bullying, (iii) lack of resources and (iv) unsafe working hours. (a) Was Mr Bergin aware of these issues within his zone? (b) How was he informed, by whom and how regularly? (c) Does Mr Bergin consider that he was briefed effectively and comprehensively? (d) What did Mr Bergin do with this information?

i. **Overseas Trained Doctors:**

- a) I was aware of the increased dependence on overseas trained Doctors and their greater use, particularly from countries that Queensland Health had rarely, if ever, recruited from. There were examples of language and cultural difficulties encountered.
- b) This information usually came to me from time to time during visits to Districts and at the Zonal Forums during discussions with District Managers. I would generally visit Districts once or twice per year and Zonal Forums are held three or four times per year.
- c) Apart from the issues with regard to Dr Patel, generally yes.
- d) When told of incidents where it was found that any Doctors were not up to standard, I supported moves by District Managers to provide remedial action, such as additional supervision or training, or to ensure that the Doctor's role did not exceed their capabilities. I believe that I did have discussions with my superiors about these matters but they were well aware of the general problem of increasing difficulties in recruiting quality Medical staff.

While I support the State becoming self-sufficient in providing its own Medical staff, I believe that it is important not to further stigmatise or demonise Overseas Trained Doctors – some of whom are excellent clinicians and for whom the State will continue to have a dependency for years to come.

ii. **Bullying:**

- a) I was aware of allegations in the media, and from some individuals and groups, of widespread bullying within Queensland Health.
- b) Where allegations of bullying resulted in a grievance, then this would generally be subject to an investigation by a person, or persons, outside of the District. I was only involved in grievances emanating from Districts involving District Managers (of which there were few) and where grievances were escalated under the grievance process. I can recall suggesting at a meeting of Senior Departmental Executives approximately two years ago, that the perceptions of bullying were widespread and had to be taken seriously and there needed to be a transparent process of attempting to quantify the extent of the problem.
- c) The Department has rolled out an anti-Bullying education program to assist staff in addressing this problem.
- d) See response in (b) above.

iii. **Lack of Resources:**

- a) I was aware of inadequate funding relative to the expectations on health services within the Central Zone.
- b) From time to time, usually District Managers and sometimes clinicians would bring to my attention resourcing needs relative to service pressures they were facing. Also, as part of the budget cycle, District were asked to indicate their resourcing needs - usually on a once yearly basis.
- c) Yes. A particular challenge for all Managers is that resource needs are constantly changing as clinical practice and technology change, new safety risks emerge, and cost increase at a greater rate than budgeted for. As a result, maintaining comprehensive, up to date details of funding needs and priorities is extremely difficult.
- d) This information was generally provided to the Senior Executive Director Health Services for consideration of funding within the allocation that is provided by Government. My role required me to prioritise these requests at a Zonal level.

iv. **Unsafe Working Hours:**

- a) I was aware of concerns expressed by some Medical staff and groups such as the AMA, but I cannot recall being made aware of specific instances within the Zone. There had been a joint Union / Queensland Health Taskforce which developed rostering principles for Medical staff to minimise unsafe working hours. These principles had been disseminated to all Districts in 2002 as a basis for ensuring safe rostering and all Districts were expected to follow them. The issue of unsafe working hours had been addressed as an organisation-wide issue.
- b) Through media reports about the general issue on an ad hoc basis.
- c) Yes.
- d) I made it clear to District Managers during some of my visits to Districts and at some Zonal Forums that we had a duty of care to our staff and that this issue needed to be carefully managed so that we were not placing staff at unnecessary risk. The ongoing management of this issue requires dialogue between Medical Administration in hospitals and Medical staff as to what is safe and what is unsafe in respect of working hours.

13. One Dr Charles Nankivell gave evidence that he made repeated complaints to Queensland Health about dangerous and unacceptable waiting periods for patients (see exhibit 212 – especially the attachments; and the transcript for 26 and 27 July 2005). His statement contains a letter addressed to the then Director-General, Dr Stable, outlining a number of concerns. Dr Nankivell's concerns were given some corroboration by Dr Pitre Anderson (exhibits 199 and 200; transcript 25 July 2005).

- (a) Was Mr Bergin aware of similar complaints and issues surrounding dangerous waiting periods for patients during his employment?

I was aware of concerns about long waiting times and that patients were waiting longer than what was considered clinically acceptable for elective surgery and elective

procedures, as well as concerns about large numbers of patients and long waiting times to be seen in Specialist Outpatients.

- (b) If so, what are the details of that knowledge, and what steps were taken in consequence.

#### **I. Patients Waiting for Elective Surgery:**

- i. The problem of some patients waiting longer than considered clinically acceptable is a chronic one. The problem is usually greatest in the larger hospitals such as RBWH, Royal Children's, The Prince Charles Hospital, Nambour Hospital and Rockhampton Hospital. General Surgery and Orthopaedics are the two main specialties in the Central Zone where these long-waits occur in the greatest numbers (as well as Cardiac Interventional procedures at TPC).
- ii. The main steps taken to address this issue have been as follows:
  - a. Additional funding provided with the emphasis on addressing long-wait patients.
  - b. Districts have been encouraged to treat long-wait patients before those waiting shorter times within each waiting list category.
  - c. Patients waiting longer than clinically desirable have been offered the opportunity of having their surgery done at another hospital with shorter waits.
  - d. Arrangements made with local private hospitals for surgery to be undertaken when it cannot be accommodated in the public system.

#### **II. Patients Waiting to See a Specialist:**

- i. I have been aware of some patients waiting longer than clinically desirable to see a Specialist at most of Queensland Health's larger hospitals. Steps taken were as follows:
  - a. Promoting the offering of choices to patients to access specialist consultation services at other public hospitals where waiting times were shorter. Eg: gynaecology patients from Sunshine Coast who took up the opportunity to be seen in a shorter time at Logan Hospital.
  - b. Advising District Managers to refer patients to local private specialists where there was a safety concern about the length of time some patients were on the waiting list.

#### **III. Bundaberg Services:**

- i. Gastroenterology Services were identified as a clinical service area for a number of Districts, including Bundaberg where there appeared to be considerable, unmet or poorly met demand.
- ii. Recruitment of Gastroenterologists to the service on a permanent basis was difficult in rural and regional centres.
- iii. Most Districts had Gastroenterology Services provided by General Surgeons/Physicians depending on their training.

- iv. With the increased specialisation of Medical training, it was no longer considered acceptable for patients not to be seen by Specialists in the area of Gastroenterology.
  - v. A strategy was developed by the Central Zone Management Unit to develop a Clinical Service Network in Gastroenterology. The network would include the Rockhampton, Central Highlands, Bundaberg, and Sunshine Coast districts which were experiencing the service difficulties, and the Royal Brisbane and Women's Hospital.
  - vi. Growth funding was provided to all four Districts to purchase visiting Gastroenterology services from the RBWH.
  - vii. The combined allocation from the four Districts totalled the remuneration of an additional Gastroenterologist to be recruited by the RBWH. This strategy was considered to be the best option to increase the capacity of the Central Zone to be able to provide sustainable, specialist Gastroenterology services. Of course, where local services could be obtained, then this was considered the preferable option.
  - viii. The Visiting Specialist from RBWH commenced service provision in Bundaberg in 2002 by doing an audit of the existing waiting list identified by Dr Nankivell.
  - ix. A number of cases were re-prioritised and some complex cases were transferred to Brisbane for treatment.
  - x. The Visiting Specialist also introduced referral criteria for use by the local General Practitioners to ensure that only appropriate referrals were seen at Specialist Outpatients rather than the Specialist doing the screening of patients.
  - xi. Whilst initially reluctant to have a Visiting Specialist service the local Bundaberg, clinicians fed back informally after the service had been functioning for a period of time that they enjoyed the time they worked with the Visiting Gastroenterologist and it gave them an opportunity to discuss complex cases, and the teaching and learning opportunities were considered a benefit of such an arrangement.
  - xii. The service has been very successful and continues today. Additional services have been provided in the past few months for former patients of Dr Patel who have required follow-up endoscopies.
14. Numerous doctors have given evidence about low morale amongst doctors and nurses in the public health system brought about by, amongst other things, an inability to treat patients well (having regard to funding inadequacies), excessive rules, a focus on money rather than patient welfare, a perceived lack of responsiveness to clinical concerns, and a lack of a role for clinicians in management of hospitals: see, for instance, the evidence of Dr Thiele, Dr Molloy, Dr Jenkins and Dr Woodruff.

(a) Was Mr Bergin aware of such complaints and issues during his period of employment?

– Yes.

(b) If so, what are the details of that knowledge, and what steps were taken by him to address the same during his employment?

- While I am aware of complaints about these matters, I believe that there has been an absence of evidence and hard data to quantify the extent of, say, poor morale. There is no doubt in my mind that a lot of frustration felt by clinicians relates to lack of resourcing to enable them to provide quality care and meet the community's expectations. This essentially depends on the level of funding provided by Government.
- I have attempted to deal with these issues in the following ways:
  - i. Establishing clinical networks in the Zone, eg: Renal, Rehabilitation and ICU services. The aims of the networks are for clinicians to guide the development of these services, advise regarding resource needs and the allocation of these resources, and ensure that sustainable quality services are provided.
  - ii. Clear messages by me to Districts that patient safety is a priority. I have encouraged and supported Districts in the Central Zone where they have had to make changes to clinical service arrangements in the interests of patient safety. As another example, I instructed all Districts in the Central Zone in southeast Queensland that where ICU beds were available, and could be staffed, then patients requiring this level of care should be looked after in their nearest available facility rather than be transferred elsewhere because the 'funded' bed level at the nearest facility had been reached:
- I have already mentioned that the former Director-General, Dr Steve Buckland, gave a strong message to District Managers in Central Zone - at at least one of the Central Zone Forums - that they should not use the "budget" excuse for not listening to clinicians' ideas.
- I have always encouraged clinician participation in the management of districts. One significant constraint is often the demand on clinicians' time and their ability to participate in meetings. This has sometimes been solved in innovative ways by some Districts, eg: holding a once a fortnight dinner involving clinician-Managers to discuss business.

15. Exhibit 38 is a report by two orthopaedic specialists, namely Dr Giblin and Dr North, about Hervey Bay Hospital? Like the Lennox Report (exhibit 55), the Miller Report (exhibit 129), the FitzGerald Report (GF30 to exhibit 225) and the Waters Report (see Mr Messenger's evidence - Transcript 25 May 2005), the Giblin/North Report was not widely disseminated by Queensland Health.

How were decisions made during Mr Bergin's employment by Queensland Health about the publication of reports obtained by Queensland Health?

- i. These decisions were usually made by the Director-General or Minister or Cabinet in the case of Measured Quality and Elective Surgery reports.

In what circumstances might a decision be made to refrain from publishing reports?

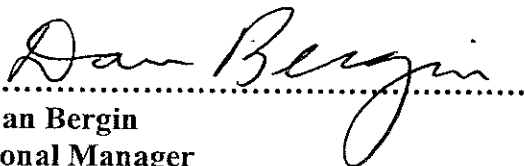
- ii. Where it was "Cabinet-in-Confidence", where there might be patient-identifying information, where there might be concern about it leading to defamation action.



Is Mr Bergin aware of any other reports relevant to the Commission's terms of reference which have not been made public nor cited by the Commission?

iii. No.

Signed at Brisbane on 21 September 2005.

A handwritten signature in cursive script, reading "Dan Bergin", written over a horizontal dotted line.

Dan Bergin  
Zonal Manager  
Central Zone  
Queensland Health



**Queensland  
Government**  
Queensland Health

**QUEENSLAND HEALTH**  
**Position Description**

**ATTACHMENT 1**

**HL 56 / 01**

Contact:

**Dr John Youngman**  
**(07) 34340858**

Closing:

**9 : 04 : 2001**

1. **Position No:** 100791  
  
**Position Title:** Zonal Manager (Central Zone)  
  
**Unit/Branch/Division:** Health Services Division  
  
**Location:** Brisbane  
  
**Classification:** DES4
2. **Reports to:** General Manager (Health Services)
3. **Date of Review:** March 2001
4. **Purpose of Position:**
  - a) To provide effective executive leadership over the health planning and procurement functions for the Central Zone, with the resultant formulation and negotiation of service agreements with health service providers to address specific health outcomes, priorities and targets.
  - b) To provide strategic leadership, support and direction to public sector health services in the Central Zone, Queensland Health.
  - c) To monitor and evaluate the performance of health service providers in achieving the requirements of their service agreement with particular emphasis on the contribution being made to address specific health outcomes, priorities and targets.

**5. Organisational Environment and reporting relationships:**

Queensland Health has two organisational divisions namely the Policy and Outcomes Division and the Health Services Division.

The Policy & Outcomes Division has a prime focus on:

- corporate/strategic planning for Queensland Health
- funds acquisition
- population based funding for health services
- development of Health outcomes plans
- corporate policy development, particularly for health priority areas
- Information and Business Management
- capital Infrastructure planning and development
- providing for compliance with corporate governance requirements
- leadership for business reforms throughout Queensland Health.

These services are provided through the following Branches located in the Corporate Office of Queensland Health:

- Health Systems Strategy Branch
- Capital Works Branch
- Information and Business Management Branch

This Division fulfils the role of funder, through the services provided by the Health Systems Strategy Branch, independent of whether resources are sourced from the Commonwealth or State jurisdictions. In addition, this Division also fulfils the role of asset owner via the services provided by the Information and Business Management Branch and the Capital Works Branch.

The Health Services Division fulfils the role of health service purchaser with each of the service delivery areas in this division fulfilling the role of provider. The head of this division is the General Manager (Health Service), who has overarching responsibility and accountability for all services provided in the division. The organisational units reporting to the General Manager (Health Services) includes:

- Health Service Districts through Zonal Units
- Statewide Public Health Services
- Statewide Pathology and Scientific Services
- Statewide Information Services
- Statewide Organisational Development
- Statewide and Non-government Health Services
- Procurement Strategy Unit

The Zonal Manager for each of the three Zones in Queensland Health reports directly to and is accountable to the General Manager (Health Services). The Zonal Management Unit and each of the Health Service Districts for the Zone report directly to and are accountable to the Zonal Manager.

An Organisational Chart is attached which reflects the above reporting relationships.

