

## QUEENSLAND

### COMMISSIONS OF INQUIRY ACT 1950

#### BUNDABERG HOSPITAL COMMISSION OF INQUIRY

##### STATEMENT OF DR MICHAEL IAN CLEARY

1. I, **MICHAEL IAN CLEARY**, Acting District Manager, of c/- The Prince Charles Hospital Health Service District, Rode Road, Chermside, acknowledge that this written statement by me dated 23 August 2005 is true to the best of my knowledge and belief.
2. This statement is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.

##### Qualifications and experience

3. I was awarded a Bachelor of Medicine, Bachelor of Surgery, from the University of Queensland in 1984. I attained a Masters of Health Administration from the University of New South Wales in 1993. I attained Fellowship of the Australian College of Emergency Medicine (FACEM) in 1989. I am also an Associate Fellow of the Australian College of Health Service Executives (ACHSE) and attained this Fellowship in 1993.
4. I hold a teaching appointment as an Associate Professor of the University of Queensland School of Medicine. I have held this position since 1995.
5. Attached and marked **MIC-1** is a copy of my curriculum vitae.
6. I have been a permanent employee of Queensland Health (QH) since January 1984 and have held a number of senior positions, both in clinical and management roles with Aeromedical Services. This includes managing the Emergency Department and Aeromedical Services coordinated through the Royal Brisbane Hospital.

##### Involvement with the Bundaberg Base Hospital

7. The following statement relates to the Queensland Health (QH) response to complaints made about the Bundaberg Base Hospital (Hospital) arising out of the employment of Dr Jayant Patel.
8. During the period 9 to 29 May 2005, I was Acting District Manager of the Bundaberg Health Service District (District) and intermittently acted as Director of Medical Services for the District.

9. Following the naming of Dr Patel in Parliament and the resulting publicity, there had been considerable disharmony at the Hospital amongst former patients of Dr Patel and within the Bundaberg community.
10. The District Manager, District Director of Nursing and Director of Medical Services voluntarily stood aside and were subsequently replaced by temporary staff
11. The Chief Health Officer, Dr Gerry FitzGerald, was requested to work from the Hospital for a two week period, in late April 2005, to manage the community and media interface.
12. A Patient Liaison Service was rapidly established at the Hospital to support previous patients of Dr Patel, other patients who had concerns about their care and to coordinate media and community interactions.
13. Prior to commencing as Acting District Manager, I obtained a detailed assessment of the situation at the Hospital from the following people:
  - Dr Gerry FitzGerald, Chief Health Officer;
  - Dr Michael Daly, Acting District Manager; and
  - Mr Dan Bergin, Zonal Manager.
14. My goal as Acting District Manager, which incorporated the activities of the Patient Liaison Service and the services provided by the District, was to:
  - ensure patients of Dr Patel were cared for;
  - maintain normal operations of the Hospital;
  - review and enhance quality and safety system;
  - review and enhance management systems;
  - improve staff morale; and
  - restore community confidence.
15. These goals were aligned with the activities of Dr FitzGerald, who had been coordinating services within the Bundaberg community until I took up the position of Acting District Manager.
16. Upon my appointment as Acting District Manager, and in addition to coordinating the management of the Health Service District, I also took over the ongoing management of the activities that Dr FitzGerald had been coordinating, which included ensuring that patients of Dr Patel were cared for and restoring community confidence. As part of this process, I met on a daily basis with the Patient Support Group (PSG).

### **Patient Liaison Services**

17. A Patient Liaison Service (PLS) was established to:
  - identify former patients of Dr Patel and to contact them, either directly or indirectly;
  - triage patients who made contact with the PLS and offer further assistance, counselling and/or treatment;
  - contact families of deceased patients and provide counselling support and advice;

