

COAST SPECIALIST CENTRE FAX NO. :

Mar. 22 2002 11:14AM P1

MA6

Address: PO Box 1455
Hervey Bay 4655Phone:
Fax:Dr Sean Mullen
FRACS (Orth)**Fax**

To: Dr Morgan Naidoo; HBH Specialist Clinics; From: Joanne Kelly

HBH Theatre

Fax:

Pages: 1

Phone:

Date: 22/03/2002

Re: Sean's availability in April, May & June

CC:

■ Comments:

Dear Morgan,

During April, Sean is unavailable the Easter week-end as previously discussed. He will also be away Wednesday 24th April and therefore unable to do a clinic or theatre list. He will be available to be on call that night if you require. Could his on-call start at 6:00pm just to ensure that he is available? Sean is available any week end beside Easter for his on call week end. If required Sean could also do the Anzac Day public holiday on-call.

During May, Sean will be away from 4th May to 6th May. During this time he is unavailable for on-call, clinics and theatre. On Friday 24th May (Show Holiday), Sean will be unavailable for on-call during the day but if he is required to do that week-end, he will be available from about 6:00pm.

The only other additional information that I can provide at this stage with regard to planning etc is in relation to August. I will be having my baby the end part of July. Sean has indicated that he will be taking time off in August for this. I do not know exactly how much time and when yet and so I suggest that clinics and theatre avoid booking patients for this time. Sean will be available for some on-call during this time but I will let you know as soon as possible his availability.

Regards,

Joanne

advised sick of holiday leave

MA 7

Address: PO Box 1456
Harvey Bay 4655

Dr Sean Mullen
FRACS (Orth)

Phone:

Fax:

Fax

To: Dr Morgan Naidoo; HBH Specialist Clinics; From: Vicki Manning - Practice Manager
HBH Theatre

Fax:

Pages: 1 (including this page)

Phone: (07)

Date: 27/06/2002

Re: Unavailability month of August 2002

CC:

Please note that Dr Sean Mullen will be unavailable for Harvey Bay Hospital Specialist Clinics and Harvey Bay Hospital OT List on Wednesday 7 August, Wednesday 14 August, Wednesday 21 August and Wednesday 28 August.

Many thanks

This document is confidential to the addressee. It may also be privileged. Neither the confidentiality nor any privilege attached to this document is waived, lost or destroyed by reason that it has been misdirected, transmitted to a party or entity other than the addressee. If you are not the addressee, please notify the sender immediately by telephone or e-mail at the number provided.



FRA.0002.0002.00065

FRASER COAST SPECIALIST CENTRE FAX NO. :

Sep. 04 2002 09:35AM P2

MA 8

Dr Sean Mullen F.R.A.C.S (Orth)
Orthopaedic Surgeon
Special Interest in Arthroplasty & Sports Medicine

Phone:
Fax:
A/H:

Provider No: 06485755

4 September 2002

Terry Hanelt
Hervey Bay Hospital
Nissen Street
PILBA Q 4655

Dear Terry,

The recent addition to my family has resulted in demands on my time increasing substantially. For this reason I have decided to withdraw my services for the elective work at Hervey Bay Hospital. Therefore after September 30th 2002, I will no longer be available for the Wednesday elective operating list and clinic. I however will continue to be available for the after hours on-call roster. The patients currently on my waiting list for clinics and theatre will have to be distributed between the other full time orthopaedic staff.

As I previously mentioned, I will continue to be a part of the on-call roster. This means that trauma patients I operate on will be transferred to the doctor who is receiving patients the next day according to the roster. As I no longer will be having a clinic, post-operative care will have to be taken over by that doctor.

I hope that this change does not cause too many problems. The recent appointment of a full time Senior Medical Officer should minimise the impact on patient waiting times. Once the demands on my time ease I would be happy to return to elective work if my services are required. Thank you for your assistance in this matter.

Regards,

Signed but not signed

Dr Sean Mullen

cc: Morgan Naidoo

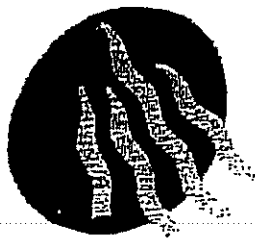
WITHOUT PREJUDICE
Not to be released to third party without my written permission

FRASER COAST Specialist Centre
Suite 10, 107 Boat Harbour Drive
PILBA 4655

Postal Address
PO Box 1456
Hervey Bay 4655

FRA.0002.0002.00066

MA9



Queensland Government

Queensland Health

Fraser Coast Health Service District.

Enquires to: Dr Terry Hanelt
Executive Medical Administration
Telephone: (07) 41206859
Facsimile: (07) 41206799
Email: Terry_Hanelt@health.qld.gov.au
File Number:
Our Ref:
Your Ref:

4/09/2002.

Dr Sean Mullen
PO Box 1456,
Fialba, Qld. 4655.

Dear Sean,

I am in receipt of your letter of 4/09/2002 requesting a reduction in your public sessional commitment to that of on-call sessions only. I appreciate your reasons for desiring the change and support these motives. I am happy for the planned reductions to occur on the following conditions -

- Your on-call sessions will be negotiated with the Director of Orthopaedics and will be on the basis of equal sharing of on-call commitments.
- This arrangement is for a trial period to be reviewed at 6 months.
- That current patients on "your" theatre waiting list are allocated to another surgeon within the District by negotiation with the Director of Orthopaedics and if there are any patients on the list for procedures that none of the other surgeons perform, these are completed prior to finishing your routine sessions.
- You organise a suitable arrangement with the other surgeons and clinic staff for patients for whom you are currently providing follow-up through the clinics after acute or elective care.
- Patients admitted whilst you are on-call that require multistage procedures remain under your care until one of the other surgeons is willing to take over their care. Obviously this will require some access to "casual" theatre sessions. This will be by negotiation with the NPC of the operating theatres.

If you find this arrangement acceptable. If you do, please sign the acknowledgement and return one copy to me. I will be on leave until 21/10/2002, any alterations to the conditions outlined above may need to wait until that date.

Yours sincerely,

Dr Terry HANELT
Director of Medical Services
Fraser Coast Health Service District.

I ☒ accept this alteration to my terms of employment with the FCHSD.

Signed

Name

Date

Hervey Bay Office
Hervey Bay Hospital
Cnr Nissen St and Unraween Rd
HERVEY BAY Q 4655
Phone 07 41206666 Fax 07 41206799
E-mail: Terry_Hanelt@health.qld.gov.au

Hervey Bay Postal
Hervey Bay Hospital
PO Box 392
HERVEY BAY Q 4655

Maryborough Office
Maryborough Hospital
185 Walker Street,
MARYBOROUGH Q 4650
Phone 07 41238355 Fax 07 41231606
E-mail: Terry_Hanelt@health.qld.gov.au

FR.A.0002.0002.00067

MA 10

Address: PQ Box 1456
Hervey Bay 4655

Phone:
Fax:

Dr Sean Mullen
FRACS (Orth)

Fax

To: Dr Morgan Naidoo	From: Vicki Manning - Practice Manager
Fax: (07)	Pages: 1 (including this page)
Phone: (07)	Date: 19/12/2002
Re: Rosters	CC: Terry Hanell

Please note that Sean is unavailable for on-call on Wednesday 29 January 2003. (Leave form has been submitted)

Please note that Sean is unavailable to do the weekend on-call dates 8 & 9 February 2003 but is happy to do 22 & 23 February 2003. Could you please advise us as soon as possible to confirm these dates.