## **6. Primary Duties.**

1. To provide high quality support, advice, information and guidance to the Director-General and through the Director-General to the Minister on key issues impacting on government and corporate objectives for the delivery of public sector health care services in Queensland.
2. Provide executive leadership and direction over the health planning and procurement functions for the zone with the resultant formulation and negotiation of service agreements with health service providers to address specific health outcomes, priorities and targets.
3. Provide strategic advice and input as a senior member of the Health Services Procurement Council.
4. To monitor and evaluate performance of Health Service Districts in the achievement of the conditions and requirements of the respective

service agreement, particularly with regards to the contribution being made to address specific health outcomes, priorities and targets.

5. To provide the environment for the development and support of a team management culture across all areas of responsibility.
6. To provide direct advice and assistance to Health Service Districts in the leadership, management and direction of their areas of responsibility, particularly for cross-district initiatives requiring optimal use of Queensland Health resources and infrastructure.
7. Provide leadership over all areas of responsibility in a manner consistent with Queensland Health's vision and core values.
8. Resolve emergent situations regarding the provision of health services and the distribution of resources.
9. To provide strategic leadership and innovation in the management of people, financial and other resources, in the management of performance improvement and organisational change, and in the best use of management practice.
10. To provide effective departmental representation in high level negotiations and liaison with external organisations; other government departments and bodies (State and Commonwealth), major community organisations and non-government services providers.
11. Ensure there is a strategic approach to the development of contemporary human resource practices and policies including workplace health and safety, equal employment opportunity and anti-discrimination and commitment to their implementation.

## **7. Primary Delegations and Accountabilities**

In addition to the responsibilities and accountabilities delegated to this position by the Director-General, this position is accountable for:

- The promotion of the Queensland Health corporate vision, goals, policies and priorities to staff, related industries and the Queensland public.
- The effective leadership and management of the relevant Health Service Districts consistent with the Corporate Plan and legislative responsibilities.
- The quality and effectiveness of high-level policy advice to the Director-General and through the Director-General to the Minister on public sector health care service delivery issues.
- Effective coordination, management, monitoring and evaluation of the delivery of public sector health care services for the Central Zone.
- The establishment of effective mechanisms and processes to engender positive relations and linkages with national, interstate and other industry related groups.

- Ensuring that expenditure on human, physical and financial resources for the zone does not exceed the budget allocated for any financial year.

## 8. Selection Criteria

*Your application for this position must specifically address each of the selection criteria listed below. It should also contain the names and telephone numbers of at least three referees one preferably your current supervisor, who may be contacted with respect to your application. Shortlisting and selection will be based upon these selection criteria.*

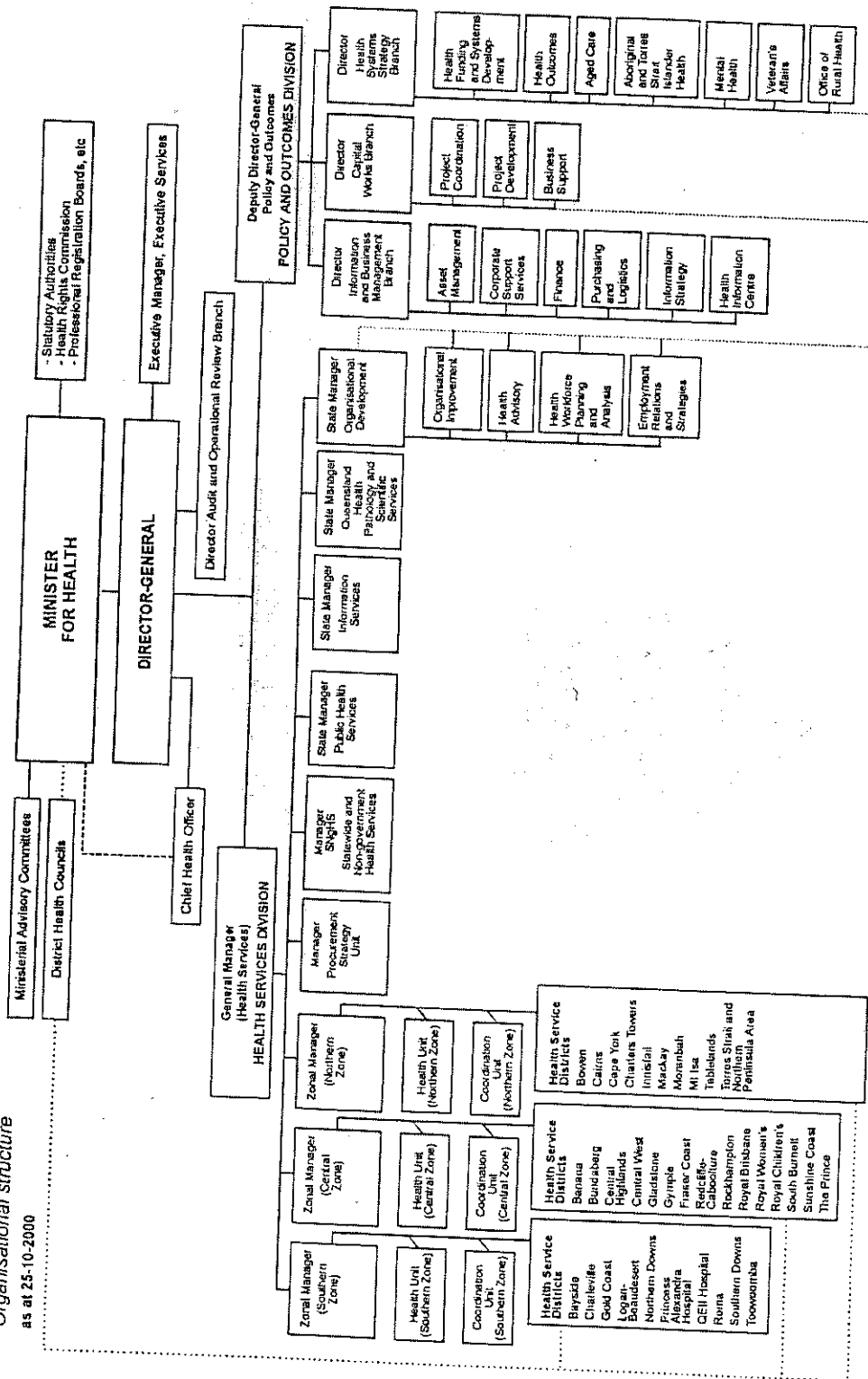
- SC1 Demonstrated leadership ability of a large complex decentralised organisation.
- SC2 Substantial knowledge of and experience in the development and implementation of:
- Health care plans
  - Procurement methodologies for healthcare provision
  - Performance monitoring & evaluation approaches and
  - Service delivery reforms in a healthcare organisation
- SC3 Demonstrated ability as a high level strategic manager - addressing matters such as human resource management, industrial relations, information management and high level problem solving.
- SC4 Negotiation, consultative, communication and interpersonal skills suited to dealing with the needs and concerns of Government, industry leaders, clients and staff in an environment of change.

All criteria will be weighted equally.

## 9. Additional Factors:

The successful applicant will be required to enter into a performance-based Contract of Employment for a term of up to 5 years.

**Queensland Health**  
Organisational structure  
as at 25-10-2000



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

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

Peter

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

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

Dan Berglin  
Zonal Manager  
Central Zone

Phone : (071)  
Fax : (07)

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

Dan

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

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

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

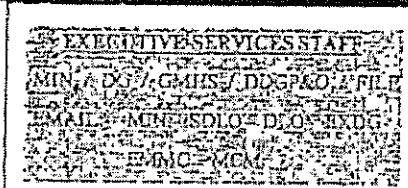
regards

Gerry

Dr Gerry FitzGerald  
Chief Health Officer  
Queensland Health  
Phone:  
Fax:  
Email:



**Queensland  
Government**  
Queensland Health



**A BRIEFING TO THE MANAGER, CENTRAL  
ZONE**

**BRIEFING NOTE NO:**

**REQUESTED BY:** Manager, Central Zone

**DATE:** 01/02/2005

**PREPARED BY:** Peter Leck, District Manager, Bundaberg Health Service District

**CONSULTATION WITH:** N/A

**CLEARED BY:** Peter Leck, District Manager, Bundaberg Health Service District

**DEADLINE:**

**SUBMITTED THROUGH:**

**SUBJECT:** Director of Surgery

**COMMENTS MANAGER, CENTRAL ZONE:**

Mr Dan Bergin  
Manager, Central Zone

/ /

QHB.0002.0005.00147



### PURPOSE:

To provide an outline of current issues within the Bundaberg Health Service District.

### BACKGROUND:

- Several nurses have placed in writing their concerns that the Director of Surgery has been performing procedures for which he has insufficient skills with consequent adverse outcomes.
- The Chief Health Officer will be conducting a review of the cases commencing 14 February 2005.
- The Director of Surgery has indicated that he plans to cease his contract with the Bundaberg Health Service District at the end of the financial year.
- Some nursing staff have advised the QNU of their concerns. The QNU have directed them back to District management.
- The Director of Surgery has been directed not to undertake certain procedures until the review is complete.
- Personal animosity between the Director of Surgery and some nursing staff, particularly in ICU, was reported prior to the receipt of allegations. A mediation was being arranged but was postponed given the circumstances which followed.

### KEY ISSUES:

### RELATED ISSUES:

N/A

### BENEFITS AND COSTS:

N/A

### ACTIONS TAKEN/ REQUIRED:

For noting

QHB.0002.0005.00148

ATTACHMENTS:

Nil

11/11/11 11:11:11  
QHB.0002.0005.00149



**Queensland  
Government**  
Queensland Health

**A BRIEFING TO THE  
ZONAL MANAGER-CENTRAL ZONE  
DISTRICT MANAGERS-CENTRAL ZONE**

**BRIEFING NOTE NO:**

**REQUESTED BY:** N/A

**DATE:** 12<sup>th</sup> November 2004

**PREPARED BY:** Graeme Kerridge, Manger, Central Zone Management Unit,  
Telephone: 323 40937

**CONSULTATION WITH:** Corelle Davies, previously Team Leader – Clinical Services,  
CZMU

**CLEARED BY:**

**DEADLINE:** N/A

---

**SUBMITTED THROUGH:**

---

**SUBJECT:** Clinical Credentialing and Privileging

---

**COMMENTS**

## **BACKGROUND:**

While credentialing and clinical privileging has been an essential part of healthcare governance for many years, the incomplete arrangements applying in rural areas led to a major quality project to formalise arrangements through the development of Zonal Rural Credentialing and Clinical Privileges Committees.

This process has now been operating for about 4 years. Whilst this process was initially managed through the Southern Zone Management Unit, the process was devolved to the Zones in 2003. The Central Zone Management Unit has provided secretariat and data management for the rural credentialing and clinical privileging committee since devolution to the Zones.

The next step in the devolution process for the credentialing and Clinical privileging of doctors in rural Districts is to ensure access to the database on QHEPS to nominated officers in all rural Districts so that information can be updated directly.

A range of issues arise from the experience over recent years. These are explored below.

Separately, in view of the risk exposure arising from any incomplete coverage of clinical privileges, Central Zone Management Unit recently undertook a survey of clinical privileging arrangements throughout the Zone. The results of that survey have now been reviewed.

## **KEY ISSUES:**

- The experience from the Central Zone Rural Credentialing over recent years has highlighted the following:
  - The communication is all by teleconference, email, fax and mail.
  - Meeting participation of widely disposed staff has been very difficult with meetings frequently cancelled;
  - The delays in communication and through meeting processes have meant timeframe for decision outcomes are very long;
  - At times there have been difficulties involving an appropriate specialist to advise on procedural skill issues;
  - Organisationally there has been confusion at times as to appropriate committee coverage for small rural facilities linked with larger regional hospitals ie optimally, privileging is done in a local network where there are strong clinical links.
  - The separation of administrative co-ordination from operational areas may be creating "system waste" ie the clerical co-ordinator chasing up references etc for clinicians who have already resigned.
- Nonetheless, the Committee has played an important role in improving privileging coverage in rural areas. It is recognised that Districts and Committee members involved have worked constructively on what is inevitably a complex process.

- The survey undertaken of all Central Zone Districts highlighted a number of issues:
  - Lack of clarify as to processes where clinicians with privileges at one facility do outreach or visit another;
  - Responses from rural Districts highlighted the delays incurred from cancellations of the Rural Credential and Clinical Committee;
  - The development of a shared arrangement between Bundaberg and Fraser Coast as rational approach for peer review of specialists was noted.
- While the existing database used for privileging appears to be problematic in terms of producing management reports, this is being addressed by the responsible staff member in Southern Zone in conjunction with Information Services.
- There would appear merit in considering review of the arrangements covering rural districts to address some of the operational issues being encountered. A proposal is outlined below which would devolve the role of the Rural Credential and Clinical Committee to "hub" sites.

#### **PROPOSAL FOR DISCUSSION:**

- It is proposed that a system of "hub" Districts covering the privileging processes for associated rural committees be developed.
- The advantage of this is that these "hub" Districts have the capacity to provide onsite supervision and assessment if required for applicants seeking privileging in procedural areas especially in obstetric and anaesthetics. This ensures that the assessment process is not just based on paper credentials and therefore should provide a greater level of confidence in the credentialing and clinical privileging process for District Executives.
- Additionally, this would facilitate a high level of "contextual" awareness of the particular circumstances applying in small rural facilities.
- In developing a "map" as to how such a structure might work, consideration could be given to leadership of local processes being shared between two Districts. This may ease workload issues eg Chairing could be rotated on an annual or biannual basis.
- A possible arrangement for consideration is as follows.

#### **Wide bay**

A committee shared between Fraser Coast and Bundaberg (where there are already co-operative arrangements) might also provide coverage for North and South Burnett. Representation on such a committee, when considering rural clinicians, would need to include representation of the College of Rural and Remote Medicine and/or College of General Practitioners.

#### **Central Queensland**

A committee shared between Rockhampton and Gladstone might also provide coverage for Banana, Central Highlands and Central West. Representation on such a committee when considering rural clinicians, would need to include representation of the College of General

Practitioners. Note that the Rockhampton Committee has not always covered Yeppoon and Mt Morgan.

#### Gympie

Currently Gympie utilises the Central Zone Rural Credential and Clinical Committee. Consideration would need to be given to appropriate coverage in future were "hub" approach adopted in lieu of the existing arrangements.

#### Sunshine Coast

Currently the District Committee covers Nambour and Caloundra however Maleny is covered by the Rural Credential and Clinical Committee. This would appear to be an anomaly given the existence of a robust committee in the District and the close clinical integration of Maleny with other District services.

#### Other Issues:

Given the lack of clarity currently regarding coverage of General Practitioners providing services in state government nursing homes and other special facilities, it would appear critical that those Districts with such facilities ensure that appropriate arrangements for such clinicians in their clinical privileging structure.

