Ex 486
Part A of B

STATEMENT OF THERESA FRANCES WINSTON

1. I, Theresa Winston, Nurse Unit Manager of Surgical Unit, Hervey Bay Hospital, Hervey Bay, 4655 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.

3. I am a registered nurse licensed to practice in the State of Queensland and have been registered since 1990. I emigrated from England to Australia at this time.

4. I have set out a brief explanation of my qualifications below and have also attached a copy of my current Curriculum Vitae.

   - Graduate Certificate in Stomal Therapy Nursing
     The College of New South Wales — Due to complete June 2005
   - Masters in Clinical Nursing (Wound Management)
     Central Queensland University — June 2003
   - Graduate Certificate in Health Management
     Queensland University of Technology — December 1999
   - Graduate Certificate in Health (Palliative Care)
     The Flinders University of South Australia — April 1998
   - Bachelor of Arts (Open University)
     England — June 1988
   - General Nurse Certificate
     England — March 1975
   - Orthopaedic Nursing Certificate
     England — June 1972

5. I am employed as a Nurse Unit Manager at Fraser Coast Health Service District in the Surgical Unit at Hervey Bay Hospital. I work full time,

Monday to Friday early shifts. I have been employed in this role since October 1998.

6. As the Nurse Unit Manager of the Surgical unit my role is to:

- To assist staff identify issues and to plan, implement and evaluate care provided to the patients
- To ensure quality patient care throughout the unit by excellent standard of nursing care
- To manage effectively and efficiently the units cost centre including human and material resources
- To participate in the recruitment and selection of staff
- To implement performance appraisal processes which ensure competent practice and guide the professional development of the staff
- To maintain a high level of interpersonal and communication skills with members of the multidisciplinary health care team, patients, relatives and other visitors to the hospital
- To initiate and participate in quality management and research activities within the unit

7. Response to matters raised in Review of Orthopaedic Health Care in the Fraser Coast Region

- *Page 6 – Ms Theresa Winston was asked to attend for interview but was unavailable. No reason given*

  I had notified Dr Hanelt on 29th June 2004 to say that I would not be able to attend for interview (I already had made arrangements to go down to

Brisbane on that day and could not alter this). (Attachment TW1) At that time I had not been informed that the investigation was just related to orthopaedic services. It was not until I received an email from Terry Hanelt sent out on 30th June 2004 that I knew the interviews were directly related to the orthopaedic services (Attachment TW2) I arranged to send a proxy as requested by Terry Hanelt, this was Gail Plint. (Attachment TW3).

- *Page 21. note 3. Despite being given reasonable notice.....The investigators were concerned that some coercive behaviour may have occurred that led to her decision. The culture of the unit (clearly delineated in many interviews) would strongly support this possibility.*
  I was first informed of the interviews on 29th June 2004. No coercive behaviour occurred. In my email to Terry Hanelt on 29th June 2004, I indicated that I would have liked to have been there to talk to the people. (Attachment TW1). On the Monday following the interviews Gail Plint gave me a list of questions the interviewers had asked her to get me to reply to. (Attachments TW4.1, TW4.2, TW4.3, TW4.4). I spoke to John North on the phone to clarify how much detail and information he wanted and emailed him my response on 7th July (Attachment TW5). I attached to the email the letter I had sent to Terry Hanelt re the orthopaedic team on 18th June 2004 (Attachment TW6) as requested, and I attached my response to the questions that I had been asked to respond to (Attachment TW7).

Following a discussion with Matthew Wilkinson on Friday 24th June 2005, I was asked to comment further on:

1) any discussion to an Executive member on my concerns with the orthopaedic services

At many of our Nursing Executive meetings we discussed not only the problems with orthopaedic Doctors but also surgical Doctors. At some of these meeting the District Manager was present and was made aware of the problems. Looking back at the minutes of these meetings on 22nd April 2004 Mike Allsopp was present and it is minuted that myself and Dale Erwin to send Mile Allsopp some dot points regarding the medical problems experiencing (Attachment TW8.1, TW8.2).

2) any knowledge I may have on the patient mentioned in the report who had to have an arm amputation.

