

# Hot Issues Brief

## CT Guided Biopsies being performed without a Radiation Licence

27 January 2022

### Issue:

- Two Renal Physicians at Logan Hospital have been undertaking CT guided renal biopsies at Logan Hospital for several years without holding the required use licence issued under the *Radiation Safety Act 1999* (radiation licence).

### Background:

- This issue of renal biopsies being performed by Renal Physicians without radiation licences was identified as part of a clinical review and escalated to the Metro South Health (MSH) Executive Director Medical Services (EDMS) and Acting Director Medical Services Logan Hospital on 25 January 2022.
- There is no indication that there are any patient safety issues or poor outcomes related to the CT guided biopsies being performed by Renal Physicians. This is a legislative non-compliance issue related to the use of medical radiation to perform a procedure without a radiation licence.
- Renal Physicians are currently credentialed to perform renal biopsies without any specific reference to medical imaging modality. Traditionally, renal biopsies are undertaken by Renal Physicians using ultrasound guidance.
- Cairns Base Hospital and St. Vincent's Hospital Sydney are the only other known hospitals where Renal Physicians undertake CT guided renal biopsies, reportedly due to a lack of access to interventional radiologists at these sites.
- The Health Service Chief Executive of Cairns and Hinterland Hospital and Health Service has confirmed that the renal physician there has advised he has the relevant radiation licence.
- The Director of Renal Medicine was directed to immediately cease the conduct of all CT guided biopsies by Renal Physicians, until such time as the requirements for them to undertake this procedure have been determined.
- Advice from the Radiation Health Unit, Department of Health Queensland, received on 27 January 2022, confirmed that anyone who uses a radiation source to carry out a radiation practice, such as using CT radiation apparatus when undertaking CT guided biopsies, must hold a use licence issued under the *Radiation Safety Act 1999*.
- The MSH EDMS, substantive Director Medical Services Logan Hospital and Acting Director Medical Services Logan Hospital were unaware that Renal Physicians were performing CT guided Renal Biopsies at Logan Hospital.

### Actions to date:

- A formal Memorandum has been distributed to the Renal Unit at Logan Hospital advising that no CT guided biopsies are to be performed by clinicians who do not hold an appropriate use licence issued under the *Radiation Safety Act 1999* (radiation licence).
- The Director of Renal Medicine at Logan Hospital was advised to cease all CT guided biopsies on Tuesday 25 January 2022.
- The Legislative Compliance Officer for MSH was notified of the issue.
- An assessment has commenced to determine how many procedures have been undertaken by the physicians who do not hold the required radiation licences.
- All Renal Physicians will be required to hold a radiation licence to undertake this procedure from this point forward.

### Media response:

- A media holding statement is not required

Prepared by: Dr Kent McDonald  
Position: A/Director Medical Services LBHS  
Telephone: [REDACTED]  
Date: 27 January 2022

Approved by: Noelle Cridland  
Position: Executive Director  
LBHS [REDACTED]  
Telephone: [REDACTED]  
Date: 27 January 2022

DLT Member / HSCE:  
Position: Dr Peter Bristow  
Telephone: [REDACTED]  
Date: 27 January 2022

Prevention Division  
31 January 2022



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## Confidential Information

<b>Date:</b>	This potential legislative non-compliance was notified on 25 January 2022
<b>Patient:</b>	N/A
<b>Speciality:</b>	Specialty incident relates to is nephrology
<b>Brief description of incident:</b>	Two renal physicians have been performing CT Guided Biopsies at Logan Hospital for several years without a Radiation Licence.  There is no evidence of patient harm related to these procedures being performed.
<b>Coroner Advice:</b>	N/A
<b>Legal matter status:</b>	

### Contact person:

Ms Noelle Cridland, Executive Director, Logan and Beaudesert Hospitals

# DOH DISCLOSURE LOG

# Hot Issues Brief

## Delay in publication of December 2021 quarterly performance

4 February 2022

### Issue:

- A delay in the publication of the December 2021 quarterly performance data to the Hospital Performance website has occurred due to an issue with the data extraction which was identified in mid-December 2021.
- Investigations indicate that the cause of the issue was an update to the Oracle database which contributed to a sequencing issue. The issue caused the sequence of a patient's urgency category history to become randomised. For example, if a patient was initially listed as "uncategorised" in the system, then was subsequently listed as a Category 1 patient, the defect meant that they were incorrectly listed as "uncategorised" in the data extract and were no longer included in the data collection for the quarter.
- Once the issue was resolved, a subset of data was run and provided to Hospital and Health Services (HHS) to confirm the accuracy. While performing internal validations, it was noted that the method used to determine waiting and booked records relied on a field that did not have a status history, meaning that patients who should have been included in the data as waiting as at 31 December 2021 were excluded. This gap meant that approximately 20,000 had been excluded from the specialist outpatient waitlist. This is a previously known issue with a fix ready to be deployed into production.
- Following confirmation the resolution to fix the sequencing issue was successful, the extraction of the full data-set was completed and progressed to sites for validation.
- The defects identified only affect the data within the Specialist Outpatient Data Collection for the months of November and December 2021.
- It is anticipated data will be published on 24 February 2022.

### Background:

- Queensland Health is committed to ensuring transparency in its activities and is a leader in health performance reporting.
- The Queensland Health Hospital Performance website was launched in May 2011 and provides the public with up-to-date hospital activity and performance information.
- The website was developed to replace previous statically published performance reports.
- A major benefit of the dynamic site is that the data available is refreshed more regularly so users can see current activity and performance data.

### Actions to date:

- Extraction of the data occurred on 27 January 2022. Once extraction is completed, the following will occur:

Activity	Date
Data extracted from ESM into SATR, and sent to ESM sites for validation	7 February 2022
ESM sites provide data validation	By 11 February 2022
Data sent to HPSP for review and validation	15 February 2022
Data provided to SDLO for provision to the Minister's office	17 February 2022
Data published on Hospital Performance website	24 February 2022

# DOH DISCLOSURE LOG

Prepared by: Emma Harris  
Position: A/Manager, Healthcare Improvement Unit  
Telephone: [REDACTED]  
Date: 28 January 2022

Approved by: Michael Zanco  
Position: Executive Director, Healthcare Improvement Unit  
Telephone: [REDACTED]  
Date: 31 January 2022

DLT Member / HSCE: A/Prof Shelley Nowlan  
Position: A/Deputy Director-General, Clinical Excellence Queensland  
Telephone: [REDACTED]  
Date: 4 February 2022



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### Media response:

A media holding statement has been prepared and a copy provided below

Queensland Health is committed to ensuring transparency in its activities and is a leader in health performance reporting.

There has been a delay in the publication of the December 2021 quarterly performance data to the Hospital Performance website due to the identification of issues with the system that holds the data for performance reporting.

These defects have now been corrected and validated, and Queensland Health has commenced its process of extracting and validating the data.

It is anticipated that publication of the December quarterly performance to the Hospital Performance website will occur on 24 February 2022.