Please note that Sean is unavailable for weekend on-call for the month of March 2003.

He is only available for Wednesday evening on-call on Wednesday 5 and Wednesday 12 March 2003.

Many thanks

This document is confidential to the addressee. It may also be privileged. Neither the confidentiality nor any privilege attached to this document is waived, lost or destroyed by reason that it has been mistakenly transmitted to a party or entity other than the addressee. If you are not the addressee, please notify the sender immediately by telephone or facsimile at the number provided.

MA 11

DR SEAN MULLEN F.R.A.C.S (ORTH)

ORTHOPAEDIC SURGEON

SPECIAL INTEREST IN ARTHROPLASTY & SPORTS MEDICINE

PHONE:

FAX:

A/H:

PROVIDER No: 08485758

12 February 2004

Dr Morgan Naidoo
Director of Orthopaedics
Harvey Bay Hospital
Nissan Street
Harvey Bay 4655

Dear Morgan

Thank you very much for the letter that we received today regarding operating session times. Dale Erwin has also rung Sean regarding this matter.

As I explained to Dale, Sean is happy to try and work in with the Fraser Coast Health Service District and not be an imposition on any budgetary constraints. I also indicated to Dale that afternoon sessions are more difficult for us as Sean often works late into the evening because of the number of patients and we would not be able to achieve this in a morning. However solutions can always be found.

After discussing this with Dale, she indicated that there were some options. There are morning lists available at Maryborough, which of course would not be a problem for Sean. However as per your agreement with Sean it will impact on on-call arrangements. I also indicated to Dale that any other morning in Harvey Bay would be fine as long as we were given at least 4 weeks notice to move already booked patients to different timeslots. As I previously mentioned, afternoons are extremely difficult because of the reduced consulting time that this provides us.

Once you have sorted out with Dale when Sean will be operating and what days are clinics, if you could fax the schedule through that would be great. If you could do the schedule through the whole period that you are on leave, it would be appreciated.

On a different topic, Sean was wondering if he could get the schedule of educational meetings and Mortality and Morbidity meetings. Just to enable us to make sure Sean is free to attend these.

Thank you for your assistance in these matters.

Regards,

Joanne Kelly

WITHOUT PREJUDICE

Not to be released to third party without my written permission

FRASER COAST SPECIALIST CENTRE
SUITE 10, 107 BOAT HARBOUR DRIVE
PALBA 4655

POSTAL ADDRESS
PO Box 1430
HERVEY BAY 4655

FRA.0002.0002.00069

COMMUNITY MESSAGE

from the Medical Staff of the Fraser Coast Health Service District.

1. The Medical Staff of the Fraser Coast Health Service District are deeply concerned by the allegations made in the media directed toward Overseas Trained Doctors. The implication is that these doctors are not competent and provide a second class service.
2. Overseas trained doctors comprise 80% of the Fraser Coast medical staff. Every year approximately 50,000 patients are seen through the emergency departments, 6,000 operations are performed through the operating theatres, and 800 deliveries are performed at our hospitals.
3. The Anaesthetics, Surgical, Obstetrics and Gynaecology departments are staffed by, and totally dependent upon overseas trained doctors. Without them none of these services would continue to be available to our community.
4. Few Australian doctors apply for positions on the Fraser Coast despite National advertising. No overseas trained doctor is appointed if an Australian is available. There are currently medical positions available in the Fraser Coast that cannot be filled by either Australians or overseas trained doctors.
5. Efforts by the District Manager to address this issue with the media have been met with ridicule and scorn. The medical staff supports the District Manager and administration on this issue.
6. Despite recent media events the Overseas Trained Doctors will continue to provide a quality medical service to our community with the full support of their fellow Australian Trained Doctors.

Regards,

The Medical Staff of the Fraser Coast Health Service District,
Serving our Community.

IMPORTANT MESSAGE to the People of the Fraser Coast!

19-04/2005

This open letter is a direct result of the irresponsible, uninformed reporting and incitement of racial discrimination and hysteria by all local media. The nursing staff of the Operating Theatres at Hervey Bay and Maryborough Hospitals as a unified and committed team wish to appeal to the general community.

We are appalled and dismayed at many recent portrayals in this newspaper and the reactions of the community of which we are also a part.

The vilification of Mike Allsopp in the Fraser Coast Chronicle editorial is reprehensible. To compare him with the Manager of the Bundaberg Hospital is irresponsible journalism. To date he has acted and reacted in a responsible manner to situations in this district. He is not a clinician, he relies on reports given to him by his medical staff. He was regarded with doubt when he commented this role, but has proven himself more than up for the task. If we as a district lose this man's management skills we are the losers.

All nurses are bound in their practice by a Professional Code of Conduct, laid down by the Queensland Nursing Council and State and Federal governments. In short this Code of Conduct requires without exception that at all times nurses' act and practice as advocates in the patient's best interests, while providing the highest level of professionalism and care to EVERY member of the community without exception.

The Fraser Coast District leads the state in safe practice initiatives. We have a reporting structure and a Risk Analysis system which is exceptional. This system along with the dedication, commitment and expertise of all health care professionals ensures that every individual patient, relative or carer receives the highest possible quality of care and the best outcome achievable. This is evidenced by the two hospitals being ranked 1 and 2 in Queensland in the last Patient Satisfaction Survey.

Recent events, unjustified and uninformed speculation and intimation by the media, along with the hostile response by many members of the community toward members of the Health Care team are totally unacceptable and have seriously compromised staff morale and well being.

The nursing staff within the Peri-operative Units at Hervey Bay and Maryborough Hospitals have in excess of 1000 years of experience combined. Many of us have come from major cities nationally and internationally and bring to the district a knowledge and skill base second to none outside of Brisbane. We have managed some of the largest hospitals in Australia, worked with trauma teams in Cardiac, Orthopaedic and Transplant Units nationally and internationally. Many have very specific surgical skills and knowledge in fields such as joint replacement, General Surgery, Ophthalmology, Obstetrics and Plastic Surgery to name a few.

We know our jobs and have the skills and expertise to perform them on a level the vast majority of the community could not comprehend. We don't accept second best or compromise on any level and would be the first to jump and be outspoken if we believed that the safety of any individual or the quality of the care being delivered was less than the best.

Based on all of this, we as a unified team of professional carers, without reservation have the highest respect and admiration for all of our doctors. This relationship has not been freely given but been earned through our observation of their tireless dedication, hard work and the quality of care they provided. We find the response of the press and many community members toward these professionals has significantly impacted and damaged them not only personally and professionally, but also impacted on their families including their children who are even being bullied in playgrounds.

How quick this community is to forget how these individuals have improved someone's quality of life, relieved their pain, allowed them to live a better and fuller life or even saved the life of you or someone you love. Where are these letters tendering your support? We know it's out there, because we were here and we saw and assisted.

Nurses don't just work because the hours or the pay is good, we do our jobs because we inherently care about every member of our community and want only the very best in health care for you and your family. We are sisters, brothers, mothers, fathers, wives, husbands and even grandparents. If we didn't truly believe in our Doctors performance or the care our Health Facility provided, we wouldn't have them here and we wouldn't work here.

