LETTERS TO HEALTH MINISTER
RE DR PATEL AND
BUNDABERG HOSPITAL ADMINISTRATION

Date of complaints to Health Minister	Name	Complaint
24 March 05	P96	Dr Patel diagnosed with liver cancer. Told she had only six months to live. Went through a series of tests, in Brisbane, to find out she did not have cancer.
14 April 05	P97	Seen by Dr Patel at Bundaberg Base Hospital in December. Was advised by Dr Patel that she had cancer and not long to live. After losing weight over a short time her GP referred her to a private doctor at the Friendlies who investigated and advised she had a gangrenous appendix and not cancer. Dr Patel failed to diagnose appendicitis over a period of time.
6 April 05	P15	Admitted to Bundaberg Base Hospital on 24 October 2004 for gall bladder operation by Dr Patel. – expected stay 2 days. Ended up staying 3 weeks. Has developed a hernia and needs two more operations.
19 April 05	P98	Father, P98 admitted to Bundaberg Base Hospital for a bile duct operation on 29th Dec. 2003 – died on 30th December. (Seeking father's medical records).
21 April 05	P99	Attended Day Surgery at Bundaberg Base Hospital on 15 March for a suspected hernia. Was operated on - no hernia found. Returned home and started bleeding. Wound infected. Complained to hospital to Dr Kees Nydham who was patronising.
21 April 05	P100	Was admitted to Bundaberg Base Hospital on 19th

		November 2004 for keyhole surgery for gall bladder removal by Dr Patel. Developed streptococcal infection. I still suffering. (Looks after husband who is a double arm amputee).
21 April 05	P101	4 year old son, , no testes in scrotum. Dr Patel repeatedly stated that they would come down and not to worry. However son attended Mater Hospital and was seen by a Private Doctor who advised son should have had operation a year ago. He is now in danger of permanent damage and infertility as an adult.
22 April 05	P102	Attended at Bundaberg Base Hospital for keyhole surgery on goldstones by Dr Patel. Suffered discoloration from wound. Later discovered that Dr Patel had nicked the bowel.
22 April 05	P103	Operation at Bundaberg Base Hospital by Dr Pate in November 2003 for gall bladder removal. Blockage occurred. Travelled to Brisbane where blockage was removed at Royal Brisbane Hospital
29 Apr 05	P104	Had operation in September 2003 (5th) with Dr Patel. Dr Patel opened previous old would put in mesh to reinforce the lower hernia but failed to put any in th upper hernias. Was left with sire-like stitch poking out of stomach. Was discharged from hospital next morning. Current situation is that upper incisional hernias has grown to the size of a tennis ball.
21 April 05	P30	Husband died on 17 December 2003 due to complications after an operation performed by Dr Patel at the Bundaberg Base Hospital.
20 April 05	P105	Overgrown tissue after an imbedded syringe needle was removed. Still has more imbedded foreign objects in stomach after operation performed by Dr Patel at

		Bundaberg Base Hospital.
20 April 05	P21	Husband died as a result of operation performed by Dr Patel at Bundaberg Base Hospital on 20th December 2004.
20 April 05	P106	Dr Patel operated on 14th March 2005 after suspected cancer of the right kidney. Dr Patel only removed the lump in doing so nicked the lung. P106 still does not know whether he has cancer or not.
20 April 05	P107	Angry at Bundaberg Hospital Administration. Sent home too early after operation. Complications leading to a huge abscess in stomach.
20 April 05	P108	Result of infection after surgery by Dr Patel at Bundaberg Base Hospital. (wrote a scathing letter to Darren Keating re hospital administration etc.)

To The Director of Medical Services;
Re: Darren Keating;
Bundaberg Base Hospital;

I am writing this letter of concern, to you, in distress that I have had to come to the stage of writing this, while feeling so generally unwell at the present time.
Feeling this so necessary to receive Any Level of Medical Care from your Hospital. (Bundaberg Base Hospital).
Complaining also about this level of Medical Care that I have been receiving from this hospital at this present time, 25th February, 2005. prior to this also,consultation with Dr Witjeranje(Gynocologist) in the women's unit (mid 2003) explaining to him then I thought it was'nt the endometreosis causing my problems experiencing the bowel problems, stomach contracting, vomiting, dehydration and pain as I had been doing, and having had prior to this years before surgery to dissect the adhessions from the bowel and pelvic region with a Gynocologist in N.S.W. and finding some relief with the problem then, I thought this may have been the problem again; When he was writing the the forms to perform the operation (Laparoscopy) because on atleast one occasion prior to this date , (1999), being admitted to Bundaberg Base Hospital with these same terrible symptons, for 5 days while being treated with Drip, steroids, pain releif and general medical care being scheduled for (Gastroscope) procedure in this period of time, and after forcing the preperation liquid down, in preperation for this procedure, the doctor called the ward from the theatre, said he was cancelling the operation that was planned because I had asked for a shower and the Nurse assisted me in the shower as we were on our way to the theatre and I needed help with this. and was concerned about general hygiene and the chance of germs in theatre. Doctor then left the hospital without performing this procedure. I was later discharged from the hospital still very sick, weighing 35 kilo's in body weight and with no diagnosis. From being admitted for Day Surgery after this time;.
Re: Laparoscopy Aug/September 2003. Gynocologist (Dr Witjerane) went in looking for endometreosis and adhessions to be dissected. No Endometreosis noted (previous Hyserectomy) But Adhessions were dissected in the pelvic region, Doctor said he had dissected all the ones that he could, but I would need further surgery to dissect the ones that were tangled around the Duodenum and Bowel, but I would have to see the Bowel Specialist/Surgeon to do these ones. I was kept in the Women's Unit overnight for Drainage bag, drip, pain relief, observation and discharged the following day, but asked could I remain in the Bundaberg Area instead of returning home, incase I may need to return to the hospital. My Parents and children picked me up from the hospital and at our own cost payed for motel accomodation near to the hospital, till I was well enough and able, to travel home to Agnes Water,
Before I had even returned home the drainage site had already become Red, inflamed and very sore. On my return home feeling so ill, visited Agnes Water Medical Centre; seeing Dr Ken Corbett, the drainage site had worsened, even more inflamed, so sore and oozing 'pus', and continuing to get worse all the time. Dr Corbett swabbed area and had ageneral look at the site and me, diagnosed a Staph Infection, I was given antibiotics and even another course of antibiotics on a second vsit to the Surgery. M.R.A.S. was diagnosed from swab later and I continued to worsen all round and get sicker by the day. On one occasion having to go to Bundaberg for business with my husband, had to pay for more accommodation yet again as I was just so sick, the lady at the motel could even tell you just how sick I was and have been on many occasions she has seen, she has even helped me get into the hot shower which seems to bring some relief when I'm in agony, when I could gather enough strength to get up, I went next door to the motel to Sugarland Medical Practice, saw Dr Senanayake, who swabbed area had a general look at my condition by this time abssess had formed directly below the drainage site, high in the groin area. M.R.A.S. was diagnosed again from swab, I was given antibiotics again and a cream, but continued to worsen by the minute, vomiting and in agony with more abssess's forming every day. Spreading from the first abssess under the site then

continuing down the left Labia till they got to around the end of the anal passage then started spreading back up the right Labia to the top of the vagina. By this stage I was crawling around on my hands and knees, vomitting and in so much Pain... Visited Agnes Water Medical Centre yet again, saw Dr Corbett, he diagnosed Cellulitus and told me he would ring the Ambulance and that I needed to go to the hospital immediately. My husband told him he would drive me straight in, which he then did. Arriving in the Casualty Department on Saturday September 19th, Dr Patel was called into the hospital to operate on me immediately, operated later that day, I was told I would have to have a Spinal Block Anaesthetic as the Anaesthesist was worried about my chest, after enduring this painful procedure, already in so much pain with my groin area, I had an allergic reaction to the anaesthetic and started shaking uncontrollably all over through my entire body, so the anaesthesist said he would have to put me under anyway, I awoke later in my bed in the Surgical Ward C. Still in a lot of pain and with three packings inserted into the holes they had made during theatre. On the one visit to my bedside Dr Patel told me they (surgeons) had got a lot of 'pus' out of the abssess's and had now inserted 'packings' into the three sites and that these 'packings' would have to be removed before I left the hospital. During the time I was in the hospital I removed two of the 'packings' myself, as this seemed to relieve some pressure and pain. But I could only do this as they appeared out of the sites enough for me to probe them out slowly. The third 'packing' was too far back in the anal area where I could'nt see it at all, let alone get to it to remove it myself. So when my family arrived to pick me up, when I was being discharged from the hospital, I went in search of Nurse Andrew who had been looking after me that morning and found him on a coffee-break and when I asked him could he take the 'packing' that remained out for me, his reply was "You can take the 'packing' out yourself at home over the next couple of days, whilst having salt-baths". When I replied "Are you sure Andrew? As it's still so very sore and right back in the anal area, where I can't even see it, let alone be able to probe it out myself". He then said with my family present, "Yes, Just take a hand-mirror into the bath with you so you can see it, to probe it out." And proceeded to walk off with his coffee in hand, leaving my family and I dumb founded, and with no alternative but to leave the hospital with the remaining 'packing' still in my body and still so very sore.

Over the next day or so, I had numerous salt-baths trying to retrieve the remaining 'packing' myself but just could'nt get to it to probe it out, even getting my husband to try retrieving it for me but neither of us could get to it and it just seemed to be closing up being so clean from the salt-baths and the 'packing' was still inside my body and still continuing to get sorer

Made another appointment at Agnes Water Medical to ask the Doctor if he could retrieve it for me, but the Doctor said he could'nt get to it either after a few attempts with the surgical tweezers, he said the site looked clean but still inflamed and was too closed up for him to retrieve it now. I was then sent for Ultra-sounds to look at it. Two tunnels were present in the Ultra-sound (fistula's), one showing the foreign body lying in it, being the 'packing' that remained ofcourse as it still had not been removed and I continued to get sicker and more abssess's were appearing all the time along the Labia and anal area where the 'packing' and (fistula's) appeared on the scans.

On a forced family visit to the Gold Coast even seeing a doctor down there who sent me for X-Ray's to look for any metal strips that might have been used during theatre, not being able to find any strips he then diagnosed Staph Infection with abssess's present and put me on more antibiotics and pain relief to temporarily treat me till I got home to see Dr Patel.

Referred back to Dr Patel from my local Doctor in December 2003, saw him in his rooms at the hospital where he proceeded to tell me "It was just my negative attitude, I was'nt sick and it did'nt matter that the packing had been left in, as it was only sorbisol and it would break down itself eventually." When I asked him how long this would take, as I was still so sick and developing abssess's all the time, he did'nt have any idea. Sent me over to the X-Ray Department for another Ultra-sound, and he appeared over therein the room with the Technician, Dr Patel then asked me if I would let him operate on me under a local anaesthetic to retreive the packing, I asked him if he was sure he could do this procedure without a General anaesthetic, he said yes and asked me if I could return later that day when the

Day Surgery theatre was finished so he could do it there, so I then had to pay for more motel accommodation myself so could return for the operation and recovery overnight in Bundaberg.

on my return to the hospital just praying Dr Patel would be able to retreive the 'packing' and stop me from being so sick, he proceeded to put my legs in stirrups on the operating table with one Nurse present, and started inserting the local anaesthetic needles into this already inflamed and so sore area, then after a short period of time, which he thought long enough to have deadened the area started proceeding with the operation, when I screamed that it still was'nt deadened at all, he inserted even more local anaesthetic which still did nothing to deaden the area due to all the scar tissue, he then proceeded with the operation and while he was cutting into me I was screaming in agony telling him exactly what I could feel and had pulled my body down the table away from him as much as the stirrups would allow. Dr Patel just said "if you don't keep still I'll end up slipping with the knife", and proceeded to operate on me. The Nurse told me to Just squeeze her arm as hard as I could and scream as loud as I wanted with the pain. I begged her sobbing in pain to "Please check the dish the doctor was holding to see if he had retrieved the packing yet so this horrifying situation could be over with", she looked around to the doctor's tray and said "Yes Vicki don't worry he has got a few things in the tray". It was something I will never forget in my lifetime.

After feeling he had probed enough and only pushing what remained of the 'packing' further into the track (fistula), he then apologised for putting me through the operation under a local anaesthetic and commented that it did'nt deaden due to the scar tissue everywhere. Discharged from the hospital I then went back to my motel accommodation as I was asked again to stay near to the hospital again and not return home, but I was haemmoragging heavily from the operation site, the lady from the motel having to help me from the taxi and put me into bed. Till my family returned to the room. Bleeding heavily well into the next day or so.

Arrived back home in Agnes Water and continued to get sicker and more abssess's all the time, so referred to Dr MacGregor at Rockhampton Base Hospital (General Surgeon) from Agnes Medical Centre after my experience with Dr Patel. After a consultation with Dr Mac Gregor he then did his own Ultra-sounds within the hospital, noted the fistula's and foreign body, then decided to operate. Which he then did, and I was kept in the ward in Rockhampton Base for a couple of days while the 'packings' were pulled out of the fistula and repacked daily, by the nursing staff. Had to pay all the cost involved again for all the transport and accommodation for Rockhampton trips as when I approached Bundaberg Base with my travel forms was told they would'nt pay for any of this as the operation could be performed their. Even after Dr Mac Gregor had booked the operation as a necessity and signed all travel forms for me to be reimbursed. Being so sick I had no choice again but to go ahead with the already planned operation. (on return visit to Dr Patel for stitches to be removed he informed me he had sent nothing from the dish away to be tested, looking for 'packing remains, said it had been thrown into the bin.) Then went ahead with planned operation in Rockhampton Base Hospital.

After returning home from hospital I had to attend the Agnes Water Medical Centre daily to have the 'packing' pulled out of the fistula and repacked daily for two weeks, by the nursing staff.

Since this operation the condition has improved to the extent the abssess's have appeared less frequent, and my general health with the fistula's and staph infection has improved, but I am still having frequent problems with my duodenum and bowel with regular bouts of vomitting, diarrheua when the bowel is working at all, going two weeks at a time without a movement, intense pain and usually so sick an ambulance has to be called and I'm taken to hospital for assessment. Which has happened on atleast three occasions lately in one week.

Agnes Medical doctor referred me on February 8th in an ambulance from his surgery to Bundaberg Base Hospital in intense pain and down to 35 kilo's in weight with the vomitting, dehydration, etc, I was taken to the Casualty department from their taken over to the Ultra-sound technician for an internal probe scan, as he could'nt see through all the gas etc on a normal Ultra-sound. After performing this Trevor then said he wanted to accompany back to Casualty, as their was a few things he had to discuss with the surgeons from the scan, which

he did. The Surgeons then came to my bedside still in their theatre garb, and said I would have to have an operation but they would'nt be performing it tonight then ran off back to theatre, the sister at my bedside said to me, "I don't know what to do, as the doctors did'nt write anything on the chart and gave her no directions, and she could'nt ring them in theatre".

She then called another G.P. in to see me from the Casualty Department, who asked if they were going to operate tonight and when told they were not, said I could go home and discharged me. My Parents picking me up from the hospital and paying again for accommodation as I was too sick to travel home to Agnes Water, under the shower and vomitting continually so could'nt get out of bed in motel for two days, when I was well enough travelled home to Agnes.

Visited the hospital Casualty Dept. before leaving Bundaberg and saw yet another Doctor their, as I was still so ill, and worried about returning home so far from the hospital. She then checked with the surgeons for me, and returned amazed and said I could return home and they would send me the date of operation in the mail. So once again had no choice but to return home sick still.

My daughter's Birthday on the Saturday, 12th February I made a trip to Bundaberg to buy a birthday present with my Parents and family still feeling terrible, seeing Dr Vueti, Agnes Medical before making the trip as I was feeling so bad. In Bundaberg getting so sick an ambulance had to be called while I was shopping, I was taken to Bundaberg Base again in intense pain, before being given any pain releif or even being allowed a hot shower to help with the pain, I was questioned intensely by a Casualty G.P. Christina about "killing my baby by swallowing keys or something", she obviously had me mixed up with another patient, but this did'nt help me at all in the intense pain Iwas in, and did'nt help my confidence after I had just explained to her about my previous visit on February 8th, and I was still no better from then still vomitting, dehydrated and in pain, still had'nt used my bowel at all and dropping weight by the day. Doctor Habib from Doctor Patel's Surgical team was bought into Casualty and told me the Ultra-sound was normal from internal probe and the bowel was'nt blocked, and there were nothing noted on my file from the technician Trevor, then told Christina(doctor) to discharge me still sobbing in pain and dehydrated. Dragging myself to the taxi rank to catch a taxi back to the motel, Nurse Richard from the Casualty Department, who had been looking after me followed me outside to see if I was alright, and said he still did'nt want me leaving the hospital so sick and would I just let him keep me in Casualty overnight so he could watch me and continue some pain releif and vomitting drugs (omnidanzitron) as I'm allergic to both stemetil and maxolon (suffering severe dystonia). But I asked him if the doctor's would be doing anything and he said No they had discharged me but he was worried about my condition.

So feeling there was no point, I returned to the motel to my family, still in so much pain and so unwell, paying again for more accommodation. Returning home as soon as I was able.

So once again being discharged from your hospital very sick and still in desperate need of Medical care. If not been admitted only for Investigation, fluid drip, and much needed pain relief. Which seemed to be obvious to everybody around me (except your sugical team), my Parents and Husband even begging for this in Casualty with me.

Making it very hard for me to have any confidence at all in the level of medical care that I have received to this date, and will have to endure in the future (with impending operation on my bowel area inevitable). I am genuinely worried and gravely concerned about any terrifying situation I may find myself in with Dr Patel and his surgical team. I have two children and a family to think about, so it's on their behalf I'm writing this to you as I am so concerned for my life.

Summarising my medical situation in short for you. I am still in the same situation with my medical condition and bowel problems now to this date 25th February, 2005. that I originally saw Dr Witjeranje(Gynocologist), in August 2003. Only so much sicker with periods of the bowel spasming, vomitting and severe (labour) like pain, sick enough for ambulance to take me to hospital on countless occasions; being more and more frequent, with less time between these periods all the time. As well as having to deal with the continuous sickness/Pain associated with the Staph infections Re; packing, from the first

operation date September 2003 and still having to endure now with this situation.
My Bowel has still not been attended to, to this date 25th February 2005. to dissect the adhessions that are strangling it and my condition continues to worsen all the time.
Losing five kilo's in weight just recently in five days, bringing my body weight to just 35 kilo's and still left in a lot of pain all the time. (which my family were so concerned about in Casualty with Dr Habib, on Saturday 12th February, 2005).

So I'm hoping by writing this to you Mr Keating, you may understand the position I'm in and my family are also in with my said Medical care and possibly do something on our behalf to help improve our situation. So maybe the next time I have to be taken to your hospital the level of medical care I receive will improve and I won't be sent home again in need of attention, and left to wither away at home till I die.
When I was told Bundaberg Hospital would not offer the travel subsidy for my operation on the phone, to Rockhampton. The lady said I would not have to have Dr Patel operate, she could arrange for the other surgical team headed by another surgeon to do the operation, but the operation was already booked for the following week in Rockhampton and I was just too sick to put it off and wait any longer. I would be willing now to have these said surgeons, assess my case now and further treatment with them, as I have no other alternative. and no confidence at all in Dr Patel and his surgical team. (Dr Chan headed the surgical team that was bought down from theatre to see me in the Casualty Department to discuss impending operation on February 8th.). My only concern would be the chance of infection (M.R.A.S) infecting the operation site once again while in theatre, at Bundaberg Base Hospital.

Hoping to receive a reply to this letter A.S.A.P., with great hope, that my level of medical care with your hospital has improved enough to save my life, when needed.

Yours sincerely,

P108

birthdate: 11/11/1962.

Rob, Can you please use this letter to investigate my situation.

Thanks

P108

P109

Dear Sir,

In October, 2003 I had a lump removed [by my local G.P.] from my right forearm which proved to be a malignant Eccrine Carcinoma. I was referred to Dr Patel at the Bundaberg Base Hospital for removal of the tumour.The first two Day Surgery operations in November and December. 2003 respectively were performed by Dr Patels' interns with him overseeing. Both of these were incomplete so Dr Patel said he would perform the third one himself guaranteeing the total removal of the tumor.

The third operation was carried out in Day Surgery in February. 2004. It started with Dr Patel administering the local anesthesia and then starting to cut my arm virtually straight away. I told him where he was cutting was not DEAD! It was so painful - I could feel everything. He continued cutting out the tumor and again I told him it wasn't DEAD!!. He said [and I quote] " That's good. We don't want anything dead in here - to much paperwork " [unquote]. With that a laugh went around the surgery. The closing was just as painful because he was showing his intern his " mattress stitch " and with every stitch my arm was pulled up off the table, they were so tight. I was off the table in 30 minutes feeling totally brutalized.

I didn't put a written complaint in at the time because as a " Public " patient I thought I had to put up with what I got. My comments [verbally] to all family + friends at the time was that Dr Patel was nothing but a BUTCHER ! To make matters worse, two weeks later after being told the tumor was still there, the nurse took 40 minutes to remove those extra-tight " mattress " stitches from my arm. One even had to be cut out. Another very painful experience.

In June, 2004 my tumor was removed under anesthesia by doing a frozen section at the Bundaberg Base Hospital but not by Dr Patel. I have nothing but praise for the rest of the staff and Drs at the Base. My 91 year old mother has had 3 operations since then and we cannot fault the care she received in any way.

Signed

P1-09

13 April 2005

To whom it may Concern

I wish to state that on 27 July 2001 I was operated on for bowel cancer; on the second day Sunday 29 July following the operation the nurse looking after me was very concerned that the wound had become infected, contacted the duty Doctor and because this was a Sunday the duty Doctor would not allow any treatment until I had seen the surgeon Dr Nankaville on Monday 30 July, by this time the condition had become much worse, however this was promptly attended to by Dr Nankaville, a very sincere man who at times was around the wards even up to10pm. I had complications which took longer than normal to recover from. I was discharged on 10 August even though I felt that this was too early, I was then told by the Sister in charge, Sister Jensen that I could not go for follow up treatment at the Hospital Dressing Clinic as I would have to arrange for the Blue Nurses to look after my dressings.

On 5 September I had to be admitted through casualty in severe pain with a huge abscess in my stomach, this lead to renal failure and another 3 weeks in hospital followed later by a hernia operation to repair the damage to my stomach. I was fortunate that the treatment at the renal unit was successful and I was eventually able to recover, even though I could have died because of all this and I blame these problems on the Hospital administration that empty beds were more important than patient care here, and no doubt nursing staff would have been under instructions from management to follow these instructions.

As far as I can recall these are the actual dates; however hospital records would confirm this.
Why don't we go back to the old days where Doctors and Matrons managed Hospitals?

Yours Sincerely

P107

28th April, 2005

Dear Mr. Messenger,

Attached herewith is an account of my experiences at Bundaberg Base Hospital. I have given a copy to the Health Rights Commission and had a conversation with Sandra Abeya a patient liaison officer from Queensland Health. She told me to get a referral from my doctor to any surgeon I wish to have the situation rectified at whatever Hospital I choose at the expense of Queensland Health. I will be getting a referral from my doctor today 28-4-05 and we'll see what happens.

I'm not involved in any litigation, not a member of any support group and certainly don't need counseling. Just want my problems rectified ASP. That Hospital has had my life on hold one way or another for the last four years. I am however, prepared to give evidence at any inquiry into the hospital or Dr Patel if required.

Do I expect any worthwhile changes to be made after the dust settles? Of course not, the Labour Party has been covering up for Bundaberg Hospital for years. Patel is only the tip of the iceberg. I expect to be told how much money they are going to spend (as usual) then they'll spend it in one area and take an equal amount, or more, from another area (also as usual). All of the facts tell the truth, selected facts can tell a lie by implication.

I've just had a phone call 12-40 pm this date from Kay Ahern of Queensland Health. They have reneged on the abovementioned agreement and have made an appointment for me to have a consultation with Dr. DeLacy on the 27th May. 05. She said he is the only doctor in Bundaberg reviewing Patels patients. Was everyone hearing things when Mr. Beattie and his health man told us there would be a panel? I wonder why I'm so skeptical.

Best Wishes,

P104

P104 P.1

Colonoscopy near the end of February 2001. Malignant polyp removed by Dr. Nankivell at Bundaberg Base Hospital. Advised by relieving surgeon Mr Syme to have bowel resection to be on the safe side. Surgery performed by Mr Syme on Friday 16th March 2001. No nasal gastric tube inserted after surgery and I was vomiting bile. A nurse tried to insert one 2 days later but after causing profuse bleeding she gave up. I was later advised that she had noted I refused to have it.

Mr Syme visited the hospital to see me over the weekend of 17th and 18th March. Stomach was swelling and he was unable to detect bowel sounds. He came up to see me several times on Monday 19th March, Stomach was swollen and hard and no bowel sounds. He stated, "we have to keep a very close eye on you". During the night I experienced severe waves of pain despite using the morphine pump and managed after several attempts to press the call button at 2am. A nurse arrived and I informed her of the pain. She arrived back with an injection that had no effect and I pressed the button again at 2-30am and informed her I wanted to see a doctor. She refused to ring a doctor informing me I did not need one. My reasoning at that time was that I wasn't going to last too much longer and wanted to see my wife. I informed her I wanted to phone my wife and she said "at this hour of the morning". I said "yes right now". A young doctor arrived to see me just after 3am did a quick examination and went straight to phone Dr Kingston (the surgeon on call) who arrived shortly after. Did an examination, asked the nurse what time I had asked to see a doctor and she told him 3am, I corrected her as to the actual time of 2-30am and she agreed. The incorrect time of 3am was entered in the report. Dr Kingston ordered an injection of something and said he would be back in half an hour. I finally got the phone call to my wife at 3-50am, she came in from Burnett Heads and arrived at the hospital at about 4-20am, no doctor had been back. The nurse arrived back at about 4-30 am asked me how I was and when informed said "I suppose I'll have to ring the doctor again", My wife said "yes I suggest you do". The young doctor arrived back shortly after, took one look and went to phone Dr Kingston again. He arrived at about 5am said he would have to operate, repair the bowel join and give me a Temporary stoma. I was taken to theatre at about 6-15am and from there to intensive care. Due to the extensive swelling I could not be stitched up properly and I was left with one very large and one small hernia. The cause of the problems was a leaking bowel leading to peritonitis. Subsequent pathology reports of the removed bowel section showed there were two very small polyps but no cancer. During my recovery I was, according to the Registrar, given an injection of synthetic penicillin one night. This was despite my red hospital wrist band indicating an allergy problem. I had previously had a very severe reaction to penicillin. Fortunately I did not react to it but it did cause them to do a flurry of tests the next morning. The record was later amended to show that the medication had been withheld.

The third operation was to have the stoma reversed by Dr Nankivell on Friday 22nd June 2001. A hernia appeared from that wound the first time I moved. However, the stoma reversal was successful.

The fourth operation was to repair incisional hernias and was done by Dr Nankivell on Monday 17th September 2001. He fully opened the old wound but only

repaired the larger lower hernia. No reinforcement was used and despite my being extra careful that lasted a matter of weeks.

It was sometime in February 2003 before I got another appointment with a surgeon at Bundaberg Hospital. I do not know his name; the staff couldn't pronounce his name and called him Dr Lucky. He was leaving the hospital in a month and really wasn't interested in anything but sent me for a scan and made an appointment for me to see Dr Patel when he arrived at the hospital.

My first appointment with Dr Patel was in early April 2003. He said he had checked the scan and I didn't have any hernias (perhaps that's so because the scan was done with me laying flat on my back). He refused to check me standing up, and had he done so he would have seen the very large hernia on the lower left side of my abdomen. The two upper ones were also easily seen. No scan was ever required to see and feel them.

Our GP referred me to Bundaberg Medical Imaging for an ultrasound which was performed on 15th April 2003. It clearly showed all three hernias and our Dr referred me back to Bundaberg Base Hospital. That referral was never acknowledged by the hospital.

I had a colonoscopy done at the hospital in late July or early August 2003 and eleven polyps were removed. That colonoscopy was supposed to have been done twelve months after the stoma was reversed in June 2001. When I went back to the hospital to get the results of the colonoscopy I was armed with the abovementioned ultrasound which I showed to Dr David Risson. He showed the ultrasound to Dr Patel who refused to see me but told Dr Risson to book me in for an operation. Dr Risson also made a notation (because of the number of polyps removed) that I was to have another colonoscopy in twelve months.

That operation, my fifth, was done by Dr Patel in September 2003. He fully opened both the old wounds put in mesh to reinforce the lower hernia but failed to put any in the upper hernias. I was left with a wire-like stitch poking out of my stomach, a small piece of mesh poking out and a Pseudomonas infection. Dr Patel discharged me from hospital first thing the next morning.

Our doctor gave me antibiotics for the infection (it was not know at that time it was Pseudomonas) that did not work. On the sixth day after the operation it flared up extremely bad overnight and Sunday morning I was referred back to Bundaberg Base Hospital emergency. After a wait of some five hours I was seen by Dr David Risson who admitted me and began intravenous antibiotics.I consider myself a bit lucky at that time because Dr Patel was on two weeks leave and didn't get to have another go at me. Dr Risson under the supervision of Dr Gaffield put a probe into the wound to drain out the infection and I was in hospital on intravenous antibiotics for about a week. That along with three courses of the appropriate antibiotic in capsule form plus trips to the hospital to have the wound packed cleared up the Pseudomonas. The wound refused to heal until our doctor removed the wire-like stitch and the mesh that was poking out.

My current situation is that one of the upper incisional hernias (never reinforced) has grown to the size of a tennis ball and causes me quite a bit of discomfort at times. I was also due for a colonoscopy in July 2004 that has not been done.

CONSTITUENT CORRESPONDENCE
MINISTER FOR HEALTH

DATE	NAME	ISSUE
8 March 04	P110	Awaiting vascular surgery at Bundaberg Hospital. Was under Dr Thiele. Dr Thiele retired. Mr was advised to lose weight before major surgery. Would be reviewed in six months time.
21 Apr. 04	P111	Wife presented to Bundaberg Base Hospital at 4.50 am on 1/12/03. Awoke at 3.30 am with chest pain. Discharged at 2.30 pm on 2/12/03. Was to undergo a stress test as an outpatient on 8 December 2003. Wife died in the early hours of 3 December 2003. (P111) has been to the Health Rights Commission and the Medical Board – currently negotiating compensation with Bundaberg Base Hospital).
14 May 04	P112	Patient Transit Scheme. Bundaberg Base Hospital refused to pay Patient Transit Scheme because P112 did not attend hospital in Brisbane. However (P112) has prostate cancer and needed the first available surgeon – so attended Toowoomba. (P112) was later paid the subsidy)
* 8 July 04	P113	Non Treatment by Bundaberg Mental Health Service
* 5 July 04	P114	P114 presented at the Bundaberg Mental Health Unit threatening suicide. Consequently turned away without treatment. He then proceeded to throw himself in front of a car. (He is now back on track but only through the help of Tom Quinn and himself. Complained to Health Rights Commission – who was unable to substantiate that the health service P114 received was unreasonable.
10 Aug.04	P115	P115 aged 81, arrived by ambulance at Bundaberg Base Hospital at 8.58 pm.

