SPB 1

QUEENSLAND HEALTH

OFFICE BUNDABERG BASE HOSPITAL
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BUNDABERG HEALTH SERVICE DISTRICT

INCORPORATING - Bundaberg, Gin Gin, Mount Perry and Childers Hospitals and Community Health Services

25 September 2000

Dr Samuel Baker

Formal Offer of a Position with the Bundaberg Health Service District

Dear Dr Baker

I have pleasure in confirming the offer of the Permanent Full Time position of Staff Surgeon, with the Bundaberg Health Service District. It is agreed you will commence duties in January 2001.

You will be employed under the provisions of the Regional Health Authorities – Senior Medical Officers' and Resident Medical Officers' Award – State. A brief summary of the major conditions of this award and additional information that will be of interest to you are as follows:

Award Classification: MO1-1 – MO1-7

Salary: $3 330.00 - $4 202.00 per fortnight (currently $2416-00 /pf)

Comprehensive Package:

(As per attached IRM Policies as applicable)

- A fully maintained motor vehicle for work and private use.
  (As per attached IRM Policy 2.7-20)
- Provision of a communication package - mobile phones, pager and, where appropriate, fax machine. $1200-
  (As per attached IRM Policy 2.7-21)
- Study and conference leave on full pay with expenses paid.
  (As per attached IRM Policy 3.7–4) May 2001
- Professional indemnity cover.
- Private practice arrangements (Option A or B).
  (As per attached IRM Policy 2.7-12), 45% of base salary

Accommodation: $200/wk rental assistance

(As per attached IRM Policies as applicable)

- Suitable accommodation will be provided by the employer.
  (As per attached IRM Policy 2.2-4)

Transfer/Relocation Expenses: All expenses are subject to negotiation with the District Manager, Bundaberg Health Service District. These allowances are not automatic and are to be negotiated at the time of acceptance of the Job Offer.

Probation: Your appointment will be subject to a probationary period of twelve (12) months and ongoing annual performance reviews.

Hours of Work: 80 hour per fortnight.

Recreation Leave: 25 days per annum.

QUEENSLAND GOVERNMENT

Sick Leave: 10 days per annum. Sick leave is cumulative.

Long Service Leave: An employee who completes 10 years continuous and meritorious service shall be entitled to long service leave at the rate of 1.3 weeks on full salary for each year of continuous service and a proportionate amount for an incomplete year of service.

Recognition of Previous Service: It is your responsibility to provide full documentation of previous service for salary and leave purposes. Please complete the enclosed ***Staff Appointment form*** and return to the Human Resources Unit.

Method of Payment: Facilities are available for the direct deposit of salary to the major banks and most building societies. It is a requirement that all staff have their salary deposited direct to a financial institution. It will therefore be necessary for you to complete the attached ***Banking Details form*** and return it no later than your first day of employment to the Human Resources Unit.

Position Description: Prior to commencing duties all employees are required to sign a current Position Description for their position. It will therefore be necessary for you to complete the attached ***Position Description form*** and return it to the Human Resources Unit.

Acceptance of Job Offer: If you are in agreement with employment under the conditions found in this Job Offer, please sign the enclosed ***Job Acceptance form*** and return it to the Human Resources Unit.

Superannuation: (Permanent and Temporary employees) An Accumulation account is opened. Employee contributions are commenced at the standard level of 5% and you automatically receive the higher level of 12.75% employer contribution. This is arranged through the State Government employee superannuation fund, QSuper who are notified on the commencement of your employment.
Should you not wish to contribute at this rate, you can elect to reduce your contribution down and receive the corresponding lower level of employer subsidy.

Income protection insurance is automatically provided, with the premium charged as a percentage of salary based on age. You also automatically receive four units of death and total and permanent disability cover, which costs $1 per unit/week.

Additional Voluntary contributions, do not attract higher levels of employer subsidy, but grow in line with QSuper earnings.

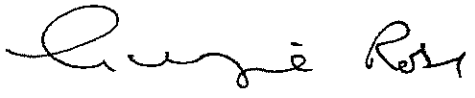
You will be sent a welcome package from QSuper outlining the conditions of your account and other account options, such as Defined Benefit Account.

Identification Cards: Identification cards with photos are provided to all Bundaberg Health Service District staff. New employees should make arrangements through their supervisor for the production of their card.

Orientation:	All new employees should discuss their orientation program with their Supervisor. The job offer has been developed to provide general information.
Confidentiality/ Code of Conduct:	In the course of their work, Health Service staff come in contact with information that must be kept confidential at all times. All employees are reminded that irresponsible discussion of any matters regarding the Health Service facilities, staff and most importantly the patients is regarded as an offence. Please find enclosed a copy of the Queensland Health Code of Conduct and Bundaberg Health Service District Confidentiality Policy for your information, and the Bundaberg Health Service District Confidentiality Agreement. Please sign the ***Confidentiality Agreement*** and return same to Human Resources Unit within 5 working days.
Performance Management:	Employees are expected to perform their duties at a high standard. Performance Planning and Review (PPR) is developed annually and enables participation in the assessment and evaluation process. Please consult with your supervisor regarding your PPR.
Termination:	You may terminate your employment by giving three (3) months notice.
Location:	Your employment is subject to your willingness to work at any of the facilities of the Bundaberg Health Service District should this become necessary at some time in the future.
Private Property Loss or Damage:	No liability will be accepted by the Bundaberg District Health Service for damages sustained to private motor vehicles while being driven or parked on Health Service property; or loss or damage, including loss or damage by fire or theft, to private property or personal effects which are being used or stored in premises or accommodations owned or used by the Bundaberg Health Service District.

I would like to offer my congratulations on your appointment and hope that your work with the Bundaberg Health Service District will be both beneficial and rewarding.

Yours sincerely



Georgie Rose
Human Resource Manager
Bundaberg Health Service District

Please tick

SPB 2

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BUNDABERG HEALTH SERVICE DISTRICT

POSITION DESCRIPTION

Sam,
Can you review P.D. + make any changes you feel necessary.
Lyn.

POSITION TITLE	Staff Surgeon
VACANCY REFERENCE NO.	BB00/08/10
LATTICE POSITION NO.	022005
LOCATION	Bundaberg Base Hospital Bundaberg Health Service District
CLASSIFICATION LEVEL	MO1-1 - M01-7
REPORTS TO	Director of Surgery
AWARD	Senior Medical Officers' and Resident Medical Officers' Award - State
REVIEW DATE	August 2000

PURPOSE OF POSITION

- To provide surgical services for the Bundaberg Health Service District
- To teach medical staff and students, allied health and nursing staff, as well as participating in research.
- To advise on surgical services as required.

ORGANISATIONAL ENVIRONMENT

The Bundaberg Health Service District provides comprehensive Hospital and Community based health care. The District consists of Bundaberg City and surrounding coastal towns from Burnett Heads to Woodgate, the towns of Childers, Gin Gin and Mount Perry. There are Hospitals at Bundaberg, Childers and Gin Gin and a Community Health Centre at Mount Perry.

The Bundaberg Hospital campus is a 140 bed facility. The Hospital provides medical, surgical, paediatrics, emergency, intensive/coronary care, day surgery, renal, orthopaedics, diabetes, gynaecology/obstetrics, medical oncology, rehabilitation, allied health and mental health services for the District population.

Community Health Services provided by the District comprises Community Mental Health, Alcohol and Drug, Child & Youth Mental Health, Child Health, BreastScreen, Oral Health and Indigenous Health.

Bundaberg Health Service District has approximately 850 employees.

REPORTING RELATIONSHIPS

The Staff Surgeon reports directly to the Director of Surgery, Bundaberg Base Hospital.

PRIMARY DUTIES/RESPONSIBILITIES

- Provide a high standard of surgical care to patients of the Bundaberg Health Service District. This includes participation in acute in-patient care, out-patient clinics, participation in the 24 hour on-call and weekend roster and other duties as determined by the Director of Surgery.
- Ensure that equipment used in the clinical care of patients is in good working order and advise of any deficiencies.
- Provide consultation services to other departments of the Health Service.
- Document relevant clinical information legibly, concisely and accurately in medical records.
- Supervise clinical care of patients by junior staff.
- Assist in educational activities involving medical staff and students, nursing and allied health care personnel, and attend educational meetings as appropriate.
- Participate in research projects in conjunction with other health service staff.
- Assist in the development, implementation and review of quality assurance programs, peer review and managed care to ensure high quality clinical services.
- Advise in the development, review and implementation of policies and protocols for the provision of surgical services.
- Participate in the Planning, Performance and Review process.
- Be aware of and implement Infection Control policies and procedures.
- Participate in Hospital committees as necessary.
- Participate in a working environment that supports quality employment, Human Resource Management practices including Workplace Health & Safety, Employment Equity, Anti-Discrimination and ethical behaviour.

POSITION ACCOUNTABILITIES

The position is accountable for the provision of quality patient care in accordance with requirement of the Royal Australian College of Surgeons and the Australian Council on Healthcare Standards.

PERSON SPECIFICATION

Qualifications

- Possession of qualifications appropriate for registration as a specialist in surgery in Queensland.
- Skills in endoscopy and urology would be an advantage but not essential.
- Experience in the provision of surgical services in a large, busy public Health Service.
- Regular attendance at State, Australian or International Educational Meetings.

ADDITIONAL INFORMATION

Queensland Health is a "smoke free" employer. Smoking is not permitted in any Queensland Health facility except where specifically defined.

The Bundaberg Health Service District requires all employees to adopt appropriate and recognised measures to minimise the risk of infection and workplace injury to themselves, other staff and clients and to adhere to the Districts Infection Control Policy Manual and Workplace Health and Safety policies and practices.

A Bundaberg Health Service District *Confidential Agreement* is to be signed upon appointment.