- establish and maintain close relationships with the local PSGs and provide assistance and support;
  - make contact with key opinion leaders in the community; and
  - coordinate public affairs and media to ensure timely, accurate and relevant information was provided.
18. As at 8 May 2005, approximately 480 patients had contacted the PLS, of which 300 were previous patients of Dr Patel
  19. At this time it was believed that Dr Patel had contact with 900 patients (as surgeon); 400 patients (endoscopy procedures); and 200 patients (in outpatients) 15 of the most urgent patients had been referred to Dr Geoff de Lacy, Surgeon. An estimated 80 families of deceased patients had been contacted and offered an appointment to meet with senior medical staff.
  20. Data collection had commenced using electronic but disparate systems. Principals relating to payment and reimbursement of fees had been established. Counselling services had also been established.
  21. The PLS had four main elements:
    - Patient liaison officers;
    - Community services;
    - Medical records and medico legal management;
    - Public Affairs.
  22. Support for the PLS was organised on an as needs basis. The Office of the Senior Executive, Director of Health Services, coordinated this support, which I could only describe as exceptional.
  23. In general, 6-7 Patient Liaison Officers, 2-3 Counselling Staff and 1 Public Affairs Officer, and a number of Administrative Officers formed the core element of this service.
  24. A computerised patient complaint management system was established, which included referral pathways for patients based on a clinical risk management assessment.
  25. Patients could be referred either to their general practitioner, a local specialist, a specialist at the Hospital or a specialist at another centre, depending upon their clinical needs. The people who contacted the PLS were also offered counselling and professional support.
  26. Patients were contacted in writing. Letters for the six mailouts undertaken were specific to the clinical group of patients being contacted (see paragraph 70). The impact of this on the call centre was that 30% of people receiving a letter would call a PLO for advice or assistance.
  27. In total, 2719 letters were sent to previous patients of Dr Patel.

28. General practitioners (GP) were contacted and advised of specific QH arrangements in three ways:
  - Direct letter to GP;
  - Copy of letter provided to GP Practice Manager and reception staff;
  - Copy of letter sent to patients to take with them to the GP.
29. Expert clinical support was arranged locally and/or with specialists in Brisbane. Dr de Lacy provided local support, under contract with the Mater Hospital and arranged treatment for patients requiring urgent care
30. Specialist surgical staff from the Royal Brisbane and Women's Hospital also travelled to Bundaberg on a weekly basis to review patients in Outpatients. This included Dr O'Loughlin, Dr Hopkins and Dr Rudd.
31. Dr Michael O'Rourke, Surgeon, was appointed to the position of Acting Director of Surgery and provided support in terms of chart reviews, consultations with patients, etc.
32. Contracts were arranged with private hospitals, on an as needs basis. This included Mater Hospital - Brisbane, Friendly Society Hospital - Bundaberg, Mater Private Hospital - Bundaberg, and Wesley Hospital - Brisbane.
33. Contracts were arranged with seven Visiting Medical Officers (VMOs) who were able to provide specialist surgical support. These included Drs Stitz, Nathason, Hopkins, Gough, Stephenson and Nano.
34. The potential issues relating to patients who had endoscopy procedures were reviewed in light of a patient having a normal colonoscopy with Dr Patel and who were subsequently identified as having carcinoma of the rectum. Urgent patients were either treated in the private sector or referred to Dr Appleyard. Specialist clinics were also planned for mid-June for patients who required follow-up procedures. This clinic will provide access for up to 70 patients
35. Counselling services for previous patients of Dr Patel were established at an early phase. The service provided exceptional support to patients and their families, and provided support at locations convenient to those in need. To sustain a long term response, two additional social work positions were established in the District, one of which was permanent. Recruitment to these positions was completed promptly to ensure no break in the level and nature of service provision.
36. Senior medical staff met with the families of patients who had died and who were, at some stage, under the care of Dr Patel. Senior staff conducted these meetings with the families. During these meetings, patient charts were reviewed and the contents explained to families. On average, a senior doctor would review four to five patient charts daily. A total of 72 cases were reviewed up to 27 May 2005, compared with 24 as at 9 May 2005.
37. The Director of BreastScreen Queensland was requested to review 12 patients who had received treatment at the Hospital. The review included a chart review by a

multi-disciplinary team. Feedback from the Director indicated that treatment was appropriate.

