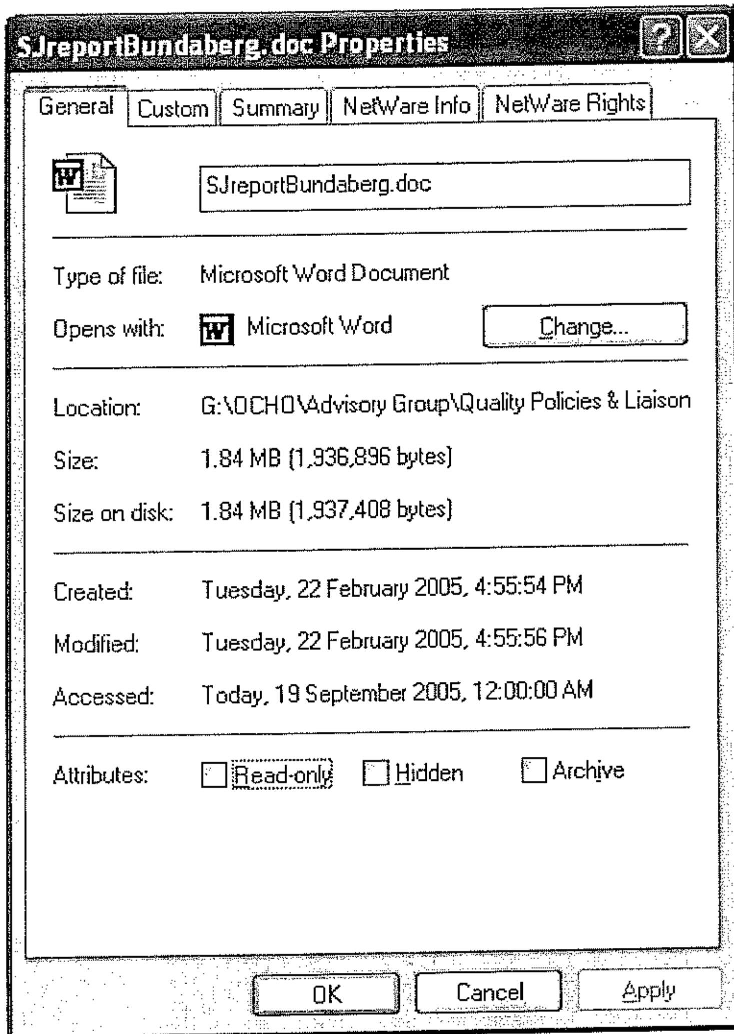

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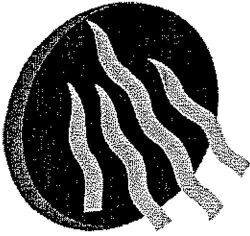

Clinical Audit of General Surgical Services
Bundaberg Base Hospital

Confidential Audit Report

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Office of the Chief Health Officer

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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.

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Introduction

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 the interactions of one member of staff.

Methodology

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

Northern zone:
Central zone:
Southern zone:

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 were sourced from the following:

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

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Preamble
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/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 18-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://qheps.health.qld.gov.au/

Service Capability Levels
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 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.

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REPORT OF THE CLINICAL AUDIT - BUNDABERG BASE HOSPITAL

Introduction

Concerns regarding patient outcomes at Bundaberg Hospital were raised almost two years ago and coincided with the commencement of two new surgeons at the hospital. One of these took up the position of Director of Surgery and has also been appointed to an academic position within the rural clinical school of the ???. Some difficulties have also been experienced by this surgeon in understanding the Australian healthcare system, and in particular, healthcare delivery in a regional setting in Queensland.

Issues raised by staff included the following:

-

Other factors

Difficulties have been experienced consistently in attracting to, and retaining key medical personnel in the Bundaberg Health Service District. This is complicated by the state-wide shortage of medical personnel and the reliance on international medical graduates.

Two years ago, two new international graduates (both from the United States of America) commenced work as full-time surgeons at the hospital. The junior medical staff are also mostly international graduates.

Findings

He has high standards and this has led to some degree of conflict with local staff.

There has been some cultural conflict.

A tendency to hang onto things and to undertake procedures which may
Exceed the capacity of the Bundaberg hospital

There has been a number of concerns regarding particular cases.

Also concerns raised with the rate of infection and the ratge of wound dehiscence.
What are the readmission rate and return to theatre rate etc.

- Infection rate
- Transfer to a higher level of care
- Locla cultural issues. Local private hospitals conflict with the efficiency of the publ hospital may be conflicting with commercial interests of private surgeons.
- Credentials and clinical privileges committee has not considered the scope of practice within the hospital. Granted interim privileges.

Other consultative committees. Medical Services advisory Committee.

Mortality and morbidity surgical has been set up but as a teaching expercise for junior staff rather than audit and quality review. Not peer review.

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These concerns were raised informally with District Staff who conducted some preliminary investigations. However there is a perception amongst those most concerned that their concerns were not addressed satisfactorily. Subsequently those concerned have been brought to the attentions of the District Manager and information provided to the Nurses Union. In Octob er 2004. The District Manager had commenced mediation between key staff but sought assistance.

The concerns are not uniform and many staff are also very complementary of changes to the teaching of junior staff etc.

In addition there has been a significant improvement in efficiency, the turnover of patients with significant reductions in waiting times for surgery.

There are concerns expressed that some staff have experienced the increases in turnover etc are causing concern to some staff who may prefer a more relaxed work experience.

Managed the tilt train incident

Patient surveys have shown a significant improvement in patient satisfaction over that times (references)

Dr patel has indicated that he does not intend to renew his contract past its completion in March. However he has indicated a preparedness to undertake a three month locum until the end of June.

Informatl feedback form DMS in late last year he agreed to stop doing oesophagectomies agreed to accept a greater willingness to transfer.

Questions about preparedness to be accountable. Evidenced by unwillingness to refer, unwillingness to pass over patient control.

A tendency to do operations that would not be acceptable in this country.

A lack of understanding of regional service sin Queensland

Difficult often to gain access to tertiary services.

Concerns regarding particular procedures which he did not understand but which his arrogance did not allow him to admit. Thus he attempted and failed. Thos procedures were then moved out of the hospital. A recurrent themes is his lack of preparedness to recognise limits to his practice. He thinks this is a third world country and he is the saviour????

Confronting personality that leads to a lot of ocnlifct with some individuals. Also can be generous and supportive.

Key issues:

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- Scope of practice
- Competency of practice
- Complication rates
- Hospital culture
- Interpersonal conflict
- Involvement in ICU. Who is in charge of the patients?

Recommendations:

Counselling by a senior surgeon from outside of town. Perhaps the same one who does the expert review of the cases.

A code of behaviour

C

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