SELECTION CRITERIA

Applicants must address each selection criterion.

SC1 Registration of eligibility for registration with the Medical Board of Queensland. Registration or eligibility for registration as a surgeon in Queensland.

SC2 Possess contemporary surgical knowledge and experience.

SC3 Demonstrated ability to supervise and teach staff attached to the department.

SC4 Demonstrated high level of communication and interpersonal skills.

SC5 Demonstrated commitment to participation in quality assurance programs.

SC6 Ability to participate in a working environment that supports Quality Human Resource Management practices including Workplace Health and Safety, Employment Equity, Anti-Discrimination and ethical behaviour.

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SPD 5

Department of Medical Services
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670

Telephone No: 41 502220
Fax No: 41 502219

Queensland
Government

Queensland **Health**

JW/sh

12 June 2001

Dr Sam Baker
Staff Surgeon
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670

Dear Dr ~~Baker~~ Sam

The Credentials and Clinical Privileges Committee has recently met to consider your application for continuation of Clinical Privileges at the Bundaberg Base Hospital.

The Committee has considered the documentation provided by you and has recommended the following Clinical Privileges:

- General Surgery including gastroscopy/colonoscopy

Please note that the Committee requires documentary evidence of the following at subsequent reviews:

- Continuing professional development activities
- Involvement in quality assurance/audit/peer review activities

Example of documentation include:

- Evidence of participation in College MOPS Program
- Conference attendance
- Attendance at hospital peer review/audit meetings

Under the Queensland Health guidelines for Clinical Privileges, review should take place in three years or as necessary by changing circumstances.

Please do not hesitate to contact this office should you wish to appeal this decision.

Yours sincerely,

Dr John Wakefield
Director of Medical Services
and Chair of Credentials and Clinical Privileges Committee

cc: Peter Leck – District Manager
C & CP Committee File
Dr Charles Nankivell – Director of Surgery

"SPB 4"

TRANSCRIPT OF MEETING

Between Sam Baker (Acting Director of Surgery), Peter Leck (District Manager) & Lyn Hawken (Acting Director of Medical Services)

Date: 30 November 2001

Peter Leck: Following our recent discussions and in your correspondence that you would like a written reply, to your letters of 2nd and 21st November, so if you would just take a moment to read that...

Sam Baker: Okay.

Peter Leck: So I have had some discussions with Corporate Office and the Zonal Manager in relation to this and indicated what had been discussed and what we were prepared to offer. I have received advice that the zonal manager wants ensure that no special deals are done.

Sam Baker: Yes.

Peter Leck: As that has been a directive from the Director-General in the past.

Sam Baker: Yes.

Peter Leck: He has been aware that we have indicated to you that we're prepared to increase your salary level to the MO3 level and he didn't express any reservations about that. So, that's – that's where we stand. So, I'd like some feedback in due course. You don't need to provide that now but if you've got any queries or concerns then don't hesitate to – to let me know.

Sam Baker: All right. Yeh, well, what – I'll think about this and have a look at it over the weekend and discuss it with my wife. Is there any interest in the other job yet?

Lyn Hawken: No. Apart from my talks with Inian, who is actually very greatful that I encouraged him to apply, as he was not planning to apply for the position. And as you know we have put an advertisement in Monday's Australian Journal of Medicine, so we will see how that goes. I would not expect too much at this stage.

Sam Baker: All right. Thanks very much.

Lyn Hawken: So, does this... have we addressed all of those concerns of yours, Sam.

Sam Baker: Yes, most of them.

Lyn Hawken: You know the one in two, you know if we have a problem that we wouldn't expect you to work seven days a week indefinitely. We will certainly work towards trying to find a one in three roster.

Sam Baker: Yes.

Lyn Hawken: As you know even if we had a bucket of money right now. The problem we have is the only thing of value out there as far as I am aware, who is interested in sharing a roster, is the only VMO out there who is not suitable.

Sam Baker: Yes.

Lyn Hawken: For historical reasons, there is nothing personal.

Sam Baker: Yeh, I understand that.

Lyn Hawken: And that – that really puts us in a very difficult situation. We have everyone out there jumping around saying well this is the problem but no one has got a solution. You know, I said I don't know what the solution... I know what the problem is I can't see what the solution is right now.

Sam Baker: Yes.

Lyn Hawken: Bundaberg is only of a certain size and obviously you know there is enough work for two surgeons. And I am sure we will get to a point were we can afford a VMO at least to help with on-call. But, I guess we have to overcome the issue of Pitre Anderson, and I can imagine that his colleagues are not going to put their hand up even if they wanted too. Because, they would feel they are being disloyal to him. You know if one of the other surgeons had put out feelers and said listen.....

Sam Baker: I have already spoken to them...two of them are on the point of retiring.

Lyn Hawken: Yes.

Sam Baker: Yes, they do not want to be involved in all of this.

Lyn Hawken: The only – the long-term solution would maybe a partnership with the Friendlies or the Mater, you know, a half surgeon. And we certainly will be exploring every option as we can within our funding. But, as you know we plan to really try and overhaul the financial situation here. So that we are in a better position to capitalize on anything that comes along. But, even if we had the money now there isn't a way I can see that we can supply a one in three roster, because there is no one available. Is that a correct assessment?

Sam Baker: Well, I'll just show you something that – Griffith in New South Wales have a population of 22,0000 which is half the – a third of a size of us – were 66,000 with the surrounding area. Currently they have two surgeons working a one in three and they are filling that third vacancy, which they are advertising, with locums. So they are currently doing a one in three with locums. So, that maybe something needed to be looked at. They have surgeon who does the weekend and covers... Sometimes they come down and they do more than a weekend. There is a lot of Queensland Surgeons going down there doing it...like Bill Renton-Power from Rockhampton. A friend of mine is going down next week. So that is an option.

Lyn Haken: Okay, certainly they are well funded... compared to us. But even I had the money for the third VMO is there someone out there that can do it apart from Pitre Anderson?

Sam Baker: Well, in town at the moment there is no one that can.

Lyn Hawken: So, what I am saying it is becoming academic, we can move mountains if there is a good reason to. But, at the moment there is no good reason to try and move mountains because there is no one available to help even here. I mean, we had a situation on the Gold Coast were for years now we have actually had the funds for an opthalmogist and for a neurosurgeon and they just can't get them. So having the funds and actually having people in positions sometimes are two different issues. So, you know imagine if we were given money for an ophthalmologist we can certainly prove there is a need for an ophthalmologist but would you want to come and work one in one as an ophthalmologist. You know, you would come and work here for us one in one? No. So, rural areas are in this terrible bind were you got to get a critical mass to support enough doctors, in various disciplines. And, make the rosters bearable for longtime intention.

Sam Baker: I do think a plan should be set up were there is a natural progression, from being a staff surgeon after a few years becoming a VMO letting another staff surgeon come on, and having a roster like that and then maybe as years go by one of the VMOs disappears totally into private and the next one – like a lot of – that does happen at a lot of public hospital ...bigger ones.

Lyn Hawken: Yeah, sure.

Sam Baker: It is something that should be looked at and nurtured as a way of preventing disgruntledness and preventing people leaving. We are unable to retain them.

Lyn Hawken: But, the other day when I offered you the acting position appointment, I also gave you a free hand as to how you wanted to fill that second position. Whether you wanted to go for two VMO's – you know, so you would have a one in three roster and you would have less people on the ground during the week for sessional work.

Sam Baker: Yeh.

Lyn Hawken: Or whether you wanted to have a staff specialist and understandable you said you would rather have a staff specialist as the first option, because they are here more. And you know – so I mean I can't do anymore than that...than give you a free hand...and continue to do that, you know, and there won't ever be a question of someone dictating to you about how things should be. So what I am saying is that if you can see a solution that is – you suggest to us and then we will run with it. But, I mean in the immediate time there isn't one. I guess until the – hopefully some other VMO's become available other than Pitre Anderson. My guess is that no one is going to put their hand up even if they were interested, until the Pitre Anderson issue is completely put to rest. Because if you were in Private Practice out there you wouldn't step in and work one in three with us knowing that Pitre has been waging a campaign

all this time to get back here, and you know, that's just human nature. So, you know, I guess I am concerned about you and Charles and Neil, you know – you know constantly to find out that we have this problem but there isn't any funding and we are aware of the problem but don't have a solution. And Neil hasn't got one, and Charles hasn't got one, and Charles has worked here one in two for seven years until he had had enough and moved back. And, that's what happens in rural areas; usually people like yourself without children usually go out.....

Sam Baker: Have you been advertising for an orthopedic surgeon?

Lyn Hawken: We have just started advertising. But, this is the first time Neil has actually asked me to advertise. He contacted me about one month ago that sometime next year he would like to look at the prospect of dropping back to two days a week or maybe half time – two andd half days. But at the stage he did not ask me to go ahead and start advertising. He – he seemed just to be discussing it with me – I said that's fine... I'll speak to Peter Leck and I spoke to Peter and Peter said yeh – because we both said that if we did find someone who insisted on only full time and wasn't interested in part time he would be prepared to step aside and resign. So, Peter said we will do that. So, I spoke to Neil again this week and he said yes, that's fine, we can do that and Neil instructed me to go ahead and write up a little note for him to sign saying that if we advertised and found someone fulltime he would step aside- he would prefer to stay on two days a week and so, you knows, there was never an issue about that. The issue was suddenly raised this week on Tuesday when he announced that he was resigning on the spot - was the problem he had was with administration and superannuation. It had nothing to do with us assisting him with his future, you know, interests. So now.....

Sam Baker: Can I ask a question about Acting Director of Surgery? Is Orthopedics under the Director of Surgery authority?

Lyn Hawken: Yes.

Peter Leck: Yes.

