

Bundaberg Health Service District COMPLAINT REGISTRATION FORM

This form is to be completed the staff member who is registering the complaint.

c_{c}	omplaint Identifier:C	1003 OQ	who is registering the complaint
Type of Complaint:		Office Use Only	
Name of person hand	lling complaint: DMPRETE	DECK esignation of Staff handling the complain	
Facility:	Bundaben	Childers	Gin Gin Mt. Perry
Source of Complaint	Patient/Client Staff Member Other – Please speci	☐ Relative/Carer ☐ Volunteer	☐ Friend/Advocate ☐ Anonymous
Complainant Details	Election Status:	DOB:	UR: ission Status: Post Code:
Complaint referred by if from an external source pmplaint Handling	Complainant Name It diff. I Ministerial I HRC I Response to Survey	□ Local MLA □ MP □ Other	☐ Other QH Department☐ Staff Referral☐ Not Known
etails use provide the date each action completed	Complaint submitted plat Acknowledgmont pages Dales of Resolution/Glosur	Firet pr	aintziegistered 24/06:03 ogress report:
,	Category 1. Access to Services 2. Communication 3. Consent 4. Corporate Services 5. Cost 6. Cost 7. Privacy/discrimination 8. Professional Conduct 9. Treatment	Description	
Category	J. Treatment Location of Incident: Staff involved in the complain	nt: Diskarej	
ity of Complaint	Level One: Trivial, misconceived, su Level Two: Complainant could have Level Three: Legitimate consumer co	bject matter not warranting acceptance for in resolved complaint easily with support from	nvestigation staff involved or practice management, but no lasting detriment mplaints with clear quality assurance implications

K W N y *	Complainant Objective	Register concern	☐ Receive explanation	☐ Obtain apology
	What does the complainant want to happen?	☐ Obtain refund	☐ Access service	☐ Change procedure
		☐ Change policy	☐ Compensation	☐ Disciplinary action
		Please provide details:		
		•	e e e e e e e e e e e e e e e e e e e	
10 - 150 June	The second secon			
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-	Resolution Mechanism/	D. Concern regustered	☐ Explanation given	☐ Apology provided
	Outcome By what means was the complaint resolved?	☐ Costs refunded	☐ Services provided	☐ Procedure/practice change
	by what means was the compliant resorted.	☐ Policy change	☐ Compensation received	Disciplinary action taken
		☐ No action taken		
		Please provide details:		
		Please provide details.		
(;	Recommendation/	☐ Staff member/contrac	tor counselled	z/education of staff provided
	Action taken	☐ Duties changed	•	al/ termination of contract
	What action has been taken as a result of this complaint?	☐ Quality improvement		2
		Please provide details:	don't ly in the don't leave th	¥\$4000000000000000000000000000000000000
		-	√ 3°	
		RETENSITOR ESWELLS P	51	
	Adverse Outcome			
	Addition of the other			
	Narrative	Please provide a brief su	mmary of the complaint	100 100 100 100 100 100 100 100 100 100
		P151 recomplance	lythau a proteatitire io bis earthad	been done in the wrong place
	Office Use Only	Acknowledgment letter - 3 days	Progress report - 21 days	Kesolution - 35 days
	Performance indicators			
		Date	,	
<i>(</i> * .	Reported in trends analysis			



Bundaberg Health Service District COMPLAINT REGISTRATION FORM

This form is to be completed the staff member who is registering the complaint

		recor the start member	Tho is registering	the complaint.
Сотр	laint Identifier:	0503.15. Office Use Only		
Type of Complaint:	Written			
Name of person handlin	g complaint: DMA Steil	ECK nation of Staff handling the complaint		
Facility:	Bundabeig	Childers	Gin Gin	Mt. Perry
Source of Complaint	Patient/Client	☐ Relative/Carer	☐ Frie	nd/Advocate
	☐ Staff Member	☐ Volunteer		nymous
	☐ Other — Please specifing MP			nymous
Complainant Details	Names (53		UR:	
	Election Status:	Adm	ission Status:	
	Oking kirat	DOB:	Post Co	de:
	Complainant Name If differ	ent to above		
Complaint referred by: If from an external source	☐ Ministerial	☐ Local MLA	☐ Other	QH Department
If from an external source	☐ HRC		☐ Staff	_
	☐ Response to Survey	☐ Other	☐ Not K	
Complaint Handling Details	Complaints ibmited 26.	05.03 Gomb	laintriégastéted: 2	4.06.08
Please provide the date each action was completed	Acknowledgment 186603	First p	progress report:	STANDON PAROSANZ
	Daits of Restillings/Classic	£218206-08		
Complaint Issue	Category			
See Complaint Categories and Description	1. Access to Services	Description		•
The compliant categories and Description	2. Communication			
	3. Consent			
	4. Corporate Services			
	5. Cost			
	6. Grievances			
	7. Privacy/discrimination			
	8. Professional Conduct			
	9. Diearment			
ervice Type	Location of Incident: Theat			
taff Category	Staff involved in the comple	aint: Di Paie		_
everity of Complaint	Level One: Trivial, misconceived,	subject matter not warranting acceptance	for investigation	
		we resolved complaint easily with support		
	Level Three: Legitimate consume	or complaints, especially about communic	ation or practice management	but no lasting detriment
	Level Four: Significant issues of s	tandards, quality of care, or denial of righ	ts, complaints with clear quali	ty assurance implications
	Level Five: Long-term or severe da	unage, including death, serious adverse ou	atcome, professional miscondu	ict

Complainant Objective	Register concern	☐ Receive explanation	☐ Obtain apology
What does the complainant want to happen?	65459	•	
	☐ Obtain refund	☐ Access service	☐ Change procedure
	☐ Change policy	☐ Compensation	☐ Disciplinary action
	Please provide details:		
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Resolution Mechanism/ Outcome	D Concendiregisteres	□ Explanation given	☐ Apology provided
By what means was the complaint resolved?	☐ Costs refunded	☐ Services provided	☐ Procedure/practice change
	☐ Policy change	☐ Compensation received	☐ Disciplinary action taken
	☐ No action taken		
	Please provide details:		
	•		
	l	the state of the s	The state of the s
Recommendation/	☐ Staff member/contracto	or counselled	education of staff provided
"Action taken What action has been taken as a result	☐ Duties changed	☐ Dismissa	V termination of contract
of this complaint?	☐ Quality improvement a		
	Please provide details:		
	***************************************	explaining antinvestigation of th	teancidentawasamdentakemby
	senior stati and to apologi	SO.	
Adverse Outcome			
	Please provide a brief	mary of the complete	
	Please provide a brief sum	nmary of the complaint	2
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Narrative	PSO wrote very ups carofid artery and she had	el and distressed that the eather	e it repaired. As well as the
Narrative	PSO wrote very ups carofid artery and she had	e and distressed that the cathe	c it repaired. As well as the
Narrative	PS wrote very tips carotid arter cand she had treatment by the Angesther	el and distressed that the called to be flown to Brisbane to hav ist and that her flusband was no	e it repaired. As well as the i mounted
Narrative Office Use Only Performance indicators	PS wrote very tips carotid arter cand she had treatment by the Angesther	el and distressed that the called to be flown to Brisbane to hav ist and that her flusband was no	e it repaired. As well as the innotified

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Bundaberg Health Service District COMPLAINT REGISTRATION FORM

This form is to be completed the staff member who is registering the complaint.

