LMM14

(180)

LMM14

From: Linda Mulligan
To: Darren Keating
Subject: Fwd: ICU INCIDENT

CONFIDENTIAL

Hi Darren-Please note this additional information in relation to the case T Hoffman raised which I know you are having reviewed. Can you please provide your advice ASAP re the proposed surgery tomorrow. Thanks Linda

>>> Toni Hoffman 08/26/04 09:49am >>>
Dear Linda,

I am attaching the report I have written concerning the care of MR Bramich and my concerns. MY first report was written in haste as I was asked to lodge it ASAP with DDSQU, as a sentinal event. Two of the other staff have written reports. One has accessessed EAS , But has had difficulty in doing so, so has been using a private psycologist. I have made several calls to EAS and none have been returned to me, I understand they are down some staff as well.I have discussed my concerns with DR Carter. A thorocotomy is booked for this Friday. DR Carter did ask me whether we are comfortable caring for a thorocotomy, DR Patel assurred him the pt would not be ventilated. I am concerned that large scale surgery is being sceduled on a Friday when over the weekend not all available staff are here.

Thanks

Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

My name is Toni Hoffman; I am the Nurse Unit Manager of the Intensive care/ Coronary Care Unit at Bundaberg Base Hospital. I have been employed here in this capacity since June 2000. I am a Registered Nurse, Midwife, and hold post graduate qualifications In ICU, a Graduate Certificate in Management and a Master of Bioethics.

Mr Desmond Bramich, a 55 yr old male, was admitted to the ICU on the 25-07-2004 after being involved in an accident where he had been pinned under a caravan when it slipped. He sustained a crush injury to his chest, multiple fractured ribs, a flail segment, Haemo - pneumothorax. He was stable during his initial stay in the ICU and was transferred to the surgical ward at 1400 on the 26-07-2004. Around 1200 on the 27-07-2004, ICU staff were notified a patient was deteriorating on the ward and required transfer to ICU. ICU was full and it was necessary to transfer out another patient before we could accept Mr Bramich back. He returned to ICU at 1300 on the 27-07-04. On his return he was diaphoretic, hypotensive and tachycardic.He was complaining of extreme chest/ back pain. Dr Younis, the anaesthetist was attempting to resuscitate Mr Bramich, by himself initially, as the other doctors were either busy with other patients. Three nurses were assisting Dr Younis. Blood was being delivered, and mention made of obtaining some platelets. Dr. Carter, Head of Anaesthetics came into the ICU at this time and stated "if the patient is going to need blood products, he will need to be flown out." We do not have access to platelets etc at BBH; at night, they need to be obtained from Brisbane... One of the doctors rang Prince Charles Hospital, but there were no beds there. The doctor from Prince Charles later called back and stated that a bed had been obtained for Mr Bramich at Princess Alexandra Hospital. This phone call was taken by me at approx 1430. The coordinator just stated the surgeons needed to speak to each other and then the retrieval team organised. I passed on this message to Drs Boyd, Gaffield, Warming ton and Carter. The surgeons in Bundaberg wished to do a CT prior to speaking to the surgeons in Brisbane... Meanwhile Dr Younis was still attempting to place a central line and an Arterial line in the patient. The patient went into Ventricular standstill whilst the central line was being inserted, an arrest was called and some atropine given.

Dr Gaffield had brought Dr Patel into the unit to review MR Bramichs' x-rays. Dr Patel heard the patient was to be transferred to Brisbane. He stated in a very loud voice, that the patient did not require transfer to Brisbane. He also stated the patient did not need a cardiothoracic surgeon, he asked the PHO, Dr Boyd, how much trauma he had done He also stated he would "stop doing trauma here if we could not handle it". I went and spoke to DR Gaffield and voiced my concerns about the delay in getting Mt Bramich to Brisbane. I was concerned Mr Bramich would die if we did not expedite the transfer. Dr Gaffield explained he wished to do a CT scan so he could give a definitive handover.

In the interim, Dr Patel came into the ICU, informed the staff he had perforated a patient's bowel, and required an anaesthetist, to repair the same. Another emergency was occurring and we did not have another anaesthetist to accompany Mr Bramich to CT. I rang and asked if Dr Carter could do it as the transfer was being further delayed. Dr Carter agreed, the CT was done and Dr Gaffield stated the patient would definitely be going to Brisbane. The phone calls to Brisbane were made with my assistance as Dr Boyd was unsure of the transfer procedure. We had some difficulty accessing the clinical coordinator at one point as they were having handover and we had to make several calls through switch.

Once the clinical coordinator had spoken with Dr Boyd and the retrieval team were on their way, I spoke with the after-hours nurse managers, the night staffs were here and I felt able to leave. (I was due off at 1630) The family had been told he was to be transferred; Dr Boyd had spoken to them and the procedure and accommodation in Brisbane, as well as

the patient's condition. The retrieval team arrived at 2015, he became increasingly unstable and he arrested and died at 0012.

Subsequent events in relation to the transfer of the patient were bought to my attention by the staff in the morning. At some point Dr Patel changed his mind about the patient not requiring transfer, to being far too ill to be transferred. The staff involved in the incident believe that Dr Patel impeded this patients' transfer to Brisbane. They are also concerned about his treatment of the family. I have offered and attempted to access EAS for the staff. I believe this is a coroner's case, and as such, expect to be involved in the investigation.

From: Linda Mulligan
To: Darren Keating
Subject: Re: Fwd: ICU INCIDENT

Thanks Darren, I agree-I think we will need to have some round table discussion on the issues surrounding this when the review is complete. I appreciate you following up the same. ta Linda

>>> Darren Keating 08/26/04 05:02pm >>>
Hi Linda

I am told that this case is not a thoracotomy (which has been confirmed by Martin Carter who has seen consent form). It is a wedge resection and the plan is for the patient to return to the Surg Ward.

I am happy for this case to occur. I would suggest that Toni's late minute notification isn't helpful.

Darren

>>> Linda Mulligan Thursday, 26 August 2004 16:57:59 >>>
Hi Darren-Please note this additional information in relation to the case T Hoffman raised which I know you are having reviewed. Can you please provide your advice ASAP re the proposed surgery tomorrow. Thanks Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Toni Hoffman 08/26/04 09:49am >>>
Dear Linda,
I am attaching the report I have written concerning the care of MR Bramich and my concerns. MY first report was written in haste as I was asked to lodge it ASAP with DDSQU, as a sentinal event. Two of the other staff have written reports. One has accessessed EAS , But has had difficulty in doing so, so has been using a private psycologist. I have made several calls to EAS and none have been returned to me, I understand they are down some staff as well.I have discussed my concerns with DR Carter. A thorocotomy is booked for this Friday. DR Carter did ask me whether we are comfortable caring for a thorocotomy, DR Patel assurred him the pt would not be ventilated. I am concerned that large scale surgery is being sceduled on a Friday when over the weekend not all available staff are here.
Thanks
Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

LMM17

From: Toni Hoffman
To: Linda Mulligan
Date: 9/3/04 8:30am
Subject: Fwd: EVENTS AS RECALLED FROM 27TH JULY 2004

Dear Linda,

I am forwarding some more documentation related to the death of MR Bramich to you,

Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

Queensland Government
Queensland Health

LMM18

Bundaberg Health Services
District Director of Nursing Services
Mrs Linda Mulligan

Meeting Outcomes

Meeting: Qu... – K. Barry / V. Smyth. **Date:** 6/10/04.

Outcome	Person actioning and timeframe
① Obligation to survey only those people directly involved c̄ shift change – ie AINs, ENs in Renal ward, not whole ward as indicated by Mrs. Smyth to R Schenfeld. So would be surveying those people myself in writing. Need to include casuals & nature of their work – if not wanting to work four hours, their choice.	L. Mulligan to notify staff affected.
② K. Barry stated issues c̄ ICU noted & had called & spoke to her weeks ago & she was to call me back but had not. Mrs Barry said they met c̄ 7 ICU staff – issue over surgery behaviour. I stated I was aware of issues c̄ previous ICU, but no issues had been raised by staff in ICU & Theatre – encouraged them to have staff either meet c̄ me & document their concerns. At this stage could only identify it as ...	K Barry follow up c̄ ICU staff.

over →

discussions ē [illegible] + options → mediation, meeting ē [illegible]
[illegible] trained mediator, [illegible] [illegible], offered EA[illegible]
discussed support or strategies to deal ē person, [illegible]
book – tactics for dealing ē difficult people, T. H[illegible]
stated not willing to proceed ē mtg, trying to [illegible]
ē assistance of [illegible] [illegible], focus on ICU matters. Also [illegible]
pathway complaint or grievance – suggested she document
[illegible] patterns of behavior.

Informed her Dr D. Keating M.D. doing evaluation of
Adverse Event [illegible] [illegible] for a detailed perspective →
T. Hoffman [illegible] this × 2 ē updates. [illegible] [illegible]
feedback on receipt of same.