Lyn Hawken: So, I have now instructed the guys to go ahead and advertise in the Australian and the Courier Mail and also the Australian Medical Journal as Neil suggested. He said it wasn't worth advertising anywhere else at this stage. So, they are the three that I have decided to go ahead with and we will be advertising as a flexible arrangement, either 50/50 share with Neil or full time. And I said I can't do anymore than that for Neil...it is the same sort of problem...and then he did become quite, you know, bitter about the fact that he was working twelve days out of fourteen. So I spoke to Michael Delaney about this arrangement and Michael said well originally they started off one in two and Neil himself kept insisting that he would do more call for Michael and was happy to do that. I don't know maybe he was trying to save up for his tractor or something. So Michael gave up his call at Neil's insistance. And now Neil has found himself doing you know – twelve out of fourteen days, and then and now thinking that somehow that we have imposed it on him. So there is a lot of misinformation there, and I think that if we don't get caught up with all of that. You know I have worked in Africa as you know for a couple of years and I knew I was working one in one, one in two during that period of time. Time came where I

had had enough and I moved back to civilization. And I think that's what surgeons have to do. You know, they come up here knowing that these are the conditions one in two, one in three if you are very lucky and when you have had enough you move back to the city. You don't throw rocks on your way out, you know what I mean. Because there isn't any point .... That is just the facts of life in rural Australia, not just here right around Australia. These guys are very lucky...you know, to want to have a funding for two full time VMO's for population so small. But as I said even if we had the VMO funding we don't have a VMO. They've got to come in and just share the after hours roster at this stage. But I am sure it will change.

Sam Baker: Yes.

Lyn Hawken: If we have Inian..... I mean if you accept the...and I really want you to accept the Acting Directors position and so does everyone else in the Hospital including Peter....If you accept this position and Inian is the only applicant he will be working with you next year and my understanding is that we can only employ him as an SHO...

Peter Leck: SMO...

Lyn Hawken: Sorry, SMO until he is registered with the board.

Peter Leck: right.

Lyn Hawken: We would immediately of course support him for permanent residency so he can become a member of the College or whatever. So there will certainly be funds available for a VMO, you know if it's yourself and Inian. We'll have actual planned funds for a VMO then I guess that I will have to leave it up to you to get back out there and see if you can find somebody else other than Pitre to at least share the roster and maybe do and extra session or two. There will be enough money for that. Are you happy with that Peter?

Peter Leck: Yes. I think that may well turn out to be the best solution. But, again it depends on actually somebody willing to come and do it.

Sam Baker: Mmmm.

Lyn Hawken: See, Inian would need to have someone like yourself as a supervisor for us to appoint him in that role.

Peter Leck: Yes, that's right.

Sam Baker: Is that sponsorship?

Peter Leck: Well, because he is not registered as a specialist, we would need to go through a credentialing process to begin with, but you would need to commit to being his specialist supervisor.

Sam Baker: And he also...what he has been told is that he needs just a letter saying he has got the job to register as a specialist with the Queensland Medical Board.

Lyn Hawken: Well, no actually.....

Sam Baker: It's more involved than that isn't it?

Lyn Hawken: A bit more than that, but the situation with the college is that they got a slap on the wrist from the ACCC about bringing surgeons in through the back door.

Sam Baker: Yes.

Lyn Hawken: So, they have now.....

Sam Baker: What do you call this, individual applied rules with certain people?

Lyn Hawken: Yes, but of course, if Inian was to receive permanent residency on the basis of area of need, that changes all that, he should be able to register with the board with his experience and his qualifications, with the college also.

Sam Baker: Is he aware of that?

Lyn Hawken: Yes. So you know he was planning that because there was nothing available he was planning to move back to India. He has a position to start in February. But he would like to stay here working with you, that is his preferred option. If he is the only applicant once the closing date of the 16th December occurs, then I can then push him forward as an area of need category for permanent residency. It might take him a year or whatever but next year he maybe registered with the College.

Peter Leck: We just need to be assured that you are satisfied not only to do his supervision but satisfied with him in terms of a practitioner and being your offsider.

Sam Baker: Yep... Okay... How long does he need to be supervised for?

Lyn Hawken: Well, just while ever he works here as an SMO. That's, you know, it is the same as Yoga and VJ. Yoga can share the call and share the surgery but as long it is under VJ it is okay. But VJ will say Yes Yoga you can do this and this and this today on your list, but I don't want you doing a craniotomy .... You know what I mean. And that is really or the supervisory role is. We could not employ him like two SMOs to run the department of surgery.... If we have an SMO and providing we have someone like yourself who is a staff specialist, knowing what their limits are, and what their strengths are and saying yep, and where necessary continuing their education to the point where once he is registered the he is...he will be fine. So, if you stay on, if you stay on, we can be virtually certain that you will have another Doctor which is Inian this year and you will also have the funds for a VMO to do a one in three roster...If you can find a VMO around. We can always advertise you know or maybe look at the partnership with, if there is enough money saved...

Peter Leck: ...Possibly with one of the private hospitals.

Lyn Hawken: ...Look at that partnership again and the hospital will bring someone else in from outside because there is no one locally that can put their hand up. I just can't see anything else that we can do and I think, you know, that is.. probably provides a reasonable quality of life, long enough to see if you actually like being director. At the end of the year, well after twelve months we will have to advertise the position and you are free to apply...

Sam Baker: What's the rules for superannuation with temporary positions?

Lyn Hawken; Yeah your super doesn't change for 12 months...that's the only downside...well say in other words you pay super...

Peter Leck: What we have offered is actually a permanent increase to MO3. So your superannuation is based on your permanent salary. What we have done is said the Director of Surgery part is temporary, that the other part is permanent. Now the allowance for the Director of Surgery does not impact on your superannuation. I will check that but I'm almost certain that is the case.

Sam Baker: Is it paid on a fortnightly basis?

Lyn Hawken: Yes

Peter Leck: Yes

Sam Baker: And what director's allowance is it? There's three levels...

Lyn Hawken: It is only five thousand and something dollars for a small unit.

Peter Leck: It is based on the number of employees in the department

Lyn Hawken: That's right. There is a formula. Once it gets past 9, I think it becomes a medium department...

Sam Baker: Yes

Peter Leck: There are definitions, I can show you if you like...

Lyn Hawken: You will definitely get a small department allowance

Sam Baker: Do they count up all the nursing staff?

Peter Leck: No

Sam Baker: Is it based on senior doctors or something?

Lyn Hawken: That's right...So how does that sound to you?

Sam Baker: It sounds...I will think about it over the weekend...I mean it sounds reasonable...there is some Argentinean orthopaedic surgeon...I have heard a

rumour...

Lyn Hawken: Yes, Dr Miranda...I have already emailed Dr Miranda and asked him to reply by email if he is interested

Sam Baker: Is he going to have the same problems as Inian, coming into this country?

Lyn Hawken: Yes, he will also have to be a senior medical officer (SMO) until he's...

Sam Baker: So Michael Delaney would have to supervise him so to speak...

Lyn Hawken: Yes

Peter Leck: There would be supervision. Again this becomes critical in terms of credentialing and what is appropriate and what isn't. The issue first of all would be registration, given that his primary qualifications are from South America. The first hurdle will actually be his routine registration, let alone specialist registration and then there are issues relating to his working visa, and so forth. But they are not impossible...the visa stuff is not impossible to overcome. He, my guess is that he would find it harder to get registration as a specialist but only time will tell...there would be a process to go through.

Lyn Hawken: And Michael Delaney also has a colleague Michael Toon or Tooney from Brisbane...

Sam Baker: Michael Tong

Lyn Hawken: Tong is it?

Sam Baker: Yes

Lyn Hawken: He won't be available until the end of next year.

"SPB 5"

- Dr S. Baker FRACS
- Director of Surgery
- Bundaberg Base Hospital
- PO Box 34
- Bundaberg QLD 4670

Dr Kees Nydam
Acting Director of Emergency &
Acting Director of Medical Services
Bundaberg Base Hospital
PO Box 34
Bundaberg QLD 4670

13 October 2002

Dear Dr Nydam,

I am writng to you to inform you of a preventable death case that was brought to my attention last Friday 11/10/02. I believe it will require your further investigation and management.

A male patient presented to the Emergency Department on the morning of 2nd September 2002 with a history of collapse, dizziness and right iliac fossa and right loin pain. According to the notes he was tachycardic, hypotensive and tender in the right iliac fossa/loin regions. He was investigated with blood tests, urine tests and x-rays and sent home after approximately seven hours. The following day he died of a ruptured abdominal aortic aneurysm in the Friendly Society Private Hospital.

The junior doctor who assessed him and discharged him has been debriefed and counseled by myself. I do believe she requires further support and counseling from the Director of the Emergency Department and the Director of Medical Services. Another junior doctor (senior doctor on duty) who the case was discussed with has not yet been debriefed or counseled and requires it.

As you are aware I and others have been expressing our concerns about the inadequate supervision of junior doctors in the emergency department for the last nine months, both formally at the Medical Staff Advisory Meetings and informally to yourself. This preventable tragedy is unfortunately not an isolated case. If you wish to discuss this case or other cases that have been brought to my attention please contact me.

Yours sincerely,

Dr Sam Baker FRACS

Cc Mr Peter Leck, District Manager, Bundaberg Health Service District

Mr Dan Bergman, Zonal Manager Central Zone

Medical Staff Advisory Committee, Bundaberg Base Hospital

Dr Russell Stitz, President Australian Medical Association Queensland

Mr Rupert Tidmarsh, Industrial Officer ASMOFQ

"SPB 6"

BUNDABERG HOSPITAL EMERGENCY RECORD

Surname	Given Name	Date of Birth	Sex
P447			M
Patient No:	**Emerg. No:**	**Arrival Date and Time**	
	02020752	02 Sep 02 09:15	

Triage Cat	Area	Complaint
2	R2	DIZZINESS

Allergies:- N/Known.