Type of Complaint: Written X Verbal Telephone Name of person handling complaint: Dr Darren Keating Name and Designation of Staff handling the complaint Facility: Bundaberg Childers Gin Gin Mt. Perry Source of Complaint x Patient/Client Relative/Carer Friend/Advocate Staff Member Volunteer Anonymous Complainant Details Name:		Complaint Identifier:	Completed the staff men	nber who is registerin	ng the complaint
Name of person handling complaint: Dr Darren Keating Mens and Designation of Stort handling the complaint Facility:	Type of Complain	mas (Tildos).	Office Use Only	You was a	
Source of Complaint X Patient/Client			Verbal Telepho	one	
Source of Complaint x Patient/Client Relative/Carer Friend/Advocate Staff Member Volunteer Anonymous	Pastu	Name	Darren Keating and Designation of Staff handling the com	mloint.	
Source of Complaint x Patient/Client Relative/Carer Friend/Advocate Staff Member Volunteer Anonymous	Facility:	☑ Bundaberg	Childers		
Complainant Details Name: Plase specify UR:	Source of Comple			OM OM	Mt. Perry
Complainant Details	- our compra	x Patient/Client	☐ Relative/Co-	10.00	
Complainant Details Name: 121 UR: Election Status: Admission Status: Gender: F Post Code: 4670 Complaint referred by: If from an external source If from an external source Complaint Handling Details Petails Petails Complaint submitted: 02.07.04 Complaint Issue Complaint Issue Complaint Issue Complaint Issue Category 1. Access to Services 2. Communication 3. Consent 4. Corporate Services 5. Cost 6. Grievances 7. Privacy/discrimination 8. Professional Conduct 9. Treatment First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has shruch had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has shruch had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has shruch had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has shruch had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - Delieves she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has shruch had surgery and believes that this may have been prevented if she had had the biopsy.		□ Staff Member		□ Frie	nd/Advocate
Complainant Details	·	1	specify	☐ Anor	lymous
Complaint referred by: Complaint referred by: If from an external source If from an external so	Complainant Detai				
Gender: F Post Code: 4670 Complaint referred by: If from an external source Other QH Department Departm	Paramet Detai	Name: (P131			and the second s
Complaint referred by: If from an external source Complaint referred by: If from an external source Complaint referred by: If from an external source Complaint referred by: If from an external source Complaint Handling	10.0	Election Status:			2.0
Complaint referred by:		Gender: F	A		
Complaint Handling Details Please provide the date each action was completed Category 1. Access to Services 2. Communication 3. Consent 4. Corporate Services 5. Cost 6. Grievances 7. Privacy/discrimination 8. Professional Conduct 9. Treatment First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has since had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has since had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has since had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has since had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has since had surgery and believes that this may have been prevented if she had had the biopsy. First progress report: Description 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has since had surgery and believes that this may have been prevented if she had had the biopsy.		Complainant Name	If different	Post Code	e: 4670
HRC	Complaint referred	hy. Mr.	it different to above.		
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6. Grievances 7. Privacy/discrimination 8. Professional Conduct 9. Treatment If Category Staff involved in the complaint: Dr Patel erity of Complaint Level One: Trivial, misconceived, subject matter not warranting acceptance for investigation Level Two: Complainant could have resolved complaint easily with support from staff involved Level Three: Legitimate consumer complaints, especially about communication or practice management, but no lasting detriment X Level Four: Significant issues of standards, quality of save the standards and involved and in the consumer complaints and consumer communication or practice management, but no lasting detriment		4. Corporate Services	prevented if she had h	believes that this ma	y have been
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Level Three: Legitimate consumer complaints, especially about communication or practice management, but no lasting detriment X Level Four: Significant issues of standards, quality of each or the standards of t	erity of Complaint	Level One: Trivial, misconceive	ed subject		
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X Level Four: Significant issues of standards, quality of several to the standards and its several to the standards of standards and its several to the standards of standards	f	Level Three:	nave resolved complaint easily with support fr	om staff involved	
Level Five: Long-term or severe damage, including death, serious adverse outcome, professional princes.	<u> </u>	STUTTER COLLEGE	mer connections		sting detriment
Louig-term or severe damage, including death, serious adverse outcome, professional mineral handless and the serious adverse outcome, professional mineral handless are serious adverse outcome, professional mineral handless and the serious adverse outcome, professional mineral handless are serious adverse outcome.		Level Five:	f standards, quality of care, or denial of rights,	complaints with clear quality assuran	ce inmlication-
		Long-term or severe	damage, including death, serious adverse outco	one, professional misconduct	

Complainant Objective	Register concern	x Receive explanation		
What does the complainant want to happen?	Obtain refund	☐ Access service	☐ Change pro	ocedure
	☐ Change policy	☐ Compensation	Disciplinar	y action
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and the fact of the second	A CALL BOOK STORY		The Market of the State of the	भक्षाक्ष्म अस्ति स्टब्स्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्
Resolution Mechanism/	Concern registered	Explanation given	☐ Apology prov	vided
Outcome	Costs refunded	☐ Services provided	☐ Procedure/pra	•
By what means was the complaint resolved?		-,	رَافِهُ وَهِو فِي مَا فِي هَا فَيْ هِيْ مَا مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ	and the second
: .	☐ Policy change	☐ Compensation received	ப Disciplinary	chon taken
	☐ No action taken			
	Please provide details:		~	
	Letter from	n Dons to	5 P131	
	applaine	procedures		
		44 4 / / / / / / / / / / / / / / / / /	/ 1	
Recommendation/	☐ Staff member/contractor		education of staff	-
Action taken What action has been taken as a result			al/ termination of c	ontract
of this complaint?	☐ Quality improvement ac	tivity initiated 1 No actio	n taken	
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Adverse Outcome				
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Narrative	Please provide a brief sumr	nary of the complaint		3 , 1 , 1 , 1
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	Please provide a brief sum	nary of the complaint		
				in the second se
	Please provide a brief sumr	nary of the complaint	Resolution - 35 days	
Narrative			Resolution - 35 days	
Narrative Office Use Only			Resolution = 35 days	



Bundaberg Health Service District COMPLAINT REGISTRATION FORM

This form is to be completed the staff member who is registering the complaint.

laint Identifier: 07	04 · 03 Office Use Only		•
Written X Verbal	☐ Telephone		
g complaint: Dr Darren I	Keating ation of Staff handling the complaint		
☑ Bundaberg	Childers	Gin Gin	Mt. Perry
x Patient/Client Staff Member Other – Please specify	☐ Relative/Carer ☐ Volunteer	☐ Friend	/Advocate mous
Name: 0.3 Election Status: Gender: F Complainant Name If different		ussion Status: Post Code	: 6
☐ Ministerial ☐ HRC ☐ Response to Survey	☐ Local MLA ☐ MP ☐ Other	☐ Other Q☐ Staff Re☐ Not Kno	
Acknowledgment:	First J		7.04
Category 1. Access to Services 2. Communication 3. Consent 4. Corporate Services 5. Cost 6. Grievances 7. Privacy/discrimination 8. Professional Conduct 9. Treatment	instead of cream giver since had surgery and	n to her by Dr Patel believes that this n	. She has
Location of Incident:	**************************************		
Staff involved in the comple	aint: Dr Patel		
Level Two: Complainant could have Level Three: Legitimate consum X Level Four: Significant issues of	ave resolved complaint easily with suppor or complaints, especially about communi standards, quality of care, or denial of rig	t from staff involved cation or practice management, bu hts, complaints with clear quality a	
	Written X Verbal g complaint: Dr Darren I Name and Design Bundaberg x Patient/Client Staff Member Other — Please specify Name: Please specify Achiever F Complainant Name if difference Complainant Name if difference Response to Survey Complaint submitted: 02.0 Acknowledgment: Date of Resolution/Closur Category 1. Access to Services 2. Communication 3. Consent 4. Corporate Services 5. Cost 6. Grievances 7. Privacy/discrimination 8. Professional Conduct 9. Treatment Location of Incident: Staff involved in the complainant could have been consumed in the complainant could have	Staff Member	written X Verbal

Complainant Objective	Register concern	x Receive explanation	☐ Obtain apology
What does the complainant want to happen?		Access service	☐ Change procedure
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; · · · · · · · · · · · · · · · · · · ·	☐ Change policy	☐ Compensation	☐ Disciplinary action
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Resolution Mechanism/	☐ Concern registered	☐ Explanation given	☐ Apology provided
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By what means was the complaint resolved?			Disciplinary action take
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Recommendation/	☐ Staff member/contractor	counselled	education of staff provided
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Narrative			Resolution — 35 days

Bundaberg Health Service District

Adverse Event Report Form

Ensure that any person involved is safe and that all necessary steps have been taken to support and tre this person and to prevent injury to others. Ensure medical records are factual and up to date.

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ICU ISSUES WITH VENTILATED PATIENTS;

BBH ICU is a

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 made clear to surgeons and this has appeared to distress one 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. 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" (Gentamicin 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. Dr Patel will not converse with the NUM. Dr Patel has attempted to cause conflict with the staff in ICU, By stating the NUM is unsupportive of her staff.

The Director of the Unit, Dr Carter, is usually supportive and proactive about transferring patients, except when Dr Patel's patients are concerned. Dr Patel creates such an atmosphere of fear and intimidation in the unit that his behaviour is rarely challenged. 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". It was explained to him that it is a complicated process that requires much more than an increase in FTE's. 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.

. There is such a feeling of disunity in the ICU at present, it is upsetting to the nurses, every time we have a patient of Dr Patels's the staff anticipate an argument. When Dr Patel's ventilated Patients require ongoing care or have been ventilated for longer than 24-48 hrs, it needs to be 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. He has done this when a bed has already been obtained. This has, on several occasions placed the patient in jeopardy as they have further deteriorated

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 a 46 year old male with a crush injury to his chest, multiple # ribs and a flail segment. He was shocked, in pain, tachycardic and hypotensive. The Anaesthetist 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 from 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. The patient was sent to CT and then it was decided to definitively transfer him to Brisbane. There was some delay in contacting the clinical coordinator as they were doing a ward round. After about fifteen minutes the clinical coordinator phoned back and spoke with Dr James Boyd. This was about 1930 hrs, 4-5 hrs post the initial confirmation of the bed being available at the P.A. During this time Dr Younis had been trying to resuscitate the patient, insert central and arterial lines, administer blood and intubate and ventilate the patient. Three ICU nurses were involved with this patient throughout his stay. The Retrieval team arrived about 2215 and whilst attempting to prepare the patient for transfer he deteriorated and died.

