

# Bundaberg Hospital Commission of Inquiry

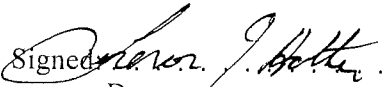
## STATEMENT OF TREVOR JOHN HALTER

Trevor John Halter makes oath and says as follows:

1. I was born on 15 November <sup>1947</sup>~~1957~~ and I reside in the Bundaberg district at an address I have provided my address to the Commission. I am a widower. My wife died five years ago. I have children and I am close to them.
2. I have been experiencing pain in my guts for about three years. I told my general practitioner, Ken Hornsby, about it and he said it might be an ulcer. He sent me for an ultrasound in the building at the corner of Burbong Street and Takalvan Road. I think I took the ultrasound results back to Dr Hornsby. In any case, he told me that I had two gallstones and that I needed surgery and he sent me to Bundaberg Base.
3. I went to the Bundaberg Base Hospital in November 2004. I met with Dr Patel. I think it was in Outpatients. He seemed alright. He said that he thought I'd be better off having the gall bladder taken out altogether. He said he was doing four or five a week and it was an easy operation. He said it was key hole surgery and he could do it in a day. I don't remember if there were any other medical staff present when he spoke to me.
4. I came in, as directed, on 17 November 2004 to fill out some pre-admission paper work. I came back on 19 November 2004 for the operation. You need to understand that I was as fit as a Mallee bull at that time. I have now seen my hospital records and they confirm that I was admitted for day surgery. They wheeled me in and hooked up the anaesthetic and that was the last I knew.

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Page 1

Signed  . . . . .  
Deponent

Taken by: . . .  . . . . .  
Solicitor/Justice of the Peace

5. When I woke up later that day, I was as sick as a dog. I mean, I was very sick. I had nausea and I couldn't breath. They took me to intensive care and then they did two more operations. The staff told my kids who told me that:
- (a) There was an abscess on my liver that burst;
  - (b) Then my lung collapsed;
  - (c) Then my kidney went;
  - (d) Then I contracted pneumonia;
  - (e) Then my heart nearly went;
  - (f) Then I nearly went;
  - (g) Then I contracted different bugs within the hospital.

I note that Dr Woodruff has now reviewed my records and I understand he will give evidence in due course.

6. I was in the Bundaberg Base until about 4 December 2004 (mostly in the ICU) and then they transferred me to the Royal Brisbane. Now shown to me and marked "TJH1" is a copy of a letter from the RBH to the Bundaberg Base, together with RBH progress notes which give some indication of my history at the Bundaberg Base.
7. I was still very crook when I was transferred but I stabilised and I improved over two or three weeks. I was re-transferred to the Bundaberg Base on 24 December 2004 and discharged on 31 December 2004. Now shown to me marked "TJH2" is a copy of my clinical summary from the Bundaberg Base at the time of my readmission. In all, I was hospitalised for over six weeks.
8. I don't know exactly what went wrong but I can't help thinking that, if you go in for day surgery, you shouldn't be hospitalised for six weeks. I note that the Bundaberg Base records say that I attended for a "lap chole" and that there were complications including a "post-op sepsis from lapchole", as well as a ruptured liver abscess, a "sub hepatic haematoma", and a need for ICU inotrope support.
9. There are a whole lot of scars on my body now. There is one scar that is about ~~12 inches~~ long near my gall bladder. There is a small one near my

*AAH* (9 INCHES)

naval. There are about three other small ones. And there is one long one above my naval that is about 2 or 3 inches.

10. I have complained to the Hospital. I would have called the Hospital in about March 2005 and I received a response of sorts soon afterwards. Now shown to me marked "TJH3" is a copy of a complaints registration form disclosed by the Hospital, together with a copy of the letter I received in response.
11. I also complained to the HRC. I have spoken with, or received letters from, the HRC and they have told me that the matter is still pending. I don't know whether another doctor would have achieved a different result but I reckon you'd be able to tell from looking at the records I have obtained.

Affidavit sworn on *11/1/05*  
at *BUNDABERG*

in the presence of:

*Sherrill J. Walters*

Deponent

*[Signature]*

Solicitor/Justice of the Peace



**Royal Brisbane & Women's Hospital  
and Health Service Districts  
Division of Critical Care/Department of Intensive Care Medicine**

**RECEIVED**  
24 JAN 2005

BY:.....