### Contact person:

Andrew Bryett, Director, Healthcare Improvement Unit, Clinical Excellence Queensland on telephone  
[REDACTED]

RTI Release

# DOH DISCLOSURE LOG

# Hot Issues Brief

## THHS Incorrect letter of offer to Interns

5 February 2022

### Issue:

- The Townsville Hospital and Health Service (THHS) letters of offer to the Junior Medical Officers (Interns) prepared in 2021 for the 2022 intake stated the incorrect salary on the letter.
- The gross salary was stated as \$3530.10 per fortnight, whereas this should have been \$3101.10.
- The classification level was correctly cited in the letter of offer at Level 1 (MINT).
- All Intern letters were issued to the candidates, signed and emailed back as an acceptance of the offer by all candidates (74 acceptances).

### Background:

- On Monday 31 January 2022, an Intern contacted our Junior Medical Recruitment Officer to seek advice on the hourly pay rate level stated on her payslip, which did not equate to the gross salary stipulated in the letter of offer.
- The Junior Medical Recruitment Officer reviewed the letter sent to the Intern in 2021 to confirm the gross salary and identified it was incorrect.
- **s.73** further discussions are occurring with the Department of Health Human Resources Branch.
- THHS has provided an apology to all interns for the administrative error.
- The THHS Chief Executive received an email on Friday 4 February 2022 from the Australian Salaried Medical Officers Federation Queensland (ASMOFQLD) regarding this matter.

### Actions to date:

- An apology for the oversight has been provided to all interns both verbally and in writing.
- THHS is working with the DoH Human Resource Branch to ensure appropriate action is taken.

### Media response:

- A media holding statement is currently being prepared
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

### Contact person:

Dr Jon Hodge, Director Medical Services, [REDACTED]

# DOH DISCLOSURE LOG

Prepared by: Dr Jon Hodge  
Position: Director Medical Services -  
Workforce  
Telephone: [REDACTED]  
Date: 4 February 2022

Approved by:  
Position:  
Telephone:  
Date:

DLT Member / HSCE: Kieran Keyes  
Position: HSCE  
Telephone: [REDACTED]  
Date: 4 February 2022



# Hot Issues Brief

## Princess Alexandra Hospital Essential Power Continuity

8 February 2022

### Issue:

- An equipment failure has occurred with one of the five standby emergency generators at the Princess Alexandra Hospital (PAH). This has reduced the available standby generator capacity at the hospital.
- Repairs to the standby generator are being undertaken urgently.
- Until the repairs can be undertaken, contingency plans are in place to mitigate any risk of interruption to electricity supply at PAH. Given that the external power supply to the site is delivered via three powerlines and has not failed in 22 years, the risk has been assessed as very low.
- The PAH has five standby generators that supply essential power to the hospital should mains power be interrupted. Three of these generators are large 2.5 Kilovolts (KV) units that are supported by two smaller 1 KV units.
- During a routine generator energy sharing exercise, an issue occurred that caused one of the 2.5 KV standby generators to fail. This resulted in significant physical damage to the affected generator.
- The loss of this 2.5 KV standby generator has been compounded by the loss of availability of the two smaller 1 KV standby generators due to unrelated mechanical issues, which are under repair.
  - One of these generators was scheduled for repair on 7 February 2022, however, this did not occur due to the incorrect parts being supplied. The contractor has advised that replacement parts will need to be sourced from overseas, which are anticipated to be delivered by 11 February 2022.
  - The second 1 KV generator also requires repair. A contractor is attending PAH on 8 February 2022 to undertake this work. It is anticipated that this will allow the unit to return to full operation.
- The impact of the recent incident, coupled with the need to repair the 1 KV generators, is a reduction in the overall availability of generator essential power supplied from onsite high voltage generators at the PAH by approximately 50 per cent.
- Power can be re-routed to critical areas and away from non-essential use, if required.

### Background:

- The PAH site is currently served by three incoming powerlines. Each of these powerlines come from a single offsite Energex substation.
- Essential generator supply is not required until all three of these powerlines are lost.
- Since this redundancy was established, PAH has not lost power to the site.
- A routine energy demand response activity was undertaken on 1 February 2022. This is undertaken when there is excessive demand on the authority supply (CS Energy).
- Under these circumstances, there is a request to run the essential supply generators to supplement the authority supply back to the grid. This is standard practice and has previously been without incident.
- During this routine energy demand response, an issue occurred that caused the generator to reverse operation. The safety control process, which would normally shut a generator down under these types of circumstances, did not operate correctly. This resulted in significant physical damage to the generator.
- During the incident, no other damage appears to have been caused to other essential equipment, however, further investigations are being undertaken.
- Due to their age, the PAH generators and the essential supply HV network is subject to inherent issues. The installation is aged (generators range in age from 15–24 years) and has documented issues with resilience, capacity and reliability. The PAH HV network is the subject of a Priority Capital Works funded upgrade project, currently in the design phase.

### Actions to date:

- Appropriate specialists and consultants have been appointed to assist and complete the required rectification works for the 2.5 KV generator.
- Parts have been ordered and rectification work has commenced for the smaller generators.

Prepared by Rachel Cook  
Position: Principal Engineering Design Officer  
Telephone: [REDACTED]  
Date: 7 February 2022

Approved by: Mark Slade  
Position: ED Capital and Assets  
Telephone: [REDACTED]  
Date: 7 February 2022

DLT Member / HSCE: Dr Peter Bristow  
Position: HSCE  
Telephone: [REDACTED]  
Date: 8 February 2022



- A review of the existing essential power network to allow a planned reduction in demand has been initiated.
- Liaison has occurred with Energex to ensure that the South Brisbane substation is able to operate without interruption.
- Engagement with Energex and Cross River Rail Delivery Authority representatives has confirmed that there is no work underway that may impact power supply in the precinct.

### Media response:

- A media holding statement has been prepared and a copy submitted with this HIB
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

### Contact person:

Mark Slade – Executive Director Capital and Assets – [REDACTED]