Ms. Bary stated she would encourage staff [illegible]
issues ē me → I am happy to address.
③ [illegible] PDs – [illegible] [illegible] – welcome [illegible]

[signature]

D[illegible]

Note meeting of 7/10/04 ē [illegible] [illegible] [illegible]
V. Smith stated no issues to re-schedule (S. [illegible]

[illegible]

8/10/04 – Note – no feedback from ICU staff – [illegible]
+ T. Hoffman stated was going to call me to a staff
mtg. but had not. Met ē 3 staff discussed possible
issues / process to address the same. [signature] D[illegible]

LMM19

From: Toni Hoffman
To: Linda Mulligan
Date: Mon, Nov 1, 2004 2:22 pm
Subject: Re: Data from ICU

Hi Linda,

I am desperately trying to get as much data as I can , Darren had asked for some as well, I may not get it all done by this afternoon, but I will try and get as much to you by COB,

Thanks Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

>>> Linda Mulligan 18/10/2004 16:53:44 >>>

Hi Toni-In order to progress further the issues surrounding staffing and budget within the ICU which I discussed with you earlier today, I need you to provide some further data to me. I am unsure if you keep this data, or please source the same for the last two finical years, plus year to date, so we can look at trends:
The number of ventilated patients in the unit and for what time period, including type of ventilation. I believe you keep number of hours of ventilation, which will also be helpful.The number of admissions that are planned (ie post op) vs emergencyThe number of times there was an attempt to transfer to Brisbane(or elsewhere) without success, and how many days wait there was for a bed in BrisbaneThe actual numbers of patients transferred out of ICU externally, internally, and number of deaths (so all departures)The overall occupancy ratesThe number of times there are inappropriate clients (in your view) such as the example you gave this morning with the NFRs The admission criteria for the unit, the last time it was reviewed and by whom, and the areas where there are issues with adherence from your perspectiveAny other issues or areas for improvement that are impacting on the efficient running of the ICU.Any other relevant data to indicate the changing patterns of care within the ICUCan you please have that data to me by the **COB 1 November 2004.** Thanks Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

From: Toni Hoffman
To: Linda Mulligan
Date: Mon, Nov 1, 2004 4:50 pm
Subject: ICU stats

Dear Linda,

Here are some of the answers to the questions you have asked. I am sending up qiute a few attachments and shall send the ICU admission and discharge policy tomorrow,

Thanks Toni

(Darren , I have also CC ton you in case anything in here is of any help to you)

Toni Hoffman NUM
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PO Box 34
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Ph: 07 4150 2311
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PO Box 34
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Ph: 07 4150 2311
Fax: 0741 50 2319

CC: Darren Keating

2002

	jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec	total
Total pts	76	71	91	64	63	58	67	62	51	55	47	59	**764**
ICU	27	25	38	22	31	25	22	22	20	20	21	32	**305**
CCU	48	46	51	40	32	32	44	40	30	34	23	26	**446**
Paeds	1	0	2	2	0	1	1	0	1	1	3	1	**13**
Died	5	1	5	1	2	2	1	4	0	1	1	4	**27**
Ventilated	7	8	6	4	12	4	9	10	6	5	7	12	**90**
Retrieved	10	9	15	8	9	10	12	12	10	7	11	10	**123**
CVC inserted	5	3	5	2	4	1	5	5	2	3	6	16	**57**
Pneumothorax	0	0	0	0	0	0	1	1	0	0	0	0	**2**
Unplanned readmission	1	1	0	0	0	0	0	0	0	0	0	0	**2**
Snake bite	6	1	5	0	0	0	0	0	0	0	4	1	**17**
Overdose	10	5	11	2	5	1	2	1	1	2	5	1	**46**
CPAP	0	1	1	2	3	0	1	4	2	1	0	2	**17**
MI	14	12	10	8	11	12	14	11	10	14	11	12	**139**
Thrombolysis	7	4	2	4	3	3	3	3	0	2	0	5	**35**

2003

	jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec	total
Total patients	57	59	60	45	50	51	49	55	45	43	43	46	**603**
ICU	22	26	20	23	15	25	20	28	24	16	29	24	**272**
CCU	34	32	38	21	35	25	26	25	19	26	14	20	**315**
Paeds	1	1	2	1	0	1	3	2	2	1	0	2	**16**
Died	3	2	5	6	7	2	4	2	3	2	4	4	**44**
Ventilated	6	6	8	5	9	11	11	11	7	5	8	10	**97**
Vent/tubed hrs	356	220	134	228	401	648	288	250	329	244	231	588	**3917**
Retrieved ICU	6	6	4	3	3	9	4	6	2	3	6	6	**58**
Retrieved CCU	8	12	10	6	10	7	7	2	5	6	7	5	**85**
CVC inserted	7	8	6	3	4								**28**
Inability to admit													**0**
Unplanned readmission													**0**
Snake bite	1	2	2	2									**7**
Overdose	2	4	3	2	2	3	0	4	2	1	3	3	**29**
CPAP	1	1	1	1	3	3	2	3	1	6	5	2	**29**
MI	18	16	18	7	23	11	12	3	9	15	7	8	**147**
Thrombolysis	4	2	7	0	8	1	3	2	2	1	3	1	**34**

2004

	jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec	total
Total patients	56	53	41	54	58	58	79	56	45				500
ICU	23	27	18	21	15	30	35	25					194
CCU	30	25	22	30	35	28	43	31					244
Paeds	3	1	1	3	0	4	1						13
Died	0	3	0	2	7	5	4	3					24
Ventilated	7	8	5	7	9	12	15	12	10				85
Vent/tubed hrs	222	509	488	384	248	559	735	812	280				4237
Retrieved ICU	5	6	3	3	3	5	3	6					34
Retrieved CCU	9	8	3	9	10	7	8	8					62
CVC inserted													0
Inability to admit													0
Unplanned readmission													0
Snake bite	2	1	1	0	0	0	0	0					4
Overdose	2	3	0	3		3	4	0					15
CPAP/BIPAP	2	3	3	3	3	192		3					209
													0
MI	20	12	8	8	23	16	14	16					117
Thrombolysis	3	7	3	2	8	1	2	3					29

ICU DATA July 2003-SEPT 2004.

Number of Ventilated patients has stayed static around 90-100. This is only Invasive ventilation. We do not have accurate hours yet of non invasive ventilation . ie Bipap.We are in the process of collecting this data. I have enclosed the stats we keep. We are in the process of changing these stats to include some different ones. Some we no longer need to keep , such as lysis, as it is mostly done in DEM now.. I have no record of Planned admissions, this goes through Liz Allan, except for the allocation book which tells me we have about one per week. All the rest are emergency admissions. We have no stats on the number of times we have tried to transfer a patient out and couldn't due to bed blockage, but we shall start keeping that data now. Rather than me go back through the budget for the whole 2 years, to ascertain how many discharges, This data can be easily accessed from the " gail sheet" or through DQDSU. I have added transfers and deaths in the stats I have sent you, but it doesn't give a total number. Occupancy rates are quoted in the "gail sheet " at around 79-85 %.. The number of ventilated hour has increased

There are many inappropriate admissions because many of the patients are not seen by a consultant before they are admitted. The PHO is able to admit patients here and they should not, as they then leave and the patient is left with no orders etc. The admission policy states the ICU consultant should be notified prior to admission, they should also see the patient to ascertain whether it is appropriate to admit that patient into the ICU.

Bed blockage is a huge problem, we have patients waiting for days for a ward bed , the N/m are reluctant to give up the bed until ICU has to take an emergency and then there is a huge scramble to transfer out a patient, clean the bed area and get another.

Equipment issues. Last week we had a patient who was admitted into the ICU isolation room ? TB, because the one on medical ward was broken. This gentlemen, discharged himself , but was given a pass to return at his leisure to the ICU. This went on for 6 days, whilst we awaited his sputum specimens, partly because there were no sputum samples sent off early as requested.

Admission and discharge policy, last reviewed by Dr Martin Carter and myself , last year. Shall send a copy, otherwise should be on G drive.

Up until about 2 yrs ago, ICU was very strict adhering to the 24-48 rule of transferring out patients. Now we may wait many days, before making the initial phone call. Due to the reluctance of one of the surgeons, one of the doctors refuses to transfer patient out, which mean it impacts on our staffing overtime and morale.

The major issue which has used up all of our OT for the year is the number of ventilated patients at once. We can easily care for them when they are spread out over the year, but all at once uses our resources. The types of patients admitted should be more thoroughly examined. The unit should be a closed unit, except for CCU patients , all patients on BIPap should be under the care of the Anaesthetists for continuity of care.

The Bipap machine has increased our workload as well as the require as nearly the same number of nursing staff as a ventilated patient.

LMM20

From: Toni Hoffman
To: Linda Mulligan
Date: Wed, Dec 22, 2004 8:58 am
Subject: from Toni

Dear Linda,

Thankyou for your kindness and sympathy and support, I am a bit of a sook where my family is involved, we have not had an easy time.

thanks linda

Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

LMM21

From: Linda Mulligan
To: Di Jenkin-NUM Surgical
Date: 1/4/05 5:36pm
Subject: Issue disscussed today

** Confidential **

Hi Di-I have riased the medical issue you have highlighted today to me with the DM, and it is imperative that you request any staff with issues to document the same and send up to me immediately so I can forward them on to the DM to be addressed. Thank you. Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

From: Linda Mulligan
To: Gail Doherty
Date: 1/4/05 5:40pm
Subject: Medical issue discussed

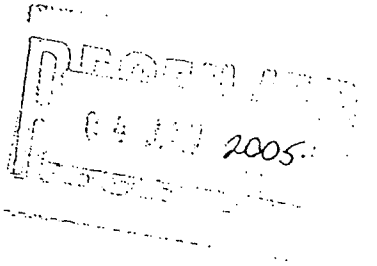
** Confidential **

Hi Gail-Thanks for chatting to me today, I realise that it is difficult to follow on from an issue that David Levings discussed with staff. I am concerned with the comments you have made today, and I would ask that as the A/NUM you and any other staff with concerns document the same and send to me asap so that I may forward them on to the DM to be addressed. It is imperative that if staff are upset and have issues that we receive the information and action the same. Thanks Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

LMM22



4 January 2005

Michelle Hunter
Acting Clinical Nurse
Surgical Ward
Bundaberg Health Service

Lynda Mulligan
Director of Nursing
Bundaberg Health Service

Dear Lynda

I would like to express my grave concern about a recent patient, P26 had a motorbike accident on 23/12/04 and sustained a laceration to his left groin area. He was subsequently taken to theatre on arrival to DEM and had a femoral vein repair and debridement/washout and wound closure. At the time of this surgery his femoral artery was intact. P26 was admitted to ICU intubated post op and a few hours later had to return to theatre with a pulseless left leg and he had fasciotomies performed to his thigh and lower leg. Again he returned to ICU for a few hours and then again went back to theatre with acute ischaemia to his left leg despite the fasciotomies. He had an exploration and arteriotomy with a Gortex bypass graft. My dealings with P26 started on the 30 December when I looked after him on an evening shift. He had recently been transferred to the ward from ICU. My assessment of P26 showed he was tachycardic, febrile and his left leg was grossly swollen and oozing very large amounts of serous ooze. His Left foot was purple and mottled to the ankle, he had a Posterior Tibial pulse on Doppler but no Dorsalis pedis pulse. He was unable to move his leg, was cold from the ankle down and had very patchy sensation. This information was made available to the Doctors on duty that afternoon.