### **Health Rights Commission Activity**

38. The Health Rights Commission (HRC) advised at an early stage (10/05/05) that they had received a large number of complaints and were wanting to progress the resolution through a process that would see the District and the HRC streamlining processes.
39. On 10 May 2005, the HRC advised that they had received 87 complaints, of which 51 were related to Dr Patel and were considered urgent. Of the 87 complaints, 14 did not relate to Dr Patel. Investigations at a District level identified that the District had previously received complaints for 5 of the 14 patients.
40. It was agreed with the HRC that they would immediately provide names of complainants, along with authorities to the District of all cases it considered needed to be followed up urgently. In turn, the District would review this information and manage claims as appropriate and in line with the requirements of the HRC. I advised that upon receipt of a signed authority from patients, the patient records would be provided to the HRC.

### **PSG Meetings**

41. Daily meetings were held with the PSG representatives. These meetings allowed early and active management of issues as they arose. Issues highlighted in the process included:
  - concerns with the process;
  - concerns relating to specific patients.
42. Responses were provided to the PSG within 1 working day.
43. General issues discussed included:
  - contact with GPs;
  - arrangements for financial assistance;
  - updates for patients;
  - contact person for Health Services.

### **Maintaining Normal Operations of the Hospital**

44. Key activities required to normalise operations at the Hospital included:
  - re-establishing a management structure;
  - management of financial implications of the exceptional situation;
  - meeting of professional workforce, especially where it related to surgery and anaesthetics;
  - recruiting the Acting Director of Surgery, Dr O'Rourke.

45. Committee meetings and operational management (under the revised structure) were reinstated. Issues held in abeyance were expedited by the District Executive, including Child Safety Training. Nursing staff from Brisbane hospitals supported areas such as the Operating Theatre and ICU.
46. Dr Michael O'Rourke took up an appointment as Acting Director of Surgery following negotiations between him and Dr FitzGerald, the Chief Health Officer. This process was supported by the AMAQ and the Royal Australian College of Surgeons.
47. Several hospitals provided support to the anaesthetic service pending recruitment of specialist anaesthetist.

### **Review of Document Security**

48. A review of document security was conducted to ensure that all documentation and material held by the District was secure. This included physical security of the Executive Officers.
49. A procedure was finalised and agreed by the Executive, and provided upon request to the Bundaberg Hospital Commission of Inquiry (BHCOI).
50. Critical documents, including original files of Dr Patel and all information requested by the Crime and Misconduct Commission (CMC) and the BHCOI, were located in a secure cabinet. Keys to this cabinet were held by the District Manager and the officer co-ordinating information management within the Patient Liaison Service. This officer did not hold a key to the Executive suite at the Hospital and therefore could only gain access during working hours.

### **Reviewing quality and safety systems**

51. Clinical audit processes were not well developed. Paediatric services did appear to have a system in place to review clinical care.
52. After an extensive search, documentation relating to credentialing and privileging was located. The process was consistent with QH policy and was managed through a joint Fraser Coast/Bundaberg Health Service District Committee. The Director of Medical Services at Fraser Coast Health Service District advised that the Committee had only been in operation for 18 months, but that it had only reviewed physicians, obstetricians and paediatricians, and that surgeons and anaesthetists had not been reviewed. This was said to be due in part to being unable to gain assistance from the Royal Australian College of Surgeons.
53. Given the credentialing and privileging process had not been undertaken, the District Manager had provided interim privileges for surgical and other staff. There was, however, very little evidence that credentials were reviewed. Therefore, there was only partial compliance with QH policy. I do not consider that this was an appropriate approach to the credential and privilege procedures.

