

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY

STATEMENT OF MONICA SETH

I, **MONICA SETH**, Acting District Manager, Bundaberg Health Service District, Bundaberg in the State of Queensland, acknowledge that this written statement is true to the best of my knowledge and belief.

1. I am currently employed by Queensland Health as the Acting District Manager for the Bundaberg Health Service District. I commenced acting in this role on 28 May 2005.
2. My substantive position is District Manager, Banana Health Service District. I have been in that position for 4 years.
3. Prior to the release of the Clinical Services Review Report prepared by Dr Matussi, Dr Wakefield, Dr Woodruff and Ms Hobbs, the Acting Executive had identified areas of practice that needed improvement and commenced work on those areas that were recognised as a priority. Some examples of this are junior staff rostering, Service Capability Framework, position description and role of Assistant Director of Nursing and the level of surgery being undertaken at Bundaberg Base Hospital.
4. When the report was received on 1 July 2005 an Action Plan was developed to ensure continued progress of the recommendations could be monitored. The Executive review the Action Plan on a fortnightly basis and the Action Plan is updated on a monthly basis. Attached and marked "MS-1" is a copy of the Action Plan which was last updated on 10 October 2005. The Action Plan sets out the recommendations, the strategies and actions and the achievements or progress of implementing each of the recommendations.
5. I have read the Briefing to the Director-General dated 30 June 2005 and the memorandum to the Director-General dated 12 July 2005. Attached and marked "MS-2" is a copy of the Briefing and the memorandum. The taskforce to assist with

the implementation of the recommendations has not gone ahead. It was felt that once the Executive team had greater stability the recommendations could then be implemented in an effective manner and this is what has occurred.

All of the facts and circumstances above deposed to are within my own knowledge and belief, save such as are deposed to from information only and my means of knowledge and sources of information appear on the face of this my affidavit.

Signed at Bundaberg on 14th October 2005.

A handwritten signature in black ink, appearing to read 'Monica Seth', written over a horizontal dotted line.

Monica Seth
Acting District Manager
Bundaberg Health Service District
Queensland Health

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BUNDABERG HEALTH SERVICE DISTRICT
REVIEW OF CLINICAL SERVICES
ACTION PLAN

RECOMMENDATION	STRATEGIES	ACTION	ACHIEVEMENTS
1. Ensure that there is consistency with contemporary Queensland Health policy, awards and industrial agreements for Medical Staff Employment.	HRM to have visibility of and conduct all aspects of medical recruitment apart from selection process -- need to consider locum vs. normal recruitment. Consider Voice map for orientation	Relevant awards, IRMs distributed to staff on CDROM HRM agreed to conduct additional aspects of recruitment Flow charts approved and signed off by DM. Forwarded to line managers	COMPLETE
2. Ensure that all medical staff receives adequate orientation to the district on commencement.	Clinical orientation manual to be revised Trimming down of non clinical orientation requirements Adherence to an orientation program for all medical staff	Awaiting feedback from Directors BBH to become pilot site for 'voicemap' orientation system. Awaiting sign off by the Patient Safety Centre	Draft manual in revision -- Medical Education Officer - Standard District orientation to be considered Will commence as soon as finalised in discussion with Dr Wakefield - Director Patient Safety Centre
3. Ensure that all medical staff are provided with written clinical privileges upon appointment, consistent with the Service Capability of the facility and their credentials.	Review credentials of all current medical staff. Consider completing clinical privileging at commencement Consider patient safety committee to cross check credentialing process	Clinical privileging status report to be included in the TOR for the patient safety committee Credentials database has been set up -- privileges to be captured at commencement of employment.	Provisional credentialing completed. Anticipated full Credentialing completed on all specialists by Jan06.
4. Ensure one complete Personnel file is maintained in the Human resources department.	This recommendation is to be coordinated by HRM	Filing system has been documented and signed off by A/DM	COMPLETE