I did not look after P26 again but was team leader for other shifts in which he was an inpatient in the surgical ward. P26 was transferred to the Royal Brisbane Hospital for vascular surgical care on 1 January 2005. I have since learned that P26 is in a grave condition in ICU there and he has undergone an amputation of his left leg as well as other procedures.

My concerns are with the surgeon that performed his initial 3 operations whilst in the care of the Bundaberg Health Service. I am concerned that if the patient had been transferred to Brisbane initially he my not of lost his leg or be in such a grave condition.

I would like his treatment at this hospital investigated as I fear his health and well being has been compromised by inadequate, sub standard treatment by the medical team.

Your urgent assistance in this matter is greatly appreciated.

Yours Sincerely

Michelle Hunter

LMM23

Queensland Government
Queensland Health

Queensland Government

Mrs Linda Mulligan
District Director of Nursing Services-Bundaberg Health Service

Queensland Health

District Manager Meeting **Date:** 12/01/05

Discussions/Issues/Actions required	Time Frames
Dr [illegible] Pee – discussed [illegible] – [illegible] ~~[illegible]~~ / costs [illegible] for · 5 FTE [illegible]	✓
KCC – memo forwarded – Cheryl A.D. →	✓
M. Stewart – Clinics → no change at moment – [illegible]. – urine testing.	✓
C. McMullen – contact for mandatory training for child safety reporting.	✓
Specialist Panel → letter received.	✓
T. Hoffman → [illegible] → Dr Patel → let her know outcome.	ASAP. done 13/01/05
OEM – Liaison → 2 part-time in [illegible].	✓
[illegible] MH – [illegible] → HAI [illegible] consultation process.	
Nursing Scholarship – T. Wallace delegate	
Disaster Plans → Train Accident → Issues → [illegible]. Terrorism → SRE	C. McMullen report.
Rehab capability Framework → ? sent back. → [illegible] → circulate to	ASAP. done 13/01/05 ✓
Pressure Ulcer Mattresses → Childers – yes [illegible] Report → Sub committee. 6 [illegible] 6 [illegible] – ? → Bundaberg → all should have. → Cost Centre.	P. Heath.
Protocols – COJC → progressing.	mtg L. [illegible]
Aged care mang →	Look AT
Wiz mag → Feb → meeting → [illegible]	✓
Mean-[illegible] → Communication update plan. →	✓

Channel TV. →

Typed / Supply → Agitators.

From: Linda Mulligan
To: Gail Doherty
Subject: Re: Confidential issues

Thanks Gail. Linda

>>> Gail Doherty 01/14/05 11:51am >>>
Hi, Linda,
Just to let you know that I have discussed the issues that where raised in my meeting with you on Thursday, 13.1.05 with the staff involved and they understand what is happening and all that it involves.

Regards,
Gail

From: Di Jenkin
To: Linda Mulligan
Date: 1/18/05 12:41pm
Subject: investigation

Dear Linda just to confirm that i have spoken to Michelle Hunter who submitted a complaint and the matter of confidentility and keeping an ear out for any form of retribution was discussed. di.

Linda Mulligan - Follow-up

From: Linda Mulligan
To: Toni Hoffman-NUM ICU/CCU
Subject: Follow-up

Hi Toni-I have not had feedback from you in relation to you following-up with staff re the complaints raised. You were to confirm with me by email that this occurred as discussed in our meeting of 13 January 2005. Please advise. Thanks Linda

From: Toni Hoffman
To: Linda Mulligan
Date: 2/2/05 12:43pm
Subject: Re: Follow-up

Hi Linda,
Sorry about that, I talked with the staff involved and passed on your message, at the time,
Thanks Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

>>> Linda Mulligan 2/02/2005 11:23:01 >>>

Hi Toni-I have not had feedback from you in relation to you following-up with staff re the complaints raised. You were to confirm with me by email that this occurred as discussed in our meeting of 13 January 2005. Please advise. Thanks Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

LMM25

Queensland Government
Queensland Health

Bundaberg Health Services
District Director of Nursing Services
Mrs Linda Mulligan

Meeting Outcomes

Meeting: [illegible] v. [illegible] **Date:** 1/02/05 1445-1520

Outcome	Person actioning and timeframe
(1) Hazel I Evans. - Nurses + Laws.. 10 March . 2005 ([illegible] session - will support if any interested). Followed up c̄ C. Kennedy re letter-head required.	
(2) MH NOH - [illegible] not discussed c̄ WB yet [illegible] that JD doesn't have opportunity to do the same → J.O. ready in next week for consultation. [illegible] to be [illegible] + will [illegible] [illegible].	1wk.
(3) Complaints issue → Updated re investigation - [illegible] [illegible] dates → investigation to start 14/15 Feb/05 + investigators → Dr G. Fitzgerald + Sue Jenkins. Not sure [illegible] who will be interviewed + when. Staff aware investigation to occur + may be required to be interviewed.	Acknowledged EAS available [illegible] support person.
(4) Followed up c̄ DE[illegible] issue →	

(4) cont'd feedback. Already 1:1 interviews with A[illegible] present to present the same. Some allegations were substantiated + some not. K. Boag aware of details of F. Kaynd investigation so will proceed to provide feedback + support with EAS if required.

(5) DEM + Specialist clinic - review the review + staff consultation -> will have Business case of any changes

(6) Business case for Paeds / Rehab to be given to W. Synott on Thursday.

(7) Approval for extra capacity in July -> approval in May -> 1 mo prior to capacity, but can not predict operational requirements -> money for July.

(8) In future have consultant for [illegible] if recording staff will notify of the same -> issues in mtg with H. Evans, staff not told they were being taped.

(9) Renal - .5 FTE CNS for 6 month temp to release R. Pollock to review / plan -> must advise goals -> doing plan currently.

(10) Paeds / Rehab - testing on alarms (duress) currently -> hopefully trial soon.

(11) New matter - interviewed last week -> Outcome will be announced soon.

LMM26

From: Linda Mulligan
To: Ann Robinson NUM Family Unit; Dilys Carter- NUM Medical; Rens Schoneveld-NUM Rehabilitation; Robyn Pollock-NUM Renal; Toni Hoffman-NUM ICU/CCU
Date: Mon, Feb 7, 2005 5:33 pm
Subject: Mark O'Brien Workshop-Teamwork

Hi everyone-The upcoming workshop was discussed today for March 10th 2005 (see below) that is focused on teams. It has been decided at L & M that the teams of renal, medical, ob/gyn and ICU would be part of the focus for this workshop (medical and nursing). Some after-hours NM will also be involved.

Mark's workshops are very very good, and I know you will all enjoy the same. Therefore I would like you as NUMs to be available to go to this workshop-**please confirm that you can do the same ASAP and I will do the bookings with DQDSU.** If there are additional people in your clinical areas (ie pysio or ot) who you think may benefit please advise.

Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

Queensland Government
Queensland Health

LMM27

Bundaberg Health Services
District Director of Nursing Services
Mrs Linda Mulligan

Meeting Outcomes

Meeting: 13/03/05 **Date:** QNU .

Outcome	Person actioning and timeframe
(1) NO 4 MH – explained delay – A1000 progress – draft [illegible] progress.	D. Wales.
(2) Overpayment – Public Holidays – staff stating they work those days. For my info.	Take up c. HR – C. Fritz.
(3) Annual Leave – Restrictions School Holidays → 1 FTE / board written.	Nil.
(4) Investigation → no issue same.	Nil.
(5) Pre-admission → report, specific to [illegible] A[illegible] – D. White → will not be [illegible] out.	Formal consultation
(6) Public Holidays → Standdown clarified again → meeting c HR → C. Fritz → take up c corporate office as stated.	

LMM28

From: Toni Hoffman
To: Linda Mulligan
Date: Thu, Feb 17, 2005 4:35 pm
Subject: Re: ICU Admission/Transfer/Discharge Policy

Hi Linda,
Iv'e revised my bit and sent it to Martin , and also to you and Darren, as you can see Martin wants to change it all around, I am worried we may need more time, But I will try,
Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

>>> Linda Mulligan 17/02/2005 14:00:02 >>>

Hi Toni-Please have to us by next Wednesday the 23 Feb. ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Toni Hoffman 02/17/05 11:43am >>>

Hi Linda,
I have Martins rough Draft now, of the guidelines, We won't have it finished by tomorrow, I am busy this afternoon with the interviews for the AO2 here, Dr Miach is also away today and we want him to be in agreement with it, I will work on it until I have to go do the interviews today,
ta Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

>>> Linda Mulligan 17/02/2005 11:05:55 >>>

Hi Toni-It needs to be to asap-I understood Dr Keating talked to Dr Carter re the same and wanted it in by end of January. In light of the current document you have should not take much to revise. Please let me know by tomorrow. Ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Toni Hoffman 02/17/05 08:25am >>>

Hi Linda,

We have been working on it, in between everything else, but we havent finished it yet, I will talk to him today to see when he thinks we will be done, we want Dr Miachs input as well, I will let you know after I talk to him

Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

>>> Linda Mulligan 16/02/2005 17:54:34 >>>

Hi Toni-Just following up on this as discussed on 7 Jan, the revised policy to be done in liaison with M Carter was due on 14 Feb, and I have not received the same. Please advise ASAP. Ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

From: Toni Hoffman
To: Darren Keating; Linda Mulligan; Martin Carter
Date: Thu, Feb 17, 2005 12:40 pm
Subject: oops here it is

Toni Hoffman NUM
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Fax: 0741 50 2319

Queensland Government
Queensland Health

Bundaberg Health Service District

Policy & Procedure Manual

Version No:	2	Manual No:	14
Originally Developed:	15/07/96	Section:	Introduction
Review Dates:	Jul 2002. Feb 2005	Document No:	1.8
Replacement For:	14-1-8	Name of Manual:	Intensive Care Unit

TITLE: **Intensive Care Unit Admission and Discharge Policy**

DESCRIPTION: This policy/procedure outlines the Intensive Care Unit's admission and discharge procedure.