RTI Release

# DOH DISCLOSURE LOG

# Hot Issues Brief

## Queensland Government Digital Projects Dashboard, December 2021 Reporting Period 9 February 2022

### Issue:

- The Queensland Government Digital Projects Dashboard will be published on 11 February 2022.
- In the December 2021 reporting period, Queensland Health's ICT portfolio had 45 initiatives:
  - 38 (84 per cent) initiatives reporting 'green',
  - Three (7 per cent) initiatives reporting 'amber', and
  - Four (9 per cent) initiative reporting 'red'.
- The Dynamic Deployment and Service Delivery Modelling project, Vaccine Management Project, and Clinical Genomics Program are reporting 'amber' mainly due to delayed testing, software quality issues, and insufficient resource availability. Project change requests have been submitted to address these concerns where required.
- The AUSLAB Unique Container Identifier (UCI), AUSLAB Evolution, Prisoner electronic Medical Record (PeMR) project and Pharmacy Information Management Application (iPharmacy) Upgrade Project are reporting 'red' mainly due to software issues, unplanned commercial and project activities, and resource availability issues. Revised project delivery schedules are being defined for these projects, with the future direction of both AUSLAB related projects subject to a review of Pathology Queensland's prioritised program of work.
- One initiative returned to on-track / 'green' in the December 2021 reporting period:
  - The Telecommunications Carriage Upgrade Project returned to 'green' after receiving Ministerial Project Commencement Approval for an additional \$3.1 million to deliver an additional tranche of site upgrades. The project is expecting to complete project delivery in 2023 and will submit a project change request to seek formal approval of the extension in January 2022.
- Two initiatives were completed in the December 2021 reporting period:
  - The Queensland Health Patient Reported Experience and Outcome Measures (PREMs and PROMs) project completed on 31 December 2021. The project implemented a state-wide data collection and real-time reporting system to capture Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs).
  - The Telephony Lifecycle Maintenance Project completed on 30 December 2021. The project upgraded and consolidated obsolete telephony platforms across various Hospital and Health Services (HHSs) across the state, leading to increased resiliency and redundancy of telephone-based systems and a reduction of statewide telephony operating costs.
- Most of the portfolio is on-track to successfully deliver, with 84 per cent of the portfolio reporting 'green'.
  - 16 per cent of the portfolio is reporting 'amber' or 'red'.
- The pandemic continues to unfavourably impact the performance of the portfolio.
  - 29 per cent of initiatives (13 out of 45 initiatives) on the Queensland Government Digital Projects Dashboard reported an impact to performance due to the pandemic in the December 2021 reporting period.
  - The primary factor impacting project performance is staff availability and competing 'business-as-usual' priorities.
- Initiative specific challenges and solutions to improve performance are outlined below.
  - Three initiatives are reporting an 'amber' portfolio performance status in December 2021.
    - The Dynamic Deployment & Service Delivery Modelling Project continues to report 'amber'. While the project has recently completed the development of the non-emergency patient transport functionality, user acceptance testing has been delayed due to operational requirements impacting the availability of a testing resource with a paramedical background. Testing activities are expected to complete in early 2022, however Omicron may result in additional delays. Once testing resources have been confirmed and the forward schedule approved, the project is expected to return to 'green' in early 2022.

Prepared by: Kurt Dumke  
Position: Principal Portfolio Analyst  
Telephone: [REDACTED]  
Date: 21 January 2022

Approved by: Narelle Doss  
Position: Executive Director,  
Digital Strategy and  
Transformation [REDACTED]  
Telephone: [REDACTED]  
Date: 27 January 2022  
8 of 32

DLT Member / HSCE: Damian Green  
Position: Deputy Director-General, eHealth  
Queensland [REDACTED]  
Telephone: [REDACTED]  
Date: 8 February 2022



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- The Vaccine Management Project, previously reporting 'red' in November 2021, is now reporting 'amber'. Priority defects previously identified have been resolved, with the project progressing with training and testing activities. Based on the results of a recent impact assessment, the project board has agreed to extend go-live of the project to March 2022. The project is expecting to seek approval of the revised delivery approach once a financial impact has been confirmed and vendor negotiations completed. The project will return to 'green' upon approval of the project's revised schedule.
- The Clinical Genomics Program being delivered in partnership by Pathology Queensland (PQ) and Forensic and Scientific Services (FSS) is reporting 'amber', due to inadequate resourcing to sustainably support the next generation genomic testing service being implemented. The project has advised additional funding has been secured for support, which will support an improvement in performance, however the initiative has not had capacity during January to provide a formal performance report because Omicron has increased the demand for pathology services and resulted in project staff being reprioritised for service delivery. The project closed at the end of January 2022 and plans to complete close-out documentation in February 2022.
- Four initiatives are reporting a 'red' portfolio performance status in December 2021.
  - The AUSLAB Unique Container Identifier (UCI) Project continues to be impacted by AUSLAB software issues, which this solution is dependent on. In response, project resources have been redirected to support the AUSLAB software upgrade, impacting the project delivery. The project is currently subject to a broader review of Pathology Queensland's prioritised program of work, which will inform the future delivery pathway of this initiative. The project is working to implement planned system functionality at the first scheduled site, Gold Coast University Hospital (GCUH), in February 2022. However, this implementation is dependent on multiple external factors, including staff availability, training, software defect remediation, and implementation of functionality related to the General Chemistry Immunoassay Analyser (GCIA) project. The pathway to a 'green' status is expected to be defined post implementation at the GCUH in February 2022, with full system functionality currently expected to be available in April 2022.
  - The AUSLAB Evolution Project continues to be impacted by AUSLAB software issues, which this solution is dependent on. Technical project resources from this project have also been redeployed to assist remediation activities of the AUSLAB solution. The project is also subject to a broader review of Pathology Queensland's prioritised program of work, which will inform the future delivery pathway of this initiative. Additionally, the project is undertaking an assurance review of the project's business case to confirm the forward approach (including benefits, training, and solution support), which is expected to be finalised early in 2022. The Project Executive is expected to confirm the implementation approach of the project over the coming months, with the project expected to return to 'green' once a change request is approved to update the project's schedule and budget in line with outcomes from the review of Pathology Queensland's program of work.
  - The Prisoner electronic Medical Record (PeMR) Project is reporting 'red' due to ongoing issues impacting project delivery. The protracted appointment of a technical project manager and unplanned procurement timeframes to leverage components of the Regional eHealth system implemented in the Cairns and Hinterland HHS (CHHHS) has delayed the delivery of the digital components of the project. In addition, a recent assurance review recommended several actions to support successful delivery. The project is working closely with relevant stakeholders to implement these recommendations and extend the project's planned end date, currently approved for June 2022, to support an improvement in performance and enable successful delivery.
  - The Pharmacy Information Management Application (iPharmacy) Upgrade Project is reporting 'red' due to delays in achieving planned milestone activities and securing additional budget required to meet a revised project completion date. A review of project governance artefacts and organisational change activities has identified multiple quality and scheduling issues, with the project requiring additional time to revise the schedule in partnership with stakeholders. One notable change to the schedule due to this review is the delivery of iPharmacy authentication enhancements by 30 June 2022 to meet mandated Australian Government security changes. Detailed schedule and financial planning are currently underway, with a revised delivery approach expected to receive project board approval in February 2022, and approval of a revised project budget expected to follow. Once approved, the project will return to 'green'.

## Background:

- The Queensland Health Information and Communications Technology (ICT) portfolio encompasses investments that sustain and transform both health care and business services.
- Queensland Health publishes performance data on the Queensland Government Digital Projects Dashboard for reported initiatives that are valued at \$500,000 or greater.
- Queensland Government Digital Projects reporting uses three performance indicators (Financials, Schedule, and Quality) in determining the overall performance assessment for an initiative.
- Queensland Health's digital portfolio, as will be reported on the Queensland Government Digital Projects Dashboard with data as at December 2021, totals \$624.9 million.

## Actions to date:

- As at 20 January 2022, there are a total of 90 initiatives across 21 Queensland Government departments reported on the Queensland Government Digital Projects Dashboard. Queensland Health currently manages a significant portfolio of 45 initiatives, or 44 per cent of all Queensland Government initiatives.

## Media response:

- A media holding statement has been prepared and a copy submitted with this HIB
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

## Contact person:

Narelle Doss, Executive Director Digital Strategy and Transformation, eHealth Queensland, [REDACTED]

DOH DISCLOSURE LOG

# Hot Issues Brief

## Positive Legionella at Casuarina Lodge, 48 New Lindum Road 12 February 2022

### Issue:

- Casuarina Lodge is a facility managed by Metro South Health (MSH) and is located in Wynnum West. The facility provides care for patients who have conditions that require a longer duration of admission, such as mental health clients, rehabilitation clients and clients who are in transition to a residential care environment.
- The cold-water lines at Casuarina Lodge have returned positive results for *Legionella Pneumophila*. Investigations have identified a defective one-way valve system in the cold-water line that facilitated the growth of *Legionella Pneumophila* as the underlying cause of the problem.
- Corrective actions are being taken to replace the valve system and pasteurise the cold-water lines in the facility. It is anticipated that this corrective action will be completed on Monday 14 February 2022.
- The risks associated with the low levels of legionella in the system, coupled with the identification of a specific cause, are considered by the Infection Management Service to be low.