. Park

My concerns are:

The staff in the ICU is expected to function outside of the role of the level one unit, repeatedly when the limitations of the unit are well known.

The behaviour of Dr Patel in intimidating, bullying, harassing and insulting the staff in ICU continues.

The interference of Dr Patel with this particular patient which delayed his transfer. (Dr Patel was asked to review the patient). This delay may have contributed to the outcome of this patient.

My concern that the personal beliefs of Dr Patel concerning the types of patients he can care for here, actually endangers the lives of the patients as these patients that would be transferred to Brisbane are not being transferred early enough.

A Secondary concern of mine is the level of surgery which is performed that should only be performed in a tertiary hospital.





レバル Bundaberg Health Service District

Adverse Event Report Form

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Bundaberg Health Service District

Adverse Event Report Form

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Bundaberg Health Service District

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BUNDABERG HEALTH SERVICE DISTRICT

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J. CHAPMAN	1121	
Usual GP: BURNETT MED CUTE	•	
Address: PO Box 812		
BUNDABERG 9 4670	•••••	
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Bundaberg Health Service District

Adverse Event Report Form

Ensure that any person involved is safe and that all necessary steps have been taken to support and trea this person and to prevent injury to others. Ensure medical records are factual and up to date.

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L/K // Bundaberg Health Service District Adverse Event Report Form Ensure that any person involved is safe and that all necessary steps have been taken to support and treating person and to prevent injury to others. Ensure medical records are factual and up to date. Government Queensland Health Registration No Date Received Consequence Risk Rating RECEIVED SSESSIMENIC Moderato Kossible 2 8 OCT 2004 Risklevel DODEU Please print clearly using a black pen (Attach extra sheets if required) Site ☐ Bundaberg ☐ Childers ·□ Gin Gin ☐ Mt. Perry Patient/Visitor Adver Staff Adverse Event BUNDABERG HOSPITAL SHX UR NO P15 Fulltime Part time Casual Temporary Fixed Standard Rotating Öther Male Female Not stated Patient Visitor .√ Other Shift time. . From Involuntary Fee iller till Voluntary Unknown Name Name Contact No. Coritact-No. Please specify What were you doing at the time of the adverse event? Name & Contact No. Name & Contact No. years Including Ages Name: N/A Name: Name: N/A I edical Officer's examination (This section to be completed for patient or staff adverse event where relevant) relevant, please describe-the-assessment of the subject's condition and list treatments/investigations-ordered. Ensure the medical record is complete edical Officer's Date & Time: nafure: Name:

Please complete all sections on page 2 for all adverse events (Patient or Staff)

N/A

Yes

No

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Gövernment Queensland Health

L/K/L Bundaberg Health Service District

Adverse Event Report Form

Ensure that any person involved is safe and that all necessary steps have been taken to support and treat this person and to prevent injury to others. Ensure medical records are factual and up to date.

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INPATIENT PROGRESS NOTES

DATE AND	
STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
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77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Same.
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	DIC Meds sunt to Pharmacy at 1445hrs b. Memder For (Ait XANDER)
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Bundaberg Health Service District

Incident Report Form

Ensure that any person involved is safe and that all necessary steps have been taken to support and trea this person and to prevent injury to others. Ensure medical records are factual and up to date.

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Reporters	Details	Contact No.	15 O2 33;	2	Details	Contact No.			
		Classification:	270	·		What were you do	ling at the time of the	Incident?	P. T. P. P. S. C. W. S. L. S. C.
15 With	iess) -	Name & Contact No.	D. Littlefie		Task				
2 [™] Witr	ness:	Name & Contact No.	PJ. BEY	D .	Experience in this task				years
Place of Ir	ncident'		0/SUR6		Place of Incident		100000000000000000000000000000000000000		
Date of In	cident	25/12/04	Time (2)	1320hR	Cause of Injury	,			
Current p		Post Lap	ehole: T/F	Form RBH	Equipment details		lumber		
diagnosis/p	17000000	VRE ISOL	ATIOU.		1 st Witness			······································	
∴ Next of notified	12	Yes No (N/A			2 nd Witness	Ş.			
Medical o		Yes No N/A	Name: BEY	D.	Medical officer, notified?	Yes No	N/A Name	1	-
Medical C	Officer's	examination (This section to be o	completed for patie	ent or staff incide	nt where relevant	1		
If relevant, ple	ase describ	e the assessment of the horizontal control of the c	he subject's condition	and list treatments/ir	nvestigations order	ed. Ensure the med	ical record is com	plete.	-
	at	had The	stople +	This	Was wa	In see			
						•			
fedical Off Signatur		ju151		The state of the s	Date & Tin	ne: 25/	12/04	1400 h	<u> 12</u>
		Ple	ase complete all s	ections on page	2 for all inciden				

See Guidelines for assistance with completing this section Description of Incident - Please describe exactly what happened, including who was involved Bellawar samored as per Dr Patels croters written in pto chart Noted alifeinty toying to ramore Bellasac tubing + discomfort caused to pt in procedure. D. hittlefield was asked by myself to comfort pt due to him not being able to relax love removed a forient hing sticking out on it is blackling to bete noted If this incident is a fall, pressure area or occupational exposure, please complete the relevant minimum data set form, attach & forward to DQDSU If this is a security incident, ensure Security Officer completes Security form and forwards to Operational Services Manager Security form and Secur Contributing factors - Identify causes that contributed to the incident Treatment/investigations ordered - indicate what treatments or investigations were required as a result of this incident, Outcome: What has been the outcome of this incident? Has the incident been documented in the medical record? No If not, why not? Signature Incident Category and Sub Category Please refer to guidelines Consequence - Please Circle Likelihood - Please circle Assessment Almost Moderate N Major Possible Likely Risk Rating Medunt High Very High Extreme Name: MANAGER | Signature: Please forward this form to the District Quality and Decision Support Unit Comment (Director, WHSO) where required



L/K/H Bundaberg Health Service District

Adverse Event Report Form

Ensure that any person involved is safe and that all necessary steps have been taken to support and treat this person and to prevent injury to others. Ensure medical records are factual and up to date.

A Property of the Control of the Con			DQDS/U	lse Only	are the s			
Registration vo	P0429 Consequence	Date Regisjer	9/9/04 Risk Rating	Date Received		ECEIV	FD	
Jusik Assessmen		Possible	Heden			- 6 SEP 20		
RacLavel	Modu	• .						
Assessmently Address required	Wole	<u> </u>				DODSL	J	
	arly using a black	pen (Attach extr	a sheets if required)			· · · · · · · · · · · · · · · · · · ·		
Site	□ Bund		☐ Childers		☐ Gin Ģ		□ Mt	Perry
I	BUNDABERG HOS HILLIER DORIS J	SPITAL SEI F	X UR NO 002378	Full Name	Staff Holentoid	Adverse E Etailsilihitikisio	vem t olumu:	
S (Nu)				Eniplevee Number Department				
		•		Emeloyment	Fulltime	Part time	Casual	Тетрої
Department	5	UR G		: Shift Type,	Fixed	Standard	Rotating	Öther
explained.	Male	(Fémale)	Not stated	Dale of Exent.				L
Subjection :	Patient	Visitor	Other	Shift time	From .	ISSEMINATE SECTION	To	•
IM-S Cheme .	Involuntary	Voluntary		Position title			-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	······································
poreis Delatis	Name 2	I Rad		Supervisor's.	Name			
Reporter		23 36		Details eys	Contact No.			
Reponers Inselfication 1 ⁵¹ Wilness	Please specify Name & Contact No.	•		Task	What were you do	ing at the time of the	adversé event?	
Viness	Name & Contact No.		E C	xperience in 2.5		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	······································
ce oli Adverse. eveni	SUF	26/0	\overline{T}	Ilnis task.				year
le of Adverse event	H/6/00	Time	Am.	Verse even: use of injury				
near problems Designation	NECROTI	SING E	ASCITIS	duipment I	ncluding Asset Nu	imber		
Verse Evenir Litype Next offing	PATIBA	NT/	Wary co	100	77/0~		<u> </u>	
(巴克斯的耳(明白)2000年2000年/	Yes No N/A	Name:						
notitied?		Name:		AVVIII (ESSAR)				