Immunisation Status:-

Triage Notes c/o dizziness worse on standing since last night. "SOB" but has been vomiting. "c/o chest pain".

Addit - Also c/o RIF pain radiating to R) groin.

TRIAGE RN Printed Name/Stamp F. Sewell/EN Signature

TIME	T	P	R	BP	O2	SAO²	GCS	PAIN SCALE (1-10)	NURSING NOTES
0915				See note 62.					ECG

WARD TEST URINE:- Protein ++ Ph 6 SG 1020 WEIGHT:-

Bld Lyc, Glucose ++++.

MEDICATION ORDERS

DATE	TIME	DRUG	DOSE	ROUTE	M.O.	GIVEN BY	TIME GIVEN

MEDICAL HISTORY, EXAMINATION, TREATMENT AND FOLLOW-UP

DATE/TIME	
955	78 yr old. Hx taken from wife + husband
	PC Dizziness.
2/9/02.	Pt standing up - felt dizzy - lightheaded.
	- ~~everything spun.~~
	- fell - legs buckled underneath him.
	- °LOC.
	- °head injury.
	- Didn't fall to one side.
	- Helped up by daughter.
	No chest pain / SOB / palpitations
	No speech / visual disturbance, mobile afterward
	Had 4x such episodes in total.
	2/7 h/o diarrhoea + vomiting + coryzal Sxs.
	°Blood / mucus in stools.
	Vomit - only food contents
	- no blood / bile.
	1/7 h/o (R) sided abdo pain
	continuous - cannot describe it.
	radiates to groin
	No exacerbating / relieving factors
	Denies any urinary Sxs.
	Appetite ok
	No h/o wt loss.

ADMISSION CHECKLIST	PROCEDURES	PATIENT DISCHARGE INFORMATION
Medical Order Sheets:	IV Cannula ____ gsite ____	Ward DSM.
Medication ☐	IV Fluids in Progress ☐	Speciality ____
Fluids ☐	Bloods ☐ MSU ☐	Discharge Date 2/9/02.
Fluid Balance Chart ☐	ABG's ☐	Time ____
XRay ☐	NGT ☐ ____ g	APPT ☐ Department ____
Property List ☐	IDC ____ g ____ ml	Date ____
Relatives Notified	O^2 Therapy ____ Lpm	
Armband ☐	via ____	
Protocols ☐	Dressing/Suture Site: ____	

IN CARE OF ☐ RELATIVE ☐ FRIEND ☐ SELF

RN Signature: [illegible]

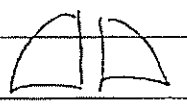
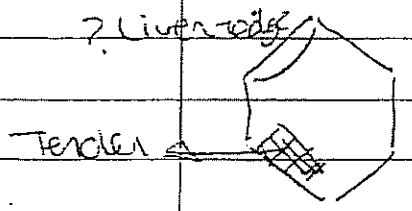
.....Hospital	Bundaberg Hospital P447	SEX M	UR NO 126946

M

CONTINUATION SHEET

Ph (H)
Ph (B)
Anglican

RETIRED

DATE AND TIME	HISTORY, EXAMINATION AND TREATMENT
	PMHx
	Hypertension, Emphysema.
	High Cholesterol Appendicectomy.
	NO MI/CVA/DVT/PE
	DHx NKA.
	Lipitor 20mg od.
	Amlodipine 10mg od.
	FHx
	3 brothers — ca lung + ? other ca's
	1 sister — ca bowel.
	C/E — Twitchy.
	— Thin looking.
	HR ~100bpm irreg.
	°J°A°C°E°O°L.
	JVP →
	HS 1 +11 +0. (v quiet)
	→ AE.
	
	? Liver edge  Appendix scar
	Hernial orifices intact
	Tender Soft.
	BS —

ACCIDENT & EMERGENCY / OUTPATIENT CONTINUATION SHEET

DATE AND TIME	HISTORY, EXAMINATION AND TREATMENT
	Alert + orientated in time, place + person.
	PERLA.
	Moving all 4 limbs.
	(P) Bloods – FBC, UE, CRP, LFTs, Mg^{2+}, Ca^{2+}, CK, TnT.
	ECG – (1) – irregular, but P waves present, LAD.
	(2) – Reg, ~~P waves inverted~~, LAD, D/W Horsell NOT AF.
	CXR.
	AXR.
	Urine – dipstick ± MSU.
	L+S BP, BSL.
	K/V & results. ~~[illegible]~~
	HK MANAL.
	0023.
Na – 128↓	Alb – 35.
K – 3.5	Bili – 17. CXR – Flattened diaphragms
OSMO – 259↓	ALP – 62. – hyperinflated
U – 4.5	GGT – 27. AXR – faecal loading
Creat – 0.10.	ALT – 16. gastroenteritis.
CRP – 26	AST – 25.
Hb – 125	CK – 280 ♀.
Plts – 320.	cTnT – ND.
WCC – 15.1 ♀.	Ca – 2.33.
	Urine – (+) Blood
	Protein
	leucocytes. △ ~~Postural hypotension~~ UTI.
	(+) sugar ? DM.
	(P) – Abx.
	– ~~GP to chase~~ N39.0.
	– Pt to have fasting glucose.
	D/W Dr Horsell – OK.

BUNDABERG BASE HOSPITAL
Department of Medical Imaging - Patient Report

Patient Name: P447
UR Number: 126946 DOB:
Series Number: 1 Sex: M
Attend.Date: 02 SEP 02
Current Date: 05 SEP 2002

Examinations: Chest,Abdomen - Plain
Referred: DR H MAHAL
Location: ED

CLINICAL HISTORY:
DIZZINESS, AF
(CXR - HYPERINFLATED FLATTENED DIAPHRAGMS)
(AXR - FAECAL LOADING. GAS IN BOWEL)

ABDOMINAL SURVEY:
Athero-sclerotic changes of the aorta is noted.
Lung fields are clear.
No free air is identified.

The bowel gas pattern is unremarkable.

Athero-sclerotic changes of the abdominal aorta is noted.

The liver does not appear enlarged.

COMMENT:
Athero-sclerotic changes are noted.
DS:2535 DR NOLS NORTJE

DICTATED-BUT NOT READ

02-Sep-2002 09:15:41

BBH DEPT EMERGENCY MEDICINE

P447

DOB:

Rate	117
PR	150
QRSD	78
QT	322
QTc	449

--Axis--

P	93
QRS	-22
T	93

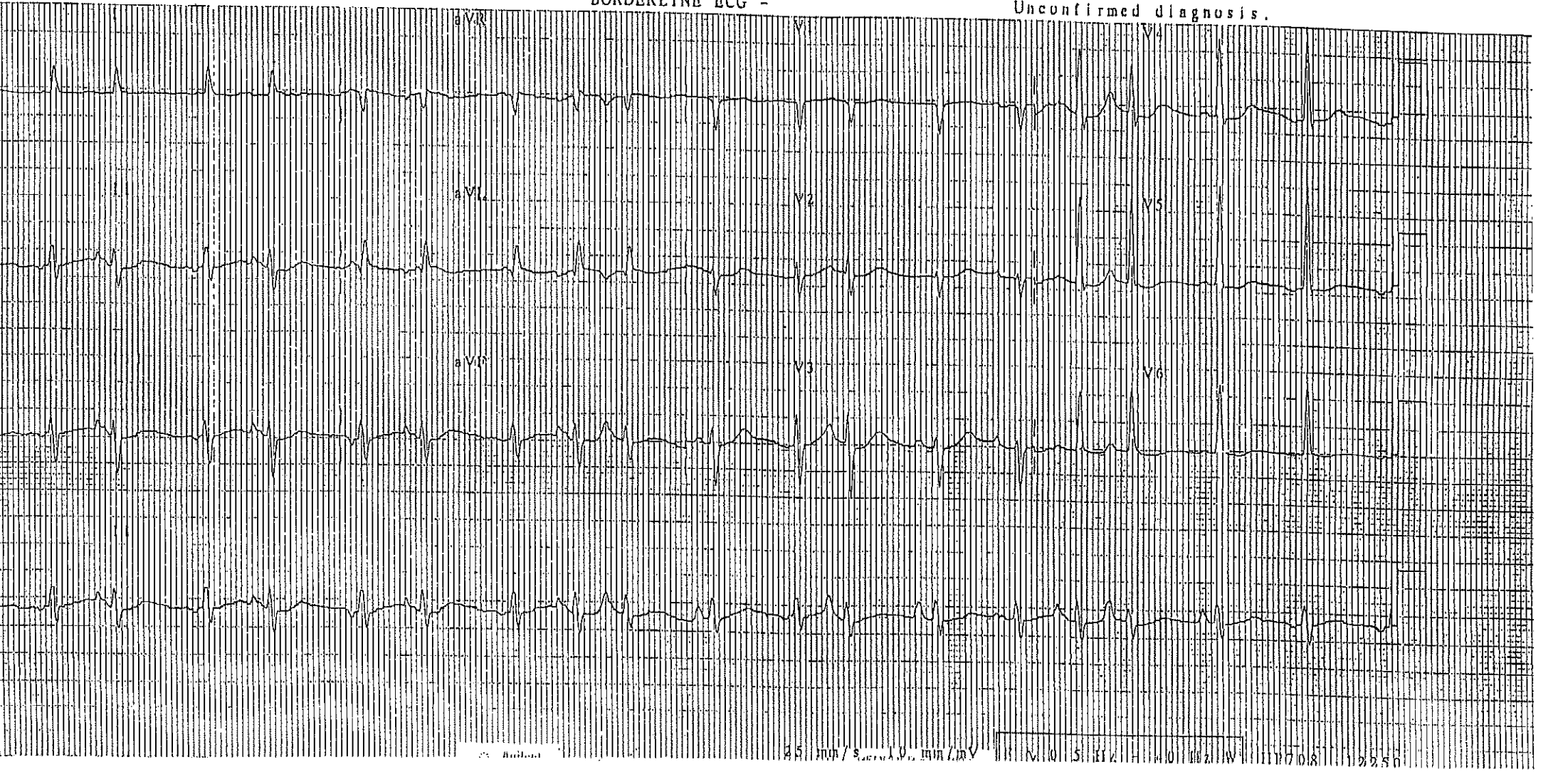
. Sinus arrhythmia. V-rate from 89 to 160.....V-rate varies,mean>=100, normal P
. Leftward axis.....QRS axis -15 to -30
. Nonspecific Lateral T abnormalities.....T neg, T/QRS ratio <.07 I,L,V5-V6

No chest pacin

1

- BORDERLINE ECG -

Unconfirmed diagnosis.