	P115	Assessed by a senior medical officer in Emergency Medicine at 9.20 pm. No evidence of acute arterial occlusion or severe dementia. Booking made with QAS to return P115 to the hostel at 10.15 pm. No service available. P115 returned by Taxi to the hostel very distressed.
11 Aug 04	P116	Administrative errors by Bundaberg Base Hospital. Grandson, , hit by car, X rayed and leg placed in plaster. In plaster for 2 weeks. Specialist ordered the plaster to be removed because the leg was not fractured. Grandson, , suffered severe lung infection. Stated that grandson be X-rayed and possibly admitted to hospital. Spent six hours in Emergency Department, was not X-rayed but sent home with a prescription. Referred for a colonoscopy was received by Bundaberg Base Hospital on 15th December 2000. Administrative error led to the referral being filed in medical record without it being categorised or entered on the patient information system. Consequently surgery was delayed. Appointment at Dr Thiele's Outpatient Clinic on 23 March 2004. Appointment scheduled for 6 January 2004. Clinic cancelled. Bundaberg Base Hospital failed to book another appointment. Error wasn't discovered until P116 phoned clinic on 23 March 2004.
12 Aug 04	P117	Waiting times for ENT Surgery – No ENT surgery performed at Bundaberg under the public health system. Only private.
25Aug 04	P118	Waiting time for specialist outpatient appointment for son's knee surgery. Visited specialist in March 2002. In 2004 still no operation. Was told there was an administrative error – doctor did not submit

		the paperwork.
7 Sept. 04	P11	Death of husband, P11 at Bundaberg Base Hospital. Husband's death should never have happened if he had been transported by Air Ambulance to Brisbane.
10 Sept 04	Rob	Changes to rosters in the Paediatric Ward – Bundaberg Hospital
* 28 Oct 04 16 Nov 04 20 Dec 04	P119	Rob phoned Peter Leck, District Manager, Bundaberg Base Hospital, regarding P119 treatment and diagnosis by the Bundaberg Mental Health Unit. Assessed by Bundaberg Mental health Unit. Given prescribed medication of Avanza then placed in unroadworthy vehicle and allowed to drive. Also lack of co-operation from Senior Management of Bundaberg Mental Health Unit. Alleged comments made to P119 sister in law, , by Judith McDonnell, Service Director, Bundaberg Mental Health Unit. Comment made was "I have been contacted by my superiors and I am not happy".
* 13 Jan 05	P120	Son, , committed suicide. Allegedly was refused treatment by Bundaberg Mental Health.
25 Jan 05	P121	Transferred to Hervey Bay Hospital from Bundaberg after heart attack. ICU closed at Bundaberg due to staff shortage. Wife had to pay for accommodation in Hervey Bay whilst husband was in hospital. Then transferred to The Prince Charles Hospital on 18 January 2005
10 Feb 05	P122	Waiting for operation for spinal stenosis. 5 unsuccessful visits to Brisbane for operation. Each time turned away. Once because there was no anaesthetists.
15 Feb 05	Rob Messenger	Review into Bundaberg Mental Health by Dr Mark Waters. Review not made public. How many recommendations have been

		implemented so far.
17 Feb 05	P123	Waiting time for a specialist appointment for knee operation. Original referral received October 2004.
9 March 05	P124	Cancellation of elective surgery twice. P124 travelling from Rosedale (approx. 60 kms) for surgery.
14 Mar 05	P125	Problems with the Bundaberg Dental Clinic – Change of Dentist – restart of new dentures.
* 22 April 05	P126	Employee of Queensland Health. Psychiatric Nurse at Bundaberg Mental health Unit. Official whistleblower raising concerns about the management and operation of the Bundaberg Mental Health Unit. (Rob has original correspondence relating to P126).
29 Apr 05	P127	Query to the Health Minister as to why when people are transported to Brisbane from Bundaberg by Air Ambulance they are left to find their own way home at their own expense.
12 May 05	P128	Has been waiting for a right hip replacement operation since June 2004. Bundaberg Base Hospital has referred him for repeated consultations and X rays.

* Denotes Mental Health Unit.

P129

27 August 2003

Hon. Nita Cunningham M.P.
Minister for Local Government and Planning
State Member for Bundaberg
(hand-deliver)

Dear Minister,

This letter is regarding my health care from the Bundaberg Base Hospital.

On the 25 February 2000, I had a hysterectomy done at the hospital, which resulted in multiple complications and a stay from 25.02.2000 until 05.05.2000 with three weeks home care.

I now suffer from recurrent incisional hernia, this is a direct result of the previous surgeries I have had.

My care from the hospital was reasonable up until November 2002 when I again suffered more severe pain in the area of the previous hernia. From February till May 2003 there has been delay after delay in my care. On the 21 May 2003, the last doctor told me to go home and take my painkillers.

This lack of care angered me and prompted me to obtain a copy of my medical records from the hospital. Upon getting my records, I now realize that there were many serious mistakes in my care, of my stay of 2000.

I now realize I have been deceived and manipulated for three years. In a meeting on 30 July 2003 with Dr. D. Keating, Director of Medical Services, regarding my immediate health care, we were getting nowhere into solving my health problem until I handed a letter to Dr. D. Keating, asking a number of question regarding my care of February/March 2000. (A copy of which I have attached).

Two hours after this meeting, my husband received a phone call to tell me that I had an appointment with Dr. J. Patel on the 12 August, 2003, at this appointment Dr. Patel told me (with a very condescending attitude) that I didn't have a bowel hernia and that he wouldn't operate on me for $10,000 because it was too dangerous. He told me this before he examined me, after examination he reiterated what he had previously said and told me to make

an appointment with him for two months. I believe that this appointment was to shut me up hoping that I would go away.

I would like to know at this time is, what is a reasonable time to reply to these questions I have asked the hospital?

Yours faithfully

P129

cc. Wendy Edmonds

NITA CUNNINGHAM MP

Minister for Local Government & Planning
State Member for Bundaberg

23 October 2003

Dear P129

I have made representation on your behalf to the Hon Wendy Edmond, Minister for Health, regarding your concerns with the Bundaberg Base Hospital, and attach a copy of the response I have received from that office, for your information.

Thank you for bringing your concerns to my attention and please be assured of my assistance at all times wherever possible.

Yours sincerely

Nita Cunningham

NITA CUNNINGHAM MP
Minister for Local Government & Planning
State Member for Bundaberg

Ministerial Office: Level 18 Mineral House, 41 George Street, Brisbane Qld. 4000 - PO Box 31 Brisbane Albert St. Qld 4002
Email: localgovernment&planning@ministerial.qld.gov.au - Website www.dlgp.qld.gov.au
Tel: (07) 3227 8819
Fax: (07) 3221 9964

Bundaberg Office: Cnr Quay & Barolin Streets Bundaberg - PO Box 935 Bundaberg Queensland 4670
Email: bundaberg@parliament.qld.gov.au
Tel: (07) 4152 1476
Fax: (07) 4152 8726

30 July, 2003

The Medical Director
Bundaberg Base Hospital
Bourbong Street
Bundaberg Qld. 4670

Dear Sir

Re: P129

My treatment from this hospital was reasonable up to November, 2002. There has been delay after delay in treatment, Dr. Anderson and Dr. Nankivell, both previous senior surgeons of the Hospital, had assured me that if I ever had any problems that I was to come straight back to the hospital for immediate, competent treatment.

On the 21st May, 2003 I again rang hospital, I was given an appointment to see the surgeon that day, I did not see the surgeon but another resident doctor, Dr. Andy, who examined me in a horizontal position as all other doctors have done (no doctor has examined me standing up), told me that although he believed me that I had pain, but he could find no reason for this pain, when I asked if I could go to Brisbane and see a specialist down there, he told me **"that Brisbane would not do anything different, and to go home and take my panadine forte with a laxative".**

This delay in treatment made me angry and prompted me to get a copy of my medical records. Having gained a copy of my records, I have several questions.

1. Why was gentamicin given 45 minutes into operation of 25.2.2000? (Dr. Stumer didn't know why in an interview with my husband. He also indicated to my husband that it was unusual to have gentamicin.)

2. On 29.2.2000 I developed diarrhera, low grade temperature and vomiting (indication of bowel injury), infection with a red brown ooze, early in the a.m. Antibiotics including erythromycin were

Statement of facts

On the 25th February, 2000 I was admitted to Bundaberg Base Hospital, Women's Unit, for Dr. Malcom Stumer to preform hysterectomy. The operation started at 8.30am. At 9.15am 240mg of gentamicin was administered, at about the same time my BP dropped. At 11.15am I was transferred to recovery then at 12.15pm transferred back to the Ward, BP was 85/60 on return to the Ward. At 3.15pm a doctor was called, my BP being 85/50 at that time I was very ill. I was given Voltaren suppository, for what reason, I do not know, on 27th, 28th and 29th and was very ill.

On the 29th February, 2000 at 7.00am I got diarrhoea and a voltaren suppository was administered. Nursing Notes from that time stated – **developed infection, large haemo-purelant ooze from to of wound and very smelly**, a doctors comment at that time was a **red/brown ooze.** A doctor was contacted and oral Erythromicin and Flagyl were given. A wound swab was taken before 9.37am (results of this were: -
Gm Pos Cocci Resemb. Streptococci 2+
Gram Neg Rods resembling Coliform 2+
Gm Pos cocci resemb Staphylococci 1+).

I was vomiting every time Erythromicin was given. During the day during one such episode of vomiting, after being given Erythromicin, I felt sever pain near the wound on the left side. An X-Ray was ordered. This x-ray showed bowel obstruction.

1st March 2000, 6.00am Dr B. Byrne wrote in notes "**?? bowel injury/perforation-leak**". I was also reviewed be Dr. B. Meade who opened the wound to release infection and/or to relieve pressure, I assume.

On 2nd March 2000, I was again operated on and wasn't told the reason why, someone from the hospital phoned my husband and told him I was being operated on to remove infection (he thinks)? According to hospital operation records the operation was for **"incisional hernia"**. This operation was commenced by Dr. Malcom Stumer, Dr Pitre Anderson took over during the operation. From recovery I was sent to the Surgical Ward and Dr. Pitre Anderson took over my care. After the operation urgent bloods were called for, the results of which were:-

	2.3.2000	3.3.2000
White Cell Count	High (11.9)	(18.9)
Platelets	High (462)	(426)
Neutro Phils	High (10.40)	(16.27)

Everything appeared to be fine until 5th March 2000 when I vomited again and felt ill again and the next day haemo-purulent ooze started again from the wound. I was given antibiotics.

On 8th March, 2000 I was due for discharge to go home, in the afternoon I felt a very painful "pop" on the left side of the wound and bile coloured ooze started again. By 11 o'clock that night the ooze became much worse and had a faecal smell to it.

By the Inpatient Progress Notes, Dr. Pitre Anderson noted "**1. fistula from bowel 2. Wound infection and that sutures were to be removed**".
Swab taken showed
Gram Pos cocci 1+
Gram Neg Bacilli 2+

I do not remember being told why I was in so much pain and what complications were causing my prolonged stay in hospital for what was to have been a routine hysterectomy, however on the 10th March 2000, Dr Malcom Stumer suggested **"they think it could be a fistula".**

On 11th March, 2000 I was started on TPN (central line).

On 13th March, 2000 a suction drain was placed in the now large opened wound, tension sutures having been removed, drain was used to suck the faecal smelling ooze leaking from the left side of the wound. This drain was in place until the operation of the 27th April, 2000. The ooze changed as time went on to a bile coloured ooze (the smell was awful) the amount of ooze gathered was anything between 300 mls and 2000 mls in any 24 hour period.

On 2nd April, 2000 I informed hospital staff of a sore throat and antibiotics were given to some effect. Blood tests taken on that day showed Klebsiella

Pneumoniae. By 4th April, 2000 I was very ill again, I was told I had septicaemia and my TPN catheter was removed.

On 27th April, 2000 a third operation was performed by Dr. Pitre Anderson, a bowel resection, 500 mm of bowel removed. Pathology received a 300 mm specimen of bowel.

Pathology report states:-
Macro: could not see fistula
Micro: could see fistula

I was discharged from hospital on 5th May, 2000. Home Care Nursing was provided by Hospital for wound care until 31st May, 2000.

I was told nothing of what was happening at any time, when I asked questions, the doctors answered, "we do not know".

In a meeting with Dr. Malcolm Stumer on 10th March, 2000 was the first time I heard the word "**fistula**".

In the middle of March, Dr. Pitre Anderson's suggested his theory of what he thought happened was that "**You got a incisional hernia and it strangulated and now that part of the bowel had "died" thus forming a fistula**".

This does not seem to add up, as there seemed to be evidence of bowel perforation on 29.2.2000.

In a meeting with Dr. Malcolm Stumer on the 10th March, 2000, he stated that hysterectomy was performed on the 24th, we advised him operation was done on the 25th not the 24th and we saw him cross out and change the date on the operation report. (Upon receiving hospital records we note that the operation report does not have the date crossed out and changed but appears to have been rewritten on fresh paper). He also denied that it was a incisional hernia, he stated "**all sutures were in place and the hernia occurred lateral to and away from the incision, why this has happened I do not know**". It appeared to me that Dr. Malcolm Stumer had no real recollection of the operation; he was merely reading word for word off the operation report, and certain words written in that report he didn't know what they meant.

Dr. Stumer and Dr. Anderson both have different views on how the bowel hernia occurred. Dr. Stumer's view is that as above and Dr Anderson's view as he told us, was that "**the stomach muscle was weak and the stitches pulled through thus an incisional hernia occurred**".

I was put into an isolation ward around 9th March, 2000, although being very ill, I can remember a female nurse, who was assigned to look after me, telling me every time she came into the room that it wasn't the Dr. Stumer's fault. Her identification tag I can't remember seeing but her nametag I can remember seeing with the name "Cecile". I later found out this nurse was Dr. Stumer's wife, Cecile Stumer.

On the 17th March, 2000 my husband was approach by a female nurse, whose name tag and identification tag were concealed, she stated to him that "**the reason that this had happened to me was because of the infection had got into the bowel and the surgeons removed a small section of the bowel and that was why I was leaking this stuff, and that it wasn't the doctors fault**". He later had her identified by another nurse as Dr. Stumer's wife, Cecile Stumer.

During my stay in the hospital I was advised by more than one of the nursing staff that I should have the first operation investigated as something had apparently gone wrong. It should be pointed out that my only concerns at this stage were to start feeling well again and all I wanted was to end this ordeal and go home to my family. Family and friends that were aware of my suffering were convinced that I had been a victim of somebody's negligence.

To me, upon reviewing hospital records and remembering what had occurred and what was said and not said, it appears obvious that some form of bowel disruption occurred during the original operation. In a letter from Dr Stumer to Dr Anderson dated 2nd March2000 it states that in the operation "**peritonitis being present**". I am now convinced that in the operation of 25th February, 2000 some form of severe bowel disruption occurred, either an adhesion separated badly or some sort of instrument perforation and my life was put at risk.

I have never been 100% well since 25th February, 2000 to the present.

Between release from hospital on 5th May, 2000 and November, 2000, I felt well but was unable to all of the normal house hold duties or family obligations that goes with being a wife and mother.

In November, 2000 another bowel hernia occurred and was repaired on 14.2.2001. During which time I was unwell and was unable to do practically anything because of the pain. Dr. Nanklvell who preformed this operation informed me that because of the mesh used in this operation, there was a tendency of further bowel hernias to occur and that this was unavoidable.

In November of 2002, I was sent to Dr. Anderson by my General Practitioner, because I was in severe pain again on my left side, Dr. Anderson felt that there was a possibility of another bowel hernia and he referred me to the Bundaberg Base Hospital. On 25th February, 2003 I saw a resident dr of the hospital who said I would need to be reviewed by the surgeon. On 5th March, 2003 was seen again be a resident dr and was told surgeon was away and another appointment was made. On 12th March, 2003 I finally saw surgeon Dr. Jayasekera who told me he would do a colonoscopy (I don't know why). I had heard nothing from hospital so rang the Surgical Bookings Department on 16th May, 2003 to see when colonoscopy was to be scheduled and was told Dr. Jayasekera had left hospital, I was told by the person on the phone that she would discuss my case with the new surgeon and get back to me. Not hearing anything from her I rang the Specialist Outpatients Clinic on 21st May, 2003 and was told she had done nothing about another appointment however I could see the surgeon that day at 11.30am as there had been a cancellation, I didnt see the hospital's surgeon but another resident doctor, he told me that he couldn't find anything wrong, he understood that I was in pain, but there was nothing he could do, I asked to be sent to Brisbane to see a doctor there who might be able to help me, and was told that "**Brisbane would not do anything different to the treatment that** was being done here".

I have had in my life 7 operation:-

2 Caesarean sections (operations and recovery were uneventful).

1 gall bladder removal operation with appendix removed at same time (operation and recovery were both uneventful and I was home in 4 days).

Hysterectomy during which gentamicin was given and BP dropped (recovery hampered by infection and bowel hernia)

Bowel hernia, as a result of the hysterectomy. (Recovery was uneventful until fistula)

Bowel resection, also as a result of complications arising from the hysterectomy. (Operation and recover uneventful, up and walking 2 days after, I was home 9 days later)

Bowel hernia, again a result of complications arising from the hysterectomy (operation and recovery were uneventful and was home in 5 days)

given; I complained that this erythromycin was making me vomit every time it was administered. Late on the 29th whilst vomiting after being given erythromycin, I felt sever pain when I felt a "pop"; I know this vomiting cause the incisional hernia.

Why was erythromycin continued?

3. Infection with gram neg coliforms 2+. Where did the coliforms come from?

4. Incisional hernia occurred late on 29.2.2000 after vomiting. X-ray of 1.3.2000 showed bowel obstruction. Dr. B. Byrne noted in patient notes **"?? bowel injury/perforation – leak"** not strangulation.

Why didn't Dr. Stumer read patient notes?

5. Why didn't Dr. Stumer inform Dr. Anderson there was a strong probability of bowel injury from the operation of the 25.2.2000 during operation of 2.3.2000 to repair bowel hernia?

6. Why isn't the evidence there of Dr. Stumer's change of date on the operation report of the hysterectomy. It was dated 24th and should have been 25th; he changed date in front of husband and self.

7. The operation report of 25.2.2000 shows EBL of 1 ltr.

Why do all other reports show 700-800 mls?

8. Why has Anaesthetic Reports have two front pages dated 27.4.2000 with different information? One report dated 27.4.2000 on front and 2.3.2000 on the back, why? This is not a photocopying mistake. There is no front page for operation of 2.3.2000, why and how has this occurred?

9. In operation report of 2.3.2000 states **"no signs of perforation or peritonitis".** Why did Dr. Stumer write to Dr. Anderson on 2.3.2000 stated **"peritonitis being present"**?

10. On 3.3.2000 blood was ordered for me but not given. Dr. Anderson thought it had been given. What effect did this have on my treatment?

11. Sepsis – did this come from the central line or did it come from the faecal ooze in my abdomen?

12. On 27.4.2000 operation for bowel resection. 500 mm of bowel was resected. Why did pathology only received 300 mm? (Under other circumstances I understand that this would be enough for general pathology but in this case, the shortened amount seems to be odd).

13. Dr. Stumer told me that **"the incisional hernia occurred lateral to and away from the incision and that the stitches were all in place".**

Dr. Anderson told me, that **"the muscle on the left side of the incision area were weak and the stitches pulled through".**

Why two vastly different accounts?

14. On the 17th March, 2000 my husband was approach by a female nurse, whose name tag and identification tag were concealed, she stated to him that **"the reason that this had happened to me was because of the infection had got into the bowel and the surgeons removed a small section of the bowel and that was why I was leaking this stuff, and that it wasn't the doctor's fault".** He later had her identified by another nurse as Dr. Stumer's wife, Cecile Stumer.

What would her reason be for making such an absurd statement?

15. Since February, 2003, why do the doctors only examine me when I am laying down, when we now know that this is inadequate, and that examination in the standing position is more suitable.

I await your answers to my questions.

Yours faithfully

P129

P129

27 August 2003

Hon. Wendy Edmonds M.P.
Minister for Health
GPO Box 48
Brisbane, Qld. 4001

Dear Minister,

This letter is regarding my health care from the Bundaberg Base Hospital.

On the 25 February 2000, I had a hysterectomy done at the hospital, which resulted in multiple complications and a stay from 25.02.2000 until 05.05.2000 with three weeks home care.

I now suffer from recurrent incisional hernia, this is a direct result of the previous surgeries I have had.

My care from the hospital was reasonable up until November 2002 when I again suffered more severe pain in the area of the previous hernia. From February till May 2003 there has been delay after delay in my care. On the 21 May 2003, the last doctor believed me to be in pain but could find no reason for the paln I then asked if it go to Brisbane to see a specialist there, he said that Brisbane would not do anything different to whats being done here, he basically told me to go home and take my painkillers.

This lack of care angered me and prompted me to obtain a copy of my medical records from the hospital. Upon getting my records, I now realize that there were many serious mistakes in my care, of my stay of 2000.

I now realize I have been deceived and manipulated for three years. In a meeting on 30 July 2003 with Dr. D. Keating, Director of Medical Services, regarding my immediate health care, we were getting nowhere into solving my health problem until I handed a letter to Dr. D. Keating, asking a number of question regarding my care of February/March 2000. (A copy of which I have attached).

Two hours after this meeting, my husband received a phone call to tell me that I had an appointment with Dr. J. Patel on the 12 August, 2003, at this appointment Dr. Patel told me (with a very condescending attitude) that I didn't have a bowel hernia and that he wouldn't operate on me for $10,000

because it was too dangerous. He told me this before he examined me, after examination he reiterated what he had previously said and told me to make an appointment with him for two months. I believe that this appointment was to shut me up hoping that I would go away.

I would like to know at this time is, what is a reasonable time to reply to these questions I have asked the hospital?

Yours faithfully

P129

cc. Hon. Nita Cunningham M.P.

P1.29

27 August 2003

Hon. Nita Cunningham M.P.
Minister for Local Government and Planning
State Member for Bundaberg
(hand-deliver)

Dear Minister,

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an appointment with him for two months. I believe that this appointment was to shut me up hoping that I would go away.

I would like to know at this time is, what is a reasonable time to reply to these questions I have asked the hospital?

Yours faithfully

-P.129

cc. Wendy Edmonds

NITA CUNNINGHAM MP

Minister for Local Government & Planning
State Member for Bundaberg

23 October 2003

Dear P129

I have made representation on your behalf to the Hon Wendy Edmond, Minister for Health, regarding your concerns with the Bundaberg Base Hospital, and attach a copy of the response I have received from that office, for your information.

Thank you for bringing your concerns to my attention and please be assured of my assistance at all times wherever possible.

Yours sincerely

Nita Cunningham

NITA CUNNINGHAM MP
Minister for Local Government & Planning
State Member for Bundaberg

Ministerial Office: Level 18 Mineral House, 41 George Street, Brisbane Qld. 4000 - PO Box 31 Brisbane Albert St. Qld 4002
Email: localgovernment&planning@ministerial.qld.gov.au - Website www.dlgp.qld.gov.au
Tel: (07) 3227 8819
Fax: (07) 3221 9964

Bundaberg Office: Cnr Quay & Barolin Streets Bundaberg - PO Box 935 Bundaberg Queensland 4670
Email: bundaberg@parliament.qld.gov.au
Tel: (07) 4152 1476
Fax: (07) 4152 8726

Hon. Wendy Edmond MP
Member for Mount Coot-tha

COPY

Queensland Government

Minister for
Health

Minister
Assisting the Premier on
Women's Policy

MI115092

The Honourable J Cunningham MP
Minister for Local Government and Planning
Member for Bundaberg
PO Box 935
BUNDABERG QLD 4670

Dear Minister

Thank your for your letter dated 27 August 2003, on behalf of P129, regarding her admission to the Bundaberg Base Hospital in February 2000.

I am advised that Dr Darren Keating, Director of Medical Services, Bundaberg Health Service District, has completed a review of P129's admission in February 2000. He is now in a position to provide information regarding 15 questions asked in P129's letter dated 30 July 2003. I understand that Dr Keating has contacted P129 to arrange a suitable time for a meeting, to provide this information to her. Mr Peter Leck, District Manager, Bundaberg Health Service District, assures me that his staff wish to assist her, in order that her concerns are answered fully and completely.

I am further advised that at the meeting with Dr Keating on 30 July 2003, an appointment with Dr Patel, Director of Surgery was arranged, as a result of P129's concerns with ongoing pain. During the appointment with Dr Patel on 12 August 2003, he provided an explanation of her symptoms, ongoing problems and his concerns about any further surgery to her abdomen. He recommended review by himself in two months and is happy to consult with her again, should she have any other questions regarding her condition.

I trust this information is of assistance.

Yours sincerely

Wendy Edmond MP
Minister for Health and
Minister Assisting the Premier on Women's Policy

22 OCT 2003

Level 19 147-163 Charlotte Street Brisbane
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3234 1191
Facsimile +61 7 3229 4731
Email health@ministerial.qld.gov.au
Website www.health.qld.gov.au

Diary

In November of 2002, I was sent to Dr. Anderson by my General Practitioner, because I was in severe pain again on my left side, Dr. Anderson felt that there was a possibility of another bowel hernia and he referred me to the Bundaberg Base Hospital. On 25th February, 2003 I saw a resident doctor of the hospital who said I would need to be reviewed by the surgeon. On 5th March, 2003 was seen again be a resident doctor and was told surgeon was away and another appointment was made. On 12th March, 2003 I finally saw surgeon Dr. Jayasekera who told me he would do a colonoscopy (why a colonoscopy when there is no evidence that my bowel has any problems other than the hernia).

I had heard nothing from hospital so rang the Surgical Bookings Department on 16th May, 2003 to see when colonoscopy was to be scheduled and was told Dr. Jayasekera had left hospital, I was told by the person on the phone that she would discuss my case with the new surgeon and get back to me.

Not hearing anything from her I rang the Specialist Outpatients Clinic on 21st May, 2003 and was told she had done nothing about another appointment however I could see the surgeon that day at 11.30am as there had been a cancellation, I didn't see the hospital's surgeon but another resident doctor, he examined me while I was laying down, he told me that he couldn't find anything wrong, he understood that I was in pain, but there was nothing he could do, I asked to be sent to Brisbane to see a doctor there who might be able to help me, Dr. Andy left the room to consult with Dr. Patel, he returned to tell me that **"Brisbane would not do anything different to the treatment that was being done here"**. He told me to go home and take my panadine forte and laxatives.

All of this seems to be an excessively long delay, and why was I continually examined in a horizontal position. We now know that examination for this type of hernia should be in the standing position.

9/7/2003
Advised by Darren at the Heath Rights Commission (phone 1800 077 308) to ring and see Peter Leck, District Manager of BB Hospital Phone No: 41502020.

Rang BB hospital spoke to person named Michael, he advised we should see Darren Keating, Medical Superintendent, Michael was to advise Keating and Keating was to ring us to arrange appointment.

10/7/2003

No phone call from hospital rang them, told he would be in Brisbane till tomorrow and we would receive phone call tomorrow.

16/7/2003

Phoned hospital, spoke to Michael, advised we would be notified within 1 week of today.

31/7/2003

Appointment with Dr. Darren Keating at 1.30, told me that he couldn't put me up the list because that meant someone would be put down, also said that colonoscopy was ordered because it would show what is wrong. Told him that I wasn't happy with examination that doctors were performing. Because we were getting nowhere with him at all, I handed him letter addressed to him with 15 questions about my care at the hospital between 25.2.2000 and 2.3.2000. At looking at this question his attitude change completely. At approximately 3.30 that afternoon husband had phone call from hospital with an appointment to see Dr. Patel on 12.8.2003 at 2.30 pm.

11.8.2003

Had appointment at Royal Women Hospital in Brisbane, saw Dr. David Baartz?, Gynaecology/laparoscopy surgeon. He said to me that my condition was beyond laparoscopy surgery and referred me to Dr. Barry O'Loughlin, Director of Surgery at Royal Brisbane Hospital. He stated that Dr. O'Loughlin, was a specialist of hernias and was an excellent surgeon. I now have an appointment with this doctor on the 21.8.20003.

12.8.2003

Appointment with Dr. Patel at Bundaberg Base Hospital, Dr Patel told me I didn't have a bowel hernia and that he wouldn't operate on me if I gave him $10,000. He said what I had was a weakness in the wall and that the bowel was pushing on this weakness. This was said before I was examined. He then said that he would examine me as I stood up he said I will examine you standing up (coincidence as I had told Dr. Keating that none of the doctors examined me standing up). He then continued along the line of that he wouldn't examine me for $10,000 and that the weakness of the adominal wall was the problems and we would wait to see if the the bowel burst through until then he would do nothing. I asked him to refer me to Brisbane, he stated that Brisbane would do the same as him, when asked about pain relief, he stated take usual painkillers and laxative. He then told me to make another appointment for two months time.

21.8.03

Appointment with Dr. O'Loughlin, he said that he couldn't feel a bowel hernia, but that didn't mean there wasn't one, he said also that the problem could be that the bowel was adhered to the mesh put in after last bowel hernia. Said there were two options, one was to leave it alone and live with pain other was to operate and find out what was wrong. He said he would write to Dr. Anderson and G.P. and that I was to ring him and let him know what I had decided.

22.8.03

Rang Dr. O'Laughlin's surgery (Carol, Clinic Co-ordinator 3636 6554) and told the receptionist that I would have the surgery.

28.8.03

Appointment with Nita Cunningham, M.P. Handed her a letter addressed to Wendy Edmonds, Minister for Health. Nita Cunningham said she would hand the letter to Wendy Edmonds when she saw her the next day.

4.9.2003

Received letter from Darren Keating stating that he "had begun an investigation into the questions you raised in a letter to me that you provided in a meeting on 28 July 2003. I hope to have those questions answered within three weeks and will contact you at this time to arrange a meeting in order that we can provide answers to the number of questions you have raised."

8.9.2003

Received phone call from Wendy Edmonds office, Rona Quail 3234 1191, she left a message on my answering machine. My son rang her back and told her I wasn't at home, she said she would be sending a letter to me.

15.9.2003

My husband rang Rona Quail at Wendy Edmond's office; she said she knew nothing about phone call to us. She told my husband that she didn't write letters and that she had sent my letter to another department, when husband asked which department she said she didn't know.

21.9.2003

As of today's date we have not received confirmation letter from either Wendy Edmond's office nor Nita Cunningham's office that either of them received our letter dated 28.8.2003.

22.9.2003

My husband rang Nita Cunninghams office, told Carl that we had not received and acknowledgement of our letter to her nor received and acknowledgment from Wendy Edmonds office, Carl said that he would find out what happened.

23.9.2003

Hand delivered letter to Bundaberg Base Hospital for Darren Keating.

Carl from Nita Cunninghams office rang to say he got not answers from Wendy Edmond's Office however he would send letter of acknowledgement from Nita's office.

Wendy Edmonds office does not deny getting my letter but will not acknowledge it.

Also today received letter of acknowledgement from Nita Cunningham's office (after some pressure).

25.9.2003

Rang Minister for Health Department, complained that letter had not been acknowledged and excessively long time, half an hour later Minister for Health Dept. rang back Sandra said to me that they received my letter on the 23rd September and we will have a response on the 1st October, argued the point on re 23rd September as per phone call on 8th September from Rona Quail from their office.

26.9.2003

Received phone called 11.30am from Julie from Admissions Office, Royal Brisbane Hospital, am scheduled for operation on 10.10.3002, pre admissions appointment on 9.10.2003 at 10.00 am.

Received phone call from Rona Quail 5.30 pm, Min. for Health Department, she asked for an extension of time for reply for questions as they had only just received letter, told her hospital had had the letter since 30.7.2003, she assured

husband that we would have a response in two weeks. (refer answering machine tape)

29.9.2003

Received letter from hospital advising of operation date, letter dated 24.9.2003, envelope dated 26.9.2003.

(seems to be political intervention here as per above & speed of operation being brought forward was told 90 days for operation which would have been December)

1/10/03

Phone call from Jenny Walch Brisbane Hospital saying operation has been delayed new date in 31st October.

2/10/03

Gerard from Brisbane Hospital rang to say Pre-admissions has move to 30th October.

19.4.2005

Received phone call from Rob messangers secretary Melinda, she wanted to know if I had had and contact with nita cunninghams office regards concerns about the hospital, said I would email diary, and letters from nita and wendy Edmonds dated October 2003

From: Rob Messenger <robmessenger@bigpond.com>
Date: Fri Apr 30, 2004 5:56:36 PM Australia/Brisbane
To: julie.dahl@ministerial.qld.gov.au
Cc: Jan.Fletcher@opposition.qld.gov.au
Subject: Serious mental health concerns in Bundaberg

Dear Julie,

I understand that you are the senior Policy Adviser to the Heath Minister, the Honorable Gordon Nuttall and I would appreciate it if you would pass on my urgent concerns.

My Electoral officers have just brought to my attention a very serious matter regarding a Bundaberg Mental Health Worker. As you know I have been calling on Mr Nuttall since I was elected to conduct a ministerial review of the Bundaberg and District Health service.

The new information presented to me shows that medical staff are under immense and intolerable personal and professional pressure. Once again I implore the Minister to conduct a full and comprehensive review of the Bundaberg and District health service which is not delivering a quality of health care that my constituents deserve.

I would also like to inform the Minister that an endemic culture of bullying exists within the Bundaberg and district Health Service. Staff moral is at rock bottom and many Health workers say to me that they are scared to speak out because they fear unfair personal attacks and unjust vilification from senior management. Some staff are suicidal. The new information I received relates to this very issue.

This weekend I'm carrying out further investigations into the claims I've written about.

Please Minister, conduct a comprehensive review of the Bundaberg and District Health services. I respectfully suggest that for this review to effective, that the Minister must give his personal guarantee that workers who honesty share their experiences will not be targeted for personal vilification by QLD Health management and that their careers with the health service will not be damaged in any way.

Sincerely,

Rob Messenger

Member for Burnett

NP4's mother

AND NP4 OFCOURSE IS A NURSE AT THE BUNDABERG MENTAL HEALTH UNIT. CAN YOU TELL ME A LITTLE BIT ABOUT NP4'S STORY?