### Background:

- Casuarina Lodge is located at 48 New Lindum Rd, Wynnum West. The facility supports the care of three client groups including mental health, rehabilitation and patients transitioning to a residential care setting. There are currently 16 mental health patients, eight rehabilitation patients and eight patients who are transitioning to residential care accommodated in the facility.
- On 1 December 2021, a routine three-monthly warm water pasteurisation was carried out at the facility, with water testing undertaken on both hot-water and cold-water lines. An initial single positive low-level result was detected in one of the six locations tested.
- On 17 December 2021, a Water Technician attended the site to flush the effected line and retest the water. Further positive results were reported in the cold-water lines from a series of tests and were treated with chlorine flushes and cold-water flushes.
- The most recent test from six cold-water lines, undertaken on 1 February 2022, returned results of between 10 and 30 CFU/ml, with one test returning a result of 100 CFU/ml (normal range up to 10 CFU/ml).
- Due to the recurrent positive test results, external consultants were engaged to undertake a detailed assessment of the situation and advise on remediation options. The agreed remediation work will require the replacement of the defective one-way valve and the pasteurisation of the cold-water lines and fittings by temporarily redirecting the hot water from the boiler through the cold-water lines.

### Actions to date:

- A meeting with the senior staff of the facility occurred at 2.00pm on Friday 11 February 2022 to discuss the management of the remediation work and management of patients during the remediation period. The meeting considered the advice from the Infection Management Service.
- Communication with patients and, where appropriate, their families is being undertaken to outline the issue and advise that, as a precaution, urgent remediation work is being undertaken.
- It is noted that the hot-water supply for the facility is not affected and this will be available except at times when it is being used to flush the cold-water lines.
- Plumbing preparation work will commence on Saturday 12 February 2022 at 9.00pm and pasteurisation of the cold-water lines will commence on Monday 14 February 2022 from 6.00am.
- Until the work has been completed:
  - bottled water will be provided to patients and staff;
  - additional Operations Services will be allocated to assist with the preparation of food and distribution of drinking water;
  - bed bathing of patients will be undertaken;
  - Trade Assistants will be deployed to assist with the manual flushing of toilets and hand washing; and
  - additional office staff to assist with operational duties and technical support.

Prepared by: Kriston Nicholson  
Position: Senior Maintenance Supervisor  
Telephone: [REDACTED]  
Date: 11 February 2022

Approved by Dr Michael Cleary  
Position: A/COO, MSH  
Telephone: [REDACTED]  
Date: 11 February 2022

DLT Member / HSCE: Dr Peter Bristow  
Position: HSCE  
Telephone: [REDACTED]  
Date: 11 February 2022



### Media response:

- A media holding statement has been prepared and provided below
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

*Water supply in Redland Hospital's Casuarina Lodge will be disrupted overnight on Saturday 12 February and on Monday 14 February 2022 to allow for water quality maintenance work.*

*The work is being undertaken as a precaution following the identification of low levels of Legionella at the facility as part of Metro South Health's comprehensive testing and maintenance program.*

*A number of measures are being put in place to reduce disruption for patients.*

*We thank patients and staff for their patience and understanding.*

#### **Background**

*It is important to remember that Legionella is always present in the environment and often found in very low concentrations in water supplies.*

### Contact person:

Mark Slade – Executive Director, Capital and Assets – [REDACTED]

DOH DISCLOSURE LOG

# Hot Issues Brief

## Payroll Processing Workload Issue

14 February 2022

### Issue:

- Corporate Enterprise Solutions (CES) has been facing an escalating payroll processing workload issue due to the workforce impacts of COVID-19.
- CES is continuing to enact further strategies to ensure pay outcomes to Queensland Health staff (i.e. under and over payments) are not compromised.
- CES has redirected 32 staff from non-processing teams noting that some staff are only redirected in a partial capacity. CES are also working high levels of overtime to support the successful delivery of the pay-run.
- The last pay-run was completed on Saturday 29 January 2022 with 99.63 per cent of all on-time forms processed.
- There is an ongoing challenge for the current pay fortnight for CES to meet the requirements for the pay period ending 6 February 2022, as we commenced the fortnight with the largest unprocessed forms volume backlog of 34,663.
- We will continue to enact the strategies outlined, monitor and advise should there be any change from our current position.

### Background:

- As at 8 February 2022, CES had 13 pay office staff sick with COVID and unable to work and 33 vacancies in processing roles.
- Due to the high volume of forms and workload, payroll teams have been only able to focus their workload on current period processing for the past three fortnights resulting in future dated work being carried forward and has now led to a large portion of the backlog of unprocessed forms now becoming due this pay period.
- Forms volumes have increased greater than historical long-term growth in Queensland Health staff numbers (4 per cent p.a.). Form volumes in 2021 were 8 per cent higher than 2020 and have been 11 per cent higher on average per fortnight since 17 October 2021. This data does not reflect the real increase in transactions as a single form or roster is also growing in size and complexity.
- For the past 26 fortnights, CES has relied heavily on overtime to meet the pay deadline but the continued growth is now outpacing current resource strategies with CES now relying on its central non-processing teams to supplement the payroll processing and this is proving to be insufficient and not sustainable.
- Payroll processing requires fast and accurate keyboard skills and the ability to follow processes. The usual time required to train a new starter to a proficient standard is six weeks. Given the investment required in training, unsuitable candidates and short engagements are not beneficial.
- Union feedback, changes to recruitment processes relating to Responsible Workforce Management phased recruitment steps and additional internal approval processes are resulting in vacancy rates growing as it takes longer to fill the regular turnover of staff in base grade positions.
- Previous and effective recruitment strategies such as leveraging agencies for temporary Public Service engagement and running internal/external recruitment campaigns in parallel to establish merit lists need to be reconsidered as they were ceased when payroll roles were not identified as frontline roles.

### Actions to date:

- CES's immediate response has been maximising its processing workforce and will continue with:
  - a. Working from home where staff in isolation are fit to work.
  - b. Overtime.
  - c. Supplementing its resources with additional COVID funded processors to process transactions for dedicated COVID organisational units.
  - d. Supplementing resources with suitably trained staff from non-processing areas of CES.

Prepared by: Kristi New  
Position: A/Administration Office Coordinator,  
Corporate Enterprise Solutions  
Telephone: [REDACTED]  
Date: 10 February 2022

Approved by: Jane Stewart  
Position: General Manager, CES  
Telephone: [REDACTED]  
Date: 10 February 2022

DLT Member / HSCE: Barbara Phillips  
Position: Deputy Director-General, Corporate  
Services Division and COVID-19 Supply Chain  
Surety Division  
Telephone: [REDACTED]  
Date: 14 February 2022



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- The Public Service Commission has been briefed on the need for CES to use recruitment agencies to source AO2 base grade level candidates and hire them directly as temporary public servants.
- Approval has been received to advertise vacancies internal and external to government concurrently on Smartjobs rather than sequentially, with jobs now posted.
- Together Union were consulted on 10 February 2022 and provided with an update on the current issues and have sought a Queensland Health wide communique on the importance of on time form submission.
- Queensland Health Executive Directors, Workforce have been briefed regarding processing workload.
- CES BCP is being officially activated.
- Queensland Shared Services have been consulted and have confirmed that they are experiencing the same workload issues and have the same recruitment problems, although their scale is smaller than Queensland Health's.