TARGET AUDIENCE: **All staff**

AUTHORISED BY DISTRICT MANAGER AND RELEVANT DIRECTOR/S

Name: _____ Date:
(Director of Medical Services)

Name: _____ Date:
(Director of Nursing Services)

Name: _____ Date:
(District Manager)

STANDARD

ACHS EQuIP Standard: Continuum of Care: Entry 2.0.

PURPOSE

The purpose of this policy and procedure is to ensure that patients who require intensive health care are provided with a service that is equal to their needs. The ICU is designated a level one intensive care unit capable of short term ventilation, simple inotropic support, and /or short term dialysis. For patients who are going to require long term ventilation and /or further complicated therapies they will require transfer to the zonal tertiary referral hospital. Bundaberg ICU has no ability to care for spinal, neurosurgical or cardiothoracic patients. Usually all Paediatric and neonatal patients requiring Intensive Care are retrieved to a tertiary Hospital. Currently the ICU is only staffed to support one ventilated patient at a time. If a second ventilated patient is admitted , they may be able to be supported for a short period of time through the use of overtime, until arrangements can be made for their transfer. The procedure for transferring these patients is the same as outlined below.

POLICY

Only patients who meet the admission criteria for intensive care shall be admitted to the Intensive Care Unit.

Patients within the Intensive Care Unit shall be discharged or transferred to another Unit on meeting

the discharge criteria.

The patient's Local Medical Officer shall be notified of the patient's admission to the Intensive Care Unit within twenty-four (24) hours, upon obtaining the patient's consent.

A Discharge Summary (Form MR53) shall be completed for the patient on discharge from the Health Services' in-patient services.

PROCEDURE

Description of Services Offered

The Intensive Care/Coronary Care Units are level one facilities that provide five acute beds for patients who require intensive health care or coronary care. This number may vary depending on nursing staff availability. Medical services are to be coordinated by the Director of Intensive Care. Medical cover for the Intensive Care Unit is by an Intensive Care Consultant (24 hrs/day), a resident JHO during working hours and the Medical PHO for after hours and the weekend. The On-call Medical teams cover CCU.

Nursing services are coordinated by the Nurse Unit Manager and, after hours the Nurse Manager. The Nurse Unit Manager is responsible for coordinating clinical nursing services within the Unit.

The Unit accommodates patients who potentially require ventilation and/or invasive monitoring. The Unit has a central monitoring facility with network monitors at each bedside.

There are facilities for conducting blood gas analysis and coagulation studies within the Unit. Radiology and Pathology Services are available 24 hours a day as required.

Admission Criteria

Intensive/Coronary Care Unit

Admission to Coronary Care Unit is intended for patients with an acute cardiac condition (eg acute coronary syndromes, arrhythmias) or requiring procedures such as D.C. reversion or cardiac pacing.

Age, of itself alone does not preclude an Intensive Care admission but significant limitation in daily living or quality of life with chronic pain, sensory deprivation, dementia etc may well reduce the appropriateness of an Intensive Care Unit experience. A "Not for Resuscitation" order is an absolute contraindication to Intensive Care Admission. Patients who possess an Advanced Health Directive will have their directive followed.

It is essential that potential patients are referred for consultation early in order to optimise the results and minimise Intensive Care stay. It is essential that the referring doctor is fully conversant with the patient's premorbid condition so that the probable outcome of an Intensive Care Unit intervention can be assessed and the usefulness of Intensive Care management can be assayed.

Patients admitted to the Intensive Care/Coronary Care Units shall require at least one of the following admission criteria:

Respiratory

1. Mechanical ventilation.
2. Continuous Positive Airway Pressure while spontaneously breathing.
3. Maintenance of an unstable airway.
4. Monitoring for acute respiratory distress.

Cardiac

1. Continuous Cardiac Monitoring.
2. Central Venous Pressure Monitoring.
3. Arterial Pressure Monitoring.
4. Administration of specific intravenous nitrates, beta-blockers, inotropes, vasodilators and continuous fibrinolytic agents.
5. Temporary Cardiac Pacing.
6. Pulmonary Artery Wedge Pressure Monitoring.
7. Cardiac Output measurement

Fluid and Electrolytes

1. Administration of fluid and electrolytes for a life threatening condition.
2. Haemofiltration or acute haemodialysis – where appropriate for an Intensive Care patient

Neurological

1. Surgical / Trauma
2. Monitoring/support of severe alterations in consciousness or neurological functions
3. Intracranial pressure monitoring

Admission Procedure from within the Hospital

Medical staff requiring to admit a patient into the Intensive Care/Coronary Care Unit shall:

1. Consult with the Intensive Care Consultant to ascertain bed availability. If the patient is intended for Coronary Care then the consultant Physician on call will also be notified prior to admission.

2. Ensure that a patient for Intensive Care admission is reviewed by one of the Intensive Care team before the event.

3. Notify the Nursing staff within the admitting area (eg. Department of Emergency Medicine), who will then liase with the Bed Manager (during the day) or the Nurse Manager (after hours) about the intended admission and the area to which they prefer the patient to be admitted.

4. Patients will be admitted to Intensive Care under the dual bed-head of Intensivist and Physician/Surgeon. There will be a combined ward round between 0800 and 0900 involving both teams for planning the daily management of the patient.

5. On admission to the Intensive Care/Coronary Care all medications and fluid orders will be re-written on Intensive Care medication and fluid charts to allow for the changes in dosage and route that may occur.

Note: No patient is to be admitted to the Intensive Care Unit without prior consultation with the Intensive Care Team.

The nursing staff within the admitting area (eg Department of Emergency Medicine) then contacts the Bed Manager/Nurse Manager who then liases with the most senior nursing staff member (ie

Nurse Practice Coordinator or the Team Leader during the evenings) in the ICU and discusses the availability of beds and nursing staff, before notifying them of:

1. The intended admission.
2. Patient's full name, age and diagnosis
3. The patient's estimated time of arrival.

The patient is normally transferred with the appropriate monitoring to the Intensive Care Unit accompanied by at least a nurse escort and possibly a medical escort where clinically appropriate. The nurse or Doctor who has been caring for the patient gives a detailed hand-over on arrival of the patient to the Unit.

Admission of patients referred from outside the hospital

- Any patient being referred from another hospital or the private sector should be first discussed with the Intensive Care consultant (ICU admission) or the Consultant Physician on call (CCU admission) prior to the transfer of the patient into the Unit.

- The patient is to be admitted to the Hospital via the Department of Emergency Medicine and assessed by the appropriate team prior to admission to the Unit.

- The remainder of the admission is as for an inpatient admission.

Transfer procedure of Patients to other Facilities

If a patient requires transfer to another hospital for treatment, the Director of Intensive Care or Consultant Physician is notified and liaises with the receiving hospital. When aerial transfer is appropriate, transportation is negotiated with the Flight Coordinator at the Royal Brisbane Hospital. The flight coordinator then contacts the Health Service with the flight details.

Criteria for Transferring Patients to another Ward/Area

Patients shall be transferred to another ward once they no longer require Intensive Care. They remain the responsibility of the Intensive Care medical and nursing staff until they physically leave the unit. They, therefore, are treated as Intensive/Coronary Care patients and are monitored as such until that time.

Transfer procedure of Patients to other Ward/Areas

Medical staff wanting to transfer a patient into another Ward/Unit once the patient no longer meets the admission criteria shall:

1. Notify the Specialist or PHO for the speciality of the intended transfer and discuss the suitability of the ward/area for the patient.

2. Write a full summary of the patient's admission, including diagnosis; management; procedures; complications and a future management plan.

3. Notify the Nurse Practice Coordinator or team leader on duty in ICU of the intended transfer.

They will then discuss the availability of beds and nursing staff with the Bed Coordinator or after hours Nurse Manager.

4. Notify the Nursing staff within the transferring area (ie Intensive Care) of the intended transfer and the area to which the patient is going, as above.

A member of the nursing staff within the admitting area shall then contact the most senior nursing staff member (ie Bed Coordinator on Ext. 2267) and notify them of;

1. The intended transfer
2. Patient's full name, age and diagnosis
3. The patient's estimated time of arrival
4. The patient's condition and care required

The Intensive Care Unit nursing staff then notifies the Bed Coordinator or After Hours Nurse Manager immediately after the patient has left the area.

The patient is normally transferred to the ward/area by a wardsperson (dresser) and nurse.

Procedure for Discharge of Patients directly from the Unit to Home.

Discharge of patients is authorised by either the Specialist or Principal House Officer. If the patient stays longer than 24 hours, any discharge scripts are sent to pharmacy the day before discharge. On the day of discharge the Specialist or Principal House Officer completes:

1. The Discharge Summary Form (MR53)
2. Any follow-up letters required.
3. These patients shall be audited for suitability of admission.

The nursing staff completes the Nursing Discharge checklist (MR 93) and places it in the progress notes. The Nurse Manager is notified of their departure immediately after the patient leaves the Unit. The Medical Record and all accompanying films are, then, collected by the Ward Clerk.

BIBLIOGRAPHY

Australian and New Zealand College of Anaesthetists. 1994. *Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Intensive Care.*

ACCN GUIDELINES.

LMM29

From: Toni Hoffman
To: Linda Mulligan
Date: Wed, Feb 23, 2005 2:15 pm
Subject: ICU Discharge / Admission policy

Linda,

Martin and I have compared policies and he has agreed to add the numbers in re vents, ive attached minein case you didn't get it.

Ta Toni

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Ph: 07 4150 2311
Fax: 0741 50 2319

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PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

From: Toni Hoffman
To: Linda Mulligan
Date: Wed, Feb 23, 2005 2:17 pm
Subject: attach

attachg

Toni Hoffman NUM
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Queensland Government
Queensland Health

Bundaberg Health Service District

Policy & Procedure Manual

Version No:	2	Manual No:	14
Originally Developed:	15/07/96	Section:	Introduction
Review Dates:	Jul 2002. Feb 2005	Document No:	1.8
Replacement For:	14-1-8	Name of Manual:	Intensive Care Unit

TITLE: **Intensive Care Unit Admission and Discharge Policy**

DESCRIPTION: This policy/procedure outlines the Intensive Care Unit's admission and discharge procedure.