With respect to privileges for doctors credentialed at some site and providing services at another on an outreach or visiting basis, it is obviously desirable to avoid duplication while still ensuring that local management has adequate control on services scope.

#### RECOMMENDATION:

1. That arrangements proposed for Wide Bay, Central Queensland and Sunshine Coast be considered, and if appropriate, be endorsed for consultation with relevant medical groups, notably the Rural Doctors Association of Queensland, the Medical Superintendent's Association, and College of General Practitioners, and College of Rural and Remote Medicine.
2. That consideration be given to appropriate arrangements for Gympie.
3. That Districts with governance of residential nursing home and other special facilities ensure that General Practitioners treating patients in those facilities are covered by the relevant District's Credentialing and Clinical Privileges Committee.
4. That a small group of Medical Superintendent's develop a proposal for clinical privileging of doctors providing outreach services.

**District: FRASER COAST/ BUNDABERG HEALTH SERVICE DISTRICT**

**Date: 19/10/2004**

Position	Number of Doctors	Doctors with current approved privileges	Reasons (where privileges not current)
Fulltime/P/T-SMO	32	=>	REFER TO NOTES BELOW
MSRPP/MORPP	0	N/A	
VM Specialists	13	=>	REFER TO NOTES BELOW
Other VMOs	0	N/A	
GPs (RPP within hospital)	9	=>	REFER TO NOTES BELOW

The RACP, RACS and RANZCOG have been contacted from March this year. So far only the RANZCOG has replied and they have provided the name of a college representative recently- (early September 2004). The earliest convenient time for the O+G representative is November 29. We are planning on congregating in Bundaberg on this date. I have recently re-emailed the RACP to provide a college representative and they have yet to respond. The RACS has been unable to provide a delegate as they have legal concerns. I am awaiting a response from the college in Melbourne to progress the credentialling of our staff. Currently all these doctors have been granted interim privileges.



**Queensland  
Government**  
Queensland Health

## ATTACHMENT 6(a) Implementation of the Service Capability Framework in Central Zone

*Central Zone Management Unit*

### AGENDA

<b>Date:</b>	7 December 2004	<b>Time:</b>	9.00 am to 3pm workshop 3.00 pm – 4.00 pm SDC visit
<b>Venue:</b>	Seminar Rooms 1&2, Education Centre, Royal Brisbane and Women's Hospital.		

9.15 – 9.30	Coffee
9.30 – 9.45	Welcome and opening by Dan Bergin (Zonal Manager, Central Zone)
9.45 – 9.55	Outline of the day by facilitator (Toni Peggrem)
9.55 – 10.05	SCF background and use in the private sector by Rachael Sewell (Principal Policy Officer, Clinical Strategy Team)
10.05 – 10.45	Break into clusters <ul style="list-style-type: none"><li>• Briefly confirm levels and gaps</li><li>• Gap analysis – drill down to what is missing</li></ul>
10.45 – 11.00	Morning Tea
11.00 – 11.05	Summary by facilitator (Toni Peggrem)
11.05 – 11.20	Credentialing (Dr Ian Mottarely ) and group discussion
11.20 – 11.30	Risk Management overview & application (Linda Moule, RM)
11.30 – 12.30	Prioritising gaps, identify risks and solutions (Northern 5 and Central 6 & Metro)
12.30 – 1.00	Lunch
1.00 – 1.20	Tele-health video
1.20 – 2.05	Cluster presentations of risks and solutions (15 mins each)
2.05 – 2.45	Zonal Priorities and solution (facilitator)
2.45 – 2.55	Way Forward and close
3.00 – 3.45	Skill Development Centre Visit



# ATTACHMENT 6(b)

SCF Workshop – 7 December 2004

District	Persons attending	Skill Centre visit
Banana HSD N5	<ul style="list-style-type: none"> <li>Monica Seth, District Manager, Banana HSD</li> <li>Joy Pitman, Director of Nursing, Biloela Hospital, Banana HSD</li> </ul>	
Bundaberg HSD C6	<ul style="list-style-type: none"> <li>Peter Leck, District Manager, Bundaberg HSD</li> <li>Linda Mulligan - District Director of Nursing, Bundaberg HSD</li> </ul>	2
Central Highlands HSD N5	<ul style="list-style-type: none"> <li>Pat Castles A/District Manager, Central Highlands HSD</li> <li>Dr John Lock, Central Highlands HSD</li> <li>Lyn Zeller, DDON, Central Highlands HSD</li> </ul>	
Central West HSD N5	<ul style="list-style-type: none"> <li>June Lithgow, District Manager, Central West HSD</li> <li>Robyn Abbott Service Development Officer, Central West HSD</li> <li>Wendy Thompson, DON Barcaldine Hospital, Central West HSD</li> </ul>	
Fraser Coast HSD C6	<ul style="list-style-type: none"> <li>Dr Terry Hanelt, Director – Medical Services, Fraser Coast HSD</li> <li>Meryn Pease, Director of Nursing, Hervey Bay Hospital</li> </ul>	
Gladstone HSD N5	<ul style="list-style-type: none"> <li>Robyn Goffe, District Manager, Gladstone HSD</li> <li>Dr Ian Mottarelly, Medical Superintendent, Gladstone Hospital</li> <li>Mrs Sandy Munro, Clinical Nurse, Gladstone Hospital</li> </ul>	3
Gympie HSD C6	<ul style="list-style-type: none"> <li>Patti Scott – District Manager, Gympie HSD</li> <li>Karen Croker – Project Officer for ED, Gympie HSD</li> <li>Tracey Warhurst – A/DDON, Gympie HSD</li> </ul>	0
North Burnett HSD C6	<ul style="list-style-type: none"> <li>Geoff Dawson A/District Manager, North Burnett HSD</li> <li>Cheryl Anderson - Director of Nursing - Monto Health Service.</li> <li>Dr Ebrahim Patel, Medical Superintendent with ROPP, Biggenden Health Service</li> </ul>	
Red Cab HSD M	<ul style="list-style-type: none"> <li>Mary Montgomery, District Manager, Redcliffe - Caboolture</li> <li>Catherine Mason - Director of Nursing, Caboolture Hospital</li> <li>Caroline Weaver - Director of Nursing Redcliffe Hospital</li> <li>Dr Eric Van Puymbroeck - A/Director of Medical Services Caboolture Hospital.</li> </ul>	
Rockhampton HSD N5	<ul style="list-style-type: none"> <li>Sandra Thomson, District Manager, Rockhampton HSD</li> <li>Dr Adrian Groessler, EDMS</li> <li>Lex Oliver, DDON</li> <li>Donna Copak, Director, Yangulla Centre.</li> </ul>	
RBWH HSD M	<ul style="list-style-type: none"> <li>Richard Olley, District Manager, RBWH</li> <li>Dr Richard Ashby, Executive Director, Medical Services- RBWH</li> <li>Lesley Flemming, Exec Director of Nursing Services, RBWH</li> </ul>	0
RCH HSD M	<ul style="list-style-type: none"> <li>Denise Best, Executive Manager Child &amp; Youth Mental Health Service, RCH HSD</li> <li>Helen Woollett, District Director of Nursing RCH HSD</li> </ul>	
South Burnett HSD C6	<ul style="list-style-type: none"> <li>Rosemary Hood</li> <li>Dr Steve Shorey</li> <li>Julie Kelly A/DDON</li> </ul>	
Sunshine Coast HSD C6	<ul style="list-style-type: none"> <li>Kevin Hegarty, District Manager, Sunshine Coast Health Service District</li> <li>Dr Don Martin, A/Executive Director, Medical Services, Nambour Hospital</li> <li>Ross Mac Donald – District Director of Nursing Services, SCHSD</li> </ul>	1
TPCH HSD M	<ul style="list-style-type: none"> <li>Gloria Wallace, District Manager, TPCH HSD</li> <li>Cheryl Burns, District Director of Nursing, TPCH</li> <li>John Cartwright, Coordinator Medical Services, TPCH</li> </ul>	



# MEMORANDUM

**To:** Dan Bergin  
Manager, Central Zone

**Copies to:**

**From:** Peter Leck, District Manager  
Bundaberg Health Service District

**Contact No:** 07 41502020  
**Fax No:** 07 41502029

**Subject:** 2004/05 Service Agreement

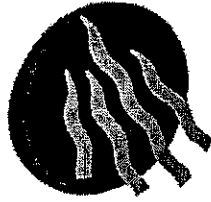
**File Ref:** FINAN/0311/013

Thank you for your memorandum of 5 November 2004.

I enclose a signed copy of the Service Agreement for your records.

A handwritten signature of Peter Leck.

Peter Leck  
District Manager  
10/11/2004



**Queensland  
Government**

***BUNDABERG  
HEALTH SERVICE DISTRICT***

***SERVICE AGREEMENT***

***2004/05***

***Leaders in Health – Partners for Life***

**BUNDABERG**  
**HEALTH SERVICE DISTRICT**  
**SERVICE AGREEMENT 2004/05**

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## **SECTION A INTRODUCTION AND SIGNATORY PAGE**

The overall mission of Queensland Health is to *promote a healthier Queensland* through:-

- ◆ **Prevention** to secure a healthier lifestyle
- ◆ **Protection** to ensure a healthier environment
- ◆ **Patient care** that is client-focussed and based on evidence and best practice
- ◆ **Partnerships** to provide coordinated services that impact on health across all sectors
- ◆ **Positive ideas** to drive innovation, creativity and health enhancements

With a vision to be *Leaders in health – partners for life*

In so doing we recognise that Queenslanders trust us to act in their interest at all times. To fulfil our mission and sustain this trust we share four core values:

- ◆ **Quality and recognition**
- ◆ **Professionalism**
- ◆ **Teamwork and**
- ◆ **Performance Accountability**

Queensland Health's Strategic Plan 2004-2010 (QHSP 0410), which underpins Queensland Health's mission, vision and core values has five Strategic Intents identified for the balance of this decade (2004-2010).

- Healthier Resources
- Healthier Partnerships
- Healthier People and Communities
- Healthier Hospitals
- Healthier Staff

These Strategic Intents (Goals) and their associated objectives will influence budget negotiations and service enhancements over the current decade. Once completed, the QHSP 0410 will provide a framework for planning at all levels of the organisation to provide clearly integrated health services for all Queenslanders.

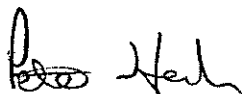
At the same time, Queensland Health has made an explicit and ongoing commitment to performance accountability. The purpose of the 2004/05 Service Agreement is therefore to provide:

- an accountability mechanism for the provision of quality health services in Queensland, and
- a tool to facilitate performance improvement consistent with Corporate, Zonal and District level planning priorities for the delivery of services within each Health Service District.

The Service Agreement is between the Senior Executive Director Health Services, the Zonal Manager and the District Manager, Bundaberg Health Service District of Queensland Health. It constitutes the accountability of the District Manager to the Director-General in relation to the resources allocated to the Health Service District for the 2004/2005 financial year and the service and corporate responsibilities to be discharged in return for these resources.

Underpinning the Agreement is the obligation to adhere to relevant Acts of Parliament, Queensland Health and Government policies, practices, guidelines, standards and administrative procedures.

Signed by:



District Manager  
Bundaberg Health Service District  
8/11/2004.



Zonal Manager  
Central Zone  
15/11/2004.

Senior Executive Director, Health Services  
/ / 2004.

## **GUIDING PRINCIPLES**

The management and delivery of services within each Health Service District will be in accordance with the Strategic Intents (Goals) and Strategic Objectives (Objectives) of the Queensland Health Strategy Map 2004 - 2010 as developed from the Queensland Health Strategic Plan 2004-2010.

The Strategic Intents are:-

- **Promoting a Healthier Queensland**

Queenslanders will be healthier, more confident in our health system and will experience high quality services

- **Healthier People and Communities**

A new focus on the promotion of healthier lifestyles for individuals and the prevention and management of chronic diseases in the community

- **Healthier Partnerships**

Working with others to harmonise programs and activities that impact on health

- **Healthier Hospitals**

Hospitals provide high quality and equitable acute and emergency care, integrated with community care

- **Healthier Resources**

Employing our finite resources to maximum advantage

- **Healthier Staff**

Adequate staffing levels and staff who have the right knowledge and skills and who work in an environment that values their experience and supports innovation and creativity

## **PERFORMANCE ACCOUNTABILITY**

Performance Accountability requires a range of management activities including the setting of clear performance targets, implementation of effective systems and processes, delivering of specific programs and projects and managing resources in line with allocated budgets.

These activities form the basis of the Service Agreement. The other requirements to meet the Performance Accountability expectation relate to "people" factors in particular, modelling behaviour and working with District Executives to embed Queensland Health's values and ensuring a culture of team and personal performance across the District.

The other key components as identified in the Queensland Health Success Program are:

- Review of Leadership Accountabilities and Capabilities
- Performance feedback forums and processes including 360 degree feedback
- An Executive Accountability Agreement and an Executive Development Plan

Each District Manager will be required to enter a annual performance accountability agreement with the Zonal Manager.