02-Sep-2002 10:04:43

BBH DEPT EMERGENCY MEDICINE

Rate	96
PR	122
QRSD	101
QT	339
QTc	428

--Axis--

P	-88
QRS	-24
T	92

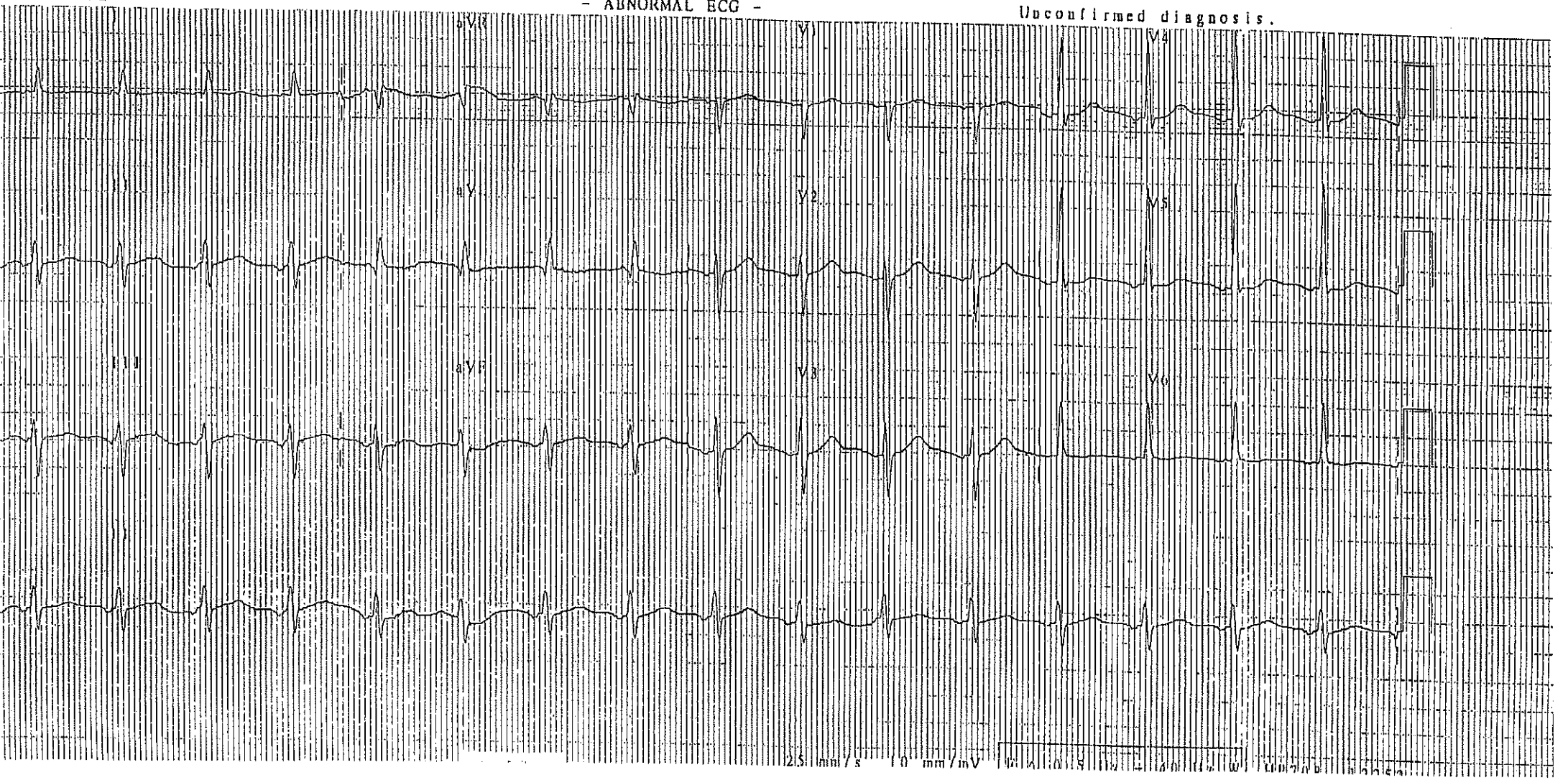
. Regular rhythm with unusual P axis, rate 96....P axis not -30 to 120, norm. rate
. Leftward axis.....QRS axis -15 to -30
. Nonspecific Lateral T abnormalities.....T neg, T/QRS ratio <.07 I,L,V5-V6

Pain free ,

(2)

- ABNORMAL ECG -

Unconfirmed diagnosis.



..... HOSPITAL

SPECIFIC OBSERVATION SHEET

Surname P447 U.R. No. 126946

Given Names

Sex M. D.O.B.

(Affix Patient Identification Label Here)

EXAMPLES:

– FINGERS/TOES – Colour, temp, movement, swelling, pain, numbness, Remarks

– URINE – Vol, colour, reaction, SG, Albumen, Blood, sugar, bile, Remarks

OBSERVATIONS RECORDED: URINE ☐ FINGERS/TOES ☐ OTHER .....

INDICATE OBSERVATIONS IN SEPARATE COLUMNS

DATE	TIME	T	P	R	BP	O2	O2 sat.	chest pain	REMARKS
2/9/07	0920.	36³	111	24.	103/61	N/air	97%.	0/10.	Presents to DEM with arrhythmia/dizzy (R) loin pain.
	0927.	–	96	20	106/76.	R/air	100%.	0/10	SSL 7-8mmHg
	1000.	–	103	20	86/60	R/Air.	97%.	0/10	
	1005	–	96	20	106/53.	R/Air.	95%.	0/10.	
	1015	–	98	20	112/87	R/air	95%.	0/10	ECG repeat Bloods 1010
	1055	–	96	18	100/63.	R/air	96%	0/10	
	1100	–	94	20	121/79.	R/air	96%.	0/10.	
			X-ray						
	1155	–	95	18.	79 14 g/57	R/air	96%.	0/10.	
					87/62 sitting				
	1255	–	86		105/74		96%	0/10	
	1325	–	109		111/74		96%	0/10	Lying
	1330		109		82/51		96%		Standing

QUEENSLAND AMBULANCE SERVICE

CASE

Date: 02/09/02 | Incident number: 481 A241 | A: 2A | B: 1

Unit number: 714 | Start case km: 523055 | End case km: 523112

Received: 0657 | Dispatched: 0814 | On case: 0832 | On scene: 0838

At patient: | Departed scene: 0905 | At destination: 0912 | Clear:

Hospital notified: | Called assistance: | Appointment: | AMPDS dispatched: 30A01

INCIDENT/PATIENT LOCATION

Sub address (lot / unit / shop): | AMPDS found:

Place name (property / building / bridge):

Address (street number, name):

Suburb / town:

Postcode: 4670 | THIS TRANSPORT C: 0001 | TOTAL TRANSPORT | Facility of origin:

TO

Destination / address: RBH - DEM.

Postcode: 4670 | D THIS TRANSPORT: 1663 | Facility of destination:

MULTI-STAGE TRANSPORT

PATIENT

Surname: PHILLIPS

Given names:

Permanent address (number, street, suburb, town):

Postcode: 4670

Gender (M/F): M | Date of birth: | Est. age: 79

PCC / Senior / DVA: 3 | Patient telephone:

Next of kin (name, relationship): Wife | Next of kin telephone:

Employer / group subscription / guardian name / occupation:

Billing address (if different from above):

Postcode:

ADMINISTRATION

Subscriber number: | Expiry date:

Customer number: | Date account raised:

Chargeable km: | Account type: | Service charge: $

OFFICE USE ONLY

SIGN

ID number	Level	Station	Officer
005263	15	219	1 [signature]
170518	11	219	2 [signature]
			3
			4
			Checked by

CODE

E: 05 | F: 25 | H: 01 | J: 000

K: | L: | M: 0 | O: 5

R: 5 | S: 0000 | T: 5 | X: 00 | Y: | Z:

OBSERVATION

Times			0840				
Pulse rate + regularity	Regular (R) Irregular (I)		110/				
Respiratory rate + effort	Normal (N) Retractive (R)		18				
Oxygen saturation			97%				
Et CO_2							
BP	Systolic		103				
	Diastolic		81				
SKIN	Temperature	Cold (C) Normal (N) Hot (H)	N				
	Colour	Flushed (F) Normal (N) Pale (P) Cyanosed (C) Jaundiced (J)	N				
	Moistness	Moist (M) Normal (N) Dry (D)	D				
ECG Rate			80 to 110				
ECG rhythm			SR NSR				
Blood sugar level							
Pain level		(0–10)	2				
PUPIL	L		3/1				
	R		3/1				
GCS	Eye opening (Spontaneous (4) To voice (3) To pain (2) None (1))		4				
	Verbal Response (Orientated (5) Confused (4) Inappropriate (3) Incomprehensible (2) None (1))		5				

PUPIL: 8 7 6 5 4 3 2 1 • — size (mm) / reaction — Reacts (+) No reaction (-) Eyes closed (c)

AMBULANCE REPORT FORM

Presenting H, PMH, Meds Allergies RBA O/A O/E Pa

Was the pt attend a 78 y/o ♂ pt who experienced a number of falls during the night secondary to dizziness + loss of balance on standing - pt states to have had diarrhoea and vomiting on Saturday night which subsided yesterday am - pt has residual abdo tenderness + loin pain

O/E: Inspection - Lungs clear - mild degree of emphysema

Hx: Amoxsac Lipitor

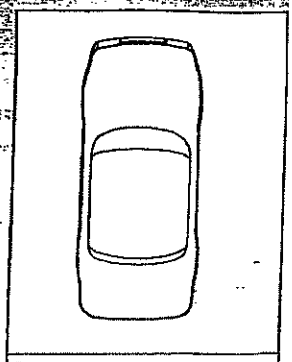
Allergies: nil known.