Description of Adverse Event - Please describe exactly what	nappened_including.wpo.was.involved
Porland Road Lay	6 Chole 28/8. Weveloped
000 4 600	b Chole 28/8. Weveloped b coorsening centre 4/9. exploration & required, necroting factions,
Ectlentes por	sufferation & required
Jaken to OT for	Tues faciles.
3x Sas custony for	neero
	· ·
If this adverse event is a fall, pressure area or occupati	onal exposure, please complete the relevant minimum data set form
ionfiribiliting factors ្រៅdentity causes/conditions/piactice/human	carroivipatient behaviour/staffmg/experience eterthat contributed to the incidents
? cause	
, 20	
Company of the Compan	
reatiment/investigations ordered - Indicate what treatments is	
Centilenster there	
Centions to their	
npactor:Outcomer:What has been the outcome of this zoverse	evento
prolonged dan	, Return to 01
Prolongy AB	Therapy Woundo X 3.
inimisation of Ourcomes—What factors minimised the outcome	a of the was a new miss, where some define even from occurring the first state of the fir
anderote theraps	for penish puro to
asterna to the cal	ere.
Julian a Julian	
evention a How could this adverse leventhrave, become venter wh	
つ	
4	
Signature /	Date 10/9/04
	. Please give this form to your Shift Supervisor
nift Supervisor//Management/Repont	
mment on action taken or action needed to be taken to prevent recurrence	
Lo Gromes	trol Musse Hofeful
O. l. I. Com	trol Messe Ropert
English Car	
·	K. K
s the adverse event been documented in the medical record?	Yes No If not, why not?
me: \$1/2n/kn	Signature;
	District Quality and Decision Support Unit.
ector's Comment (Where required)	
So Comment (Staff Adverse Event Only)	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
SElecomment :	
SOCIESTATIFICATION CONTRACTOR CON	



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PATIENT

CLIENT ACCIDE

ACCIDENT / INCIDENT REPORT

0			st Centre No.	
BUDABERG BASE	Hospital	/ Service	THEATRE	Ward / Departmen
Date and Time of incident	15/8	103 900 1	hours	
Please tick appropriate box	xes	(Lodge within 24	hours of incid	ent)
Patient Name: Pi32	:	Birth Date: / / .	UR N	lumber
Ward/Department/Area: THEA	HIRE !	Medical Officer:	R J PATEL	<u></u>
Location of Incident: OR 4		Time and Date Medical		hours/5/8/03
Illness/Disability: Lap Chole ustect	~.~.	Patient Mental State be		MANAESTHETISED
	Drrug	}		GGRESSIVE UNCONSCIOU
Has the patient any Debility: ☐ Yes Specify:	S PRION	Does the patient use su Specify:	upportive aids: ப ү	YES NO N/A
D(Ne patient Fall / Slip ☐ from bed ☐ from chair ☐ in shower / bath ☐ in toilet ☐ in corridor ☐ on wet floor ☐	□ Staff i	ty Restraints in use		(SPECIFY)
Part of Body Injured: (CIRCLE) Eyes Left/Right Ears Left/Right Face / Nose / Mouth Head Neck Back Trunk Shoulders & Arms Left/Right Hands & Fingers *	Fracture Sprain Internal Inju Superficial Foreign Bod Polsoning Other	Skin Tear dy Burns Acha Electrocution Disease: Anacofficie ers Turne diseases rders	Power Equipmen Chemicals Indoor Environme Patient / Visitor / Body Fluids	Slip/Trip Struck Heat / Cold Other To come into contact with: It Hand Equipment Outdoor Environm. ent Staff
Medical Attention Received First Aid □ Obs. Taken □]	Private Doctor □	Hospital Doct	tor □ Other □
Has this incident caused the patie	ent a longer	stay as inpatient? Yes	s/No How lo	ong
How did the incident occur: I was Scrubbed for L	ap Chole	cystectony an	d could n	ot get the
multipre Ligaclipse + CN & Doherty by		()		from RN C.D.bsn cent to work)
Name of Witness/s: (1)	atel c	Dobson	Contact No.:	41502484
(2) G D	pherti	1	Contact No.:	41502484
Reporting Person: M 60K	OTHAN	SIGNATURE M	Moshan	

Area Supervisor In	vestigation Report			
This incident was re	ported to me on 157	8 103	at 1000 hours	
What sequence of ci	rcumstances contribute	d to incider	nt: (What happened prior to ac	cident)
•				•
· Difficul	I instrumer	7 	to assemble.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/ ′		***************************************		
What unforeseen haz	zard/s contributed:			
		······		
Probable recurrence rat	e within Department: Freq	uent 🔽	Occasional 🗆	Rare □
ENVIRONMENTAL / PER	SONAL FACTORS THAT C	ONTRIBUTE	TOWARDS THE ACCIDENT	
Nil 🗆	Language Problems		Safety Precautions	
Alcohol or Drugs	Lighting		Slow Reaction	
Emotional Problem Moisture T	Misconduct		Temperature	
Moisture ☐ Ventilation ☐	Lack of Understanding		Personal Protective Equipment	
Physical Handicap	Housekeeping Work Area Layout		Warning Systems Lack of Supervision	
Plant & Equipment-	Works Practices		Other	
Maintenance □				*****
Outcome			*	
	EEN TAVEN TO DDEVEN	T A DECLID	RENCE OF THIS TYPE OF ACC	VD EL EC
(It is the responsibility of A	denagement to take appropri	TA NECUR	revent a recurrence of accidents.)	NDENT?
(It is the responsibility of it	L Land take approprie	ale action to p	prevent a recurrence of accidents.)	
100 FO	Train new	<u>.</u>	aff re. Ihr	
10strum	nest. Insur	nce	15 / re. this 21/8/05	
Property Damage / Lost	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Repl	acement / Repair Cost \$	
Report Number,	Time/Da	ite reported:		
Signatura	Dilin		Designation: AWV.	, , , ,
			Date:.//	/
FORWARD TO DEPA		·		A-4-4-4-4
Department Head's repor	t:			
Have corrective action/s be		No □		
Further Comments:	maceen in	*******************		
				,
. Kohoo.	La .	1776		(· · · · · · · · · · · · · · · · · · ·
Name:	هران Signature:		21. J. Date: \$1. 7.	1.3.4.5
FORWARD TO HEALT	TH AND SAFETY OFFIC	CER	100,1	
Health and Safety Officer'	s Comments:			

Jama:				
vame:	Signature:		/ Date:/	. /

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PATIENT C	LIENT
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ACCIDENT / INCIDENT REPORT

American American	
BNDARCR & BASE Hospital	Cost Centre No.
	•
Date and Time of incident 15 /	hours
Please tick appropriate boxes	(Lodge within 24 hours of incident)
Patient Name: P133	Birth Date: / / . UR Number
Ward/Department/Area: THEATRE	Medical Officer: J PATEZ
Location of Incident: ORU	Time and Date Medical Officer Notified: hours/503
Illness/Disability:	Patient Mental State before Incident: ANAESTHETISED
Exploratory Laparotomy	☐ ORIENTATED ☐ DISORIENTATED ☐ AGGRESSIVE ☐ UNCONSCIOUS
Has the patient any Debility: ☐ YES ☐ No Specify:	Does the patient use supportive aids: ☐ Yes ☐ No Specify:
from chair	ty Restraints in use
Eyes Left/Right Ears Left/Right Face / Nose / Mouth Head Neck Back Trunk Shoulders & Arms Left/Right Hands & Fingers *	Skin Tear dy Burns Electrocution Disease: Ors Skin Tear Abuse Other What did person come into contact with: Power Equipment Hand Equipment Chemicals Outdoor Environm. Indoor Environment Patient / Visitor / Staff Body Fluids
First Aid ☐ Obs. Taken ☐	Private Doctor ☐ Hospital Doctor ☐ Other ☐
Has this incident caused the patient a longer of How did the incident occur: I was Stout mg for Explored Stopped working. Four Mad faulty value and Name of Witness/s: (1) D. GADDES (2) D. LEWN6S Reporting Person: M. GOATMAND (PRINT)	ratory Laparotomy and Sucker and that Blue Sucker bottle liner and had to be replaced. Contact No.: 41502484

Forward to Area Supervisor QH22bis

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(Please turn page)