NP4 came over here from WA approximately 4 and a half years ago. She'd been working in a mental health unit over there.

HOW MANY YEARS HAS SHE BEEN A NURSE?

She's 43 now-so roughly 23 years she's been working as a nurse. She's held nurse unit manager positions; she's quite a talented young woman, very devoted to her work. I think within the first 12 months of Judith having been employed at the Bundaberg Base Hospital, within that first period of time, NP4 was very supportive of Judith because her position at that time was one of change to bring the mental health unit up into today's age but then Judith's attitude had changed once that position had finished and she had taken on a more permanent one. Then it became more of a challenge, she was challenging NP4 because she wasn't agreeing and a lot of staff weren't, and basically the last couple of years I've seen NP4 I think fight, not physically, emotionally challenge what Judith has been doing and all I've seen coming back from that is Judith putting her knife back, that's about the only way I can describe it.

IS IN A PRETTYBAD WAY AT THE MOMENT-WHAT SORT OF IMPACT DOES THAT HAVE ON THE FAMILY?

Its devastated us, I've never ever ever seen NP4 like this, Neither have any of the kids, to see their mum like that is just …yeah, they don't know whether they're coming or going basically and she's just so non-responsive and not NP4

COULD YOU DETAIL WHERE SHE IS AND HOW SHE GOT THERE?

Yeah, Q131 has been off on..on stress relief probably 8 months ago, and applied for work cover and was eventually granted work cover. That happened from an assault and from things that occurred from that result in relation to Judith, was granted work cover and had actually been told by the doctor she was seeing in Brisbane-Dr Larder- whose a Psychiatrist- that he was allowing her to go back to work in January of this year, that he felt she was fine, everything was ok, the hospital has actually stopped her going back to work-she had to do a rehabilitation program which was fine she was happy to do that at work and they have stopped her at every turn and come up with a multitude of reasons why she cant go back there to do her rehabilitation.- go to Maryborough and do it they told her or do it somewhere else.

WHY DOES SHE WANT TO GO TO BUNDABERG?

Because that's where she's employed, that's her workplace and it's her integrity that's been put at risk there and she wanted to be able to go back there and hold her head up high because she's been called a whistleblower. N.P.D.

it saddens me to think that people that she supposedly works with would actually allow that to happen to her.(from the management perspective not from staff).

So we are hoping for a speedy recovery and I know that NP4 wants to come back to Bundaberg, I know that she wasn't to come back and work, this is where all her family is- it is important for her to be able to walk back into that unit and hold her head up high, even if that means she leaves within a month. But she needs to go back there and I don't think they are going to let it happen.

TALENT: NP3

- Nurse educator at the Gold Coast Hospital, I took a 6 months secondment as a nursing unit manager from the 1st of September 2003 at Bundaberg Hospital.

HOW MANY YEARS EXPERIENCE HAVE YOU HAD?

32 Years

WHAT'S YOUR STORY WITH THEBUNDABERG BASE HOSPITAL?

When I took up the position there Judith McDonald told me that she had a lot of difficult staff-staff who had defrauded the system and some who were incompetent and some who needed a terrible amount of education and I said ok, ill take up the position. What I found after two or three weeks the staff were competent as any other staff that you would find at any other hospital and some staff were in fact very good at what they did in fact better than a lot of staff at other hospitals, however where I came into conflict with Judith is where first of all with the mental health documents she didn't want police signing an

emergency examination order when they brought someone into the emergency department under the mental health act and I said we just couldn't do business that way so.

IS THAT FRAUDENLENT OR ILLEGAL?

Well its not practice, if the QLD police want an assessment of someone they have to fill out an emergency examination order for us to do it, its just that her belief was that the person was coming voluntarily with the police and my view is that it is very hard to determine if someone's actually come in voluntarily and we need the document but that wasn't the illegal bit – was the person was actually brought into the unit in handcuffs and then admitted as a voluntary patient, now why would you take someone whose come in voluntarily with the police and move them from the emergency department in handcuffs to the ward, its just not common practice, but when I spoke to her about that she then made me get one of the staff members to go to the police and fill out an emergency examination order for the day before. Now I accepted that initially but when that became common practice I said look, we can't keep doing business that way. Then one weekend the nurses had a terrible time because they were assaulted by the patients and they found it very difficult to control the patients so when I had a look at the mental health acts I found out that some people weren't on an involuntary treatment order but they were still an involuntary patient which means that we cant forcefully give them medication against their will, but they can accept treatment like a voluntary patient. The organisation-some of the doctors disagreed with me, and they said that no that's not true because Dr Jenkins said its not true and I said well ill ring up Brisbane, the mental health liaison people, and find out and I was right, that you could offer them treatment which means that if we have people there for assessment and they were difficult to management and they were actually asking for treatment, that they could be offered treatment if necessary. If the Doctors chose that no they shouldn't have any medication and we want to see how they are, then we have to manage them properly. Bundaberg Hospital couldn't manage them properly because they have an unsafe seclusion room and most of the time it wasn't open and they didn't have an intensive care area so any patients that were unmedicated and there for assessment only could simply not be managed there-hence we has a lot of assaults and we had a lot of verbal assaults and nurses were often in tears from the difficulty in managing them and I got documentation, I reported those difficulties to management and said look the least we can do is offers those people-if you're not going to provide management, like seclusion room and intensive care are not a form of therapy there a form of management, so I said if you do not have the forms of management and you don't want to give medication then you have to transport the people out to an area where they can do that and they got very angry at things like that and when I identified to them that I don't have staff that are prepared to work in the intensive care unit because they're too frightened to work there basically and there's good reasons for those and I pointed out those reasons, they told me I was colluding with the staff, and I said I wasn't

I was doing this. And when I pointed out all the deficiency in the seclusion rooms which have now come to fruition like the wall and the door and all these other things they more or less said that I was neurotic and took me out of the ward as a nursing unit manager because I was incompetent –apparently I'm restrictive and non-contemporary and I mean I'm an old granny, I'm nothing- and I'm a civil libertarian, I believe in justice and there's no way,- I've been at the forefront of mental health reform with the Richmond Report of NSW, I was a nursing unit manager there 15 years ago and I got 60 people moved out from inpatient unit and in to a home environment-I'm hardly restrictive and I'm hardly going to keep a person in hospital for no reason. Its just not…

DO YOU CONSIDER THAT YOU WERE ASKED TO DO A LEGAL ACT?

Yes I was, one particular act was when I was asked to keep suspected illicit drugs in the unit- I've got the policy and I relished that the policy asked me to destroy the drugs and I rang Peter Leck immediately and I said after speaking with you yesterday you advised me that I'm not to call the police under any circumstances even if my life's at risk I'm not to call the police, the police is never ever to be called which I found horrific that he would tell me that. I wrote him an email and I said after speaking with you yesterday I'm reluctant to call the police even though I should do so, please advise me because I cant follow your policy, your policy tells me in front of the patient that I've got to destroy the drugs-hello, who's going to destroy drugs in front of a patient who's Psychotic and I don't even know what those drugs are and I don't even know how to destroy them and I guess in the air of heightened security, we just cant store drugs on the ward-you don't even know what's in them-it might not even be. It might be other things so he came to the unit with the director of nursing and they just told me to keep the drugs there and work out through environment health how to get rid of them. I told him to take the drugs with him but he wouldn't take the drugs, he made me keep them in the ward and I showed him a QLD health document and this document means I have to call the police, it doesn't mean that the have to arrest the perpetrator, but it does mean they secure the drugs and they take them away and I am no longer responsible. I know it's not a lot of drugs but when you are running a public health organisation you've got to run it "shmicko", you just can't have drugs in the ward-what happens if tomorrow they are missing-who's accountable? NP3. I am not accepting that responsibility- that's the police's job or security's job and the other area which caused me grave concern is the seclusion room because I got locked in the seclusion room with a violent patient and all they did when I got out and told them about it they laughed at me. Then while I was getting the door secured they wouldn't allow me to get proper locks on the door, she said she had them ordered. So I had to rearrange the locks so no one could get locked in it and in the mean time, two other people got locked in with this kick-boxing women right who had assaulted NPSr prior to that, they actually got locked into the seclusion room-its one of those things that shouldn't be possible and no one told me that the place was that unsafe, that you actually got locked in the seclusion room and then while I had the carpenter

there, NP13 just absolutely abused me in front of the staff in the nursing unit. Imagine me trying to change the locks? And she wouldn't let me put the three locks on to secure the door so that if someone was kicking it they couldn't kick the whole lock out. Just wouldn't let me do it.

AND IT HAS BEEN KICKED OUT NOW?

It has been kicked out now, and so have the walls, I asked about some of the walls and cement I said are they that special material or is it plaster board- they said no it was that special material and it ended up being plaster board and it was in the newspaper that they were using that as a weapon against nurses and I was asked as a nursing unit manager to leave that unit immediately because I'm so incompetent, I'm so stupid because I found the seclusion room unsafe –that's how stupid I was and everything that I have said has come to fruition.

SO, TELL ME ABOUT YOUR FRIEND NP4 -WE DON'T HAVE HER HERE BUT WE DO HAVE HER MUM HERE…WOULD YOU LIKE TO SAY ANTYHING ABOUT HER CASE?

The little bit I have had to do with NP4 as far as allowing her access to email while I was a nursing unit manager-they made NP4 ask me permission every time she would come into the ward and I said to if you are coming to the ward to access your email or do a QLD nursing union, you don't need to ask permission because that permission is granted-that's fine just let someone know you're there, but management- even though she was down and out, they harassed her, they made her ring me every time just to ask permission even though I had granted her permission to do that and from what I know of her and what she told me about her when I was organising her rehabilitation to work and we had agreed on the rehabilitation program for her. I found that she was a very talented worker who had been harassed out of her workplace and who was prepared to do everything in her power to put her credibility back- to earn her credibility back. You know, she was ready to go back to work in January with a rehabilitation program that we nutted out and of course they kicked me out before I had the opportunity to assist NP4 they didn't want me to assist NP4-they told me NP4 is a manipulator, a liar and did everything in her power to make the place run badly and I found that not to be the case.

AND SHE WAS ASSUALTED BY THE SAME PERSON THAT NP5 WAS

ASSUALTED BY?

Yes, yes, and a cleaner who was on duty with me, that same person as well and when that cleaner was assaulted he had to go to the emergency department and they made me to go against my better judgment reluctantly go down to him and say do not go to the police, its against policy-she shoved the policy in front of my face and said here, take this policy down to him.

AND WHEN YOU SAY SHE, YOU MEAN. NP13 ?

NP13 and I said to her "I can't do that". So I went down there on the pretence that I wanted to see if he was alright, which I would've done anyway and I said to him I just wanted to remind you that you're not allowed to talk to the police, although as a civilian I believe you have every right to call the police if that's what you chose to do and I assisted him in filling out a variety of paperwork. I don't know if he called the police but he was shaking like a leaf and it was inappropriate for me to go down while he's so vulnerable and something that he should be talking to his family or lawyer or someone about it-not me, at that moment in time. Its just bad human management. Now that person is so angry now and basically his work productivity is not going to be up to scratch.

DO YOU HAVE ENOUGH PEOPLE EMPLOYED AT THE MENTAL HEALTH SERVICE?

We don't have enough but the biggest problem there is NP13 dangerously under staffs areas with non-registered non-qualified staff members and because the bed occupancy rate is very low sometimes you only have 5- 6 patients in there and the most staff she would have on in any one shift is two. Now one of those will be a registered nurse, one of them can be someone off the street who knows nothing about patiens illness or anything so ...and usually they are females-so you've got two female nurses often with 4 or 5 male patients who are aggressive, you're not connected to security, there's no alarm system-the system is so poor that often it doesn't work and its inconsistent as to whether it works like you can test it one day-one minute it works-then the next time it doesn't work ,then it works again and so the alarm system isn't working and basically the women there are at risk because we're not allowed to call the police so if you call the police you know that you got the roth of the thing the next day. I mean if you are sufficiently threatened you might get away with calling the police but by that time you

might be dead, and you just not connected to security, security is only connected to you at night time because they say there is enough people around but most of the people around aren't very skilled in the area of managing aggressive people. I mean, I've come from the gold coast and I managed – I taught the aggression management prevention and intervention and I've don't lots of courses and what they are doing here is unfortunately so backward and every time a patient assaults one of the nurses or one of the staff, I'm told that it's the staff or the staffs fault, but its not. I know the patient, I know the staff-there always the ones that get the blame and what happens at the end of the day the staff are unsure at what to do and they do lack confidence at times and they may not do all the right things at times because how do you know what to do and what's right-you've got to work out what's the legal thing to do and what will Judith want you to do-they're not consistent.

From: Burnett Electorate Office <burnett@parliament.qld.gov.au>
Date: Wed May 5, 2004 12:31:02 PM Australia/Brisbane
To: Rob Messenger <robmessenger@bigpond.com>
Subject: transcripts

TALENT: NPS

53 year old registered or clinical nurse at eh Bundaberg mental health unit

I had been there for about 5 and a half years. Recently im currently studying and have studied for the last 12 years pretty much. I have a lot of issues with management and management practice at the Bundaberg mental health unit and the Bundaberg district hospital.

They use bullying and intimidating, harassment tactics.

DID THEY ASK YOU TO DO A LEGAL?

Yes ive been asked on occasions to compete forms that mental health act forms which ive done and then found that it's been destroyed and another doctor was asked to do the same form again. I've also been rung at home and asked to do a mental health act form that I wasn't there when the person was admitted so I couldn't do it and I have since found out there's been a form done but the patient had been discharged by the time that form had been completed and because the doctor who initially admitted her was on holidays in New Zealand so I was unable to complete. There had been workplace health and safety issues where we've raised issues about workplace health and safety problems in the unit, that's been demonstrated by the Queensland Nursing Union who did a full report on this and recently the door, one of the complaints was the door on the seclusion room. We had a client from corrective services who we feel it would break the door down because he kept banging on it and it only had a single lock. This has recently occurred not by him but by another client. We have photographic evidence of the damage that was done to the door.

YOU'VE GOT A LOT OF ISSUES/CONCERNS. DID YOU TAKE THOSE CONCERNS TO THE MINISTER-HEALTH MINISTER Mr GORDON NUTTALL WHEN HE VISISTED RECENTLY?

I along with the nurses- the secretary of the sub-branches of the QNU which I belong,

attended a meeting which was set up to speak to the ministerial advisor for Mr Nuttall. There was also in attendance, two union people and there were three nurses from hospital, two for the mental hospital and one from the general hospital also.

CAN YOU NAME SOME OF THOSE PEOPLE, STARTING WITH THE MINISTERIAL ADVISOR?

I can't recall his name. Aurial Robinson was there- she is the representative for the QNU in B/berg. Jack Shefferson, myself and Paul (I can't think of his name either).

WHAT DID THE MINISTERIAL ADVISOR LOOK LIKE? AND WHAT TIME DID YOU MEET THIS PEOPLE?

9:30, we met him at9:30, he was male, fairly tall, casually dressed, dark hair, youngish like early thirties maybe. Late 20's, I just can't think of his name.

AND WHAT CONCERNS DID THAT DELIGATION OF NURSES AND UNION OFFICIALS MAKE TO MINISTER NUTTALL'S ADVISOR?

We talked about a lot of safety issues, we talked about the bullying, intimidation and harassment, we talked about work load issues, we talked about recruitment, we talked about retention, we talked about grievances and how they were carried out and that they weren't being done according to the terms of reference. We talked about how management were operating; there was just a whole range of things that we spoke of.

DID HE PROMISE TO TAKE THOSE CONCERNS BACK TO THE MINISTER?

He didn't promise, he made a lot of notes and sort of said he would take them to the minister but I mean, I spoke to Aurial Robinson last week and she was expecting...she was going to contact him on Friday to see if there was any action in regards to this.

HOW LONG HAS THEUNION KNOWN ABOUT THESE CLAIMS AND ALLEGATIONS?

Well they've been dealing with this since, almost the commencement of NP13 's management. They've been issues that other staff members have taken to the union, I myself have worked under three different management since I've worked here. The first one only briefly and the whole service has been in conflict so I mean they've had conflict in the service for the last 5 years, 5 and a half years that I can..

WHEN DID MANAGMENTE FIRST WANT YOU TO CARRY OUT A LEGAL- WHAT YOU THINK ARE A LEGAL FRAUDULENT ACTS?

That would have been in 2002, I've got all the paperwork at home that's relevant.

SO YOU'VE GOT PAPERWORK TO PROVE YOUR CLAIMS?

Yeah. One I cant prove because I haven't been able to find the...but the doctor that actually did the recommendation after I had done it could actually, would actually vouch for what I've said but unfortunately she's in the UK, But she would vouch she was asked to do the recommendation.

HOW MANY CLAIMS CAN YOU BACK UP WITH DOCUMENTATION- HOW MANY CLAIMS DO YOU HAVE DEFINITE PROOF THAT THERE WAS FRAUDULENT ACTIVITY?

I've got my diary which has got all the sheer stuff and major issues that occurred with me last year. I've also got a lot of other documentary evidence.

AND HOW DID YOU GET THAT EVIDENCE? IS IT PHOTOCOPIED?

Some of it is photocopied; some of it is in my own hand and some of its tapes, some's photographs. And there was recently a complaint against me and for this complaint which I can provide, I was never given the original of it- I'm still waiting for that- I was given one that was typed out by two people in the service and I was threatened with code of conduct on the first day and the second day I was threatened with my PAD (performance Appraisal and Development) that was witnessed by one of the nurse managers for the entire 2 and a half hours of that –two sessions.

IN YOUR EMPLOYMENT CONTRACT, DOES IT STATE THAT YOU WILL BE BREACHING THAT CONTRACT IF YOU GO TO THE MEDIA OR TO YOUR MEMBER OF PARLIMANT?

That's in code of conduct that we cannot go to the media, if we got to the media that is.

WHAT ABOUT YOUR MEMBER OF PARLIAMENT?

I'm not sure about that but my understanding would be that as a citizen as a voter I have a right to speak to my member of parliament and nobody can take that right. In line with this is this thing that we've been told that we aren't allowed to go to the police when we have been assaulted. We have to seek permission from management. There was one incident where I was assaulted and I threatened the client that if they hit me where they did again I would go to the police. This was overheard by the service director who told me that I was being inappropriate and from this I feared going to the police because I would have reprisals on me and so consequently it was never reported and she actually witnessed the assault and on that occasion I was assaulted at around 8 in the morning and I was asked to see her before I left and thinking that was for debriefing I went to her office where again I was threatened with the code of conduct and I was castigated for about half and hour and I have that on tape.

THANK YOU…

From: Burnett Electorate Office <burnett@parliament.qld.gov.au>
Date: Fri Nov 19, 2004 8:18:06 AM Australia/Brisbane
To: robmessenger@bigpond.com
Subject: FW: Bundaberg Hospital Bullying issues

Bronwyn Stewart
Burnett Electorate Officer
Phone: (07) 4159 1988
Fax: (07) 4159 2696

-----Original Message-----
From: NP6
Sent: Thursday, 18 November 2004 4:25 PM
To: Burnett Electorate Office
Subject: Bundaberg Hospital Bullying issues

Attention Rob Messenger

Dear Rob

I seek your advice please. You may recall our meeting re Bundaberg Integrated Mental Health Service and higher mangement issues re BULLYING.

Last week I had contact from Mr Craig Hawkins of the Crime and Misconduct Commission. He was setting an appointment to meet re work issues ..... whilst he organised to meet Wednesday 17/11/04... he called again on Monday 15/11/05 to cancel me as he had had no information about me ..only other nurses.

In discussion I outlined a few matters and that I had made formal complaint to the B'berg Hospital District manager on 5/07/04 through Ms Tina Walace with anticipation that under IRM's of Qld Health that the allegation of 'harassment, bullying and administrative abuse' discussed with you had occurred and despite many verbal statements to all levels of management nothing had been done ...never has anyone even asked me what happened.

He suggested that I contact the Health Dept ... Internal Operations and Audit Branch. I was referred to Ms Rebecca McMahon, currently responsible officer in Investigations.

I have attached an email covering our written communications of 17-18/11/04.

It appears that I am not able to communicate my allegation directly to Investigations having requirements under IRM's to send all details to the District Manager ... This was done through Ms Tina Wallace who confirmed that she had to hand it to District Manager immediately. Ms Linda Mulligan was Acting DM that week. By advice from Ms McMahon, no information has ever been handed on to Investigations.

Ms Rebecca McMahon advises that I can't go round this process. After reading the communication can you assist with advice?

I note that a copy of my letter to Ms Wallace which she advised was required to be handed to DM was also sent to you and to Mr Simon Harrison Quinn Scattini Lawyers on that day by email.

NP6

PS I have enclosed the original emails for your perusal.

----- Original Message -----
From: Tina Wallace
To: NP6
Sent: Monday, July 05, 2004 8:41 AM
Subject: Re: Urgent letter

Good morning NP6
I am writing to acknowledge receipt of your email at 0845hrs today (05/07/04).

Having received this information, it is my duty to forward it immediately to Peter Leck, District Manager for his appropriate action.

Regards,
Tina Wallace
Rehab Coordinator

Tina Wallace
Director of Community & Allied Health
Bundaberg Health Services District
Ph: 41502705
Fax: 41502029

Bundaberg Integrated Mental Health Service
Bundaberg Hospital
Bourbong St (PO Box 34)
BUNDABERG 4670
Phone 4150 2600
Fax 4150 2639

>>> > 5/07/2004 7:25:12 >>>

Tina

I have prepared a formal letter regarding the events that have been described in a sequence of events from 2002 and in particular to 'harrassment, bullying and admiinistrative abuse. The attached letter is in regarrd maladministration.

A comnfirming copy with signature has been faxed and is to be followed in the mail by the original document. All pages of recognised documentation contain my signature and date of signature.

I note that last eveneing as I was working upon the formal document previous draft documents on which I had been working were incorrectly sent rather than being deleted.

Final draft will be faxed at approximately 7.30 am 5th July 2004.

Sincerely

NPG

----- Original Message -----
From: NP6
To: burnett@parliament.qld.gov.au
Cc: Simon Harrison
Sent: Monday, July 05, 2004 9:56 AM
Subject: Letter to Bundaberg hospital management

Phone/Fax

Mobile:

Email

Mr R Messenger

Member for BURNETT

BAGARA 4670

Monday, 5 July 2004

Dear Rob

After our conversation on 4th June at your office I had opportunity to follow up some of the matters discussed with Mr Simon Harrison of Quinn & Scattini Solicitors.

I have also had opportunity to describe some matters with Dr Mark Waters during his evaluation of matters pertaining to the BUNDABERG INTEGRATED MENTAL HEALTH SERVICE (BIMHS) administration, in particular in the regard of my personal situation and some general comments both positive and negative regarding the BIMHS.

The purpose of this letter is to provide a copy of a letter sent via email, fax and post this date, to Ms T Wallace which was intended to have someone begin an appropriate process to consider my allegation of maladministration within the Bundaberg Health Service District. I have tried across numerous contacts at multiple levels of seniority to have some appropriate actions taken as per the Queensland Health Industrial Relations Manual regarding ' harassment, bullying and administrative abuse". Unfortunately there has been a lack of previous responsiveness by many parties and I do not have any further recourse than to request formal, external investigation as to whether maladministration has occurred.

I enclose a copy of the material, sent to Ms T Wallace (at approx 7.30am 5/07/04), which has been advised by email (reply received 8.41am 5th July 2004) to have been forwarded to Mr P Leck as District Manager.

Sincerely

NP6

Mail Address: PO Box 361

Ms T Wallace

Director Community Health Services

Bundaberg Health Service District

Bundaberg Base Hospital

PO Box 34

BUNDABERG 4670

05/07/2004

Dear Ms Wallace

On 10/06/04 we (Ms T Wallace, NPG) met with Mr H Greenwood to discuss the completing phase of my return to work program within the Bundaberg Integrated Mental Health Unit. On this instance I was particularly asked about issues related to whether there had been any adverse behaviours reminiscent of my stated allegations of 'harassment, bullying and administrative abuse" previously described in considerable detail to you. These descriptions were made initially upon our first return to work planning meeting in August 2003 and subsequently on various dates as we met within the specified return to work program.

I note that that return to work program continued through September until early December 2003 with specific dates obviously recorded within the rehabilitation documentation. Following a period of additional absence from the workplace between December 2003 and April 2004 a new rehabilitation program was planned and conducted through to the current period.

The substance of this letter makes comment upon those ventured within the meeting of 10/06/04 as related to my ongoing concern with behaviours which I have consistently reported as "harassment, bullying, and administrative abuse" occasioned within my duties in the BIMHS during the period leading to cessation of work on 04/10/2002.

It is important that appropriate investigation of the sequence of administrative mismanagement and in fact what I consider to be maladministration which may indicate a pattern of behaviour within the BIMHS and possibly further within the behaviours of other Bundaberg Health Service District staff.

I also note for appropriate clarity that I have reported to other administrative staff of the Bundaberg Health Service District, similarly that there had been 'harassment, bullying and administrative abuse" within my work context which resulted in me initially taking leave after events involving injury at Childers Hospital on 29/09/2003 through to my return to work on 30/10/2003 and then after further events at the BIMHS to commence extended leave after 04/10/2003. I also note that particular problems were first instances by the actions of administrative mis-handling of Work Cover matters and in missing documentation, specifically an INCIDENT REPORT taken by Ms Hancock on 13/06/02 amongst others, associated with injuries sustained in a motor vehicle accident on 13/06/2002 within a Queensland Health vehicle whilst in the performance of my duties.

I believe that events and actions were concealed within a subverted PAD process. The substance of my allegation is that an improperly conducted PAD process was subverted and how this process was used and abused by an administrative officer to harass and bully myself. Clearly I am stating that because of inappropriate management I became ill and was further abused by

administrative mishandling by that and subsequently other Queensland Health Officers.

I have reported these events within Work Cover applications and certain allegations specified to Mr Peter Leck, as senior officer of Queensland Health in this District, yourself, Ms Michelle Maike, Ms Kathleen McDonald and in some slight detail to Mr H Greenwood, each as participants and administrative officers within my return to work program. I have made these reports in the form of verbal complaint, in good faith, however, at each and every administrative level I have found that no action has taken place. These reports were specified as complaints in verbal form and specified acts of behaviour which I described as "harassment, bullying and administrative abuse."

At this time I extend the definition of these acts, which clearly offended, stressed and contributed as the significant stressor responsible for my need for extended medical leave, to include acts of official misconduct.

I have had opportunity this past weeks to consider various Queensland Health official policy documents, including IRM 3.1-2 June 2002 "Workplace Harassment - Standards of Appropriate and Ethical Behaviour in the Workplace" in which examples of recognised inappropriate behaviour are clearly described. Whilst I have given clear and specific instances of such behaviour whilst within the BIMHS to many administrative officers up to and including Ms Judith McDonnell through a report by Mr Gerry Hoogenboom between March 2003 and April 2003, and Mr Leck on or about 12/06/2003, and to the other specified administrative officers, no action has been advised to me as having been undertaken to this date. I am aware of no formal referral being made to appropriate investigative agencies.

I have clearly described instances to you and I have also clearly described how significant has been my emotional impact.

I have clearly stated that a particular officer had on particular instances undertaken behaviours to 'harass, bully, and administratively abuse' me within my duties. I am not an authorised investigative officer and in fact I have found that despite appropriate requests for information some instances of concealing

actions after the event may have occurred.

I further extend the allegation of 'harassment, bullying, and administrative abuse' to other members of the Bundaberg Health Service District who have either assisted or condoned the improper behaviours by not acting when advised or in acting either alone or in concert to delay natural justice and the application of appropriate policy behaviours. I am aware that appropriate authorities may define such behaviour as official misconduct.

Yours faithfully

NP6

From: NP6
Date: Thu Nov 18, 2004 9:23:52 AM Australia/Brisbane
To: "Rebecca McMahon" <Rebecca_McMahon@health.qld.gov.au>
Subject: Re: What now

Rebecca

In this issue of line of administration i received advice on 5/7/2004 that the matter was handed to the acting district manager Ms Linda Mulligan at that time. It has now been approx 20 weeks with neither acknowledgement nor advice despite an actual request within the final paragraph of that letter for me to be informed in writing of actions to be undertaken. Understandably I am concerned that this now has been approx 5 months with no action nor advice and pertains to matters commencing by mid 2002. I am therefore aware that District management has has a written complaint from a staff member since 05/07/2004. This complaint makes alegation of having informed every line manager I have been answerable to that actions of "harrassment, bullying and administrative abuse" had occurred. To this date not one official has asked me to make any formal statement nor have I ever been referred to a harrassment referral officer at any time.

At this time I am entirely dissatisfied that lack of activity has occurred and due to the delays in appropriate action significant delay has occurred in my being able to achieve an appropriate outcome re injuries sustained in an MVA in a government vehicle in june 2002, amongst others.

Line mangement has not been appropriate, through to Service Director of Bundaberg Integrated Mental Health Service, through to rehab coordination/Community service director and by her acknowledgement when this letter of complaint and request for the matter to be forwarded under appropriate request within IRM's to the Distri ct manager, that no advice of any action has occurred in the period between 05/072004 and todays date.

One has to wonder why natural justice provisions are inherent within Code of Conduct but nobody has ability to go outside the normal pathway, and when

ignored nothing can be done. I have to wonder when and under what conditions I am able to make direct response to the highest administrator of Qld Health, the Queensland Ombudsman and in fact direct submission to Crime and Misconduct Commission.

Sincerely.

NP6

Bundaberg Integrated Mental Health Service
Bundaberg Hospital
Bourbong St (PO Box 34)
BUNDABERG 4670

>>> Rebecca McMahon 11/18/04 08:32am >>>
Hi NP6
We have now done extensive searches of both our electronic database and our hard copy correspondence files and I can confirm that we have not received your letter.

You mentioned that you provided your letter to your supervisor and that it had not been passed on. While I have no objections to receiving your letter directly, in these types of matters, it is normal procedure (as outlined in IRM 3.1-5) for a complaint to be submitted to the line manager, then, if you are still dissatisfied with the outcome, to the District Manager. This allows the District to consider the issue and determine whether they are of the view that it is a matter which should be referred to Audit.

My recommendation would be that, given your view that you have not achieved a satisfactory resolution by providing your complaint to your line manager, you now provide your complaint directly to the District Manager. If the District Manager is of the view that your complaint concerns suspected official misconduct (and therefore falls within Audit's jurisdiction) he will take the necessary action to refer this matter to us.

If you have any further questions please do not hesitate to contact me on :

Many thanks

Rebecca.

Rebecca McMahon
A/Manager, Investigations
Audit and Operational Review Unit
Queensland Health

Rebecca

Email earlier today was in reference to this matter .. actual date of submission by email to Tina Wallace was 05/07/2004, fax was sent at 7.30 am with follow up hard copy on 7/7/04 ... yesterday I was a little aggitated when we talked and confused the dates of when I had been working on various drafts ..... When it was actually submitted I had been working on two earlier drafts on Sunday evening 4/7/04 and on closing down my computer two drafts were sent. Next morning I sent a final draft and asked that earlier drafts be deleted ... Tina confirmed this process.

As soon as I hearfrom you that I am not going against IRM"s nor Code of conduct all other material will be sent through email.

NP6

Bundaberg Integrated Mental Health Service
Bundaberg Hospital
Bourbong St (PO Box 34)
BUNDABERG 4670

>>> Rebecca McMahon 11/17/04 10:23am >>>
Hello NP6

I have searched our electronic database and cannot locate any correspondence from you, or related to your letter dated 1 June 2004, which you stated was provided to the District Manager to be forwarded to Audit.

I am currently in the process of searching the hard copy files, just to double-check that your letter was never received and I will email you again once I have confirmed this.

Many thanks

Rebecca.

Rebecca McMahon
A/Manager, Investigations
Audit and Operational Review Unit
Queensland Health

From: "Burnett Electorate Office" <burnett@parliament.qld.gov.au>
Date: Thu Mar 10, 2005 10:10:37 AM Australia/Brisbane
To: "Rob Messenger" <robmessenger@bigpond.com>
Subject: ! P129 ' transcript (Mental Health Uni)

P120

Would you like to tell me your story and your son? What was his name?

P134

How long had P134 had a mental illness?

Since he was 18. He was having treatment when we lived down atNewcastle for a long time, all his life practically. The illness was being managed quite well down there.

What sort of mental illness was it?

Schizophrenia. It came on him when he was 18. They seemed to be able to handle it better there, and if I'd known I wouldn't have come here, I would have stayed down there.

What sort of management did he have?

Up here?

InNewcastle, down south..

