



## Purpose of the document

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This paper presents the findings of a follow-up visit to the Department of Emergency Medicine (DEM) at Bundaberg Hospital (BH). The Department was the subject of a major review in February in 2009. This report documents progress with the recommendations from that review.

## Background

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In early 2009 Bundaberg Hospital was the subject of a series of reviews instigated by a number of serious complaints from a *whistleblower*. Many of these related specifically to the DEM. Dr Peter Brennan was appointed to review various operational and systemic issues at the hospital.

Further background to the original review, and indeed the report itself, can be found at [http://www.health.qld.gov.au/publications/BBergED\\_review.pdf](http://www.health.qld.gov.au/publications/BBergED_review.pdf). The report was accepted in full by the Director General. At the time the Director General gave a commitment that the same reviewer would return later in the year to review progress. This report presents the results of that follow-up visit.

## Conduct of the Follow-up Visit

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The reviewer visited the hospital in the second week of October 2009. Interviews were conducted with senior staff as listed in Appendix A. The reviewer was presented with a spreadsheet which contained both the action plan for the implementation of the recommendations and progress against that plan. Supporting documentation was provided to substantiate the achievements.

In addition the reviewer was able to tour the Department and observe at first hand both the physical and system changes that had occurred since February.

## Findings of the Review

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To facilitate comparisons with the findings and recommendations of the February report this paper is written under the same headings and in the same sequence as the earlier report.

## Statistical Performance

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A detailed statistical assessment was not conducted on this occasion. In the previous review performance indicators of the DEM were not the issue. All indicators and waiting times were at, or above, the norm for comparable Emergency Departments and Queensland targets.

The major problem identified in February was access block. The actions taken to address that issue will be considered later in this report.

## Facilities

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The February review identified problems in the waiting area particularly in relation to security and a suitable waiting area for children. These have been addressed. The creation of a visible security station in the waiting room itself has provided a deterrent to inappropriate behaviours.

Children now have a discrete but visible waiting area adjacent to the main reception. The reception area itself has been modified to enable triage staff to have easy access to both walk-in presentations and the ambulance entrance. The reviewer was impressed with both the timeliness and ingenuity of these modifications.

## Medical Staff

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The appointment of a full-time Director who is an Australian graduate and Queensland trained physician has been a major achievement. The Director has not only addressed the perceived shortcomings of the old system but has also put in place systems of care that are second-to-none in any Australian hospital.

In addition to the Director, two new consultants have been recruited with a third *in the wings*. This means that there is now consultant cover for 20 hours per day. The four hour gap (3am to 7am) is covered by an experienced PHO (ie registrar level). The Consultant has overall responsibility for the unit for that particular shift.

In an innovative move another senior physician is also designated to a *Rapid Assessment* role. Under the model the initial plan for the investigation and assessment is completed either immediately on arrival or in some cases, prior to the ambulance reaching the hospital.

The doctor assigned to rapid assessment is not involved in the on-going management of the patient. He or she hands over to a doctor on the floor of the department as soon as practicable. This management system is so innovative that it is one step ahead of the clinical information technology. EDIS needs to be modified to recognise the immediacy of senior medical involvement.

The Director has instigated a formal performance appraisal (PAD). For junior staff on ten week rotations a mid-term appraisal is conducted. This is complemented by a final assessment at the conclusion of term. Already two medical officers have been required to undertake remedial work. Needless to say the contribution of more senior staff, enhanced care systems and continuous appraisal of clinical competence has resulted in a mood of confidence, particularly for nursing staff.

The performance of the DEM has had a flow-on effect to the other clinical units at BH. They now know that they can rely on the judgement of the ED clinicians at all times. The lack of confidence and the need to verify clinical assessments was a significant contribution to the delays being experienced in the transfer of patients to the wards at the time of the original review.

## Nursing

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The February review found little fault with the nursing staff and therefore not surprisingly little commentary is required in this follow-up review.

The hospital has applied to Queensland Health for the establishment of a Nurse Practitioner to coordinate a fast track model of care for patients with minor and / or non-urgent conditions (note: this is not the same system as the rapid assessment process discussed earlier).

This application is fully supported by the reviewer.

Progress is being made with nurse-initiated protocols for pain management and imaging requests. The requirement to move at the same pace as the development of state-wide protocols is frustrating but understandable.