Remember, every profession has its individuals who choose to work outside the boundaries set by those who govern, don't crucify the majority for the mistakes that those in the minority make.

Regards,

Maryborough and Hervey Bay Peri-operative Nurses.
Serving our Community.

This real look at the truth has been funded in full by the dedicated Peri-operative staff from Maryborough and Hervey Bay Hospitals.

ADVERTISEMENT

FRA.0002.0002.00071

FRASER COAST HEALTH SERVICE DISTRICT

BUDGET POSITION SUMMARY

INTRODUCTION.

A full review has been undertaken of the Fraser Coast District budget position including an assessment of the current position, opportunities for improvement and an articulation of the factors influencing the current budget position and projected result.

It is also acknowledged and appreciated that the District received growth funding to the extent of \$1,019,000 in the current financial year, of which \$520,000 related to prior years level of services and \$499,000 relates to 2004/05 escalation factors.

The following addresses those key areas:

ACTIVITY GROWTH.

Activity within the District has increased by 7.3% in the first five months when compared to the same period last year. This increase has been mainly in the area of emergency response to services.

The full year projection of an increase of around 1300 Weighted Inpatient Separations based on prior history adjusted for seasonal trends.

Period	WIS	Cost	Impact @ 30	Full Cost
WIS to December 2004	523	\$2,394	\$375,628	\$1,252,062
WIS Projection Full Year	1300	\$2,394	\$933,660	\$3,112,200

The District projects the non labour component of that expenditure increase to be approximately \$1M for the financial year.

In the line item of Pathology alone the cost difference between the current and previous financial year is approximately \$158K net of the recent post budget adjustment. This increase recognises both the inpatient and non inpatient growth.

There is also a direct labour impact of this activity increase. The sustained growth of around 7.3% inpatient activity will impact on labour expenditure by an estimated \$1M. The Budget allocated to nursing, utilising Business Planning Framework methodology is based on 2003/04 activity levels. The current trend of Nursing expenditure to budget for the current year is for an over-run of \$900K (\$474K YTD). With associated on costs that are unfunded, such as Superannuation, the expected result will be just over \$1M.

In terms of the controllability, attached at Annexure 1 is a spreadsheet that demonstrates that all the activity increase for the District is in the category of Emergency Admissions. Also demonstrated is the effort made by the District to minimise that impact by reducing Elective Admissions.

An analysis of the District rate of admission through Accident and Emergency has been undertaken by the Surgical Access Service for Hervey Bay Hospital which is the prime activity increase site.

The result as demonstrated in the table hereunder is that we have in the majority of Categories lower admission rates per presentation than the State and peer average. The exception being

the Cat 1 figure of 81.3% compared to the peer average of 79.5% where the figures are distorted by the relatively small numbers of presentations being approximately 130 per annum.

Group	Hospital	ATS-1	ATS-2	ATS-3	ATS-4	ATS-5
Regional	Bundaberg	65.0%	58.4%	32.6%	9.6%	2.5%
Regional	Caboolture	60.0%	68.7%	38.5%	11.6%	5.6%
Regional	Hervey Bay	81.3%	63.0%	26.1%	9.7%	2.3%
Regional	Mackay	71.4%	61.1%	32.9%	6.5%	0.5%
Regional	Mt Isa	85.7%	59.4%	26.1%	7.6%	1.4%
Regional	TOTAL	70.1%	63.3%	32.4%	8.9%	1.9%
Queensland	TOTAL	79.5%	64.8%	37.9%	12.5%	3.6%

As reported previously, Renal services increase has been as a response to demand. Strategies to slow down the demand for inpatient service have been adopted in accordance with the Zonal Renal Plan which has primarily concentrated on alternative strategies of CAPD and home dialysis. In the current year there have been an increase of 5 in centre dialysis patients and it is anticipated there will be an additional 3 over the next 3 months.

Based on a Cost benchmark of around \$63,000 per patient this equates to an increase of around \$400,000 in the financial allowing for part year impact of patients coming on line half way through the year. These figures are included in the projected 1500 increase in weighted separations.

It is also noted that two patients will move to home dialysis with a home fit out and equipment cost estimated at \$35,700 for each patient.

HISTORY OF EFFICIENCY PERFORMANCE IMPROVEMENT

The District over the past three years has made major changes in service arrangements and achieved major cost reductions and efficiencies. This achievement is demonstrated in bottom line Cost per Weighted separation graph at Attachment 2. This graph demonstrates the improved performance including the fact that both Hospitals are performing substantially better than the peer group average.

Also included at Attachment 3 is a table that demonstrates through the various clinical performance parameters details substantially better than peer group performance. It is also noted that these are Corporate rather than District figures.

Attachment 4 demonstrates improvement and better than benchmark performance in the Hotel Services area which was a previous area where the District was a poor performer.

Accordingly, the District has progressed over the last three years to achieve efficiently run services demonstrated on both a State-wide benchmark and peer comparative basis.

Bayhaven Savings

One of the major service changes for the District that was to provide for reinvestment in the District was the sale of Bayhaven.

Those savings has been adversely affected by the revenue targets recently set for Category C, the loss of category B resident contribution. The following reconciliation outlines these issues:

Bayhaven Result	Amount
Bayhaven Expenditure 2003/04	\$1,783,550
Cat B Deficit - Res. Contrib.	-\$220,000
Cat C Deficit (Target to Achievable)	-\$170,000
Net Saving	\$1,393,550

It should be noted that these savings have been directly applied to the District's structural deficit and to fund demand increases.

Structural Deficit

Also attached is a spreadsheet that gives the background to the reduction in the District's structural deficit over the past three years. The presumption that all structural deficits were cleared at the end of 2003/04 financial year is erroneous. The real situation is demonstrated in the spreadsheet which also identifies the allocation of the Bayhaven savings to addressing that structural deficit. After that allocation the allocation of those savings to the structural deficit the District still commenced the 2004/05 financial year facing an inbuilt structural deficit of \$112K.

The District would appreciate an independent audit of that spreadsheet by Finance Branch to verify that it represents an accurate assessment of the structural debt history.

REVENUE IMPROVEMENT STRATEGY

A) Staff Specialists

Strategies for the District have been concentrated on Revenue. This is an area where our prior performance particular in relation to Option A Specialists has not been to peer benchmark.

A full review is almost complete of the administrative functions associated with Option A and the Bulk Billing component. Senior Medical Staff have been consulted both as a group and individually to ensure income is maximised at Specialist Clinics.

The local Chairperson for the Division of GPs has been consulted on the best strategy in dealing with this issue with local GPs and seeking her assistance to progress this matter.

Referral forms both in hard copy and in electronic format has been distributed to local GPs in order to gain maximum name referrals to participating specialists.

Administrative functions have been improved to allow for the separation of Public and Private clinics that will allow easier identification of Bulk Billed Patients. This will further improved when the new Clinics Building is in operation.

One of the participating Specialists has transferred to Option B.

Negotiations are underway with St Stephens Private Hospital to establish a partnership to improve access to both Option A & B participating Specialists. It is anticipated that improved Option A and B revenue will be achieved in both Inpatient and Outpatient treatments.

The first quarter indicates that overall revenue performance has improved significantly. It is anticipated that the District will at least achieve the Zone benchmark of \$18.2K per participating specialist this year. This represents an increased target of \$280K.