Area Supervisor Investigation Report			
This incident was reported to me on	8 / 07 at	/200 hours	
What sequence of circumstances contributed	I to incident: (Wha	it happened prior to ac	cident)
What unforeseen hazard/s contributed:			
Probable recurrence rate within Department: Frequency	uent □	Occasional	Rare 🖒
ENVIRONMENTAL / PERSONAL FACTORS THAT C	ONTRIBUTED TOWA	RDS THE ACCIDENT	
Nil □ Language Problems Alcohol or Drugs □ Lighting Emotional Problem □ Misconduct Moisture □ Lack of Understanding Ventilation □ Housekeeping Physical Handicap □ Work Area Layout Plant & Equipment- Maintenance □	□ Safet □ Slow □ Temp □ Perso □ Warni □ Lack	y Precautions Reaction erature onal Protective Equipment ing Systems of Supervision	
Outcome WHAT ACTION HAS BEEN TAKEN TO PREVEN' (It is the responsibility of Management to take appropria	nte action to prevent a	recurrence of accidents.) Ampan	<u> </u>
Property Damage / Lost Reported to Police: Yes □ No □ (If yes) Police Of			1
Report Number Time/Da			
			7
AREA SUPERVISOR'S NAME: POUL O C		Date: (178	16
FORWARD TO DEPARTMENT HEAD			
Department Head's report:	· · · · · · · · · · · · · · · · · · ·		
Have corrective action/s been implemented? Yes	No □		
Further Comments: Nomial proced	ere follo	wed, Chell	ing i
Name: Kanedy Signature:	Heering	Date: 20/8	1.0.3
FORWARD TO HEALTH AND SAFETY OFFIC			
Health and Safety Officer's Comments:			
· · · · · · · · · · · · · · · · · · ·			
Name: Signature:		Ďeto: /	,

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PATIENT | CLIENT | ACCIDENT / INCIDENT REPORT

L _ =		
0 - 0.		Cost Centre No.
BUNDABERG BA	Hospital	tal / Service THEATRE Ward / Department
Date and Time of incident	5/8	7/03 0900 hours
Please tick appropriate box	ces	(Lodge within 24 hours of incident)
Patient Name: P132	,	' Birth Date: / / . UR Number
Ward/Department/Area: THEAT	TRE	Medical Officer: DRJ PATEL
Location of Incident: ORY		Time and Date Medical Officer Notified: hours 15 803
Illness/Disability: Lap Cholegystextor	ny	Patient Mental State before Incident: ANAESTHETISED ORIENTATED DISORIENTATED AGGRESSIVE UNCONSCIOUS
Has the patient any Debility: ☐ YES Specify:		Does the patient use supportive aids: ☐ Yes ☐ No NA Specify:
the patient Fall / Slip	□ Safet □ Staff □ Staff □ Staff □ Staff □ Staff □ Staff □ Signs	Yes No OTHER (SPECIFY) ills Up fety Restraints in use
Part of Body Injured: (CIRCLE) Eyes Left/Right Ears Left/Right Face / Nose / Mouth Head Neck Back Trunk Shoulders & Arms Left/Right Hands & Fingers *	Fracture Sprain Internal Inju Superficial Foreign Bor Other Nature of E Eye disorded Dermatitis Infectious of Mental diso	Concussion njury Laceration al Skin Tear Body Burns Electrocution The Disease Francisco Contact With Struck Electrical Heat / Cold Abuse Other Mapping Contact With: Power Equipment Hand Equipment Chemicals Outdoor Environm. Indoor Environment Patient / Visitor / Staff Body Fluids
Medical Attention Received First Aid ☐ Obs. Taken ☐	I	Private Doctor ☐ Hospital Doctor ☐ Other ☐
las this incident caused the patie	ent a longer	er stay as inpatient? Yes/No How long
Tow did the incident occur: I was sunded for The first angle porce ratchet handle us	Lay G	holocystectomy and co was given with mappingsely wrapped with plains. Hoginas very difficult to assure
Name of Witness/s: (1)	Dob	Contact No.: TISO 2484
Reporting Person: (PRIN	oath	Contact No.: 4002104. Nasignature Date: 18803.

Forward to Area Supervisor QH22bis

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What unforeseen hazard/s contributed: Probable recurrence rate within Department: Frequent Occasional Rare IS-		umstances continuted	a to incide	nic (what happened prior to ac	ciaent)
What unforeseen hazard/s contributed: Probable recurrence rate within Department: Frequent Occasional Rare Probable Pr					
What unforeseen hazard/s contributed: Probable recurrence rate within Department: Frequent Occasional Rare Probable Pr				** ⁷	
What unforeseen hazard/s contributed: Probable recurrence rate within Department: Frequent Occasional Rare Rare Probable Rare Ra	***************************************				
Probable recurrence rate within Department: Frequent Occasional Rare Probable recurrence rate within Department: Frequent Occasional Rare Probable Rare Probable Raciobent Raciobe					
Probable recurrence rate within Department: Frequent Occasional Rare S ENVIRONMENTAL / PERSONAL FACTORS THAT CONTRIBUTED TOWARDS THE ACCIDENT	What unforeseen haza	rd/s contributed:			
Probable recurrence rate within Department: Frequent Occasional Rare Senvironmental / Personal Factors That Contributed Towards The Accident Senvironmental Safety Precautions Safety					
Probable recurrence rate within Department: Frequent Occasional Rare Securior Ranguage Problems Safety Precautions Alcohol or Drugs Lighting Slow Reaction Problem Signature Personal Problem Safety Precautions Problems Safety Precautions Problems Safety Precautions Problem Signature Personal Protective Equipment Personal Protective Equipment Provided Handicap Work Area Layout Personal Protective Equipment Present Protective Equipment Property In the Action Has Been Taken To Prevent A RECURRENCE OF THIS TYPE OF ACCIDENT? It is the responsibility of Management to take appropriate action to prevent a recurrence of accidents.) Property Damage / Lost Replacement / Repair Cost \$ Replacement / Repair Cost \$ Reported to Police: Yes No (If yes) Police Officer's Name: REA SUPERVISOR'S NAME: Property Damage / Lost Replacement / Repair Cost \$ Repartment Head's report Number Party Sort Number P	•				
ENVIRONMENTAL / PERSONAL FACTORS THAT CONTRIBUTED TOWARDS THE ACCIDENT No					******************************
ENVIRONMENTAL / PERSONAL FACTORS THAT CONTRIBUTED TOWARDS THE ACCIDENT	Probable requirement rate :	within Danarimant, Eraci	iont []	0	
Alcohol or Drugs Language Problems Safety Precautions Alcohol or Drugs Lighting Slow Reaction Misconduct Temperature Misconduct Temperature Mosture Lack of Understanding Personal Protective Equipment Mosture Lack of Understanding Warning Systems Maintenance Work Area Layout Lack of Supervision Physical Handicap Work Area Layout Lack of Supervision Date: Works Practices Other. Other. Works Practices Other. Other. Other. Works Practices Other.			•		Hare IS
Alcohol or Drugs					
Emotional Problem					
Moisture					
Housekeeping					
Physical Handicap Work Area Layout Lack of Supervision Plant & Equipment Works Practices Other					
Dutcome NHAT ACTION HAS BEEN TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF ACCIDENT? It is the responsibility of Management to take appropriate action to prevent a recurrence of accidents.) Property Damage / Lost Replacement / Repair Cost \$ Reported to Police: Yes No (If yes) Police Officer's Name: REA SUPERVISOR'S NAME: PROPERTY OF ACCIDENT? Replacement / Repair Cost \$ Replacement / Repair Cost \$ Reported to Police: Yes No (If yes) Police Officer's Name: REA SUPERVISOR'S NAME: PROPERTY OF ACCIDENT? Replacement / Repair Cost \$ Replacement / R					
Naintenance Dutcome WHAT ACTION HAS BEEN TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF ACCIDENT? It is the responsibility of Management to take appropriate action to prevent a recurrence of accidents.) Property Damage / Lost Replacement / Repair Cost \$ Reported to Police: Yes No (If yes) Police Officer's Name: REA SUPERVISOR'S NAME: PAVIN LEVINGS Designation: Arvan Fignature Date: /.5.1.8.1.0. FORWARD TO DEPARTMENT HEAD Repairment Head's report: Read Supervisor's been implemented? Yes No No Carrier Comments: CSSD Marky - Challenge Carrier Comments: CSSD Marky - Challenge Carrier					******
WHAT ACTION HAS BEEN TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF ACCIDENT? It is the responsibility of Management to take appropriate action to prevent a recurrence of accidents.) CSCN Troperty Damage / Lost Replacement / Repair Cost \$ Reported to Police: Yes No (If yes) Police Officer's Name: REA SUPERVISOR'S NAME: ANIS LEVINGS Designation: Arvum Signature Date: 1.0. CORWARD TO DEPARTMENT HEAD Repairment Head's report: Rea corrective action/s been implemented? Yes No CORWARD TO DEPARTMENT HEAD Repairment Head's report: Read Supervisor's NAME: ANIS LEVINGS Designation: Arvum Date: 1.0. CORWARD TO DEPARTMENT HEAD Replacement / Repair Cost \$ Replacemen					••••
WHAT ACTION HAS BEEN TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF ACCIDENT? It is the responsibility of Management to take appropriate action to prevent a recurrence of accidents.) CSCN Troperty Damage / Lost Replacement / Repair Cost \$ Reported to Police: Yes No (If yes) Police Officer's Name: REA SUPERVISOR'S NAME: ANIS LEVINGS Designation: Arvum Signature Date: 1.0. CORWARD TO DEPARTMENT HEAD Repairment Head's report: Rea corrective action/s been implemented? Yes No CORWARD TO DEPARTMENT HEAD Repairment Head's report: Read Supervisor's NAME: ANIS LEVINGS Designation: Arvum Date: 1.0. CORWARD TO DEPARTMENT HEAD Replacement / Repair Cost \$ Replacemen					
Replacement / Repair Cost \$ Reported to Police: Yes No (If yes) Police Officer's Name: REA SUPERVISOR'S NAME:	Notif	y css.			
Time/Date reported: REA SUPERVISOR'S NAME: REA SUPERVISOR'S NAME: Date: / 5 / 8 / 0 FORWARD TO DEPARTMENT HEAD Department Head's report: Date: / 5 / 8 / 0 Date: / 6 / 8 / 0 ORWARD TO HEALTH AND SAFETY OFFICER	Property Damage / Lost		Rep	placement / Repair Cost \$	***************************************
AREA SUPERVISOR'S NAME: Date: 15 8 10	Reported to Police: Yes □	No □ (If yes) Police Off	icer's Nam	e;	
Date: 15 1 8 10 10 10 10 10 10 10 10 10 10 10 10 10					
Pepartment Head's report: No No Turther Comments: ACTING MC Signature: Signature: ORWARD TO DEPARTMENT HEAD No No No No No Chulcing Date: 20, 8,03 ORWARD TO HEALTH AND SAFETY OFFICER	REA SUPERVISOR'S NAI	ME: anvis	LEVIN	Designation: AWUW	7
Department Head's report: No Idave corrective action/s been implemented? Yes No Idave corrective action implemented? Yes	Signature	D. 6		Date: 15 / R	/0(`;
ame: Signature: CHURLING Date: 20, 8,03 ORWARD TO HEALTH AND SAFETY OFFICER	/	· 1)			
ame: Signature: CHurung Date: 20, 8,03 ORWARD TO HEALTH AND SAFETY OFFICER	epartment Head's report:				
orward to Health and Safety Officer	lave corrective action/s bee	n implemented? Yes □			
orward to Health and Safety Officer	Further Comments	- CSSD MOD	44.	Chillens -	
orward to Health and Safety Officer	Actina M	c Y	es c	K	111111111111111111111111111111111111111
ORWARD TO HEALTH AND SAFETY OFFICER			****************		
ORWARD TO HEALTH AND SAFETY OFFICER	lame: Khuld	(1)Signature: (2)	Here	uef Date: 20/8	,03
ealth and Safety Officer's Comments:	ORWARD TO HEALTH	AND SAFETY OFFIC	ER		
	ealth and Safety Officer's (Comments:			