RECOMMENDATION	STRATEGIES	ACTION	ACHIEVEMENTS
5. Ensure the anomaly of a medical officer with General Registration being employed as a staff specialist with right of private practice is corrected.	Correct procedure	All Registrations have been rechecked – anomaly corrected	COMPLETE
6. Provide training, support and supervision to ensure that the assessment of patients undertaken within the Emergency Department is thorough.	Increase FTE for Director of Clinical training – consider educator – ‘facem’ DEM to consider how this can be achieved through medical education and provision of support Increase Administrative support	DMS to discuss educational role for medical staff in DEM with Director of clinical training Determine requirements for further admin support in DEM	A copy of recommendations has been provided to all senior medical staff/Department Directors Recruitment of FACEM has commenced Oct05. Education program for junior staff has commenced
7. Ensure structures are in place to provide adequate rostering and supervision of junior medical staff after hours and on weekends.	Long term: Examine rostering requirements for 2006 Short term: Examine current rostering provisions - Examine alternatives/discuss with medical staff as to suitability	Further discussions need to be undertaken with staff (DMS)	Examination of rosters, discussion with medical staff has been completed. Identification of appropriate staffing levels has been made – workloads have been reduced to meet staffing levels although this continues to be difficult due to shortages of junior medical staff This will be continually reviewed with changes in award progress
8. Ensure that the performance of clinical staff is effectively monitored and actioned by implementing effective supervision, ongoing performance assessment and documented peer review processes.	Review current mechanisms – put procedures in place where gaps are identified	Review needs to be undertaken by DMS in consultation with corporate office. Need to identify where nursing PAD is at. Nursing: Draft pro-forma's have been developed Full appraisal system for ALL medical staff being reviewed will be completed in Dec 05.	Current processes have been reviewed - medical staff: term reports on progress of junior doctors. Avenues for monitoring of senior medical staff being explored Formal appraisal form has been introduced for all senior medical staff. Appraisal will commence 10/10/05.

RECOMMENDATION	STRATEGIES	ACTION	ACHIEVEMENTS
			Data base to monitor all key dates Eg Appraisal due: clinical privileging due: Leave taken etc. has been developed to ensure timely reviews occur.
9. Develop and implement a clinical governance framework which effectively tracks accountabilitys for clinical performance, and is subject to regular compliance monitoring. Queensland Health should support this process by developing a state-wide clinical governance framework.	Examine various frameworks and discuss with staff	Clinical governance framework proposed by A/Director of Surgery has been discussed with senior staff. Governance framework being developed	Clinical governance framework has been approved by executive. Acting Director of unit to be appointed in Oct 05
10. Ensure the Clinical Services Capability Framework is used only as a guide to decision making. There is a need for Management within a hospital to take a holistic view of the services when applying the current framework in specific instances.	SCF Workshop & training required – review relevant areas and ensure within the SCF.	To organise a SCF workshop for senior clinical staff by the end of October. Communication strategy to disseminate plans/information after this workshop Communication with staff commenced	Some work has been conducted for OR & ICU - ICU SCF review completed DMS – SCF for comment by clinical directors and CP information SCF information workshops being conducted for senior medical and nursing staff on 13/10/05 SCF developed day planned for 20/10/05
11. Ensure decisions regarding service profile are clearly communicated to hospital staff so as to clearly define the scope of service.	Adopt Service Plan in the Clinical Services Review Report.	To be endorsed by clinical heads in Oct05. To undertake continuous review as services are developed and at least on annual basis.	Draft service plan to be presented to staff and private sector providers by Nov 05
12. Ensure the Measured Quality Indicators are followed up with Measured Quality Program 2004/5 data is available.	To be actioned ? 04/05 data available	Measured Quality Indicator Outliers received. To be reviewed and action plan put in place. To commence with establishment of Clinical Governance Review – see 14.	Measured Quality workshop planned for 19/10/05
13. Ensure that safety and quality is	?Effective surgery funding – Long term	Ensure current contracts include safety and	

RECOMMENDATION	STRATEGIES	ACTION	ACHIEVEMENTS
afforded priority in funder/provider contracts. This will require Queensland Health to examine health funding incentives.		quality clauses	
14. Ensure a plan to implement effective clinical incident and complaints management that is consistent with Queensland Health policy is developed. This should include implementation of the incident management information system (PRIME) with consideration of designated consumer liaison and patient safety officers to support the district.	Implement PRIME - Clinical Incidents Review incident reporting framework in this context - Review complaints management procedures - need to incorporate with clinical governance framework	Review incident reporting framework with PRIME project officer Plan to be developed for patient and non patient critical incidents and implemented by November 05	PRIME implementation commenced 1/7/05. PO identified and taken off line Complaints reviewed and changes being implemented in conjunction with establishment of PLO position (1 x PFT PLO appointed 2 x TPT PLO appointed for 6/12) - Completed
15. Ensure that all documents raising complaints or concerns are dated and signed by the staff member raising the complaint or concern or returned to them for signing and date at the time the document is first presented.	Education of staff to be commenced Complaints/compliments database R/V Appropriate changes regarding the complaints process are implemented	Awaiting finalisation of corporate complaints policy	PLOs have commenced routine daily interaction with clinical staff to provide support Database established
16. Establish a clear process for the multidisciplinary review and management of clinical incidents consistent with the Queensland Health Incident Management Policy.	Patient safety committee to be established in line with PSO framework	Temporary experienced PSO from Brisbane to commence 26/09/05. Permanent PSO to commence by 3/10/05. Multi-disciplinary review of incidents to be established. Patient Safety Centre recommendations implemented where feasible. PRIME to be implemented by 26/09/05 with supporting documents and policies. Patient Safety committee TOR in draft and to be signed off with total governance structure.	Visit by Patient Safety Centre team 3/8 - feedback received and recommendations to be implemented Recruitment for PFT PSO commenced - Temporary PSO to be sourced (with experience)