A review is being conducted on Pathology requests by District Medical Management to determine the reasons the District is not in line with peer group hospitals on requests per admission. It has also been recognised that mechanisms for identifying Private Pathology has been missed previously and now rectified which will result in savings in Pathology expenditure.

ELECTIVE SURGERY

It is anticipated that the District will not achieve the allocated Elective Surgery Target due to vacancies in the Surgical and Anaesthetic teams and increased emergency work load.

The projected financial penalty for the District is estimated at \$250,000 for 2004/05.

STRATEGY TARGET COST COMPONENTS

The targeted savings/revenue improvement strategies total \$533,000 and are detailed in Attachment 5.

NET POSITION

The net position that is projected for the District is summarised below:

Budget Projection 2004/2005	
Gross Projection	-\$1,638,800
Savings Strategies	\$533,000
Net result	-\$1,105,800

In summary the District is experiencing cost escalation and budget deterioration as a result of response to demand for emergency services. The District has also undertaken a full review of opportunities to reduce cost and increase revenue. Initiatives have been implemented to realise these opportunities and the projected outcomes have been included in the budget forecast. On all measures the District is running its services efficiently. However, the District is forecasting a net unfavourable result of \$1,105,000. It is realised that this amount is substantial given the expectations of the Zone and the Director General to achieve budget integrity.

Accordingly, the District seeks discussions with the Zonal Manager and A/Senior Executive Director Hospital Services in relation to strategies available to the District to alter services necessary to achieve budget integrity.

Mike Allsopp
District Manager

03/02/05

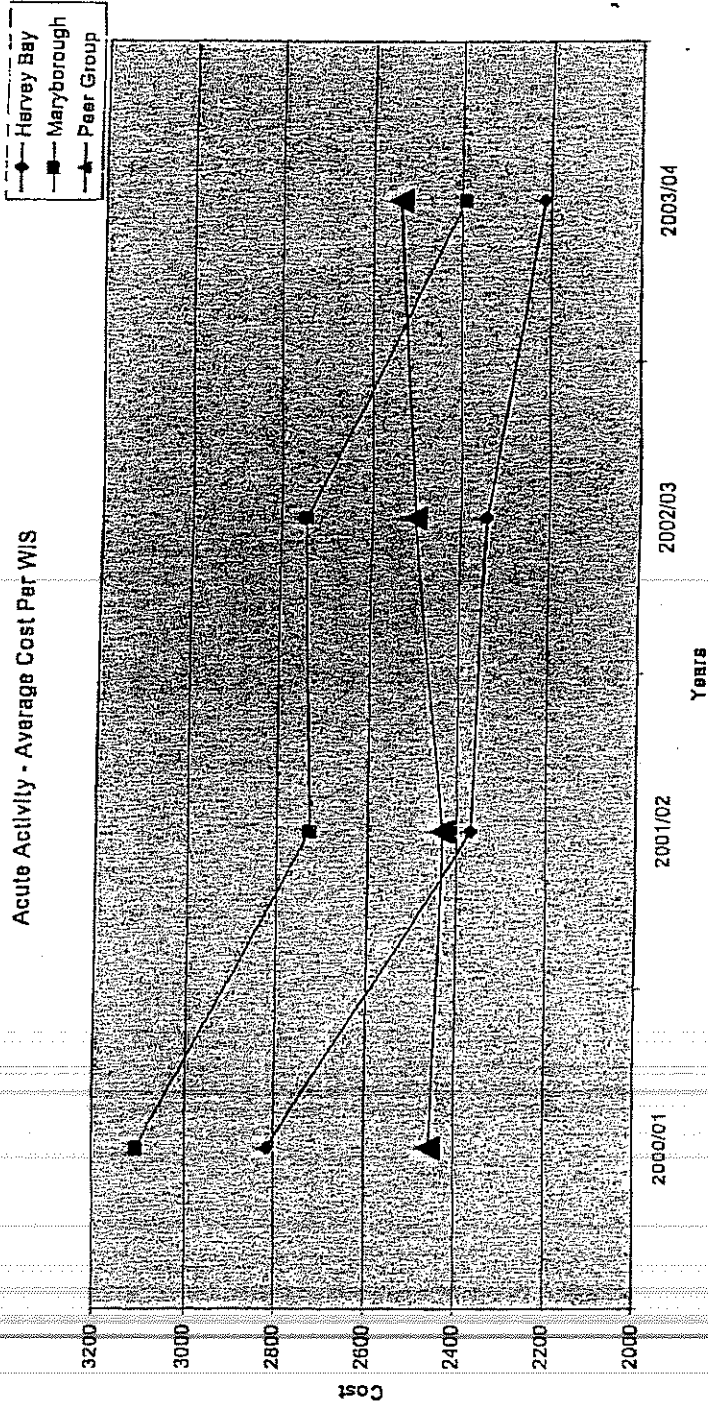
Fraser Coast District Weighted Sub Combination						
DIVISION	2003/04	2004/05	Variance	Cost of Var	Avg Cas/Wrap	
ANAESTHETICS						
1 - Emergency Admission	20.41	31.48	11.1	24,110		
2 - Elective Admission	12.60	3.60	-9.0	-19,602		
Sub Total	33.01	35.08	2.1	4,508		
MEDICAL						
1 - Emergency Admission	1,067.57	1,298.77	231.2	651,059		
2 - Elective Admission	155.80	172.10	16.3	45,901		
Sub Total	1,223	1,471	247.5	696,960		
MENTAL HEALTH						
1 - Emergency Admission	233.16	267.79	34.6	75,216		
2 - Elective Admission	4.82	17.06	12.2	28,565		
Sub Total	238	285	46.9	101,802		
OBSTETRICS						
1 - Emergency Admission	12.98	14.99	2.0	4,844		
2 - Elective Admission	281.17	254.67	-26.5	-15,665		
Sub Total	274	270	-4	-10,821		
PAEDIATRICS						
1 - Emergency Admission	128.17	149.16	21.0	31,716		
2 - Elective Admission	117.77	126.80	9.1	13,795		
Sub Total	246	276	30.1	45,511		
RENAL						
1 - Emergency Admission	1.38	1.53	0.1	368		
2 - Elective Admission	130.99	143.42	12.4	31,473		
Sub Total	132	145	12.6	31,840		
SURGICAL***						
1 - Emergency Admission	733.31	768.59	35.3	83,084		
2 - Elective Admission	987.00	989.37	2.4	29,131		
Sub Total	1,720	1,758	37.7	112,215		
Total						
1 - Emergency Admission	2,197	2,532	335	\$809,810		
2 - Elective Admission	1,570	1,717	147	\$113,433		
Grand Total	3,857	4,249	392	\$923,243		2415

*** Surgical Division Rollup includes the following Specialties:

Dental
Endoscopy
Gynaecology
Ophthalmology
Orthopaedics
General Surgery
Urology Unit

	Harvey Bay	Maryborough	Peer Group
2000/01	2815	3108	2464
2001/02	2367	2725	2431
2002/03	2342	2743	2502
2003/04	2214	2393	2539