A patient was transferred to the surgical ward from the medical ward. The patient had been admitted with a fractured humerus. On admission to the ward I was concerned because the patient had an open wound where her bone from her fracture site had penetrated through the skin. The junior doctor had spoken to Dr Naidoo about this and there was no change in management. I was concerned, knowing the wound would not heal whilst the bone was protruding and the area was getting larger. Dr Mullen came in to look at his patients and I asked him if he could just view some photo's that had been taken and whether in his opinion he would manage the patient any differently.

Dr Mullen did this and then spoke to Dr Naidoo and Dr Hanelt and operated on this patient.

In January 2005, Dr Kwon came to the district for a period of 6 months. Whilst Dr Naidoo was away, and with the leadership of Dr Kwon, the management of the orthopaedic patients in the surgical unit by Dr Sharma had improved. Dr Krishna had been moved to work in the medical unit.

.....Theresa.....

Signed: Theresa Winston

Date:....4:7:05.....

Witness:.....

Date:....4-07-05.....

CURRICULUM VITAE

December 2004

THERESA WINSTON

ADDRESS: Hervey Bay, Queensland 4655

PHONE: Home Work

EMAIL:

TERIARY QUALIFICATIONS:

- Graduate Certificate in Stomal Therapy Nursing
  The College of New South Wales — Due to complete June 2005

- Masters in Clinical Nursing (Wound Management)
  Central Queensland University — June 2003

- Graduate Certificate in Health Management
  Queensland University of Technology — December 1999

- Graduate Certificate in Health (Palliative Care)
  The Flinders University of South Australia — April 1998

- Bachelor of Arts (Open University)
  England — June 1988

- General Nurse Certificate
  England — March 1975

Orthopaedic Nursing Certificate — June 1972
England

CURRICULUM VITAE

December 2004

EMPLOYMENT HISTORY

October 1998 – present	**Nurse Unit Manager, Surgical Unit** Fraser Coast Health Service District

Responsiblities:

- To assist staff identify issues and to plan, implement and evaluate care provided to the patients
- To ensure quality patient care throughout the unit by excellent standard of nursing care
- To manage effectively and efficiently the units cost centre including human and material resources
- To participate in the recruitment and selection of staff
- To implement performance appraisal processes which ensure competent practice and guide the professional development of the staff
- To maintain a high level of interpersonal and communication skills with members of the multidisciplinary health care team, patients, relatives and other visitors to the hospital
- To initiate and participate in quality management and research activities within the unit

I chair the Wound Care Advisory team which reviews policy and procedures relevant to wound management.

I am utilized as the resource person for wound management within the hospital.

I run education sessions on pressure ulcer prevention and wound management on a regular basis throughout the district.

In the last year I have given talks to GP's in the community and to Nursing Home staff.

I am a member of the District Finance Committee, Workload Management Committee and Clinical pathways committee.

I am also a member of the Surgical Management Advisory Group.

CURRICULUM VITAE

December 2004

October 1997 – October 1998	Registered Nurse Fraser Coast Health Service District

I returned to the public hospital system as a Level 1, Registered nurse working on a surgical ward. After two months I got a position as a Level 2, Clinical nurse on a medical ward. After four months I became the acting Nurse Practice Co-ordinator which is a position I held until my current position.

February 1995 – October 1997	Nurse Co-ordinator Fraser Coast Palliative Care Service

Responsibilities:

- To assess the patients needs for symptom control, to monitor and evaluate the effect of prescribed treatment and to adjust as appropriate in conjunction with medical personnel.
- To provide skilled psycho-social care for the patient and family.
- To liaise with other Health Care Professionals, Community Groups who may provide help/support to the patient and family/carer
- To provide advice and care to the bereaved family, liaising with appropriate services as required.
- To seek out and initiate ways and means of enhancing the provision of care to the terminally ill.
- To initiate and participate in formal and informal training programmes for staff, volunteers, other Health Care Agencies and Community groups.

During this time I designed an admission and assessment form for patients which covered assessment of pain, symptoms and psychosocial issues. I also developed a Home Care chart which the patient and/or carer were encouraged to write in as well as any other Health Care Agencies involved in the patients care.