RECOMMENDATION	STRATEGIES	ACTION	ACHIEVEMENTS
<p>17. Ensure that a process is established for coded data on clinical outcomes (particularly complication codes) to be audited with input from clinicians.</p>	<p>Support for clinicians re discharge Support for staff Coders receiving relevant information Requires a structured framework for analysis (1. Discharges are completed on time. 2. Coders have relevant information – interface with Doctors) Requires a more robust system through clinical governance)</p>	<p>4 staff undertaking training in root cause analysis Oct05. Then on site training of staff to commence and establish root cause analysis group for level 7/8 incidents.</p> <p>Review of current coding and availability of information for clinicians is commencing.</p> <p>Review of X and Y codes commencing Oct 05</p>	
<p>18. Ensure the format of the After Hours Nurse Managers' Bed Status Report is standardised so that all Nurse Managers provide accurate, pertinent and timely advice to the Executive in a consistent way.</p>	<p>Discussions have commenced to ensure this document provides appropriate, timely and useful data Don't want After hours to do too many reports – reduce duplication – beyond bed report Needs to address Clinical safety, staffing safety, facility safety. Needs to be a phone call to the relevant Exec for urgent issues Need to confirm circulation of report Identify critical information</p>	<p>Daily bed meeting to be commenced</p>	<p>Terms of reference and consultation currently underway</p>
<p>19. Review the committee structure and their Terms of Reference to minimise duplication and to establish clear accountability.</p>	<p>All committees will be reviewed in line with appropriate structure To be linked with governance structure</p>	<p>Clinical and corporate governance framework is currently under review. Anticipate completion of framework by Nov05.</p>	<p>As part of the clinical and corporate governance structure process</p>
<p>20. Review the District Communications Strategy Map & Terms of Reference for committees to minimise duplication and to reduce the number of committees attended by</p>	<p>All committees will be reviewed in line with appropriate structure To be linked with governance structure</p>	<p>Clinical and corporate governance framework is currently under review. See 19 above.</p>	<p>As part of the clinical and corporate governance structure process</p>

RECOMMENDATION	STRATEGIES	ACTION	ACHIEVEMENTS
<p>individual staff.</p> <p>21. Consider the establishment of a single multidisciplinary committee to address patient safety and quality issues, monitor and evaluate actions and provide feedback to staff. District policies must clearly articulate the responsibilities and accountabilities of all clinical staff to report incidents.</p>	<p>Policy review</p>	<p>Multi-disciplinary Patient Safety Committee to be established</p>	<p>Patient safety committee – draft TOR are currently being considered and membership of the PSC or Clinical governance committee</p>
<p>22. Ensure that all minutes of clearly document key discussion, agreed action, accountable officers and timeframes.</p>	<p>Review of minutes to be conducted Standard template for minutes</p>	<p>Committee structures, terms of reference and procedures are being reviewed including evaluation procedures</p>	<p>Training in minute taking for staff who undertake this role in Nov 05 to ensure consistency of information recorded</p>
<p>23. Ensure that items remain on meeting agendas until there is documented completion of the agreed action by the accountable officer</p>	<p>Review minutes process: Regular audit of outcomes of minutes Standard template for minutes</p>	<p>Strict guidelines for removal of items from the agenda is to be adhered to – to be developed as TOR etc. are reviewed</p>	<p>COMPLETE</p>
<p>24. Ensure that feedback to committees or staff occurs in a meaningful format which assists in organisational improvement.</p>	<p>As part of structure – there is currently a weak link between reporting up and down</p>	<p>Annual performance indicators of all committees. Staff communication forums are being commenced in Oct05.</p>	
<p>25. Consider a more comprehensive review of medical leadership and clinical practice, within the Bundaberg Family Unit.</p>	<p>Current Director of Obstetrics has resigned and the position is being advertised. This creates an opportunity to redefine the medical leadership and clinical practice</p>	<p>Awaiting permanent appointment of Director of Obstetrics – will assist in leadership within the unit. Interview for new Director of Obstetrics planned for second week in Oct05. Anticipate appointment end of Oct05.</p>	<p>Interviews for Director of Obstetrics and Gynaecology being conducted on 10/10/05</p>
<p>26. Develop protocols to determine which patients are clinically appropriate</p>	<p>Families to develop protocol</p>		<p>Examine current protocols and procedures</p>

