

Ex 424

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF DR DAMODARAN KRISHNA

1. I, **DAMODARAN KRISHNA**, Senior Medical Officer ("SMO") in Orthopaedics, Hervey Bay Hospital, Cnr Nissen Street and Urraween Road, Pialba in the State of Queensland, acknowledge that this written statement is true to the best of my knowledge and belief.
2. This statement is made without prior knowledge of any evidence of 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.

Personal details

3. I was an emigrant from Fiji and gained permanent residency in December 2000. I am now an Australian citizen and was granted Australian citizenship in March 2003.
4. I currently live in Hervey Bay with my wife who is a registered nurse/endorsed midwife and our three children aged 19 years, 15 years and 11 years. All the children live at the family home and are going to university and college. My wife works full-time at Hervey Bay Hospital as a midwife. We have lived in the Fraser Coast district for the past three years and I am well known amongst the community.
5. The release of the Review of Orthopaedic Health Care in the Fraser Coast Health Region ("the Review") has caused my family and I a lot of grief, shame, loss of respect and social fragmentation. My children have also had a few bad experiences at school but I think that they have coped well in the circumstances.

6. I would like to commend the people of the district for sending cards of support, phone messages and personal encouragement, not only by former patients, but all those who know us through my profession, my children's friends and families, and the staff of the health district.

Qualifications and experience

7. I have set out below a summary of my qualifications and experience. Attached and marked **DK1** is a copy of my CV, copies of certificates and diploma and my assessment from the Toowoomba Base Hospital.
8. I graduated from Fiji School of Medicine in 1982 with a Diploma in Surgery and Medicine. After serving in various country hospitals, I enrolled in the Fiji Orthopaedic Training Programme in 1990. I graduated with a Diploma in Orthopaedics (Australian Orthopaedic Association ("AOA")) in 1995. I practiced orthopaedics in Fiji and was registered as a Specialist in Orthopaedics in Fiji in 1998.
9. My orthopaedic practice in Fiji involved trauma and general orthopaedics. Whilst in Fiji, I attended the AOA annual scientific meeting every year except for a few years due to work commitments.
10. In 1997 I worked as Chief Medical Officer in orthopaedics in one of the three Divisional Hospitals in Fiji as sole orthopaedic surgeon. Attached and marked **DK2** is a letter from the Medical Superintendent at Labasa Hospital.
11. The Fiji Orthopaedic Training Programme involved supervised formal training by visiting orthopaedic specialists from Australia, New Zealand, America and Canada (although the specialists were mainly Australian). Details of the course and curriculum is attached and marked **DK3**.

12. I worked as a Registrar at the Royal Newcastle Hospital in 1995 from July to December before the AOA Diploma examination.
13. I first started work as a medical officer on 5 December 2000 at Toowoomba Base Hospital after having special purpose registration with Queensland Health. I worked in the orthopaedic department as a Principal Medical Officer until 20 July 2002.
14. I started work as a SMO in Orthopaedics at Hervey Bay Hospital on 20 July 2002 and this is my current position. I successfully passed the Australian Medical Council ("AMC") examination on 16 October 2004 and now have general registration with the Queensland Medical Board.

Responses to matters raised in the Review

Response to page 5

15. I refer to page 5 and the paragraph that begins with:

"Each of those interviewed was asked..."

I was not given any list or asked to supply any document.

Response to page 9

16. I refer to page 9 and the paragraph that begins with:

"The letter of appointment from the Director..."

I was appointed as an SMO at Hervey Bay Hospital at the lowest scale C1-1 and not as a specialist. The appointment letter did say that remuneration at a rate applicable to a specialist would be conditional upon gaining and maintaining registration with the Medical Board of Queensland as a specialist. A copy of this appointment letter is attached and marked DK4.

17. Recruitment was done, I believe, through the normal process.

18. The SMO orthopaedic post was advertised and I applied as per the application kit.

My three referees were:

- a) Dr Robert Ivers, Director of Orthopaedics, Toowoomba Base Hospital, new Director of Training Queensland;
- b) Dr Anthony Wilson, Consultant Orthopaedic Surgeon, Toowoomba Base Hospital; and
- c) Dr Y.K. Punn, Consultant Orthopaedic Surgeon, Toowoomba Base Hospital.