14<sup>th</sup> January 2005

Enquiries to: Dept of Intensive Care  
Medicine  
Phone: 07 3636 8111  
Fax: 07 3636 3542  
Our Ref:  
Your Ref:

The Medical Superintendent  
Bundaberg Hospital  
Bundaberg Qld 4670

Dear Sir/Madam

**Re: Trevor Halter - 5/11/47**

The above named patient was recently transferred to the RBWH Department of Intensive Care Medicine from your hospital. We are committed to providing follow up information to the referring team for their interest and to improve the level of collaboration with your referral sites.

Please find enclosed the transfer summary and problem list at the time of their discharge from ICU to the ward.

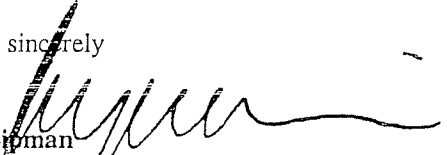
It would be appreciated if you could identify the relevant departments that were involved in the patient's care. Could you please forward this information to the relevant departmental directors and/or staff.

- Eg.  Director: ICU  
 Director: DEM  
 Referring Medical/Surgical Unit  
 Other

We would be pleased to provide further information on request.

Thank you for your referral.

Yours sincerely

  
**Jeff Lipman**  
 Director: Dept Intensive Care Medicine  
 Royal Brisbane & Women's Hospital  
 and  
 Professor and Head: Department of Anesthesiology and Critical Care  
 University of Queensland

TOWARDS A SMOKE FREE 2004

Office	Postal	Phone	Fax
Butterfield Street Herston Q 4029	Post Office Herston Queensland 4029 Australia	07 3636 8111 ISD + 61 7 3636 8111	07 3636 3542

RBH Admission Date: 04/12/04 21:15  
ICF Admission Date: 04/12/04 20:45  
Drug allergies: penicillin  
Other allergies:

U.R. Number: 680353  
Name: HALTER Trevor  
D.O.B: 05/11/1947  
Sex: M  
ICF Number: 041570

10 Dec 04 0801  
Patient Profile

Date of Discharge from ICU: 10 Dec 04

Discharge to ward: 9AN

Consultant: [ ]

Nursing Problem List:

Abdominal wounds

Discharge Observations

Central Nervous System

Eye Opening: best 4 Spontaneously

Limb Power:

Arms: Equal

Motor Response: best 6 Obeys commands

Legs: Equal

Verbal Response: best 4 Confused

Glasgow Coma Scale: 14 /15

Pupillary Response: R): size 3 mm

Reaction: Briskly

L): size 3 mm

Reaction: Briskly

Comment: Confused to time and place at times

Respiratory System

Air Entry: R=L Comment: [ ]

Extubation Date: 09 Dec 04

Oxygen therapy on T/F: Nasal prongs O2% 36 lpm 4  Humidification

Comment: [ ]

Date of tracheostomy: [ ] Type: [ ] Size: [ ]

Date tracheostomy last changed: [ ]  In-line suction changed to Bodai

Comment: [ ]

Cardiovascular System

Peripheral perfusion: <2 seconds [ ]

IV Inotropes: Nil

IV access: CVL Site: L) jugular Date inserted: 04 Dec 04

Comment: [ ]

RBH admission date: 04/12/04 21:15  
 ICU Admission Date: 04/12/04 20:45  
 Drug allergies: penicillin  
 Other allergies:

U.R.Number: 680353  
 Name: HALTER Trevor  
 D.O.B: 05/11/1947  
 Sex: M  
 ICF Number: 041570