Acute Activity - Average Cost Per WIS



Consolidated Activity Report for Fiscal Year , July to June, 2002

In HBPM Phase 3

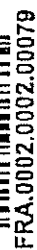
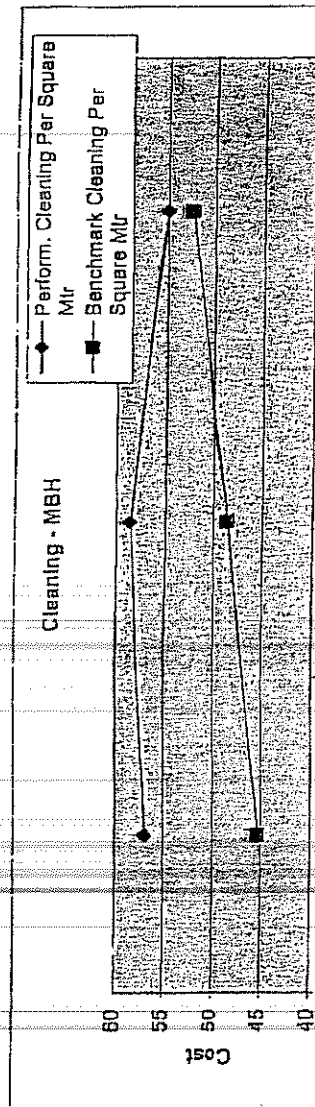
	Separations	Weighted Beds	Beddays	ALOS	Same Day	Non SD ALOS	Casemix Index	Cost per Acute Sep	Cost per Wtd Sep	Total Cost Acute Inpatients
Gold Coast Hospital	54,128	52,451	166,878	3.1	28,006	5.3	1.0	2,414 \$	2,492 \$	130,691,486
Princess Alexandra Hospital	62,265	78,443	215,059	3.5	35,624	7.0	1.3	3,424 \$	2,718 \$	213,169,881
Royal Brisbane and Women's Hospital	68,522	84,986	254,338	3.7	34,230	6.4	1.2	3,466 \$	2,794 \$	237,466,692
The Prince Charles Hospital	18,592	43,537	99,904	5.4	6,287	7.6	2.3	7,191 \$	3,071 \$	133,689,715
Townsville Hospital	36,644	41,139	114,806	3.1	20,496	5.8	1.1	2,990 \$	2,663 \$	109,566,702
Principal Referral Hospital	240,151	300,555	850,985	3.5	125,643	6.3	1.3	3,434 \$	2,744 \$	824,603,476
Bundaberg Hospital	15,557	11,989	36,295	2.3	8,653	4.0	0.8	1,932 \$	2,507 \$	30,055,675
Caboolture Hospital	14,971	15,509	43,599	2.9	5,281	4.0	1.0	2,333 \$	2,252 \$	34,931,195
Calms Base Hospital	30,555	28,330	92,508	3.0	16,060	5.3	0.9	2,608 \$	2,812 \$	79,675,196
Gladstone Hospital	5,376	4,385	13,292	2.5	1,756	3.2	0.8	1,849 \$	2,268 \$	9,936,575
Hervey Bay Hospital	11,419	9,203	26,039	2.3	5,543	3.5	0.8	1,784 \$	2,214 \$	20,372,370
Ipswich Hospital	28,878	26,878	80,506	2.8	14,242	4.5	0.9	2,256 \$	2,423 \$	65,137,654
Logan Hospital	27,761	26,875	82,986	3.0	12,605	4.6	1.0	2,252 \$	2,326 \$	62,518,738
Mackay Base Hospital	17,834	14,134	43,498	2.4	8,676	4.1	0.8	2,009 \$	2,535 \$	36,828,934
Maryborough Hospital	6,706	6,055	17,559	2.6	2,842	3.8	0.9	2,160 \$	2,393 \$	14,487,482
Nambour Hospital	31,155	29,529	95,575	3.1	14,415	4.8	0.9	2,654 \$	2,800 \$	82,685,081
Queen Elizabeth II Hospital	10,887	13,344	31,480	2.9	5,151	4.6	1.2	3,253 \$	2,654 \$	35,415,304
Redcliffe Hospital	25,003	22,371	64,255	2.6	13,143	4.3	0.9	2,195 \$	2,453 \$	54,874,948
Redland Hospital	14,198	13,396	37,776	2.7	6,885	4.2	0.9	1,694 \$	1,795 \$	24,047,592
Rockhampton Hospital	20,347	15,908	51,065	2.5	11,890	4.6	0.8	2,285 \$	2,923 \$	46,494,743
Toowoomba Hospital	26,374	23,877	71,714	2.7	13,824	4.8	0.9	2,582 \$	2,852 \$	68,087,948
Major Referral Hospital	287,021	261,782	788,147	2.7	141,976	4.5	0.9	2,315 \$	2,539 \$	664,552,436
Royal Children's Hospital	16,872	18,668	39,941	2.4	8,701	4.2	1.1	3,218 \$	2,908 \$	54,295,061
Paediatric Hospital	16,872	18,668	39,941	2.4	8,701	4.2	1.1	3,218 \$	2,908 \$	54,295,061
Clinical Benchmarking Site Totals	544,044	581,005	1,679,073	3.1	277,320	5.3	1.1	2,837 \$	2,657 \$	1,543,450,972



FRA.0002.0002.00078

Appendix

Year	Perform. Food Services \$ Per OBD	Benchmark Food Services \$ Per OBD
Maryborough Hospital Perf. 2001/2002	30.5	30.5
Maryborough Hospital Perf. 2002/2003	31.5	32.5
Estimated Maryborough Hospital Perf. 2003/2004	35.5	35.5



Maryborough Hospital Perf. 2001/2002

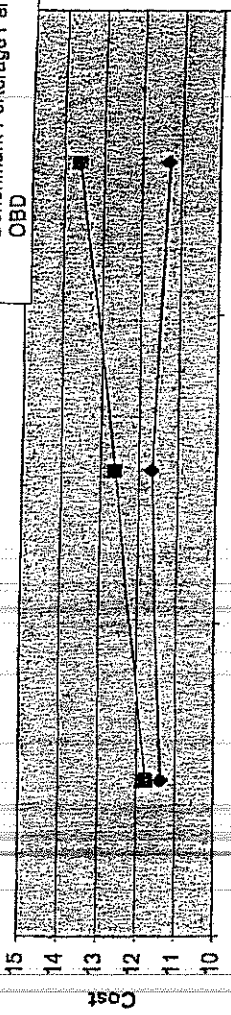
Maryborough Hospital Perf. 2002/2003

Estimated Maryborough Hospital Perf. 2003/2004

Years

Porterage - HBH

● Perform. Porterage Per OBD
 ■ Benchmark Porterage Per OBD



Maryborough Hospital Perf. 2001/2002

Maryborough Hospital Perf. 2002/2003

Estimated Maryborough Hospital Perf. 2003/2004

Years

SAVINGS STRATEGIES TO ENSURE BUDGET INTEGRITY

District: Fraser Coast

Period: October 2004

Description	Potential Annual Savings 2004-05	Actual Savings YTD	Assumptions/Comments	Recurrent/Non-Recurrent
Maximise Revenue - Option A	100,000	14,700	Consultation has occurred with Senior Medical Staff to ensure maximisation of Bulk Billing potential. Referral Form has been developed to ensure maximum referral from GPs. Named referral process established. Expect results to evaluate in second half of Financial Year	Recurrent
Revenue Retention - Cat B	170,000	17,500	Continue to target Patients who present with Private Insurance and to capitalise on the named referral arrangements for Specialist Clinics.	Recurrent
Improve Canteen viability	18,000	6,400	Catering staff have implemented procedures in the Canteen which has improved custom. Income has more than doubled let year from previous year.	Recurrent
Workplace Rehabilitation	70,000	0	There will be no impact on Work-cover premiums in this Financial year however, there will be strategies introduced that will assess employees who are either off on long term sick leave or workplace assessed.	Recurrent
Clinical Supplies	60,000	0	Review stock levels and usage processes to minimise wastage and stock holdings	Recurrent
Nursing	65,000	0	Develop more efficient Rostering practices with the Nursing Division through assistance with the introduction of Expert (ESP Rostering package)	Recurrent
Pathology Review	50,000	0	An Internal review of Pathology requests will be undertaken to bring Fraser Coast facilities in line with peer group hospital performance. This figure represents the difference between current levels extrapolated out for whole year and a reduction due to changes.	Recurrent
Total	533,000	38,600		