Response to page 11, sub-heading "On Call Roster"

19. My understanding was that the on-call roster was to be shared by the consultants and the SMOs. However, the workload was largely carried by the SMOs. This is clearly shown in the duty roster where the SMOs are on-call between 0800 to 1800 every day, whereas the consultants only take calls after 1800 if they are on-call.

20. Dr Khursandi would not come to Hervey Bay hospital for any orthopaedic case after hours when on-call. All trauma cases of his would be left for the morning and for the SMO to sort out. Practically all trauma was done by the SMO during the day as well as fracture clinics, review clinics and providing 0800-1800 day emergency cover.

21. My frustrations eased after Dr Sharma was employed as we shared the trauma list and calls for day time emergency cover.
22. As far as supervision of SMOs was concerned, Dr Naidoo was the only specialist providing some supervision during the week except for when he was on leave. Dr Naidoo did ward rounds twice a week, held mortality and morbidity meetings once a week and was available on the floor during fracture clinics which were done solely by the SMOs. Although this has not been consistent as Dr Naidoo has been on leave, sick leave, conference leave or busy much of the time.
23. Dr Mullen had sessions at the hospital for one day a week and he was not available for supervision. Non urgent cases from the weekend whilst he was on call would be left for the SMOs to manage without any handing over or advice. Dr Mullen often commended Dr Sharma and I for looking after his patients and the good work we were doing but always said that we would not be accredited because there was no supervision. Dr Mullen said that Dr Naidoo as full time Director of Orthopaedics should provide supervision and warned us that he had a bad experience with Dr Naidoo in Ipswich Hospital when he was his Registrar. Dr Mullen said that this experience involved a lack of support if an unfavourable outcome eventuated.
24. I have met with Dr Khursandi once in three years in the District and spoken with him twice. He called to ask me to do an above-knee amputation on one of his total knee patients who had a periprosthetic fracture two months ago and was being treated non-operatively. There was also another total knee arthroplasty patient who had wound breakdown after a fall.
25. All elective surgery was done with Dr Naidoo or was done unsupervised for minor elective cases as per surgical privileges. Minor unsupervised cases would include carpal tunnel decompression, arthroscopy of knee and bunion corrections.

Attached and marked **DK5** is a full list of all the surgical procedures that I have performed. All trauma cases were done as per surgical privileges. Dr Mullen did not say we should not do certain cases, but was always very critical of Dr Naidoo's lack of supervision. Surgical privileges were prepared by Dr Naidoo after assessing clinical performance for each SMO. The Clinical Privileges document is attached and marked **DK6**.

Response to page 19, sub-heading "SMO at Hervey Bay Hospital - Dr Damodaran Krishna"

26. The comment regarding poor performance, assessment and communications with patients regarding their needs is outrageous, defamatory, unprofessional and far from the truth. I do not believe that the Review team could have concluded that I lack basic surgical and clinical skills when I have never received any complaints from Dr Naidoo or Dr Hanelt. I have received only good reports from Drs Naidoo and Hanelt and also received good reports from Dr Robert Ivers in Toowoomba whilst I was employed as a Principal House Officer. Attached and marked **DK7** is a copy of Drs Naidoo and Ivers' reports. In addition Dr Mullen often gave verbally good remarks to both Dr Sharma and myself.
27. During ward rounds the Registered Medical Officer ("RMO") if available usually writes in the patient chart. If the RMO is not available the SMOs will document in the patient chart.
28. The Review team totally misunderstood me by reporting that I believed I was capable of handling any orthopaedic case that came my way. When asked about clinical competence I mentioned my fourteen years in orthopaedic surgery, including one and a half years experience in Toowoomba Base Hospital under full supervision of specialist orthopaedic surgeons. I said this had made me competent in handling most orthopaedic trauma patients. I clearly said the district

did not manage any spinal injuries, pelvic injuries and any limb injuries with neurovascular damage, which would be referred to Royal Brisbane Hospital.