He had medication, tablets and when he came up here he saw another doctor who he was a very good doctor, Dr Shean. His doctor down there, Dr Spruce wrote him and told him about P134's illness and he kept him on the same medication and P134 was doing very well and unfortunately for us he applied for a position inTasmania and he obtained it and that's when he left and the trouble started then.

Which doctor left?

Dr "Shean". He was a wonderful fellow, really nice and then he saw doctor Jenkins then and he said he couldn't have the Mellaril but he'd been on it for years down there and when we went down for a holiday I told Dr Spruce, and he said well he's been on it for years and he laughed about not being able to take it. I think that's what upset him to begin with, he'd been taken off medication that he'd been on for a long time.

How many years had he been on that medication?

Since he was 18 and then later one they put him on estellgen, Mellaril made him very tired, and that brightened him up made him more lively.

And he worked on a golf course up til he was about 35 as a groundsman doing very well. He worked too hard it was too hard having the illness but he was coping alright when we came up here, it was the tragedy coming up here. They wouldn't let him have the medicine, I don't know why his own specialist had no problem with it and changing him around from one drug to the other I think it upset the chemistry in his brain probably, everything was getting too mixed up for him. Another thing is instead of when they changed the tablets, instead of putting him in hospital and monitoring him and seeing how he reacted to the drugs, it was just take this and take that and so on and that was it. I thought he should've been in the hospital and seeing how he reacted to these different

drugs. So that was the whole trouble I think he got so mixed up mentally he got so mixed up in all these chemicals that he just finding it hard to cope. Then when we were going to the clinic over there on a regular basis about 2 or 3 weeks we saw the mental nurses there and he was doing quite well with them and the one that left and went to Maroochydore, he was good, he was doing very well with him and another girl there, a mental nurse there, he was doing very well with her but she said he wasn't getting the treatment he should've been getting there and to take him back to Newcastle. She said about the system. And then offcourse we saw Dr Jenkins in between going to the hospital but then we went a while down south and then came back and then he couldn't get back... no that's right they said he couldn't get back into the clinic again. That he wasn't ill enough to be going to the clinic.

And that's the clinic at the Bundaberg Mental Health Unit?

Yes, they wouldn't. So if he'd been going there and seen Dr Jenkins it could've helped if he could go there and see them in between times but this mental nurse said that he wasn't sick enough to be going to the clinic at all so she said he had to stop going there.

Do you know the name of that person?

I think her name was Annette, but that's a while ago and then I saw Dr Cook, that's another older doctor there and I asked him about it and he said that Annette said he wasn't sick enough to be going to the clinic. Then when he took some,....he wouldn't go to the clinic, I couldn't persuade him to go and I used to have a lot of problems with him because he said they don't want me over there and he said because they don't want me.

I told them...they said he wasn't ill enough to go to the clinic and on different occasions he put a knife to his stomach tried to put a knife to his stomach and he said to me one morning "I tried to kill myself one night" and I said "you tried to kill yourself" and he said "yes". He showed me where he had the puncture marks to his stomach and they said I told them that and I got him to show them the marks at the hospital land they still didn't admit him to the hospital because they didn't think that he needed treatment. It was a few weeks after he did it because he wouldn't go in but you could still see the scars there.

Did the wound need stitching at all?

No he didn't need stitching. He tried to do it and he just couldn't go on with it apparently but he had about three different puncture marks on three different occasions he tried to do that but they didn't think he was ill enough to be admitted to the hospital and treated.

So let me just summarise...You would take him to the hospital yourself?

Yes.

And then asked to the hospital for assessment or treatment

Well I don't know if they asked for it I just told them what he'd done and then they didn't see that he needed treatment for it.

How many times would you have gone to the Hospital with P134?

Gone about 6 or 7 times or so over the period of time.

Is that over 5 years?

Oh yes. And other times we had a appointments and we'd been seeing them then but a few times I went over there we wound up when he wasn't a patient and have to fill in about 3 forms about his particulars which they already knew. They know his age and where we lived and nothing had changed. Then we'd have to sit and wait until someone could be found to see him about four or five times we had to do that. I think the last time we had to do it we had to wait 2 hours to see. And yet he wasn't supposed to be ill, need care and yet I have a neighbour who works who said they have 16 patients in most of the time its full then, but not once was P134ever admitted. I wanted to go in for a couple of weeks and be assessed and how he reacted for different drugs which would be the best drugs but they couldn't do that. I really think they disliked us. Last time we were only 3 or 4 weeks since we saw his specialist and they put..thats right we saw a psychologist

over there and he saw Dr Cook and they decided to put him on this "Serakill", new drug because P134 was telling him that he felt like chewing his fingers off, he was that distressed so I had to get him over there and this specialists saw him and I saw dr cook and they gave him this serakill and that in two weeks time he would feel a whole lot better, but he didn't feel a whole lot better, all he would do is sit over in that chair, he wouldn't move he was too tired he had no energy to move out of that chair and his life most of the time was a hell on earth the poor darling, yet he was so kind and good. Why wouldn't they treat him over there? He wasn't violent, he was a gentle man, no problem at all, he was always grateful for the care he received and always thanked them. When he saw Dr Jenkins last time he wasn't doing too well on that drug and he said to the Dr, "Dr Jenkins I cant take that Serikill anymore, I feel awful. I'd rather go back to the Mellaril." Dr Jenkins said "alright P134, ill see you in four weeks time". There was no conversation after that and what made you feel awful, no question or anything about it. I just accepted that. I felt that P134 shouldn't be saying what he wanted to take, I felt the doctor should be sort of advising him and telling him what was best for him and put him into the hospital and test how he reacted with drugs.

Did you ask for him to be placed into the hospital?

No, which I should've done. I just assumed that they would.

You have been knocked back six or seven times before?

Yes, just said he wasn't sick enough to be in the hospital. He wanted to commit suicide all the time but yet they didn't seem to think that he was ill enough.

When we saw the specialist, that was when we first went to him and all along, we'd go in to see dr Jenkins, we'd only be in a minute or two then the other patients there, they'd be in for half an hour or longer, but they were on bulk-bill too, it wasn't like they were private patients. They were seeing them for longer but P134 would go in and the doctor would ask what tablets he was taking and the doctor would say i'm happy with that and out we'd go. He wasn't earning his money where P134 was concerned.

Neglect, that's all. And all the time I went there, none of them asked how I was doing, managing. Im not a medical person, they left P134's care to me and to me alone, and the phycologist was the only when there that asked how I was. He was the only one that was

concerned how I was coping with it all. I couldn't really cope with his illness with what he really needed. Going over to the clinic over there meant that I had some support. We just felt thrown out to the wolves to defend for ourselves, that's how I felt.

When you weren't able to go to the clinic?

That's right. And when we hadn't been for long they'd accept us, accept him as a patient. I was so pleased, I said "thank god" but it only lasted a month and then we were turfed out again and not accepted as a patient again.

When was the last time that P134 was a patient at the mental health clinic?

3 or 4 months ago easily. When I said he was seeing dr Jenkins they said there's no need for him to come to the clinic as well if he's seen dr Jenkins.

We did need the clinic, we need that extra support.

What sort of support did the clinic give you?

They didn't give me any really. I just used to speak to P134 and tell them how he was and that sort of thing.

Did they ever admit P134 overnight?

No, not overnight or anything. And he wouldn't go there and this time I persuaded him to go. He said they didn't want him there. He had his overnight bag and everything and they said he wasn't sick enough to be admitted. I wouldn't have brought him over if I didn't think he was sick enough to be there. I wouldn't run over there all the time, only when I couldn't cope with him. Then he said he wouldn't go back there again, that made it hard, because he's a proud man.

What happened after P134 saw the doctor for the last time?

He was very down. I believe that's what triggered this terrible episode. He was so depressed and so was I. I walked down the steps of the surgery and I never felt so depressed. I could feel it in P134 too. I couldn't help saying ask for some bread and they'll give you a stone. He said yes mah. I think that's what it was, instead of getting that little bit of hope, something to cling to, he was just down and from then on he seemed to right down and depressed.

We don't know if he planned it (to commit suicide) or whether it was a thought that came on in the early hours of the morning. You wouldn't know would you.

And how long ago...when did it happen?

About 11 days ago. You wouldn't know if he planned it..

What sort of medication was he on at the time?

He was on Merellal. He didn't commit suicide while he was on the Cerikill so he could've been kept on that and the doctor decided what he should've been taking and put him in the hospital and monitored him, he could be here right now. He might not have committed suicide if he'd been on the cerikill. That's where the negligence comes in. He did it about 3.30 or 4 in the morning because (brother) heard him rolling round in the bed there. He thinks he did it there because he heard a bit of a jerk (brother) thought he was asleep rolling the bed so he didn't open the door.

I got up a bit after 5 and his door was shut and I thought I wont disturb him, I got a cup of tea so what he used to do, he used to sleep in my room part of the night, and part of the night in his own room. After a while I thought he's quiet so I thought id go and see if he was awake and I couldn't open the door. Then I thought he had luggage against it and I said P134 I cant open the door and to take his stuff away from the door. There was no answer and so I sang out and then I started to scream because I knew something was wrong. Then I pushed the door and got it opened and I realised something had happened

so I rang 000 and ran out the front screaming for help and a neighbour came in and she helped me push it open and she saw his arm and the sheet there and we knew he was the one stopping the door...

Transcript:
Interview conducted 18/03/05
Transcribed: 19/03/05

Rob M: Can I get you to state your name please?

Yeah, Toni Hoffman.

And what position are you Toni?

I'm the Nurse unit manager in the Intensive care unit, primary care unit at Bundaberg base hospital.

Sure. It's Friday the 18th of March. Toni do you want to claim whistle-blower status.

Yes

And what would you like to claim whistle blower status anonymously?

Yes.

Ok, Toni you have provided me with a couple of documents here. Can you describe the documents for me?

One is a form of complaint that was made to the district manager at Bundaberg base hospital concerning the way that the director of surgery, Doctor Butell, had been operating since his arrival at the hospital and the amount of complications and debts that had occurred in these patients and the other issues surrounding that, that's the main complaint-form of complaint-that was made on the 22nd of October and the others just a general umm-general-just some general information about the icu issues that we have with ventilated patients in the ICU care unit on this particular doctor.

Do you just want to paint the picture of those general concerns of the ICU unit regarding those ventilated patients and just take me through that?

Alright-

How many people in the ICU in Bundaberg?

The ICU is 8, there's 8 beds in the ICU, its funded for five, we only have three staff on per shift. We are regarded as a level one unit which means we take short-term patients, short term ventilated patients. Once they've been transferred , once they've been ventilated for more that 24/48 hours we try to transfer them to Brisbane. We don't have certain specialists and certain specialist's facilities in the hospital to cope with sicker patients so we transfer them through to Brisbane. It usually worked ok expect/until Doctor Butell arrived and became the director of surgery and wanted to do big surgery that we couldn't cope with and meant that the patients would be ventilated for long periods of time. Which we also couldn't cope with, we didn't have the staff for that. We tried to accommodate him with overtime but we couldn't only

do that for a short period of time and it created untold stress in the unit amongst the nursing staff and with these particular patients.

How long have you been in nursing and what's your level of experience?

I've been a nurse, I started my training in 1976, at the PA in Brisbane. My level of experience I've got certificates in intensive care, midwifery, I've got an undergraduate degree in nursing and I've got a grad cert in management and a masters in bio ethics and an undergraduate degree in political science and history.

How long have you been at the Bundaberg base hospital?

I've been at the Bundaberg base hospital for four years, I've had considerable experience prior to that I've worked in the middle east and in England and my main base here in Australia has been on the sunshine coast and I have been prior to coming here I was one of the after hours nurse managers at Nambour hospital. I've managed a twenty-bed hospital in Saudi Arabia, and had considerable experience in ICU, emergency medicine and yeah I came here in 2000.

Ok, your problems at the ICU as you've stated , are with the director of surgery, Dr Butell.

Yes, the director, and the complication rate we've seen in his patients since he's been operating.

Ok in this letter here, which is a more detailed letter, you list a number of cases where an inappropriate outcome occurred. Would you like to explain those?

Yeah, what I did was I went through the charts, I did what you call a post-whatever audit, of the patients that we had in the ICU and I looked at the ones we had complications with the ones that had died or that had a wound____ which id explained before which was your wound actually falls apart or whether there was an infection. The first patient that we had in there of Dr Buttell's died and from then on it's sort of been, there's been ongoing issues with that. He has done I think five esophagostomies and I think the whole five now have died.

What sort of operation is that?

That's when they take the oesophagus out and either replace it with a piece of bowel or do what's called a puller-up where they pull the stomach up to the throat. It is an operation with a very very high mobility -mortality rate, the literature says you should not be doing them in a hospital at least thirty a year. Post-operative care is the main issue with this sort of surgery, umm and after the first one, and his behaviour that we saw that's when we went up and voiced our concerns to Dr Keating and nothing, they conditioned to do them and they continued to have these complications.

So you've come to me because-have you come to me because you believe that Dr Butell is incompetent and is killing people?

Yes. Yes I do.

And can you detail how you've developed that opinion?

From looking at the number of patients that we've had, that he's had, these complications and developed complications that have either died or have had to go to Brisbane or had developed such bad infections that their length of stay has you know been very prolonged. And then we had one particular issue with one particular patient that died that Dr Buttell we felt directly contributed to because he actually stopped the transfer that we had arranged that this critically ill patient to be transferred to Brisbane. The patient needed a cardiothoracic surgeon and Dr Butell said he didn't. The patient deteriorated and died because the retrieval was stopped. He was a relatively young man and the whole incident sort of surrounding this particular situation upset the nurses to the point where I think probably at least 6 nurses put in a complaint through firstly through the union and then to the director of nursing and the district manager and asked for an investigation to be done into Dr Buttal's competency and whether or not he was actually competent to be operating.

So does Dr Butell have the confidence of your fellow professionals?

He doesn't have the confidence of the doctors or the nurses.

And which doctors are they?

Um the doctors have complained to the district manager and to Dr Fitzgerald who come up from Brisbane. a doctor Miac who's the director of medicine and Dr Stewn who's a BMO, they both spent quite a bit of time with Dr Fitzgerald explaining to him their concerns about his surgery. Dr Miac will not let Dr Butell operate on his patients and neither will Dr Strewn anymore. Umm, the nursing staff say they feel physically sick every time Dr Buttell walks into the room because they know that whatever he touches is going to stuff up and the patients are going to suffer for it.

You say, in some of that literature that I've read, Dr Buttell insists on keeping patients longer than what the unit is equipped to keep. Can you explain that?

Well as I said we only keep patients for 24/48 hours, we do try and keep them for longer and we often do keep them for longer and we substitute our staffing with overtime, but Dr Butell refused to transfer his patients to Brisbane, he said he wasn't going to practise medicine like that, and he would go up to Dr Keating and throw a tantrum and say he was leaving or resigning or just refused to transfer them out, sometimes we would have a bed in Brisbane for a patient, especially if they were quite sick and Dr Butell would stop the transfer and then we would lose the bed because Brisbane would need the bed for someone else. So he consistently would interfere and stop the transfer to Brisbane which caused enormous problems for us as nurses, I mean we were continually putting people on overtime, it blew out our budget for the first time in four years because we had patients, we kept patients for so long, and the thing is that the patients weren't getting the care that they needed anyway because he's not a good Doctor, the complication rate was so high that all these patients had huge complications that weren't-that weren't being addressed properly.

How many patients have died and shouldn't have died because of what you consider as Doctor Buttell's incompetence?

I don't know the exact figures because I don't know the figures that, I only knows what goes on in ICU I don't know how many patients have died outside in the surgical ward or have even gone home and had a post-op infection or died in the operating theatre, I don't have any idea of exact numbers. Here I put down the patients that I thought needed investigation from their charts and it probably looks like-ill just count them all- there's at least probably at least 15 here that I've asked that they investigate.

Now this is a letter that you've written to the manager- district manager- Peter Leck and Darrin Keating would be aware of this?

Yes, he would be aware of it. He, yeah, I couldn't categorically say that he's read it but I would think that he's read it.

And what has come about-what conversation have you had regarding this with Peter Leck?

None.

None?

None, I've-

Did he acknowledge the letter?

I can't remember whether he acknowledged getting the letter. He asked me for the letter and I was to sign it and after this letter-after he received the letter he arranged what was called a fact-finding mission, it wasn't called an investigation and that's when Dr Fitzgerald and Sue Jenkins-

Now Dr Fitzgerald came from...?

Brisbane, up from corporate office, he's the chief health officer and interviewed many of the doctors at the hospitals. He interviewed myself. A lot of the other nurses were interviewed by a nurse, Sue Jenkins. The union was with us at the time, Judy Simpson was a lawyer and she was present for my conversation with doctor Fitzgerald and he was aware of this whole-

So just to summarise you've written a letter, Peter Leck must have received letter because of the Fact-finding mission was initiated and then you talked about it with Dr Fitzgerald.
What sort of information did you tell Dr Fitzgerald?

Everything pretty much that is in this letter to Peter Leck, the District Manager. And our main concern of course was that one particular patient that we were so distressed about that we felt that was the straw that broke the camels back. And as I said is the

one that has subsequently, you know, a lot of the staff have been on stress leave and require psychiatric counselling to continue working.

How many staff there again at...?

There's seven-there's eighteen- staff in the ICU for that particular incident I think we've probably had about probably six to eight staff put in formal complaints about Doctor Buttell and his care, that's just the nursing staff.

Ok, and these statistics that you've got in front of me here, can you explain what they mean?

They are some statistics that we look at readmissions within 28 days of surgery and they're talking about surgery that doctor Buttell has done. Umm there's others doctors that have had complications with as well but very few but there's Doctor Buttell has got looks like seventeen readmissions of patients that have been readmitted within 28 days of discharge and it talks about-it gives you the diagnosis and why they were readmitted and if you just go across and you look at most of the post-operative wound breakdown, traumatic hemothorax , which means you know, hemothorax, blood in the chest, could have been caused by either a doctor doing that or whatever, many wound infections, many wound breakdowns...

When you say wound breakdown, is wound breakdown a common condition?

Not to this degree I mean every surgeon will have a wound breakdown at some point but not to this degree, not-we're nearly-no, not like this. No.

And what sort of workload does Dr Buttell have compared to other doctors?

He probably has a high workload, he does a lot of surgery, that was one of the sort of excuses that they, is doctor Buttell higher acuity or patients with higher mobility rates you know they've got more complications or whatever and that's why his patients were more likely to die, that was something that was bandied round. But we looked really closely at that and that isn't the case, I mean you know as I said, nearly everyday we would have a patient in the intensive care unit that had a complication from his surgery and in a small hospital that's only operating, doing so many operations a day, that's that's unheard of. Unheard of anywhere, you don't have that sort of result.

Describe for me the procedure that... was it getting a blood transfusion when you've got a kidney?

Oh, no. P_____ dialysis or just ordinary dialysis. If you are having P_____ dialysis its dialysis through the abdominal wall, using the P_____ as a filter and you have to have a caphita put in there. Well Dr Buttell was putting in these caphiters for the renal patients until it was discovered that he had 100% complication rate in that 100% of patients that he operated on, either got an infection or got some other complication. When he put them-when he put the other caphiters in, which are called "Fascats" into a vein he also had a 100% complication rate and now the renal physician won't let Dr Buttell operate on his patients at all. So they actually have a

system where it's done in the private hospital by someone else and Dr Buttell isn't allowed near the renal patients at all.

Ok, what do you hope happens?

I hope that a), that at least Dr Buttell stood down whilst an investigation, a proper investigation is done. We've heard nothing back from the fact-finding mission at all which has been very demoralising for the staff.

And when were those interviews taken?

It was at least three weeks ago, three to four weeks ago. So we've heard nothing back from that. As I said Doctor Buttell continues to operate , he has had one-he's not allowed to do esophagostomies anymore which is one good thing because out of the six esophagostomies that he's done, they all died. That's over a period of two years. So he's not allowed to do that anymore so that's good. And I think that the awareness of the Doctors in that they're continually trying to protect their patients from being operated on by him is something we are all very aware of but its creating a lot of stress and strain in the hospital when this is the sort of games that we have to play to actually protect patients from him.

Ok.

So I hope that-this is what I hope-that he gets stood down while there's a proper investigation done a proper independent investigation and then from whatever that shows you know its acted upon and that the investigation needs to be I think independent, maybe even independent of Queensland Health because I'm concerned that we haven't heard anything back from the investigation through Queensland Health. What we've tried to do through Queensland Health is go through the right channels and address this properly but it doesn't seem to have worked.

Are you scared?

I'm scared because well, I guess I'm more distressed then scared, because I've watched patients die and I have to- I feel I that every time I see him walk in the unit I feel sick because I just think who's he going to kill now, what's he going to do now. And we all feel like that, all the nurses feel like that, they feel physically ill when he walks in because they just know that he's going to try and interfere with something, operate on someone and cause more of a problem and a complication, stop a transfer which has been arranged and transfers they're difficult things to arrange you know. Brisbane doesn't often have beds, you have to get the retrieval team up and interestingly enough, I mean the Royal Flying Doctor service, they have been, the royal flying doctor nurses have been told that they are to report any patients that they pick up of doctor Buttell's, you know. Dr Buttell's reputation doesn't just stop here, its in Brisbane, the flying doctor nurses which we have very little really to do with except on transfers, have been told to report any patients of his that they pick up. So it actually transcends just Bundaberg base hospital and yet it still seems that they would rather him continue to operate. And one of the things that I was told and that I've heard is that surgery is the only thing that brings in revenue to the hospital and

because he operates so much and he's brought the hospital into budget, that's what they're concerned of, is the money.

And that's what you've written there. Doctor Buttell says I've brought in half a million dollars to this-

Yeah for Peter Leck this year so he'll do whatever I say. That's the threat that he's made to me and he's consistently you know threatens us with that sort of thing and then you know as I said to you before we've seen all these things go on and know that there are coroners cases in the wind but they haven't come through yet and he gets a bonus because he's done all this surgery and gets his contract extended and gets employer of the month award and...

When was he awarded employee of the month?

The month of the tilt train- last November.

So he operated on the tilt train survivors?

I don't think any of our tilt train-not sure if any of our tilt train survivors needed operating on, I think that they were pretty much all walking, we had a couple and had one in ICU for a while but I'm not sure. He helped only emergency department but he didn't do anything much more than what anyone else was doing.

So Dr Buttell's qualifications, where abouts is he trained?

Well he says he trained in the States. We did a search on the net because there's a site there that you can look up physicians qualifications and it says that he trained in India in 1973 and that he has a general qualification. And that's all it states, it doesn't state anything else. He continually tells us all sorts of things like he's been a trauma surgeon for 25 years and that he has been a cardiothoracic surgeon for about 15 years. He seems to have a new qualification every time he talks about it but we've not seen any of that and there's been some concern-you know what he's said about what his qualifications actually are because he said he has trained in the States but the site that you can go to to check up on that doesn't state that at all, its states that he actually did his degree in India.

In 1973.

In 1973, yeah.

And that's the only training he's had?

Yeah. He also stated he studied medicine when he was only fifteen years old so he you know like we sort of don't believe very much of what he says because we don't you know its just impossible.

You should be known by the fruits of your labour.

Yeah. So...

Is there anything else you would like to say?

No I mean, I've come to you because, I guess as a last resort because we didn't know what else to do. I mean I'm here not only as a representative for my own concerns but I'm here representing the concerns of a lot of people who are too scared to come. We've been told that we're not allowed to come and see you.

Is that what happens-what do they say that its illegal for you to come and see me?

Yeah, yeah.yup.

Who told you that?

I guess we've been told by the district manager and...no we might not have been told that by the district manager but we had a talk by some people that came up from Ethical standards from corporate office and they said that we weren't allowed to contact members of parliament or the union. I mean we have contacted the union obviously because we needed the union to-the union were actually the only people/group that actually gave us any direction at all because they gave us direction and an idea of what we could do. When I went to my nursing director she said it was a personality issue between Dr Buttell and myself and just left it at that sort of thing.

How many of your colleagues would agree with your actions that you think?

I think they all agree with me, they might think that I'm stupid for coming and doing it and that I've opened, left myself open, to being, to getting into a lot of trouble and losing a lot of opportunities in Queensland Health probably, but I think deep down they support me and actually think that its quite brave to do it even though they think its probably, they mightn't do it.

How would you describe the culture, the work environment that you work in?

I think of all the places that I've worked in I've never worked in a place like this. Its, there's bullying there's intimidation, you cant trust that anybody is going to tell the truth above the level threes. The nurses hold the hospital together, and there are some great doctors but these few people hold the hospital together and the district manager takes the credit for it. You know the nurses work extremely hard to try and give the patients the best care that they possibly can and some of the doctors as well. I mean we've had terrible trouble with some non-English speaking doctors, especially the doctors that have been recruited from Pakistan, India. Not so much the other doctors but those particular ones. Their standards just aren't up to our standards you know they're not used to washing their hands and things like that, their infection rates are much higher than anyone else's. The culture at the hospital its one very much of if you're friends with the hierarchy, if you're not, you won't. Yeah. We thought it might improve when we got a new director of nursing but its actually deteriorated quite considerably.

And you've served for a small time for director of nursing?

Yeah, I relieved for two weeks just prior to her arriving but I relieved as the assistant director of nursing for months and months last year and the year before and there were no particular issues there, but there is no confidence in the executive, from the doctors and the nurses I mean just a few I think just last week the doctors had a meeting with their union sort of mooching around whether they were going to have a no confidence vote in exec because it seems that you know the executive is only worried about the budget and money and they don't seem to care about the patients. And they cant, I've given them this sort of evidence and this is evidence this is taken from patients charts, and patients that I've cared for and our statistics that we keep in ICU and they don't...I mean if I was the district manager and I was handed something like that, I would be horrified to think that patients have died in my hospital when they didn't have to and just the very fact that, I mean peter did act upon it, I don't know how he thinks, I cant explain his thinking. I couldn't you know not act upon this further than what he has. I would be demanding that the director of medicine stood this fellow down until-

A proper investigation is carried out.

Yeah, yeah. But that's obviously just not happening. So yeah, that's pretty much how it stands. Its not a very pleasant place to work in.

And how personally has it affected you?

Umm, I mean I still get extremely upset about that one particular patient because we...I stayed there until I was sure that the retrieval team were on their way, I stayed at work until-which was an extra three hours over when I was supposed to go home, just to make sure that that patient was safe, until I thought that patient was safe, and once I thought that retrieval team was going to be there and get the patient and he was going to be safe, then I felt that it was ok to leave and it was only the next morning that I found out that he had died and I just couldn't, I was just so upset and you just think well what more can you do. Like I mean what they are laughing about now at work is that people are literally just about throwing themselves across the top of the patients and their bed to protect themselves from this fellow. I mean it's ludicrous like it's become a farce. We literally are at the point where we are just about throwing ourselves over the top of the patient to protect them from this man you know. And this is just ridiculous, this is just crazy stuff, this is 2005 this should not be happening. You known we've got this code of conduct that exists from Queensland Health and we're supposed to have all these things that protect us and the patients in place. We have risk management, we have, you know all sorts of things and nothing is working so like and if nothings done what can you do? And that's why I guess I'm here, I'm asking you, who has nothing to do with the hospital whatsoever, to try and do something to save these patients from this man and it sounds all very melodramatic and you know and I had a conversation today with one of my friends today and she said gee, what does Rob Messenger think, how did you think he reacted to you and I said he probably thinks I'm a mad idiot you know I'm ringing him up and saying patients are dieing at the hospital and he's probably thinking that this woman's crazy. This can't be happening but it is happening.

No I believe you, I trust you.

And we don't know what to do or where to go like who else can we tell and I said, you know we joked about it the other day and said what else can we do, strip naked and hang from the tree outside Red Rooster and scream out to Bundaberg like this is what's happening at the hospital, you guys have to stop it you guys have to-someone has to do something. And I said then you'd just end up in the Mental Health Unit, you know…so

And you don't want to go there.

So you know we don't know what to do.

Yeah, ok, we'll leave it there. I know what to do.

I mean, we do not know what to do.

22nd October 2004
Peter Leck,
District Manager,
Bundaberg Base Hospital,
P.O Box 34,
Bundaberg. 4670.

Dear Peter,

I am writing to you to officially inform you, of the concerns I have for the patients in ICU in relation to the behaviour and clinical competence of one of the surgeons, Dr Patel.

Dr Patel first voiced his displeasure with the ICU around the 19th May 2003. A patient UR number 034546 came to the ICU post oesophagectomy. This patient had multiple comorbities and for the last 45 minutes of surgery, had no obtainable Blood pressure. The anaesthetist who accompanied him into the ICU, stated " It was a very expensive way to die." He required 25ug of Adrenaline and 100% O2. Dr Patel stated the patient was stable. The Nursing staff who were communicating with the patients family told the patients mother that he was extremely ill. Indeed he progressed to brain death. Dr Patel continued to say the patient was stable. The course of treatment for this patient was very difficult, he required dialysis and there was constant conflict between the anaesthetists, Dr Patel and the Physicians about his care. The Director of Anaesthetics and ICU was away and Dr Younis was left in charge, he was reluctant to question whether or not we should be doing such large operations here at BBH. Dr Jon Joiner and I went to see Dr Keating to voice our concerns. We both believed we could not offer adequate post op care for oesophagectomies. The literature stated a hospital should be doing at least 30 per year to maximise outcomes. At this time I first stated my concern that Dr Patel could describe a patient on maximum Inotropes and ventilation as stable. I voiced these concerns to Dr Keating. After this incident Dr Patel and I had a conversation where I told him that the ICU wished to have a good professional working relationship with him. I tried to tell him that we were a level one ICU and that our staffing levels and scope of practice meant that we could only keep ventilated patients for 24-48 hrs , before transferring them to Brisbane. Dr Patel stated that he would not practice medicine like this and he would go to "Peter Leck and Darren Keating and care for his own patients." This incident was repeated relatively soon after the first. Dr Patel would threaten the staff with his resignation when it was suggested it was time to transfer out a ventilated patient. He continually stated he was working in the " third world" here. He would use "Peter Lecks" and "Darren Keatings" names as a type of intimidation and threat to the staff. He stated on several occasions he would go straight to Peter Leck as he had made him " half a million dollars this year". Every time we had a ventilated patient in the ICU that required inotropes he would argue with the anaesthetists about which inotrope to use. His choice of inotropes did not reflect best practice guidelines in Australia. He refused to speak to the writer, (myself). All requests for a bed would go through either another nurse or doctor. He would yell and speak in a very loud voice, denigrating the ICU and myself and at times the anaesthetists, The nursing staff felt they were often the " meat in the sandwich" He would harass them and ask them " Whose side they were on". At times he would actively try to denigrate my ability as a NUM to the nursing staff and other doctors. (See attached documentation).

Soon after Dr Patel started operating here the nursing staff observed a high complication rate amongst the patients. Several patients had wound dehiscence and several experienced perforations. This is a list of patients I believe require formal investigation. This is taken from our ICU stats and are not a full and comprehensive review as there are no stats from OT or Surgical Ward.

UR 130224 6/6/03 post op oesophagectomy
12/6/03 wound dehiscence.
15/6/03 2nd wound dehiscence
suffered a third wound dehiscence was transferred to Brisbane on the 20/6, had a J tube leak and peritonitis. A bed had been obtained earlier for this man, but Dr Patel went up to Dr Keating who advised our anaesthetist to keep him for a few more days, in which time the bed was taken, and he stayed several more days whilst another bed was sourced. The Doctors at RBH questioned why we were doing such surgery here when we were unable to care for these patients.

UR 009028 post op oesophagectomy ventilated for 302 hrs.

UR 001430 Ventilated for many days: transferred to Brisbane after many arguments in the ICU with DR Patel who refused initially to transfer this patient.

UR 880266 issue with transferring patient to Brisbane.

UR 083866 Bowel Obstruction Resection and Anastomosis on 7/2/04 T/F to Brisbane on the 11/2/04 on the 12/2/04 laparotomy showed perforation and peritoneal soiling.

UR 134442 Wound Dehiscence and complete evisceration.8/4/04. Booked for sigmoid colectomy and found to have ovarian ca.

UR 020609 27/4 Wound dehiscence.

UR 29/6 Insertion of Vascath perforated ® IJ.

UR 086644. Delay in Transfer to Brisbane , See attached report, Pt died.

UR 017794 10/7 laparotomy for Ventral Hernia, developed haematoma in ward and attempted evacuation done without any analgesia. Drs notes consistently say patient well when Pt was experiencing large amounts of pain and wound ooze.

UR 057809 pt had Whipples , death cert stated he died of Klebsiella pneumonia and inactivity

UR 063164 death cert stated pt died of malnutrition. Had been operated on 31/7/04.