## **SECTION B**

### **SCHEDULES OF DISTRICT UNDERTAKINGS**

#### **SCHEDULE 1.**

These undertakings are important and should be achieved:

<b><u>Strategic Intent: HEALTHIER RESOURCES</u></b>	<b><u>How achieved</u></b>	<b><u>Reporting requirement</u></b>
<b>Undertakings:</b>		
<ul style="list-style-type: none"><li>• Achieve Budget Integrity</li></ul>	<ul style="list-style-type: none"><li>• Management of all elements of resource expenditure and revenue generation.</li><li>• Achievement of activity targets negotiated between the Zone and Districts.</li></ul>	<ul style="list-style-type: none"><li>• Completion of monthly executive report.</li><li>• Develop and communicate strategies to manage variations.</li></ul>
<ul style="list-style-type: none"><li>• Compliance with Asset Strategic Planning activities</li></ul>	<ul style="list-style-type: none"><li>• Development of Asset Strategic Plan.</li></ul>	<ul style="list-style-type: none"><li>• Asset Strategic Plan completed by September for following year including general plan for out years.</li></ul>

## SCHEDULE 1.

These undertakings are important and should be achieved:

<u>Strategic Intent: HEALTHIER PARTNERSHIPS (&amp; RELATIONSHIPS)</u>		<u>How achieved</u>	<u>Reporting requirement</u>
<u>Undertakings:</u>			
<ul style="list-style-type: none"> <li>High level judgement and quality advice to Minister/Director-General /Zonal Manager/key stakeholders/community and staff</li> </ul>		<ul style="list-style-type: none"> <li>Respond accurately to briefing requests, QON, PPQ, QTB by deadlines.</li> <li>Quarterly meetings with Members of Parliament.</li> <li>Development &amp; implementation of an annual District Communications Plan and the development of specific communications strategies for significant issues.</li> </ul>	<ul style="list-style-type: none"> <li>As per timeline advised with request or upon approved extension.</li> <li>Regular review and progress of "District Communications Plan".</li> </ul>
<ul style="list-style-type: none"> <li>Cross Agency Networks</li> </ul>		<ul style="list-style-type: none"> <li>Constructive participation in Regional Managers Coordination Networks and associated community development activities.</li> <li>Active participation in the Indigenous Health Regional Forums and local health forums where relevant.</li> <li>Development of Primary Care Partnerships and active participation in the Central Zone GP Workgroups and Forums.</li> <li>Participation in District Queensland Emergency Medical System (QEMS) meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Addressing identified strategic intent.</li> <li>Ensure consistent and timely receipt and dissemination of information across all formal and informal networks.</li> </ul>

## SCHEDULE 1.

These undertakings are important and should be achieved:

<u>Strategic Intent: HEALTHIER PEOPLE AND COMMUNITIES</u>		<u>How achieved</u>	<u>Reporting requirement</u>
<u>Undertakings:</u>			
<ul style="list-style-type: none"> <li>Child Safety</li> </ul>		<ul style="list-style-type: none"> <li>Implementation of QH role in CMC report and specific responsibilities.               <ul style="list-style-type: none"> <li>eg. District's role in cross departmental SCAN team.</li> </ul> </li> <li>Other agencies roles in SCAN Team (Police, Families, Attorney General).</li> </ul>	<ul style="list-style-type: none"> <li>Districts comply with the 'Whole of Government Performance Reporting Framework'.</li> </ul>
<ul style="list-style-type: none"> <li>Mental Health</li> </ul>		<ul style="list-style-type: none"> <li>The continued implementation of mental health development.</li> </ul>	<ul style="list-style-type: none"> <li>Six (6) monthly reporting against the 'Central Zone Mental Health Services Development Framework'.</li> </ul>
<ul style="list-style-type: none"> <li>Primary Health Care</li> </ul>		<ul style="list-style-type: none"> <li>Develop / expand "link" mechanisms between acute and primary health care services for :               <ul style="list-style-type: none"> <li>Management of sub-acute patients</li> <li>Chronic disease management</li> </ul> </li> <li>Work with Public Health for the identification and implementation of 'best buys' for the local community.</li> </ul>	<ul style="list-style-type: none"> <li>ISAP measure reporting processes.</li> </ul>
<ul style="list-style-type: none"> <li>Indigenous Health</li> </ul>		<ul style="list-style-type: none"> <li>The continued implementation of Indigenous health improvement initiatives – National, State &amp; local through further implementation of the Aboriginal and Torres Strait Islander Services Development Framework.</li> </ul>	<ul style="list-style-type: none"> <li>Six (6) monthly reporting against the 'Central Zone Aboriginal and Torres Strait Islander Progress Report'.</li> </ul>

## SCHEDULE 1.

These undertakings are important and should be achieved:

### Strategic Intent: HEALTHIER HOSPITALS

	<u>How achieved</u>	<u>Reporting requirement</u>
<b>Undertakings:</b>		
• Election Commitments	<ul style="list-style-type: none"> <li>• Participation as outlined in individual project plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly status reports to the relevant project sponsor.</li> </ul>
• Capital Works	<ul style="list-style-type: none"> <li>• Strategic options are considered when capital works are being planned.</li> <li>• Recurrent costs arising from capital works are pro-actively managed.</li> </ul>	<ul style="list-style-type: none"> <li>• Timely advice to Zonal Manager and Capital Works when alternate options are identified.</li> <li>• Timely submission for resolution of capital works issues.</li> </ul>
• Cold Chain	<ul style="list-style-type: none"> <li>• Compliance with Cold Chain procedures &amp; guidelines developed by Public Health.</li> </ul>	<ul style="list-style-type: none"> <li>• Actively respond to any audit requirements.</li> <li>• Monitor &amp; report to Public Health Unit.</li> </ul>
• Measured Quality	<ul style="list-style-type: none"> <li>• Actively address significant variances identified in the measured quality process.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure internal reporting processes highlight action taken to address significant variances.</li> </ul>
• Waste Management	<ul style="list-style-type: none"> <li>• Ensure compliance with legislative and regulatory requirements for clinical waste management.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual reporting of Waste Management performance and compliance.</li> </ul>

## SCHEDULE 1.

These undertakings are important and should be achieved:

<u>Strategic Intent: HEALTHIER STAFF</u>	<u>How achieved</u>	<u>Reporting requirement</u>
<b>Undertakings:</b>		
• Credentialing and Privileging	<ul style="list-style-type: none"> <li>• Credentialing and Clinical Privileging occurs prior to commencement of clinicians.</li> </ul>	<ul style="list-style-type: none"> <li>• Internal District process for monitoring of compliance with Credentialing and Clinical Privileging.</li> </ul>
• Safety and Security	<ul style="list-style-type: none"> <li>• Training of staff in key areas in aggressive behaviour management.</li> </ul>	<ul style="list-style-type: none"> <li>• Internal District process for staff training.</li> </ul>
• Proactive workplace injury claims management	<ul style="list-style-type: none"> <li>• Ensure compliance with the 'Workcover Claims Management Guideline'.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation &amp; ongoing management of the 'Safer Workplace Agency Tool Kit Series 3 Reporting Requirements'.</li> </ul>
• Improved Management of Absenteeism	<ul style="list-style-type: none"> <li>• Ensure compliance with the 'Policy for the Management of Un-rostered Absence from Duty' IRM 8.1</li> </ul>	<ul style="list-style-type: none"> <li>• Internal District processes.</li> </ul>

## APPENDIX I

### QUEENSLAND HEALTH BUSINESS RULES 2004/2005

**Purpose:** These rules are designed to support the budget management framework within Queensland Health by promoting consistent standards for all Health Service Districts, Statewide Services and Corporate Office in relation to funding arrangements, utilisation of funding, budget performance reporting and monitoring processes in conjunction with the corporate information systems and associated practices.

*These rules apply to all Health Service Districts, Statewide Services (such as Capital Works Program, Information Services, Public Health, Central Pharmacy, Group Linen Services and Pathology & Scientific Services) and Corporate Office with Shared Services yet to be operationalized.*

### **KEY BUDGET PERFORMANCE PRINCIPLES:**

1. The Office of the Director-General may allocate or re-distribute any funding as necessary to meet corporate priorities.
2. Service Agreement obligations including operating result, financial position, funding and activity, must be met within the resources available to the Health Service District, Statewide Service and Corporate Office. Funds allocated should only be utilised for their specific purpose. Where funding adjustments occur, activity targets may be adjusted accordingly, similarly where activity targets are not being achieved, funding may also be adjusted. There should not be an expectation to receive funding supplementation to meet a balanced budget or additional funding for exceeding targets without prior agreement with General Manager Health Services.
3. Health Service Districts, Statewide Services and Corporate Office are responsible for their financial performance (which includes State and Commonwealth Programs, general trust and capital), financial position and budget performance as appropriately recorded in the corporate financial systems. This performance is closely monitored by Zonal Management, the Office of the Director-General and Government under the corporate governance framework, for accountability, service delivery and resource allocation / utilisation purposes. It is essential that an appropriate 'self-assessment' of budget and financial performance be disclosed including the underlying assumptions by each Health Service District and Statewide Service in the monthly snapshot performance reporting to Zonal Management and the Office of the Director-General. This 'self-assessment' must represent a managed (ie. not worst/best case) position. Where material savings strategies are required to balance budget, and as agreed by Zonal Management, these strategies shall be costed with cash flow so realisation of savings can be monitored by Zonal and Health Service Management. The corporate financial and reporting systems must also be updated appropriately to accurately reflect the current and full year projected positions to allow Zonal management review as part of the ongoing monthly performance reporting cycle.
4. Patient activity targets for Health Service Districts and Statewide Services will be established in consultation with Zonal and Health Service District Management as part of the service agreement process. Patient activity information must be routinely reported by Health Service Districts and Statewide Services to Zonal Management and Corporate data collections. The corporate information systems must also be updated appropriately to accurately reflect the current activity position. Health Service Districts and Statewide Services are responsible for the integrity of their patient data and for appropriate monitoring processes.
5. Health Service Districts, Zonal Management, Statewide Services and Corporate Office are responsible for managing and maintaining the appropriate full time equivalent (FTE) / staff profile. The corporate information systems must be updated to accurately reflect the current position for internal and external FTE.
6. Health Service Districts, Statewide Services and Corporate Office must ensure their cost centre output distributions accurately record the costs of Departmental outputs in the corporate systems under the *Managing for Outcomes* (MFO) framework and reviewed annually.
7. Asset Management – Capital allocations within the Health Service District budget should be expended in accordance with the Health Service District's Asset Strategic Plan. Additionally, it is Queensland Health policy that expenditure on maintenance and repairs to be between 2.5% and 4% of the total budget for each Health Service District. Refer to QHEPS for further details.

### **FUNDING ARRANGEMENTS:**

Central Zone - District 2004-05 Service Agreement

1. **Queensland Health is funded under the Queensland Treasury Managing for Outcomes (MFO) framework** where the Department receives output revenue from Treasury and 'own source' revenue directly from user charges, grants and other contributions to deliver Departmental outputs that directly contribute towards Government outcomes/priorities.

These funding arrangements also apply across Queensland Health where revenue components and targets are devolved directly to the Zones with the corresponding reduction to base appropriation budgets in 2001-02. Any revenue raised above these targets is retained by the Zone in a revenue retention agreement with each Health Service District to fund priorities. Responsibility for bad debt expense and provisions associated with these revenue components are also devolved to the Districts as incurred from 1 July 2002.

An annual review of target and actual revenue as at 30 June each year is undertaken by Zonal Management and taken into consideration for the forward year agreements with Health Service Districts. Zonal targets may be adjusted as approved by the Office of the Director-General.

2. **Budget surpluses at year-end in State operating funding**, taking into consideration valid commitments, will be re-provided to the Health Service Districts and Statewide Services at the discretion of the Office of the Director-General and the Zonal Managers. Retention of surpluses in excess of 4% of the total Health Service District and Statewide Services operating budget will require justification by the Health Service District. In the event of a deficit, the over run shall be carried forward by the entity and will be absorbed in the allocation for the new financial year.
3. **Budget surpluses at year-end in State funded special allocations** (ie. all quarantined allocations including new funding initiatives) may be re-provided on a case by case basis as determined by the Office of the Director-General.
4. **Budget surpluses at year-end in Commonwealth program funds** are subject to the terms and conditions of the relevant Commonwealth Program. Refer to *Guidelines for Commonwealth Agreements* on QHEPS.
5. General trust funds are to be administered in accordance with Queensland Health General Trust Fund Policy. Health Service Districts should ensure effective investment of surplus funds with QTC.
6. **New Initiative funding is to be allocated in accordance with approved priorities**. This funding must be utilised for the purposes specified and will only be provided to the appropriate level commensurate with the progress of the initiative. The labour component of new funding assumes the current award rates and includes all on-costs including superannuation.
7. Prior to committing to any Capital Work's Program, related recurrent funding is also to be negotiated through the planning process.
8. In accordance with the targets set in the Department's Capital Acquisition Statement the budget for 'Minor Capital Acquisitions and Projects' is quarantined within the overall budget for Health Service Districts, State-wide Services and Corporate Office for agreed capital purposes in the current financial year. The capital target must be achieved at Zonal level with underspends / overspends to be carried forward and managed at Zonal level for capital purposes. Underspends are not available to improve the operating position.
9. Where borrowing is required to fund capital initiatives, internal sources are to be accessed in the first instance. Where internal sources are not available, borrowing is to be sourced through the Queensland Treasury Corporation (QTC). All borrowing is to be endorsed by the Strategy, Performance & Finance Group (SPFG) and be approved by the Director-General.
10. In the event a natural disaster with damage to public property, the Department of Emergency Services will invite agencies to claim grant funding for the restoration of essential constructed public assets to the equivalent of their pre-disaster standard under the Natural Disaster Financial Assistance Arrangements within Queensland. Please refer to *NDA Arrangements* on QHEPS.
11. Any variations to Queensland Health funding by Treasury (such as award adjustments / savings / levies / charges / interest) or internal to Queensland Health will be distributed as attributable to Health Service Districts, Statewide Services and Corporate Office.
12. Only valid budget claims (ie. supported by funding approvals or claims initiated corporately) should be taken into consideration for determining the budget position for Health Service Districts and Statewide Services. Zonal Units to review monthly claims for reasonableness and appropriateness.
13. **State funded superannuation expense** (employer contribution) is part of Queensland Health's base funding, consequently funding adjustments to Health Service Districts, Statewide Services and Corporate Office (state special line item for superannuation) is aligned with the State Budget process where adjustments only occur through approved award variations and the labour component of new initiative funding.

14. A centrally managed government wide assessed scheme is established to manage **Long Service Leave Liability** for budget sector agencies. Presently the scheme is funded through a **1.5% Levy** on Health Service Districts, Statewide Services and Corporate Office remitted and administered by the Government's Superannuation Office.
15. Health Service Districts, Statewide Services and Corporate Office are responsible for the effective management of **recreation leave entitlements** including workplace health and safety obligations.
16. The Queensland Government Insurance Fund has been established to **manage insurance and legal claims** for budget sector agencies (excludes entities outside the Government sector such as Mater Public Hospital) and covers, property loss, general liability and health litigation. **The annual premium as incurred shall be distributed across Queensland Health.** Separate arrangements apply for Mater Public Hospital Complex providing health services to public patients.
17. WorkCover premium and claims management are the responsibility of each Health Service District, Statewide Service and Corporate Office as outlined in the **Queensland Health WorkCover Claims Management Guidelines.**
18. Health Service Districts, Statewide Services and Corporate Office shall incur an annual levy (as approved by GMHS) for corporate Human Resource Management Information System (HRMIS) **LATTICE support.**
19. The equity charge applied to Queensland Health assets from Treasury may flow on to the relevant Health Service Districts, Statewide Services and Corporate Office as incurred.
20. **Voluntary Early Retirement (VER)** packages for Health Service District employees **will not be funded corporately** unless otherwise agreed, and as such becomes the financial responsibility of the Health Service District, Zonal Management, Statewide Services and Corporate Office.
21. The processing of Health Service District, Statewide Services and Corporate Office valid **expenditure recoveries (through JMAN)** must be settled within 10 days of entering the system. Raising prior year transactions are not valid (ie. June transactions to be processed in June).