Orthopaedic Patients

Year	Pats		
2002/03	1299		
2003/04	1484		
2004/05 (Jul To Apr)	1257	Full Year Est	1508.4
Source: Transition II			

Includes all Patients Admitted to, Discharged from, Transferred In or Transferred Out of the Orthopaedic Unit

Orthopaedic Procedures

	HBH	MBH	FCD
2002/03	496	379	875
2003/04	601	298	899
2004/05	562	215	777

Source: HBCIS TMS Module (Case Designation Rpt)

Orthopaedic Patients

Year	Pats
2002/03	1299
2003/04	1484
2004/05 (Jul To Apr)	1257
<i>Full Year Est</i> 1508.4	
<i>Source: Transition II</i>	

Includes all Patients Admitted to, Discharged from, Transferred In or Transferred Out of the Orthopaedic Unit

Orthopaedic Procedures

	HBH	MBH	FCD
2002/03	496	379	875
2003/04	601	298	899
2004/05	562	215	777

Source: HBCIS TMS Module (Case Designation Rpt)

Displaying Period Between July and April 2004/05

Arthroplasty Hip

Revision Arthroplasty Hip

Arthroplasty Knee

Total

41

5

64

110

Arthroplasty of Hip & Knee

Confidentiality

The information contained in this report is confidential. This information will not be published or distributed outside PCD without the consent of the District Manager. Verifications between this report and other reports of similar content may occur due to different selection criteria or timing differences. If you have any queries please contact the Clinical Coding Unit (PCD) on Telephones (07) 41232511.

\\erp-clin-cod\prod\PCDFiles\migration\Error Template (New).htm



Arthroplasty of Hip & Knee

2002/03

Arthroplasty Hip

Revision Arthroplasty Hip

Arthroplasty Knee

Revision Knee

45

4

52

3

104

Total

2003/04

Arthroplasty Hip

Revision Arthroplasty Hip

Arthroplasty Knee

Revision Knee

49

1

58

3

121

Total

Confidentiality

The information contained in this report is confidential. This information will not be published or distributed outside FCD without the consent of the Clinical Manager.
Variations between this report and other reports of similar content may occur due to different selection criteria or timing differences.
If you have any queries please contact the Clinical Coding Unit (CCU) on Telephone (07) 4123211.



Richard suffers as Bay waits on surgeon

By Kevin Corcoran

Headline: rcorcoran@es.com.au

RICHARD Hall is planning his hopes on a new orthopaedic surgeon who will start work at the Hervey Bay hospital next month.

It is not that Mr Hall knows anything about the new surgeon or his ability. He just hopes that once he starts work the waiting list for elective surgery will start to shrink.

Mr Hall has been waiting for two years for a surgeon to have a look at his back to see if they can do anything to stop his constant pain.

"I am on pain killers and antidepressants," he said.

After waiting two years he was told this week he would

have to wait another year to see a surgeon.

Mr Hall's problems started 10 years ago when he broke a collar bone in a mountain bike crash.

"I must have put my back out at the same time," he said. He now has constant pain and a lingering sensation down his right leg and both arms.

In December 2000 Mr Hall's GP referred him to the hospital's orthopaedic section which confirmed in December 2000 that he was on the waiting list.

"My GP said I would have to wait a year so in 2001 I rang to find out what was going on.

"They said I was a category two patient and the wait was two years.

"That was okay. I was prepared to wait. This week I rang to find out what was happening to be told I am now a category three patient and will have to wait another 12 months at least.

"How do they know what category I am? They haven't seen me."

The demand for elective surgery was high on the Fraser Coast, the district manager of the Fraser Coast Health Service, Mike Allsopp, said.

He said the demand by category one patients and a lack of orthopaedic surgeons had caused some patients to be pushed back in the waiting list.

New doctor to attack waiting list

Mr Allsopp said an orthopaedic surgeon had been recruited and another was due to start next month so waiting lists should start to shrink.

He said the health district plan had recognised the importance of orthopaedics and ophthalmology (eye) and an extra \$600,000 had been channelled to elective surgery to reduce waiting lists.

Fast News

Spotlight on boat house

STAN Pappin's boat house is still being closely examined by the Queensland Transport Department and the Environmental and Protection Agency. "We are still working with the landholder to resolve the environmental issues," Damien Lewis from EPA said.

Carrots, videos for readers

A BAG of carrots and a weekly or three-day video hire is available to readers for next week's Super Tuesday special. Chronicle readers can cut out the Super Tuesday coupon from page one of Tuesday's paper and take it either to the Hervey Bay Fruit world for the carrots or Maryborough's Walker Street Store for the videos. One coupon is allowed for each reader and they are valid only for Tuesday.

Water use drops slightly

AFTER nearly two weeks of restrictions Maryborough residents have not reduced water usage by much. City council chief executive officer Noel Gorrle said consumption had only dropped by one megallitre a day since the introduction of lighter restrictions on January 8. He said the council would closely monitor the usage.

Drivers unhurt in collision

THE DRIVERS of two vehicles walked away uninjured yesterday when their cars collided on the corner of Albert and Pullas streets, Maryborough, at 11.50am.



Window Tinting Specialist

Where 14 Years Experience comes FREE!
And... we won't be beaten on price



FRA.0002.0002.00086



Queensland Government

Queensland Health

FRASER COAST HEALTH SERVICE DISTRICT TERMS OF REFERENCE FINANCE COMMITTEE

PURPOSE OF THE FINANCE COMMITTEE

- To provide advice and recommendations to the District Executive with regard to the development, implementation and management of the Districts financial management strategy using a quality improvement framework.
- To operate in conjunction and cooperation with Cost Centre Managers in ensuring the effectiveness of financial management within the District.

TERMS OF REFERENCE

- Develop in consultation with District Executive the financial strategy to meet the requirements of the District Managers Service Agreement.
- Oversight the implementation of the approved financial strategy
- Oversight and provide user focused direction in the development of financial information and decision support systems to assist effective financial management
- Monitor variances to the outcomes of the implementation of the approved financial strategy
- Provide advice and recommendations to the Executive in relation to actions to rectify variances to the financial strategy
- Analyse Business Cases for service improvements and make recommendations to Executive on their financial viability
- Analyse financial policy initiatives and directives received from Queensland Health and provide advice and recommendations to Executive on any organisational implications
- Plan the development and implementation of user focused financial management and systems training programs for relevant staff in conjunction with the Staff development Unit, including needs assessment as appropriate

COMMITTEE MEMBERSHIP

Membership is as follows:

Director Corporate Services

Manager Finance and Administration

Clinical Director (nominated by Director Medical Services)

Acute Nursing representative at Cost Centre Manager level (nominated by Directors of Nursing)

Residential Aged Care Nursing representative at Cost Centre Manager level (nominated by Directors of Nursing)

Manager, Accounting

Allied Health representative at Cost Centre Manager level

Support Services representative at Cost Centre Manager level

Transition Coordinator

Manager, Supplies

The Chairperson is the Director Corporate Services and the secretary is the Manager, Accounting.