Several conversations were had with other doctors , Acting Directors of Nursing and NUMs. Dr Miach refused to allow Dr Patel to care for his patients as he stated he had 100% complication rate with Peritoneal Dialysis insertion. This was stated in a Medical Services forum as well as in a private conversation with myself. This data was shown to the Acting Director of Nursing Mr. Patrick Martin.

On the 27th July 2004, Pt UR number 086644 returned to ICU in Extremis with a chest injury, The events of these13 hrs is well documented. Dr Patel interfered in the arranged transfer of this patient to Brisbane and the patient died after it was thought the retrieval team were on there way to retrieve this patient. The subsequent events of this intervention and the traumatic pericardial tap (described by the nurse caring for the patient as repeated stabbing motions)resulted in the ICU staff requesting advice from the nurses union . The staff involved in this situation described it as the worst they had ever seen. They were acutely distressed. An attempt was made to seek EAS support, but they were unable to assist due to their workload. One staff member accessed Psychological support privately. I was requested to fill in a sentinal event form , by the then QI Manager Dr Jane Truscott. The events of this incident were discussed at length with the union, who offered support to the staff. They also offered me several ways I could report the long standing concerns I had with the current situation in ICU. The day after the patients death , when I thought he had safely been transferred to Brisbane , Dr Strahan came to talk to me in the office and found me very distressed. He offered to talk to some of the other doctors and get back to me as the representative of the AMA in Bundaberg. He did this stating " there is widespread concern, but at the moment no-

one is willing to stick their neck out" He urged me to keep stats on my concerns. I spoke with Dr Dieter Berens and informed him the nursing staff were going to report their concerns with Dr Patel to an official source. He stated he would support us , by telling the truth, but he was concerned he would lose his job and Dr Patel would be the one left behind. It is widely believed amongst the medical and nursing staff that Dr Patel was very powerful, that he was wholeheartedly supported by Peter Leck and Darren Keating and was untouchable. Anyone who tried to alert the authorities about their concerns would lose their jobs. This perception was indeed perpetrated by Dr Patel on a daily basis. Many of the residents and PHO's have expressed their concerns, Dr Alex Davis, and Dr David Risson, But were unsure of what to do because of the widespread belief Dr Patel was protected by executive.

The Nurses union have offered advice in that there are several ways these concerns can be reported if not dealt with internally, after my conversation with Peter Leck and Linda Mulligan on Wed, I believe they were not in receipt of the full concerns, but now that they are they will deal with them.

Dr Miach has reiterated he has dealt with the issue by not letting Dr Patel near his patients. These concerns were openly discussed at the medical services forum.

A peripheral concern is the reports the junior doctors have voiced about forms not being filled out correctly, of being told not to use certain words in discharge summaries, and various other chart irregularities.

Toni Hoffman.

Documentation from Karen Stumer,Karen Fox, Kay Boisen x2, Karen Jenner , Vivienne Tapiolas included.

ICU ISSUES WITH VENTILATED PATIENTS;
PRIVATE AND CONFIDENTIAL.

Designated level one unit, capable of ventilation for short periods of time 24-48hrs. Consistently exceed this. Can do this for short periods of time, but not longer than a few days. Level of Unit not made clear to surgeons and this has appeared to distress some of the surgeons when their patients are going to require long term ventilation and be moved to Brisbane. Usually the process works well except when Dr Patel's Patients are involved and Dr Carter does not appear to proactively pursue the transfer of these patients. When Dr Patel first came to BBH it was explained to him that we do not have the resources to ventilate long term patients. He then stated he would not practice medicine like this and would resign. He stated that he would not transfer his patients to other hospitals. He has consistently denigrated the ICU and made such comments such as:

"This would not have been missed on the wards" (Gentamycin being written up by physicians.)

He stated to one of the R.N's that he had "contacts" in Brisbane and would use them to block a patient being transferred. Dr Patel consistently vents his frustration at the current system by being insulting to the nurses and the ICU. He consistently talks loudly to his Pho and JHO about "How difficult it is to work in this ICU" How backward it is and how it is like working in the third world for him. He does not usually do ward rounds with the ICU physician and this causes problems with the ICU nursing staff when they are receiving conflicting orders about treatment.

The Director of the Unit, Dr Carter, is usually supportive and proactive about transferring patients, except when Dr Patel's patients are concerned. The louder Dr Patel screams the longer the patients stay. Dr Patel has repeatedly threatened to

A) Resign
B) Not put any elective surgery in ICU.
C) Complain to the Medical Director
D) refuse to complain to the Medical Director any more and go " straight to Peter Leck" as "I have earned him ½ million dollars this year."

Dr Carter has approached the NUM several times about increasing the Nursing FTEs so that we can " care for Dr Patel's patients properly" when it was explained to him that It is a complicated process that requires much more than an increase in FTE's he stated the NUM has Blinkers on. He handed her a piece of paper that had the name of a person who gives grants to train ICU nurses in Brisbane. He also stated that as an incentive we need to offer a week's holiday on Lady Musgrave Island to bring nurses to Bundaberg. It was explained to him we do not need more nurses when we are acting in our designated capacity. It is when we consistently act outside of this role for extended periods of time that these issues arise.

It needs to be reiterated with the Director of Anaesthesia that he needs to direct, and explain to DR Patel what our resources are capable of. Whether we agree with this or not is irrelevant. There should not be one rule for Dr Patel's Patients and one for others. There is such a feeling of disunity in the ICU at present, it is upsetting to the nurses and they literally refuse to care for Dr Patel's patients because of the disunity that exists. With Dr Patel's ventilated Patients it needs to be again reiterated that they will need to be retrieved to Brisbane after 24-48 hrs , or sooner if there are two ventilators in ICU. The admission and discharge policy of ICU must be adhered to.

On several occasions when Dr Patel's Patients have been in the ICU, he has refused to transfer his patient to Brisbane, even when the patients have deteriorated and have been in ICU for much longer than 24-48 hrs.

I have voiced my concern regarding the level of care required for some of Dr Patel's patients several times. I have accompanied Dr Jon Joiner to meet with Dr Darren Keating when the issue of doing oesophagectomies has arisen in the unit.

This week we had a critically ill patient transferred back to ICU in extremis. He was shocked, in pain, tachycardic and hypotensive. The Anaethetist in charge attempted to place an arterial line and a central line as well as transfuse the patient. At one point the patient went

into ventricular standstill. Dr Patel was seen to make a comment to another surgeon and laugh. Dr Patel repeatedly stated in a loud voice the comments that this patient did not need to be transferred to Brisbane. He stated the patient did not need a thoracic surgeon. He asked the PHO " how much trauma had he done". He went on to say "no more trauma should be done at this hospital, if we cannot handle it" All of these comments were said in front of staff and other patients. A bed was arranged at PAH, and booked at around 1430 hrs. The clinical coordinator only needed to be notified to organise the retrieval. It was decided, before the clinical coordinator would be called a CT needed to be done. There was a delay in obtaining an anaesthetist due to one being required for a perforated bowel. Dr Patel insisted the surgery for the perforated bowel be performed prior to the CT, despite the patient requiring ongoing resuscitation. I called Dr Carter and he agreed to transport the pt to CT. On return form CT it was agreed the patient would be transferred to Brisbane. I had previously voiced my concerns to Dr Gaffield that although I had heard Dr Patel say the patient did not need transfer as he did not need a thoracic surgeon, there were other issues such as a lack of pathology and blood bank support and the fact we did not have an intensivist or other equipment

133564	Jenkins	21/08/2004	1	Schizophrenia
		Readm.	Days	
Ur No	Doctor	Date	Elapsed	Previous Diagnosis
Psychiatric cont:				
012031	Jenkins	31/08/2004	1	Bipolar Affective Disorder
092701	Jenkins	1/09/2004	9	Paranoid Schizophrenia
092701	Jenkins	10/09/2004	4	Paranoid Schizophrenia
880142	Jenkins	11/09/2004	23	Schizophrenia
880142	Jenkins	21/09/2004	2	Residual Schizophrenia
014880	Jenkins	30/09/2004	3	Schizophrenia
092701	Jenkins	24/10/2004	26	Paranoid Schizophrenia
139259	Jenkins	28/10/2004	24	Schizophrenia
Surgical				
006650	Anderson	10/06/2004	2	Left Perinephric Infection
122682	Anderson	28/06/2004	17	Resection of Bladder Tumour
112734	Anderson	10/10/2004	3	Division Abdominal Adhesions
088169	Gaffield	19/07/2004	20	Cholecystitis
138344	Gaffield	26/07/2004	2	Acute Pancreatitis
048378	Gaffield	22/10/2004	14	Repair Ventral Hernia
138344	Gaffield	3/08/2004	2	Acute Pancreatitis
136775	Gaffield	22/09/2004	5	Multiple Rib #'s (fall from ladder)
051777	Kingston	14/07/2004	6	Repair Inguinal & Umbilical Hernia
138344	Patel	15/08/2004	8	Acute Pancreatitis
002378	Patel	28/08/2004	2	Acute Cholecystitis
025033	Patel	15/10/2004	10	Appendicectomy
105086	Patel	15/10/2004	4	Thyroidectomy
041525	Patel	16/10/2004	2	Tubulo-Villous Adenoma with Dysplasia (Resection)
132761	Patel	7/08/2004	12	Repair Incisional Hernia
106831	Patel	13/09/2004	4	MVA -Pneumothorax, #Rib (L) Clavicle
138941	Patel	13/09/2004	2	Cholangiocarcinoma/CA Lung
017262	Patel	23/09/2004	5	Acute Pancreatitis
063032	Patel	16/07/2004	1	Laparoscopic Cholecystectomy
099769	Patel	21/08/2004	4	Rectal Resection
117072	Patel	20/09/2004	3	Rectal CA
130408	Patel	22/09/2004	12	Cholecystitis
118067	Patel	25/09/2004	1	Acute Pancreatitis
133565	Patel	13/10/2004	2	Reversal of Ileostomy
003080	Patel	17/10/2004	5	Rectal Resection/CA Rectum
139814	Patel	25/10/2005	8	Appendicectomy
011206	Walker	12/06/2004	12	Gastrointestinal Obstruction
138175	Walker	3/07/2004	28	Abdominal Pain
012176	Walker	9/07/2004	2	Post Lap-Chole Ileus
012176	Walker	1/07/2004	2	Laparoscopic Cholecystectomy

Note: Patients who have been re-admitted from other hospitals or have discharged at own risk on previ
unexpected re-admission.

Source: SNR HIM ext 2154

Issues at BBH.

No confidence in Exec by Doctors and Nurses.
Culture of Bullying and intimidation.
Nursing Exec does not know how the hospital works as she does not leave her office.

Issues with Director of Surgery Dr Patel. Have been ongoing for 2yrs. Concerns raised to Director of Medical Services and Nursing services. Finally complaint made to Peter Lock after the death of a pt. Gerry Fitzgerald Chief Health Officer of Qld Health. came up with Sue Jenkins a nurse to "gather facts" to ascertain whether there was a case against Dr Patel. Director of Medicine and Staff Physician pointed out to Dr Fitzgerald that Dr Patel had a 100% complication rate with his patients. Many Nurses and doctors gave statements to Dr Fitzgerald & Ms Jenkins. Staff involved in caring for the patients have required psychiatric counselling to try and psychologically heal from observing the death of this patient. Dr Patel continues to operate, to have pts in Intensive Care, (with complications,) to intimidate & bully the staff. He has not been stood down pending an investigation despite the plethora of examples of deaths, complications etc.

Other issues apart from this most senior one is the way the level III and II Staff have been treated in the over payment issue. The HR Manager put out a letter stating staff should call someone else if they had any concerns. Most staff have to repay between

300 - £10000.00.

The Nurse unit managers have had their public holidays taken from them and are required to be "on call" for all public holidays. If the level II's want a public holiday off they have to request Annual Leave. This would reduce the holidays to 3 wks per year. The level III's run the wards, sometimes doing the doctors work because the doctors can't speak English and do not know what they are doing.

There has been a delay in obtaining the Registration allowance. The definition of which is very fine. As Many staff have been stood down or left because of the hospital. Most are so unhappy they are actively looking for another occupation, but most have families and are settled in the area.

The quality of some of the ~~non-registered~~ doctors from India and Pakistan is appalling. Their english is almost non-existent. and their skills also. The nurses are deliberately "stepping in" to "prokect" the patients and acting outside their scope of practice because they are so afraid for the patients.

STRICTLY CONFIDENTIAL:

22 March 2005

The Hon G Nuttall MP
Minister for Health
147 Charlotte Street
BRISBANE QLD 4000

Dear Mr Nuttall

I am in receipt of a copy of correspondence dated 22 October 2004 forwarded to the District Manager, Bundaberg Health Service District from the Bundaberg Base Hospital ICU Nurse Unit Manager.

Whilst the copy was forwarded to me anonymously, I considered the contents so serious I was duty-bound to take action. The letter contained serious allegations relating to the clinical competence and professional behaviour of Dr Patel who is a surgeon working at Bundaberg Base Hospital.

The letter outlines serious difficulties and complications involving approximately fourteen (14) patients at the Bundaberg Base Hospital each of whom had spent some time in the Intensive Care Unit.

Outlined below are some of the incidents involving the patients about which the original author was seeking formal investigation. The author states in the letter that the list is "*not a full and comprehensive review as there are not stats from OT or Surgical Ward*" –

- P18 6/6/03 – post op oesophagectomy
  12/6/03 – wound dehiscence
  15/6/03 – 2nd wound dehiscence
  suffered a 3rd wound dehiscence – transferred to Brisbane on 20/6/03 – had a J tube leak and peritonitis.

  A bed was obtained for this patient, but Dr Patel went to Dr Keating who advised our anaesthetist to keep the patient a few more days in which time the bed was taken, and the patient stayed several more days whilst another bed was sourced. The Doctors at RBH questioned why we (Bundaberg) were doing such surgery when we were unable to care for these patients.

- P16 – post op oesophagectomy ventilated for 302 hours

- P12 – ventilated for many days – transferred to Brisbane after many arguments in the ICU with Dr Patel who refused initially to transfer the patient.

- P21 – issue with transferring patient to Brisbane.

- P32 - bowel obstruction – resection and anastomosis on 7/2/04 – to Brisbane on 11/2/04 – on 12/2/04 laparotomy showed perforation and peritoneal soiling.

- P14 – wound dehiscence and complete evisceration on 8/2/04 – booked for sigmoid colectomy and found to have ovarian ca.

- P41 – wound dehiscence on 27/4/04.

- UR086644 – returned to ICU in extremis with a chest injury. The events of the 13 hours are well documented. Dr Patel interfered in the arranged transfer of the patient to Brisbane and the patient died after it was thought the retrieval team were on their way to retrieve the patient. The subsequent events of Dr Patel's intervention and the traumatic pericardial tap (described by the nurse caring for the patient as repeated stabbing motions) resulted in the ICU staff requesting advice from the Nurses Union. The staff involved in the situation described it as the worst they had even seen. They were acutely distressed. An attempt was made to seek EAS support, but they were unable to assist due to their workload. One staff member accessed psychological support privately. The NUM was requested to fill in a sentinel event form, by the then QI Manager, Dr Jane Truscott. The events of this incident were discussed at length with the Union, who offered support to the staff.

- P11 – 10/7/04 laparotomy for ventral hernia – developed haematoma in ward and Dr Patel attempt evacuation without any analgesia. Doctor's notes consistently state patient well when patient was experiencing large amounts of pain and wound ooze.

- P17 – patient had Whipples – death certificate stated the patient died of Klebsiella pneumonia and inactivity.

- P22 – death certificate stated patient died of malnutrition. Patient had operation on 31/7/04 – several conversations were had with other doctors, Acting Directors of Nursing and NUMs. Dr Miach refused to allow Dr Patel to care for his patients as he stated he

had a 100% complication rate with peritoneal dialysis insertion. The data was shown to the Acting Director of Nursing Mr Patrick Martin.

Additional relevant comments include -

- Soon after Dr Patel started operating at Bundaberg Base Hospital the nursing staff observed a high complication rate amongst patients. The issues involving Dr Patel have been ongoing for 2 years.

- Dr Miach refused to allow Dr Patel to care for his patients as he stated he (Dr Patel) had a 100% complication rate peritoneal dialysis insertion. This was stated in a medical services forum as well as in a private conversation.

- It is widely believed amongst the medical and nursing staff that Dr Patel was very powerful; that he was wholeheartedly supported by Peter Leck and Dr Darren Keating and was untouchable. The staff held the belief that anyone who tried to alert the authorities about their concerns would lose their jobs, and this perception was perpetrated by Dr Patel on a daily basis.

- Many of the resident Doctors and PHO's expressed their concerns but were unsure of what to do because of the widespread belief Dr Patel was protected by the Executive.

- There is no confidence in the Executive by doctors and nurses. There is a culture of bullying and intimidation rife throughout the hospital.

- The quality and skills of some of the overseas trained doctors is appalling, and their ability to speak English is non-existent. The nurses are consistently stepping in to protect the patients and acting outside their scope of practice because they are so afraid for the patients.

- Bundaberg ICU is a designated level one unit capable of ventilation for short period of time – 24 to 48 hours. The unit is forced to consistently exceed their capability.

- Dr Patel constantly vents his frustration about the system by being insulting to the nurses and the ICU. The louder Dr Patel screams, the longer his patients stay. Dr Patel repeatedly threatens to resign; not put any elective surgery in ICU; complain to the Medical Director; or complain Peter Leck as "I have earned him ½ million dollars this year".

I understand the Queensland Chief Health Officer Dr Fitzgerald has visited the hospital on a "fact-finding" mission. However, there appears to be no result which is available to staff or doctors. Consequently, their collective disillusionment continues to worsen.

As you are aware, I have been publicly raising the community's concerns about health service delivery at the Bundaberg Base Hospital since my election as a Member of Parliament. Whilst you and your colleagues have berated my actions as "scaremongering" or "grandstanding", I can assure you that it is now time for you to put your political ire aside and issue a Ministerial direction for a full and independent investigation of these serious allegations. I also strongly suggest that you include with the scope of any independent investigation the continual failure of the management of the Bundaberg Base Hospital in particular, and the Bundaberg Health Service District generally.

Whilst you may state that hospitals and their staff deal with life and death situations on a daily basis, you would have to be concerned by the number and seriousness of the allegations contained herein. Similarly you would have to agree me that these allegations need to be independently investigated as a matter of urgency and the results of the investigation made public.

I look forward to your early response.

Yours sincerely

Rob Messenger
Member for Burnett
Shadow Minister for Education
and the Arts

Subject: OPPOSITION NAMING SURGEON IN PARLIAMENT CAUSES HARM TO PATIENTS: AMA QUEENSLAND

OPPOSITION NAMING SURGEON IN PARLIAMENT CAUSES HARM TO PATIENTS: AMA QUEENSLAND

AMA Queensland has today heavily criticised the National Party for acting in an irresponsible and unjust manner by accusing Bundaberg surgeon Dr Jayant Patel of professional incompetence in State Parliament last week, saying the media attention surrounding the incident had forced the doctor to withdraw from the public sector.

AMA Queensland President Dr David Molloy said he found it absolutely disgraceful that this had occurred in State Parliament.

"National Party local member Rob Messenger irresponsibly used State Parliament and the protection it wields to air concerns regarding Dr Patel," Dr Molloy said. "This is not an appropriate forum for these allegations to be made."

Dr Molloy said the Medical Board was competently investigating the allegations regarding Dr Patel's performance.

"The media furore surrounding the Patel case has forced him to resign from his position, leaving the Bundaberg Hospital without a surgeon," he said.

The gaping hole left in the wake of Dr Patel's departure was evident when an intensive care specialist was required to fly to Bundaberg to attend to an horrific car accident involving five teenagers over the Easter break.

1/04/2005

"Rob Messenger has left Bundaberg with no surgical cover to help with accidents," he said.

"Mr Messenger should realise that having no one to care for his constituents when they are injured and there is no emergency care for Bundaberg is a terrible problem," he said.

"It's an absolute disgrace that Dr Patel has been forced to leave his job, based on a gross misjudgement on the Opposition's part. Bundaberg Hospital has lost a surgeon when it could ill afford to do so," Dr Molloy said.

"It will be hard to replace him if this is what doctors can expect from the local politicians in Bundaberg," he said.

Dr Molloy has urged other politicians not to use the State Parliament as an arena to bring forth their personal issues, as it is not the appropriate forum to do so.

Ends.

CONTACT: Liz Stewart on 3872 2209

Liz Stewart
Marketing & Communications Officer
AMA Queensland
ABN: 17 009 660 280

Tel: 07 3872 2209
Fax: 07 3856 4727
Mobile:
Email: l.stewart@amaq.com.au
Internet: www.amaq.com.au
Postal: PO Box 123, Red Hill Q 4059

Medical Board of Queensland
ABN: 35 789 357 327

RECEIVED
11 APR 2005
BY:.....

Our ref: 1030450
Your ref:

7 April 2005

Mr Rob Messenger MP
Member for Burnett
PO Box 8371
BARGARA QLD 4670

Dear Mr Messenger

Dr E M Cohn has asked that I acknowledge receipt of your correspondence received in the Board's office on 23 March 2005 and 7 April 2005, concerning allegations against Dr Jayant Patel, who held a position as a senior medical officer in surgery at Bundaberg Base Hospital until 31 March 2005. It is the Board's usual practice to acknowledge correspondence only after initial assessment, when a possible course of action can also be indicated.

Dr Cohn has also asked that you be informed Queensland Health, on 24 March 2005, formally drew the Board's attention to concerns regarding Dr Patel's surgical expertise and judgement, and requested that the Board conduct an assessment of his performance. This matter has been referred to the boards' Complaints Committee for initial consideration and it had been contemplated that conditions may be imposed upon Dr Patel's registration.

I am also to advise however that, at its meeting held on 6 April 2005, the Board's Registration Advisory Committee noted that Dr Patel's special purpose registration as a medical practitioner in Queensland had lapsed on 31 March 2005 as he had failed to renew his employment contract with the hospital, and Queensland Health's area of need certificate had consequently been withdrawn.

The outstanding matters concerning Dr Patel will be considered by the board with respect to any further action possible or desirable, and the Board will inform you further of outcomes in due course. Issues of ongoing public protection and assurance of professional, safe and competent practise by Dr Patel however would have been removed with the discontinuation of his registration.

Yours sincerely

Michael Demy-Geroe
Deputy Registrar

Address: Level 19 Forestry House 160 Mary St, BRISBANE QLD 4000
Postal: 'Executive Officer' GPO Box 2438 BRISBANE QLD 4001
Email: medical@healthregboards.qld.gov.au
Website: www.medicalboard.qld.gov.au
Telephone: 61 7 3234 0176
Facsimile: 61 7 3225 2522

From: Rob Messenger <robmessenger@bigpond.com>
Date: Wed Apr 14, 2004 9:10:29 AM Australia/Brisbane
To: burnett@parliament.qld.gov.au
Subject: Bundaberg and district Health - Christine Ryan

Dear Team,

I meet NP1 on Easter Monday (12.4.04) at Woodgate Bowls Club. Christine says that she has been suspended by the Bundaberg and District health service for the last 14 months on full pay. She is an administrative nurse who was accused of misconduct ...by Peter Leck. She didn't specify the exact nature of the charges except to say that she is hiring a new lawyer and is going to fight it tooth and nail.

Suspended on full pay ... an Administrative weapon.

NP1 says that the CMC has contacted her with regards to an IRM (Industrial Relations Matter) but has heard no more from Bundaberg Health.

She says that by making the investigation period so long it actually becomes a weapon by QLD Health and exacerbates any psychological damage that has already been caused by the original charge. " Surely any investigation by QLD health can be carried out in 3 months ? Is one of the questions that she put to me. The other interesting claim that she makes is that many other heath professionals who've run foul of Mr Leck have found themselves in a similar situation.

An important question specifically relating to bundaberg that should be put to QLD health is,

Q How many health Professionals have been suspended on full pay from the Bundaberg and District health service in the last 3 years?
(Christine claims that there has been an unusually large number at least 5)

Another question which will relate to the system on whole is **" What is the longest period that a health professional can be suspended on full pay ? "** Christine suggests that a timely period should be 3 months. Any period longer is unjustified and is actually turning the CMC legislation into a weapon which is being used against the Bundaberg Health Staff by management.

Union Delegates and professionals who speak out... Targeted.

NP1 also claims that her troubles started when she wouldn't carry out Leck's orders to do "illegal things" (I'll have to ring her and find out some more detail). Her problems can also be traced back to the day, when along with a number of other union delegates she presented an Enterprise bargaining log of claims to Nita Cunningham. All three union delegates who were at that meeting have been suspended. (Herself, De White and Matt Varghise)
Another notable case of Suspension on full pay was that of Dr Malcom Stumer who its alleged was suspended for 2 and a half years on a salary of $180,000 per year.

Q Minister is it true that a doctor at the Bundaberg and district Health service was suspended on full pay for 2 and a half years while he still was payed $180,000 per year and that doctor is now currently back at work at the same health service?"

Waiting lists figures fiddled.

NP1 says that she was part of an administration that was expected to hide the true waiting list figures. It was done primarily by delaying the entry of the patient files into the Bundaberg Health computer system. Patient files when the were received were "filed on the ground" and some times it took up to two months before they were entered into the system.

Q Minister are the waiting list figures for the Bundaberg Health System accurate ?
Q minister what are the real figures for waiting lists ?

Commonwealth Money mis-used !

The claim was also made that commonwealth money which was specifically tied to State health programs in need ie Drug and Alcohol... was redirected at the whim of the local CEO to the general budget so that money would cover budget black holes.

Q Minister can you guarantee that Commonwealth Health funding money allocated to specific health programs is being used properly ?

Bloated Executive Management Group

The management of Bundaberg and District Health service is carried out by an excessively large amount of bureaucrats. The bloated management team called "The decision Quality management Group " consists of :

1 CEO
5 Executives
2 AO6
1 AO5
2 AO4
2 AO3
2 AO3

15 Total, when the normal amount of people in a management team responsible for a comparable hospital would be 5 to 8.

Q Are there excessive people on the management team of the Bundaberg and district Health service ?

CEO gets big Bonus for Balanced Budget... but what about Re-admission rate?

Peter Leck is reputed to receive a bonus of $30,000 a year if he slashes health spending and presents QLD Health with an "under spend" on the yearly Budget. He's done this by reducing the amount of available beds and the amount of time patients spend in Hospital. Doctors are also under constant pressure to clear out wards and consequently patients have been prematurely discharged. This claim can be verified by finding out what the readmission rate is for BBG and District Health service. A comparatively high readmission rate is a sure sign that there a systematic error in the service.

Q Does the CEO of the BBG and district Health service receive a bonus for presenting figures which come in on or under budget ?
Q If so, then is this a standard condition of employment for all health CEO's
Q What is the readmission rate for the BBG and District Health Service ?
Q If a Hospital registers a high readmission rate does that indicate that the service is in trouble ?

Hospital Bed numbers drop from 271 to 174 ... why?

The most disturbing claim made by NP1 is that over the last 26 years, from 1978 to 2004 the number of beds available to the public has decreased by aprox 44%. In 1978 NP1 says that the bed numbers at BBG base were 271. Fast forward 26 years and with the high population growth in our region, the logical

expectation would be that bed numbers would have increased, but the reverse is true.

According to NP-1 the average number of beds available to patients in 2004 is 174. Is this true ? And if so, why has this happened ?

Bed Numbers

Surgical - 33
Medical - 32
Children's & Pediatric - 14
Rehab - 16
Mental H. - 17
Womens & Family H - 22
Intensive C - 6
Day Surgery - 20
Palliative C - 6 (They don't have a Palliative Care room any more. Patients are mixed in with Medical ward??)
Renal - 8

Total - 174

From: Burnett Electorate Office <burnett@parliament.qld.gov.au>
Date: Tue Apr 13, 2004 4:12:39 PM Australia/Brisbane
To: Rob Messenger <robmessenger@bigpond.com>
Subject: TRANSCRIPT

TALENT: NPG

EMPLOYMENT HISTORY: Well I worked down inBrisbane for 12 years at the Green Slopes repatchtriation Hospital. For the last 4 years i've been at the Base hospital in Bundaberg.

WHEN DID YOU FIRST START WORKING AT THEBASE HOSPITAL?

I believe it was at around 1982.

WHAT WERE YOUR DUTIES THERE?

I did several different duties; I worked in porterage, domestic services. I also worked in medical records; I also worked in finance and supply at the hospital.

WHAT WAS YOUR LAST DUTIES THERE AT THE BUNDABERG BASE?

Well my last duties at the Bundaberg Base were at Greenslopes.

LET'S TALK ABOUT BUNDABERG BASE. WHAT WERE YOUR LAST DUTIES AT BUNDABERG BASE?

My duties at Bundaberg base was employed as a dresser, a floor dresser, which was

transporting patients around the ward. Also worked as a theatre dresser, working inside theatre and I also was employed as a bed carboliser and also as a cleaning staff member.

WOULD YOU LIKE TO DETAIL WHEN YOUR PROBLEMS FIRST STARTED WITH THE MANAGEMENT AT THE BUNDABERG BASE?

Well the problem first started when there was a review set up to change the jobs at the hospital and I made the comment that there were dirty beds that were being allowed to go into theatre which was because of the new changes and then all this intimidation started then.

LETS CONCENTRATE ON THOSE DIRTY BEDS INITIALLY.WHAT WAS HAPPENING WITH THE BEDS, CAN YOU DESCRIBE THE BED AND THE CLEANING PROCESS THAT WAS CARRIED OUT ON A BED BEFORE IT WENT INTO SURGERY?

Well in the beginning the entire bed was cleaned. The underside of the mattress including all the equipment around the bed. After the review the underside of the mattress didn't have to be cleaned or the underside of the bed didn't have to be cleaned so they were getting very dusty and dirty.

WHO CARRIED OUT THIS REVIEW? WHEN WAS IT FIRST CARRIED OUT?

Well it was carried out by Narelle Davies and I'm not sure of the exact date of when management employed her to do that but it was going for several years I would say.

SO YOU WERE VERY CONCERNED THAT THERE WERE DIRTY BEDS GOING INTO SURGERY?

Yeah, they weren't being cleaned properly.

AND WHAT HAPPENED WHEN YOU RAISED THOSE CONCERNS?

Well as soon as I raised those concerns I was called down into her office and I was told to keep my opinions to myself and not talk to any of the other cleaners.

WHAT OTHER CONCERNS DID YOU HAVE?

Well I also had concerns about the lack of evacuation mattresses on the bed; there wasn't enough to cover all the hospital beds. I was also concerned about the beds being done too quickly and I was also concerned about the wards not being cleaned properly.

AND BECAUSE OF THESE NEW CHANGES, YOU FFELT AS THOUGH WARDS WERENT BEING CLEANED PROPERLY AND NOT ENOUGH TIME AND DETAIL WAS BEING SPENT ON CLEANING?

Yeah, there wasn't enough time allocated for each section.

HOW MUCH TIME WAS ALLOCATED TO CLEAN A BED?

Well there was supposed to be 15 to 20 minutes spent on each and every bed and some of the beds would be cleaned in 3-5 minutes.

COULD YOU DESCRIBE THE PROCESS FOR ME?

Well you've gotta clean the entire bed, you're supposed to clean the entire bed, you've gotta strip the bed, take the sheets off, clean the mattress, clean the bedside cabinets and the trays, there is quite a lot of work involved. The IV polls, the overhead bedlights, the lockers that are beside the beds-they get quite dirty.

AND THAT WASN'T BEING CARRIED OUT?

Well lots of those procedures are being missed.

OK THE FIRE EVACUATION MATTRESSES; YOU SAID THAT THEY WERE MISSING. WHERE ABOUTS WERE THEY MISSING FROM?

Well there were several beds in the kids' ward that had none on it. There were beds in the surgical ward that had none, same with the medical ward. All over the hospital there were evacuation mattresses missing.

CAN YOU DESCRIBE A FIRE EVACUATION MATTRESS AND HOW THAT WORKS?

Well it's like a big sheet that has straps that hook around the mattress and then there's straps coming out so that in the event of a fire you can grab onto the mattress and get it down the stairs, get the patients out safely.

WERE THERE ANY WARDS THAT PARTICUALRY HAD ALOT OF MATTRESSES MISSING?

Well there was a lot missing from the kids ward. I hardly saw any mattresses up there with evacuation mattresses on them.

WHAT HAPPENED WHEN YOU RAISED CONCERNS OVER THE MISSING FIRE EVACUATION MATTRESSES?

Well Mr Heeds said he'd check into it and get back to me and the information he sent back to me was in relation to slide sheets was a different product altogether. I didn't mention anything about slide sheets so to me nothing had been done.