54. Having reviewed the local processes, I provided detailed documentation on how this activity is managed at The Prince Charles Hospital, together with relevant local procedures along with a recommendation that a new local process be implemented.
55. Consideration should be given by QH to centralising this process at, perhaps, a zonal or statewide level for various specialised services (eg. IPCH could coordinate the statewide process for cardiology) to ensure consistency and appropriate resourcing
56. The QH Service Capability Framework was in place, however, after review by Dr O'Rourke, he indicated the Bundaberg Hospital should be a level 2, not a level 3 service for general surgery.
57. ACHS accreditation was achieved in 2003. The ACHS workbook was reviewed and noted to contain a number of recommendations that related to quality and safety issues, including:
  - processes be developed to enable care to be evaluated across the whole organisation to ensure the quality and safety of care;
  - the organisation implement strategies, including progressing management and reporting of incidents, adverse events and sentinel events, the reporting of near misses and evaluating the risk management framework;
  - the organisation encourage the adoption of clinical risk principles across all clinical service units and utilise, as exemplars, those areas which are already functioning at a superior level of clinical risk management.
58. A revised reporting and committee structure was established within 1 week, such that:
  - Nursing Directors and Facility Managers at Gin Gin, Childers and Mt Perry reported through to District Director of Nursing;
  - A District Executive Committee was established to manage District activities. This committee took over the responsibilities of the improving performance and leadership and management committee which was suspended;
  - The Director of Corporate Services was allocated line management for information management and human resource management;
  - The HR and Information Management Committees were suspended;
  - The District Director of Nursing was allocated the quality systems and ACHS accreditation as a port folio to line manage.

### **Complaints management**

59. Complaints were recorded and tracked through the District Quality and Decision Support Unit and allocated to a member of the District Executive to manage. A formal evaluation of complaints management was completed. This report identified that the system in place had the following features:
  - incomplete and inaccurate registration of complaints;
  - suboptimal handling of many complaints, including no action, lack of action and lost to follow-up;
  - incomplete documentation and record of complaint management;
  - lack of complaints coordination;
  - limited District education of complaints processes; and

- limited public awareness of how to make a complaint.
- 60 The following action was taken to address these matters:
- establishment of a Patient Liaison Service to manage all District complaints;
  - implementation of a database to track complaints;
  - establishment of two District liaison officers to coordinate local activities;
  - frontline training for all staff in the District;
  - development of a District Complaints Management Procedure that includes complaints, ministerials and related matters;
  - mentoring and training for District liaison officers, once appointed;

On 10 May 2005, there were 23 outstanding ministerials in the District, 7 of which were not related to Dr Patel.

### **Improving Staff Morale**

61. Key activities in management of staff morale included:
- providing open access to management;
  - ensuring staff are kept fully informed of developments;
  - identifying positive initiatives;
  - providing access to counselling and support services.
62. Given the exceptional circumstances and the impact of external factors (such as media) staff morale was clearly going to be difficult to manage as many of the factors in the external environment were not able to be managed. Comprehensive and consistent approaches were taken with staff, which included:
- provision of counselling services, using both employees assistance scheme, QH staff allocated to the Patient Liaison Service and independent psychologists;
  - provision of timely, accurate and relevant information through daily staff forums and weekly staff updates were provided to all staff;
  - Executive were responsive to organisational needs;
  - opportunity to undertake staff building exercises, such as International Nurses Day celebrations.

### **Restoring Community Confidence**

63. Key activities relating to restoring community confidence included:
- establishing a strong alliance with the Patient Support Group;
  - establishing strong contact with staff of the District, which consisted of approximately 1% of the total population;
  - liaising with District Health Council;
  - establishing professional contacts with groups within the community, including GPs and Queensland Emergency Medical Services.
64. Relationships with local media were developed so that explanations of the activities being undertaken by the District could be communicated to the local community.
65. Relationships with the Patient Support Group were enhanced through timely, appropriate responses to issues raised.



66. Contact was made with the District Health Council. The engagement of this group proved difficult because of a supportive letter sent by the Chair to Dr Patel, which had reflected poorly on the group.
67. Liaison with community leaders was established. For example, principals of local schools were contacted and asked to provide information to teachers at the school.
68. Weekly community updates were provided in the local media.
69. Mailouts to patients of Dr Patel and patient information was provided on an as needs basis.
70. Press releases were provided in relation to key appointments, such as the Acting District Director of Nursing and Acting Director of Medical Services.

Signed at **Brisbane** on **23 August 2005**.



**MICHAEL IAN CLEARY**  
**Acting District Manager**