CURRICULUM VITAE

December 2004

September 1993 – February 1995	Clinical Nurse Consultant – Surgical Unit Maryborough Base Hospital

Responsibilities:

- To promote a high standard of patient care, involving continual patient evaluation
- To deliver direct nursing care to a group of patients with complex care needs to maintain own clinical competency
- Work in collaboration with other staff to identify patient needs, formulate care plans and implement nursing care regimes
- Continual review of patterns of care delivered and assess appropriateness of change
- Collaborate with other hospital staff to promote safe and efficient patient care and a safe working environment
- Support and advise staff on personal/professional matters
- Foster and promote a motivational climate that encourages staff growth, development and morale.

During this time I was on the Policy and Procedure review committee as well as the Drug and Therapeutics committee.

I was involved with producing Policy and Procedures for Safe Handling and Administration of Cytotoxic therapy.

Together with the ward staff we introduced a Medication form for patients having chemotherapy and a record system so that we were always aware of when patients were due for their chemotherapy.

I was involved in the operational planning of a Short stay ward in Maryborough and the planning for the Renal/Oncology unit at the Hervey Bay Hospital.

CURRICULUM VITAE

December 2004

Professional affilitations:

Queensland Nurses Union – member

Royal College of Nursing Australia – member

Queensland Wound Care Association – member

Australia Stomal Therapy Association – associate member

TW 1

From: Theresa Winston
To: Terry Hanelt
Date: 6/29/04 11:13am
Subject: Re: Orthopaedic review.

Hi Terry

Unfortunately I will be on an RDO, so you can cancel my interview. It is a shame as I would like to have talked to them.

Theresa

Theresa Winston, NPC
Surgical Unit
Fraser Coast Health Service District

Phone:
Email:

TW2

From: Terry Hanelt
To: Crotty, Carmel; Hanelt, Terry; Krishna, Damodaran; Lister, Christine; Naidoo, Morgan; Padayachey, Veruthaslam; Pease, Meryn; Rampton, Julie; s.mullen@bigpond.net.au; Sharma, Dinesh; Suthers, Lyndal; Winston, Theresa
Date: 6/30/04 3:12pm
Subject: AOA visit

Dear all,

The Australian Orthopaedic Association is doing a review of the provision of Orthopaedic services within the District this Friday.

"Finalised" schedule for Fridays AOA visit is -

0800 Dr T Hanelt
0830 Dr M Naidoo
0900 Surgical/Orthopaedic Ward Nursing staff member from HBHosp and from MHosp
0930 NUM Orthopaedic OPD/ED
1000 Short Break
1030 NUM OT
1100 Dr D Krishna
1130 Dr D Sharma
1200 Dr S Mullen
1230 Travel to Maryborough Hospital & Lunch
1330 Dr V Padayachey
1400 Dr J Khursandi
1430 HRM Manager
1500 CNC Infection Control
1530 Travel back to Hervey Bay & short Break
1600 Dr J Khursandi & Dr S Mullen (?telelink?) ? meet with them in the evening.
1630 Dr T Hanelt & Dr M Naidoo
1700 Finish

As both NUM's for the Ortho patients from Hervey Bay Hospital and Maryborough Hospital will be away, I have asked for a proxy for both to attend together for an interview.

The telelink or an evening meeting is yet to be negotiated. Carita, please talk to / try to negotiate with Dr Mullen and Dr Khursandi about what they are willing to do in respect to the AOA's desire to talk to both together and finalise prior to their arrival.

Mike - no spot allocated for you. Do you want to talk to them and if so when would you be available that can fit in with the schedule?

Carita - Please contact all that do not confirm ability to attend by tomorrow to see if they simply have not opened their e-mails or have not bothered to respond. Please also organise the morning and afternoon teas and lunch for the visitors. I will probably do the driving between sites if they do not have.

Terry H

CC: Allsopp, Mike; Dwyer, Barbara; Sellers, Carita

TW 3

From: Theresa Winston
To: Carita Sellers
Date: 7/1/04 12:34pm
Subject: Re: AOA Visit

Hi Carita

It will be Gail Plint.

Theresa

Theresa Winston, NPC
Surgical Unit
Fraser Coast Health Service District

Phone:
Email:

Theresa: re ortho RIV. TW 4.1 (1)

It is for this district due to all the problems and ongoing concerns we have.

Told them about poor communication among drs, lack of cohesive team, problems with medications, pts. not being seen, lack of documentation, pts. needing to see medicate, pts. discharging without being seen.