RECOMMENDATION	STRATEGIES	ACTION	ACHIEVEMENTS
to be admitted as outliners to the Bundaberg Family Unit.			NUM families – medical staff
27. Review reporting relationships for the Nursing Service to incorporate the existing Assistant Director of Nursing position and also provide a reporting relationship for Clinical Nurses who are sole practitioners.	Current structure of BHSD is underway	DDON to consider	Draft options for structure have been circulated and discussed by the executive Draft structure under consideration as at 19/7/05
28. Review the Assistant Director of Nursing Position Description as a matter of priority.			Review of PD was commenced and remains ongoing as at 19/7/05
29. Review the Pharmacy Department with a view to providing ward-based clinical pharmacy services.	This has been reviewed by the current Director of Pharmacy	advertisement of Pharmacy position has commenced	Recruitment has commenced.



**Queensland
Government**
Queensland Health

**A BRIEFING TO THE
DIRECTOR-GENERAL**

BRIEFING NOTE NO:

REQUESTED BY:

DATE: 30 June 2005

PREPARED BY: Dr Gerry FitzGerald, Chief Health Officer

CONSULTATION WITH:

CLEARED BY: Dr Gerry Fitzgerald, Chief Health Officer

DEADLINE:  2/7/05

SUBMITTED THROUGH:

SUBJECT: Internal Review

DIRECTOR-GENERAL'S COMMENTS:

DR STEVE BUCKLAND
Director-General

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PURPOSE:

To advise the Director-General regarding the recommendations to be implemented within Bundaberg Hospital and Queensland Health.

BACKGROUND:

On Saturday the 9th April, the Minister Mr Gordon Nuttall announced a comprehensive review of safety and quality at the Bundaberg Base Hospital.

The Members of the Review panel were appointed by the Director General and included:

Dr Mark Matiussi, District Manager and Director of Medical Services at Logan Health Service District.

Dr John Wakefield, Director of the Patient Safety Centre at Queensland Health.

Dr Peter Woodruff, Senior Vascular Surgeon at PAH and Vice President of the RACS and President Elect of the Australian and New Zealand College of Vascular Surgeons.

Ms Leonie Hobbs, Acting Executive Director of Women's and Newborn Services at RBWH.

The purpose of this review was to follow up the issues of concern raised in the Clinical Audit of Surgical Services at Bundaberg Hospital. The Terms of Reference were:

1. Examine the circumstances surrounding the appointment, credentialing and management of Dr Patel.
2. Review the clinical cases of Dr Patel where there has been an identified adverse outcome or where issues related to his clinical practice have been raised.
3. Analyse the clinical outcomes and quality of care across all services at Bundaberg Hospital and benchmark with other like hospitals to identify areas requiring further review and improvement.
4. Review the risk management framework as it relates to the provision of direct clinical services at Bundaberg Hospital.
5. Examine the way in which the Service Capability Framework has been applied at Bundaberg Hospital to determine that the scope of practice is appropriately supported by clinical services.
6. Consider any other matters concerning clinical services at Bundaberg that may be referred to the Review by the Director-General.
7. Should the Review team identify other areas of concern outside the scope of these Terms of Reference, the Director-General is to be consulted to extend the Terms of Reference if considered appropriate.

The review was required to report to the Minister by the 30th June 2005.

Subsequent to the establishment of this review, the Premier announced the establishment of a Royal Commission into the events at Bundaberg Hospital and appointed Mr Tony Morris QC as the Commissioner to be assisted by Sir Llew Edwards and Mrs Margaret Vider.

On the 16 June 2005 an article appeared in the Australian newspaper which referred to incomplete data from the internal review. This article resulted in a response from the Royal Commissioner regarding the leak of information. It would therefore be very wise to ensure that the Commissioner is provided with a copy of the report prior to any public discussion of the contents.

RECOMMENDATIONS:

The Team has made a total of 41 recommendations. 29 in regard to Bundaberg Hospital and a further 12 in regard to Queensland Health more broadly.

These recommendations were categorised into the following groups:

A. With regard to Bundaberg Hospital the recommendations include:

- The recruitment, orientation of personnel particularly medical personnel.
- The monitoring of clinical staff performance.
- The clinical governance framework.
- Complaints management.
- The strategic planning for the district.
- The management structure of the district.
- The recruitment of overseas doctors and other workforce issues.

B. Recommendations regarding Queensland Health concerned:

- Peer clinical networks.
- Monitoring of performance.
- Review of the service Capability framework to ensure greater clarity around scope of practice.
- Development of clinical indicators and measured quality programs.
- Training and support for incident investigation and management.