## **REPORTING ARRANGEMENTS:**

1. **Integrating Strategy and Performance (ISAP)** – in 2002 Queensland Health released Smart State: Health 2020 Directions Statement, as part of the Governments wide-ranging strategy of health system renewal. It is intended this vision be achieved through the ISAP process. The framework for strategy development and performance management in Queensland Health is being based on the Balanced Scorecard approach which includes financial and non financial strategies and measures. It is expected that reporting requirements will be aligned to this approach as the ISAP process develops.
2. **For internal reporting purposes**, Health Service Districts, Statewide Services (Capital Works Program, Information Services, Public Health, Central Pharmacy, Linen Services and Pathology & Scientific Services), grant funded hospitals (Mater Public Hospital Complex and Noosa Hospital) and Corporate Office (administration and statewide programs) are **entities to be accounted for separately within Queensland Health.**
3. **Queensland Health reporting requirements and timeframes** for Health Service Districts, Statewide Services, and Corporate Office are obligatory in order to meet **corporate governance obligations.** **The minimum reporting requirements** include month and year-to-date positions, and **full-year projections.** Full year projections shall be determined by the responsibility area and loaded to FAMMIS/DSS budget versions (ie. full year budget and forecast) as informed by the **corporate costing tool**, across the accounting periods at facility level, by specified account codes within all applicable account groups (by cost centre and account code for Corporate Office) and be kept current at all times.

//ENDS//



# ATTACHMENT 8

## Measured Quality Hospital Report 2004 Outlier Investigation Bundaberg Hospital

### Clinical Utilisation and Outcome Indicators

Indicator	2002/03	2001/02	2000/01	Peer Group Mean	State Mean
Acute Myocardial Infarction C101.1 In-hospital Mortality	25.5	19.6	29.8	14.2	14.2

#### 1. Investigation / Evaluation:

- Revised care management has resulted in improved thrombolytic treatment initiation
- Flow charts for thrombolysis developed and implemented by DEM and ICU staff
- Medication procedure book updated
- Staff workshops regarding thrombolytics
- Decreased in 2004 due to discharge summary awareness
- Improved identification of high risk patients requiring transfer to tertiary cardiology services

#### 2. Management / Action Plan:

- An audit of 2003/04 data indicated no ongoing concerns
- Visiting Cardiologist sees inpatients three days a week

#### 3. Opportunity to communicate best practice to other facilities: The hospital believes that changes in care management adequately addresses issues regarding acute myocardial infarction in-hospital mortality.

#### 4. Contact: Dr Darren Keating, DMIS, 07 4150 2210

### Stroke

C103.1 In-hospital Mortality	30.9	37.7	38.4	19.4	21.7
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#### 1. Investigation / Evaluation:

- A chart audit of deceased clients with stroke for the 1<sup>st</sup> July 2003 - 30 June 2004 was conducted. The audit found that patients continue to receive care appropriate for their individual condition.
- Audit of patient charts coded as transient ischemic attack (TIA) for the time period July 2003 – June 2004 with a length of stay greater than state average length of stay. The audit found that patients continue to receive care appropriate for their individual condition. Coding issue apparent with TIA patients, who should have been coded as having a stroke.
- Reviewed stroke and TIA patient management and guidelines.

**2. Management / Action Plan:**

- Monthly audit by staff physician and stroke project officer of all patients coded as stroke and TIA before data sent to QII Data Services
- Monthly audit of all stroke mortality, including nursing home status and transfers in and out of hospital
- Began hospital participation in the Collaborative for Healthcare Improvement (CHI) Stroke
- Developed multidisciplinary working group
- Staff orientation and education instigated to enhance staff awareness

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding stroke in-hospital mortality.

**4. Contact:** Dr Darren Keating, DMS, 07 4150 2210

**Maternal Post-Natal Long Stay Rate**

**CH13.3 Vaginal Births (Cal Yr)**

- 3.0 3.0 6.1 7.1

**1. Investigation / Evaluation:**

- Extended Midwifery Service (EMS)
- Use of Antenatal Clinical Pathway. Postnatal length of stay is discussed with mothers as part of the education component.

**2. Management / Action Plan:**

- Continued delivery of EMS
- Continued use of Antenatal Clinical Pathway

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that this program adequately addresses issues regarding maternal post-natal long-stay rates and is willing to share this knowledge with other facilities.

**4. Contact:** Ann Robinson, Family Unit NUM, 07 4150 2412

**Measured Quality Comments:** Good. Should share positive outlier information with other hospitals.

## Efficiency Indicators

Indicator	2002/03	2001/02	2000/01	Peer Group Median	State Median
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### Cost of Overtime per FTE

#### EFF-03 All Staff

\$4087	\$3156	\$2905	\$3159	\$2649
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1. Investigation / Evaluation:
  - Organisational performance discussed in Improving Performance and Executive Council monthly meeting
2. Management / Action Plan:
  - Ongoing monitoring and regular review of workload and overtime by department managers
  - Ongoing assurance of sufficiently trained relief pool
3. Opportunity to communicate best practice to other facilities: Not applicable
4. Contact: Peter Heath, DCS, 07 4150 2705

#### EFF-03.01 Managerial/Clerical

\$919	\$355	\$331	\$288	\$93.68
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1. Investigation / Evaluation:
  - Overtime in Human Resources (HR) Service related to implementation of ESP
  - Additional hours due to work practices in various departments and insufficient relief staff
2. Management / Action Plan:
  - Changed rostering practice in HR Service
  - Reviewed HR Service workload
  - Ongoing assurance of sufficiently trained relief pool
3. Opportunity to communicate best practice to other facilities: Not applicable
4. Contact: Peter Heath, DCS, 07 4150 2705

#### EFF-03.02b Junior Medical

\$26365	\$21756	\$21893	\$21102	\$24015
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1. Investigation / Evaluation:
  - Increase in the number of junior medical officers
  - Reflects increase in Enterprise Bargaining Agreement Award rates
  - Higher proportion of overseas trained junior doctors who were more reliant on Principal House Officer/Registrar support
2. Management / Action Plan:
  - Director of Medical Services (DMS) continues to monitor number of hours of overtime
  - Continue to provide comprehensive training program for junior medical officers, addressing needs of overseas trained doctors

- Refined selection process of junior medical officers. Encourage selection of junior medical officers with previous experience in Australian health system so they are more independent and require less supervision.
3. Opportunity to communicate best practice to other facilities: Not applicable
  4. Contact: Dr Darren Keating, DMS, 07 4150 2210

#### EFF-03.03 Nursing

\$1497	\$1194	\$780	\$724	\$680
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1. Investigation / Evaluation:
  - Rostering issues contributing to overtime
  - Identified four clinical areas with high nursing overtime hours
2. Management / Action Plan:
  - Review clinical areas with high nursing hours
  - Established joint working parties, including Queensland Nursing Union, in four clinical areas with high nursing hours
  - Roster re-engineering in progress with clinical areas in different stages of progress. Trial in progress in one clinical area with others to follow.
3. Opportunity to communicate best practice to other facilities: None
4. Contact: Mrs Linda Mulligan, DDON, 07 4150 2025

#### EFF-03.07 Professional

\$7145	\$4066	\$3616	\$3656	\$3202
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1. Investigation / Evaluation:
 

Pharmacy

  - Provision of oncall and weekend service contributes overtime hours
  - Provision of Methadone Clinic daily
  - Pharmacist staff shortage
  - Difficulty in obtaining casual staff

Diagnostic Imaging

  - Difficulty in obtaining casual staff
  - Limited radiographer staffing allocation for 24/7 coverage
2. Management / Action Plan:
 

Pharmacy

  - Development of staffing structure
  - Investigating feasibility of additional professional staffing

Diagnostic Imaging

  - Consider implementation of a late shift on weekends
  - Investigate additional staffing
3. Opportunity to communicate best practice to other facilities: Not applicable
4. Contact: Dr Darren Keating, DMS, 07 4150 2210

MQ Comment: Overtime rates have generally not improved with the implementation of the above initiatives

### Proportion of Work Cover Leave

EFF-05.01 Managerial/Clerical

1.99% 1.27% 0.43% 0.23% 0%

#### 1. Investigation / Evaluation:

- Isolated incidents of PPI claims related to organisational change and disciplinary issues

#### 2. Management / Action Plan:

- Ongoing management and organisational change implemented
- Disciplinary matters finalised
- Improvements made in case management in PPI claims (e.g., investigation process improved)

#### 3. Opportunity to communicate best practice to other facilities: Not applicable

#### 4. Contact: Peter Heath, DCS, 07 4150 2705

MQ Comment: - results have improved significantly, how was the investigation process improved?

### Proportion of Admin FTE per Total FTE

EFF-11 16.6% 15.4% 14.9% 15.3% 9.78%

#### 1. Investigation / Evaluation:

- Review of administrative staffing conducted 2002/2003
- Minimal additional staff in HR Service, front desk and medical records
- Assumption made that other districts apportion Admin FTEs to other district facilities

#### 2. Management / Action Plan:

- Transition to Shared Services
- No further efficiencies can be identified

#### 3. Opportunity to communicate best practice to other facilities: Not applicable

#### 4. Contact: Peter Heath, DCS, 07 4150 2705

Measured Quality Comment: The transition to shared services has improved result.

### Cost of Admin Staff per W/Sep

EFF-12 \$277 \$258 \$245 \$209 \$180

#### 1. Investigation / Evaluation:

- Review of administrative staffing conducted 2002/2003
- Minimal additional staff in HR Service, front desk and medical records
- Assumption made that other districts apportion Admin FTEs to other district facilities
- Recent investigations indicate Bundaberg Hospital performance is 16 W/Sep per month per Admin FTE, compared to two peers of 14 and 11 W/Sep per month per Admin FTE.

#### 2. Management / Action Plan:

- Transition to Shared Services
- No further efficiencies can be identified

#### 3. Opportunity to communicate best practice to other facilities: Not applicable

#### 4. Contact: Peter Heath, DCS, 07 4150 2705

Measured Quality Comment: 2005 report identified costs using NHCDC methodology and show Bundaberg in a favourable position for most indicators excluding ward supplies.

#### Proportion of Same Day Patients

EFF-32	51.2%	50.9%	48.9%	46.0%	34.8%
--------	-------	-------	-------	-------	-------

##### 1. Investigation / Evaluation:

- Surgical staff, Anaesthetists and Elective Surgery Coordinator have worked together to identify suitable procedures and patients for day only procedures
- Day Surgery Unit role promoted within hospital

##### 2. Management / Action Plan:

- Regular reporting available to Director of Surgery and Director of Anaesthetics
- Development of Day Only Laparoscopic Cholecystectomy protocol by Director of Surgery, Director of Anaesthetics and Day Surgery Nurse Unit Manager

##### 3. Opportunity to communicate best practice to other facilities: Not applicable

##### 4. Contact: Dr Darren Keating, DMIS, 4150 2210

Measured Quality Comment: Result is a favourable outlier in 2005, possibly includes increased Renal patients

#### Elective Surgery Long Wait Proportion

##### EFF-34.2 Category 2

5.36%	4.00%	1.06%	0.39%	4.27%
-------	-------	-------	-------	-------

##### 1. Investigation / Evaluation:

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Locum surgical staff had focused primarily on emergency and elective surgery Category 1 patients
- Stabilised senior workforce in surgery and anaesthetics in 2003
- Increased familiarity with system by overseas trained surgeons
- Subsequent improvement with 0% Category 2 (2003/2004)

##### 2. Management / Action Plan:

- Continue ongoing focus on long waits

##### 3. Opportunity to communicate best practice to other facilities: Not applicable

##### 4. Contact: Dr Darren Keating, DMS, 4150 2210

Measured Quality Comment: 1/7/05 result is 11.6%

#### EFF-34.3 Category 3

38.4%	16.4%	14.2%	24.2%	24.2%
-------	-------	-------	-------	-------

##### 1. Investigation / Evaluation:

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Stabilised senior workforce in surgery and anaesthetics in 2003

- Increased familiarity with system by overseas trained surgeons
- Subsequent improvement with 33% Category 3 (2003/2004)

**2. Management / Action Plan:**

- Continue ongoing focus on long waits

**3. Opportunity to communicate best practice to other facilities: Not applicable**

**4. Contact: Dr Darren Keating, DMS, 07 4150 2210**

Measured Quality Comment: 1/7/05 result is 32.9%

**Proportion of Long Wait Admissions**

EFF-36	13.7%	3.96%	6.55%	7.70%	8.27%
--------	-------	-------	-------	-------	-------

**1. Investigation / Evaluation:**

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Stabilised senior workforce in surgery and anaesthetics in 2003
- Increased familiarity with system by overseas trained surgeons

**2. Management / Action Plan:**

- Continue ongoing focus on long waits

**3. Opportunity to communicate best practice to other facilities: Not applicable**

**4. Contact: Dr Darren Keating, DMS, 07 4150 2210**

Measured Quality Comment: Proportion of LW admissions showed improvement for 03/04 however increased LW% at 1/7/05 may indicate an increase in LW admissions for the 04/05 year.

**Day of Surgery Admission Rate**

EFF-38	74.1	80.9	90.9	89.2	86.3
--------	------	------	------	------	------

**1. Investigation / Evaluation:**

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Stabilised senior workforce in surgery and anaesthetics in 2003
- Increased familiarity with system by overseas trained surgeons
- Surgical staff, Anaesthetists and Elective Surgery Coordinator work together to optimise Day of Surgery admissions

**2. Management / Action Plan:**

- Regular reporting available to Director of Surgery and Director of Anaesthetics
- Increased throughput in Pre-Admission Clinic

**3. Opportunity to communicate best practice to other facilities:**

**4. Contact: Dr Darren Keating, DMS, 07 4150 2210**

Measured Quality Comment: shows significant improvement for 04/05 93.1%.

**Day Surgery Basket**

EFF-39 Standardised rate

111	109	107	104	103
-----	-----	-----	-----	-----

**1. Investigation / Evaluation:**

- Apply best practice for appropriate procedures by experienced surgical staff

2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: The facility is demonstrating an increased awareness of performing the basket procedures on a day surgery basis.