The Finance Committee has the power to co-opt other members from appropriate departments, other services or professional groups. Co-opted members will be in attendance for the special business relating to their particular expertise only and will not have the right to vote.

Membership changes and vacancies are to be approved by the chairperson and ratified through the Executive.

Members will be appointed for a two year period and will be eligible for reappointment.

AUTHORISATION OF THE COMMITTEE/FORUM

The Finance Committee is authorised by the District Executive.

MEETING PROCESS

The quorum for the Finance Committee to begin and to continue to transact is 5.

The business of the Finance Committee shall be formally conducted and all decisions properly recorded in minute form. Signed copies of the minutes and attachments will be retained in the Finance Department.

An agenda and action list shall accompany the minutes of the previous meeting one week prior to the proposed meeting.

Meetings will be held monthly. Duration will be one hour.

Meeting decisions will be on a consensus basis. If consensus is unable to be reached and a vote is required, the simple majority of members present will be the determinant. The chairperson has a casting vote in the case of a tied vote. Proxy voting is not permitted.

Items will be placed on the agenda via the chairperson.

The Finance Committee may in the process of its deliberations, make use of sub-groups. These sub-groups and their nominees will be authorised by the Finance Committee. All sub-groups will have definite terms of reference determined by the Finance Committee.

The Finance Committee is authorised to refer matters to one of the Management Advisory Groups through the chairperson.

FINANCE COMMITTEE RECOMMENDATIONS AND REPORTING

The Finance Committee reports to the District Executive. Reports will be in the form of the minutes of the meeting. These will be presented on a monthly basis at the regular District Executive meetings.

The Finance Committee may make recommendations to modify its terms of reference from time to time as it sees fit. However, such recommendations must be approved by the District Executive.

Endorsed by: *Mike ALLSOPP*
District Manager
Fraser Coast Health Service District
17-07/2002



Queensland Government
Queensland Health

Fraser Coast Health Service District

Job Description

1. POSITION NUMBER:

POSITION TITLE:

Clinical Risk Management Coordinator
(Nurse Manager)

UNIT/DEPARTMENT:

Fraser Coast Health Service District

LOCATION:

Hervey Bay & Maryborough

CLASSIFICATION LEVEL:

NO3

2. REPORTS TO:

Manager of the Organisation Improvement and
Development Unit

3. DATE OF REVIEW:

December 2004

4. DELEGATE AUTHORIZATION

Meryn Pease
Manager Organisation Improvement and
Development Unit

9/3/2004

5. PURPOSE OF POSITION

The Officer is responsible and accountable to coordinate and support the District Clinical Risk Management program including the further development of processes; coordination and maintenance of District Risk Management register; utilisation of root cause analysis as appropriate and; ensuring adherence to the principles of Quality

Management. To collaborate with all key stakeholders to ensure that the District actively seeks to minimise the risk of clinical care related incidents.

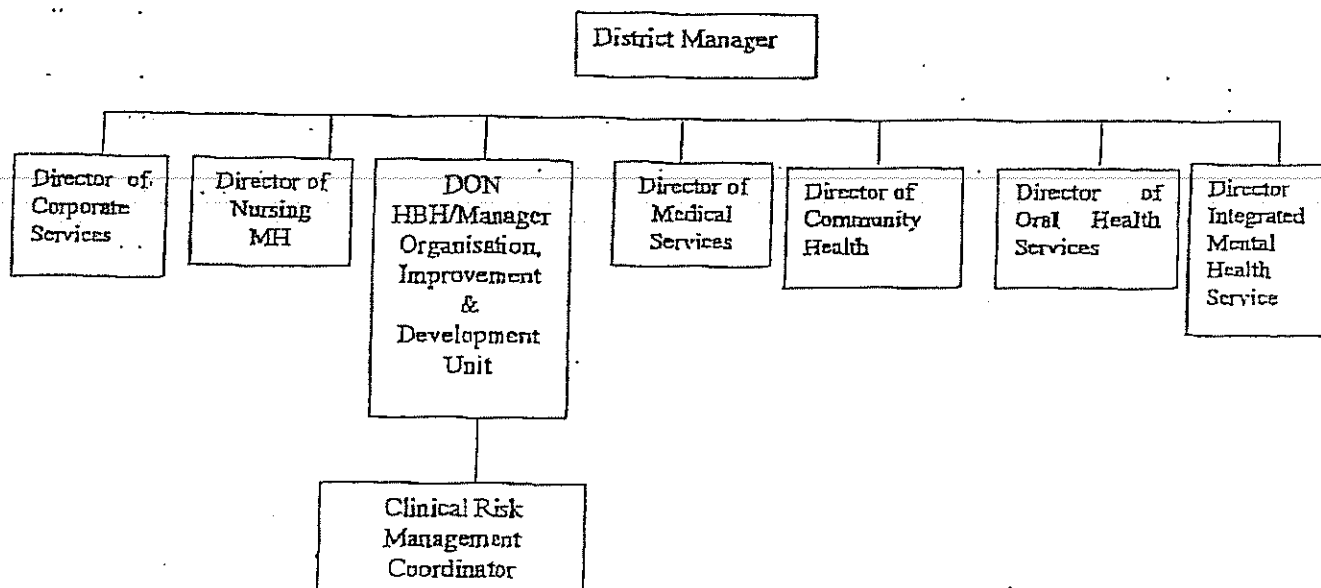
6. ORGANISATIONAL ENVIRONMENT & KEY RELATIONSHIPS

The Fraser Coast Health Service District covers two major population centres – Hervey Bay and Maryborough with a number of smaller communities in close proximity. The District population is 70,000 and is serviced by the two Public Hospitals, two Nursing Homes and two Community Health Centres at Maryborough and Hervey Bay.

Reporting Relationships

The position reports to the Manager of the Organisation, Improvement and Development Unit.

Organisational Chart



7. POSITION REQUIREMENTS

Queensland Health is committed to achieving its mission to improve the health and well-being of all Queenslanders. To sustain the trust of the people of Queensland in fulfilling this mission, and for staff to achieve their full potential, four core values are shared across the organisation. These are quality and recognition, professionalism, teamwork and performance accountability. Implementation of these values in the workplace requires the commitment of management and staff. The primary duties and

assessment criteria outlined in this job description reflect the commitment to core values which is required by this position.

Personal Specifications

- The Officer is a highly motivated and innovative professional interested and motivated to work in the area of clinical risk management.