I told them you would like the opportunity to have your say about these issues

See: Data Requests - list of things they would like.

If you wish to speak to Dr John North (ortho Surgeon at PAH) you can contact him by pager * and ask for .

They would like copy of email you sent to Terry re problems.

Also interested in speaking to Emo who resigned.

They are interested in how Sharma, + Krishna, Naidoo Speak to pts, how they communicate

Who attends weekly multidisciplinary meetings which Dr?

I'm locking this in your office so it remains confidential.

I'll be home monday morning if you have any questions.

Gail

PS

See photocopied page re indemnity

TW 4.3

HOSPITAL INSPECTION 2004
Hervey Bay Hospital
Maryborough Hospital

Name: Gail PLINT RN for NUM (ward Teresa)

Position: R.N.

In Relation To:
Nursing Services

Address: Dr Peter Giblin
Honorary Secretary
Australian Orthopaedic Association
229 Macquarie Street
SYDNEY NSW 2000

Data Requests:

1. Patient waited 2 days see surgeon unseen by director
2. List of beds passing
3. Poor medication write up
4. Poly medication problems
5. Are there any funding for nurses
6. attendances at patient care services
7. Who attends on regular basis Medically.
8. Unseen patients
9. e-mail to T.H. re these.
10. Documentation issues
11. Name of persons RMO + address.
12. Adequacy of Nurses

I Gail PLINT. confirm that I will supply the documents listed above to the AOA investigators within fourteen days in accordance with the instrument of appointment and under section 56 of the Health Services Act 1991

Signed: G. Plint

TW 4.4

Perth.

Dr. John North. → (page no)

INSTRUMENT OF APPOINTMENT

I, STEPHEN MICHAEL BUCKLAND, Acting Director-General, Queensland Department of Health, **appoint**, pursuant to Division 1, Part 6 of the *Health Services Act 1991*, Dr John North, representative of the Australian Orthopaedic Association, ("the appointee"), as an investigator to investigate matters relating to the management, administration or delivery of public sector health services as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by 30 June 2004 or such other date as agreed by me.

Conditions of appointment

1. The appointment commences on the date of this Instrument and will end on delivery of the required report.

2. The appointee will be indemnified against any claims made against the appointee arising out of the performance of the appointee of his functions under this Instrument.

3. The appointee may only exercise the powers specified in section 56 of the Health Services Act 1991 where the appointee is satisfied the use of the power is necessary to carry out the terms of reference contained in Schedule 1.

(DR) S M BUCKLAND
ACTING DIRECTOR-GENERAL
06 05 /2004

TWS

From: Theresa Winston
To: ceo@aoa.org.au
Date: 7/6/04 12:30pm
Subject: Fraser Coast District Health Service - orthopaedic review

Hi

Please find attached my report and the data requests made following discussion with Gail Plint on 2nd July 2004.

If you have any further information or clarrification please do not hesitate to contact me.

Thanks
Theresa

Theresa Winston, NPC
Surgical Unit
Fraser Coast Health Service District

Phone:
Email:

CC:

TW6

From: Theresa Winston
To: Terry Hanelt
Date: 6/18/04 7:41am
Subject: Orthopaedic team

Hi Terry

I know it has been difficult for the orthopaedic team this week without an RMO, but their ongoing infighting, between Morgan, Krishna and Sharma is now getting beyond a joke and is affecting patient care.

This week we had a patient operated on by Morgan Naidoo on Wednesday - an arthroplasty of lt ring finger. Should have been an overnight stay. On Thursday morning niether Krishna or Sharma saw the patient as they said that Dr Naidoo wanted to see her before she went home. Despite numerous contacts with Krishna during the day and messages left for Dr Naidoo the patient did not get seen. She was understandably very upset about this and Krishna said she was not to go home until seen by Morgan. She stayed another night in hospital only to have Morgan off sick and not see the patient anyway. She went home without any instructions as Krishna said that was up to Morgan.

We had a patient in following a car accident with a fractured calcaneum. He was not reviewed by the orthopaedic team and discharged himself.

Patients notes are not getting written in. Yesterday I asked Krishna to review one of Morgans total hip replacements we were concerned about. He said Sharma was on call so we had to get Sharma. Contacted Sharma he said to get the surgical intern. The surgical intern has enough to do and was not available.