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PATIENT | CLIENT | ACCIDENT / NCIDENT REPORT

上夏)
BINDARERE BASI	Cost Centre No Ward / Dep	
Date and Time of incident		partment
Please tick appropriate b	oxes (Lodge within 24 hours of incident)	
Patient Name: P132	Birth Date: / / . UR Number	
Ward/Department/Area: 7400	TKE Medical Officer: De TPARE	
Location of Incident: OR4	Time and Date Medical Officer Notifies 10900 hours	2/1/2
Illness/Disability:	Patient Mental State before Incident: ANAESTHETISED	8.0.32
Lap Cholley Ste		CONSCIOUS
Has the patient any Debility: ☐ Y Specify:		A
Patient injury: Yes the patient Fall / Slip from bed from chair in shower / bath in tollet in corridor on wet floor	No Rails Up Safety Restraints in use Staff in attendance	
Part of Body Injured: (CIRCLE) Eyes Left/Right Ears Left/Right Face / Nose / Mouth Head Neck Back Trunk Shoulders & Arms Left/Right Hands & Fingers *	Nature of Injury: (CIRCLE) Fracture Sprain Concussion Internal Injury Laceration Superficial Skin Tear Foreign Body Other Other Nature of Disease: Walk Infectious diseases Mental disorders Other	ent
Medical Attention Received First Aid ☐ Obs. Taken Has this incident caused the pat	· · · · · · · · · · · · · · · · · · ·	or 🗆
How did the incident occur: I Was exhibited for Suckey to get gall Sulled from callfolad Not suck properly Name of Witness/s: (1) (2) Reporting Person: M. G. C.	Stones out of addininal auty that has der-Noted Screw missing from sucher Screw Contact No.: 4(SD248) Tho day Contact No.: 4(SD248)	d culd
(PRI	NT) SIGNATURE Date: (\$ 8	WJ.

Forward to Area Supervisor 1H22bis

(Please turn page)

Area Supervisor Investigation Report	117.	
This incident was reported to me on / 57.8 / 0.3	at 1140 hours	
What sequence of circumstances contributed to incident	: (What happened prior to ac	cident)
What unforeseen hazard/s contributed:		
Probable recurrence rate within Department: Frequent □	Occasional	Rare 🔽
ENVIRONMENTAL / PERSONAL FACTORS THAT CONTRIBUTED		
Nil □ Language Problems □ Alcohol or Drugs □ Lighting □	Safety Precautions	
Emotional Problem Misconduct	Slow Reaction Temperature	
Moisture ☐ Lack of Understanding ☐	Personal Protective Equipment	
Ventilation □ Housekeeping □	Warning Systems	
Physical Handicap Work Area Layout	Lack of Supervision	
Plant & Equipment- Works Practices □ Maintenance □	Other	••••
Outcome		
WHAT ACTION HAS BEEN TAKEN TO PREVENT A RECURF		IDENT?
(It is the responsibility of Management to take appropriate action to pr		
Instrument to trun out +	sent for	
repair		
Property Damage / Lost Repla	cement / Repair Cost \$	
Reported to Police: Yes No (If yes) Police Officer's Name:		
Report NumberTime/Date reported: .		
AREA SUPERVISOR'S NAME: BAVIO LEVING	Designation: 19WUN	1
Signature	Date: 151 P	/
FORWARD TO DEPARTMENT HEAD		
Department Head's report:		
Have corrective action/s been implemented? Yes □ No □		
Further Comments:		••••••

Name: Le M.M. lly Signature: Ollieur	J Date: Date: Date	,03
ORWARD TO HEALTH AND SAFETY OFFICER		
lealth and Safety Officer's Comments:		

lame: Signature:	Date: /	1



PATIENT

CLIENT | ACCIDENT / INCIDENT REPORT

Cost Centre No. (

FUNDABERG ORS	Hospital	/ Service	•••	THEA	TRE	Ward	/ Departme
Date and Time of incident		103 19	[3a r	nours			, zoparano
Please tick appropriate bo	xes	(Lodge wi	thin 24 i	hours of	f incide	nt)	
Patient Name: 1 0135		Birth Date:			UR Nur	mber	
Ward/Department/Area: THE	TRE	Medical Offic	ər: DR	JPF	TIEL		
Location of Incident: OR3	•	Time and Dat	e Medical	Officer No	otified:	73/hou	rs 19/8/03
Illness/Disability:	1	Patient Menta	ıl State be	fore Incide	ent:	ANAESTHE	
Lap holacy	skctom	ORIENTATED	☐ Disc	ORIENTATED	□ Age	GRESSIVE	☐ Unconscio
Has the patient any Debility: LYES Specify:	CHAR	Does the path Specify:	ent use su	ipportive a	lds: 🗆 Ye	s 🖪 No	Company of the Compan
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Part of Body Injured: (CIRCLE) Eyes Left/Right Ears Left/Right Face / Nose / Mouth Head Neck Back Trunk Shoulders & Arms Left/Right Hands & Fingers * Feet & Toes * Internal Organs * Multiple Locations* O' * & Unspecified location *Shoulders	Fracture Sprain Internal Inju Superficial Foreign Boo Poisoning Other Nature of D Eye disorde Dermatitis Mental disor	Skin Te dy Burns Electrod isease: rs	sion (ion ar	Contact \ Contact \ Electrical Abuse What did Power Ec Chemical Indoor Er Patient / \ Body Flui Vehicle A	I person c quipment Is nvironmen Visitor / St ids .ccident	Slip/Trip Struck Heat / C Other ALLED come into c Hand E Outdoo	Cold Contact with: Equipment or Environm.
Medical Attention Received	_						
First Aid Obs. Taken		Private Doctor		•	tal Doctor	r 🗖	Other 🗆
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(2) A BA	TRTHOL	DT		Contact	No.:	-(20	2484
Reporting Person: M G OAT	HAN1	SIGNATURE	[]]]]]	UZA.	Va	_Date: (7.803

	Area Supervisor Investigation Report	
	This incident was reported to me on 20 / 3 / 03 at 0900 hours	
•	What sequence of circumstances contributed to incident: (What happened prior to acc	oident)
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acina and a second		*************************
	What unforeseen hazard/s contributed:	