TARGET AUDIENCE: **All staff**

AUTHORISED BY DISTRICT MANAGER AND RELEVANT DIRECTOR/S

Name: _____ Date:
(Director of Medical Services)

Name: _____ Date:
(Director of Nursing Services)

Name: _____ Date:
(District Manager)

STANDARD

ACHS EQuIP Standard: Continuum of Care: Entry 2.0.

PURPOSE

The purpose of this policy and procedure is to ensure that patients who require intensive health care are provided with a service that is equal to their needs. The ICU is designated a level one intensive care unit capable of short term ventilation, simple inotropic support, and /or short term dialysis. For patients who are going to require long term ventilation and /or further complicated therapies they will require transfer to the zonal tertiary referral hospital. Bundaberg ICU has no ability to care for spinal, neurosurgical or cardiothoracic patients. Usually all Paediatric and neonatal patients requiring Intensive Care are retrieved to a tertiary Hospital. Currently the ICU is only staffed to support one ventilated patient at a time. If a second ventilated patient is admitted , they may be able to be supported for a short period of time through the use of overtime, until arrangements can be made for their transfer. The procedure for transferring these patients is the same as outlined below.

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PROCEDURE

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3. Notify the Nurse Practice Coordinator or team leader on duty in ICU of the intended transfer.

They will then discuss the availability of beds and nursing staff with the Bed Coordinator or after hours Nurse Manager.

4. Notify the Nursing staff within the transferring area (ie Intensive Care) of the intended transfer and the area to which the patient is going, as above.

A member of the nursing staff within the admitting area shall then contact the most senior nursing staff member (ie Bed Coordinator on Ext. 2267) and notify them of;

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4. The patient's condition and care required

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The patient is normally transferred to the ward/area by a wardsperson (dresser) and nurse.

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1. The Discharge Summary Form (MR53)
2. Any follow-up letters required.
3. These patients shall be audited for suitability of admission.

The nursing staff completes the Nursing Discharge checklist (MR 93) and places it in the progress notes. The Nurse Manager is notified of their departure immediately after the patient leaves the Unit. The Medical Record and all accompanying films are, then, collected by the Ward Clerk.

BIBLIOGRAPHY

Australian and New Zealand College of Anaesthetists. 1994. *Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Intensive Care.*

ACCN GUIDELINES .

From: Toni Hoffman
To: Linda Mulligan
Date: Thu, Feb 24, 2005 12:24 pm
Subject: Re: attach

Hi Linda,
Martin changed some of the wording and preferrered his " wording to mine" The NM were consulted in the initial policy , but I did not connsult them in this one. The staff in ICu were all shown Martins draft. Darren Had some comments to make to Martin and I ahev not seen Martins comments back or if if he intends to make any changes yet (only emaillied this am). When I started here, It was an exec direction that this was our ventilator capacity via corp office. It was not a decision that Martin or I made, It was something that was passed onto us,
when I get martins revision back I shall forwrd it to you,
Ta Toni

Toni Hoffman NUM
ICU/CCU
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Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

>>> Linda Mulligan 24/02/2005 12:05:20 >>>

HI Toni-so this is the final draft of the two integrated policies?? Also did you include the NMs in your consultation of developing the same? ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Toni Hoffman 02/23/05 02:17pm >>>

attachg

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

From: Toni Hoffman
To: Darren Keating; Linda Mulligan; Martin Carter
Date: Tue, Mar 1, 2005 3:03 pm
Subject: found policies

Hi,

I found some of the policies. i knew existed, so we can see if any of these can be added to our new one, have attached for your info only

Toni

Toni Hoffman NUM
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Queensland Government
Queensland Health

Bundaberg Health Service District

Policy & Procedure Manual

Version No:
Originally Developed:
Review Dates:
Replacement For:

Manual No:
Section:
Document No:
Name of Manual:

TITLE: CARE OF A MECHANICALLY VENTILATED PATIENT

DESCRIPTION: This policy describes the appropriate management Of a patient receiving mechanical ventilation.

TARGET AUDIENCE: All Intensive Care Staff

AUTHORISED BY DISTRICT MANAGER AND RELEVANT DIRECTOR/S

Name: _____ Date:
(Director of .....)

Name: _____ Date:
(District Manager)

STANDARD

ACHS EQuIP Standard: Continuum of Care 1.5.
Care delivery is coordinated to ensure the best possible outcomes for the patient/consumer.

OUTCOME

All Nursing staff will be deliver quality care to ventilated patients according to best practice guidelines.

PURPOSE

The purpose of the policy is to provide guidelines for nursing staff to deliver safe and effective nursing care to mechanically ventilated patients.

POLICY

All staff will utilise the following policies when caring for a mechanically ventilated patient according to ACHS EQUIP Standards, Faculty of Intensive Care; Minimum standards for Intensive Care Units, Best Practice principles and the Confederation of Australian Critical Care Nurses' guidelines.

PROCEDURE

STAFFING REQUIREMENTS;
On the trend care dependency system the ventilated patients will be categorised as a

12 hour special on the first shift when initially intubated, when weaning or when extubated. On all other shifts they will be categorised as 10 hours unless they are unstable and requiring additional hours. The presence of 2 mechanically ventilated patients requires an 8-hour runner. This is reflected in the PDS as requiring Eight hours "over".
All nurses working in the ICU should be Registered General Nurses (ACHS Guidelines for Intensive Care Units: page 8)
SAFETY REQUIREMENTS;
All mechanically ventilated patients will be cared for by a minimum of 1 Registered Nurse.
A Registered Nurse will remain at the patient's bedside at all times. They should never be left unattended with the curtains drawn, or outside this nurse's visual field. At least 3 staff should be available to turn a ventilated patient, with 1 managing the endotracheal tube and ventilatory support. Please Utilise wardsmen and or dressers for turns and synchronise turns when possible when there is more than one ventilated patient.
NURSING CARE STANDARDS;

Blood/Urine/Sputum cultures should be done as indicated. Discuss with ICU resident prior to screening.

All ventilated patients will have a full "systemic"assessment at the beginning of each shift. This includes but is not limited to, the patient's neurological status, breath sounds and a full systems review. All infusions are to be checked with the oncoming and offgoing nurses. All Inotropic infusions are to be recorded as appropriate, ie; Mcg per min or mcg per kg per minute depending on the particular inotrope. Patients on Vasoactive drugs should have their BP and HR monitored every 15 minutes until stable and then ½ hourly. All other infusions should be checked at the beginning of each shift and with each new infusion.as per hospital policy

Utilise universal precautions at all times when caring for all ventilated patients.

Follow current best practice guidelines in relation to eye and mouth care, using the appropriate solutions.

Follow the guidelines for best practice when suctioning patients.

Patients are to be turned every 2-3 hours depending on their condition. An unstable patient or a fresh post op patient should not be turned until stable.

Patients are not to be nursed totally supine unless they are suspected of having a cervical injury. Nurse patients Head of bed up 15-30 degrees unless contraindicated.

Early feeding of the ventilated patient is to be encouraged and unit policy regarding this followed.

Endotracheal tapes are to be changed per shift and PRN.

Discard Naso gastric bags at 0600 and record N.G loss

Empty Urine Bags at the end of each shift.

Empty or change all other drainage bags PRN.

Follow the ICU INVASIVE CARE PLAN in regards to line changes and ventilator circuit changes.

DOCUMENTATION:

Routine Observations are documented at least hourly. For more unstable patients ¼ to1/2 hourly observations may be required.

Document all observations using a systemic approach as required.

Document initial ventilator settings and then any subsequent changes.

Accurately document the patient's fluid balance.Including all inotropic and vasoactive drug rates.

Document your initial assessment and subsequent changes,utilising the ICU flowsheet as much as possible,and encouraging the use of real time charting.

A shift summary needs to be documented in the patient's chart at the end of the shift.

Document all physician orders/visits and also visits from other health care professionals. Document visits and calls from family, friends and significant others.

PSYCHOSOCIAL: Although adherence to visiting hours are to be encouraged, When patients are seriously ill, significant other contact should not be discouraged. Pastoral care, Social worker involvement and any other contact that may benefit patients and relatives should be allowed, depending on the circumstances.

Queensland Government
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Bundaberg Health Service District

Policy & Procedure Manual

Version No:	1	Manual No:	14
Originally Developed:	29/08/2001	Section:	
Review Dates:		Document No:	
Replacement For:	New Policy	Name of Manual:	Intensive Care Manual

TITLE: **Guidelines to Ascertain and maintain safety standards in ICU/CCU, based on Equip Intensive Care Unit Guidelines, and FINCAZA; Minimum standards for Intensive Care Units.**

DESCRIPTION: **Guidelines to aid the ICU staff to identify and maintain a safe Patient /Staff ratio in the ICU/CCU**

TARGET AUDIENCE: **All Staff.**

AUTHORISED BY DISTRICT MANAGER AND RELEVANT DIRECTOR/S

Name: _____ Date:
(Director of .....)

Name: _____ Date:
(District Manager)

STANDARD

ACHS Equip Standard 1.5 Implementation of Care. 1.5.1 Care is delivered in a timely, safe and appropriate manner according to professional standards, medico-legal and statutory requirements. Faculty of Intensive care Australian and New Zealand College of Anaesthetists Minimum Standards for Intensive Care Units. Refer to statement 2.8 Nursing Staff; patient ratio of 1:1 for all ventilated and other critically ill patients; the capacity to provide greater than 1:1 nursing for selected patients: some patients may require less than 1:1 nursing.

OUTCOME

To provide safe and effective Care to patients in Intensive Care whilst realising that ICU has a finite number of qualified staff to deliver this care. To suggest guidelines to determine the number of patients that can be safely cared for depending on the acuity of the patients and the skills of the nursing staff.

PURPOSE

To set guidelines for staff to be able to determine a safe level of care in ICU, utilising the professional knowledge and skills of the clinicians, in conjunction with the TREND patient Care dependency system.

PROCEDURE

ICU will be deemed to be unsafe when there is no available qualified staff to safely care for the in-patients.

