

**COPY**

SMB84



**Queensland  
Government**  
Queensland Health

RECEIVED  
25 MAY 2005  
BR022357

**A BRIEFING TO THE SENIOR EXECUTIVE  
DIRECTOR HEALTH SERVICES  
DIRECTORATE**

**BRIEFING NOTE NO:**

**REQUESTED BY:**

Dr John Scott, Senior Executive Director, Health Services  
Directorate

**DATE:**

23 May 2005

**PREPARED BY:**

Kerry Winsor A/District Manager Fraser Coast Health Service  
District

**CONSULTATION WITH:**

Dr Min Kwon Orthopaedic Surgeon

Dr Terry Hanelt Director Medical Services Fraser Coast Health  
Service District

**CLEARED BY:**

**DEADLINE:**

18 May 2005

**SUBMITTED THROUGH:**

Graeme Kerridge A/Zonal Manager Central Zone Queensland  
Health

**SUBJECT:**

**Reduction Orthopaedic Services Fraser Coast Health  
Service District**

**SED HEALTH SERVICE DIRECTORATE'S COMMENTS:**

*Noted*

*→ DG for information*

*→ Copy HSD file  
Walter B  
01/06/05*

**DR JOHN SCOTT**  
Senior Executive Director  
Health Services Directorate

*25/5/05*

### **PURPOSE:**

To advise the Director General that the Orthopaedic Surgeon employed as Director of Surgery at Fraser Coast HSD from Jan 2005 until mid –July 2005 has advised that he will discontinue clinical practice and cease Orthopaedic Surgery at Fraser Coast Health Service District, until the AOA recommendation is lifted.

### **BACKGROUND:**

On 4 November 2003 the Chairperson of the Queensland Branch of the Australian Orthopaedic Association wrote to Queensland Health expressing concern with the delivery and quality of orthopaedic care at Hervey Bay Hospital.

Early in 2004, the Director of Medical Services Fraser Coast Health Service District called for an investigation into the situation. In June 2004, the Director General Queensland Health sought a review of the facilities available in Hervey Bay, the staffing of those facilities and the process of Orthopaedic healthcare in the region. The DG further requested the investigators to give consideration to any impediments to healthcare delivery to patients in the region, and to advise on possible improvements in the delivery and/or referral to appropriate hospitals.

On 6 May 2005 the AOA report was received by the DG QH. On the 13 May 2005, the AOA report was publicly released under the Bundaberg Hospital Commission of Inquiry. The report recommended the immediate cessation of all public orthopaedic surgical care.

An Orthopaedic Specialist, recruited in January 2005, who is Australian trained had been supervising all orthopaedic operations since January 2005. He is a Fellow of the Royal Australasian College of Surgeons and a member of the Australian Orthopaedic Association (AOA). During his employment, commencing Jan 2005, he had implemented all processes required to ensure the delivery of high quality Orthopaedic Care.

### **KEY ISSUES:**

On 15 May 2005, the Orthopaedic Specialist advised the A/District Manager and Director Medical Services Fraser Coast Health Service District, that the release of the AOA report with recommendation that all Orthopaedic Surgery cease, made his continuance at Hervey Bay Hospital untenable, in light of the AOA being his professional organisation.

### **RELATED ISSUES:**

The AOA report relates to an assessment undertaken in July 2004.

The report does not reflect the range of improvement implemented following the recruitment of the Orthopaedic Surgeon in January 2005.

### **BENEFITS AND COSTS:**

The cessation of clinical practice by the Orthopaedic Surgeon will impact the provision of orthopaedic services at Fraser Coast Health Service District, reducing the service to one aligned with a rural facility/General Practice. All orthopaedic patients requiring specialist or procedural treatment will be transferred to another facility.

### **ACTIONS TAKEN/ REQUIRED:**

A plan to undertake the reduction of the service has been developed and implemented in consultation with the Orthopaedic Surgeon and Director of Medical Services, as follows:

- An assessment was made of estimated patient numbers affected by this service change. It was assessed that approximately 10 patients per week will require transfer because of service suspension, whereas approximately 5 patients per week previously seen by the Orthopaedic service will continue to be treated locally as 'GP type' patients.
- All patients who have had a surgical procedure by the Orthopaedic Surgeon will be reviewed, by the Orthopaedic Surgeon. Appropriate referral and follow up will be arranged.
- All patients scheduled for surgery and cancelled, will be spoken to personally by the Orthopaedic Surgeon, at which time, appropriate referral and follow up will be arranged.
- All patients booked but not scheduled for surgery will be spoken to personally by the Orthopaedic Surgeon, at which time, appropriate referral will be arranged.
- Options for the delivery of Orthopaedic Service delivery are being explored with the private sector.
- The District has commenced a Patient Liaison Service whereby patients concerned about their care as a result of the medial publicity may seek review.

A communications and media strategy has been implemented in consultation with QH Public Affairs.

The establishment of referral, follow up, and treatment arrangements for orthopaedic care to be delivered in alternate facilities is currently being developed and implemented.

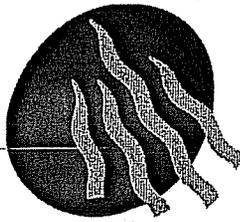
Arrangements have been made for an Orthopaedic Surgeon from Mater Adults Hospital (South Brisbane) to attend the hospital on Wednesday, 25 May 2005 to provide independent assessment of cases where care has been questioned. Additionally, arrangements for Cat 1 patients will be reviewed. It is anticipated that

the surgeon will advise the District Executive on medium term strategies for service provision. The Mater have agreed to receive emergency transfers of non-tertiary patients so that Royal Brisbane & Women's Hospital can focus on major trauma cases.

---

**ATTACHMENTS:**

Director Medical Services Management Guidelines for Emergency Department Public Health Patients with Orthopaedic Conditions in the Fraser Coast Health Service District (as at 18 May 2005).



# Queensland Government

---

## Queensland Health

### Management of Emergency Department presentation public patients with Orthopaedic conditions in the Fraser Coast Health Service District.

As of 18/05/2005.

Patients that present at the Emergency Department and are assessed as having an orthopaedic condition will be managed according to the following guidelines –

#### Emergency Department Staff management.

- If the condition is minor and normally managed by the medical officer in the Emergency Department and subsequently discharged home from the Emergency Department, this method of care will continue. (Examples are simple sprains, dislocated phalynx requiring reduction, un-displaced fractures, back pain not requiring admission.)
- If the patient is assessed as requiring follow up of their condition, they are to be referred to their GP for ongoing management or referral. If this not possible, referral to Fracture Clinic can be considered as outlined below -
- Patients that the Emergency Department medical officer wishes to refer to Fracture Clinic.
  - ↳ During 0800 – 1700 hours on weekdays, except public holidays, call the Orthopaedic SMO who will review the patient/x-rays and determine referral.
  - ↳ Outside these hours, the patient file and x-rays are to be kept in the Emergency Department for review by the Orthopaedic SMO at 0800 hours the next day
- If the Emergency Department medical officer believes admission is necessary, the on-call Senior Medical Officer for Orthopaedics will be called.

#### Orthopaedic Senior Medical Officer management.

- The Orthopaedic SMO will assess patients in the Emergency Department as required.
- If the patient does not require immediate treatment or admission but requires ongoing management the SMO will refer the patient to their GP for further management or referral.
- If that patients condition can be managed in the Emergency Department (and the treatment would normally be conducted in that manner), then the SMO will provide that treatment and the patients will be discharged home from the Emergency Department for follow up as determined by the SMO.
- If the patient requires inpatient treatment the following will apply –