There remains one unresolved issue. The shift coordinator is still responsible for the triage of patients presenting by ambulance (or helicopter). This is despite the physical modifications referred to earlier which enable the triage of all patients (ie ambulatory and ambulance) to be a single function (as opposed to a single person). As argued in the original report this function must be a single responsibility, it should not reside with the shift co-ordinator.

The reviewer concedes that an ambiguity in the previous report may have led to some to the conclusion that this function could be encompassed within the existing establishment. This is certainly not the case. The shift coordinator role is a full time job in its own right and a person (perhaps more junior) will be required to oversee the ambulatory presentations and do their observations with the triage nurse overseeing *all* presentations.

To the extent that the reviewer contributed to an incorrect interpretation of the recommendation, apologies are offered.

### **Administration and Security**

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The recommendations of the February review have been adopted and implemented. Both functions are now performing at a satisfactory level.

### **Relationship of the DEM with Other Clinical and Diagnostic Departments**

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On this occasion the only Department Heads interviewed by the reviewer were from Radiology and Medicine.

The current Chief Radiographer took up his role immediately after completion of the previous review. He was involved in the review of the physical layout and relationships with the redeveloped Emergency Department.

The final decisions are somewhat different to those proposed by the earlier review and supported by his predecessor. The reviewer stands by the February recommendations but notes that the proposals that are going ahead were broadly canvassed and signed off by all stakeholders. The chance to review the plan was the major outcome sought and that was obtained.

The decision to focus on the development of ultrasound from both a clinical and financial perspective has considerable merit. In passing however the reviewer notes that increasingly emergency physicians have, or are acquiring, ultrasound qualifications and that the modality may well become a bedside tool within the Emergency Department itself.

### **General Medicine and Access Block**

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The major issue identified in the earlier report was access block to the inpatient beds under the control of the physicians. The hospital has taken this recommendation very seriously.

There is an acting Director of the Department of Internal Medicine.

The patient flow studies recommended by the review have been completed and implementation plans drawn up. These include a detailed plan for the enhancement of discharge planning.

It is too early to see the statistical evidence for improvement in access block but the processes have been thorough and the implementation plan is comprehensive.

These steps combined with an enhanced capacity to totally manage some medical patients within a 24 hour cycle in the observation beds in DEM should go a long way to overcoming the problems with access block.

With the commissioning of the new Emergency Department the observation beds will increase from 6 to 14 and provide a further increment for short stay management of these patients totally within the Emergency Department.

Although interviews were not conducted with other Department Heads the Hospital Executive reports a high level of satisfaction with the changes and enhancements in the DEM. This is said to be particularly true of mental health where there was definite dissatisfaction on both sides earlier in the year.

## The Redeveloped ED

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The redevelopment is on schedule for commissioning towards the middle of 2010.

Importantly the ED staff and the incoming Director were afforded the opportunity to review the plans and make modifications where appropriate. The reviewer notes workforce plans for the new ED have not been signed off. All parties are urged to make this a priority.

## Summary

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The implementation of the recommendations has been swift and thorough. There is only one outstanding issue (in relation to triage) and this may be due to a misunderstanding which has been clarified in this paper.

More significantly than the audit of recommendations has been the palpable lift in morale and enthusiasm. The staff are enjoying their work and have confidence in the leadership team.

There is an opportunity for the DEM at Bundaberg Hospital to become a *showpiece* for rural and regional Australia. The imminent achievement of accreditation as a training centre means that doctors and nurses can be trained in a manner that is appropriate to the demands of emergency medicine and nursing outside the major metropolitan hospitals.

The review has demonstrated how, with committed staff, an informed review and modest resources enormous difference can be made to the quality of rural services and the satisfaction levels of rural health practitioners.

All those involved, from senior management to front-line clinicians, should be proud of their achievements and commended for their efforts.

**Attachment A: List of persons interviewed for this review**

- Sue Vanderberg, NUM, DEM
- Debbie Carroll, District Director, Nursing Services
- Dr Greg Treston, Director, DEM
- Mr George Plint, Acting Manager, Northern Cluster.
- Dr Pradeep Banbery, Acting Director Department of General Medicine.
- Mr Steven Laine, Chief Radiographer Medical Imaging.