	Probable recurrence rate within Department: Frequent □ Occasional □	Rare 🖼
	ENVIRONMENTAL / PERSONAL FACTORS THAT CONTRIBUTED TOWARDS THE ACCIDENT	
	Nil □ Language Problems □ Safety Precautions Alcohol or Drugs □ Lighting □ Slow Reaction	
	Emotional Problem Misconduct Temperature	
	Moisture	
	Physical Handicap Work Area Layout Lack of Supervision	
	Plant & Equipment- Works Practices □ Other	•••
	Outcome	
	WHAT ACTION HAS BEEN TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF ACCID	DENT?
	(It is the responsibility of Management to take appropriate action to prevent a recurrence of accidents.)	
	Instrument has been replaced + lep	
	ioming 1/52 to inservice personne	
	Property Damage / Lost	
	Reported to Police: Yes No (If yes) Police Officer's Name:	
	Report Number. Time/Date reported:	
	AREA SUPERVISOR'S NAME: GRVID LEVING Designation: ANUM	
	Signature Date: 20 / 8	. /C
	FORWARD TO DEPARTMENT HEAD	
	Department Head's report:	
	Have corrective action/s been implemented? Yes No □	
	Further Comments: MI	

	Name: Kenned Signature: Humel Date: 20, 8, 1	- ?
	Name: KINILA Signature: CHurch Date: 20, 8,1	
	FORWARD TO HEALTH AND SAFETY OFFICER	
	Health and Safety Officer's Comments:	

	Name: Date: /	<i>'</i>

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PATIENT | CLIENT |

ACCIDENT / INCIDENT REPORT

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•			Cost	t Centi	re No.	(b	30 510
Bundalsel	Hospita	I / Service	*****	714-54	7x c	Wa	rd / Departmen
Date and Time of incident	4 5	03 13 4	3 h	ours			
Please tick appropriate bo		(Lodge within	1 24 h	ours o	of incide	∍nt)	
Patient Name: P74		Birth Date:		4	UR NI	umber	
Ward/Department/Area: These	ve	Medical Officer:	D.	Parch.	<u>l</u>		
Location of Incident: 5-0	lan	Time and Date M	edical	Officer N	otified; 1/5	100 t	nours/4/5/63
Illness/Disability:		Patient Mental St	ate bef	ore Incid	lent:	☐ ANAES	STHETISED
		ORIENTATED I	□ Diso	RIENTATED	□Ag	GRESSIVE	☐ Unconscious
Has the patient any Debility: ☐ Yes Specify:	S EZ No	Does the patient u	use sur	oportive a	aids: □ Y	ES D/1	No
Patient injury: Yes Di a patient Fall / Slip from bed from chair in shower / bath in toilet in corridor on wet floor	 □ Staff □ Staff □ Staff □ Staff 	ty Restraints in use in attendance in Attendance in attendance in attendance in attendance s displayed	Yes	No D D D D	Proce	(SPECIFY) Krobnuc Churc Incorre	pratormed cit parall
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Medical Attention Received First Aid □ Obs. Taken □ Has this incident caused the patie		Private Doctor ☐ stay as inpatient?	Yesk		ital Docto	or 🖪	Other □
How did the incident occur: Directed to bed by DSU the pt first on operation Proceeding of OGO	shuft ph 2 1151 h	first wish	Pji	+ 05 V b	~05 L W	her	name or
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eporting Person: (PRIN	www.	. SIGNATURE					r

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	Area Supervisor Investigation Report	N
	This incident was reported to me on 14/7/103 at 1402 hours	
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		4 (, *
	Emotional Problem ☐ Misconduct ☐ Temperature ☐ Moisture ☐ Lack of Understanding ☐ Personal Protective Equipment ☐	
	Ventilation ☐ Housekeeping ☐ Warning Systems ☐	
•	Physical Handicap Work Area Layout Lack of Supervision	
	Plant & Equipment- Works Practices □ Other	
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	FORWARD TO DEPARTMENT HEAD	
	Department Head's report:	
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	FORWARD TO HEALTH AND SAFETY OFFICER	
	Health and Safety Officer's Comments:	
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• •	Name;	

Mra G. Goodman

Jennifer White,

Director of Nursing.

NPC Theatre

14.07,03

Dear Mrs Goodman,

Today Wednesday 14th May at 1405hrs I was notified that Dr Kingston's patient 674 underwent a Gastroscopy by Dr Patel by mistake.

61+: was booked second on Dr Kingston's list for a right epididymectomy, 6370 was booked first on Dr Patel's list for a gastroscopy. CN J Peterson, RN's M Goatham and J Edgar were allocated to work in the endoscopy room for Dr Patel's list.

RN J Edgar went to DSU to collect the first patient for the list. Normally endoscopy patients wait in chairs in DSU. RN J Edgar was directed to the patient in a bed by an RN from DSU without a nursing handover as all the staff were at lunch. When she greeted the patient,

responded, and did not query RN Edgar when she walked with him to the endoscopy room. The patient underwent a gastroscopy without the anaesthetist or surgeon checking his ID band, realising it was the wrong patient.

Following the procedure the patient was transferred to recovery for observation. The mistake was realised when the staff in Dr Kingston's theatre called the dresser to collect their second patient ie. 174

i. A/CN F Keys RN's C Dobson and D Gaddes were working in that theatre.

Following discussions between 14 Dr Kingston and Dr Patel, 14 underwent the correct procedure. RN J Edgar completed an incident form. Further discussions will be taking place between Theatre and DSU staff to identify how the mistake happened and prevent re-occurrence.

Yours sincerely



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ACCIDENT / INCIDENT REPORT

		Co	ost Centre	∍ No. (63c	1410 30
BUNDOBERL	Hospita	/ Service	Operation	, Tentre Wa	الان عور الكار rd / Departmer
Date and Time of incident	9/5	103 1530	hours		
Please tick appropriate bo	xes	(Lodge within 24	4 hours of	incident)	
Patient Name: 0.37		Birth Date:	· · · · · · · · · · · · · · · · · · ·	UR Number	
Ward/Department/Area: MEA	mri	Medical Officer:		1	
Location of Incident: 0-7. 4		Time and Date Medic	cal Officer No	tifled: /530 h	10urs 9 /5 /03
Illness/Disability:		Patient Mental State			STHETISED
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Has the patient any Debility: ☐ Yes Specify:	s □ No	Does the patient use Specify:	supportive aid	ds: 🗆 Yes 🗹	yo No
Patient Injury: I the patient Fall / Slip from bed from chair in shower / bath in toilet in corridor on wet floor	□ Staff □ Staff □ Staff □ Staff □ Staff □ Staff	Up y Restraints in use in attendance in Attendance in attendance n attendance displayed	Yes No	inited of	م المركة (عادية المراسطة على المراسطة على المراسطة على المراسطة على المراسطة على المراسطة على المراسطة على الم
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eporting Person: GAIL DOH.		Signature	Lleh	Date:	9/1/103.

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	ENVIRONMENTAL / PERSONAL FACTORS THAT CONTRIBUTED TOWARDS THE ACCIDENT Nil	
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	Emotional Problem	
	Moisture □ Lack of Understanding □ Personal Protective Equipment Ventilation □ Housekeeping □ Warning Systems	
	Physical Handicap Work Area Layout Lack of Supervision	
	Plant & Equipment- Works Practices □ Other	•••
	Outcome	•
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	(It is the responsibility of Management to take appropriate action to prevent a recurrence of accidents.)	
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	Report Number Time/Date reported:	
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€	Signature Date: 12/5	۱ ریا ۱
	FORWARD TO DEPARTMENT HEAD	
	Department Head's report:	
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	Have corrective action/s been implemented? Yes □ No □ Further Comments:	
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	FORWARD TO HEALTH AND SAFETY OFFICER	
	Health and Safety Officer's Comments:	
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PATIENT | CLIENT | ACCIDENT / INCIDENT REPORT

0.10		Cos	st Centre No.	
B'Berg Base	Hospital	/ Service	surgical	Ward Departmen
Date and Time of incident	16	103 16 00 1	nours	
Please tick appropriate box	res	(Lodge within 24	hours of incide	ent)
Patient Name: 1 P28	5	Birth Date: (UR N	umber
Ward/Department/Area: Surgi	cat.	Medical Officer: DR	PATEL	Manager and the second and the secon
	ST.	Time and Date Medica	Officer Notified:	600 hours 1/6/03
Illness/Disability:	>	Patient Mental State be	fore Incident:	☐ ANAESTHETISED
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Has the patient any Debility: ☐ Yes Specify:	I ⊻ No	Does the patient use su Specify:	ıpportive aids: □ Y	es D No
Did the patient Fall / Slip ☐ from bed ☐ from chair ☐ in shower / bath ☐ in toilet ☐ I	□ Staff i □ Staff i □ Staff i □ Staff i	The second secon		(SPECIFY)
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Specify location		-		equipment
Medical Attention Received First Aid □ Obs. Taken □ Flas this incident caused the pation		Private Doctor □		or□ Other□
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orward to Area Supervisor				