Date	Time	Note	View: All Notes
04 Dec 04	2208 EST	<p>DICM MEDICAL ADMISSION NOTE</p> <p>written at 04 Dec 04 2231-EST</p> <p>57 M Transferred from Bundaberg Base Hospital.</p> <p>Intubated, Ventilated post Laparotomy for ruptured liver abscess, sepsis and ?ARDS and failure to wean.</p> <p>Initially admitted on 19/11/04 for routine Laparoscopic cholecystectomy Complicated by ongoing shoulder tip pain, failure to improve while on antibiotics. CT evidence of collection in GB bed and BC +ve for Klebsiella and E.coli, proteus and streptococci.</p> <p>Laparotomy for Sub hepatic haematoma drainage on 26/11/04 .</p> <p>Repeat CT showed Subphrenic collection note on 28/11 and OT fondings suggestive of rupture liver abscess.</p> <p>Intubated and ventilated post op but failed to wean requiring high FiO2 85%, PEEP 10 PS 13 and ?ARDS pattern of CXR.</p> <p>Presently on Meropenem, Keflin and Metronidazole.</p> <p>PMHx:        =====        GORD.        Not known IHD or DM</p> <p>Electronically Signed By: Pankaj M DUBEY, RegICU        CORRECTION at 04 Dec 04 2336 EST: bilat pedal oedema.        ETT 9.0 24cms at GUMS        Nil surg emphysema, pink frothy sputum in ETT.</p> <p>SIMV 1.0 10x800 PEEP 10 PS 10        B/L extensive fine crepts.        pH 7.26 pO2 108 pCO2 54        HCO3 24 SBE -2.4, Lac 2.0        Peak press 30s, P plat        CXR: Bilat extensive infiltrates , Upper and Midzones, bases relatively clear.        ETT 1.5cm above carina</p> <p>HR ~100 ST, ABP 165/90(190/120), HS 1+2+0, CVP 20s        GTN infusion AIM SBP 100-160        ECG: SR, LAD, LAFB ,slow R wave prog        (Loss of R as compared to ECG of 01/12/2004).</p> <p>Temp 37.4 , WCC 15-16, On Meropnem, Keflin, Metronidazole.        Lines form BBH Day?</p>	

RBH admission date: 04/12/04 21:15  
 ICU Admission Date: 04/12/04 20:45  
 Drug allergies: penicillin  
 Other allergies:

U.R.Number: 680353  
 Name: HALTER Trevor  
 D.O.B: 05/11/1947  
 Sex: M  
 ICF Number: 041570

Date	Time	Note	View: All Notes
09 Dec 04	2341 EST	<p>DICM MEDICAL DISCHARGE NOTE</p> <p>written at 10 Dec 04 0008 EST</p> <p>57 yo male day 6 ICU</p> <p>Transferred from Bundaberg Base Hospital - in tubated , ventilated post laparotomy for ruptered liver abscess, sepsis and ? ARDS and failure of respiratory wean</p> <p>Underwent laparoscopic cholecystectomy.Complicated by ongoing shoulder tip pain and CT evidence of collection in gall bladder bed.Laparotomy for subhepatic infected hematoma on 26/11. Relook laparotomy with wash on 28/11.</p> <p>Increased Fio2 requirements post op period            Received meropenam, Keflin and metronidazole</p> <p>Progress in ICU</p> <p>Rpt Ct abdomen 05/12 showed no obvious collection or liver abscess.            ERCP not done as surgeons felt that drainage is coming down.Sedated and ventilated as pt had ventilator dysnchrony. Successfully weaned of the ventilator and extubated this Am without complications.At present on NP and maintaining good gas exchange.</p> <p>Current status</p> <p>Alert oriente            Complaints of abdominal pain            GCS 14 Pupils equal and reactive            moves all 4 limbs</p> <p>On NP Fio2 0.32 RR 34 Vt 500 Spo2 99            BAe+            Bilateral crepts            Reduced air entry right base            ABG- 7.50 32 72 25 BE 2.1 Lact 1.4 Na 139 K 3.9</p> <p>HR 81/min SR 182/78 MAP 115            Dual HS            Well perfused peripheries            calves soft            on prophylactic heparin</p> <p>Abdo soft, mild tenderness RUQ            very minimal drainage from abdo            BS+            Commenced on 20mls/hr osmolite. On TPN</p> <p>Uo 75-190mls/hr FB -2.2L            ur 10.5 Cr 0.09</p>	

# BUNDABERG HEALTH SERVICE DISTRICT CLINICAL SUMMARY

Usual GP: WONNSBY  
Address: \_\_\_\_\_

Date  
(Please)

Admission Date: 19/1/14 Discharge Date: 2/2/14 Follow up Clinic: \_\_\_\_\_ Referral: WONNSBY

**Principal Diagnosis:** (one only) - The condition which after study was found to be the main reason for the patient's admission.  
sub-hepatic abscess

**Secondary Conditions:** Part of liver abscess  
Systemic sepsis  
ICU

**Principal Procedure:** Lap chole

Type of anaesthetic -  Local  Sedation  General  Spinal  Epidural

**Secondary Procedure/s and or Significant Non-Surgical Procedures:**  
- evacuate sub hepatic haematoma  
- evacuate sub phrenic / ruptured liver abscess