Meds: Bed rest

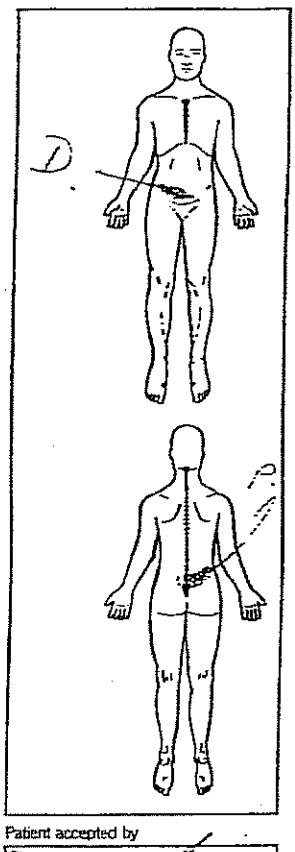
V/E: pt lying on bed fully conscious + justified.

V/E:
GCS 15 A/O & DTPP.
Pupils 3mm R=RTL
Skin warm dry + well perfused. SpO2 = 97% R/A.
Good Cvs: all limbs. - ECG. - AF ½ PAC. - Irregular
PR irregular 80→110 - B.P. 103/71. ABP. RF normal.
pt c/o dizziness while lying supine ↑ TT on standing
Pain on palpation of RLQ - mild, ++ (R) loin area - pt. very tingly.
NAD

Dx: ? Hypotension & AF



Rego No.



Patient accepted by

Signature

Printed name and title

Time	Treatment	Dose	Route	Treatment effect	V	W	Admin Officer	Auth Officer
3142	ECG			AF ½ PAC	N/A	510	!	!
4010	position.			Semi sitting.	N/A	612		

HOSPITAL COPY

76264029

PUBLIC | 125567-2

Title	Surname	Given Names	Date of Birth	Age
MRS	P448			

Address	Sex	M.S.	Country of Birth	Religion
4613	F	M	AUSTRALIA	No R

Ethnic Origin: NOT ABORIG. OR ENGLISH ONLY

Telephone - Home	Telephone - Business	Occupation (Current or Last)

First Contact	Alternative Contact
HUSBAND AA	

If discharged in last 7 days, from which hospital	Date Admitted	Time Admitted	Admission Source
	02 Jun 2002	20:10	OTHER - VALID F

Referring Doctor/Person: DR NO REFERRING DR

Unit	Ward	Bed	Treating Doctor
MED	CW		NYDAM K

Account Class	Health Fund	Health Schedule
GPESD		

Medicare Number	Pension Number

Date Discharged	Time Discharged	Discharge Status	
2-6-02	20:36	DECEASED	

ICD9CM CODES

	131.9	2	1355700
	171.5		
	655.0		
	146.1		

BUNDABERG HOSPITAL EMERGENCY RECORD

Surname: P448

Given Name:

Date of Birth:

Sex: F

Patient No: 125567

Emerg. No: 02012593

Arrival Date and Time: 01 Jun 02 04:15

Triage Cat: 5

Area: N2

Complaint: SHOULDER PAIN

Allergies:-

Immunisation Status:-

Triage Notes

005905.

2/8/62.

TRIAGE RN Printed Nar

TIME	T	P	R

WARD TEST URINE:-

WEIGHT:-

MEDICATION ORDERS

DATE	TIME	DRUG	DOSE	ROUTE	M.O.	GIVEN BY	TIME GIVEN

EMERGENCY RECORD

MEDICAL HISTORY, EXAMINATION, TREATMENT AND FOLLOW-UP

DATE/TIME	
1/6/02	PC (L) Shoulder pain
04.20	(L) Sided pleuritic CP.
	HPC
	Seen in Kilroy for similar pains.
	– Known Marfans
	L ruled out cardiac cause for pain
	– Breast feeding. (N) rel. by massage
	Awoke c̄ pain ~ 0100
	– taken paracetamol prior
	L min relief
	NO RSP/GU/GIT/CVS S
	O/E ~~[illegible]~~ Uncomfortable
	(L) clavicle ✓
	Abduction (L) Shoulder 90°
	– good rotation
	Tender rotator cuff
	~~[illegible]~~ Tender (+)
	NIL resonant BS(N)
	Tender (+) chest wall
04.30	(P) take own meds for pain killers
	seek massage more

ADMISSION CHECKLIST	PROCEDURES	PATIENT DISCHARGE INFORMATION
Medical Order Sheets: Medication ☐ Fluids ☐ Fluid Balance Chart ☐ XRay ☐ Property List ☐ Relatives Notified Armband ☐ Protocols ☐	IV Cunnula ____ gsite ____ IV Fluids in Progress ☐ Bloods ☐ MSU ☐ ABG's ☐ NGT ☐ ____ g IDC ____ g ____ ml O^2 Therapy ____ Lpm via ____ Dressing/Suture Site: ____	Ward ____ Speciality ____ Discharge Date ____ Time ____ APPT ☐ Department ____ Date ____
IN CARE OF ☐ RELATIVE ☐ FRIEND ☐ SELF		RN Signature:

HOSPITAL
DISCHARGE SUMMARY

Local Doctor
Address

P448 F 125567
N
4613 M
Ph(H)
Ph(B)
NO RELIGION

Admission Date: 2-6-02 Discharge Date: 2-6-02 DECEASED

Discharge to: MORGUE Clinic: Appt. date: time:

Symptoms/signs on presentation: Boarding with baby on Childrens Ward. V Arrested. Resuscitation attempted. Patient died.

ADMITTING DIAGNOSIS

*** PRINCIPAL DIAGNOSIS**
Fatal Cardiac tamponade 2° to dissected aortic root.

Secondary Diagnoses: Marfan's Syndrome.

PRINCIPAL PROCEDURE: Resuscitation c̄ CPR &
Secondary procedure/s: iv drug administration

INVESTIGATIONS: **WRITE ABNORMAL RESULTS**

	Y	N	NAD
F.B.C.	☐	☐	☐
BIOCHEM	☐	☐	☐
L.F.T.'s	☐	☐	☐
MICRO	☐	☐	☐
HISTOLOGY	☐	☐	☐
X-RAY	☐	☐	☐
CT SCAN	☐	☐	☐
E.C.G.	☐	☐	☐
OTHER			

Clinical Course/Complications: Reported to Coroner.

Cause of injury/poisoning (if applic.):
Place of Occurance:

Medication on Discharge

R.M.O. H. MACGREGOR (sign) (print) DATE 21/6/02.

CONSULTANT (sign) (print) DATE

DISCHARGE SUMMARY

.....HOSPITAL

--ID----------SEX---UR NO--
F 125567

P448

4613 M

Ph(H)
Ph(B)
NO RELIGION

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT MEDICAL STAFF IN
	ARREST HIGH FREQUENCY
2/6/02	20·10 - arrest call. KATE GAMES
20·50	31yr. CHRIS JEFFERIES
	mother of baby on childrens ward.
	known marfans.
	?dilated aortic root.
	Found unwarped in bathroom
	Apparently initially breathing
	on arrival.
	pt on floor in bathroom
	°respiration no cardiac output.
	A - airway inserted + bag + mask.
	C - CPR commenced.
	Pt transferred to bed. } both clipping. Several
	IV access obtained } cycles of CPR during attempts.
	Asystole on monitor
	adrenaline x1 atropine x1 given
	CPR continued
	intubated
	3 cycles CPR c adrenaline + atropine
	remained in asystole

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	ABG - pH 6.985 pCO2 96.6 pO2 47.1
	HCO3 21.9
	pupils fixed + dilated. no output for >20mins
	Licum agreed to stop resuscitation - 20.36
	no breath sounds
	no heart sounds
	no carotid pulse.
	certified dead 20.36 2/6/02 RIP.
	Need to inform husband - David Laidler.
	Information faxed to local police station
	so Kingsmuir police can inform husband
	directly.
	- I will discuss situation with husband
	if he contacts hospital.
	Will need to be reported to coroner.
	LLW RGN.
2/6/02 Eve Report	2300hrs. P448 chatting happily this evening. B/F and attending to babies cares independently 1945hrs - topped up (Breast fed), Chatting to staff. 2000hrs - complained of ~~back~~ chest pain beginning to start again. P448 stated - "I think that nerve in my back has pinched again." I suggested a hot pack which P448 accepted. I went to get the hotpack. The ward's only gel hotpack had a ~~whole~~ hole in it so I let P448 know I was going to get one

.....HOSPITAL

--ID----------SEX---UR NO--
F 125567

P448

4613 M

Ph(H)
Ph(B)
NO RELIGION

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
2/6/2	from the rehab unit. P448 stated she was
Eve Report (cont)	going to go and take panadol and have a
	shower.
	2010hrs I returned to P448 room and water
	was running out from under the shower door. I
	knocked and called P448 name, she did not
	answer so I opened the door to find P448
	collapsed on the floor. On assessing P448 - she
	was breathing, with a palpable carotid pulse.
	I called for assistance and rang the nurse
	assist button - then attempted to apply O_2 - the
	O_2 tubing did not reach. RN Appo had rung
	switch to inform them we needed assistance
	moving a collapsed patient. RN Appo ~~and~~ stayed
	with P448 whilst I went to get the portable
	oxygen cylinder. On return DEM rang and asked
	if we needed the arrest team - I said yes.
	2015hrs - Pulse no longer palpable, centrally
	cyanosed, O_2 applied. RN Appo and myself
	moved P448 onto her back (with difficulty).
	2020hrs CPR commenced by resus team.
	2025hrs P448 moved to bed. Intubated.
	Adrenaline 1:10000 given, Atropine 1.2mg x1 given,
	Adrenaline 1:10000 given, Atropine 1.2mg x1 given
	Adrenaline 1:10000 given. Rhythm - asystole.
	ABG collected.
	2036hrs No cardiac output, pupils fixed and
	dilated. Pronounced dead.