### Media response:

- A media holding statement has been prepared and a copy submitted with this HIB
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

### Contact person:

Jane Stewart, General Manager, Corporate Enterprise Solutions.

DOH DISCLOSURE LOG

# Hot Issues Brief

## Break-in and damage to staff accommodation at Woorabinda MPHS 15 February 2022

### Issue:

- A break and enter occurred at the Woorabinda Multipurpose Health Service (MPHS) staff accommodation facility on Monday 14 February 2022.
- Alternative accommodation has been sourced for staff, as there was damage to the facility.
- There was no one was in the accommodation at the time, and no one was physically harmed during the incident.
- The Queensland Police Service is investigating the break-in and the Central Queensland Hospital and Health Service (CQHHS) is expediting repairs.

### Background:

- The [REDACTED], and [REDACTED], were residing in the health service accommodation in the Woorabinda community.
- It is alleged that during daylight hours on 14 February 2022, while the staff members were at work, forceful entry was gained to the high-set house through palings securing the underneath section.
- Security mesh around the veranda was damaged, the door which had a lock and a deadlock was damaged and entry gained to the accommodation.
- The [REDACTED] and [REDACTED] were not injured. Alternate accommodation in the Woorabinda community was identified for the [REDACTED] and the [REDACTED] has been provided temporary accommodation at Duaringa (60km away).
- A contracted security company performs intermittent rounding of the Woorabinda MPHS and accommodation.

### Actions to date:

- Alternate accommodation has been identified for the staff members and access to the Employee Assistance Program provided.
- The Queensland Police Service have been notified, with the forensic team having attended the scene on 14 February 2022.
- CQHHS is expediting inspection and repairs of the accommodation and will undertake a review of existing security measures.
- [REDACTED] Union will be notified.

### Media response:

- A media holding statement is not required.

### Contact person:

Sandy Munro, Executive Director Gladstone and Rurals, CQHHS, telephone [REDACTED]

# DOH DISCLOSURE LOG

Prepared by: Michael Rutherford  
Position: Manager Marketing and  
Communication  
Telephone: [REDACTED]  
Date: 15 February 2022

Approved by: DLT Member / HSCE:  
John Burns  
Position: A/HSCE, CQHHS  
Telephone: [REDACTED]  
Date: 15 February 2022

Reviewed by CSD  
15 February 2022

Reviewed by [REDACTED]  
15 February 2022



**Queensland  
Government**

# Hot Issues Brief

## Injury in Custody – Brisbane Watchhouse

February 2022

### Issue:

- On the evening of February 2022, Queensland Police Service (QPS) Officers dispensed incorrect medication to a patient in the care of the Brisbane Watchhouse.
- The incident was referred to the Clinical Forensic Medical Unit (CFMU), Forensic and Scientific Services (FSS) by QPS.
- The affected patient was hospitalised, as his condition has deteriorated.
- Since his admittance to the [REDACTED] the patient has progressively improved [REDACTED]. This is the expected clinical progress of someone who has had an uncomplicated overdose from [REDACTED]

### Background:

- At the Brisbane Watchhouse, medication is prepared for administration by the CFMU Nursing Staff and administered by QPS Officers, who are not clinicians.
- This patient, [REDACTED] was in custody at the Brisbane Watchhouse [REDACTED].
- At 9pm, February 2022, a QPS Officer dispensed 1200mg of [REDACTED] to the patient. This medication was scripted for a different patient and was not clinically indicated for this patient.
- The QPS Officer realised the error and contacted CFMU Forensic Medical Officer at 9.30pm.
- A care plan was advised which included 30-minute observations by QPS until 1am, February 2022 then review by a CFMU Forensic Medical Officer.
- The last recorded observation of the patient by QPS was 12.30am, February 2022 before the medication round at 6am, 15 February 2022, during which QPS administered [REDACTED] (as part of previously scripted regime).
- There appears to be no record of QPS contacting CFMU to obtain a new care plan after 1am, February 2022 or the Forensic Medical Officer contacting QPS to check on the patient's status.
- At [REDACTED] February 2022, the CFMU Clinical Nurse Consultant assessed the patient, contacted the Forensic Medical Officer and advised that the patient had deteriorated. The patient was subsequently taken to the [REDACTED].
- Records indicate that, at time of admission at [REDACTED] intubation was being considered.
- On [REDACTED] February 2022, it is reported that the patient's condition has improved [REDACTED].
- The patient's Indigenous status is unknown.

### Actions to date:

- The CFMU Clinical Nurse Consultant and Assistant Director of Nursing tabled the case at the morning CFMU meeting on February 2022. Five Forensic Medical Officers, including the A/Director, CFMU and the Forensic Medical Officer, who advised on the case, attended this meeting.
- The CFMU Clinical Nurse Consultant and Assistant Director of Nursing escalated the matter to the A/Executive Director (ED), FSS.
- The A/ED FSS escalated the matter to the General Manager, Pathology Queensland and FSS.
- A Riskman clinical incident is being prepared to allow a root cause analysis/HEAPS to be undertaken.
- The CFMU Clinical Nurse Consultant and Assistant Director of Nursing met with the QPS Watchhouse Officer in Charge to discuss immediate risk mitigation strategies for QPS Officers administering medications.

Prepared by: Lara Keller  
Position: A/Executive Director,  
FSS  
Telephone: [REDACTED]  
Date: 15 February 2022

Approved by: Brett  
Bricknell  
Position: GM, PQ & FSS  
Telephone: [REDACTED]  
Date: 16 February 2022

DLT Member / HSCE: Prof Keith  
McNeil  
Position: A/Deputy Director-  
General, Prevention Division  
Telephone: [REDACTED]  
Date: 16 February 2022

Input received from MNHHS  
17 February 2022



Queensland  
Government



### Media response:

A media holding statement is not required

### Contact person:

Lara Keller, A/Executive Director, Forensic & Scientific Services

██████████@health.qld.gov.au

Work: ██████████

Mobile: ██████████

RTI Release

# DOH DISCLOSURE LOG

# Hot Issues Brief

## Queensland Health Nurse and Midwife Navigator Evaluation

17 February 2022

### Issue:

- Nurse Navigators are the subject of numerous Government Election Commitments (GEC). In 2015, the Queensland Government committed to employ up to 400 Nurse Navigators in Hospital and Health Services (HHSs) across Queensland (GEC136). In 2017, this commitment was further strengthened by an additional commitment to entrench the positions as permanent (GEC631).
- The Office of the Chief Nursing and Midwifery Office engaged Central Queensland University (CQU) to evaluate the efficiency and impact of these Nurse Navigators. The findings of the evaluation demonstrate that the navigator service achieves positive gains across all hospital measures, while also addressing fragmentation within the health system in areas that are not routinely measured.
- Further discussions are required with the CQU to ensure that the evaluation report aligns with the commissioned agreed report scope. At present, the report includes recommendations that will need to be removed to form a separate document for Queensland Health's consideration, before the final report can be publicly released.
- The recommendations listed in the current Evaluation Report may form the basis for additional improvements to the Nurse Navigator Program.