Officially the ICU/CCU is open to five beds, but ICU should be viewed at capacity if:

A) There are two ventilated patients at any given time. Two ventilated patients require

three nurses. The staff deployed to care for any other patients should be able to work independently with minimal supervision as the ICU staff will mainly be concerned with the patients of high acuity (the ventilated patients) and may be unable to adequately supervise the deployed staff. Deployed staff should be assigned to patients within their clinical expertise.

B) In the judgement of the assigned team leader in ICU/CCU, if the current patient load is of such high acuity, further admissions will compromise patient safety. The discussion should involve the appropriate staff, including the NPC, the Bed Manager, the physicians and the After -Hours Nurse Manager. If Necessary the ADON (Clinical) may need to be consulted.

C) After-Hours: it is imperative that the After -hours Nurse Managers is notified of safety concerns in the ICU.

D) The ultimate decision of whether ICU/CCU is able to safely Care for impending admissions should be a collegiate decision based on professional and clinical expertise.

BIBLIOGRAPHY

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CENTRAL ZONE MANAGEMENT; ADULT INTENSIVE CARE SERVICES .1999

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Queensland Government
Queensland Health

Bundaberg Health Service District
INTENSIVE CARE UNIT
Unit Protocol

PROTOCOL NO. 14.3.12

TITLE:	Protocol for – Ventilator Policy
DATE:	Sept 2002 March 2005.
TARGET AUDIENCE:	All Staff
DEVELOPED BY:	Toni Hoffman NUM ICU
OBJECTIVE:	To establish the number of ventilated patients at BBH and the safe care of same.
AUTHORISATION:	

Department Head

Director

STANDARD

ACHS EQuIP Standard: Continuum of Care 1.5.
Care delivery is coordinated to ensure the best possible outcomes for the patient/consumer.

OUTCOME

All staff will be familiar with the policy regarding ventilated patients in a level one unit.

PURPOSE

All staff will be familiar with the policy regarding ventilated patients.

From: Darren Keating
To: Martin Carter
Date: 3/2/05 8:40am
Subject: Re: Admission&Discharge-14-1-8rev

Martin

Whilst I appreciate your keeness to present something on Friday this revision will not be presented. I (as does Linda) want and expect an updated document completed and **agreed by Toni & you**. This document needs to reflect all elements as discussed yesterday.

Once the final document and emails from both of you confirming you are happy with such are received, then the document can be discussed with other parties.

The time provided already to complete this simple task is extraordinary. Neither Linda or I will be doing this simple cut & paste exercise, however it is expected the final result is available for Friday's meeting at 2pm.

Darren

>>> Martin Carter Tuesday, 1 March 2005 16:40:59 >>>
Darren

I have made minor amendments. I feel this version can be distributed for perusal at the executive meeting. Then hopefully we can finalise amendments at the April meeting. I am also sending it to Toni so that she can circularise the Nurse managers with the same version. With any luck we can then put the whole together.

Martin

CC: Linda Mulligan; Toni Hoffman

1/03/05 met c T. Hoffman + Dr m. carter
both worked explicitly together on policy.
Dr C wants to explore. Suggest they
cut+paste (policies 1 + blend into
one. Clearly explained by myself +
Dr Keating must be got right + do
consultation.
NB T. Hoffman has done no consultation
c Aiwm + stated this must occur.
Request final draft for consultation by
4/03/05 [illegible] DOM

From: Toni Hoffman
To: Darren Keating
Date: Wed, Mar 2, 2005 10:27 am
Subject: ICU Admission Discharge Policy

Dear Darren,

I have read Martin's changes and I agree with the changes, we have gone through the document and believe / hope we have everything in there. We have also shown it to the majority of the ICU staff, who are also in agreement with it,

Sorry It took so long to get done, usually we work faster, but we have had a lot on the last few weeks,

Thanks Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

CC: Linda Mulligan; Martin Carter

LMM 30

From: Gail Aylmer
To: Mulligan, Linda
Date: 1/7/05 9:30am
Subject: Re: Infection Control L&M report

thanks. ASPIC won't be on again until Feb 9 - and I will be an apology (I will still submit the stats), as I have the Wide Bay Infection Control forum on at the same time that month. WHile I didn't attend the meeting, I did discuss the outcome of the theatre management meeting with Dr Patel - I thought I would email him (I know he is currently away), and ask if he could advise me in writing of the outcome as I wish to erect signage etc - I am still seeing the orderlys and medical staff inappropriately attired. I saw Dr Gaffield in the coffee shop in theatre scrubs (no gown) with his mask still hanging around his neck
Also, do you know if there been a decision about the IV Cannulation policy from Continuum of Care - I haven't heard back as yet
cheers
gail

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph: 4150 2273
Fax: 4150 2309

>>> Linda Mulligan 7/01/2005 9:00:42 >>>

HI Gail-we were all happy with the format , very concise. We discussed the issue of theatre gear as I flagged that we probably would, and agreed to wait and hear the outcome from the ASPIC meeting which as you are aware two exec are on. Other than that, no other items raised. I will certainly get back to you after meetings if any issues are raised. ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Gail Aylmer 01/07/05 08:06am >>>

hi Linda
I was wondering whether there was any feedback from the executive following my last L&M report late December?
Gail

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Bundaberg Base Hospital
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LMM31

From: Gail Aylmer
To: Mulligan, Linda
Date: 2/22/05 3:16pm
Subject: Re: cost of fluvax - addit to L&M report

hi Linda
I haven't done anything as I was waiting to hear back from you as to whether I could be replaced - I just assumed I wasn't going to be. Also, am I able to organise my own replacement? Its probably too late to worry now, but I will no doubt need to work some toil to catch up. I will ask Karen McGill to deal with occupational exposures for me while I am away.
thanks for the fluvax info - I will followup with Pharmacy re ordering vaccine etc.
Gail

Gail Aylmer
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Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph: 4150 2273
Fax: 4150 2309

>>> Linda Mulligan 22/02/2005 14:13:46 >>>

Hi Gail,-will let L & M know costs, but go ahead with same as P Leck advised to proceed. In light of me stating you could be replaced while away is that occurring? ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Gail Aylmer 02/22/05 11:09am >>>

Hi Linda
I was awaiting these figures from pharmacy as mentioned in my report for next week - please note that I will be away next week at PART training in Sydney and therefore not contactable during L&M meeting.
In regard to Fluvax - 250 vaccines were used for staff across district during 2004 vaccination period at $10.80 each costing $2700.
Vaccines are costing only $8.70 this year - estimated cost for 2005 for 250 vaccines = $2175.
Fluvax for staff is highly recommended by public health.
with thanks
gail

Gail Aylmer
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Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph: 4150 2273
Fax: 4150 2309

From: Gail Aylmer
To: Mulligan, Linda
Date: 2/23/05 11:28am
Subject: Re: Fwd: relief

thanks Linda - that would be great.

Options: the 5,6 & 7th of April or 27,28 & 29 APril (but I think they would be planning this roster now), or May 10, 11 & 12th (maybe easier).

any of the above would be excellent - thanks
gail

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph: 4150 2273
Fax: 4150 2309

>>> Linda Mulligan 23/02/2005 10:15:42 >>>

Hi Gail-I have followed up with HRM yesterday, so hopefully will have updated JD soon, we will plan to get EOI out for relieving opportunities, and we will up skill who ever I decide on, early in piece so will be ready for your extended leave towards the end of the year.

I am happy for you to have an endorsed RN assist you for a couple of days to catch up on some items since you will be away doing training un-related to your IC role. Please let me know what dates you are suggesting that to occur. Thanks Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Gail Aylmer 02/23/05 08:21am >>>

hi Linda
I have attached the email I sent about relief. I did mean to bring it up at our meeting on the 2 Feb, but didn't think of it then, so emailed the attached on the 4th Feb.

Unfortunately only staff trained in the specific programs and assessing the data would be appropriate to do data entry for infection control. Just for your info, no-one is trained to do this in the organisation at the moment other than myself. It would take at least a week to give someone a grounding to act effectively in the role. I think I have only just caught up from my 3 weeks leave in Sept!!

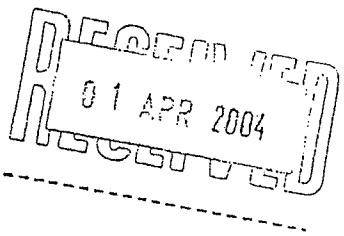
I could use an immunisation practice nurse to assist with finalising the speciality areas - at this stage I would rather have that person working when I am here to offer direction and support. I will await to hear your decision about this.

Gail

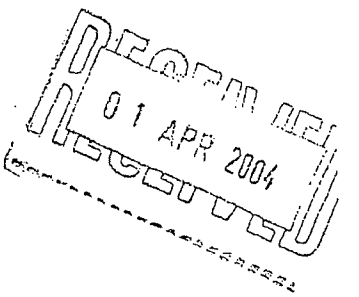
Gail Aylmer

LMM32

PERSONAL GRIEVANCE
(Albert van zanten,nurse officer level one
Bundaberg base hospital)



PERSONAL GRIEVANCE(1 April 2004-04-01)



GROUNDS FOR GRIEVANCE

1) Distribution of option to act as nurse officer level two.

During the previous 18 months other nurse officers level one were given opportunity, most for lengthy periods and most for more than one period, to act up.
The treatment I received was different in that no opportunities were given

2) Theatre call list and distribution to be first on call

During the previous 18 months other nurse officers, either in an acting capacity or and as nurse officer level one, were given opportunity to be first on call. The treatment Ireceived was different in that no opportunities were given.(attached sample of list from 29 March 2004 until 25 April 2004)

3) Theatre weekly staff allocation and distribution to be first or second allocated in a particular theatre

Since forwarding a workload report form on 23 February2004 ,but not limited to this, distribution to be first or second allocated in a particular theatre was different for self compared with other nursing officers level one(attached sample 29March2004- 2April2004)

4) Weekend work distribution during the previous 18 months,but not limited to this timeframe, show that I worked about one weekend in three weeks.

Since forwarding the workload reporting form the above ratio has altered significantly to my disadvantage. Part time staff and nurses on temporary contracts are given weekends above the requests of self.