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	Dr Baylis contacted the Burnsberg Police who advised faxing the Kingaroy police who would contact the Proston police ~~the~~ to informed Mr P448 . P448 transferred to morgue @ 2215hrs. ——— CRPeters — CRN PETERSEN.
3/6/02.	0945hrs. Chris Peterson Sergeant, P448 still has her earrings on will notify dresser. ——— [illegible] NIPC

SPS 15

BG:dt

AMAQ
Queensland Branch of Australian Medical Association
88 L'Estrange Terrace, Kelvin Grove 4059
PO Box 123, Red Hill 4059
Tel (07) 3872 2222 • Fax (07) 3856 4727
Email • amaq@amaq.com.au

11 December 2001

Dr Sam Baker
PO Box 2695
Bundaberg Qld 4670

Dear Sam

Just a short note to thank you for dropping in while you were in Brisbane yesterday. I did appreciate the opportunity to talk with you. Thank you for keeping us informed as to exactly what has been happening at the Bundaberg Base Hospital.

I took the opportunity of ringing the Director General and did acknowledge the leadership that he had shown on this issue at the Bundaberg Hospital. I did however clearly indicate that if there is not follow through on the promises from the meeting then obviously he would be hearing from us again.

Would you be kind enough to keep us updated on the events in Bundaberg? I will try to get up to you some time earlier next year and I would particularly like to meet up with your District Manager as well as obviously the Zonal Manager.

Yours sincerely

Bill

Dr Bill Glasson
President

BUNDABERG DISTRICT HEALTH SERVICE

RESUSCITATION OBSERVATION SHEET

SU NAME:

G.. --ID----------SEX---UR NO--
F 125567

UR P448

DA: 4613 M

SE: Ph(H) Ph(B)

NO RELIGION

(Please use Patient ID label if available)

Drugs & Rx administered prior to arrival:

DR & Nurse in Attendence of Resus:

Allergies:

DATE	OBSERVATIONS					PROCEDURES	DRUGS			COMMENTS
TIME	BP	P	T	O_2 Sats	Colour or warmth PUPILS	eg. Intubation / Catheterisation / Cannulation / E.C.G X-ray / Bloods	Route	Name	Dose	
2015. 2020.						C.P.R				Asystole
2025						Intubated				
						1 x Adrenaline 1:10,000				
						1x Atropine 1.2mg				
						1x Adrenaline 1:10,000				
						1x Atropine 1.2mgs				
						1x Adrenaline 1:10,000				

MP5A

BUNDABERG HEALTH SERVICE DISTRIC

--ID----------SEX---UR NO--
F 125567

P448

N

4613 M

Ph(H)
Ph(B)
NO RELIGION

RADIOMETER PRINTOUTS

Please use patient label to attach each Radiometer print-out

--ID----------SEX---UR NO--
F 125567

P448

4613 M

Ph(H)
Ph(B)
NO RELIGION

RADIOMETER ABL SYSTEM 625

ABL SYSTEM 625 - PATIENT REPORT June 2, 2002 20:35
Sample # 2398

IDENTIFICATIONS			
Operator ID		FIO_{2d}	21.0 %
Patient ID	000002	Patient temp.	37.0 °C
Last name			
First name			
Age	0 years		
Sex	Not specified		
Accession			
Sample type	Arterial		
Sampling time			

BLOOD GAS VALUES		BLOOD OXIMETRY VALUES	
pH	6.985	tHb	128 g/L
pCO_2	96.6 mmHg	O_2Hb	52.2 %
pO_2	47.1 mmHg	sO_2	52.6 %
		COHb	0.6 %
ELECTROLYTE VALUES		MetHb	0.3 %
K^+	6.8 mmol/L	RHb	47.0 %
Na^+	137 mmol/L		
Ca^{++}	1.05 mmol/L	METABOLITE VALUES	
Cl^-	103 mmol/L	Glu	15.5 mmol/L

TEMPERATURE CORRECTED VALUES		ACID BASE STATUS	
pH (37.0°)	6.985	$HCO_3^-{}_c$	21.9 mmol/L
pCO_2 (37.0°)	96.6 mmHg	SBC_c	14.3 mmol/L
pO_2 (37.0°)	47.1 mmHg	$tCO_2(P)_c$	55.7 Vol %
		ABE_c	-12.3 mmol/L
OXYGEN STATUS		SBE_c	-8.4 mmol/L
tO_{2c}	9.4 Vol %	Anion gap$(K^+)_c$	18.6 mmol/L
$p50(act)_c$	45.43 mmHg		
p_{xc}	29.5 mmHg	CALCULATED VALUES	
$Shunt_c$	-10.5 %	? $Ca(7.4)_c$	0.82 mmol/L

? : Errors detected.

Printed June 2, 2002 21:29

tO_{2c} 9.4 Vol %
$p50(act)_c$ 45.43 mmHg
p_{xc} 29.5 mmHg
$Shunt_c$ -10.5 %
Anion gap$(K^+)_c$ 18.6 mmol/L
CALCULATED VALUES
? $Ca(7.4)_c$ 0.82 mmol/L

? : Errors detected.

BUNDABERG

RA
PI

---UR NO--
F 125567

M

P448

4613 M

Ph(H)
Ph(B)
NO RELIGION

RADIOMETER ABL SYSTEM 625

ABL SYSTEM 625 - PATIENT REPORT June 2, 2002 20:35
Sample # 2398

IDENTIFICATIONS			
Operator ID		FIO_{2d}	21.0 %
Patient ID	000002	Patient temp.	37.0 °C
Last name			
First name			
Age	0 years		
Sex	Not specified		
Accession			
Sample type	Arterial		
Sampling time			

BLOOD GAS VALUES		BLOOD OXIMETRY VALUES	
pH	6.985	tHb	128 g/L
pCO_2	96.6 mmHg	O_2Hb	52.2 %
pO_2	47.1 mmHg	sO_2	52.6 %
		COHb	0.6 %
ELECTROLYTE VALUES		MetHb	0.3 %
K^+	6.8 mmol/L	RHb	47.0 %
Na^+	137 mmol/L		
Ca^{++}	1.05 mmol/L	METABOLITE VALUES	
Cl^-	103 mmol/L	Glu	15.5 mmol/L

TEMPERATURE CORRECTED VALUES		ACID BASE STATUS	
pH (37.0°)	6.985	$HCO_3^-{}_c$	21.9 mmol/L
pCO_2 (37.0°)	96.6 mmHg	SBC_c	14.3 mmol/L
pO_2 (37.0°)	47.1 mmHg	$tCO_2(P)_c$	55.7 Vol %
		ABE_c	-12.3 mmol/L
OXYGEN STATUS		SBE_c	-8.4 mmol/L
tO_{2c}	9.4 Vol %	Anion gap$(K^+)_c$	18.6 mmol/L
$p50(act)_c$	45.43 mmHg		
p_{xc}	28.5 mmHg	CALCULATED VALUES	
$Shunt_e$	-10.5 %	? $Ca(7.4)_c$	0.82 mmol/L

? : Errors detected.

.....HOSPITAL

--ID----------SEX---UR NO--
F 125567

P448

4613 M

Ph(H)
Ph(B)
NO RELIGION

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
28/5/02	Patient admitted with sick infant.
2045	——— ~~Para~~ Sign SN (OSBORN) ~~[illegible]~~ (STROMETER)
1/6/02.	Nursing: Pt c/o shoulder pain & chest pain. Staff
0630hrs	advised to go to DEM. Pt ~~had~~ states has had
	same pain before. Pt escorted to DEM see
	MRT. Pt stated taken Panadeine Forte @ 0200hrs
	+ 0600hrs. Pain remains. Set of obs done
	BP L/arm 99/52, R/arm 106/58, PR 60 RR 16, T 37
	O2 sats 96%. Pt now up walking around. States
	affected L/shoulder still sore — [illegible]
2/6/02	
Eve Report	

INPATIENT PROGRESS NOTES

Queensland Government

Queensland Health

Re: Mr P448

4613

Kingaroy

tel

2/6/02.

Could you please inform the cabbie man that his wife P448 has died.

He can contact Dr Kate Baughs at Bundaberg Base Hospital for further details.

Many thanks

KATE BAUGHS

06 June 2002

The Coroner
Bundaberg Courthouse
Quay Street
Bundaberg, 4670

Dear Sir or Madam:

Would you kindly forward a copy of the coroner's report pertaining to:

P448
D.O.B.
D.O.D. 02/06/2002

It is required in order to complete our Medical Record.