A total knee replacement patient had heparin written up with no frequency. I asked the anaesthetist to write a frequency. I got told it was not their job to ask the orthopaedic team. I asked Sharma, he said it was not his job to get the anaesthetist.

A patient came from theatre without her regular medications written up. She is self medicating as I could not get Sharma to write them up.

I just wonder whether any of these Doctors have the patients interests at heart. To me it does not seem so. These are just a few of the issues and I would be happy to speak with you further. It is really getting very frustrating and putting a lot of extra stress on me and the other staff on the ward.

I would like you to consider these issues urgently and please can you let me know if we will be getting an orthopaedic RMO next week.

Thank you
Theresa

Theresa Winston, NPC
Surgical Unit
Fraser Coast Health Service District

Phone:
Email:

CC: Mike Allsopp; Vinod Gopalan

TW7

HOSPITAL INSPECTION 2004
Hervey Bay Hospital

Name: Theresa Winston

Position: Nurse Unit Manager, Surgical Unit, Hervey Bay Hospital

Date: 7th July 2004

Data Requests:

1. *Patient waited 2 days unseen by director.*

   Patients UR No. 023129. This lady had an arthroplasty Lt ring/little finger on 15th June. She was due to just stay in overnight. On the 16th when the SMO's did their morning round they would not discharge this patient as they said that Dr Naidoo would see her before she went. Dr Naidoo was operating all day in Hervey Bay. I repeatedly left messages with theatre staff and contacted Dr Krishna several times throughout the day as the patient was getting anxious to go. I was told by Dr Krishna that she would have to wait to be seen by Dr Naidoo. The patient was quite distressed by this, Dr Naidoo did not come and see her and she stayed another night. The next day Dr Naidoo was off sick so did not get to see her. She was discharged from hospital with a follow up appointment to see Dr Naidoo.

2. *Buck passing.*

   Patients UR No. 045339. I asked Dr Krishna to review a patient two days post total hip replacement by Dr Naidoo. The patient was bleeding quite extensively from his wound site. He had no drain in situ post-op. Dr Krishna said he was not on call for that day so to contact Dr Sharma. Dr Sharma said to get the surgical intern to review the patient. The surgical team were very busy and I did not feel it was the responsibility of the intern. I contacted Dr Krishna again and he did eventually come and review the patient. There was no orthopaedic RMO working with them this week.

   This is not an unusual example even when there is an RMO. If asked to review patients I often get the response, 'they are Dr Naidoo's, he will see them.

   Patient UR No. 063633 admitted on the evening of 29th June with a # tibia. He was to be fasted from midnight for theatre the next morning. It was documented on the ward round he was for theatre that day. He did not go, I believe because the equipment was not available. The next day the only notes documented by the orthopaedic team were 'for OT today'. He was starved again. He did not go that day. He eventually went to theatre on the 2nd July. I was told by Dr Krishna that he had wanted to do the operation but Dr Naidoo said he wanted to do it, but Dr Krishna eventually ended up doing it.

3. *Poor medication write up.*

I had a patient who had been written up for had an incomplete medication order for sc heparin post knee replacement. I asked Dr Sharma if he could complete the order so we could give the heparin, he was reviewing the patient at the time. He said it was not his responsibility to get the anaesthetist to do it. The anaesthetist was also on the ward at the time and he said he would not complete the order to get the orthopaedic team to do it (I think I may have got a bit mad at this stage). The anaesthetist ended up completing the order.

4. *Self medication*

Patient UR No. 021881 did not have her regular medications written up on her medication chart. I asked Dr Sharma to write them up for her when he was reviewing her. I had all her medications at hand for him to see. He refused saying he did not know the medications so he was not going to write them up. I did offer him the use of a MIMs but he refused. The patient self medicated until we found a Doctor who would write them up.

5. *Are there any funding problems for nurses.*

The ward is staffed using a business planning framework. We have a TREND care system which allows us to know how many staff we require for the patients we have in the unit. We usually staff by this but there are a few times when we get a run of emergency admissions where we can not predict for the extra hours that may be needed. The beds on our unit were reduced last year as part of a district review on beds, staffing and finance. This year we have just increased our beds and staffing again due to an increase in demand.