#### EFF-39.01 Inguinal hernia repair

70.0%      47.5%      35.7%      12.5%      17.4%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for inguinal hernia repair and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: DS rate remained high for 03/04

#### EFF-39.04 Haemorrhoidectomy

54.2%      9.09%      13.3%      49.1%      42.5%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for haemorrhoidectomy and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: too few procedures performed during 03/04 to analyse

#### EFF-39.09 Carpal tunnel decompression

100%      100%      100%      94.7%      95.1%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
  - Orthopaedic surgeon with special interest in hand and foot surgery
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding



the proportion of day surgery procedures undertaken for carpal tunnel decompression and is willing to share this knowledge with other facilities.

4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: result maintained for 03/04.

#### EFF-39.11 Arthroscopy

88.8%      90.9%      92.1%      78.8%      76.5%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for arthroscopy procedures and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: result maintained for 03/04

#### EFF-39.18 Dilatation and Curettage/Hysteroscopy

97.4%      100%      94.3%      96.5%      94.2%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for dilatation and curettage and hysteroscopy procedures and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: result maintained for 03/04

#### EFF-39.19 Laparoscopy

92.5%      89.9%      92.4%      88.8%      86.5%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for laparoscopy procedures and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: result maintained for 03/04

### Proportion of ED Patients Seen in Time

#### EFF-41.01 Category 1

97.9%      100%      100%      99.3%      100%

#### 1. Investigation / Evaluation:

- Lack of full-time Medical Director
- Shortage of RMOs with high turnover
- Lack of awareness of benchmarks
- Achieved benchmarks Sept '04 through Feb '05

#### 2. Management / Action Plan:

- Medical Director provides consistent leadership
- Enabled process for appropriate triage
- Greater collaboration between medical and nursing staff
- Improved rostering of medical and nursing staff to adjust for peak demand periods
- Better balance of senior and junior medical staff on roster

#### 3. Opportunity to communicate best practice to other facilities: Not applicable

#### 4. Contact: Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: result improved to 100% in 03/04

#### EFF-41.02 Category 2

63.4%      76.2%      85.4%      74.0%      74.0%

#### 1. Investigation / Evaluation:

- Lack of full-time Medical Director
- Shortage of RMOs with high turnover
- Lack of awareness of benchmarks
- Achieved benchmarks Sept '04 through Feb '05

#### 2. Management / Action Plan:

- Medical Director provides consistent leadership
- Enabled process for appropriate triage
- Greater collaboration between medical and nursing staff
- Improved rostering of medical and nursing staff to adjust for peak demand periods
- Better balance of senior and junior medical staff on roster

#### 3. Opportunity to communicate best practice to other facilities: Not applicable

#### 4. Contact: Dr Darren Keating, DMS, 07 4150 2210

Measured Quality Comment: result improved to 85% in 03/04

### Top 10 DRG Average Cost

#### EFF-52.01 D40Z Dental Extract & Restorations

\$11099      \$1766      \$3078      \$1542      \$1401

#### 1. Investigation / Evaluation: Cost modelling error identified in Transition II

#### 2. Management / Action Plan:

- Correction made in assignment of costs and cost type categories in Transition II correcting the error.
- No further management or action required.

3. Opportunity to communicate best practice to other facilities: Not applicable
  4. Contact: Jennifer Kirby, Manager DQDSU, 4150 2210
- Measured Quality Comment: error should have been identified prior to this report.

EFF-52.02 0600 Vaginal Delivery Comp Diag  
 \$3353 \$2891 \$1850 \$2692 \$1401

1. Investigation / Evaluation:
  - Variance associated with cost assignment due to reduced LOS and EMS
2. Management / Action Plan:
  - Review of costing assignment
3. Opportunity to communicate best practice to other facilities: Not applicable
4. Contact: Jennifer Kirby, Manager DQDSU, 4150 2208

Measured Quality Comment: result \$3,594 in 2005 report, above peer group median of \$2,361

**Food Services - total cost per OBD**  
 EFF-60

\$37.16 \$36.93 \$33.48 \$27.44 \$32.41

1. Investigation / Evaluation:
  - Investigation in progress
2. Management / Action Plan:
  - Will study services at peer groups
  - Identify further efficiency changes and opportunities to implement efficiencies (e.g., attrition)
3. Opportunity to communicate best practice to other facilities: Not applicable
4. Contact: Peter Heath, DCS, 07 4150 2705

Measured Quality Comment: result improved slightly to \$34.95 in 2005 report, however appears no investigation / action taken

**Linen Cost per OBD**  
 EFF-62

\$16.24 \$12.37 \$4.30 \$12.19 \$12.12

1. Investigation / Evaluation:
  - Service reviewed in 2002/2003
  - Considerable excess costs identified
  - Work practice inefficiencies identified
2. Management / Action Plan:
  - Efficiencies have been implemented
3. Opportunity to communicate best practice to other facilities: Not applicable
4. Contact: Peter Heath, DCS, 07 4150 2705

Measured Quality Comment: result improved slightly to \$14.14 in 2005 report

**Revenue Retention**  
 EFF-65

1.21% 1.34% 1.51% 1.41% 2.64%

1. Investigation / Evaluation:

- Revenue retention project was underway in 2002/2003
  - Improved revenue retention since 2002/2003
2. Management / Action Plan:
    - Systems subsequently implemented to maximise revenue
  3. Opportunity to communicate best practice to other facilities: Not applicable
  4. Contact: Jennifer Kirby, Manager DQDSU, 07 4150 2208

Measured Quality Comment: result improved to 2.55% in 2005 report

#### Stock Turnover

EFF-67.01 Drugs

13.3	11.6	12.4	9.31	7.54
------	------	------	------	------

1. Investigation / Evaluation:
  - Monitored on a monthly basis in Finance meeting
  - Strict stock control measures in place to assure stock levels reflect demand
  - Usage pattern reflected in ordering processes
  - Maximise usage of economical supply methods
2. Management / Action Plan:
  - Continue current management strategies
  - Daily monitoring of usage to be responsive to supply and demand issues
  - Weekly review to monitor growth in demand
3. Opportunity to communicate best practice to other facilities: The hospital believes that this management system adequately addresses issues regarding drug stock turnover and is willing to share this knowledge with other facilities.
4. Contact: Paul Cracknell, Director Pharmacy, 07 4150 2511

Measured Quality Comment: result maintained for 2005 report. Share strategies with others

EFF-67.02 Medical Supplies

33.7	40.2	37.3	10.8	8.03
------	------	------	------	------

1. Investigation / Evaluation:
  - Stock Out reports identified occurrences of high stock turnover
  - Ward Imprest List reviewed and adjusted
  - Stock Outs occur less frequently
2. Management / Action Plan:
  - Ongoing analysis of high volume stock items
3. Opportunity to communicate best practice to other facilities: None
4. Contact: Peter Heath, DCS, 07 4150 2705

Measured Quality Comment: favourable result maintained for 2005 report. Share strategies with others

EFF-67.03 Catering

290	340	287	110	96.1
-----	-----	-----	-----	------

1. Investigation / Evaluation:
  - Use of precooked frozen food with some fresh food prepared onsite
  - Frozen food ordered on monthly basis according to demand

- Fresh food delivered weekly
  - Data possibility reflects frequent supply of fresh foods from local suppliers
2. **Management / Action Plan:**
    - Current management is satisfactory to hospital needs
  3. **Opportunity to communicate best practice to other facilities:** None
  4. **Contact:** Peter Heath, DCS, 07 4150 2705

Measured Quality Comment: favourable result maintained for 2005 report. However results for cost of food services EFF-60 should be noted.

### System Integration and Change Indicators

Indicator	2002/03	2001/02	2000/01	Peer Group Median	State Median
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#### Quality of information

SIC04.02a Timeliness – Number of months on time

2	8	5	5	5.5
---	---	---	---	-----

**1. Investigation / Evaluation:**

- Review of coding process identified the need for additional coding service hours
- Reporting has improved by 62 days for BBH from 61 days over deadline (July '03) to 1 day under deadline (March '04)

**2. Management / Action Plan:**

- Coders travel to rural hospitals to complete coding from previous month
- Coding service hours have been extended

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that these actions adequately addresses issues regarding timeliness of information and is willing to share this knowledge with other facilities.

**4. Contact:** Peter Heath, DCS, 07 4150 2705

**MQ Comment:**

Clearly the strategies which have been put in place have led to a significant improvement. Measured Quality are planning for an information sharing system to be available through QHEPS, which will include information such as this.

SIC04.02b Timeliness – Number of days late per month

25.7	1.0	1.8	11.4	7.0
------	-----	-----	------	-----

**1. Investigation / Evaluation:**

- Review of coding process identified the need for additional coding service hours
- Reporting has improved by 62 days for BBH from 61 days over deadline (July '03) to 1 day under deadline (March '04)

**2. Management / Action Plan:**

- Coders travel to rural hospitals to complete coding from previous month
- Coding service hours have been extended

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that these actions adequately addresses issues regarding timeliness of information and is willing to share this knowledge with other facilities.

**4. Contact:** Peter Heath, DCS, 07 4150 2705

**MQ Comment:**

Clearly the strategies which have been put in place have led to a significant improvement. Measured Quality are planning for an information sharing system to be available through QHEPS, which will include information such as this.

Morris Inquiry Briefing 23/6/2005

## **1. Measured Quality - Background**

The goal of Measured Quality is to improve the capacity of the Queensland public hospital system to provide quality services and deliver optimal outcomes by developing a process, which routinely measures and utilises performance data. Reports have been developed in conjunction with staff and expert groups and results have now been presented in a multi-dimensional report. These reports are not exhaustive but measure a key set of indicators in Clinical outcomes, Patient satisfaction, Efficiency, and System integration and Change areas.

Some of the reports that have been developed and disseminated include a series of **Hospital reports**, which highlight variation in performance indicators between hospitals and in conjunction with each Zonal Management Unit, assist district staff with the dissemination process and identification of areas where performance may be 'improved' and where performance may be 'best practice'. The 2003 hospital reports were disseminated to Health Service Districts in April/May 2003. The 2004 hospital reports were disseminated in June/July/August 2004.

A '**Zonal outlier report**' is provided to each Zonal Manager and Unit. This report identifies Negative and positive outliers when measures are compared to a State and peer group average.

A '**State outlier report**' is been provided to the Senior Executive Director-Health Services

A '**Board of Management report**' is currently being developed, which will summarise the results of the hospital reports and include a summary of the indicator results, interpretation, activities undertaken by hospitals and recommendations on areas for organisational improvement.

## **2. Bundaberg**

The Zonal Measured Quality Report 2004 highlighted 2 negative and 1 positive clinical outcomes outlier for Bundaberg hospital.

The negative outliers were not in the surgical area and related to Acute Myocardia Infarction and Stroke.

Surgical items covered in the report included fractured neck of femur, knee replacement surgery, hysterectomy, colorectal carcinoma complications of surgery, laparoscopic cholecystectomy and paediatric tonsillectomy/adenoidectomy with data reported from 2002/03 and the two preceding years.

The District was responsible for remedial action/review in these three clinical areas noted as outliers. The District reporting process was direct to the Measured Quality Service that is responsible for providing expert advice in relation to measures and collation of District responses.

For the 2005 process, a report was tabled at the March Board of Management meeting and the Clinical Practice Improvement Centre (action officer Michael Ward) have been given responsibility for a number of areas relating to clinical utilisation and outcomes.

Measured Quality Service is currently reviewing responses to the 2004 report and will test responses with peer review in the coming month.

The more detailed process for 2005 begins in early July 2005.

**ATTACHMENT 10**

**From:** Peter Leck  
**To:** Bergin, Dan  
**Date:** 5/01/2005 1:33:03 pm  
**Subject:** Brief re Patient Issue raised by Dr Steve Rashford

Hi Dan,

Please find attached Brief and background material prepared by Darren Keating in relation to this matter.

Darren is not sure in the circumstances that an external review is warranted.

Would welcome your further advice re same.

Thanks

Peter





**Queensland  
Government**  
Queensland Health

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**A BRIEFING TO THE ZONAL MANAGER**

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**BRIEFING NOTE NO:** Click, enter Briefing Note Number, if known

**REQUESTED BY:** Dan Bergin, Zonal Manager

**DATE:** 5 January 2005

**PREPARED BY:** Dr Darren Keating, DMS BHSD, 4150 2210

**CONSULTATION WITH:** Dr James Gaffield - Staff Surgeon BHSD, Dr Martin Carter –  
Director of Anaesthetics & ICU BHSD.

**CLEARED BY:** Peter Leck, DM BHSD, 4150 2020

**DEADLINE:** 7 January 2005

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**SUBMITTED THROUGH:** N/A

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**SUBJECT:** MANAGEMENT OF P 26

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**COMMENTS ZONAL MANAGER:**

DAN BERGIN  
Zonal Manager  
Central Zone

/ /

## **PURPOSE:**

Provide brief on clinical management of **P26** at Bundaberg Base Hospital (BBH).

## **BACKGROUND:**

Dr Steve Rashford, Director of Clinical Coordination and Patient Retrieval Services raised concerns in an email dated 4 Jan 05 about possible delay in transfer of above patient to a tertiary centre from BBH, after he sustained critical injury to vascular structures of left groin plus associated pelvic fractures and possible sciatic nerve damage.

15 y.o. male patient sustained deep laceration to left groin in MBA on 23 Dec 04 and was noted by QAS to be profoundly shocked at injury site. Transported by helicopter to BBH and immediately transferred to OT at BBH on arrival due to shocked state.

Patient underwent three operations by general surgeon (as no vascular surgeon available) in next 12 hours. Initial operation repaired 1cm laceration of femoral vein, while at second operation 3 fasciotomies were performed to relieve compartment syndrome and third operation (for acute ischaemic limb) required bypass of occluded femoral artery. Patient was admitted to ICU after initial operation.

Patient's condition improved/stabilised and he was transferred to general surgical ward on 27 Dec 04. He was regularly reviewed by treating surgeons (as care handed over between surgeons on 26 Dec 04 due to planned leave). Patient's general condition and left leg continued to gradually improve with respect to size, colour and sensation while pulses were maintained. Daily wound checks revealed a small area of superficial muscle necrosis in 1 fasciotomy wound on 30 Dec 04 and no evidence of overt infection.

An antibiotic were begun at time of initial operation and another antibiotic added on 31 Dec 04 after patient became intermittently febrile from 27 Dec 04 and white cell count began to rise on 30 Dec 04.