AS FAR AS YOU KNOW THERE'S STILL NOT ENOUGH FIRE EVACUATION MATTRESSES AT THE BUNDABERG BASE?

Well the last I was there there wasn't enough.

OK, TELL ME ABOUT THE ASSET NUMBERS ON BEDS?

Well we put asset numbers on beds to allocate a budget code so we know what area they're going to and when the maintenance is coming up and the contract conditions and warranties and all that type of thing. I was quite concerned when I was asked to talk all these asset numbers off the beds.

AND WHAT REASON WAS GIVEN FOR TAKING ASSET NUMBERS OFF HOSPTIAL BEDS?

Well Miss Davies told me that it was to have better control over the beds so they could do these periodical cleans on these beds-that was the reason given to me- which didn't make much sense to me.

AND WAS EVERYONE AT THE HOSPITAL, ALL THE SUPERVISORS AND HEALTH PROFESSIONALS, HAPPY WITH THAT POLICY?

Well I don't know whether they were happy with it or not, I don't know.

PUT IT THIS WAY, WERE THERE ANY OTHER SUPERVISERS WHO WERE AGAINST THIS POLICY OF TAKING ASSET NUMBERS OF THEIR BEDS?

Well there was-nobody else knew about this- I was just told by Narelle Davies, nobody else knew what I was doing I don't think.

WHAT ABOUT CONTRACTS? YOU TOLD ME EARLER THAT BUNDABERG HEALTH EMPLOYEES WHO SPOKE EITHER TO POLITICAL REPRESENTATIVES WERE ACTUALLY IN BREACH OF CONTRACT?

Yeah well I was warned by Mr Heath several times that if-it was against hospital-I would be made-creating an offence- if I were to go outside the hospital to deal with any of these problems that I had brought up...that id mentioned to him. That would be breaking the confidentiality possibly theQueensland code of conduct, so I was advised not to go anywhere and to settle all the problems internally.

AND HOW DID THE INTERNAL PROCESS WORK AS FAR AS YOUR'E CONCERNED?

Well it didn't work, iv been over 12 months now trying to get people to come in and investigate all these issues I've raise and to date nothing has happened, if anything, they've been covered up.

AND YOURE NO LONGER WORKING AT THE BUNDABERG BASE HOSPTIAL?

WHY?

Well I've no longer been called up. I believe I'm not there because I've opened my mouth up and complained about issues that they didn't want brought to the attention of other people.

AND SO YOU WERE EMPLOYED ON A PART=TIME OR CASUAL BASIS?

Yeah, I was employed on a casual basis.

WHAT ABOUT THE EMPLOYMENT OF OTHER PEOPLE. I UNDERSTAND YOU DID TAKE SOME INDUSTRIAL ACTION WITH/AS PART OF AUNION. WOULD YOU LIKE TO DESCRIBE THAT FOR ME?

Well a while back when qld health was having industrial action taken against it we also did at the Bundaberg Hospital and during that time they employed these volunteers to come in and do the work that we were supposed to be doing and consequently those people have gotten the jobs over the people at the hospital, they've so to speak come in through the back door. That's another reason why casuals are afraid to speak up and say what's going on at the Hospital because they just wont be called up for work.

ANOTHER ISSUE THAT YOU WERE CONCERNED ABOUT WAS THE ISSUEING OF UNIFORMS. WOULD YOU LIKE TO DESCRIBE THAT FOR ME?

Yes, that's the other problem I have. I was initially employed there as dresser and I had a white uniform on and I felt quite humiliated by doing a cleaning job and not being issued a proper uniform to do my work in, I was quite humiliating.

WHY WAS IT HUMILATING? CAN YOU EXPAND ON THAT?

Well a lot of the times the patients were asking me what I was doing and they couldn't understand why a nurse was mopping the floor, it just wasn't the appropriate uniform for the job.

SO DID YOU TRY AND GET A UNIFROM?

I tried for 6-7 months to get a uniform and I still haven't got one.

DID THEY GIVE YOU A REASON AS TO WHY THEY DIDN'T ISSUE YOU A UNIFORM? WHO WAS RESPONSIBLE?

Well that was Yvonne Spokes from cleaning services. She just said she would check into it but she quite often asked me as to why I wanted one and asked me to give reason to have a uniform. So I just gave up after a while.

SO THE FACT THAT YOU WERE A CLEANER WASN'T A GOOD ENOUGH REASON TO GET YOU A UNIFORM?

Well that seems to be the reason, yes.

IS THERE A ROOM AT THEBUNDABERG HOSPITAL WHERE THEY STORE UNUSED BEDS?

Well as far as I know there is. There's a room down in the old section where there's lots of beds that are in there, I don't know why they're all in there but they are. There's dismantled ones and there's ones that are still working as far as I know.

AND THOSE BEDS THEY COULD BE UNSERVICABLE OR SERVICEABLE?,

YOURE NOT SURE?

Yes.

DID YOU EVER HAVE TO BREAK ANY BEDS DOWN AND TAKE BEDS DOWN TO THAT ROOM?

Well I've taken beds down to that room. I never broke them down but I took them down there and left them there.

AND WHO WOULDVE GIVEN YOU THE ORDERS TO DO THAT?

The ward, somebody in the ward would've rung up and just asked if I could just transport a bed down to the holding area.

IS THERE ANYTHING ELSE WE NEED TO COVER?

That's good for now, I just wanted all this investigated and I think all this stuff should be checked out.

WHAT DO YOU HOPE-AT WHAT STAGE NOW ARE YOU AT YOUR REDRESS? YOU WERE GOING TO CONTACT THE CMC?

Yes I've contacted the Criminal Justice Commission and I'm probably going to go to the discrimination board and I'm in the process now of trying to track down the appropriate people to see. But as I said I was intimidated in to not see anybody because I was in breach of the code of conduct.

AND IF YOU WERE IN BREACH OF CONDUCT WHAT COULD HAPPEN TO YOU?

Well I wasn't clear of that, but I just thought I would lose any chance of my employment at the hospital.

NO, JUST TELL ME ABOUT YOUR WORK HOSTORY WITH GREENSLOPE, DID YOU EVER HAVE TO HAVE ANY CASUSE TO COMPLAIN WHEN YOU WERE IN BRISEBANE?

No, I worked for 12 years at Greenslopes and I worded in all the different areas, all the different sections and none of this type of bullying and intimidation happened down there.

I've got a good work record with the hospital services and I did up here as well I even go the employee of the month working at theBase Hospital.

WHEN WAS THAT?

A couple of years ago.

FROM : NPQ

My husband works at the Bundybase – but prefers not to be named. Obviously he sees a lot of things, and doesn't know where to start. MHU is run by someone responsible for heaps of NRS staff resigning. Some have even become suicidal | under Psychiatric treatment unable to function normally anymore. Simply because Management haven't listened, covered up. Tried to cut corners. Built new isolation in MHU, wasting so much money – because it's unsuitable for psychiatric patients. So often patients are left on trolleys in hallways, they double up in rooms because they have run out of space. Now acutes is for patient who are ambulant now it's full of beds.

MR Beattie, has to get his facts right when he says there are no mixed wards. Every single day there are men and women together on medical ward in one room. When the nursing staff no longer do where to put patients they shove them on childrens ward.

A while back a paedophile was a patient on the childrens ward. The ~~Police informed~~ Peter Lock said "No more adults on childrens ward – but it still continuous. The Wardies got a good Talking to by Noelle Da Just over a week ago, before it came into the media. That management has so much experience we should trust them – But, whenever there a complaint it stops at Peter Locks door.

Peter Heath Peter Lock Judith McDonald, Keating & Noelle Davis are the one who are doing all the cover ups, and will cut any corners to get their bonuses. Noelle Davis came in as a change agent. Now she is Operational Services Manager – and is well trained to Talking you do and bullying.

Ask Mr Lock why he pays Casual nursing staff wages with monies from Ronald McDonald [illegible]

Job buying new equipment for the Children's ward or meds

Tell me how can NRS + Staff Patients be protected by Security when they have to do
Many other duties like collection of dirty linen. being involved
with the lifting of patients, Security walks external, morgue duties
after hours. Transportation of patients - Why have so many Security
incidents forms gone missing. It all comes back to a cover-up.
If the nurses spoke up they were in fear of loosing there Job
due to "Code of Conduct"

What about the rats in D.E.M!
ASK mr Leck where he got the $10.000 from he gave DR Patel as a bonus.
ASK Mr Leck where he was getting the money from to
pay DR Patel his $200,000. they offered him to stay
until June.
How much will he get for cutting back all these Services
Have a look at the old nurses quarter. Just repainting it
cost $147.000. Also upstairs womens unit hundreds of
thousand spent creating new offices. And yet in Surgical
ward the Triangular support pillows are missing straps replacement
$100 !!

Why doesn't Leck get his priorities right and look after
patients comfort first.

It's Time they did a financial audit on all Sections of the hospital
including external. You will be shocked at the waste.

From: Burnett Electorate Office <burnett@parliament.qld.gov.au>
Date: Tue Apr 13, 2004 9:58:26 AM Australia/Brisbane
To: Rob Messenger <robmessenger@bigpond.com>
Subject: TRANSCRIBE-KNEE OPERATION.doc

Here's the transcribe of P138 ....

Tape 8

TALENT: P138

TELL ME ABOUT YOU KNEE AND WHEN IT WAS FIRST DIAGNOSED AS NEEDING A KNEE OPERATION? It was first diagnosed...do I go back to last year- they tried other things first...

WHEN DID YOU FIRST MAKE CONTACT WITH THEBASE HOSPITAL? Ok first contact with the Bundaberg Base Hospital was the 12th February when I received a letter from them

AND THAT WAS BASICALLY PUTTING YOU ON THE WAITING LIST? Yes, I was put on a waiting list and they did tell me the waiting list was long but I didn't realise how long it was

SO HOW LONG DO YOU UNDERSTAND THE WAITING LIST WAS? They haven't given me any indication of how long it is, but they said I'm a long way off, but it is now

April.

THIS WAITING LIST IS JUST TO SEE THE SPECIALIST ISNT IT? Yes it is only to get to see the specialist and then you go on another waiting list for the actual operation if its needed.

WHAT ARE YOUR OPTIONS RIGHT NOW? TELL ME ABOUT YOUR KNEE, HOW BAD IS IT? Its really bad now that the pain killers are not doing anything and I cant stand for very long, if I do im in a lot of pain, it swells at the end of the day.

YOU'RE ALSO LOOKING AFTER YOUR HUSBAND, WOULD YOU LIKE TO TELL ME ABOUT THAT? My husband has had two lots of heart surgery. He still isn't really well so I am his prime carer, so If anything happens to him I have to be there to look after him.

Of course I've got to cook his meals but that's the usual but I still have to be fit enough to care for him.

WHAT ARE YOUR OPTIONS NOW? WHAT ARE YOU THINKING ABOUT DOING TO TRY AND GET YOUR KNEE FIXED UP? Camping in the hospital (laughs) making a nuisance of myself. I don't know, I haven't got any other options because I'm not in a private health fund so there's just no options.

HOW MUCH WOULD IT COST TO GET THIS OPERATION DONE PRIVATELY? I couldn't, I don't know I haven't looked at that because that's not an option at this stage but I would say it would probably run into $10-15,000.

WHO DO YOU TALK TO, I UNDERSTAND YOU RING THEBUNDABERG BASE HOSPITAL. TELL US ABOUT THAT? I ring the B/berg base Hospital, I have a number that I ring, they gave me a number when they sent out the number to say who, that Doctor Robinson would be my doctor. They put a number of there for me to ring and I ring that up about every fortnight to find out how far I am down the list.

AND YOU STILL HAVENT BEEN GIVEN A HARD AND FAST DATE OF WHEN YOU GET TO SEE DOCTOR ROBINSON? No, no date, no indication of which month or week or year at this stage.

AND THE MAIN THING YOU WANT IS ATLEAST A FIRM DATE OF WHEN YOU GET TO SEE DOCTOR ROBINSON? Yes, that's all I want, yes. Yeah.

From: Burnett Electorate Office <burnett@parliament.qld.gov.au>
Date: Mon Apr 19, 2004 3:43:47 PM Australia/Brisbane
To: Rob Messenger <robmessenger@bigpond.com>
Subject: TRANSCRIPT P139

Rob,
here's the conversation i had today with P139 (where her mother was turned away from the base hospital far too early)

Talent: P139

OK, P139, CAN YOU JUST TELL US YOUR SITUATION-WHATS HAPPENED WITH YOUR MUM?

Yeah, well mum had a really bad fall on the Monday night, the 5th, getting out of the shower and anyhow we couldn't move her off the bathroom floor she was that bad and rung the ambulance and they come up about a half and hour later and it took the two ambulance carers and my husband to get her onto the fracture stretcher, because they thought she might have fractured something and anyhow she had fallen and hurt her back really bad and also her arm and anyhow when we got to the hospital we saw this one doctor and he ordered x-rays and also he said that the arm wasn't broken but it was badly bruised but she still couldn't move, she couldn't move off that stretcher, they had to x-ray her through the stretcher because she still couldn't move and anyhow he came after about a couple of hours later and he said that she could've fractured her vertebrae but we found out later on it wasn't and he said he would admit her into hospital then they would assess her again in the morning and in the mean time it got round-they changed shifts, the doctors had changed shifts- and this other Indian doctor came up and he asked us if we were taking her home and she still couldn't move and she was still having oxygen as well you know.

AND THERE WAS PRESSURE ON YOU TO TAKE YOUR MUM HOME?

Well I felt that there was pressure and that's when both my sister and I said "what are you talking about, the other doctor said that she had to be admitted" but if we'd been silly enough and tried to- but we would have never have gotten her into the car because she couldn't even sit up on her own she couldn't even lift her arms up at that particular time, you know that's how badly hurt she was and she was on oxygen and anyhow he finally came back and he said "oh well we are going to admit her" and I waited til after midnight and then finally a sister came around or nurse and she said that "oh you can go now we are going to take her to the ward" but I didn't actually se them take her but I -we went home then, it was after midnight and then we went back the next day and doctor Robinson said she didn't have any fractures but she was badly shook up and everything and she was still having oxygen then they still had her on the oxygen and anyhow, on- that was Tuesday, Wednesday I went back and they said "she could probably go home" and they had her on pain killers every 6 hours. They said she could go home, as long as she went to my sister's place at the pensioners unit where they got rails so that she could use the rails for the toilet and the shower. And anyhow I kept her overnight and I took her down to my sisters and while she was there she couldn't eat, she couldn't swallow, she was having terrible troubles swallowing and in terrible pain, we had to keep her on the trammel every 6 hours.

THIS WAS AT HOME?

This was at home now, every 6 hours we had to make sure because the pain killer would only last that time and we had to keep her on that all the 24 hours and it got that bad that my sister said "I can't bath her anymore" because she couldn't hold her up in the shower to bath her because she was so bad that she couldn't- by that time everything had set in and she couldn't move her arms up above her head or anything like that.

SO BASICALLY YOUR FAMILY WAS DOING THE JOB THAT THE DOCTORS WERE MEANT TO BE DOING?

Yeah, and what the nurses should have been doing you know. And even mum said "they shouldn't have let me outta hospital" and my mothers a really determined lady and for her to say that she must have been in terrible pain. And anyhow, I got her home on the Monday, Easter Monday and then we still had a lot of trouble because she started to bleed from the bowel and so I rung her doctor on the Tuesday and he said to come in, he would give me some more pain killers for her because we didn't have anymore pain killers left and also he gave me some dissolving Zen tag to see if that would help her be able to swallow and he said that the main thing would be to watch that she didn't vomit but she did start to vomit a bit so I didn't know what to do but...anyway, she's still- I just felt that the hospital should not have let her out, they should have kept her in there at least over Easter and reassess her because I still feel that something is not right with her-the way she cant swallow properly, the way she cant use her bowels properly, its almost as if there's something, she's strained something or she might have even hurt something inside and now I have to ring the doctor and see if he will come out to the house to see her.

AND DO YOU FEEL A BIT HESSITANT TOWARDS RINGING THE HOSPITAL WHEN THINGS HAPPEN BECAUSE YOU THINK THEY ARE ONLY GOING TO SEND HER HOME AGAIN?

Yeah, that's right, that's what I feel. If I took her up there and we sat there-specially now that she's mobile a bit- they would only just make her wait in the waiting room and you might wait up to hours and she couldn't do that, she couldn't sit there for hours.

AND THEN SEND HER HOME AGAIN...

Yeah, they would send her home again, you know, but I just felt they could have at least examined her and gave her an ultrasound of her stomach or something like that for a person that was having so much trouble swallowing and trying to use her bowel you know.

WHO WAS THE DOCTOR IN CHARGE?

Well I'm not sure. The first doctor we saw had a beard, that's all I know. And the other bloke was Indian and he couldn't-it was very hard for me to understand him. Then when he said you're taking her home, well that was a bit of a shock, when she couldn't even move.

YOU WERE SAYING BEFORE ABOUT-YOU WERE TRYING TO REMIND THE DOCTOR SEVERAL TIMES -ABOUT STRAPPING YOUR MOTHER UP? CAN YOU TALK ABOUT THAT?

Oh, with her arm? It wasn't actually the doctors, it was the nurses and I wanted them to dress her arm and I kept asking them and they said "oh yeah, ill do that" and then they would come back into the ward and I said- we sat up there for about 2 and a half hours and I must have asked about four times in that two and a half hours would they dress her arm before she left that day, left the hospital that day, because they put this dressing on it

that I wouldn't have been able to pull off because her skin is so sensitive- I would have pulled her skin off and so I wanted them to use something to release the dressing so that I wouldn't damage the skin underneath it but anyway they finally did it before we left but it took several times of asking them to come and dress her arm.

OK WHAT WAS THE DATE WHEN SHE WENT INTO HOSPTIAL?

The night of the 5th but it was really aftermidnight that she finally got up to the ward and we took her home on the 7th.

SO WHEN YOU TOOK HER HOME, WHEN YOU SAID THAT YOUR FAMILY WAS LOOKING AFTER HER, DID YOU FEEL THAT YOU WERENT CAPABLE OF LOOKING AFTER HER BECAUSE OF HOW BADLY SHE WAS INJURED?

Yeah, it really put a lot of pressure on us because we were so worried about her not being able to swallow and not being able to use her bowels and then we didn't-0 we thought we'd given her too much medication you know.

BECAUSE YOU'RE NOT DOCTORS…

Yeah, that's right, you know when you're giving someone pain killers every 6 hours and plus she's got her own heart tablets to take as well, you wonder am I giving her too

much? And then we tried to cut it down because we thought that the tablets might have been upsetting the bowel-the tablets weren't making the bowel work- we're just amateurs aren't we? She should have been left in the hospital and left there for at least another two or three days.

WHEN THE DOCTOR SAID TO YOU, YOU CAN TAKE HER HOME NOW, WHEN YOU LOOKED AT YOUR MOTHER-WHAT WAS WRONG WITH HER AT THE TIME FOR YOU TO THINK WELL THIS IS NOT RIGHT?

Well they hadn't stopped long giving her oxygen and she looked very pale and she still couldn't lift her arms up above her head and they'd also given her an injection to stop her from vomiting. You know, so if she was vomiting- and that was one of the things that my doctor told me that I should be careful of you know if she started vomiting-why the heck to they leave her come home?

YOU FEEL IF SHE DID STAY IN HOSPITAL SHE WOULD HAVE GOTTEN BETTER?

Better quicker-that's right.

WHAT'S HER CONDITION AT THE MOMENT?

Well she is starting to cope a bit better as far as standing and all that but at the moment she's having terrible trouble with her bowel and also she's still having trouble with awful reflux and so I'm just trying things out to see whether I can help- and I have to cut her food up really fine because she's had trouble still swallowing. A lot of it could be shock too, I don't think they allow enough time for the shock to settle in with her and I keep putting hot packs on her.

SO THERE IS A HIGH RISK OF YOUR FAMILY LOSING HER NOW THAT SHE'S HOME?

Well that's what I reckon. If they'd kept her in and just monitor her and find out- I said to her today I said "mum, will I ring the doctors and see if I can get you in, but she's got it in her mind that that's going to be a big effort for her to get into the car and go to the doctors

JUST TO BE TURNED AWAY AGAIN.....

Yeah...

SO YOU WOULD SAY THAT THERE IS PRESSURE ON YOURSELF AND ON YOUR MOTHER AND ON THE REST OF YOUR RELATIVES TO NOT HOSPTIALISE YOUR MOTHER?

Yeah, you know they couldn't wait- couldn't get in quick enough in one respect to me I reckon was to start asking me questions about putting my mother in a home and all this stuff.

It just seemed to me like "well we cant have her hanging around here have you thought about getting some alternative thing for her?" but my mother was quite capable of being left on her own if I went anywhere and she was quite capable of showering herself -now which I've gotta be there to make sure she's right- she was a good 95 she wasn't someone that was crook and ready for a home no way. She was spritely; well she was going shopping with me every week. If she'd been hospitalised a little bit longer she would have got better quicker you know. Now it's just prolonged her getting better because they wanted her out of the hospital as far as I'm concerned, they wanted her out instead of giving her a bit of care.

SINCE YOUR MOTHER WAS CHECKED OUT OF THEBUNDABERG BASE HOSPITAL, HAVE YOU HAD ANY CORROSPONDENCE WITH ANYONE FROM THERE?

Another thing is that I thought they would ring up and give us some follow up advice or asked how she was going because I thought that was something the hospital should have done when they let somebody out like that and put her into our care.

THEY HAVENT CONTACTED YOU AT ALL?

No, not a word from them.

23-4-05

Dear Rob,

This letter is a combination of my own experiences and that of another nurse. With the revelations of the past couple of months we both feel that we can now come forward without fear of retaliation from the likes of Peter Leck, and the rest of the administratio at Bundaberg Base Hospital.

I have been a registered nurse for 5yrs, 3 of these years have been with Queensland Health. I am at the moment on sick leave due to the accumulation of events over the past 2 yrs which came to a head in Jan. this year. I choose to take sick leave without pay as I was told that to apply for stress leave or workers compensation would be ill advised as the chances of it being approved would be almost impossible, So I ~~have been~~ preferred to do it this way than to be placed in yet another frustating and compromising position of looking after a Patel patient.

I thought I could access the disability income protection side of my Q super only to be told that they now want to go back 2lyrs of medical History and will not pay the claim if a similar condition existed.

I don't see why I have to fight and prove my claim when the administraters have either been on extended leave with full pay and benefits until the outcome of an investigation is known. They knew the problems existed 2yrs ago and choose to do nothing and in actual fact rewarded the problems with increased bonuses and extended contracts.

I am at present under a private Psychologist who is helping me deal with some of the issues I have.

had to contend with.

I would like to think that Patel was a rare case, unfortunately he was not. A Pakistani Doctor by the name of (unsure of the way to spell his name) was employed at Bundaberg Base from 2003 - 2004 many times he would come into the ICU and stand behind the nurses mumbling inappropriate things and try to rub himself up against us. On one occasion I can remember a young woman was admitted to the ICU because of constant fitting, once we had stabilized her and she was able to speak to us, she noticed this particular doctor in the ICU and asked me if she could request that he not have access to her or her medical records. when I asked her why she stated "that while she was in the Dept of Emergency she was fitting she had the sensation that someone was fondling her breasts and other parts of her body and she recognised her attacker as this Doctor I informed her that she had every right to issue a formal complaint and in actual fact what had happen to her was a criminal offence. as I went off duty I informed the next shift of what had happened and asked them to follow it through. When I reported for work the next day I enquired as to what had happened only to be told that Darren Keating had personally spoken to the patient and I believe that the patient did not follow through with the complaint.

The Bundaberg Base Hospital had been fully aware of his behaviour for some times and did nothing to address the problems he was creating. The staff of the ICU were informed that this doctor would be coming to us as a jnr Doctor so that we could keep an eye on him. We took our concerns to the Unit Manager who was able to stop him from being tranferred into the unit. their only concern was to inform.

This Doctor went back to his country of origin not because of his outrageous behaviour towards patients and staff but because he was ~~picked up for~~ caught shop lifting in Target. I could keep going with the personal experiences I have had to endure but no doubt more & more will be uncovered as time progresses. These problems are not only restricted to BBH. but many complaints have also come to light from one of the outlining rural hospitals namely Childers. In 1999 a grievance was signed by a number of the nursing staff against the Director of Nursing Faye McGrath-Dowse the Document contained 24 points and when completed was submitted to Peter Beck for immediate action. Faye also received a Copy it took four months for it to be heard but what resulted ~~*~~ because of this was a barrage of systematic Bullying, intimidation, threats to have the nurses deregistered with the Nursing Council Isolation ~~for~~ from peer support. Faye made it public that she would get those responsible for the grievance, this type of bullying continued to such a degree that 4 of the nurses that signed the Grievance. and 2 others that she didn't like. left. I have enclosed some of the documents with regards to the outcome of the grievance. Before the nurses signed the grievance they were told that no ~~block~~ back but not only were they subjected constantly to the aforementioned Also it would appear that Peter Beck supported Faye and her treatment of her staff. Her Cost cutting measures are notorious for example she expects staff to wash and reuse disposable items linen is not to be changed unless absolutely necessary, one towel

per patient and she expects staff to hang used towels at the end of the patient bed dried and re used. meals are also down scaled seeing only ½ a banana. being placed on a patient meal tray, she uses unsafe staff mixes or minimal staff. new Grads are expected to take on the responsibility of the Acute patients, the ~~rest~~ nursing home patients and anything that comes in through A+E. which could be anything from a major trauma to a sore toe. on the afternoon shift for example there is one Registered nurse. and one enrolled nurse with another enrolled nurse starting at 1600 and finishing at 0000. which is fine if the place is reasonable. there is another RN on call but is only brought in if a patient has to be transported by EMAS. and a nurse escort is required. there are many other things that could also be written about but hopefully most of it will surface when the Royal Commission is in full swing. I am not prepared to give my name at this point. as I still don't believe that there will be no ~~steel~~ backlash somewhere along the line.

Thank-you for taking the time to read and listen to my story.

MINUTES OF MEETING OF CHILDERS NURSING STAFF
HELD ON 18 NOVEMBER 1999 AT 2.00 PM

CONFIDENTIAL

Copy given to 5 nurses 7/12/99

GK.

PRESENT

NURSING STAFF
Colleen Rehbein
Judy Donnelly
Pauline Lelliot
Helen Surch
Ruth Gill
Faye McGraft-Dowse

Peter Leck, District Manager
Therese Johnson, QNU Representative
Georgie Rose, Human Resource Manager
June Fischer, A/Director of Nursing

This was a follow-up meeting in order to discuss the 27 issues/concerns previously raised by some staff.

Issue 1 – Re Change of hours of evening and day shift:reduced staff hours and skill mix

Faye-McGrath-Dowse, Director of Nursing tabled the document "Staffing Levels at Various Hospitals" and Helen Surch commented that the problem was when both Enrolled Nurses were rostered on together, and Peter Leck advised that it was the expectation of the District Manager that the Director of Nursing roster and manage staff.

Further, that the daily average of patients was basically the same as in the past, and compared favourably to other similar hospitals. These hospitals were operating with the same staff members or less. He did acknowledge that new staff require orientation.

In terms of a written policy and communication Peter Leck advised that we can put some guidelines in place but it is the normal role of the Director of Nursing to make these judgements, with advise from staff.

Regarding a benchmark level Peter Leck advised that data would suggest a reduction of present staff numbers to that we presently have, for example, one Registered Nurse and Enrolled Nurse on day shift.

Ruth Gill commented that they get outside patients, eg Accident and Emergency, and it can leave a Registered Nurse up one end of the hospital and the Enrolled Nurse with acute inpatients, and they cannot give medications. Helen Surch also felt that if the Registered Nurse is tied up in Accident & Emergency the Enrolled Nurse may not have enough experience with acute patients.

Colleen Rohbein commented that if a patient is deteriorating, observations are necessary on a 1:1 ratio for that Enrolled Nurse and, if you reverse the nurses, is it then safe to put an Enrolled Nurse at the front (of the hospital) to assess public patients who come in? That with an outpatient, that could take an hour and the Registered Nurse is not on the floor for that time. Who is looking after the floor? They were lucky in that domestic staff do let them know what is going on.

Peter Leck advised that other similar facilities also have these types of patients and suggested that it may be more a question of **how you communicate** your concerns to the Director of Nursing.

Pauline Lelliot was concerned that they should have the respect of being involved with decisions that the Director of Nursing makes, that they (the staff) have been there a long time but have little say, there is no discussion, no communication, and she felt it was more a matter of respect for staff, that this did not seem to be happening, that the 'figures' were not the **real** issue, and Peter Leck asked that, if this was the case, did they have any specific ideas to assist in this type of communication?

Pauline Lelliot said that they may have good ideas, e.g. regarding outpatients on Thursdays, but the Director of Nursing felt that there was not much flexibility for this situation.

In terms of comments regarding inexperienced staff the Director of Nursing advised that she was not aware of such staff, that no one had raised this with her. She agreed they had new staff from time to time but that they were not incompetent.

The District Manager advised the staff that there is some difficulty in deciding on fixed numbers (of staff) but perhaps a mechanism could be put in place that would advise the Director of Nursing at "change overs"?

He commented that it was important to have an opportunity to give feedback, e.g. 9.00 am and 3.00 pm, regarding any problems during the previous shift and, given that feedback, the Director of Nursing should then make the decision. It was her responsibility at the end of the day.

Further, if staff have concerns about these types of decisions then there are other persons/avenues you can raise them with, for example the Director of Nursing at Bundaberg, the Human Resource Manager, and the District Manager.

There was a general agreement that this was appropriate.

Peter Leck advised that, regarding the training and skills issue, if staff have concerns about a person's skill level then they should discreetly raise this with the Director of Nursing, for her to address. She should be made aware of the specifics and it can be handled with diplomacy.

It was decided that, on a daily basis, a mechanism be put in place to deal with concerns for the next shift and for discreet advise to be given to the Director of Nursing regarding skill levels, if appropriate.

Issue 2 – Re Triage [redacted]

Peter Leck advised that he and the Acting Director of Medical Services had already met with the Medical Superintendent and they would be following this matter up with him in the near future.

Issue 3 – Re Public Patients Being Admitted By Private General Practitioners

Peter Leck advised that the direction is that public patients are not admitted by private General Practitioners and that this direction would be forthcoming in writing.

Issue 4 – Re Medical Superintendent's Lack of Documentation on Charts

Peter Leck advised that again, he and the Acting Director of Medical Services have raised this with the Medical Superintendent and that this matter would be monitored.

Issue 5 – Re Appointments/Referrals Made by Doctors to Specialist Clinics

Peter Leck advised that again, he and the Acting Director of Medical Services have raised this with the Medical Superintendent and that this matter would be monitored.

Issue 6 – Re Queensland Ambulance Service

Peter Leck advised that he has met with the local Queensland Ambulance Service staff and that a strategy was now in place to deal with this concern.

Issue 7 – Re Concern for Patients not Acted on by the Medical Superintendent

Peter Leck advised that this matter had been raised with the Medical Superintendent for his action.

Issue 8 – Re Drug Orders Not Written Up by Medical Superintendent

Peter Leck advised that this matter is presently begin pursued and Helen Surch advised that "Webster Packs" were not being used any more.

Issue 9 – Re Increase in Bed Numbers?

Peter Leck advised that bed numbers do not really mean much, rather the number of patients we are putting through is important. He agreed that there may be peaks and troughs, and some pressure, but we must use our "District" resources to handle this pressure.

Issue 10 – Re Public Patients Discharged/Readmitted on same Day

It was agreed that this concern had been resolved and that it should **not** occur.

Issue 13 – Re Purchasing of Equipment

The Director of Nursing advised that the Hospital Auxiliary have not purchased anything that has not previously been approved at staff meetings. There had been two (2) private donations and the Hospital Auxiliary had donated extra money for a particular purchase.

Issue 14 – Re Pathology Services

Helen Surch felt that there was a need for a policy for accessing pathology after hours, e.g. sending a Wardsperson to Bundaberg Base Hospital on week-ends and the Director of Nursing advised that the Wardsperson can go but has to seek approval from their Supervisor first. Their licence has to be sighted.

Peter Leck asked if a protocol was wanted in writing that would include the local doctors, police, and ambulance? It was agreed that this would be helpful and **Helen Surch agreed to draft this.**

Issue 15 – Re Administration Duties Performed by Nursing Staff

After a brief discussion as to **what** administration duties were being performed by nurses, e.g. Admissions, the Director of Nursing advised that the Administration Officer does some admissions, but not acute, and there was a **general agreement that this was no longer an issue.**

Issue 16 – Re The Groundsperson

It was agreed that if the Groundsperson has a concern he should raise it with the Director of Nursing. This has not happened and Peter Leck advised that it was a matter for the Director of Nursing and the Groundsperson to pursue.