**Complications:**  Wound infection (include organism)  Urinary tract infection (include organism)  
- sub hepatic haematoma  
- liver abscess -> ruptured -> subphrenic  
fluid collection  
- sepsis  
- ICU - inotropic support

**External Cause of Injury/Poisoning:** \_\_\_\_\_

**Clinical Course and Significant Results:**  
Required up to ICU for  
management

Falls Risk Assessment:  High  Med  Low

Interventions that need addressing following discharge: \_\_\_\_\_  
Remove Sutures/Clips: \_\_\_/\_\_\_/\_\_\_ LMO  Hospital Doctor

Enclosed by Mail:

Abnormal results:

ECG

Radiology Reports

Haematology

Histopathology

MBA20

Other

DISCHARGE MEDICATION - DOSAGE & FREQUENCY	DISCHARGE MEDICATION - DOSAGE & FREQUENCY

MO Signature: [Signature] Print Name: ATHANASION  
Designation: JHC Date: 6/1/15  
Consultant: BATEL



BUNDABERG HEALTH SERVICE DISTRICT  
**CLINICAL SUMMARY**

BUNDABERG HOSPITAL SEX UR NO

Usual GP: HOANSON  
Address: BONCAIN FAMILY MEDICAL CENTRE

Admission Date: 24/12/14 Discharge Date: 31/12/14 Fo.

**Principal Diagnosis:** (one only) The condition which after study was found to be the main reason for the patients admission.  
Re-admission - 1/2 back from RSH

**Secondary Conditions:**  
Post-op pain from lap chole / liver abscess  
Prolonged ICU. Long course IV antibiotics. Slow recovery  
Frac of APO at RSH

**Principal Procedure:** For further recovery.

Type of anaesthetic -  Local  Sedation  General  Spinal  Epidural

**Secondary Procedure/s and or Significant Non-Surgical Procedures:**

**Complications:-**  Wound infection (include organism)  Urinary tract infection (include organism)  
E.T. Swabs from RSH grew VRE. Repeat swabs - VC  
Biliary drainage tube in situ -> removed.

**External Cause of Injury/Poisoning:**

**Clinical Course and Significant Results:** Progressed well. Mainly c/o  
PAIN - CD down & EORD - meds adjusted.  
+ antibiotics  
-> VC looked  
OK

Enclosed by Mail:

- Abnormal results
- ECG
- Radiology Reports
- Haematology
- Histopathology
- MBA20
- Other

Falls Risk Assessment:  High  Med  Low

Interventions that need addressing following discharge:

Remove Sutures/Clips: \_\_\_/\_\_\_/\_\_\_ LMO  Hospital Doctor

DISCHARGE MEDICATION - DOSAGE & FREQUENCY	DISCHARGE MEDICATION - DOSAGE & FREQUENCY

MO Signature: [Signature] Print Name: ATHANASIOU  
Designation: PHO Date: 6/1/15  
Consultant: PATEL



# COMPLAINT REGISTRATION FORM

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

## Complaint Identifier

0305.11 ✓

Type of Complaint  Written  Verbal  Telephone

Taken By Kristeen Baggetto Position Admin Officer

Person Handling Complaint Peter Heath, Director Corporate Services  
(name and position)

1. Facility:	<u>Bundaberg</u>	Childers	Gin Gin	Mt. Perry
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2. Source of Complaint	<input checked="" type="checkbox"/> Patient/Client	<input type="checkbox"/> Relative/Carer	<input type="checkbox"/> Friend/Advocate
	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Anonymous
	<input type="checkbox"/> Other – Please specify		

3. Complainant Details	Name: <u>Trevor Halter,</u>		UR:
	Election Status:	Admission Status:	
	Gender: <u>M</u>	DOB: <u>05/11/47</u>	Post Code: <u>4670</u>
	Complainant Name <small>If different to above:</small>		

4. Complaint referred by: <small>If from an external source</small>	<input type="checkbox"/> Ministerial	<input type="checkbox"/> Local MLA	<input type="checkbox"/> Other QH Department
	<input type="checkbox"/> HRC	<input type="checkbox"/> MP	<input type="checkbox"/> Staff Referral
	<input type="checkbox"/> Response to Survey	<input type="checkbox"/> Other	<input type="checkbox"/> Not Known