OUTCOMES PERSONAL GIEVANCE

1) Full reasons and explanations for different treatments pertaining to:

Distribution of option to act as nurse officer level two
Theatre call list and distribution to be first on call
Theatre weekly staff allocation and distribution to be first or second allocated in a particular theatre
Weekend work distribution and the significant alteration for self after submitting workloadreport form

2) Weekend work distribution to be altered to previous ratio,one weekend in three,forthwith

3) Punitive measures be put in place pertaining to alleged discrimination

4)Costs associated with,but not limitedto, matters arising out of this grievance, for example legal and damages costs

5) An immediate cessation of practice pertaining to ANY different treatment of self.

2004

THEATRE WEEKLY STAFF ALLOCATION

MONDAY 29th MARCH	TUESDAY 30th	WEDNESDAY 31st	THURSDAY 1st APRIL	FRIDAY 2nd
NPC Jen	NPC Jen	NPC Jen	NPC Jen C	NPC Jen
OR1 ~~Warren Jen Penny 9 Kathrina~~	OR1	OR1 ORTH 1 7.30 Janice C 7.30 David 7.30 Damien C	OR1	OR1
OR2	OR2	OR2 ORTH 2 Warren 9 Penny 9 Lucinda	OR2 Warren.	OR2
OR3 9 Janice Jenelle C Jane ~~Albert FAM~~	OR3 David & Marie Albert C	OR3 Joanne. Katrina Jenelle C	~~OR3~~ Janice of the inventory.	OR3
OR4 ~~Joanne~~ Warren Lucinda Marie C	OR4 Janice Kathrina Jane.	OR4 DENTAL Jane.	OR4 David. Lucinda C Albert 9	OR4
DP1	DP1 Scopes OR PATIENT Joanne Jenelle Penny 9	DP1	DP1 Scopes DR RADIOLOGY Joanne. Jane Kathrina / Jenelle.	DP1
RECOVERY 9 Anne Gabriel 9-3 ~~Jenelle~~	RECOVERY 4C Anne Gabriel 9-3 Lucinda 9	RECOVERY SIL Jane ~~Darrel~~ Albert Gabriel 9-3	RECOVERY Anne Carolyn 9 Damien	RECOVERY
OR1 MON DR ROOM Janice	OR1 Penny	OR1 Janice Damien Jenelle	OR1	OR1
OR2	OR2	OR2	OR2	OR2
OR3	OR3 MON DR ROOM Daniel Marie Albert	OR3	OR3	OR3
OR4 Warren Lucinda Marie.	OR4 Janice Lucinda Jane	OR4 Joanne Katrina Jane	OR4 HEAD	OR4
DP1 MON DR CARTING Jenelle / Jane.	DP1	DP1	DP1 MON DR CARTING	DP1
RECOVERY	RECOVERY Anne Gabriel	RECOVERY Albert Gabriel	RECOVERY	RECOVERY
CLEANING	CLEANING	CLEANING/Ed Ups Warren Penny Lucinda	CLEANING	CLEANING
MEETINGS	MEETINGS	MEETINGS	MEETINGS	MEETINGS
INSERVICE	~~INSERVICE~~ TEACHING Joanne / Kathrina Steve C	INSERVICE	INSERVICE Steve C	INSERVICE

Jan | Jenelle C

Theatre Call List

Day/Date	Call	Staff	
Monday	1	Jane Edgar	
29.03.04	2	Marie Goatham	
	3	Jenelle Law	
Tuesday	1	David Levings	
30.03.04	2	Anne Bartholdt	
	3	Albert VanZanten	
Wednesday	1	Janice Larsen	
31.03.04	2	Damien Gaddes	
	3	Jenelle Law	
Thursday	1	Jenny White	
01.04.04	2	Steve Sinclair	
	3	Lucinla Keene	
Friday	1	David Levings	
02.04.04	2	Jane Edgar	
	3	Damien Gaddes	
Saturday	1	David Levings	Dresser
03.04.04	2	Jane Edgar	
	3	Damien Gaddes	
Sunday	1	David Levings	
04.04.04	2	Jane Edgar	
	3	Damien Gaddes	

Jenny White (Mobile)	
David Levings	
Karen Smith	
Joanne Peterson	
Gail Doherty	
Janice Larsen	
Steve Sinclair	
Warren Sharrock (Mobile)	
Cheryl Dobson	
Andrea Baldry	

Penny Daniel	
Anne Bartholdt	
Marie Goatham	
Lucinda Keene	
Jane Edgar	
Jenelle Lacey	
Damien Gaddes	
Carolyn Tandy	
Albert VanZanten	
Katrina Zwolak	

Beepers		Mobile Phones
Number 1	96115	Number 1
Number 2	94834	Number 2
Number 3	91522	Number 3

Theatre Call List

Day/Date	Call	Staff	
Monday	1	Joanne Peterson	
05.04.04	2	Penny Daniel	
	3	Albert VanZanten	
Tuesday	1	Janice Larsen	
06.04.04	2	Anne Bartholdt	
	3	Lucinda Keene	
Wednesday	1	Warren Sharrock	
07.04.04	2	Anne Bartholdt	
	3	Steve Sinclair	
Thursday	1	Gail Doherty	
08.04.04	2	Carolyn Tandy	
	3	Katrina Zwolak	
Friday	1	Gail Doherty	
09.04.04	2	Marie Goatham	
Good Friday	3	Katrina Zwolak	
Saturday	1	Gail Doherty	Dresser
10.04.04	2	Marie Goatham	
Easter Saturday	3	Katrina Zwolak	
Sunday	1	Gail Doherty	
11.04.04	2	Marie Goatham	
Easter Sunday	3	Katrina Zwolak	

Jenny White (Mobile)	
David Levings	
Karen Smith	
Joanne Peterson	
Gail Doherty	
Janice Larsen	
Steve Sinclair	
Warren Sharrock (Mobile)	
Cheryl Dobson	
Andrea Baldry	

Penny Daniel
Anne Bartholdt
Marie Goatham
Lucinda Keene
Jane Edgar
Jenelle Lacey
Damien Gaddes
Carolyn Tandy
Albert VanZanten
Katrina Zwolak

Beepers		Mobile Phones
Number 1	96115	Number 1
Number 2	94834	Number 2
Number 3	91522	Number 3

Theatre Call List

Day/Date	Call	Staff	
Monday	1	Gail Doherty	
12.04.04	2	Marie Goatham	
	3	Katrina Zwolak	
Tuesday	1	Joanne Peterson	
13.04.04	2	Anne Bartholdt	
	3	Damien Gaddes	
Wednesday	1	Warren Sharrock	
14.04.04	2	Albert VanZanten	
	3	Jenelle Law	
Thursday	1	Jenny White	
15.04.04	2	Marie Goatham	
	3	Lucinda Keene	
Friday	1	Janice Larsen	
16.04.04	2	Albert VanZanten	
	3	Jenelle Law	
Saturday	1	Janice Larsen	
17.04.04	2	Albert VanZanten	Dresser
	3	Jenelle Law	
Sunday	1	Janice Larsen	
18.04.04	2	Albert VanZanten	
	3	Jenelle Law	

Jenny White (Mobile)	
David Levings	
Karen Smith	
Joanne Peterson	
Gail Doherty	
Janice Larsen	
Steve Sinclair	
Warren Sharrock (Mobile)	
Cheryl Dobson	
Andrea Baldry	

Penny Daniel	
Anne Bartholdt	
Marie Goatham	
Lucinda Keene	
Jane Edgar	
Jenelle Lacey	
Damien Gaddes	
Carolyn Tandy	
Albert VanZanten	
Katrina Zwolak	

Beepers		Mobile Phones
Number 1	96115	Number 1
Number 2	94834	Number 2
Number 3	91522	Number 3

Theatre Call List

Day/Date	Call	Staff	
Monday	1	David Levings	
19.04.04	2	Penny Daniel	
	3	Katrina Zwolak	
Tuesday	1	Damien Gaddes	
20.04.04	2	Anne Bartholdt	
	3	Lucinda Keene	
Wednesday	1	Gail Doherty	
21.04.04	2	Jane Edgar	
	3	Steve Sinclair	
Thursday	1	Steve Sinclair	
22.04.04	2	Anne Bartholdt	
	3		
Friday	1	Gail Doherty	
23.04.04	2	Cheryl Dobson	
	3	Warren Sharrock	
Saturday	1	Gail Doherty	Dresser
24.04.04	2	Cheryl Dobson	
	3	Warren Sharrock	
Sunday	1	Gail Doherty	
25.04.04	2	Cheryl Dobson	
	3	Warren Sharrock	

Jenny White (Mobile)	
David Levings	
Karen Smith	
Joanne Peterson	
Gail Doherty	
Janice Larsen	
Steve Sinclair	
Warren Sharrock (Mobile)	
Cheryl Dobson	
Andrea Baldry	

Penny Daniel	
Anne Bartholdt	
Marie Goatham	
Lucinda Keene	
Jane Edgar	
Jenelle Lacey	
Damien Gaddes	
Carolyn Tandy	
Albert VanZanten	
Katrina Zwolak	

Beepers	
Number 1	
Number 2	
Number 3	

Mobile Phones	
Number 1	
Number 2	
Number 3	

LMM33

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FILE NOTE

Subject: Call J. White NUM

Date: 8/04/04 0900 **Ref:**

I called Mrs White this am to see how she was, in light of her sick leave after the lodgment of a grievance against her. She indicated she was ok & there was nothing I could do to help.

She has seen EAS & her GP, & indicated she would be back to work next Tuesday.

Mrs L Mulligan
District Director of Nursing Services
Bundaberg Health Service

LMM34

Queensland Government
Queensland Health

CONFIDENTIAL

** *Confidential* **

Record of Grievance Resolution Meeting

Held: Office of Linda Mulligan, District Director of Nursing Services.
Date: 0900 hrs on Friday 7 May 2004
Present: Linda Mulligan (DDON), Albert Van Zanten, Ariel Robinson (QNU Representative) and Rosemary Goodchild (Nurse Manager, Human Resource)

Mr Van Zanten was provided the Report of investigation re Mr Van Zanten's grievance, and a memo from Mrs L Mulligan. Mr Van Zanten was informed that two independent investigators, Ms A Robinson and Ms C Fritz (a trained investigator) had investigated the claims of his grievance and all aspects of the grievance were not substantiated. However as a quality improvement activity his working area would be developing roster guidelines for nurses along with the remainder of the nursing services.