6. *Attendances at patient care reviews. Who attends on regular basis.*

We have a weekly multidisciplinary team meeting to discuss the patients. The orthopaedic RMO attends these meetings and they work well. If we need to arrange a special meeting with the family it is usually the RMO who attends.

7/8 Medically unseen patients

I have no specific examples I can give. Our problems arise when we do not have an RMO for example if they are sick. We have problems with Krishna and Sharma often seeing only their patients and not Dr Naidoo's.

9. Email to Terry Hanelt

Please see attached. The infighting I mention is that they do not work as a team. I am not sure if they ever really communicate with each other. From Sharma and Krishna I am constantly getting told, no they are Dr Naidoo's patients we are not making any decisions. I feel sorry for any RMO that we

have because they are always caught up in this. When I have asked either Dr Naidoo to talk to them or for them to talk to Dr Naidoo I am not sure if it ever happens. We have a surgical team of two surgeons, two PHO's and an intern. They work so well together caring for all patients not dependent on who operated on them or who was on call that day. Because we have such a good surgical team it shows up the inadequacies of the orthopaedic team.

Being the NUM I have to manage unhappy patients, relatives as well as my staff when they can not get patients reviewed or medications prescribed.

10. Documentation issues

These issues resolved around the time when the RMO was off sick and on holiday. I had constantly be monitoring Krishna and Sharma to make sure they documented instructions in the medical records and completed patients discharge summaries.

11. Name of previous RMO & address.

The RMO was Paul Chapman. His mobile telephone number is 040 759 7457. He is on holiday at the moment but said that he could be contacted on that number and would be happy to talk to you. He will be commencing a job at RBH on 2nd August and could be contacted there after this date.

12. Adequacy of rounds

The routine is that Krishna, Sharma and the RMO do a ward round each morning starting at 08.00hrs. Prior to Krishna and Sharma commencing their position at this hospital we used to have one PHO and an RMO. They used to do the rounds in the morning and document in the charts as they went around. This meant that nursing staff, allied health etc. have written instructions early in the day. Since Krishna and Sharma have been with us they want to do a quick round in the morning and do not give the RMO time to write in a chart. They tell them to write it on a piece of paper and come back later. Sometimes it is much later before this happens. I have very rarely seen either Krishna or Sharma to ask a patient to show them how they can mobilise for example post ORIF. They just say discharge if OK by physio. I am aware that Allied Health staff need to be involved in the discharge planning but still feel the Doctors should also review the patient. I would like to see them spending a bit more time reviewing and checking the patient rather than just stand at the end of the bed.

We had two patient UR No. 085413 and 059378, who had an ORIF # hip and a total knee replacement, who on the day of proposed discharge, Dr Naidoo came around and took one look at their limbs and asked for an ultrasound to be done. They both had DVT's and because of this an extended length of stay. The legs had not suddenly got swollen and I wonder if more time had been spent on the rounds looking at the patients, the extended length of stay could have been prevented.

At present we have a new RMO with us who has not worked in the Australian Health care system before. It has been left up to me to help the RMO with very little instructions from Dr Naidoo, Krishna or Sharma. I had to tell the RMO how all the different procedures are managed and explain the clinical pathways, when bloods, xrays etc. need to be ordered. I have managed to get them to slow down on their morning rounds so that she can at least write in the medical records as they go around. I do not mind showing new Doctors the general ward routine and layout, but I do not think it my responsibility to show them what paperwork needs completing for audits and discharge summaries.

13. *Other issues I would like to mention.*

I have been trying for the last year to get Dr Naidoo to review some of the clinical pathways that we use. I have given him copies of the new Queensland Health Pathways to review and would like to start using them. He says he is always too busy and we never get to discuss this. On the whole I think he is a good surgeon and looks at ways to improve his practices. He does not work well as a team member.

As I said previously, the orthopaedic team used to consist of Dr Naidoo, a PHO and RMO. I think our problems have increased since Dr Naidoo arranged to have two SMO instead of a PHO. The SMO's do not seem to think it is their responsibility to do any of the paper work or ward work which the PHO was always happy to do. The workload of these Dr's is not large compared to the surgical team. I acknowledge that they have clinics and theatre's but at times they can just have two or three patients on the ward and things are no better.