29. It is true as reported by the interviewers that my qualifications have not been assessed by the Royal Australian College of Surgeons, however I did not say that I should be given specialist registration on the basis of my training in Fiji. It is true I was registered as a specialist in Fiji on 16 March 1998. Attached and marked **DK8** is a copy of my registration.
30. Whilst employed at Toowoomba Base Hospital, I contacted Dr John North as a member of the Accreditations Committee and Chief Examiner of Final Fellowships examinations after being introduced by Dr Bruce Meibush (hand surgeon at Toowoomba Base Hospital). I wrote to Dr North regarding my chances of getting into the Advanced Training Program. Dr North's response was that I had almost no chance of getting in to the training program. Unfortunately I do not have the letter with me now. I then rang the AOA and enquired about further training. The response was that I should have general registration as a requirement to enter the training program. I then decided to seek a job as a career medical officer in orthopaedics.
31. Dr Robert Ivers tried to create a SMO post in Toowoomba to retain me on a long term basis but due to lack of funding it was not possible.
32. I was given examples of non specialist SMO positions being held by locals in Ipswich Hospital, Cairns Base Hospital and Maryborough Base Hospital. When the SMO post was advertised in the Fraser Coast Health District I spoke with Dr Padayachey who had been an SMO for several years. After talking with Dr Padayachey I was confident that I had the clinical skills to apply for the position. Dr Padayachey mentioned that he did not have to do the AMC and was granted general registration.

33. I was offered the SMO post, which was a permanent job, on the condition that I maintain my registration with the Medical Board of Queensland.
34. Again I rang Dr North informing him of the permanent job and seeking his help to get general registration without doing the AMC examination. Dr North directed me to Dr Lloyd Tuft who was the Chairperson of the AMC. Dr Tuft advised me that I had no option but to do the AMC examinations. I completed both parts of the AMC examination on 16 October 2004 and now have general registration with the Medical Board of Queensland, fulfilling the requirements to maintain the permanent SMO position in orthopaedics in the Fraser Coast Health District.
35. As a non specialist SMO in orthopaedics I agree with the recommendation that supervision should be provided depending on the assessment of the supervising specialist.

Response to page 21, sub-heading "Nursing Staff"

36. I have no issues with theatre nurses. However my concerns were with the nursing staff in the ward, including the Unit Manager who almost never participated in ward rounds despite requests being made. This resulted in communication defects with regard to patient management plans and resulted in medical officers being blamed for lack of communication. Currently I always ensure a nurse is available for all ward rounds and there has been no problem since.
37. Dr Mullen was available only once a week. I do not know how it could be said that Dr Mullen and the nursing staff kept the orthopaedic unit functioning. Attached and marked DK9 is a copy of an audit report. The audit figures clearly show the number of patients seen and treated by each SMO, consultant and VMO. It is a self explanatory report showing the large numbers of patients seen and treated by Dr Sharma and myself compared to the other medical staff.

Response to page 22, sub-heading "Administration of the Orthopaedic Department"

38. The district has three SMO's and the workload is said to be equally divided amongst the three. However, all the trauma cases are managed in Hervey Bay (these are the majority of cases, i.e. heaviest workload) so the SMOs based in Hervey Bay (Dr Sharma and myself) are required to do extra work.
39. It has been mentioned that it is difficult to find SMOs during the day and even after hours. The daily 0800 - 1800 hours duty roster clearly shows that the duty SMO has to look after emergency calls, outside calls and do the trauma operative list in theatre. This is nothing new, as the registrars in training hospitals cope with an even bigger workload. The difference is that teaching hospitals have a well organised emergency department where an immediate need for an orthopaedic registrar is rare. It is sad to mention that sometimes orthopaedic SMOs are called without an emergency medical officer having assessed and documented the finding in the chart. A 'treat the x-ray' attitude is adopted which means that the more serious event may be missed that preceded the fall leading to fracture, e.g. cerebral haemorrhages or a heart attack, and treating the x-ray finding of a simple fracture rather than the life threatening problem.
40. Secondly, in the bigger hospitals there is a person allocated to do all emergency cases bookings in theatre and to keep all pagers and take messages. If the case is urgent the doctor concerned will be informed while operating and can then return calls or advise as needed. Unfortunately there is no such service at Hervey Bay Hospital. Often pagers are left with a clerk who has other duties. As a result most calls are not answered and no messages are relayed to the relevant SMO. It is no doubt frustrating to all parties concerned.
41. As far as orthopaedic cover after hours is concerned, all calls are directed to the Surgical PHO who is rostered to cover for orthopaedic and general surgical