KEY ISSUES:

- There were a number of critical events where opportunities for intervention to occur were possible.
- An analysis of 221 clinical records of patients of concern concluded that there were a number of incidents where Dr Patel exhibited an unacceptable level of care. In eight cases this resulted in the deaths of patients, in a further 8 cases an unacceptable level of care occurred but may not have caused the death of the patients.
- There were a number of issues of concern raised in regards to particular areas of clinical outcomes.
- The Clinical Governance Committee Structure was complex and that there was no single committee delegated the responsibility for Safety and Quality issues. There was a lack of follow through and flow of information when incidents of concern were raised and processes regarding feedback to staff and ongoing evaluation required improvement.
- The application of the Clinical Services Capability Framework has been correctly applied to the Bundaberg Hospital. There are concerns raised regarding the broad nature of the framework which will require further enhancement.
- I particularly note 5 cases which are ascribed to other Doctors.

ACTIONS TAKEN/ REQUIRED:

1. That the report be referred to the Royal Commissioner and the Minister for information.
2. That the report be referred to the District Managers with instructions to prepare an implementation plan to address the issues raised. An implementation team will be necessary to assist the District Managers implement new arrangements.
3. I will review the 5 cases ascribed to "other Doctors" as a matter of urgency to clarify if any further action is required and will correspond further with you once that review has been completed.
4. The recommendations in regard to Queensland Health now generally should be referred to the relevant Directors for implementation. You may wish to request a report on the implementation be provided to you in due course.



Dr Steve Buckland

CHD

*CHD will advise
on process and
development of
implementation strategy*



**Queensland
Government**

Office of the Minister for Health

COPY

MEMORANDUM

*and team
Buckland*

To: Dr Steve Buckland
Director-General
Queensland Health

From: Honourable Gordon Nuttall
Minister for Health

Date: 29 June 2005

Subject: Review of Clinical Services Bundaberg Base Hospital
Report

Copy -> CHD please

I refer to the Review of Clinical Services Bundaberg Base Hospital Report received today.

I ask that you take the necessary steps to implement the recommendations of the Review as a priority. I would be grateful if you would please provide me with an implementation plan as soon as possible and keep me advised on the progress of the recommended actions.

Sincerely
Gordon Nuttall

Gordon Nuttall
Minister for Health
Member for Sandgate

DG *041176*

DATE REC *29/6/05*

ACKNOWLEDGEMENT

ACTION OFFICER *DG*

COPY TO *CHD*

REPLY TO DGS

SIGNATURE

DUE BY

ACTION DIRECT

BRIEF ALSO REQD

REFERS

COPY FOR INFORMATION ONLY

SCANNED:

Review of Clinical Services Bundaberg Base Hospital

- There are some procedures detailed within the indicative surgery list which should not be performed in a facility such as Bundaberg Hospital and others which reasonably could be.

There are numerous opportunities to improve the functioning of Bundaberg Hospital and this has led to the development of recommendations.

Recommendations

Bundaberg Health Service District at a local level:

1. Ensure that there is consistency with contemporary Queensland Health policy, awards and industrial agreements for Medical Staff Employment.
2. Ensure that all medical staff receive adequate orientation to the district on commencement.
3. Ensure that all medical staff are provided with written clinical privileges upon appointment, consistent with the Service Capability of the facility and their credentials.
4. Ensure one complete Personnel File is maintained in the Human Resources Department.
5. Ensure the anomaly of a medical officer with General Registration being employed as a staff specialist with right of private practice is corrected.
6. Provide training, support and supervision to ensure that the assessment of patients undertaken within the Emergency Department is thorough.

Review of Clinical Services Bundaberg Base Hospital

7. Ensure structures are in place to provide adequate rostering and supervision of junior medical staff after hours and on weekends.
8. Ensure that the performance of clinical staff is effectively monitored and actioned by implementing effective supervision, ongoing performance assessment and development (PAD), and documented peer review processes.
9. Develop and implement a clinical governance framework which effectively tracks accountabilitys for clinical performance, and is subject to regular compliance monitoring. Queensland Health should support this process by developing a state-wide clinical governance framework.
10. Ensure the Clinical Services Capability Framework is used only as a guide to decision making. There is a need for Management within a hospital to take a holistic view of the services when applying the current framework in specific instances.
11. Ensure decisions regarding service profile are clearly communicated to hospital staff so as to clearly define the scope of service.
12. Ensure the Measured Quality Indicators are followed up with the Measured Quality Program Team once 2004/5 data is available.
13. Ensure that safety and quality is afforded priority in funder/provider contracts. This will require Queensland Health to examine health funding incentives.
14. Ensure a plan to implement effective clinical incident and complaints management that is consistent with Queensland Health policy is developed. This should include

Review of Clinical Services Bundaberg Base Hospital

implementation of the incident management information system (PRIME) with consideration of designated consumer liaison and patient safety officers to support the district.