### Background:

- Queensland Health has invested in nurse navigation to ensure the most complex and vulnerable patients are supported through system navigation. The nurse navigation model supports patients to have integrated care close to home and in their communities. Navigators work in advanced practice models using their extensive health system knowledge to assist patients in their journey across health service boundaries.
- Queensland Health is currently investing approximately \$66.4 million per annum to provide 400 Nurse Navigators across the state, and the healthcare system and community is reaping the benefit of this investment.
- The Office of the Chief Nursing and Midwifery Officer engaged CQU at a cost of \$249,125 to evaluate the efficiency and impact of embedding the 400 Nurse Navigators associated with the 2017 Government commitment (GEC631).
- The CQU evaluation, conducted from 2018 to 2021, used a longitudinal, mixed methods design to collect data from public hospitals, navigators, and patients at planned six-monthly time points over a two-year period. Quantitative data included agreed hospital avoidance indicators relative to navigated patients, navigated patient quality of life and wellbeing, and navigator job satisfaction. Qualitative indicators examined narrative drawn from navigator action research meetings and participating patient follow-up.

### Actions to date:

- The Office of the Chief Nursing and Midwifery Officer is continuing to challenge Nurse Navigators to consider how they can leverage the advancements in delivery of clinical services that have been gained with COVID-19 and work to temporise models.
- Currently, Clinical Excellence Queensland is funding 50 Nurse Navigators to undertake the Managing for Improvement Program. The purpose of this initiative is to build further capability in the Nurse Navigator cohort, to consider how the models of care they are delivering can be further enhanced and pivoted into primary health care settings, where they may be hospital based. Where the model of care is already being provided in the community, how they might refine the delivery modalities given the economies associated with increased virtual / telehealth services, now normalised as a result of the COVID-19 response.
- Nurse Navigators are also being streamed into strength with immersion programs in speciality areas to meet the changing needs of the communities they are serving, for example, mental health, aged care, critical care and others.

Prepared by: Joanne Wild  
Position: A/DON Practice Innovation OCNMO  
Telephone: [REDACTED]  
Date: 10/02/2022

Approved by: Deb Miller  
Position: A/CNMO  
Telephone: [REDACTED]  
Date: 16/02/2022

DLT Member / HSCE: Shelley Nowlan  
Position: A/DDGCEQ  
Telephone: [REDACTED]  
Date: 16/02/2022



- A communication strategy that incorporates the outcomes of the Nurse Navigator evaluation is currently being developed.
- Healthcare Improvement Unit has provided a high-level review of the research and supports the methodology used.
- A meeting is being organised with CQU in February 2022 to discuss the movement of the recommendations out of the evaluation report into a separate document for Queensland Health in preparation for a public release of the Evaluation Report. The date when the evaluation report is to be publicly release will be discussed at this meeting.

### Media response:

- A media holding statement is not required

RTI Release

# DOH DISCLOSURE LOG

## Confidential Information

The CQU commissioned evaluation report also includes recommendations to improve the Nurse Navigator program. This was out of scope of the evaluation report and may not align with the department's direction. Further review of these proposed recommendations needs to occur and discussions with CQU are underway to have the report amended to comply with the original scope of the commission.

The evaluation identified several recommendations for consideration.

- Navigators should be in a dedicated service, and not constrained to any clinical, practice, discipline, or service area. They should be resourced with the equipment needed to undertake the administrative and day to day role.
- The service should be led by a nurse or midwife. Reporting lines within the service and from the service should be consistent and at a level that has the authority to lead nursing and midwifery change, while advocating for nursing/midwifery in any budget or planning forum. The recommendation would be a Director of Nursing/Midwifery.
- Navigators working with chronic and complex care must be senior nurses and midwives with extensive clinical experience.
- Navigator key performance indicators should include a breadth of measures that are not just focused on hospital attendance but should include values that measure full utilisation of services. For example, patient measures that identify wellbeing and coping, and navigator indicators that identify negotiations and engagement with broader health system.
- Navigator positions should be backfilled (not one with a full patient load). All leave greater than one week in duration should be backfilled to ensure continuity of care for patients.
- There should be a reduction in the level that navigators are redeployed within the HHS. The Nurse/midwife navigator role should be embedded as core business in the HHS.
- Navigators should be able to advocate for the use of Telehealth where appropriate to minimise disruptions to the continuity of patient care.
- Patient wellbeing and coping should be central to the navigator role, with role indicators reflecting person-centred care measures.
- Databases that support all-of-navigator role activity and interface with acute / non-acute electronic health systems and are accessible across all of Queensland HHSs is essential.
- Education and training for navigators as a recognised senior role to include professional and clinical skills required for the position. Ongoing professional development should include a community of practice group that supports ongoing innovation and space to continually improve the role as it matures.
- The navigator role should be acknowledged as a clinical career pathway, a pay scale developed for navigators, with opportunities for promotion.

## Contact person:

Deborah Miller - A/Chief Nurse and Midwifery Officer

Mobile: [REDACTED]

# DOH DISCLOSURE LOG

# Hot Issues Brief

Queensland Government Digital Projects Dashboard, January 2022  
Reporting Period  
25 February 2022

## Issue:

- The Queensland Health Information and Communications Technology (ICT) portfolio encompasses investments that sustain and transform both health care and business services.
- The Queensland Government Digital Projects Dashboard will be published on 2 March 2022.
- In the January 2022 reporting period, Queensland Health's ICT portfolio had 47 initiatives:
  - 38 (81 per cent) initiatives reporting 'green',
  - Six (13 per cent) initiatives reporting 'amber', and
  - Three (6 per cent) initiatives reporting 'red'.
- The Dynamic Deployment and Service Delivery Modelling project, Vaccine Management Project, Clinical Genomics Program, AUSLAB Unique Container Identifier, iPharmacy Upgrade Project and General Chemistry and Immunoassay Analyser Replacement and Automation Project are reporting 'amber', mainly due to software quality issues and insufficient resource availability. Project change requests are being prepared to address these concerns where required.
- The AUSLAB Evolution, Prisoner electronic Medical Record project and Integrated Workforce Management Stage 3 – Project Tranche 0 are reporting 'red', mainly due to software issues, unplanned commercial and scoping activities, and resource availability issues. Revised project delivery schedules are being defined for these projects, with the future direction of both AUSLAB related projects subject to a broader review of Pathology Queensland's prioritised program of work.
- The Central Patient Monitoring Revision C Optimisation Project completed in January 2022.
  - As a result, the Metro North Hospital and Health Service (HHS) Central Patient Monitoring system was successfully upgraded, ensuring ongoing support and software reliability.
  - The upgrade also ensures the solution can accommodate future requirements, including Electronic Medical Record readiness.
- Most of the portfolio is on-track to successfully deliver, with 81 per cent of the portfolio reporting 'green'.
  - 19 per cent of the portfolio is reporting 'amber' or 'red'.
- The pandemic continues to unfavourably impact the performance of the portfolio.
  - 30 per cent of initiatives (14 out of 47 initiatives) on the Queensland Government Digital Projects Dashboard, reported an impact to performance due to the pandemic in the January 2022 reporting period.
  - The primary factor impacting project performance is staff availability and competing 'business-as-usual' priorities.
  - Holding other variables constant, the performance of the portfolio will likely improve over the coming months as the Omicron wave subsides and associated resource demands ease. However, tight labour markets and disrupted supply chains will continue to pose a risk to portfolio performance over the short to medium term.
- Initiative specific challenges and solutions to improve performance are outlined below.
  - Six initiatives are reporting an 'amber' portfolio performance status in January 2022:
    - The Dynamic Deployment and Service Delivery Modelling project continues to report 'amber'. User acceptance testing for the Adaptive Scheduling for Efficient Non-Emergency Transport component was delayed because the tester was temporarily reprioritised for other operational matters. Once testing resources have been confirmed and the revised forward schedule approved, the project is expected to return to 'green' in the coming months.