Forward to Area Supervisor

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This incident was repor	ted to me on 2/		at 0700hours	
What sequence of circu	mstances contributed	to incident:	: (What happened prior to ac	cident)
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PATIENT | CLIENT | ACCIDENT / INCIDENT REPORT

7	Co	st Centre No. (
BUNDARENG Hospital	I / Service	THEATAR	Ward / Departmen
Date and Time of incident 18 / 7	08 06 26	hours	Valu / Departmen
Please tick appropriate boxes	(Lodge within 24	hours of incider	nt)
Patient Name: P150	Birth Date!	UR Num	nber
Ward/Department/Area: TAGNTAG.	Medical Officer: 2),	R PATEL.	
Location of Incident: OR 4	Time and Date Medica		50 hours/8/7/03
Illness/Disability:	Patient Mental State b		ANAESTHETISED
	☐ ORIENTATED ☐ DIS	SORIENTATED Aggr	RESSIVE UNCONSCIOUS
Has the patient any Debility: ☐ Yes ☑√No Specify:	Does the patient use s Specify:	supportive aids: Yes	□No
from chair	Up	1 0 70000 1 0 70 1 0 5n 1 0 AX/4	PECIFY) CLIP APPLIED SKIN R) SKIN ANGA. LAARY
Eyes Left/Right Ears Left/Right Face / Nose / Mouth Head Neck Back Trunk Shoulders & Arms Left/Right Hands & Fingers Feet & Toes Internal Organs Multiple Locations *	Skin Tear dy Burns Electrocution A FINCHED IN Disease: FONCL ITS CLIF.	What did person con Power Equipment Chemicals Indoor Environment Patient / Visitor / State Body Fluids Vehicle Accident	Slip/Trip Struck Heat / Cold Other TOWEL (L) Ome into contact with: Gand Equipment Outdoor Environm.
Medical Attention Received First Aid ☐ Obs. Taken ☐	Private Doctor □	Hospital Doctor	,,
Has this incident caused the patient a longer	stav as inpatient? Ye		
How did the incident occur: WHILE ACKLYING CLIPIED IT. SKW.	TOWEL CLIP 7	,,, ,	
Name of Witness/s: (1)	Janes V	Contact No.:4	1502450
Reporting Person: Janie Lans Su (PRINT)	. SIGNATURE	4	Date: 18 / 7 / 03.

This incident was reported to me on 11 / 7 / 63 at 0900 hou	rs
What sequence of circumstances contributed to incident: (What happened	prior to accident)
What unforeseen hazard/s contributed:	
·	
Probable recurrence rate within Department: Frequent □ Occasional D	Are □
·	
Environmental / Personal Factors That Contributed Towards The Activations Language Problems Safety Precautions	
Alcohol or Drugs Lighting Slow Reaction	
Emotional Problem Misconduct Temperature	
Noisture □ Lack of Understanding □ Personal Protective	Equipment
/entilation □ Housekeeping □ Warning Systems	
Physical Handicap Work Area Layout Lack of Supervision	
lant & Equipment- Works Practices □ Other Maintenance □	
Dutcome	
VHAT ACTION HAS BEEN TAKEN TO PREVENT A RECURRENCE OF THIS TY It is the responsibility of Management to take appropriate action to prevent a recurrence of	
	•
Discussion with state introducal importance housed chos do not clips the stain.	0.00
Property Damage / Lost Replacement / Repair Co	
Reported to Police: Yes No (If yes) Police Officer's Name:	
Report Number Time/Date reported:	
REA SUPERVISOR'S NAME: אור איז	
San History te	181710:
oignature	
FORWARD TO DEPARTMENT HEAD	
FORWARD TO DEPARTMENT HEAD	
Pepartment Head's report:	
Pepartment Head's report: Have corrective action/s been implemented? Yes □ No □ Further Comments:	
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Popartment Head's report: Have corrective action/s been implemented? Yes Further Comments: Jame: Signature: Date: ORWARD TO HEALTH AND SAFETY OFFICER ealth and Safety Officer's Comments:	······································

	Facility: ZilV	>	-3 10 P	cident/Inci	-	
	Patient Name:	DOB	1212 6 57	Ait/Departme	ent:	URGICAL
	1070	مار ،				UR Number
	Principle Diagnosis:		Location of Incident	XXX	94.	Time of Incident:
	11/12/11/11/11	13	Mental State: ØOrie			ed □Aggressive □Unconsci
	Does the patient have any disat	oility? (Specify)			ent use supportive a	
	10				N	
ŀ	Patient Injury	Yes No		Von Na		<u> </u>
- 1	Did the patient fall/slip		Rails up	Yes No	Other: (Spediy)	DUCERLEAN
	From bed		Safety restraints			2007/2010
	From chair In shower/bath		Staff in attendance		1-015	1/3/19/16
	In toilet		Staff in attendance Staff in attendance		CATI	4ETER
	In corridor		Staff in attendance		FOUNT	TIN MATI
-	On wet floor Part of Body Injured:		Signs displayed		DURIN	16 REMOUS
	θ Eyes		Nature of Injury: θ Fracture	Nature of Dise	ase: Age	ncy of Injury/disease
	θ Ears		θ Fracture θ Sprain	θ Eye disorde θ Dermatitis	ers θ	
	θ Face	į	θ Internal injury	θ Infectious di	i -	Contact with Slip/trip
- 1	θ Head θ Neck		θ Superficial	θ Mental disor	•	Electrical
- 1	θ Neck θ Back		θ Foreign bodyθ Poisoning	θ Other:	0	Abuse
1	θ Trunk		θ Dislocation		0	Struck Heat/cold
- 1	θ Shoulders & armsθ Hands & fingers		θ Concussion		θ	Other:
.,	θ Feet & toes		θ Laceration θ Skin tear			kdown agency:
	θ Internal organs		θ Bums			Power equipment Chemicals
1	Multiple locations Other and unspecified location		θ Electrocution		1	Indoor environment
10	ABDOMER	1/	Other:			Patient/ visitor/ staff
	FINDLANDING		on			Body fluids Vehicle accident
			REMOVA	,	i "	Hand equipment
			(27)			Outdoor environment
L	Medical attention received:				0 4	PROCIEDUA
	Name of Medical Officer: PA Describe the incident: A ACC ACC	Obs taker	AMOCOG IST		Hospital Doctor	10.00 /B CN Med Etwa Proce
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From:

Kees Nydam

To: Date: Carolyn Kennedy 20/01/2004 4:04pm

Subject:

Re: Incident

Carolyn

I have spoken to Di and she informs me that Dr Patel went back and apologised last night.

Kees

Dr Kees Nydam

>>> Carolyn Kennedy 01/19/04 01:03pm >>>

Dear Kees,

Di Jenkin (Surg Wd) asked me to pass on to you details of an incident which occurred on her ward today. Jeroen Meerman was told to remove a catheter from a pt's abdo and on doing so noticed something blue in a separate stab wound. Dr Patel arrived at this time and proceeded to remove the object which turned out to be a cannula/ introducer which should have been removed at the time the cath was inserted.

The patient suffered quite a lot of pain as Dr Patel removed the object and Di would like Dr Patel to see the patient again and explain what happened and offer an apology. Apparently this lady has had several upsets since being in hospital and is very fragile at the moment.

I will send the incident report up.

Thank you

Carolyn

Carolyn Kennedy ADON Nursing Admin Base Hospital BUNDABERG. 4670 Ext. 2254 19 January 2004

Carolyn Kennedy,

In response to the accident/incident report form dated 19/01/04,

P306

Medical imaging acknowledges the incident occurred in our department. Unfortunately I have no control over the action of medical staff. Our staff are here to assist the hospital doctors.

There was no radiologist present at the time.

Bryan Williams

LTK2/

From:

Peter Leck

To:

Raven, Leonie

Date:

21/10/2004 9:09:15

Subject:

Re: Adverse Event forms

Thanks

Peter

>>> Leonie Raven 21/10/2004 9:07:33 >>>

Hi Peter

There was never a report put in for this perforated bowel incidence.

Found the great long letter that Toni wrote about ventilated patients, and one incident about a wound breakdown but the doctor involved is not named.

That's about all we have

>>> Peter Leck 5:17:03 pm 20/10/2004 >>>

Leonie,

Can you please see me urgently relating to any adverse events concerning Dr Jay Patel.

Thanks

Peter

Peter Leck - Hi Leonie,

Page 1

From:

To:

Peter Leck Raven, Leonie

Date:

21/10/2004 9:11:34

Subject:

Hi Leonie,

Hi Leonie,

Can you please see me and bring the letter re the ventilated patients.

Thanks

Peter