Issue 17 – Re Roster Changes

The Director of Nursing advised that this concern followed on from a letter received from the Payroll Manager in which she had "re-written" some rather terse comments about roster changes in order not to upset nursing staff. It was **agreed that this issue was resolved.**

Issue 18 – Re S4 Drugs

The Director of Nursing advised that she had in fact spoken with Sharon, not Paul, and it was **agreed that this matter had been resolved.**

Issue 19 – Re Nurses Communication Book

Colleen Rehbein commented that this matter had been badly handled and that it had actually been two (2) weeks before it could be dealt with at the next meeting. This allowed things to fester, and it was felt to be a bit tackless.

Pauline Lelliot thought that if it had been a true "complaint" then it should have been handled in an appropriate way or else thrown in the garbage.

Issue 11 – Re Advising Staff of Director of Nursing's Movements, RDO's etc

The Director of Nursing advised that she always let staff know her whereabouts and that she was always on the end of her mobile. She did concede that occasionally she did not have a 'contact' number.

In terms of the RDO's she commented that she had only changed her RDO on one occasion, and pointed out that, if she is to be absent, she always has to ask an Registered Nurse for pharmacy orders in advance, so she was unclear as to how this allegation could be made.

Basically staff were concerned that if two Enrolled Nurses were on, who would cover? And Pauline Lelliot felt that the Registered Nurse on duty should be told but clearly the message was sometimes not getting through to the senior nurse on duty.

Peter Leck asked if there were any suggestions to deal with this? and **it was agreed that** the nurses station should be told when the Director of Nursing is going out, and this arrangement should be supported via a memo to the Administration staff.

In terms of the **keys for Pharmacy** Helen Surch advised that the Medical Superintendent does **not** hand over keys to staff and Peter Leck advised that "control" of keys is a form of protection for staff, particularly in audits.

Colleen Rehbein commented that sometimes staff need to access pharmacy and the Director of Nursing advised that the Pharmacist thinks we should dispense with our "pharmacy stock" and just keep the drugs on the ward.

Colleen Rehbein pointed out that these drugs can go very quickly over a weekend and the Director of Nursing or the Medical Superintendent should be available.

Therese Johnson advised that Directors of Nursing are entitled to their weekends off too and the Medical Superintendent should give them the key on these occasions.

Peter Leck asked if the issue was have we run out of stock? Or can we not contact the Medical Superintendent?

It was finally **agreed to make any appropriate adjustment to the policy from the Pharmacy Manual and circulate.**

In terms of the **photocopier** it was mentioned that the photocopier is still in the Administration Officer's office and in an emergency transfer other staff need to access this machine.

The Director of Nursing advised that she had previously suggested that all staff have access but had been out-voted at a local Executive meeting.

Peter Leck advised that it was his view that staff **should** have access to the photocopier after hours.

Issue 12 – Re Annual Leave

The Director of Nursing advised that annual leave had, in fact, not been changed and there was general **agreement that this issue had been resolved** some time ago.

Peter Leck advised that it is appropriate, when patient complaints are received, to discuss it and see if there is anything that needs to be acted on and respond to it.

Judy Donnelly asked if all these type of complaints go to the Executive and was advised yes, and that the four (4) complaints had been responded to in this case.

Issue 20 – Re New Equipment

It was agreed that this issue had been resolved.

Issue 21 – Re Computer Access

The Director of Nursing advised that the ISD line was not big enough to take the extra megabytes required so not much more could go on unless we upgrade the link. Word 95 was okay.

Issue 22 – Re Incident Reports

Georgie Rose advised that the three (3) incident reports had been tracked down in the Workplace Health & Safety Office. It was noted that some training on dealing with difficult clients/patients has been attended by staff.

Issue 23 – Re Missing Furniture in Nurses Quarters

The Director of Nursing advised that although it was noted in the nurse's communication book for discussion she had not meant to imply that nurses only were responsible.

The District Manager advised that he had discussed this matter with the Director of Nursing and felt assured that there was no intention to point a finger at anyone, and that it is appropriate for police to get involved but they had never got back to us.

Issue 24 – Re Cancelled Meetings

Ruth Gill said that sometimes off-duty staff are not told of cancelled meetings and the Director of Nursing advised that she has asked staff to liaise with her to avoid a clash with some of her meetings, and that she was very willing to change a meeting time if necessary.

Issue 25 – Re Uniforms

The Director of Nursing advised that she had not cancelled the uniform order. It appears that the seamstress at Bundaberg Base Hospital would not fill the order in until the employee went over for a fitting, and she thought that she had advised Ruth Gill of this.

Issue 26 – Re Employment of Director of Nursing's Sister

The Director of Nursing advised that she took some offence at her sister being perceived as a possible "spy". Yes, she had worked one shift as they were very short of staff and she (the Director of Nursing) was "at her wits end" trying to find someone to do the shift.

The nurse rostered on the shift had had a bad back and her sister agreed to fill in at short notice.

Further, the Director of Nursing advised that her sister was simply there to do a shift and she did not feel under any obligation to discuss "personal" issues in terms of introductions.

Colleen Rehbein replied that the nurses present at this meeting were not on duty at that time and so it was not appropriate for them to comment.

Issue 27 – Re Attendance at Meetings at Bundaberg Base Hospital

The Director of Nursing advised that she was quite happy for the Quality Assurance representative to attend meetings at the Base however, as she only had one day per fortnight off-line for Quality Assurance, and as the Quality Assurance meetings were held fortnightly, this would dramatically cut into the time for Quality Assurance activities at Childers.

It was agreed that some regular visits by Quality Assurance committee members would be arranged to be held at Childers.

[redacted]

BUNDABERG HEALTH SERVICE DISTRICT

BUSINESS CASE RELATING TO STAFFING LEVELS IN THE DEPARTMENT OF EMERGENCY

PRIVATE & CONFIDENTIAL

Compiled by Faye Kuhnel
Nurse Practice Coordinator
Department of Emergency Medicine
Bundaberg Base Hospital
Bundaberg

December 2002

TABLE OF CONTENTS

1. PROJECT TITLE

Business Case which seeks to improve the quality of services in the Department of Emergency Medicine (D.E.M.) by increasing staffing levels in line with the Business Planning Framework guide lines.

2. PROJECT DEFINITION:

This project aims at increasing the funding to the D.E.M. thus enabling additional Nursing and Administration Staff to be employed to assist in meeting Queensland Health standards and benchmarks.

2.1 Problems being addressed:

2.1.1
Deficit in Nurse staffing levels in the D.E.M.:

Following the implementation of the Business Planning Framework for Nursing Resources, the Bundaberg Base Hospital's staffing levels for the D.E.M. indicate a deficit of 6.74 F.T.E. Likewise, the model from the Royal Brisbane Hospital shows a deficit of 6.37 F.T.E. See Appendix 1(a) and 1(b).

In the last five years there has been an increase of presentations of 2,064 patients. Whilst we recognise that there has been an increase in category four, there has also been an increase in categories two and three presentations. These categories are high acuity and therefore require more nursing hours. See Appendix 2 (c) for patient attendances according to triage category and the percentage of patients who were seen with in the recommended waiting times.

2.1.2
Current Nursing staff allocation to the D.E.M.:

19.87 FTE

Morning Shift:		**Average Patient Presentations:**
1 Nurse Practice Coordinator	07.30 to 16.00 hours	38 patients for the day shift
1 Clinical Nurse	07.00 to 15.30 hours	
2 Registered Nurses	07.00 to 15.30 hours	
1 Registered Nurse	08.30 to 17.00 hours	
1 Registered Nurse	12.00 to 20.30 hours	
Evening Shift:		
1 Clinical Nurse	14.30 to 23.00 hours	33 patients for the evening shift
3 Registered Nurses	14.30 to 23.00 hours	
Night Shift:		
1 Clinical Nurse	22.45 to 07.15 hours	12 patients for the evening shift
1 Registered Nurse	22.45 to 07.15 hours	

It must be realised that some of these presentations overlap each shift.

The D.E.M. staff are responsible for suppling a combined medical and nursing cardiac response team for the entire hospital on the day and evening shifts, seven days a week.

On many occasions basic nursing care such as assessment and routine observations are not being performed adequately. This causes extreme frustration and stress to nurses because they can not perform to the standard they know they must to reach Best Practice.

2.1.3

Night duty staffing levels:

Currently there is one Clinical Nurse, one Registered Nurse and one Medical Officer, rostered for the night shift from 22.45 to 07.15 hours. Often, at change of shift at 23.00 hours, a backlog of patients is left to be medically reviewed and/or admitted. The evening staff of four nurses and two doctors exit the department leaving the two night nurses and one doctor to cope with this huge workload as well as any additional emergencies that may arrive. Besides this, nurses are expected to check the department's stock and order pharmacy, stores and CSSD requisitions plus cleaning and restocking of cubicles as required. Very seldom are meals breaks taken on the night duty shift.

Difficulties often arise when patients require resuscitation. The resuscitation procedure states that there should be four nurses in attendance. It further says if there are only two nurses, "one nurse performs one man CPR whilst the second nurse performs all other roles (drugs/defibrillation and documentation)."
Night duty D.E.M. nurses are also required to cannulate, collect bloods, perform ECG tracings and console the relatives. If the only Medical Officer on duty is a 'Junior,' (2nd year graduate or intern), as is often the case, and is unable to perform intubation, the D.E.M. nurses have had to perform this procedure also.

On occasions, during these night duty resuscitation/emergency episodes, other patients present to the Triage Desk requiring urgent assessment. This leaves the nurses in a very compromised position because they are unable to leave the patient who is being resuscitated. In addition to this, there are usually other patients in the department at the same time who also require their care as well.

The D.E.M. staff are also responsible for supplying a combined medical and nursing cardiac response team for the entire hospital for the day and evening shifts, seven days a week. However, due to the staffing levels on the night shift, the department is unable to provide this service. Therefore between the hours of 23.00 hours and 07.00 hours only a doctor responds to arrest calls within the hospital.

Due to in inability to supply additional nursing staff during emergent workloads, the Nurse Manager, as time permits, assists in the D.E.M. with emergent workloads. This has often proved to be unsatisfactory as she is frequently required in other areas of the hospital at the same time. The Wards Person is frequently asked to perform duties outside their job description that would normally be performed by a nurse. Such duties have included, escorting patients to the in-patient departments unescorted by a nurse, escorting patients to the toilet, bandaging a bleeding hand, taking urgent blood specimens to I.C.U. for analysis and answering the after hours intercom to allow patients into the D.E.M.

2.1.4

Skill Mix:

To help address the shortage of nurses, the Bundaberg Base Hospital has introduced a training position for nurses in the D.E.M. Whilst this is a good initiative, it compounds on the D.E.M. skill mix as the trainees form part of the core staffing allocation. Unfortunately, it is impossible to give the trainee the appropriate supervision and education required for this position. Frequently the trainees are called upon to perform duties beyond their level of skill, thus adding stress to the Clinical Nurse in charge of the shift.

Care is further compromised when seriously ill patients require an experienced nurse to accompany them to the in-patient and x-ray departments, or even to another facility for tests. This may take up to one and

a half hours per escort and results in the depletion of the expertise of a skilled nurse from the D.E.M. This may occur several times during one shift. Frequently, nurses are also required to deliver blood specimens to the Pathology during the evening and night shifts.

Statistics collected since 1997 have shown that Sunday and Mondays are predominantly the department's busiest days. However, due to minimal staffing on all shifts, additional staff has not been able to be allocated to these days to cope with the expected increase in through put. See Appendix 3 for current and proposed Nursing Allocation.

2.1.5

Nursing Award and Workplace Health and Safety issues:

The D.E.M. nurses work under extremely demanding conditions, which results in them missing meal breaks. If meal breaks are taken, staff are required to remain in the staff room with in the department so that they can be readily available if called upon to assist with patients during this time.

Whilst Fatigue Leave is an Award entitlement, the D.E.M. nurses do not avail them selves of this entitlement, as in most cases, they are the staff required to work the following day shift.

Sick Leave creates huge problems as there are few skilled nurses available to call in to provide back fill. Because of this, staff are some times reporting for duty when sick rather than take leave so that rostered staff do not have to work with less than the shift allocation. However, statistics show there has been an increase in sick leave from 1997/1998 which was 3.44% to year to date which is 4.3%

Debriefing after critical incidences for all D.E.M. staff seldom occurs due to staffing restrictions and time constraints. This results in stress related issues for all concerned.

Additional stress factors that our nurses endure are the frequent abuses they receive from patients who are unhappy with waiting times and the aggressive patients who are affected by alcohol and/or other drugs. There have been 67 recorded aggressive behaviour and security incidents by our clients since July 2001 to December 2002. See Appendix 4 for statistics on reported incidents.

2.1.6

Staff are unable to care for patients in accordance with Best Practice:

Best Practice is the best documented evidence of care, or a particular aspect of care, which nurses are asked to aspire to. It also includes having well trained staff who follow contemporary nursing practice through training and development. Unfortunately, D.E.M. Nursing Staff are rarely able to attend educational sessions due to insufficient experienced nurses to provide back fill. In addition to this, there is no full time dedicated Nurse Educator for the D.E.M. See Appendix 5 for Compulsory Competencies Register for D.E.M. Nursing Staff..

2.1.7

Director of Emergency Medicine and inadequate skill mix of Medical Staff:

For many months, the Clinical Nurses have been required to orientate, give direction and supervision to doctors who have limited skills and knowledge as well as having to perform life saving techniques such as intubation, cannulation and venipuncture. Inexperienced Medical Officers, (2nd year graduate or intern), are rostered to work the night shift in D.E.M.

The position of Director of Emergency Medicine has been unsuccessfully advertised on numerous

occasions over the over the years. However, it is anticipated that this situation will be rectified with in the next few months with the recent appointment of a suitably qualified Medical Officer to the position. To date inexperienced Medical Staff allocation to the D.E.M., has impacted on all aspects of patient care including waiting times and access blocks. In addition to this, inappropriate admissions to the I.C.U. and ward areas create many flow on problems through out the hospital.

Exit blocks creates a huge congestion problem with in the D.E.M. with extra trolleys being brought in to fill the corridors and even the Store Room. As a consequence, D.E.M. nurses are forced to provide not only immediate emergency care for some patients but additional in-patient type care for others who are waiting to be assessed for possible admission by Senior Medical Officers/Consultants. This has taken up to 15 hours and longer on some occasions including arranging meals and escorting elderly patients to the toilets on more than one occasion during this period of time. With the current staffing allocation to D.E.M. Best Practice and adequate observation of all patients during these very busy times it is almost impossible and this leads to extreme stress for nurses. Overtime in 1997/1998 was 0.5% and has increased to 2.6% year to date.

Clinical Nurse Shift Reports and Nursing Staff minutes of special meetings that have been held with Director of Nursing Services, Mrs G. Goodman on 7/3/02 and 11/3/02 and with the Acting Director of Medical Services Dr Kees Nydam on 11/2/03, reflect the nurses concerns regarding inappropriate Medical management of patients.

2.1.8

Administrative Officer in the Clinical Area of D.E.M.:

The D.E.M. does not have any clerical assistance in the clinical area. This further impacts on the nursing staff as they are required to perform all clerical duties. The Emergency Module data entry, which facilitates coding and data for bench marking, requires approximately four nursing hours per shift, (approximately seven minutes per patient presentation, with an average monthly presentation of 2,534 patients). In addition to this, answering the telephone, patient record management and arranging admissions, performing stores reservations and dispensary orders consume much more of the nurse's time.

All of the above clerical work practices could be performed in a more cost effective manner if an Administrative Officer (A.O.), (preferably with Registered State Enrolled Nurse qualifications), were to be employed for two shifts per day, seven days per week. The A.O. would manage all data entry for each 24 hour time frame and would also provide meal breaks for the Triage/Reception A.O. so that the Triage/Reception desk is never left unattended. See Appendix 6 for A.O. clinical area duty list.

Currently only head injuries and deaths are being processed as admissions to the D.E.M. There are a number of other conditions that meet the minimum criteria for an admission to be recorded but due to administrative staff shortages, this is not being performed. These types of admissions could be expanded considerably if additional A.O. staff were available to process them. If these admissions were captured, any additional funding could off set this clerical position.

2.1.9

Administrative Officers at the Triage Reception of D.E.M:

One Administrative Officer manages the Triage Reception from 08.00 hours until approximately 19.00 hours Monday to Friday. On weekends and after hours, an A.O., when available, is called from Medical Records to assist Nursing Staff with emergent workloads.

No A.O. meal relief is supplied for this position and as a result, Nursing Staff are providing backfill for these staff for all tea breaks, therefore creating further tension for nurses in managing the demands of the triage role.

This situation is extremely problematic and it creates enormous tension for the Triage Nurse who is left trying to manage the demands of several roles as well as coordinate the shift if they are the Clinical Nurse. This has a huge impact on their clinical responsibilities and a negative repercussion on the department's performance.

The A.O. is responsible for new patient registration; updating patient details in HBICS; admissions which include Patient Election Forms and Consumer Feedback Forms; identifying and collecting payment from ineligible patients; and records retrieval from Medical Records.

Recent audits show only 41% of Patient Election forms are being completed for admissions from D.E.M.

As per the Medicare Agreement, Patient Election Forms must be completed for all admissions. Therefore, 59% of admissions are not being filled out in D.E.M., which results in loss of revenue from privately insured patients, Department of Veteran Affairs, Department of Defence or Work Cover.

Further audits show there is only 36% of hospital admissions that contain a Consumer Feedback Consent Form. Compliance is monitored by Corporate Office.

In addition to this, unit record audits also show patient details are not updated in HBICS; patient labels are not always updated; patient first contact and next of kin details are often found to be incorrect (ie. N.O.K. deceased).

Extended A.O. support would identify which forms require completion and collect payment from ineligible patients.

This position needs to be staffed from 08:00 to at least 24.00 hours Monday to Sunday with meal relief being covered by the clinical area A.O.

2.1.10
Accreditation:

Bundaberg District Health Service is working towards accreditation in May 2003 and with the current staffing allocation, the D.E.M. nurses are unable to participate in Quality Activities that will enhance Bundaberg Health Service District in obtaining A.C.H.S. accreditation. In addition to this, it has been necessary to cancel many important monthly staff meeting. This has lead to communication break down and inefficient problem identification and resolution for the department. See Appendix 7 for D.E.M. Portfolio Teams.

2.3 OBJECTIVE

- To increase the Nursing and Administrative staff allocation in the Department of Emergency Medicine to provide emergency services which are effective, efficient, economic and timely. This will be achieved by:

- Increasing Nursing Staff allocation in accordance with the "Business Planning Framework: Nursing Resources" or the model used by the Royal Brisbane Hospital.

- Providing continuity of care in accordance with Best Practice.

- Enabling Clinical Nurses and teams to attend to their allocated portfolios.

- Providing a work environment that meets the Nursing Award and Workplace Health and Safety regulations.

- Improving Nursing and Medical Staff morale and job satisfaction.

- Revision of rostering practices to ensure safe and appropriate skill mix at all times.

- Recruiting of a Director of Emergency Medicine and allocation of Senior Medical Officers who are experienced in emergency medicine to cover each shift so as to provide leadership and supervision for Junior Medical Staff.

- Provision of a Triage/Reception Administrative Officer as a matter of urgency from 08.00 to 24.00 hours, seven days per week so as to decrease the waiting time of patients from arrival to triage.

- Employing an Administrative Officer to the clinical area for two shifts per day, seven days per week to enter computer data, answer telephone and perform other non-clinical duties as well as maintain dispensary and stores requirements.

- An increase in patient satisfaction reports due to improved communication between Triage Nurse and waiting room patients.

- A decrease in Nursing Staff being abused by aggressive patients due to excessive waiting times.

2.4 OUTCOMES:

- Nursing Staff Allocation will be in accordance with national standards and benchmarks.

- Nursing Staff shall receive ongoing education so that they will have the knowledge to provide Best Practice techniques.

- Evidence Folders will be completed and available for review by the accreditors in May 2003.

- Nursing Staff shall be able to take advantage of Award conditions enabling them to have uninterrupted meal breaks and fatigue leave. In addition to this, the health and safety of workers will be protected by decreasing patient aggression by increasing the probability of patient satisfaction.

- Job satisfaction will occur due to time availability to provide a high standard of nursing care.
- The Triage Nurse shall be able to provide timely assessment of the majority emergency patients on their arrival in the department.
- The Clinical Nurse will be free to perform the Shift Coordinators role unimpeded and be Available to supervise and assist in all areas of the department.
- The skill mix of the Nursing Staff will be such that nurses in the training position will have appropriate orientation, supervision and teaching.
- Nursing Staff allocation for night duty will increase so as to provide safe levels of care.
- With the appointment of a Director of Emergency Medicine and Senior Medical Staff, Junior Medical Officers will receive orientation, supervision and education appropriate to Emergency medicine.

2.5 SCOPE

The scope of this project is to enhance the continuity of patient care through the Department of Emergency Medicine from first presentation at the Triage/Reception desk, to either discharge, admission to the ward or referral to another department. It encompasses triaging, input of computer data, assessment by Medical Staff, ongoing monitoring/investigations and timely intervention by Nursing Staff.

It is limited to D.E.M. structurally but the effects will flow onto pre-hospital, intra-hospital and. General Practitioners.

The project is intended to improve the working conditions for staff and to ensure patients and visitors are provided with a safe, efficient and effective environment which ensure Best Practice and positive health outcomes.

3.0 BUSINESS CASE

3.1 RESOURCES (Staff):

Option One:

Nursing Staff:

- 4.42 F.T.E. Registered Nurses – (Level One Year Three) would provide one additional nurse per shift for seven days a week. (Including Superannuation and Leave Loading) — $183,957.97

- 2.9 F.T.E. State Enrolled Nurses Year 5 to perform administrative duties in the clinical area of D.E.M. for two shifts per day, seven days a week from 08.00 to 24.00 hours (Including Superannuation and Leave Loading) — $107,434.00

Sub Total: $291,391.97

Administration Officers:

- A total of 2.9 F.T.E. Administration Officers (AO2 point 5) are required to staff the Triage/Reception desk of D.E.M. for two shifts per day, seven days a week from 08.00 to 24.00 hours.

  Currently the Medical Records Department staffs the Triage/Reception Desk for 1.4 F.T.E. Administration Officer

  An additional 1.5 F.T.E. (Including Superannuation and Leave Loading) — $52,694.00

TOTAL $344,085.97

Option Two:

Nursing Staff:

- 6.74 F.T.E. Registered Nurses – (Level One Year Three) would provide 1.5 F.T.E. additional nurse per shift for seven days per week. (Including Superannuation and Leave Loading) — $324,991.98

Administration Officers:

- A total of 2.9 F.T.E. Administration Officers (AO2 point 5) are required to staff the Triage/Reception desk of D.E.M. for two shifts per day, seven days a week from 08.00 to 24.00 hours.

  Currently the Medical Records Department staffs the Triage/Reception Desk for 1.4 F.T.E. Administration Officer

  An additional 1.5 F.T.E. (Including Superannuation and Leave Loading) — $52,694.00

TOTAL $377,685.98

3.2. BENEFITS:

The benefits from this project will only be realised if additional and recurrent funding is received.

Quantifiable benefits in the form of:

- Decreased overtime
- Decreased resignations
- Decreased incident reports

Tangible benefits in the form of IMPROVED QUALITY will be realised:

- Appropriate staffing levels for nurses will occur that are in line with standards and benchmarks
- Best Practice will be evidenced by effective and efficient continuum of care
- Nurses in the Training Position will receive appropriate orientation, supervision and education
- Reduced waiting times from patient's arrival to triage will be exhibited
- Improved staff morale will be evident
- Fatigue leave will be available if required
- Portfolios will be attended to
- Staff will be able to take meal breaks

3.2 RISK/BARRIERS

- Major risk factor would be the inability to procure the finance to achieve the desired outcomes.

4.0 PROJECT PLAN

Objectives	4.1 Strategies	4.2 Person(s) Responsible	4.10 Performance Indicator (Evaluation)
❖ To ensure that staffing levels comply with the Business Planning Framework or the system used by the Royal Brisbane Hospital, which have been approved by Queensland Health.	❖ Ensure additional positions are advertised via appropriate methods. ❖ Ensure that there are an additional three shifts allocated per twenty-four hour period.	R. Goodchild - recruitment F. J. Kuhnel - selection and rostering.	❖ Number of staff rostered per shif ❖ Fill roster gaps by monitoring staffing levels on a daily basis.
❖ To reduce significantly, the waiting time from patient arrival to triage.	Designate a dedicated Triage Nurse for each shift whose sole responsibility is: ❖ perform a nursing assessment and triage patients accordingly ❖ monitor patients in the waiting room for any deterioration ❖ communicate appropriate information with waiting room patients as required	R. Goodchild – recruitment F. J. Kuhnel – selection and rostering	❖ Skill mix ❖ Time taken from arrival to triage audits ❖ Patient satisfaction surveys
❖ To reduce significantly, the waiting time from patient arrival to time seen by a medical officer so that waiting times are in accordance with national performance targets	❖ Implement a system of Fast Tracking of non-acute patients	❖ Skilled Senior Medical Officers	❖ Waiting times meet national benchmarks
❖ To maintain the information data bases so as to provide reliable, timely data and the collection of compulsory Patient Admission Paperwork	❖ Recruit additional Administration Officers ❖ Establish job description	R. Goodchild – recruitment F. J. Kuhnel – selection and rostering C. Kennedy and F. J. Kuhnel to write job description	❖ Administration Officer position ❖ Job description

Objectives	4.1 Strategies	4.2 Person(s) Responsible	4.10 Performance Indicator (Evaluation)
❖ To maintain the information data bases so as to provide reliable, timely data and the collection of compulsory Patient Admission Paperwork	❖ Provide training for responsibilities	F. J. Kuhnel – Emergency Module ❖ G. Chandler (M.R. Manager) to organise training for clerical duties	❖ Accurate data input ❖ 100% collection of all Patier Admission Paperwork
❖ To improve the continuity of nursing care	❖ Revise work practices by auditing Policy and Clinical Practice Manuals	❖ D.E.M. Clinical Nurses and Registered Nurses ❖ F. J. Kuhnel – organise rosters so as staff can attend the Policy and Clinical Practice meetings	❖ Policy Manual ❖ Meeting attendance
	❖ Designate nurses to appropriate shifts	❖ R. Goodchild – recruitment F. J. Kuhnel – selection	❖ Skill Mix
	❖ Ensure nurses attend compulsory inservices and maintain up to date competencies	❖ F. J. Kuhnel – coordinate and organise for staff to attend training sessions C. McMullen – organise	❖ Inservice attendance ❖ Competency register
❖ To improve the continuity of medical care	❖ Persevere with recruitment and selection process	❖ P. Leck – recruitment	❖ Appointment of Director of Emergency Medicine and Senior Medical Staff
	❖ Develop and implement a medical orientation program	❖ Director of Emergency and Senior Medical staff	❖ Orientation program
	❖ Develop policy with respect to interns in the D.E.M., including supervision and formal education, in association with Medical Board requirements and resources	❖ Director of Emergency Medicine/Senior Medical staff to coordinate educational sessions	❖ Education programs in place

❖ To improve the continuity of medical care	❖ Develop formal training/supervision sessions for residents and obtain appropriate back fill for D.E.M. staff whilst sessions take place	❖ Director of Medical Services to arrange back filling	❖ Number of training sessions conducted
	❖ Develop a handbook of clinical management	❖ Director of Emergency Medicine plan, implement polices, establish objectives and measure outcomes	❖ Handbook
❖ To improve the continuity of medical care	❖ Persevere with recruitment and selection process	❖ P. Leck – recruitment	❖ Appointment of Director of Emergency Medicine and Senior Medical Staff
	❖ Develop and implement a medical orientation program	❖ Director of Emergency and Senior Medical staff	❖ Orientation program
	❖ Develop policy with respect to interns in the D.E.M., including supervision and formal education, in association with Medical Board requirements and resources	❖ Director of Emergency Medicine/Senior Medical staff to coordinate educational sessions	❖ Education programs in place
❖ To improve the continuity of medical care	❖ Develop formal training/supervision sessions for residents and obtain appropriate back fill for D.E.M. staff whilst sessions take place	❖ Director of Medical Services to arrange back filling	❖ Number of training sessions conducted
	❖ Develop a handbook of clinical management	❖ Director of Emergency Medicine plan, implement polices, establish objectives and measure outcomes	❖ Handbook

4.2 PEOPLE (Continued)

STAKEHOLDERS	BENEFICIARIES
Bundaberg District Health Service Department of Emergency Medicine Staff	Clients Interns and Residents in Training and Nursing Staff General Practitioners and Queensland Ambulance Service
Community of Bundaberg and District	

4.3 CONSULTATION

Consultation has occurred with all stake holders including, the Emergency Nursing Staff, Director of Medical Services, Director of Nursing Services and District Manager.

4.4 COMMUNICATION

Information will be disseminated to all stake holders via Departmental Meetings, Department Communication Book and Hospital News Letter.

4.5 TRAINING

Administration staff will be trained in customer service, telephone etiquette, HBCIS emergency module, how to deal with difficult people, and all other relevant administrative procedures.

4.6 RELATED PROJECTS

Nil

4.6 CRITICAL SUCCESS FACTORS

Project is dependant on obtaining funding for the positions.

4.7 POLICY/LEGISLATIVE ISSUES

Unaware of

4.10 EVALUATION

- A staff satisfaction survey will be conducted.
- A patient satisfaction survey will be conducted.
- Overtime audit three months following staff employment.
- Sick Leave will be monitored.
- Award entitlements will be audited.
- Chart documentation audits will be performed.
- Incidents audits – abuse will decrease.

LIST OF APPENDICES

Appendix 1(a).

Business Planning Framework
HPPD/HPOS Calculation
Department of Emergency Medicine

Productive Hours

HPPD/HPOS	Occasion of Service	Required Nursing Hours per Day	Required Nursing Hours per Week	Shifts per Day	Shifts per Week	Total Prod FTE
1.4	83.34	116.67	816.69	14.58	102.06	21.48

Non Productive Hours

Level 3	Sick/Family Leave Days (5 days per annum)	Annual Leave Days (6 weeks)	Annual Leave Days (5 weeks)	Staff Development Days	RDO Days (33% staff)	Orientation (3 days)	Total Prod FT
1	107.4	644.41	25	64.44	92.14	24	
	0.41	2.47	0.09	0.24	0.35	0.09	3.(

Summary

Productive FTE	21.48
Non Productive FTE	3.65
Sub Total	**25.13**
SS FTE (Emergent workloads)	1.00
Total	**26.63**
Current Staff Allocation	19.89
Deficit	**6.74**

Appendix 1(b).