# DOH DISCLOSURE LOG

Prepared by: Kurt Dumke  
Position: Principal Portfolio Analyst  
Telephone: [REDACTED]  
Date: 22/02/2022

Approved by: Narelle Doss  
Position: Executive Director, Digital  
Strategy and Transformation  
Telephone: [REDACTED]  
Date: 24/02/2022

DLT Member / HSCE: Damian Green  
Position: Deputy Director-General, eHealth  
Queensland  
Telephone: [REDACTED]  
Date: 25 February 2022



- The Vaccine Management Project continues to report 'amber'. The project board has agreed to extend go-live of the project to March 2022, with project completion extended to April 2022. However, the vendor has raised additional financial change requests to cover the additional time needed to resolve solution defects. The project disputes this request and the project has engaged a procurement specialist to assist the project resolve this commercial matter. Additionally, the project will transition any remaining minor solution issues to be remediated post implementation. The project will return to 'green' upon resolution of the project's dispute with the vendor.
- The Clinical Genomics Program continues to report 'amber'. The project has outstanding Gated Assurance activities, which need to be completed to comply with Queensland Health and whole-of-government portfolio requirements. eHealth Queensland is supporting the project to complete a gated assurance process to ensure readiness for service.
- The AUSLAB Unique Container Identifier Project continues to report 'amber', as it remains impacted by AUSLAB software issues, which this solution is dependent on. The project is currently subject to a broader review of Pathology Queensland's prioritised program of work, which will inform the future delivery pathway of this initiative. The project is working to implement planned system functionality at the first scheduled site — Gold Coast University Hospital (GCUH). The pathway to a 'green' status is expected to be defined post implementation at the GCUH in March 2022, with full system functionality currently expected to be available by June 2022.
- The Pharmacy Information Management Application (iPharmacy) Upgrade Project is reporting 'amber' due to the ongoing review of the project's business case to reflect scope change across multiple stages, which is likely to increase overall budget, resource and schedule requirements. Detailed planning sessions have occurred with HHS Pharmacy staff and vendors to confirm scope for stage 2 and stage 3 project deliverable outcomes. Once scope, budget and timeframes are finalised and approved for stage 2 and stage 3 deliverables, the project will return to 'green'.
- The General Chemistry and Immunoassay Analyser Replacement and Automation Project is reporting 'amber' due to schedule delays caused by software issues (following a recent upgrade to AUSLAB which this project is dependent on) and delays in the delivery of specialised analyser hardware. The project is currently working with system stakeholders to identify the overall impact to the project's schedule and will seek approval to revise the project end date beyond December 2022, after which the project will return to 'green'.
- Three initiatives are reporting a 'red' portfolio performance status in January 2022:
  - The AUSLAB Evolution project continues to report 'red', as it remains impacted by AUSLAB software issues, which this solution is dependent on. An assurance activity concluded in February 2022, which outlines a project action plan to successfully deliver. The project executive is expected to confirm the implementation approach of the project via a change request in April 2022. When approved, the project is expected to return to 'green'.
  - The Prisoner electronic Medical Record project continues to report 'red' due to ongoing issues impacting project delivery. The protracted appointment of a technical project manager and unplanned procurement timeframes to leverage components of the Regional eHealth system implemented in the Cairns and Hinterland HHS has delayed the delivery of the digital components of the project. The project is looking to extend the project's planned end date, currently approved for June 2022, to support an improvement in performance and enable sufficient time to successfully deliver.
  - The Integrated Workforce Management Stage 3 – Project: Tranche 0 is reporting 'red' due to project resources being reprioritised because of COVID-19. Notably, the delay will impact the implementation of the Electronic Rostering module, used in the Nursing and Midwifery Health Service. The project executive is working with internal and external stakeholders to revise the forward delivery approach, which is expected to be completed in March 2022. The project is expected to return to 'green' once the forward approach has been confirmed.

## Background:

- Queensland Health currently manages a significant portfolio of 47 initiatives (based on the January 2022 Queensland Government Digital Projects Dashboard dataset).
- Queensland Health publishes performance data on the Queensland Government Digital Projects Dashboard for reported initiatives that are valued at \$500,000 or greater.

- Queensland Government Digital Projects reporting uses three performance indicators (Financials, Schedule, and Quality) in determining the overall performance assessment for an initiative.
- Queensland Health's digital portfolio, as will be reported on the Queensland Government Digital Projects Dashboard with data as at January 2022, totals \$645.8 million.

### Actions to date:

- As at 22 February 2022, there is a total of 97 initiatives across 21 Queensland Government departments reported on the Queensland Government Digital Projects Dashboard, with Queensland Health initiatives representing 46 per cent of all initiatives reported.

### Media response:

- A media holding statement is not required

### Contact person:

Narelle Doss, Executive Director Digital Strategy and Transformation, eHealth Queensland, [REDACTED]

DOH DISCLOSURE LOG

# Hot Issues Brief

## Kilcoy region flooding

25 February 2022

### Issue:

- Kilcoy Hospital has been isolated due to heavy rain and localised flooding.
- The hospital currently has 19 inpatients who are low acuity.
- The hospital has activated a Code Brown (external emergency).
- Woodford Correctional Centre is also inaccessible by road.

### Background:

- A trough across South East Queensland has meant there has been significant rainfall across the region since the evening of Tuesday 22 February 2022, particularly around the Somerset and Moreton Bay regions.
- Roads to Kilcoy and Woodford are cut off due to rises in waterways.
- Metro North Health provides healthcare services for Woodford Correctional Centre.

### Actions to date:

- Metro North Health is working with the Local Disaster Management Group and the SES to plan for medical evacuation by boat if required, particularly for Woodford, due to the complexities of the patient population.
- Kilcoy Hospital staff have prepared for potential isolation and have sufficient food and water supplies until the flood water is expected to subside.
- There is sufficient staff to cover the next two shifts, with consideration for meal times and breaks.
- Kilcoy Hospital recently refurbished its nurses' quarters which will be used for staff comfort.
- The hospital generator is fuelled in the event of disruptions to power supply.

### Media response:

- A media holding statement has been prepared and a copy submitted with this HIB

It is not expected this brief will raise media concerns.