5. Complaint Handling Details <small>Please provide the date each action was completed</small>	Complaint submitted: <u>17/03/05</u>	Complaint registered:
	Acknowledgment:	First progress report:
	Date of Resolution/Closure:	

6. Complaint Issue <small>See Complaint Categories and Description</small>	Category	Description
	1. Access to Services 2. Communication 3. Consent 4. Corporate Services 5. Cost 6. Grievances 7. Privacy/discrimination 8. Professional Conduct 9. Treatment	

7. Service Type	Location of Incident:
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8. Staff Category	Staff involved in the complaint:
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9. Severity 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
	Level Four: Significant issues of standards, quality of care, or denial of rights, complaints with clear quality assurance implications
	Level Five: Long-term or severe damage, including death, serious adverse outcome, professional misconduct

<b>10. Complainant Objective</b> What does the complainant want to happen?	<input type="checkbox"/> Register concern	<input type="checkbox"/> Receive explanation	<input type="checkbox"/> Obtain apology
	<input type="checkbox"/> Obtain refund	<input type="checkbox"/> Access service	<input type="checkbox"/> Change procedure
	<input type="checkbox"/> Change policy	<input checked="" type="checkbox"/> Compensation	<input type="checkbox"/> Disciplinary action
Please provide details:			

<b>11. Resolution Mechanism/ Outcome</b> By what means was the complaint resolved?	<input type="checkbox"/> Concern registered	<input type="checkbox"/> Explanation given	<input type="checkbox"/> Apology provided
	<input type="checkbox"/> Costs refunded	<input type="checkbox"/> Services provided	<input type="checkbox"/> Procedure/practice change
	<input type="checkbox"/> Policy change	<input type="checkbox"/> Compensation received	<input type="checkbox"/> Disciplinary action taken
	<input type="checkbox"/> No action taken		
Please provide details:			

<b>12. Recommendation/ Action taken</b> What action has been taken as a result of this complaint?	<input type="checkbox"/> Staff member/contractor counselled	<input type="checkbox"/> Training/education of staff provided
	<input type="checkbox"/> Duties changed	<input type="checkbox"/> Dismissal/ termination of contract
	<input type="checkbox"/> Quality improvement activity initiated	<input type="checkbox"/> No action taken
Please provide details:		

<b>13. Notification of verbal complaint</b>	<b>Date:</b> <u>17/03/05</u>	<b>Time:</b> <u>11:30 am</u>
	<b>Details of Complaint (attach additional information if necessary):</b> <p>Mr Halter was admitted to BBH for a Gall Bladder op on or around 17 – 19 November 2004 (unsure of exact date but thought it was a Thursday). Was of the belief was to just be an overnight stay. Says he received 5 bugs from BBH while here and as a result was flown to the RBH on the following Sunday. He was in the RBH for 6 or 7 weeks and then came back to BBH for 1 week. Went home but was admitted again soon after. He says that he was told (not sure who by) that as a result of the 5 bugs an abscess burst on his liver, his lungs collapsed, he got pneumonia and his heart "went" and that "everything went wrong". He advised that he has been off work since 14 or 15 November 2004 and will be off work until 6 June 2005. Because he has been unable to work (and will be off work for some months to come), he is seeking compensation from the BBH.</p>	

<b>14. Adverse Outcome</b>	
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<b>15. Office Use Only</b> Performance indicators	Acknowledgment letter – 3 days	Progress report – 21 days	Resolution – 35 days
	Date		
Reported in trends analysis			



**BUNDABERG HEALTH SERVICE DISTRICT  
MEDICAL SERVICES**

Enquiries to: Dr Darren Keating  
Telephone: 4150 2210  
Facsimile: 4150 2029  
File Ref: DK:jaw

17 March 2005

Mr T Halter

**FILE COPY**

Dear Mr Halter

Thank you for your call outlining your concerns with the quality of service that you received whilst accessing services at Bundaberg Base Hospital.

I appreciate you bringing this matter to our attention as we value feedback on our care provided. As a result of your feedback, these concerns will be investigated and you will be advised further on the completion of that investigation.

Please do not hesitate to contact me if you have any further queries in relation to this matter.

Thank you

Yours sincerely

BUNDABERG HOSPITAL	SEX	UR NO
HALTER	M	035261
TREVOR J		

  
Dr Darren Keating  
**Director of Medical Services**