emergency calls. After the PHO has assessed the case, he then calls the on-call SMO or consultant and the management plan is made. If the PHO is busy then there may be some waiting time but SMOs and consultants can be called instead. So the after hours waiting time to attend to emergencies is not dependant upon the SMO or consultant, who is always available if called. Also the hospital is getting very busy due to the significant population increase. With this increase there has been an increase in workload, but after hours cover has not changed. One PHO covering both orthopaedics and general surgery emergency calls may no longer be sufficient.

Response to page 27, sub-heading "Patient Care"

42. I have already explained about the delays in answering pagers previously. Patients are never admitted without informing the duty SMO or consultant. Sometimes non-urgent cases like neck of femur fractures or close fractures with intact neurovascular status if admitted late in the night are not actually seen by SMOs or consultant on-call until 0800 in the morning. All these cases are admitted by the PHO on call and the SMO or consultant on call is informed.
43. On page 28 it has been claimed that superficial examinations are done by SMOs, that there is a 'third world culture' and that simple complications like infection and DVTs are missed. These are the most common complications in orthopaedics and it is very unlikely that we would miss the diagnosis. I do not know of any case where these complications were missed.
44. With regard to the Director of Medical Services, I have a very good working relationship with him and he has handled any complaints from patients very well. I can remember during my three years in the district that I have given my response to patient complaints two or three times which were very minor issues, e.g. patient unhappy due to delays in clinics or some minor complications.

45. Apart from those minor complaints, I have never received any bad reports from the Director of Orthopaedics or Director of Medical Services.

Conclusion

46. My family and I have lived in Hervey Bay since 2002. We have been Australian citizens since 22 March 2003.
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47. I have general registration to practise in Queensland as a Medical Practitioner.
48. I have been working in orthopaedics for the past 15 years now and would like to continue as an SMO in orthopaedics under supervision as required by the specialist orthopaedic surgeons in the district.
49. I realise the importance of continuous medical education and make a commitment to fully contribute under the leadership of the Director of Orthopaedics and other consultants to make this district comparable to the best centres. I have been earmarked to attend the AO/ASIF course in Advanced Operative fracture treatment in August 2005 (although this is yet to be confirmed). An application for a place in the advanced training programme is not ruled out but I realise the chances are very slim.
50. In my personal opinion the shortfalls in orthopaedic care in the district cannot be blamed on any one person but on a number of components including staff shortages, other departments involving emergency especially, the ability to provide supervision to non-specialist staff and the ever increasing workload.
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51. I hope the orthopaedic services are re-started soon to ensure the community of Fraser Coast does not suffer any longer and have to face the inconvenience of being transferred to other hospitals for even minor procedures.
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52. After the release of the Review Dr Robert Ivers called me to give his support and said that he disagreed with the Review. He has kindly agreed to provide a response to the Commission regarding my work at Toowoomba Base Hospital if required.
53. I am looking forward to working towards providing a high level of orthopaedic health services in the district with orthopaedic specialists providing supervision, teaching, guidance, auditing and day-to-day running of the department. This will enable the SMOs to obtain accreditation and some hope of enrolment in advanced training.

Signed at Hervey Bay on 28th July 2005.



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Dr Damodaran Krishna
SMO Orthopaedics
Hervey Bay Hospital