Patient transferred to RBWH on 1 Jan 05 because treating surgeon was concerned that leg had failed to improve as quickly as expected, muscles remained grossly swollen and distal foot colour had changed in last 12-24 hrs with some reduction in pulses. Treating surgeon had no sense of impending problems as outlined in Dr Rashford's email.

## **KEY ISSUES:**

- Life threatening/critical injuries to left groin vascular structures/pelvis of 15 y.o. male.
- Emergency surgery by general surgeon saved patient's life and attempted to save limb. No vascular surgeon available in Bundaberg region.
- Multiple operations maintained limb viability for period after operation.
- Limited improvement in limb observations from 23 Dec 04 until 1 Jan 05.
- Early evidence of infection from 27 Dec and increasing infection from 30 Dec 04 despite investigation and antibiotic cover.

- Transfer on 1 Jan 05 to RBWH – In retrospect transfer was delayed by a number of days as condition of patient's leg failed to improve as quickly as expected combined with evidence of infection. Transfer was possibly affected by handover of care from initial treating staff surgeon to other staff surgeon. Ideally patient should have been transferred to RBWH when stable on or about 25-26 Dec 04.

#### **RELATED ISSUES:**

Initial treating surgeon unable to make comment as he is on leave.

Medico-legal issues – Dependant upon information provided to family of patient by staff at RBWH, civil proceedings under PIPA/CLA may occur.

Public Affairs – Increased risk of negative publicity related to delay in transfer to tertiary facility.

#### **BENEFITS AND COSTS:**

N/A

#### **ACTIONS TAKEN/ REQUIRED:**

BHSD will institute policy of transfer to tertiary facilities of patients with emergency vascular conditions when condition is stable (i.e. life and limb are safe).

Note information provided plus proposed policy change.

#### **ATTACHMENTS:**

Clinical summary – P26

**ATTACHMENT 11**

**From:** Dan Bergin  
**To:** Peter Leck  
**Date:** 7/01/2005 12:19:47 pm  
**Subject:** Re: Brief re Patient Issue raised by Dr Steve Rashford

Could there please be discussions between relevant staff of Bundaberg and RBWH HSDs to ensure in future the timely transfer of patients who require specialist vascular and other care not available in Bundaberg, so as to improve patient outcomes. Please let me know of any unresolved difficulties in this regard.

Dan Bergin  
Zonal Manager  
Central Zone

Phone : (07)  
Fax : (07)

>>> Peter Leck 5/01/2005 1:32:58 pm >>>

Hi Dan,

Please find attached Brief and background material prepared by Darren Keating in relation to this matter.

Darren is not sure in the circumstances that an external review is warranted.

Would welcome your further advice re same.

Thanks

Peter

**CC:** Darren Keating; Richard Ashby; Richard Olley

**ATTACHMENT 125**

**From:** John Scott  
**To:** Dan Bergin  
**Date:** 9/01/2005 12:46:33 pm  
**Subject:** Re: Fwd: Brief re Patient Issue raised by Dr Steve Rashford

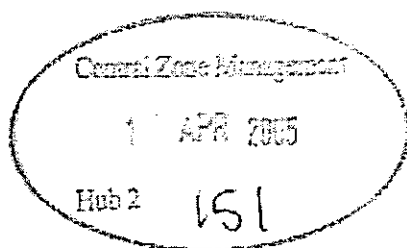
Thanks Dan - that all seems appropriate.  
John

>>> Dan Bergin 01/06/05 03:14pm >>>

John,  
brief as requested. I have discussed with Steve Rashford. I will get Bundaberg and RBWH to liaise to ensure that in future patients in such circumstances requiring specialist vascular and related care are transferred asap following stabilisation. It is important that, in addition to Bundaberg having such a policy, that there are no obstacles to the transfer at the RBWH end.  
Dan

Dan Bergin  
Zonal Manager  
Central Zone

Phone : (07)  
Fax : (07)



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Queensland Health

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

Mr Peter Leck  
District Manager  
Bundaberg Hospital  
Bourhong Street  
BUNDABERG 4670

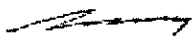
Dear Peter,

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

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

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

Yours Sincerely

  
Dr Gerry FitzGerald  
Chief Health Officer  
8 / 4 / 05

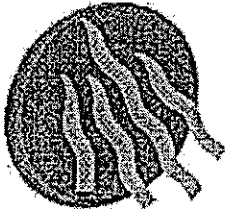
copy: Mr Dan Bergin, Zonal Manager, Central Zone, Citilink Precinct, 153 Campbell Street,  
Bowen Hills, Qld 4077  
Ms Susan Jenkins, Manager, Clinical Quality Unit, Office of the Chief Health Officer

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# Queensland Government

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## Queensland Health

Clinical Audit of General Surgical Services  
Bundaberg Base Hospital

Confidential Audit Report

Prepared by:  
Dr Gerry FitzGerald, Chief Health Officer  
Mrs Susan Jenkins, Manager-Clinical Quality Unit  
Office of the Chief Health Officer

**March 2005**

Controlled Document Number:



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### Acknowledgements

The Chief Health Officer, Dr Gerry FitzGerald, wishes to thank all the staff members of Bundaberg Base Hospital involved in this clinical audit for their assistance, participation, advice and support. Thanks are also extended to the staff of Client Services, Data Services Unit for their assistance in the provision of data for this audit.

## Introduction

Bundaberg is a progressive modern city with a population of 44,670, where residents are catered for with excellent shopping, medical services, education facilities and a diversity of recreational pursuits and experiences including the coral isles, coast and country. The city of Bundaberg is located 386kms north of Brisbane and 321km south of Rockhampton on the Central Queensland coast.

The Bundaberg Health Service District comprises a 136-bed hospital in Bundaberg, an 18-bed hospital in Gin Gin, an 16-bed hospital in Childers and a Health Centre in Mt Perry. The district extends from Miriam Vale in the north (including Town of 1770 and Agnes Waters), to Woodgate in the south, and services a population of 84,049.

Bundaberg Hospital is a modern 136-bed hospital and is the district's major referral centre, providing a broad range of secondary level services, including:

*Hospital services including:* emergency medicine, general medicine, renal dialysis, general, orthopaedic and vascular surgery, obstetrics, gynaecology, intensive care, coronary care, paediatrics and psychiatry. Surgical procedures are undertaken by visiting specialists and staff surgeons with the support of a staff anaesthetist. A staff physician is supported by a range of visiting specialists.

*Diagnostic and laboratory services* at a secondary level are provided.

*Allied Health services include:* physiotherapy, occupational therapy, dietetics, speech therapy, psychology, social work, pharmacy, medical imaging and pathology.

*Background data source:* Queensland Government, February 2005, 'District and Hospital profiles' in the Queensland Health Electronic Publishing System (QHEPS) [Online]. Available at: <http://qhps.health.qld.gov.au/>

## Background

This clinical audit of general surgical services at Bundaberg Base Hospital was undertaken in February 2005 by the Chief Health Officer, Dr Gerry FitzGerald and Mrs Susan Jenkins, Manager of the Clinical Quality Unit in the Office of the Chief Health Officer, both of whom are appointed by the Director-General as Investigators pursuant to Part 6 of the *Health Services Act, 1991*, enabling access to relevant clinical data.

### Definition of clinical audit

Clinical audit is a systematic review and critical analysis of recognised measures of the quality of clinical care, which enables benchmarking and identifies areas for improvement. Clinical audits are designed to complement accreditation surveys and focus on the outcomes of care rather than structures and processes.

### Purpose of the clinical audit

This clinical audit was undertaken to measure the quality and safety of general surgical services at Bundaberg Base Hospital and identify areas for improvement. The Chief Health Officer had been approached by the District Manager (Bundaberg Health Service District) to conduct a clinical audit of general surgical services at Bundaberg Hospital. The catalyst for this request was a level of concern raised by a number of staff at the hospital in regard to some patient outcomes. In addition, some staff members expressed a level of distress about a number of staff interactions.

### Scope of the clinical audit

The Chief Health Officer and Manager of the Clinical Quality Unit conducted an on-site visit at Bundaberg Base Hospital on February 14<sup>th</sup> and 15<sup>th</sup> 2005, to collect data and interview staff. In addition, data from the following facilities across Queensland were reviewed:

Northern zone:     Mt Isa, Mackay  
Central zone:     Rockhampton, Gladstone, Hervey Bay, Maryborough, Redcliffe, Caboolture,  
Southern zone:     Ipswich, QEII, Logan, Redland,

These facilities were chosen to enable benchmarking between hospitals of similar size and scope across the three zones. This peer group of hospitals had previously been identified and used by the Measured Quality Programme for benchmarking purposes.

### Data sources

Data were sourced from the following:

- Queensland Hospitals Admitted Patient Data Collection (QHAPDC – routinely collected hospital in-patient data)
- Interviews with staff members
- Other data collection systems at Bundaberg Hospital (for example, ACHS clinical indicator data, infection rates)

### Service Capability Levels

The Queensland Health Service Capability Framework (2004) was used to compare the stated service levels at Bundaberg Hospital with the recommendations in the framework. The framework outlines the minimum support services, staffing, safety standards and other requirements for public and licensed private health facilities to ensure safe and appropriately supported clinical services. The Service Capability Framework serves two major purposes:

- To provide a standard set of capability requirements for most acute health facility services provided in Queensland by public and private health facilities
- To provide a consistent language for health care providers and planners to use when describing health services and planning service developments

When applied across an organisation, the same set of underlying standards and requirements for similar services will safeguard patient safety and facilitate clinical risk management across the state's health facilities.

*Data source: Clinical Services Capability Framework – public and licensed private health facilities. Version 1.0 - July 2004. Queensland Health.*

### Routinely collected data

The Client Services Unit (CSU) of the Queensland Health Information Centre (HIC) provided data for this review. The CSU was asked to provide data for the calendar year 2004, by doctor, ICD-10\* and ICD-10-AM\*\* codes and by specified hospital (as described above), including the following:

- Number and percentage of surgical episodes
- Number and percentage of episodes where the patient died in hospital
- Number and percentage of episodes where the patient was transferred to another hospital
- Number of episodes with a T81 ICD-10 code (complication of procedure not elsewhere classified)
- Number of episodes with a Y40-Y50 ICD-10 code (drugs/medicaments/biologicals causing adverse effects in therapeutic use)
- Number of episodes with a Y60-Y69 ICD-10 code (misadventures to patients during surgical/medical care)
- Number of episodes with a Y70-Y82 ICD-10 code (medical devices associated with misadventures in diagnostic and therapeutic use)
- Number of episodes with a Y83-Y84 ICD-10 code (surgical/medical procedures as a cause of abnormal reaction of a patient without mention of misadventure)
- T81.0 - Haemorrhage/haematoma complicating a procedure not elsewhere classified
- T81.1 - Shock during or resulting from a procedure
- T81.2 - Accidental puncture and laceration during a procedure not elsewhere classified
- T81.3 - Disruption of operation wound not elsewhere classified
- T81.41 - Wound infection following a procedure
- T81.42 - Sepsis following a procedure
- T81.5 - Foreign body left in a body cavity or operation wound
- T81.6 - Acute reaction to foreign substance left during a procedure
- T81.7 - Vascular complications following a procedure not elsewhere classified
- T81.8 - Other complication of procedure not elsewhere classified
- T81.9 - Unspecified complication of procedure

### Interpretation of these data

On review of the data supplied by the CSU, there appear to be a number of areas worthy of a further, in-depth statistical analysis and, if indicated, a review of the clinical records in these cases. The areas are:

- Number of episodes with a T81 ICD-10 code (complication of procedure not elsewhere classified)
- Number of episodes with a Y60-Y69 ICD-10 code (misadventures to patients during surgical/medical care)
- Number of episodes with a Y83-Y84 ICD-10 code (surgical/medical procedures as a cause of abnormal reaction of a patient without mention of misadventure)
- Haemorrhage/haematoma complicating a procedure not elsewhere classified
- Accidental puncture and laceration during a procedure not elsewhere classified
- Other complication of procedure not elsewhere classified

(At Appendix 1 is a table summarising the key findings of ICD-10 codes T81 (all), T81.0, T81.2, T81.3, T81.41, Y60-69 and Y83-84, and a comparison of Bundaberg Hospital data with data from Queensland peer group hospitals.)

\* ICD-10 – the latest version of the International Statistical Classification of Diseases and Related Health Problems, approved by the International Conference for the tenth revision of the International Classification of Diseases in 1989 and adopted by the 43<sup>rd</sup> World Health Assembly.

\*\*ICD-10-AM – the Australian modification to the ICD-10, endorsed by the Australian Health Minister's Advisory Council.

### Identification of staff opinion

Discussions were held with staff at Bundaberg Hospital and included the district manager, director of medical services and director of nursing. The discussions were designed to provide a non-threatening situation where participants could discuss their views so that these could be recorded and inform future practices. Several staff members were supported by representatives of their industrial organisation. Comments have been 'themed' below with the nine quality dimensions of the National Health Performance Framework.

Quality dimension	Summation of comments	Opportunities for improvement
<b>Accessible</b>	In medical services, there has been a lack of continuity, significant unrest and staff movements.	Review staff recruitment and selection processes.
	There is a high percentage of overseas trained doctors at Bundaberg Hospital.	Review staff retention strategies.
	The director of this division is accessible to GPs and easy to contact.	
	The divisional director has a good work ethic and a heavy workload.	
	The divisional director undertakes most procedures.	
<b>Appropriate</b>	The divisional director carried out excellent work triaging in ED following the tilt train disaster.	
	Some procedures and selection of patients are outside the scope of Bundaberg Hospital.	Implement the Service Capability Framework.
	There is not always good teamwork between OT and ICU and clinical issues are sometimes complicated by 'personality issues'.	Institute team building between and within disciplines.
	There is a lack of understanding of the Australian healthcare system.	Develop an orientation programme on this topic.
	Lack of protocols for the management of medical and surgical patients in ICU means there is no 'multi-disciplinary team management' of patients – this is detrimental to patients and staff.	Develop and implement policies and procedures for the multi-disciplinary management of patients in ICU with a view to improving patient outcomes and work practices for staff.
	No protocols to manage the transfer of patients from ICU to a higher level facility.	Develop and implement appropriate policies and procedures for patient transfers.
	Documentation in clinical records is sometimes less than optimal.	Develop, implement and monitor a policy and education programme for clinical documentation.
	Clinical decision-making is sometimes left to junior doctors.	Review leave arrangements to ensure appropriate ongoing patient care.
	No systems in place for involvement of relevant clinical specialists in patient care.	Review processes for multi-speciality involvement in patient care.
	Appropriateness of and/or capability to carry out some treatments.	Review all clinical policies and procedures to ensure they are current, update as necessary and monitor staff compliance.
	No systems for review of data to support the evaluation of patient care.	Develop a process of clinical audit (using routinely collected data) for evaluation of patient care.
<b>Contemporary</b>	The divisional director is keen to be involved in activities such as ACHS accreditation.	