Primary Duties and Responsibilities

- To coordinate District clinical risk management programs as part of the Integrated Risk Management system.
- Provide support in the processes of the Clinical Risk identification and monitoring. The process will include the grading of incidents according to the Integrated Risk Management Analysis Matrix and that incidents are subjected to an appropriate level of analysis and review commensurate with the level of risk. Then improvement strategies are developed and implemented within agreed timeframes and the improvement strategies are monitored and reviewed for efficiency, effectiveness and appropriateness.
- Implement the specific requirements of the Queensland Health Integrated Risk Management policy and the Incident Management policy.
- Further develop the district risk management reporting processes including adverse events monitoring.
- Ensure all employees are aware of their responsibility for risk management by facilitating the promotion and presentation of risk identification and assessment sessions.
- Implement systems to record and monitor adverse events outcomes and root cause analysis outcomes as appropriate.
- Establish systems that link clinical risk assessment and action plans with the relevant Management Advisory Groups and work areas for outcomes monitoring.
- Develop and monitor the interface of Root Cause Analysis with clinical incident, including sentinel, adverse events and near misses and risk analysis in consultation with the ODU Manager.
- Establish all relevant document management, filing etc. including electronically.
- Preparation of submissions, project plans and the like to produce an outcome that delivers a system of Root Cause Analysis management and identifies options for long term sustainability.
- Provide advice to groups undertaking Clinical Risk Assessment and investigation of events utilising Root Cause Analysis where appropriate.
- Work within systems and procedures for the area, identifying needs for improvement and liaising with appropriate people to initiate changes accordingly.
- Maintain and report on systems integrity with competent computer skills in word processing and spreadsheet programs.
- High level of interpersonal, communication, negotiation and organisational skills.
- Well developed ability to function effectively as a team member and on an individual basis, to work autonomously and show initiative in day-to-day problem solving.

- Comply with Human Resource Management issues including Workplace Health and Safety, Equal Employment Opportunity and Anti-Discrimination as applied in the working environment.

8. PRIMARY DELEGATIONS AND ACCOUNTABILITY

Nil

9. MANDATORY CRITERIA

Appointment to this position requires proof of qualification and/or registration with the Queensland Nursing Council, including any necessary endorsements, to be provided to the Fraser Coast Health Service District prior to the commencement of duty.

10. ASSESSMENT CRITERIA

- Your application for this position must specifically address each Assessment Criteria below; a general resume will not be sufficient. It should also contain the names and contact details of at least three referees, one preferable from your current/previous supervisor, who may be contacted with respect to your application. Short listing and selection will be based on these assessment criteria. Verification of data may be sought with your permission.

ASSESSMENT CRITERIA

- C1 Demonstrated expertise in the provision of professional and clinical care in a variety of clinical settings with demonstrated knowledge of the complex clinical systems and processes and their inherent risks in those settings.
- C2 Demonstrated high level knowledge of clinical risk management processes and ability to apply that in an integrated risk management system.
- C3 Demonstrated ability to organise and carry out service evaluation projects to strict timeframes and produce structured outcomes.
- C4 Demonstrated high-level written and oral communication skills and ability to apply them effectively in a multidisciplinary team to facilitate collaboration in order to achieve desired organisational outcomes.
- C5 Knowledge of procedures, policies and regulations which impact on the position, including contemporary human resource management requirements such as workplace health and safety, equal employment opportunity and anti-discrimination.

11. ADDITIONAL FACTORS

- The Fraser Coast Health Service is committed to equality of opportunity in employment practices. Employees are recruited, selected, promoted and treated on the basis of individual talents and capabilities. Irrelevant characteristics such as gender, marital status, age, racial background or disability are not taken into account during the selection process.
- Smoking within Fraser Coast Health Service buildings and vehicles is not permitted.
- New appointees or existing employees on promotion must be prepared to work at any of the facilities within the Health Service. The Health Service includes the Hervey Bay and Maryborough Hospitals as well as Community Health Centres at both locations. Hervey Bay and Maryborough are approximately 40 kilometres apart.

Probation Requirements

- All new permanent employees to Queensland Health will be required to undertake a period of probation upon commencement to duty. This period will be between 3 and 6 months in length with a possible 3 month extension if performance objectives are not met.

Hepatitis B

- Hepatitis B immunisation is a condition of employment as a Queensland Health care worker.
- Persons (including students) involved in the delivery of Health Service in Health Facilities must be immunised.
- Persons who are non-seroconverters to Hepatitis B immunisation are assured that this will not affect their employment opportunities.



FRASER COAST HEALTH SERVICE DISTRICT
TERMS OF REFERENCE
MEDICAL RECORDS COMMITTEE

PURPOSE OF THE COMMITTEE/FORUM

The purpose of this committee is to oversee the information processes and ensure an efficient flow of health information throughout the Health Service. Establish standards and policies for the medical record in accordance with the best practice.

TERMS OF REFERENCE

- Ensure adequate measures are taken to safeguard patient confidentiality.
- Conduct regular analysis of the medical record content to ensure that the recorded clinical information is sufficient for the purpose of providing and evaluating patient care and for retrieval of data for management information, research and medico-legal reference.
- Ensure that the presentation and layout of the medical record and its individual forms maximises the efficient use of the record.
- Where medical record forms are established or altered that a District perspective be adopted
- Introduce new medical record forms or alterations to existing forms pursuant to Item 3.
- Ensure that quality activities relating to the content of the record are undertaken.
- Ensure that education is provided to assist appropriate completion of medical records.
- Complete any other tasks as directed by the Director Medical Services

COMMITTEE MEMBERSHIP

Director Corporate Services (Chairperson)
Director Medical Services
Director, Health Information Management
Health Information Manager
Medical Representative (2)
Nursing Representative (2) Acute, Mental Health, Aged Care
Community Health Representative
Allied Health Representative
Oral Health Representative
Ward Clerk (Administrative representative)
Pathology Representative

The Committee has the power to co-opt other members from appropriate departments, other services or professional groups. However, co-opted members will be in attendance for the special business relating to their particular expertise only, and will not have the right to vote.

Committee membership changes and vacancy replacements are to be approved by the Chairperson and ratified through the District Executive.

AUTHORISATION OF THE COMMITTEE/FORUM

This committee is a sub-committee of the District Quality Services Advisory Group and is authorised by the District Executive

MEETING PROCESS

The quorum for the Committee to begin and to continue to transact business is half plus one.

The business of the Committee shall be formally conducted and all decisions properly recorded in minute form.

An agenda and action list shall accompany the minutes of the previous meeting one week prior to the proposed meeting.

Secretarial support for the Committee will be arranged by the Chairperson utilising existing Executive Secretaries.

Meetings will be regularly held on a monthly basis. Duration should be of 1 hour.

Meeting's decisions will be on a consensus basis. If consensus is unable to be reached and a vote is required then the simple majority of members present will be the determinant. The Chairperson has a casting vote in the case of a tied vote. Proxy voting is not permitted.

Items will be placed on the Agenda via the Chairperson.

PROCESS CONSIDERATIONS OF THE COMMITTEE

The Committee may in the process of its deliberations make use of sub-groups. These sub-groups and their nominees will be authorised by the Committee. All sub-groups will have a definite terms of reference determined by the Committee.

The Committee is authorised to refer matters to any MAG through the Chairperson.

COMMITTEE RECOMMENDATIONS AND REPORTING

The Committee reports to the District Executive through the District Quality Services Advisory Group. Reports will be in the form of the minutes of the Committee meeting. These will be presented on a monthly basis at the regular District Quality Services Advisory Group meetings.

The Committee may make recommendations to modify its terms of reference from time to time as it sees fit. However, such recommendations must be approved by the District Executive.

Endorsed by:

Mike ALLSOPP
District Manager
Fraser Coast Health Service District

UNDER REVIEW BY COMMITTEE