Royal Brisbane Hospital
Registered Nurse Staffing for the Department of Emergency Medicine

Triage Category	Direct Care in Minutes	Weighted Units *	Patient Presentations	Workload U
1	265	26.50	94	2,491.00
2	105	10.50	1,753.00	18,406.50
3	45	4.50	4,553.00	20,488.50
4	25	2.50	17,511.00	43,777.50
5	10	1.00	6,507.00	6,507.00
	450	**45.00**	**30,418.00**	**91,670.50**

*1.00 Weighted unit = 10 minutes

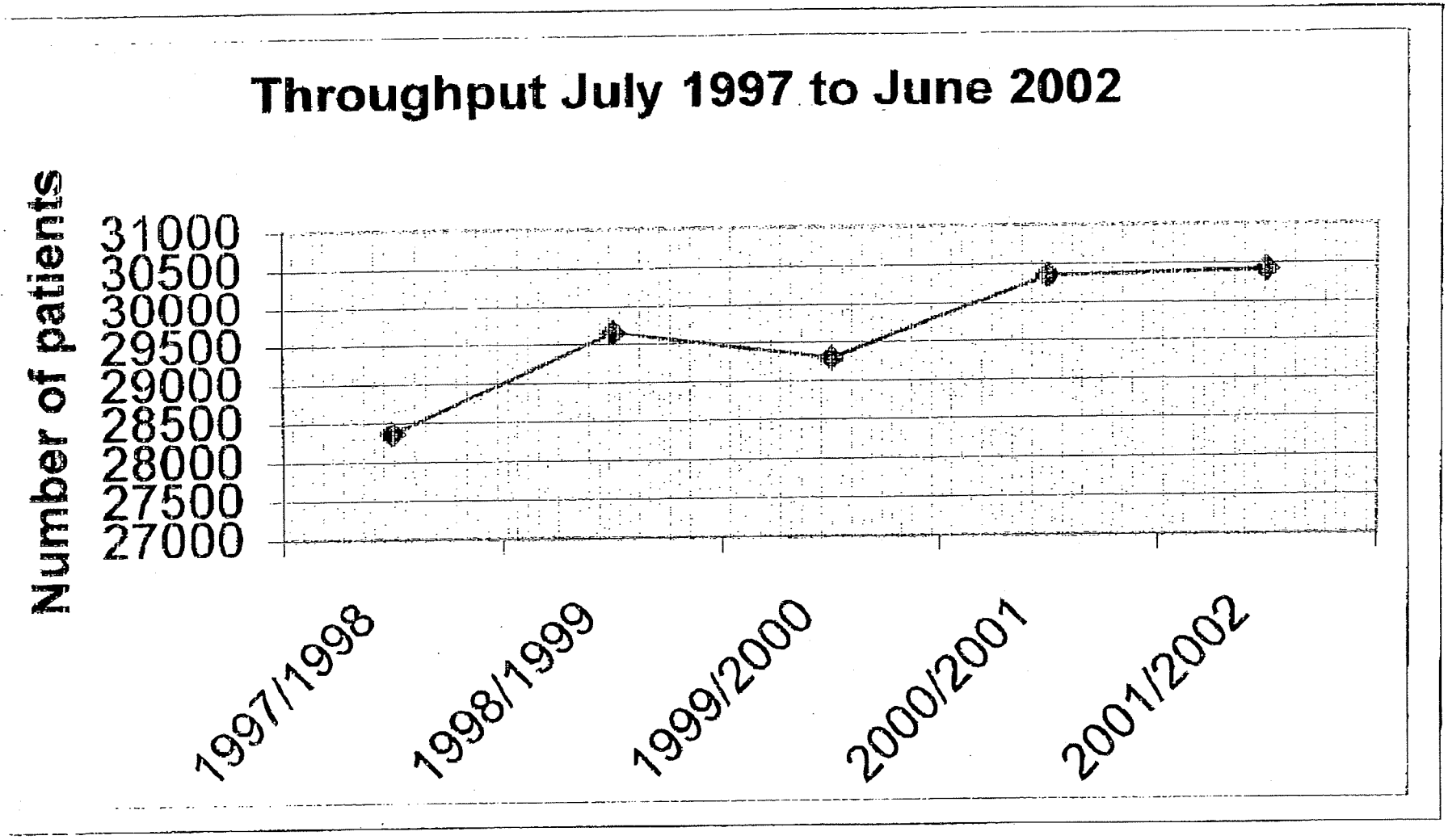
Direct Hours	15,278.42
Indirect Hours	2,291.76
Sub Total	**17,570.18**
Fixed Hours	
Resuscitation (hours per year)	8,760.00
Triage (hours per year)	8,760.00
Indirect hours @ 15%	2,628.00
Sub Total	**37,718.18**
Non Productive Hours @ 10%	3,771.82
Sub Total	**41,490.00**
Sub Total FTE	**21.00**
Annual Leave Cover	2.51
Maternity Leave	1.00
Long Service Leave	1.00
Orientation @ 3 days for 8 staff	0.09
Staff Development at 12 hours/FTE	0.24
Sick/Family/Rehabilitation @ 5 days/FTE	0.40
TOTAL	**26.24**
Current Staff Allocation	19.87
DEFICIT	**6.37**

Appendix 2.

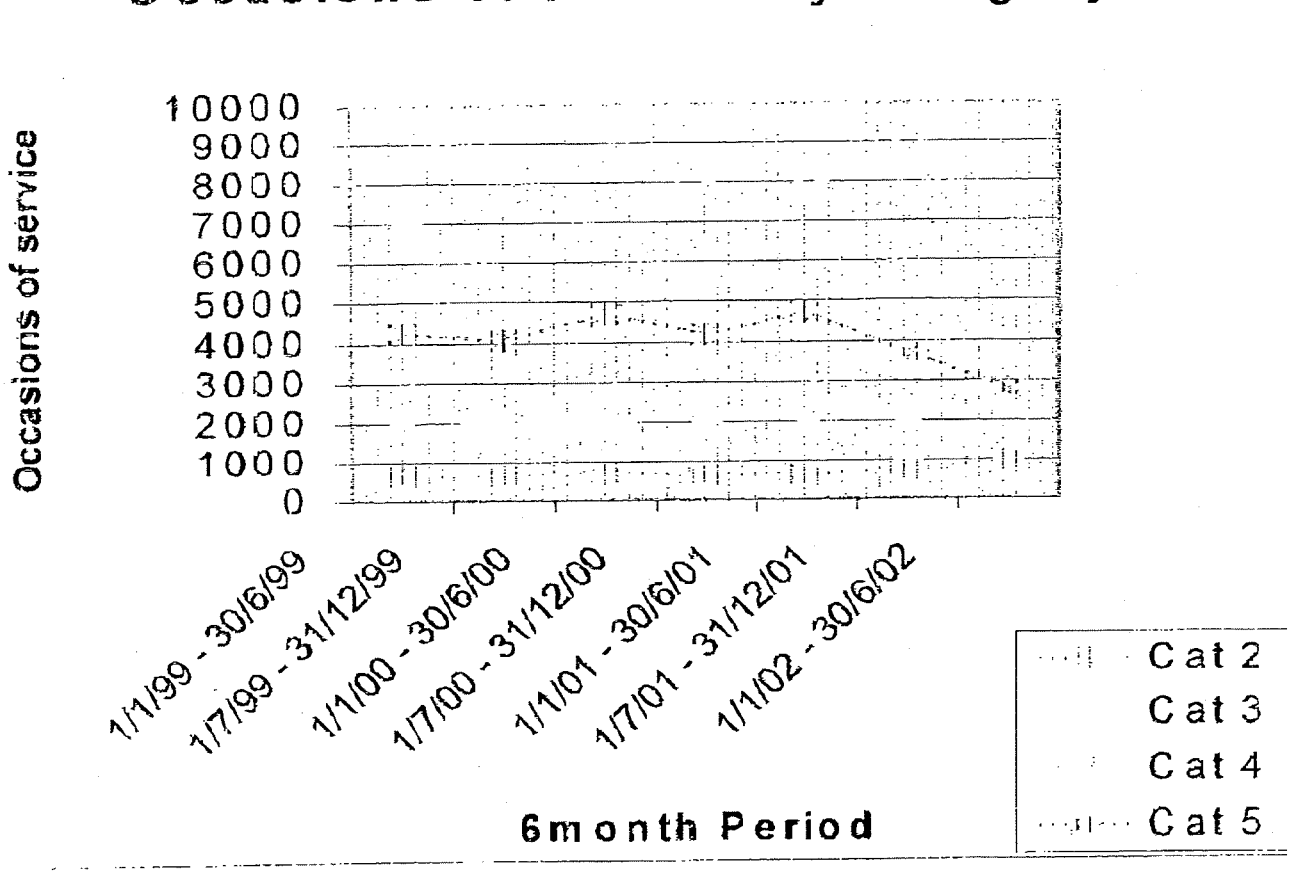
BUNDABERG D.E.M. PATIENT ATTENDANCE BY YEAR
SHOWING TOTAL PERCENTAGE OF PATIENTS SEEN WITHIN WAITING TIME BENCHMARKS

MONTH	YEAR 97/98	% SEEN WITHIN TIME	YEAR 98/99	% SEEN WITHIN TIME	YEAR 99/00	% SEEN WITHIN TIME	YEAR 00/01	% SEEN WITHIN TIME	YEAR 01/02	% SEEN WITHIN TIME	YEAR 02/03	% SEEN WITHIN TIME
JULY	2042	N/K	2611	87.5%	2293	84.1%	2597	78.4%	2500	82.9%	2686	48.1%
AUGUST	2073	84.1%	2823	81.1%	2407	86.1%	2501	77.7%	2924	70.4%	2752	52.8%
SEPTEMBER	2142	88.5%	2384	86.8%	2450	78.4%	2496	80.8%	2537	70.5%	2469	67.1%
OCTOBER	2213	87%	2442	88.4%	2317	82.8%	2511	84.1%	2524	68.1%	2426	59%
NOVEMBER	2504	91%	2518	86.7%	2315	79.7%	2413	83.1%	2351	75.9%	2334	67.7%
DECEMBER	2669	86.5%	2829	89.3%	2422	79.6%	2575	79.3%	2665	71.1%		
JANUARY	2626	90.5%	2741	80%	2587	84.5%	2579	73.2%	2758	63.1%		
FEBRUARY	2274	90.7%	2250	76.5%	2126	80.6%	2246	84.1%	2229	64.6%		
MARCH	2458	93.9%	2404	82.4%	2506	76.8%	2646	82.2%	2538	71.6%		
APRIL	2398	92.4%	2222	87.3%	2548	82.9%	2682	87.6%	2496	64.9%		
MAY	2544	90.5%	2294	86.5%	2635	81.5%	2579	89.1%	2425	78.3%		
JUNE	2407	92.4%	2124	83.5%	2609	84.4%	2532	88.6%	2472	67.8%		
TOTAL	**28355**	**98.9%**	**29642**	**84.7%**	**29291**	**81.8%**	**30357**	**82.3%**	**30419**	**70.7%**	**10333**	**59%**

Appendix 2.


Throughput July 1997 to June 2002
Number of patients
31000
30500
30000
29500
29000
28500
28000
27500
27000
1997/1998
1998/1999
1999/2000
2000/2001
2001/2002

Appendix 2.



- According to the Australian Bureau of Statistics, Bundaberg has an aging population and a higher than state average number children from 0 – 14 years of a
- Bundaberg is also a low socio-economic area with an average yearly income of less than $15,000.00 per annum.
- There is only one bulk billing Medical Practitioner in Bundaberg

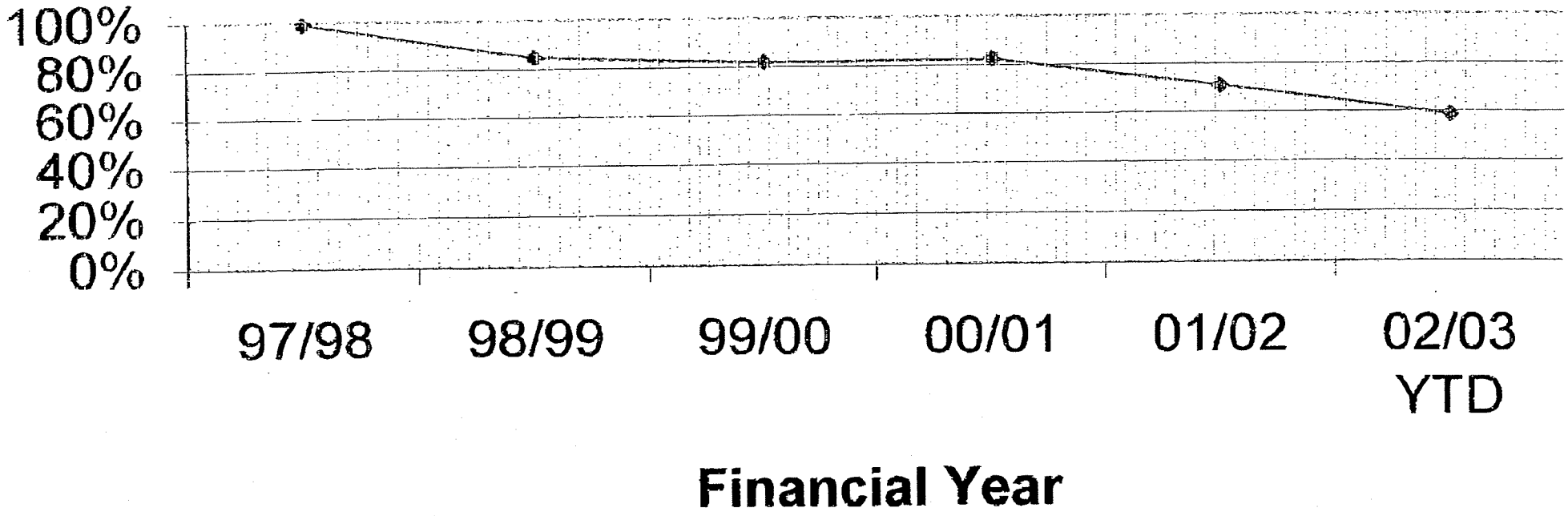
Appendix 2.

BUNDABERG D.E.M. PATIENT ATTENDANCE BY YEAR FOR EACH TRIAGE CATEGORY

	TRIAGE CATEGORY ONE						TRIAGE CATEGORY TWO						TRIAGE CATEGORY THREE						TRIAGE CATEGORY FOUR				
	97/ 98	98/ 99	99/ 00	00/ 01	01/ 02	02/ 03	97/98	98/99	99/00	00/01	01/02	02/ 03	97/98	98/99	99/00	00/01	01/02	02/ 03	97/98	98/99	99/00	00/01	01/ 02
	9	7	8	12	6	8	96	128	113	124	119	163	260	303	351	404	320	601	780	1160	1217	1255	1285
	7	17	7	4	18	11	114	107	109	140	111	171	270	324	335	386	399	587	804	1229	1226	1301	1717
	6	11	10	7	16	10	116	82	101	96	134	163	274	242	366	361	357	536	885	898	1291	1315	1449
	6	8	11	6	10		84	84	115	106	146	181	263	217	331	365	371	520	921	915	1247	1397	1489
	7	4	12	6	4		95	109	107	94	110		261	268	271	356	378		1009	944	1263	1280	1310
	6	9	11	12	7		99	102	103	84	133		233	284	321	365	366		1148	1099	1211	1423	1549
	7	9	7	7	6		115	93	116	116	161		254	379	295	363	390		998	1236	1335	1354	1589
	5	6	11	5	5		97	84	69	83	145		264	386	260	332	298		888	1160	1096	1153	1310
	11	14	14	4	5		99	137	117	103	129		276	359	352	302	342		953	1208	1281	1370	1505
	5	7	11	3	6		88	124	100	97	166		252	335	295	352	355		882	1116	1287	1346	1512
	9	12	7	8	5		96	106	147	89	169		326	388	348	356	428		974	1136	1398	1370	1458
	5	14	10	11	12		105	110	135	154	231		274	297	4036	345	549		961	1070	1281	1293	1345
	83	118	119	85	94	29	1204	1266	1332	1286	1754	678	3207	3782	7561	4287	4553	2244	11205	13171	15093	15801	17516

	TRIAGE CATEGORY FIVE					
	97/98	98/99	99/00	00/01	01/02	02/03
	897	1013	604	802	772	362
	878	1146	730	670	679	310
	861	1151	682	717	587	275
	944	1218	613	637	512	316
	1132	1191	652	627	549	
	1183	1335	776	654	610	
	1252	1024	834	739	612	
	1020	614	690	673	471	
	1119	686	742	867	557	
	1171	640	855	887	457	
	1139	652	735	805	365	
	1062	633	829	729	335	
	12658	11305	8743	8898	6506	1263

Percentage of patients seen within waiting times



pendix 3.

CURRENT AND PROPOSED STAFFING (NURSING)

PROPOSED STAFFING PER SHIFT			CURRENT STAFFING PER SHIFT		
STAFF NUMBER	LEVEL	SHIFT	STAFF NUMBER	LEVEL	SHIFT
Shift:			Day Shift:		
One	Level Three Nurse Practice Coordinator	07.30 to 16.00 hours (Monday to Friday)	One	Level Three Nurse Practice Coordinator	07.30 to 16.00 hour (Monday to Friday
One	Level Two Clinical Nurse	07.00 to 15.30 (Monday to Sunday)	One	Level Two Clinical Nurse	07.00 to 15.30 (Monday to Sunday
*Three	Level One Registered Nurses	07.00 to 15.30 hours (Monday to Sunday)	Two	Level One Registered Nurses	07.00 to 15.30 hour (Monday to Sunday
One	Level One Registered Nurse	09.30 to 18.00 hours (Monday to Sunday)	One	Level One Registered Nurse	08.30 to 17.00 hour (Monday to Sunday
One	Level One Registered Nurse	12.00 to 20.30 hours (Monday to Sunday)	One	Level One Registered Nurse	12.00 to 20.30 hour (Monday to Sunday
*One	Point 5 State Enrolled Nurse	08.00 to 16.30 (Monday to Sunday)	Nil	Nil	Nil
ning Shift:			Evening Shift:		
One	Level Two Clinical Nurse	14.30 to 23.00 hours (Monday to Sunday)	One	Level Two Clinical Nurse	14.30 to 23.00 hour (Monday to Sunday
Three	Level One Registered Nurses	16.00 to 24.00 hours (Monday to Sunday)	Three	Level One Registered Nurses	14.30 to 23.00 hour (Monday to Sunday
*One	Level One Registered Nurse	18.00 to 02.00 hours (Monday to Sunday)	Nil	Nil	Nil
*One	Point 5 State Enrolled Nurse	08.00 to 16.30 (Monday to Sunday)	Nil	Nil	Nil
ıt Shift:			Night Shift:		
One	Level Two Clinical Nurse	22.45 to 07.15 hours (Monday to Sunday)	One	Level Two Clinical Nurse	22.45 to 07.15 hour (Monday to Sunday
*Two	Level One Registered Nurses	22.45 to 07.15 hours (Monday to Sunday)	One	Level One Registered Nurses	22.45 to 07.15 hour (Monday to Sunday

*Increase in staff

Proposed increase in nursing staff is 4.42 F.T.E.
Current staff allocation is 19.29 F.T.E.
Proposed staff allocation is 23.58 F.T.E.

pendix 4

urity Incidents 2002

	Unit/ Ward	UR/Employee No	Incident type	No of Incidents	Body Injury	Injury Description	Medical Treatment	Exact Location	Comments	Shift	Internal/ External	Month	Security Incident
urity	DEM		Restraint	1		N/A	Nil	Ward		Night	Internal	Sep-2001	Yes
urity	DEM		Dangerous weapon	1		Confiscated	Nil	Ward		Evening	Internal	Oct-2001	Yes
urity	DEM		Dangerous weapon	1				Triage	possess knife	Night	Internal	Jan-2002	Y
urity	DEM		Verbal abuse	1	Threats	Nil	Nil	Ward		Day	Internal	Feb-2002	Y
urity	DEM	43707	Verbal abuse	1	Anguish	Nil	Nil	Triage		Day	Internal	Feb-2002	Y
urity	DEM	44000	Assault minor	1	Neck grabbed	redness	Superficial	DEM Dr desk	Grabbed neck	Evening	Internal	May-2002	Y
urity	DEM	43601	Missing sandwiches	1	Nil	Nil	Nil	Relatives waiting	Stolen sandwiches	Day	Internal	Aug-2002	N
urity	DEM	43707	Minor stealing	1	Nil	Nil	Nil	DEM Waiting Room	Attempted to steal food	Evening	Internal	Sep-2002	Y
urity	DEM	44000	Verbal abuse	1	Anguish	Nil	Nil	Treatment Room	Patient wanting pethidine	Evening	Internal	Jul-2002	Y
urity	DEM		Property damage	1	Anguish	Nil	Nil	DEM Waiting Room	Damaged phone	Evening	Internal	Oct-2002	Y
urity	DEM	43377	Punched glass door	1	Anguish	Nil	Nil	DEM	Police called evicted	Day	Internal	Oct-2002	Y
urity	DEM		Fighting visitors evicted	1	Anguish	Nil	Nil	Resus 2	Females fighting	Day	Internal	Oct-2002	Y
urity	DEM	43377	Verbal violent action	1	Anguish	Nil	Nil	DEM waiting room	Escorted out by security	Night	Internal	Oct-2002	Y
urity	DEM	43707	Assault minor	1	slapped face	Redness	Nil	DEM treatment	Police called evicted	Evening	Internal	Oct-2002	Y

ressive Incidents

egory	Unit/ Ward	UR/Employee No	Incident type	No of Incidents	Body Injury	Injury Description	Medical Treatment	Exact Location	Comments	Shift	Internal/ External	Month	Security Incident
essive	DEM		Abuse/Threat	1			Nil	Ward		Evening	Internal	Jul-2001	No
essive	DEM		Abuse/Threat	1			Nil	Ward		Day	Internal	Jul-2001	No
essive	DEM		Abuse/Threat	1			Nil	Ward		Day	Internal	Jul-2001	No
essive	DEM		Abuse/Threat	1		Verbal	Nil	Triage		Day	Internal	Aug-2001	Yes
essive	DEM		Abuse/Threat	1		Verbal	Nil	Ward		Day	Internal	Aug-2001	Yes
essive	DEM		Abuse/Threat	1		Verbal	Nil	Triage		Evening	Internal	Aug-2001	Yes
essive	DEM		Abuse/Threat	1		Verbal	Nil	Ward		Evening	Internal	Oct-2001	Yes
essive	DEM		Abuse/Threat	1		Verbal	Nil	Ward		Day	Internal	Oct-2001	No
essive	DEM	104748	Abuse/Threat	1	Nil	Verbal	Nil	Ward		Night	Internal	Dec-2001	No
essive	DEM		Verbal abuse	1	Mental stress	Nil	Nil	Triage		Day	Internal	Jan-2002	N/R
essive	DEM	111697	Verbal abuse	1	Mental stress	Nil	Nil	Triage		Day	Internal	Jan-2002	N/R
essive	DEM	43425	Verbal abuse	1	Anguish	Threats	Nil	Ward		Evening	Internal	Feb-2002	Yes
essive	DEM		Verbal abuse	1	Anguish	Nil	Nil	Triage waiting		Evening	Internal	Mar-2002	N/S
essive	DEM		Verbal abuse	1	Mental stress	Nil	Nil	Triage		Day	Internal	Jan-2002	N/R
essive	DEM	111697	Verbal abuse	1	Mental stress	Nil	Nil	Triage		Day	Internal	Jan-2002	N/R
essive	DEM	43425	Verbal abuse	1	Anguish	Threats	Nil	Ward		Evening	Internal	Feb-2002	Y
essive	DEM		Verbal abuse	1	Language	Nil	Nil	Triage		Day	Internal	Feb-2002	N
essive	DEM		Verbal abuse	1	Anguish	Nil	Nil	Triage waiting		Evening	Internal	Mar-2002	N/S
essive	DEM	43707	Verbal abuse	1	Anguish	Nil	Nil	Clean utility		Evening	Internal	May-2002	Y
essive	DEM	43691	Verbal abuse	1	Nil	Anguish	Nil	Triage	Threat to kill staff	Day	Internal	Jul-2002	Y
essive	DEM	107407	Verbal abuse	1	Anguish	Nil	Nil	Public waiting	Angry parent	Night	Internal	Aug-2002	N
essive	DEM		Verbal abuse	1	Anguish	Nil	Nil	Triage	Angry re waiting time	Evening	Internal	Aug-2002	N
essive	DEM	43774	Verbal abuse	1	Anguish	Nil	Nil	Triage	Aggressive partner	Day	Internal	Aug-2002	N
essive	DEM	43425	Verbal abuse	1	Anguish	Nil	Nil	Public waiting	Angry re waiting time	Night	Internal	Aug-2002	N
essive	DEM	43743	Verbal abuse	1	Anguish	Nil	Nil	Triage	Waiting times	Evening	Internal	Aug-2002	N
essive	DEM	43718	Verbal abuse	1	Anguish	Nil	Nil	DEM	Abusive patient	Evening	Internal	Aug-2002	N
essive	DEM	43718	Verbal abuse	1	Anguish	Nil	Nil	DEM triage	Foul language	Night	Internal	Sep-2002	N/S
essive	DEM	43707	Verbal abuse	1	Anguish	Nil	Nil	DEM treatment	Aggressive patient	Evening	Internal	Sep-2002	Y
essive	DEM		Verbal abuse	1	Anguish	Nil	Nil	Ambulance door	Abusive patient	Evening	Internal	Sep-2002	Y
essive	DEM	44000	Attempted assault/ Biohazard	1	Arms/legs face	blood splatter	MO	DEM treatment	very aggressive patient	Night	Internal	Sep-2002	Y

gressive incidents 2002

ggrav	Unit/ Ward	UR/Employee No	Incident type	No of Incidents	Body Injury	Injury Description	Medical Treatment	Exact Location	Comments	Shift	Internal/ External	Month	Security Incident
essive	DEM	43678	Verbal abuse	1	Anguish	Nil	Nil	Nurses station	Demanding husband	Evening	Internal	Oct-2002	Y
essive	DEM	43678	Verbal abuse	1	Anguish	Nil	Nil	DEM Waiting Room	Aggressive patient	Evening	Internal	Oct-2002	Y
essive	DEM	43678	Verbal abuse	1	Anguish	Nil	Nil	DEM triage hall	Irrational patient	Evening	Internal	Oct-2002	Y
essive	DEM	107470	Verbal abuse	1	Anguish	Nil	Nil	DEM triage	Aggressive client	Evening	Internal	Oct-2002	Y
essive	DEM	43678	Verbal abuse	1	Anguish	Nil	Nil	DEM Waiting Room	Patient friend abusive	Evening	Internal	Oct-2002	Y
essive	DEM	13615	Verbal abuse	1	Anguish	Nil	Nil	Triage desk	Threatened patient	Evening	Internal	Oct-2002	Y
essive	DEM	127354	Verbal abuse	1	Anguish	Nil	Nil	Telephone	Threatening abusive	Day	Internal	Oct-2002	N
essive	DEM	43718	Verbal abuse	1	Anguish	Nil	Nil	DEM treatment	Aggressive patient	Day	Internal	Oct-2002	Y
essive	DEM	43718	Verbal abuse	1	Anguish	Nil	Nil	DEM treatment	Refused to leave	Evening	Internal	Oct-2002	Y

Appendix 5.

Department of Emergency Medicine Competencies

Work Status	PAD	CPR	Pt Handling	Emergency Procedures	Infection Control	Hours Inservice attended in last 12 months	Venepuncture	Cannulation	ALS
Registered Nurse	24-Jul-01	09-Feb-02	10-May-02		27-Mar-02	21.75	27-Mar-02	27-Mar-02	04-Apr-(
Registered Nurse	13-Nov-00	18-Apr-00	21-Sep-00	03-May-02	08-Mar-02	7.00	02-Dec-00	06-Dec-00	19-Apr-(
Registered Nurse	01-Sep-00	06-Apr-01	14-Sep-00	15-Sep-00	12-Jun-02	18.25	02-Jun-01	02-Jun-01	04-Apr-(
Registered Nurse	01-Jan-01	30-Oct-02	30-Nov-01	03-May-02	19-Jun-01	26.33	29-Oct-02	29-Oct-02	
Registered Nurse	15-Dec-00	01-Apr-01	07-Sep-00	06-Oct-00	12-Mar-02	31.50	23-Mar-01	23-Mar-01	15-Dec-(
Registered Nurse			26-Mar-02	03-May-02		2.92			
Registered Nurse	03-Nov-00	11-Feb-02	10-May-02	14-Mar-01	28-Feb-02	22.75	23-Mar-02	24-Mar-02	13-Jun-(
Registered Nurse	27-Jul-01	10-May-02	21-May-01	25-Jul-01	15-Aug-02	28.50	29-Jul-02	30-Aug-01	15-May-(
Nurse Practice Co-ordinator	19-Mar-01	20-Aug-02	03-Jul-02	03-May-02	31-Oct-01	44.25			
Clinical Nurse	17-Oct-00	09-Feb-02	15-Mar-01	14-Mar-01	18-Oct-01	17.75	10-Feb-02	10-Feb-02	28-Nov-(
Registered Nurse	17-Oct-00	25-Feb-02	07-Sep-00	15-Sep-00	01-Jul-02	19.00			
Registered Nurse	27-Jul-01	03-Aug-00	09-May-00	15-Sep-00	01-Aug-00		14-Dec-00	18-Aug-00	
Clinical Nurse	30-Aug-00	26-Jul-01	14-Sep-00	02-Oct-02	27-Nov-01	7.08	27-Nov-01	27-Nov-01	06-Dec-(
Clinical Nurse	26-Feb-00	04-Dec-01	10-May-02	27-Oct-99	12-Jun-02	14.75	07-May-02	07-May-02	04-Dec-(
Registered Nurse	03-Oct-02	02-Sep-02	19-Sep-02	09-Oct-02	03-Sep-02	56.00	23-Oct-02	23-Oct-02	27-Apr-(
Registered Nurse	10-Jun-02					16.00	18-Jul-2002	18-Jul-2002	
Registered Nurse	23-Jan-01	09-Feb-02	15-Mar-02	03-May-02	02-Mar-02	20.50	02-Aug-01	16-Jul-01	04-Apr-(
Clinical Nurse	07-Oct-02	20-Mar-01	16-Nov-00	27-Oct-00	18-Oct-01	14.00	30-Nov-01	30-Nov-01	06-Jul-(
Clinical Nurse	27-Jun-01	10-Nov-99	15-Mar-01	18-Apr-01	22-Apr-02	1.75	23-Jul-02	23-Jul-02	
Registered Nurse	08-May-01	01-Sep-00	07-Sep-00	03-May-02	14-Nov-00	2.75	18-Mar-02	18-Mar-02	30-Mar-(
Registered Nurse	28-Mar-01	14-Oct-02	31-Aug-00	06-Oct-00	27-Nov-01	2.25	19-Sep-01	19-Sep-01	04-Apr-(
Registered Nurse	06-Apr-01	24-Nov-01		08-Sep-00	19-Mar-02	19.00	24-Nov-01	25-Nov-01	07-Jun-(
Registered Nurse	30-Apr-01	24-Nov-01	30-Nov-01	28-Nov-01	27-Nov-01	20.75	12-Dec-01	11-Dec-01	
Registered Nurse	13-Nov-01	18-Sep-01	16-Nov-00	06-Oct-00	04-Nov-00	2.50	05-Mar-02	05-Mar-02	06-Dec-(

This tables shows when each competency was last perform

Appendix 6.

DEPARTMENT OF EMERGENCY MEDICINE
CLINICAL AREA
ADMINISTRATIVE OFFICER'S DUTY LIST

1. Computer responsibilities:

Emergency Module:

- Data entry – Emergency Attendance (in collaboration with Nursing and Medical Staff)
- Data entry – down time forms as required
- Patient attendance inquiries

Appointments:

- D.E.M. reviews
- Specialist Clinic Appointments
- X-Ray appointments
- Allied Health appointments as required
- Private referrals as required

Fammis:

- Weekly Stores orders – Reservations as requested by Nursing Staff according to the impress system

Correspondence:

- Referrals to Consultants and Local Medical Offices etc. as requested by Medical Staff
- Transfers to other hospitals
- Departmental monthly meeting minutes

2. Telephone:

- Direct incoming calls to D.E.M. Medical and Nursing Staff or other departments as required
- Notify bed coordinator of pending admissions
- Notify ward staff of pending admissions
- Contact patient's relatives as requested by patient
- Arrange home transport for patients as required
- Call Dressers for patient transfers as requested
- Arrange Q.A.S. transferrs

3. Clerical Duties:

- Admissions:
- obtain patient's Unit Record from Medical Records
- ensure Patient Election Forms are completed
- file all documentation in patient's Unit Record
- File all policies in appropriate folders
- File all memos in appropriate folders or place on notice board as required
- Place all call lists and Medical Rosters on notice board as required

4. Courier:

- Assist Courier with all pick ups and deliveries
- Sort incoming mail
- Deliver urgent specimens to Pathology as requested

BUSINESS CASE RELATING TO THE STAFFING LEVELS IN THE DEPARTMENT OF EMERGENCY MEDICINE

When the current staffing allocation for the Bundaberg Base Hospital's Department of Emergency Medicine is compared with the Business Planning Framework for Nursing Resources, and the staffing model which is used by the Royal Brisbane Hospital, there is a Registered Nurse deficit of 6.74 and 6.33 F.T.E. respectively.

RECOMMENDATIONS:

Considering the Business Planning Framework recommendations, it is strongly recommended that:

pendix 7.

D.E.M. PORTFOLIO TEAMS

TEAM 1	TEAM 2	TEAM 3	TEAM 4
Clinical Nurse	Clinical Nurse	Clinical Nurse	Clinical Nurse
Clinical Nurse	Clinical Nurse	Registered Nurse	Clinical Nurse
Registered Nurse	Registered Nurse	Registered Nurse	Registered Nurse
Registered Nurse	Registered Nurse	Registered Nurse	Registered Nurse
Registered Nurse	Registered Nurse	Registered Nurse	Registered Nurse
Trainee		Registered Nurse	Registered Nurse

SIX MONTH ROTATION

TE	TEAM 1	TEAM 2	TEAM 3	TEAM 4
1/9/02 to 28/2/03	Research	Staff Development/ Roster	Quality Activity	Occupational Health and Safety
1/3/03 to 31/8/03	Staff Development	Quality Activity	Occupational Health and Safety	Research
1/9/03/ to 28/2/04	Quality Activity	Occupational Health and Safety	Research	Staff Development/ Roster