## Identification of staff opinion (continued)

Quality dimension	Summation of comments	Opportunities for improvement
<b>Capable</b>	There is a mix of skills in the clinical workforce.	Review processes to ensure equitable access to professional development and training programmes.
	The credentialing and clinical privileges process has not yet been fully implemented.	Complete this process for all medical staff.
	Hospital doctors and doctors working in the private sector do not always work well together.	Facilitate the development of good working relationships between the public and private healthcare sectors.
	Teams do not always work well together.	Institute team building between and within disciplines.
	No clear protocols for handover of patients to appropriate staff when surgeons go on annual/other leave.	Develop and implement appropriate protocols to ensure ongoing patient care when clinical staff are on leave.
	The divisional director is committed to teaching.	
	Discussions between staff members regarding patient care do not always take place in a relevant setting.	Ensure all staff are aware of their obligations in regard to patient confidentiality.
	There are no protocols for multi-disciplinary team meetings and ward rounds to plan, implement and review patient care.	Develop and implement a system for multi-disciplinary ward rounds and meetings to ensure the continuum of care.
<b>Responsive</b>	Staff do not always comply with policies and procedures for patient confidentiality.	Ensure all staff are aware of their obligations in regard to patient confidentiality.
	Patient satisfaction rates have increased.	
<b>Effective</b>	Throughput of elective surgery cases is good, but there are some unplanned re-admissions.	Implement an audit process to monitor, assess, take appropriate action and review this indicator.
<b>Efficient</b>	Lengths of stay for some procedures have increased.	Implement an audit process to monitor, assess, take appropriate action and review this indicator.
	The divisional director has created efficiencies on OT by changing some outmoded work practices.	
<b>Safe</b>	Complication rates have increased.	Implement an audit process to monitor, assess, take appropriate action and review this indicator.
	Staff do not always comply with infection control policies and procedures, including wearing of OT attire outside OT, hand washing between patients and appropriate use of instruments.	Review, update according to best practice and implement infection control policies and procedures and ensure staff compliance. Continue to monitor infection rates.
<b>Sustainable</b>	Interactions between some staff members could be improved.	Institute team building between and within disciplines. During significant organisational change, ensure Queensland Health's change management guidelines are used.
	Sometimes staff need more support from senior management.	Implement appropriate processes for staff to access senior management.
	Hospital doctors and doctors working in the private sector do not always work well together.	Facilitate the development of good working relationships between the public and private healthcare sectors.

### Discussion of staff feedback

In general, staff have enjoyed their work at Bundaberg Hospital and only relatively recently have issues arisen which have caused concern. Staff clearly demonstrated their keenness to provide health services of a high standard.

However, as well as raising concerns, some staff made complimentary comments about the divisional director's commitment to teaching and mentoring of junior medical staff.

In addition, there has been a significant improvement in efficiency, especially in the operating theatre, and in meeting elective surgery targets with significant reductions in waiting times for surgery.

### Opportunities for improvement identified from staff discussions

While it is recognised that many regional district health services (including Bundaberg Hospital) are faced with problems of lack of continuity, significant unrest and staff movements in medical services and that many hospitals have a high percentage of overseas trained doctors, this may be an opportune time to review recruitment, selection and retention policies and strategies in an effort to identify innovative solutions.

For staff in regional areas, access to professional development opportunities can be limited, and it may be useful therefore, to explore alternative strategies for the provision of ongoing training and development for all staff, including relevant topics for orientation and in-service education programmes.

In order to ensure optimal outcomes for patients and enhanced work experiences for staff, ongoing attempts to improve and maintain good communication between professional groups in the public and private sectors are essential.

Hospital policies and procedures, particularly for transfer of patients, management of surgical patients, multi-disciplinary involvement in patient care, case-conferencing, management of patients in ICU, clinical documentation, leave arrangements, patient confidentiality and infection control should be reviewed to ensure they are consistent with current best practice.

Multi-disciplinary involvement in a process of clinical audit needs to be developed and encouraged to maintain high quality services.

The process for credentialling of medical staff to ensure appropriate granting of clinical privileges, should be progressed.

The Queensland Health Service Capability Framework should be implemented to ensure all service levels are consistent with the framework.



1. Unplanned re-admissions within 28 days as a percentage of total discharges  
(ACHS Hospital-wide Clinical Indicator – 2.1)

Bundaberg Hospital

Time period	Specialty	Discharges In period	Unplanned re- admissions	
		Number	Number	%
Jan-June 2003	All surgery	2648	50	1.9
	Surgery/Vascular/Urology/Endoscopy	1307	32	2.4
July-Dec 2003	All surgery	2392	36	1.5
	Surgery/Vascular/Urology/Endoscopy	1092	27	2.5
Jan-June 2004	All surgery	2695	56	2.1
	Surgery/Vascular/Urology/Endoscopy	1218	36	3.0
July-Dec 2004	All surgery	2561	45	1.8
	Surgery/Vascular/Urology/Endoscopy	1208	30	2.5

The latest ACHS results to be published (Determining the Potential to Improve Quality of Care, 5<sup>th</sup> Edition, ACHS Clinical Indicator results for Australia and New Zealand, 1998-2003) for this indicator are as follows:

Stratum	Year	No HCOs	Numerator	Denominator	Stratum rate %
NSW	2002	110	14,158	779,834	1.8
	2003	119	18,605	829,599	2.2
Queensland	2002	50	6,910	404,226	1.7
	2003	45	8,348	429,914	1.9
SA	2002	28	2,658	179,055	1.5
	2003	25	3,050	150,315	2.0
TAS	2002	8	1,559	120,261	1.3
	2003	7	1,239	131,810	0.94
VIC	2002	90	10,355	576,034	1.8
	2003	84	10,402	560,182	1.9
WA	2002	19	1,903	120,747	1.6
	2003	28	4,018	286,880	1.4

### Service Capability Framework

As stated previously, the Queensland Health Service Capability Framework (2004) outlines the minimum support services, staffing, safety standards and other requirements for public and licensed private health facilities to ensure safe and appropriately supported clinical services.

The capability levels applied to services at Bundaberg Hospital relevant to this audit are as follows:

Clinical service	Level
Anaesthetic services	2
Colorectal surgery	3
Diagnostic Imaging	2
Endoscopy services	2
Gastroenterology	2
Gastrointestinal surgery	3
General Surgery	3
Intensive Care Units	2
Internal medicine	3
Nuclear medicine	1
Interventional radiology	2
Operating Suite services	3
Pathology	2
Pharmacy	2
Urology	3
Vascular surgery	2

The service definition for a surgical service level 3 is as follows: 'surgical service level 3 provides a combination of intermediate surgery with high anaesthetic risk and complex surgery with medium or high anaesthetic risk'. (Service Capability Framework, Section C3, page 106).

For a Level 3 general surgical service, the support services should be at the following levels:

Required clinical services	Level	Level applied at Bundaberg Hospital
Anaesthetics	3	2
Critical care	ICU 1	2
Diagnostic Imaging	2	2
Emergency	-	-
Endoscopy	2	2
Interventional radiology	2	2
Medical	2	3
Nuclear medicine	1	1
Operating suite	3	3
Pathology	1	2
Pharmacy	3	2

Comment: Service levels applied at Bundaberg Hospital for anaesthetic and pharmacy services (shaded areas) should be reviewed according to the Service Capability Framework.

## Summary

During this audit, a number of issues and concerns were raised with the reviewers. In addition, positive comments were made about the general surgical service, including the commitment of the Director of Surgery to his teaching responsibilities, throughput of elective surgical cases and the increased level of efficiency in the operating theatres.

The concerns raised by staff can be categorised into two main groups – these are:

1. *General surgical procedures being undertaken which are outside the scope of Bundaberg Hospital.* Comments made in regard to this included: there is sometimes a tendency to treat patients at Bundaberg when they should be transferred to a higher level facility with appropriate resources; a preparedness to demonstrate accountability (i.e. hand over patient care when indicated) is not always evident; there is a demonstrated lack of understanding of the capability of Queensland regional health services; infection rates and wound dehiscence rates have increased; unplanned returns to operating theatre have increased; the care of two patients in particular have highlighted the concerns of staff and caused them to voice their distress.
2. *Lack of good working relationships between all staff in the general surgical service.* Comments made in regard to this included: the director of surgery has high standards and this has led to some degree of conflict with staff; there has been some 'cultural' conflict; there are not always good working relationships between hospital doctors and doctors in the private sector; the increase in work levels may be causing concern to some staff members; the director has a confronting personality which causes conflict with some staff members.

## Discussion

The two issues that appear to have been of significant concern to staff in the general surgical service and intensive care unit, have been the performance of complex procedures without the appropriate level of support services and the poor working relationships between some staff members. In addition, concerns were also raised about increasing unplanned readmission, complication and wound dehiscence rates.

With regard to the conduct of inappropriate complex procedures, the surgeon involved has agreed to undertake only those procedures which are within the scope of the surgical service and relevant support services. The surgeon has also agreed to transfer patients more readily to higher level facilities.

As can be seen from the data presented earlier in this report (page 8), the rates of unplanned readmissions (general surgery/vascular/urology/endoscopy) at Bundaberg Hospital were higher in all time periods (2003 and 2004) than for the 'all surgery' category. The Queensland rate for 2003 was 1.9 (ACHS data - Determining the Potential to Improve Quality of Care, 5<sup>th</sup> Edition, ACHS Clinical Indicator results for Australia and New Zealand, 1998-2003). The rates of bile duct injury during laparoscopic cholecystectomy (page 9) at Bundaberg Hospital in 2003 were 0.00 (January-June), 3.77 (July-December) and in 2004, 5.36 (January-June) and 8.06 (July-December). The ACHS rate for 2003 (the most recent data) was 0.29 (Determining the Potential to Improve Quality of Care, 5<sup>th</sup> Edition, ACHS Clinical Indicator results for Australia and New Zealand, 1998-2003).

Following the discussions with staff held during the on-site visit, the issues raised about poor working relationships, both in the general surgical unit and between this unit and support services (e.g. ICU and infection control), still appear to be of concern to a significant number of staff members.

As has been stated above, although some staff members had reported examples of poor teamwork in the general surgical unit, other staff were keen to highlight positive aspects of general surgical service delivery, for example, a significant commitment to teaching of junior medical staff and efficiencies achieved in operating theatre processes.

## Recommendations

Recommendations are provided, having been separated into 'strategic' and 'operational' areas.

### Strategic

1. Complete the implementation, and ensure the ongoing process of credentialling and granting of clinical privileges to medical staff which delineates the scope of practice.
2. Review staff recruitment, selection and retention strategies in an effort to attract and retain clinical staff and improve continuity of service.
3. Review the Queensland Health Service Capability Framework to ensure appropriate levels are applied to each service.
4. Ensure all staff are supplied with (or are able to access through QHEPS) the Queensland Health Code of Conduct, and that all staff are aware of their obligations and responsibilities in regard to the Code, for example, confidentiality of patient information, having respect for people, treating people with dignity.
5. Institute team building within and between disciplines.
6. Encourage all clinical units/divisions to be involved in an ongoing process of multi-disciplinary clinical audit, which is used to evaluate and improve patient care. This process should embrace performance indicators relevant to the clinical service, for example the ACHS clinical indicators, including unplanned re-admissions, unplanned returns to operating theatre, average lengths of stay, complication and infection rates.
7. When significant organisational changes are planned, ensure Queensland Health's change management guidelines are used.
8. Include education/information on the Queensland healthcare system in the hospital orientation programme to ensure all staff understand how the public and private sectors operate and the linkages between the two systems.
9. Facilitate improved working relationships between clinicians in the public and private sectors.
10. Review processes to enable equitable access to ongoing professional development and training programmes.
11. Implement appropriate processes to enable staff to access senior management.
12. Ensure the development and implementation of a policy (which is based on best evidence) and education programme for clinical documentation.

### Operational

1. Review all clinical policies and procedures to ensure they are based on best evidence and implement a process to make certain that staff know about and comply with all policies and procedures.
2. Implement the Queensland Health Code of Conduct at department/ward/unit level.
3. Develop and implement policies and procedures, which are based on best practice for the following:
  - Multi-disciplinary management of patients in ICU
  - Transfer of patients to higher level facilities
  - Clinicians' leave arrangements to ensure appropriate ongoing patient care
  - Multi-specialty and multi-disciplinary involvement in patient care
  - Multi-disciplinary ward rounds, case conferences and meetings to ensure continuity of appropriate care for all patients
  - Infection control
  - Patient confidentiality, using the Queensland Health Code of Conduct as a guide

2. The rate of patients having bile duct injury requiring operative intervention  
(ACHS Surgical Clinical Indicator – 7.1)

Bundaberg Hospital

Time period	Specialty	Number of procedures	Number of injuries	Rate
January-June 2003	General Surgery	52	0	0.00
July-December 2003	General Surgery	53	2	3.77
January-June 2004	General Surgery	58	3	5.36
July-December 2004	General Surgery	62	5	8.06

(Note: Small numbers should be interpreted with some caution)

The latest ACHS results to be published (Determining the Potential to Improve Quality of Care, 5<sup>th</sup> Edition, ACHS Clinical Indicator results for Australia and New Zealand, 1998-2003) for this indicator are as follows:

Year	No HCOs	Numerator	Denominator	Rate%
1998	110	46	8,976	0.51
1999	118	42	9,527	0.44
2000	143	73	16,294	0.45
2001	167	70	15,676	0.45
2002	176	55	15,898	0.35
2003	155	45	15,436	0.29

3. Patient opinion

Surveys of patient opinion were conducted at Bundaberg Hospital by the company 'Press Ganey' in 2001 (pilot survey), 2003 and 2004.

In 2003, the results indicated that patients had rated the surgical services as 'significantly higher' than the mean Bundaberg Hospital score for 'doctor care'. Most aspects of surgical 'doctor care' were rated higher than the mean for all facilities participating in the survey, public hospitals participating in the survey and hospitals surveyed in the 101-150 bed range.

In 2004, the results indicated that patients rated 'doctor care' for surgical services as higher than the Bundaberg mean, although the difference was not statistically significant.

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