15. Ensure that all documents raising complaints or concerns are dated and signed by the staff member raising the complaint or concern or returned to them for signing and date at the time the document is first presented.
16. Establish a clear process for the multidisciplinary review and management of clinical incidents consistent with the Queensland Health Incident Management Policy.
17. Ensure that a process is established for coded data on clinical outcomes (particularly complication codes) to be audited with input from clinicians.
18. Ensure the format of the After Hours Nurse Managers' Bed Status Report is standardised so that all Nurse Managers provide accurate, pertinent and timely advice to the Executive in a consistent way.
19. Review the committee structure and their Terms of Reference to minimise duplication and to establish clear accountability.
20. Review the District Communications Strategy Map & Terms of Reference for committees to minimise duplication and to reduce the number of committees attended by individual staff.
21. Consider the establishment a single multidisciplinary committee to address patient safety and quality issues, monitor and evaluate actions and provide feedback to staff. District policies must clearly articulate the responsibilities and accountabilities of all clinical staff to report incidents.

Review of Clinical Services Bundaberg Base Hospital

22. Ensure that all minutes of meetings clearly document key points of discussion, agreed action, accountable officers and timeframes.
 23. Ensure that items remain on meeting agendas until there is documented completion of agreed action by the accountable officer.
 24. Ensure that feedback to referring committees or staff occurs in a meaningful format which assists in organisational improvement.
 25. Consider a more comprehensive review of medical leadership and clinical practice, within the Bundaberg Family Unit.
 26. Develop protocols to determine which patients are clinically appropriate to be admitted as outliers to the Bundaberg Family Unit.
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27. Review reporting relationships for the Nursing Service to incorporate the existing Assistant Director of Nursing position and also to provide a reporting relationship for Clinical Nurses who are sole practitioners.
 28. Review the Assistant Director of Nursing Position Description as a matter of priority.
 29. Review the Pharmacy Department with a view to providing ward-based clinical pharmacy services.

Queensland Health at a broader level:

1. Ensure there are comprehensive processes for recruitment and assessment of Overseas Trained Doctors prior to their employment in Health Service Districts.
2. Develop a comprehensive strategy to address the serious medical workforce issues affecting safety and quality of health

Review of Clinical Services Bundaberg Base Hospital

services. This must deliver practical assistance to Health Service Districts. This will require comprehensive review of care models, conditions of employment and flexibility.

3. Develop and implement an orientation process for key executives.
4. Facilitate further review of the anomaly of a Medical Board of Queensland General (non specialist) Registrant with specialist level billing Provider Number. }
5. Develop objective mechanisms for monitoring the ongoing clinical performance of medical practitioners to determine whether their practice is within acceptable standards. This may include periods of supervised practice or formative assessment.
6. Work with Bundaberg Health Service District to develop peer clinical networks with a focus on clinical performance, service improvement, benchmarking and shared learning.
7. Develop, implement and support statistical process control and 'cusum' methodologies, to assist with monitoring individual clinician performance and clinical services in key clinical areas of practice.
8. *Clinical Services Capability Framework* { Review the indicative range of procedures described within the Surgical Complexity section of the Clinical Services Capability Framework document to ensure greater homogeneity of complexity of the listed procedures.
9. Provide input into the review processes of the Australian Council on HealthCare Standards (ACHS) specifically consideration to amend the current clinical indicator reporting and benchmarking to enhance validity and clinician acceptability.

Review of Clinical Services Bundaberg Base Hospital

10. Further develop the Measured Quality Program to provide risk-adjusted and statistically valid performance data for outcomes of clinical services.
11. Provide comprehensive training and support in clinical incident and complaints management to Bundaberg Health Service District. This should include standardised Root Cause Analysis (RCA) methodology.
12. Ensure that the European style of date format or sets as 'long date' and removes the user definable characteristic of this field in GroupWise to reduce confusion in the future.



Queensland
Government
Queensland Health

MEMORANDUM

To: Dr Steve Buckland, Director-General

Copies to:

From: Dr Gerry FitzGerald
Chief Health Officer

Contact No: (07) 323 41137
Fax No: (07) 322 17535

Subject: Report of the Internal Review

File Ref: DS 04176.

I refer to my previous advice (copy attached for convenience) and enclose advice regarding the implementation of these recommendations.

There are 29 recommendations in regard to Bundaberg Hospital and a further 12 that have broader impact. I have prepared the attached table to cross reference the individual recommendations against specific actions.

The actions required to address the recommendations specifically related to the Bundaberg Hospital may be broadly grouped into the following responses.

1. Improved clinical governance arrangements.
2. Improvement human resource management practices.
3. Improved management systems
4. Improved training and development of staff including training in incident management.
5. Improved internal communications
6. Service enhancements

The substantial recommendations relating to state-wide issues may also be broadly grouped into the following.