Please forward to:

Health Information Services
Bundaberg District Health Service
PO Box 34
Bundaberg QLD 4670

or fax directly to the medical record department on

Should you have any queries, please contact me on

Sincerely yours,

Jo-Ann Elmes (Mrs.)
Senior Health Information Manager
Bundaberg District Health Service
Bundaberg, Qld
4670

Our Reference: 37/2002

Your Reference:

Contact Name: Debbie

Date: June 7, 2002

Phone: Fax:

DEPARTMENT OF JUSTICE

Dear Madam,

Re: P448

Please find attached a copy of the Autopsy Report, regarding the above mentioned person, of which you requested via letter our office received on 7/6/2002.

Any further queries you may have in regards to this Coronial matter can be directed to the Assistant Coroner at this office on the number above.

Yours faithfully,

L.N.Lavaring
CORONER

ATT: JO-ANN ELMES
SENIOR HEALTH INFORMATION OFFICER
BUNDABERG DISTRICT HEALTH SERVICE
BUNDABERG QLD 4670

MAGISTRATES COURT
QUAY STREET
PO Box 908
DX 41046
BUNDABERG Q 4670
PH: (07) 41315667
FAX: (07) 41533470

(Form 10.)

Coroners Act 1958–1982

(Section 18.)

POST-MORTEM EXAMINATION REPORT

1. Name of deceased: P448

Age: years Sex: F Occupation: H/D

Last place of residence:

Observers present at examination: S/Const G. JAEKEL 4613, HOSPITAL DES.

Date and time of examination: 900 AM 5 JUNE 2002

Place where examination performed: Morgue, Base Hospital Bundaberg

Examination required by: M.R. Keegan Esq Coroner

Date and time of death: 2/6/02, 2010 HRS

2. EXTERNAL EXAMINATION—

Height: 190 cm. Build: obese Nutrition: appears adequate.

Other personal details:

Known Marfan's Syndrome
Typical arachnodactyly. ET Tube.

Signs indicating time of death:

Rigor mortis: yes. Hypostasis: yes

Cooling of body: yes (refrig.) Decomposition: no.

Marks of violence, or identification, e.g., tattoo marks, old scars:

Nil

3. INTERNAL EXAMINATION—

Cranial cavity—

Skull: Anterior skull 2 cm thick, with widespread osteosis on inner table. Otherwise appears normal

Brain, meninges, etc.: brain.

Thoracic cavity—

Mouth, tongue, oesophagus, larynx, trachea, lungs, and pleurae:

ET Tube is in oesophagus.
sanguinous fluid in (L) pleural cavity – about 1 litre

Heart 500g.

Pericardium, heart, and blood vessels:

About 1 litre of blood in pericardial cavity.
Dilated aortic root with large dissecting aneurysm.
(R) Coronary artery normal. (L) not identified valves normal.

Abdominal cavity—

Stomach and contents: Gas +

Peritoneum, intestines and mesenteric glands: N.

Liver and gall bladder: N

Spleen: N.

Kidneys and ureters: N.

Bladder and urine: empty. N.

Generative organs: N.

Are all other organs healthy? Yes.

4. In my opinion the cause of death was:—

1.	1.
*Disease or condition directly leading to death**	(a) Cardiac tamponade
	due to *(or as a consequence of)*
Antecedent Causes	(b) Ruptured aneurysm aortic root.
	due to *(or as a consequence of)*
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(c) Marfan's syndrome.

2.	2.
Other Significant Conditions. *Contributing to the death, but not related to the disease or condition causing it.*†	

Signature and qualification: [illegible]

Address: Bundaberg.

Date: 5.6.02

To

Mr Keegan Esq Coroner

---

* *This does not mean the mode of dying, such as, e.g., heart failure, asphyxia, asthenia, etc., it means the disease, injury, or complication which caused death.*

† *Conditions which do not in the pathologist's opinion contribute materially to the death should not be included under this heading.*

ADDITIONAL REMARKS OR INVESTIGATIONS.

(If added these should be signed.)

Aneurysm of this type is a well known component of Marfan's Syndrome.

She could not have been saved

The misplaced ET tube has not influenced the outcome.

I have discussed this with the hospital anaesthetist — and he will implement appropriate procedures.

No Specimens

Body not required further by me.

[illegible]

(Form E)
STATE OF QUEENSLAND

Registration of Births, Deaths and Marriages Act 1962-1991
(Section 31)

POST-MORTEM EXAMINATION CERTIFICATE

To the Registrar-General, BRISBANE

I HEREBY CERTIFY that on 05 June 2002

rder of M R Koczan Esq., Coroner,.

Post Mortem Examination was made by me

n the body of a female aged

amed P448

ho is stated to have died at Base Hospital Bundaberg

nd, in my opinion, the date of death was 02 June 2002 ,

d the cause of death was- 1.

Disease or condition directly ding to death.* (a) Cardiac tamponade

due to (or as a consequence of)

Antecedent Causes (b) Ruptured aneurysm aortic root

rbid conditions, if any, giving rise due to (or as a consequence of)

he above cause, stating the (c) Marfan's Syndrome

derlying condition last.

due to (d)

2.

er Significant Conditions-Contributing to the death, but not related to the disease or condition causing it.

Signature D White date 05/06/02
† (Government Medical Officer)

ticulars are to be clearly printed without abbreviation
on completion this certificate is to be immediately
h the Registrar-General or District Registrar.

Initials and Surname D White
(Block Letters)
Prof. Title MBBS

Address 94 Woongarra Street Bundaberg Qld 4670

means this disease, injury or complication which caused death-NOT, for example, the mode of dying "hearts failure,"*asthenia," &c.

-GOPRINT

† Please delete if not applicable

I, Leonard Neil Lavaring District Registrar, Bundaberg
hereby certify that the within is a true copy of the original of which it purports to be a copy.
The original having been sighted by me.

Dated at Bundaberg this 5 June 2002

DISTRICT REGISTRAR'S OFFICE
BUNDABERG
QUEENSLAND

L N Lavaring
DISTRICT REGISTRAR

"SPB 8"

AGENDA – MEDICAL STAFF ADVISORY COMMITTEE MEETING

TUESDAY, 12 NOVEMBER AT 7.00AM

IN BREAST SCREEN CONFERENCE ROOM

1. **APOLOGIES**

2. **ACCEPTANCE OF MINUTES**

3. **BUSINESS ARISING**

   Medicine Issues
   Surgical Issues
   ICU/CCU Issues
   O & G Issues
   Paediatric Issues
   A & E Issues

4. **BUDGET/ACTIVITY**

5. **CORRESPONDENCE**

   Dr Stumer
   Dr Baker

6. **JUNIOR DOCTOR EDUCATION/ISSUES**

   Radiology Department
   Emergency Department

7. **MATTERS ON NOTICE**

   New Chairperson
   Code of Conduct

SPB 4

Bundaberg Base Hospital
PO Box 34
Bundaberg QLD 4670

2 November 2001

Mr Peter Leck
District Manager
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
Bundaberg QLD 4670

Dear Mr Leck,

I am writing to you to inform you that I will accept the Acting Director of Surgery position offered to me by the Director of Medical Services under the following conditions:

X • my salary level increases to MO1-7($116870) with director's allowance.

✓ • the current 1 in 2 on-call roster remains in place initially but hospital management plans and organizes a 1 in 3 on-call roster for 2002 as a priority, to avoid professional burn-out.

— • in the event that no second surgeon is available to cover the hospital for my weekend off the general surgical services will be closed for the Friday, Saturday and Sunday and patients will have to be transferred to Maryborough, Hervey Bay or Brisbane.

X • the substandard and dangerous surgical instruments currently in use in the operating theatre complex are either repaired or replaced immediately.

X • new surgical equipment which is standard in metropolitan public hospitals is purchased so we can provide an equivalent service for this district.

✓ • I receive my entitled conference leave (May 2002) and study leave (March 2002) even if there is not a full-time second surgeon.

X • administration is given additional resources to ensure we are optimising the hospital revenue from private outpatient and inpatient services. This is not currently occurring.

X • the lack of supervision and seniority of the medical staff in the emergency department especially after hours, be addressed urgently by implementation of alternative models of medical staff rostering.

X • a medical education officer is employed to promote the continuing professional development of the junior medical staff and make Bundaberg Base Hospital a more attractive working environment.

I look forward to receiving your written response.

Yours sincerely,

Dr Sam Baker FRACS
Staff Surgeon

cc: Dr Lynn Hawken, Director Of Medical Services Bundaberg Base Hospital

"SPB 10"

Bundaberg Base Hospital
PO Box 34
Bundaberg QLD 4670

21 November 2001

Mr Peter Leck
District Manager
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
Bundaberg QLD 4670

Dear Mr Leck,

Following our meeting on Friday (16/11/2001) I have not received any written confirmation of our discussions as requested in my original letter.

On further consideration of your offer I will accept the Acting Director of Surgery Position with a salary increase to MO1-6 and written executive support of the previously documented issues.

I look forward to receiving your response.

Yours sincerely,

Dr Sam Baker FRACS
Staff Surgeon

cc: Dr Lyn Hawken, Director Of Medical Services Bundaberg Base Hospital

"SPB 11"

Bundaberg Base Hospital
PO Box 34
Bundaberg QLD 4670

28 November 2001

Mr Peter Leck
District Manager
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
Bundaberg QLD 4670

Dear Mr Leck,

I have still not received any correspondence in reply to my previous two letters. After much consideration this letter is to give three months notice from today (Wednesday 28/11/01) of my resignation.

Yours sincerely,

Dr Sam Baker FRACS
Staff Surgeon

cc: Dr Lyn Hawken, Director Of Medical Services Bundaberg Base Hospital