Mr A Van Zanten stated he had not been formally interviewed by Ms C Fritz and felt concern as to procedural fairness. Mrs Mulligan explained that the complaint pertained specifically to rostering and the investigators were able to look at specific evidence including the actual reviewing of rosters including on call. Mrs Mulligan requested Mr Van Zanten review the report, and if he feels there is additional information that he could provide outside the evidence viewed, he can provide that feedback.

Mrs Mulligan suggested to Mr Van Zanten that there obviously are and may continue to be some communication issues with himself and Ms J White, and therefore suggested there is a need for mediation by a trained mediator. Mr Van Zanten indicated he would be willing to participate in a mediation session with a view to resolve communication issues.

Mr Van Zanten raised some issues related to workload to which Mrs Mulligan indicated a plan to address as a separate issue, in light of the need to have Ms J White involved as the Nurse Unit Manger of Theatre and the need to resolve the communication issues between them.

Mrs Mulligan indicated following this meeting Ms J White would be provided the feedback on the investigation, and that she would be encouraging Ms White to move forward with the mediation.

Discussion occurred on the appropriate time frame for mediation and Mr Van Zanten stated he would be working next week, and agreed with Mrs Mulligan the need to arrange mediation quickly.

Outcomes of Meeting:

Mr A Van Zanten will:

- Send a copy of workload flow sheet to Mrs Mulligan
- Read the investigation report, and contact Mrs Mulligan if he feels he needs to add further information

Mrs L Mulligan will:

- See Ms White today, and seek agreement for mediation
- Appoint a trained mediator to discuss communication and move towards a more effective working relationship between the two parties

OR16 → Albert Van Zanten ✓
cc Rosemary Goodchild ✓
cc DONE ✓ 24/1

LMM35

Copy → Linda Mulligan 09/06/04

AGREEMENT FROM MEDIATION SESSION

Parties: Jenny White, Nurse Unit Manager, Operating Theatre

Albert Van Zanten, Registered Nurse, Operating Theatre

Mediator: Tina Wallace

Mediation was held on Thursday 13 May 2004 commencing 12noon.

In order for the working relationship between Jenny and Albert to improve following the outcome of the recent grievance process, the following have been agreed:

1. Jenny and Albert will use the Agenda of the Unit Meeting to document theatre staff issues that need to be discussed. Jenny and Albert will request that all staff use this process. The minutes will reflect what action or follow up is taken on the issue.

2. Albert and Jenny will agree to work together to get all staff to own problems and Jenny will delegate actions and share problem solving with staff.

3. Jenny will ask clinical nurses to take on the role of ensuring that staff unable to attend meetings are kept informed of issues and the actions being taken.

4. Jenny will aim to identify ways that provide Albert (and other staff) with realistic workloads. [It is acknowledged that there are times when theatre workload is unpredictable and overtime is required]

5. All staff will be encouraged to document system failures. Jenny will encourage staff to attend Adverse Event training to improve their understanding of the way that this system will monitor trends.

6. Jenny will ensure that Linda Mulligan is kept informed of issues and will discuss issues that need senior management attention with her. [It is acknowledged that a range of relieving DONS has meant that continuity for issues has been a problem over the last 4-6 months]

7. Albert and Jenny will both work to have informal communication that encourages the day to day discussion of future issues as they occur.

Signed

....

Albert Van Zetan Jenny White

Copy → Linda Mulligan 09/06/04

AGREEMENT FROM MEDIATION SESSION

COPY

Parties: Jenny White, Nurse Unit Manager, Operating Theatre

Albert Van Zanten, Registered Nurse, Operating Theatre

Mediator: Tina Wallace

Mediation was held on Thursday 13 May 2004 commencing 12noon.

In order for the working relationship between Jenny and Albert to improve following the outcome of the recent grievance process, the following have been agreed:

1. Jenny and Albert will use the Agenda of the Unit Meeting to document theatre staff issues that need to be discussed. Jenny and Albert will request that all staff use this process. The minutes will reflect what action or follow up is taken on the issue.

2. Albert and Jenny will agree to work together to get all staff to own problems and Jenny will delegate actions and share problem solving with staff.

3. Jenny will ask clinical nurses to take on the role of ensuring that staff unable to attend meetings are kept informed of issues and the actions being taken.

4. Jenny will aim to identify ways that provide Albert (and other staff) with realistic workloads. [It is acknowledged that there are times when theatre workload is unpredictable and overtime is required]

5. All staff will be encouraged to document system failures. Jenny will encourage staff to attend Adverse Event training to improve their understanding of the way that this system will monitor trends.

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7. Albert and Jenny will both work to have informal communication that encourages the day to day discussion of future issues as they occur.

Signed

....

Albert Van Zetan Jenny White

ALBERT Van Zanten

LMM36

3/06/04 - Recced at 1600 - Discussed c J White to consult c OWW re method for change including workloads, trial + trend indicators to assess trial (not just judicial + update re same.

Trial to begin on site after 18/07/04.

Stated to OWW reps A Robinson, U. Smyth that consultation would occur - as no details yet (Hogan)

[signature] DD 22

LMM37

From: Linda Mulligan
To: Toni Hoffman-NUM ICU/CCU
Date: 9/28/04 5:41pm
Subject: Farewell from Jenny's NO3 position

Hi Toni-I have not heard any arrangements for Jenny's farewell that you were working on behalf of level 3/5/6 for after 30 august when Jenny returned. Have you guys looked at some dates??? and venue-otherwise time will get further away from us. thanks Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

CC: Jennifer White

LMM 38

From: Linda Mulligan
To: Carol McMullen
Date: 2/10/05 4:41pm
Subject: Re: Perioperative Education Workshop

Hi Carol/Rene/Gail-that is fine if Jenny White would like to go. Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

>>> Carol McMullen 02/10/05 01:01pm >>>

Hi Linda
Luci had an email regarding flights and accommodation for the above workshop at Prince Charles Hospital on 17 and 18 Feb. I am not certain if she intended going herself but I have contacted Narelle Sommerfield who indicated that the two day workshop covered the review of the Transition modules in relation to Theatre. We do not have anyone permanent in Education at the moment and Narelle suggested we send Jenny White. There is funding for flights and accommodation but the health service has to cover the two days wages. I have spoken to Jenny who is interested in going and Gail Doherty said she is able to free Jenny up on the roster. Are you happy to send Jenny or do we not send anyone?
I am not here Friday but given the short notice I have left the information and instructions with Rene. So could you please let Rene know if we are going to send Jenny?

Cheers Carol

Carol McMullen
Nurse Manager Nursing Informatics
Bundaberg Health Service District
PH 41502264
Email Carol_McMullen@health.qld.gov.au

CC: Gail Doherty; Rene Huysamen

From: Linda Mulligan
To: Jennifer White
Date: 3/4/05 11:49am
Subject: Letter re Transition Program

Hi Jenny-Thanks for your summary of the couple days in Brisbane, sounds like it was both enjoyable and useful, plus a qeen interest of yours. Please ensure you keep A/NIM and NEs (at this stage C McMullen) in the loop of how the review is going. ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

CC: Carol McMullen-NE/NM Informatics; David Levings

30/6/04 - Message from Lesley Douglas
Many thanks to all the staff for the wonderful work you all did last night & the pt & the SAH - well done
Many thanks again -
Teri

4/7/04. From Raelene CSSD: The CVC trays will no longer contain the white gauze balls. We will have to add them. Pam

5/7/4 We have been having difficulties with the 740 Bennett with high FiO2 shows "O2 sensor errors". Many ESTs and O2 sensor calibrations later...

5.7.07 -
This "new thing" & with pts coming down to ICU for central line insertion is unnecessary. Can you please ask the wards to insert their own central lines. They can use their monitor if they are worried about arrythmias - They are also not to use our equipment. Esp when you are so busy.

Peter Leek, and Linda Mulligan came down to THANK ALL OF THE STAFF for all the hard work, you have done over the weekend. WHAT A WEEKEND -
WELL DONE + THANKS TO YOU ALL FROM ME TOO!! You are all such a good crew.

LMM40

17/6/04:-

Message from the doctors at RCH -

re Care of Nathan Bolden

- "you guys did a brilliant job"
- you were fantastic
- we are very impressed & your care
- you did a great job

So well done - I am going to pass on these comments on to Karen Keating & the parents that we

Thanks again - what a fabulous feedback !!!

17/6/04 GUIDELINES for DKA management date 17/6

man - Re: Feedback from RCH

From: Linda Mulligan
To: Toni Hoffman
Date: 17/06/2004 1:25pm
Subject: Re: Feedback from RCH

Hi Toni-Well done to all the staff-it is lovely to have feedback, and this level of the same is fantastic. Amelia please place on central file. ta Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
Fax 07 4150 2029

From: Gail Aylmer
To: Linda Mulligan
Date: 11/17/04 2:00pm
Subject: Re: Thank you

thanks Linda. I am not sure whether I will around when the debriefing occurs, but if I am not can I ask you please to express a concern I have? The bus passengers were not escorted from the accident site to the hospital - only the bus driver. The bus driver did express some relief to us when we joined them in Bundaberg for the trip to the bay. He felt relieved the initial trip went ok but saw the potential for problems with the passengers being as distressed as they were. In addition, 7 people were taken off this bus in Bundy because of various things that needed some attention. I would like to suggest that in future the control centre at the accident site consider supporting the victims with at least a nurse (QAS obviously better but might not be available) on board.
thanks
gail

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph: 4150 2273
Fax: 4150 2309

>>> Linda Mulligan 17/11/2004 12:34:51 >>>

Dear Gail-I want to personally thank you for your efforts in our most recent disaster challenge. I appreciate you coming in and pitching in so willingly with taking the patients to Hervey Bay!! Hopefully I will be able to catch up with you soon, I am sure you have some tales to tell us. Thanks again. Linda

Mrs Linda Mulligan
District Director of Nursing Services
Bundaberg Health Service
PO Box 34
Bundaberg Queensland 4670

Phone 07 4150 2025
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