There have been many times over the years particularly at Christmas when the District has been left without Orthopaedic cover. This has meant patients have been left waiting for a number of days before they get operated on. At present both Dr Naidoo and Dr Sharma are on holiday. I find it difficult to understand when there are only a small number of Doctors to consider that the holiday can not be spread out so that there is only one off at a time.

Weekend oncall is often a problem. Patients are not always operated on within 24 hours even if there is an orthopaedic surgeon on call.

RMO having to review patients in A&E. I feel that it is difficult for inexperienced RMO's to be expected to go to A&E to accept, clerk and admit patients. I am not sure if this is normal elsewhere but patients being admitted surgically have to be reviewed by the PHO before they are accepted and it is the PHO who does the initial clerking of the patient.

These are some of the more recent issues we have. I hope this supplies you with the information you need. Please do not hesitate to contact me if you need anything clarified.

Theresa Winston

TWS-1

From: Theresa Winston
To: Mike Allsopp
Date: 4/23/04 2:59pm
Subject: Re surgical team

Hi Mike

I have attached some of my concerns re the surgical/orthopaedic doctors workload issue.

Thanks
Theresa

Theresa Winston, NPC
Surgical Unit
Fraser Coast Health Service District

Phone:
Email:

CC: Petrus Van Rooyen

TWS·2

TWS·2

Hi Mike

As discussed at the Nursing Exec. yesterday, here are some of the difficulties I am finding. These are not new problems but with the hospital really busy this week and with the winter months ahead I feel it is time these issues were addressed.

The main problem being one of getting patients discharged by late morning as was agreed upon when setting up the Discharge policy.

When we are short on beds, not getting patients discharged in the morning has a 'knock on' effect. Patients having to wait for a bed either in A&E or theatre. This puts extra workload on these areas and more stress on the staff. Pharmacy also have problems if discharge medications are getting sent down late in the afternoon.

With the surgical intern over the last year, there seems to have been an increase in their workload and they are just not able to get the discharges done in the morning. It is not unusual for them to have 3 - 6 discharges on our ward alone, plus discharges from other areas. They then have to fit these in between going to CT, pre-admission clinics and the routine ward work.

The surgical team always start there ward round at 08.00hrs, so it is not that they are starting work late but with the number of patients they have and the acuity of these patient this can take up to an hour.

It is very frustrating when as happened yesterday, the orthopaedic RMO had 4 patient's in the hospital, all of which went home and then had one admission. The surgical intern had 22 patients, two discharges to arrange to other facilities, 6 other discharges on our unit plus all the other work. The last discharge was still being written as I went home at 16.00hrs. Only two discharges were completed before lunch. There does not seem to much equity there when one doctor is so busy and the other so quiet. Is it not possible for some-one to look at the number of patients each speciality has at the beginning of the day and then if there are such obvious gaps, deploy the doctor to help in another area.

Some unsafe practices did occur. We had patients getting cranky with nursing staff and going down to pharmacy and abusing pharmacy because their medications were not ready. Patients being taken home without medications because relatives were not able to wait around at that time and then having to send someone back to pick up the medications later.

Because the intern was so busy with the discharges which needed to be done, as we had patients waiting for the beds, some of the patients in the ward who could have done with a further review were not seen until late in the day.

I have been working in the surgical unit here for 6 years and when I first started the surgical team consisted of 2 surgeons, 2 PHO's, an RMO plus an intern. For the last few years they have not had an RMO. I have talked to Terry about this a couple of times and he says that Russel Milkin had said the workload did not require an RMO. I believe things have changed. At that time the surgeons and PHO's were not going to Maryborough to do clinics or theatre. The situation seems to be worse as often there

is only one surgeon and PHO in the hospital and they are usually tied up in theatre or clinics. This means the intern is left to do all the ward work with little assistance from the PHO. Work is not getting done thoroughly and the nursing staff are often having to chase the doctors to get consents written prior to patient going to theatre etc.

Over the last year I think that the Doctors are a lot more aware of DRG's and ALOS's and are doing their best to send people home as soon as they are fit. We have had a marked improvement but this does lead to a quicker turnover of patients. Our ward utilisation YTD has been 88.7% with a budgeted BPF worked on 90%.

I really believe if we are to keep efficient and to maintain a smooth workflow through all departments we need to review the doctors available on the surgical team.

Thank you for your interest.

Theresa
23.04.05