1. Develop a comprehensive medical workforce strategy
2. Develop an orientation program for key executives
3. Enhanced clinical governance framework.
4. Review the Clinical Services Capability Framework to provide enhanced guidance in regard to the range of surgical procedures provided at various facilities.

The state-wide initiative should be referred to the relevant Senior Executive Director to attend to. I have taken the liberty of identifying an appropriate SED to take carriage of these issues.

In regard to Bundaberg, the range of initiatives will require significant guidance and work. The current acting executive will have significant ongoing commitment maintaining services and will need to be supported to undertake the initiatives outlined in the report. To that end I recommend the establishment of a Taskforce to work in Bundaberg to work with the acting executive and with local staff on the development and implementation of the initiatives identified in this review and on any other initiative identified by the Acting Executive.

This Taskforce should include:

- a Senior Project Officer with experience in Safety and Quality and management systems as Team Leader.
- a policy officer with experience in Safety and Quality systems
- a policy officer with experience in management systems

I would further recommend that the District Executive should establish a Steering Committee comprising local staff, clinicians and members of the community to help guide the development of these initiatives.

I would recommend that the SED health services may be requested to seek appropriate individuals for the Task Force.



Dr Gerry FitzGerald
Chief Health Officer

W T PS

BUNDABERG HOSPITAL RECOMMENDATIONS

Review recommendation	Initiative	Action officer
Ensure that there is consistency with contemporary Queensland Health policy awards and industrial agreements for Medical Staff employment	Review of HR practices	District Manager and Task force
Ensure that all medical staff receive adequate orientation to the district on commencement	Review of HR practices	District Manager and Task force
Ensure that all medical staff are provided with written clinical privileges upon appointment, consistent with the Services Capability of the facility and their credentials.	Review clinical governance arrangements	District Manager and Task force
Ensure one complete Personnel File is maintained in the Human Resource Department	Review of HR practices	District Manager and Task force
Ensure the anomaly of a medical officer with General Registration being employed as a staff specialist with right to private practice is corrected.	Review of HR practices	District Manager and Task force
Provide training, support and supervision to ensure that the assessment of patients undertaken within the Emergency Department is thorough.	Review of Service Delivery Issues	District Manager and Task force
Ensure structures are in place to provide adequate rostering and supervision of junior medical staff after hours and on weekends.	Review of Service Delivery Issues & Review of HR practices	District Manager and Task force
Ensure that the performance of clinical staff is effectively monitored and actioned by implementing effective supervision, ongoing performance assessment and development (PAD) and documented peer review processes.	Review clinical governance arrangements and review of HR practices	District Manager and Task force
Develop and implement a clinical Governance framework which effectively tracks accountabilities for clinical performance, and is subject to regular compliance monitoring. Queensland Health should support this process by developing a state-wide clinical governance framework.	Review clinical governance arrangements. Note: work is currently underway on the development of a state-wide clinical governance framework.	District Manager and Task force
Ensure the Clinical Services Capability framework is used only as a guide to decision making. There is a need for Management within a hospital to take a holistic view of the services when applying the current framework in specific instances.	Review clinical governance arrangements.	District Manager and Task force

BUNDABERG HOSPITAL RECOMMENDATIONS

Review recommendation	Initiative	Action officer
Ensure decisions regarding service profile are clearly communicated to hospital staff so as to clearly define the scope of practice	Review clinical governance arrangements	District Manager and Task force
Ensure the Measured Quality Indicators are followed up with the Measured Quality Program Team once the 2004/2005 data is available.	Review clinical governance arrangements	District Manager and Task force
Ensure that safety and quality is afforded priority in funded/provider contracts. This will require Queensland Health to examine health funding incentives.	Review of management systems	District Manager and Task force
Ensure a plan to implement effective incident and complaint management that is consistent with Queensland Health policy is developed. This should include implementation of tier incident management information system (PRIME) with consideration of designated consumer liaison with patient safety officer to support the district.	Review incident management procedures	District Manager and Task force
Ensure that all documents raising complaints or concern are dated and signed or returned to them for signing and data at the time the document is first presented.	Review incident management procedures	District Manager and Task force
Establish a clear process for the multidisciplinary review and management of clinical incidents consistent with the Queensland health Incident Management Policy.	Review incident management procedures	District Manager and Task force
Ensure that a process is established for coded data on clinical outcomes (particularly complications codes) to be audited with input from clinicians.	Review clinical governance arrangements	District Manager and Task force
Ensure the format of the After Hours Nurse Managers' Bed Status Report is standardised so that all Nurse Managers provide accurate, pertinent and timely advice to the Executive in a consistent way.	Review of Management Systems	District Manager and Task force
Review the committee structure and Terms of Reference to minimise duplication and to establish clear accountability.	Review clinical governance arrangements	District Manager and Task force

BUNDABERG HOSPITAL RECOMMENDATIONS

Review recommendation	Initiative	Action officer
Review the District Communications Strategy Map and Terms of References for committees to minimise duplication and to reduce the number of committees attended by individual staff.	Review management system	District Manager and Task force
Consider the establishment a single multidisciplinary committee to address patient safety and quality issues, monitor and evaluate actions and provide feedback to staff. District policies must clearly articulate the responsibilities and accountabilities of all clinical staff to report incidents.	Review clinical governance arrangements	District Manager and Task force
Ensure that all minutes of meetings clearly document key points of discussion, agreed action, officer accountable and timeframes.	Review clinical governance arrangements	District Manager and Task force
Ensure that items remain on meeting agenda until there is documented completion of agreed action by the officer accountable.	Review clinical governance arrangements	District Manager and Task force
Ensure that feedback to referring committees or staff occurs in a meaningful format which assists in organisations improvements.	Review clinical governance arrangements and management systems.	District Manager and Task force
Consider a more comprehensive review of medical leadership and clinical practice, within the Bundaberg Family Unit.	Review clinical governance arrangements	District Manager and Task force
Develop protocols to determine which patients are clinical appropriate to be admitted as outliers to the Bundaberg Family Unit.	Review of Health Service Delivery	District Manager and Task force
Review reporting relationships for the Nursing Service to incorporate the existing Assistant Director of Nursing positions and also to provide a reporting relationship for clinical nurses who are sole practitioners.	Review management system	District Manager and Task force
Review the Assistant Director of Nursing Position Description as a matter of priority.	Review management system	District Manager and Task force
Review the Pharmacy Department with a view to Providing ward-based clinical pharmacy services.	Review of Health Service Delivery	District Manager and Task force

STATE-WIDE RECOMMENDATIONS

Review recommendation	Initiative	Action Officer
Ensure there a ra comprehensive process for recruitment and assessment of Overseas Training Doctors prior to their employment in Health Service Districts.	Continue to support the RAPP program currently under development at the Skills Development Centre	SED Innovation & Workforce Reform
Develop and comprehensive strategy to address the serious medical workforce issues affecting safety and quality of health service. This must deliver practical assistance to health service District. This will require a comprehensive review of health care models, conditions of employment and flexibility.	Develop a comprehensive medical workforce strategy for Queensland. In consultation with other stakeholders.	SED Innovation & Workforce Reform
Develop and implement and orientation process for key executives.	Review current orientation programs and develop a new program	SED Innovation & Workforce Reform
Facilitate further review of the anomaly of a medical Board of Queensland General (non-specialist) Registrant with specialist level billing Provider Number.	Review this matter.	District Manager and Task force
Develop objective mechanisms for monitoring the ongoing clinical performance of medical practitioners to determine whether their practice is within acceptable standard. This may include periods of supervised practice or formative assessment.	Develop a clinical governance model for Queensland health which addresses these issues.	SED Innovation & Workforce Reform
Work with Bundaberg Health service District to develop peer clinical networks with a focus on clinical performance, services improvement, benchmarking and shared learning.	Develop a clinical governance model for Queensland health which addresses these issues.	SED Innovation & Workforce Reform.
Develop, implement and support statistical process control and 'cusum' methodologies, to assist with monitoring individual clinician performance and clinical services in key clinical areas of practice.	Develop a clinical governance model for Queensland health which addresses these issues.	SED Innovation & Workforce Reform
Review the indicative range of procedures described within the Surgical Complexity section of the Clinical Services Capability framework document to ensure greater homogeneity of complexity of the listed procedures.	Further review the Clinical Services Capability Framework.	SED Innovation & Workforce Reform

STATE-WIDE RECOMMENDATIONS

Review recommendation	Initiative	Action Officer
Provide input into the review processes of the Australian Council on HealthCare Standards (ACHS) specifically consideration to amend the current clinical indicator reporting and benchmarking to enhance validity and clinician acceptability.	Make a submission.	SED Innovation & Workforce Reform
Further develop the Measured Quality program to provide risk-adjusted and statistically valid performance data for outcomes of clinical services.	Develop a clinical governance model for Queensland health which addresses these issues.	SED Innovation & Workforce Reform
Provide comprehensive training and support in clinical incident and complaints management to Bundaberg Health service District. This should include standardised Root cause Analysis (RCA) methodology.	Develop a clinical governance model for Queensland health which addresses these issues.	SED Innovation & Workforce Reform
Ensure that the European style of data format or sets as 'long date' removes the user definable characteristic of this field in GroupWise to reduce the confusion in the future.	Attend to this issue.	SED Information