### Contact person:

Jackie Hanson. Chief Executive Officer, Metro North Hospital and Health Service. Phone: 07 [REDACTED]

# DOH DISCLOSURE LOG

Prepared by: Jennifer Swan  
Position: Director Strategy and Planning  
Telephone: [REDACTED]  
Date: 25 February 2022

Approved by: Kate Copeland  
Position: Executive Director,  
Strategy, Planning, Assets and  
Infrastructure [REDACTED]  
Telephone: [REDACTED]  
Date: 25 February 2022

DLT Member / HSCE: Jackie Hanson  
Position: Chief Executive  
Telephone: [REDACTED]  
Date: 25 February 2022



Queensland  
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# Hot Issues Brief

## Residential Aged Care Facilities (RACF) – Severe weather emergency support and business continuity

1 March 2022

### Issue:

- As at 28 February 2022, 20 Queensland RACFs have made requests for assistance due to the recent severe weather and intense rainfall. A list of these facilities is provided below.
- As at 28 February 2022, the Australian Defence Force is responding to Requests for Assistance from eight facilities (list provided below).
- Most facilities are not experiencing any threat to life but are facing number of infrastructure and operational issues including
  - interruptions to power and water supply,
  - flooding which in some cases requiring evacuation or relocation to another part of the facility,
  - road closures leading to supply issues (e.g. food, medication, PPE) and
  - workforce pressures as some staff are unable to travel to work.
- Requests have been received by the Vulnerable Facilities Team (VFT) and the State Health Emergency Coordination Centre (SHECC) for emergency assistance, including evacuations. Some requests have also been received by the Commonwealth Department of Health and the Aged Care Quality and Safety Commission.
- Many RACFs have not enacted business continuity processes (BCP) to follow disaster/emergency plans which may be a consequence of the new relationships formed with the Commonwealth and Queensland Health (QH) during the COVID-19 response.
- A message has been sent to all providers to remind them of business continuity and emergency evacuation processes, including contacting the Local Government in their area for disaster assistance, as per usual arrangements under the Queensland Disaster Management framework.
- Consultation has been undertaken with the Local Government Association of Queensland on a message (Attachment 1) that can be circulated to stakeholders, such as peak or advocacy organisations and electoral offices, to support business continuity and recovery support needed at the local level for affected RACFs.

### Background:

- The State Health Emergency Coordination Centre moved to stand up on 26 February 2022 in response to the Severe Weather and Intense Rainfall Event in South East Queensland.
- The Vulnerable Facilities Team is referring any requests it receives to the correct agency or area for response and will then monitor outcomes.

### Actions to date:

- An email update has been sent to all Queensland RACFs reinforcing the message that,
  - Providers of residential aged care should follow their existing business continuity plans and evacuation plans in the first instance.
  - Request for assistance should be made to Local Council to support RACF disaster needs.
  - Where facilities are dealing with the impacts of flooding, including due to problems with road access, providers should engage first through their Local Disaster and Management Group. Facilities can find contact details on their council website.
  - Notifications of COVID-19 cases should occur via normal processes i.e., through the Commonwealth's My Aged Care Portal.
- The Vulnerable Facilities Team is meeting daily with the Commonwealth Department of Health, the Australian Defence force and the Aged Care Quality and Safety Commission. It will continue to liaise with these stakeholders and SHECC to ensure information flow and notifications of RFA are directed appropriately and escalated as needed.

Prepared by: Lisa Coker  
Position: Manager  
Telephone: [REDACTED]  
Date: 28 February 2022

Approved by: Belinda Lewis  
Position: Director  
Telephone: [REDACTED]  
Date: 28 February 2022

DLT Member / HSCE: David Harmer  
Position: Senior Director  
Telephone: [REDACTED]  
Date: 1 March 2022



## Media response:

- A media holding statement has been prepared and a copy submitted with this HIB
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

## Confidential Information

Not Applicable

## Contact person:

David Harmer, Senior Director, Social Policy and Legislation Branch

## RACFs affected by severe weather event (as at 1600 hrs 27 February)

Location	Facility	Notes
Carina	St Vincent's Care (Prescare Vela)	127 residents evacuated due to water ingress; 28 of them were evacuated by QAS. The remainder were transported by LDMG-arranged buses or private vehicle
Corinda	St Vincent's Care	
Gympie	Lutheran Services Cooina	Concerns about food supply and staffing shortages due to road closures; vulnerable facilities team, SC HHS HEOC and local LDMG sourcing solutions
Gympie	Blue Care	Facility isolated but evacuation not required at this stge. Requesting generator on site. Cth DOH has requested ADF support. Food supplies may become an issue in coming days
Point Vernon	TriCare	PPE n95 mask shortage due to current COVID-19 outbreak, Wide Bay HHS is providing supply. Supply Chain Surety Division working with the Commonwealth DoH for longer term solutions. Staffing shortages have been raised and the Commonwealth providing advice
Oakey	Mclean Care CWA House	Residents evacuated with assistance of local emergency services. Oakey Hospital is taking six residents.
Beachmere	Palm Lake Care	Concerns about staff fatigue, resupply of food and medicine but no immediate shortages. Working with Commonwealth DoH to provide a resupply of food and medicine. Staffing issues may arise.
Rocklea	Pine Lodge	Residents evacuated to Russian Orthodox Church. CAREPACT managing resident care.
Wamuran	Beaumont Care	Cut off from access due to flood waters. Staff unable to leave or enter service. Supplies may be affected if isolation continues.
Cherbourg	NY-Ky Elders	Cut off due to flood waters over nearby bridge. Staff unable to leave or enter service since Friday 25 Feb. Supplies may be affected.
Toogoolawah	Blue Care	Staff have been unable to leave the service since Friday. Service has enough Morphine until Tuesday (one palliative consumer). Consumer bags and medications packed in case evacuation is required.
Rosalie	Rosalie Nursing Centre	Becoming increasingly cut off due to location (Bris metro). Shifts have been extended for coverage. The service has a

Location	Facility	Notes
		current COVID-19 outbreak. Service reporting they have enough PPE and RATS.
Yeronga	Regis	Flooding has impacted the basement level of the building an is approaching level 1. Evacuation plan will be activated possibly this afternoon. ADF x2 teams on site, police and media. Service in process of planning relocation of consumers
The Gap	Regis	Requested assistance from ADF - under recon/ site visit
Ferny Grove	Regis	Requested assistance from ADF - under recon/ site visit
Lutwyche	Regis	Requested assistance from ADF - under recon/ site visit
Sandgate	Regis	Requested assistance from ADF - under recon/ site visit
Caboolture	Regis	Requested assistance from ADF - under recon/ site visit
Gatton	Regis	Requested assistance from ADF - under recon/ site visit
Gold Coast	Bluecare – St Andrews Retirement Village	Staff access to facility - only 3 staff onsite this morning due to road closures (28/02). Council have arranged for staff to transfer via SES boat.

## RACFs supported by the Australian Defence Force (as at 1230hrs 28 February)

Team	Location	Residential Aged Care Provider	Dates	Notes
General Duties	Mitchelton	Churches of Christ Moonah Park	25 Feb – 2 March	Weather related
General Duties	Yeronga	Regis	28 Feb	Weather related - with QAS, supporting evacuation of residents and relocation to another RACF.
General Duties	Coolangatta	Kirra Beach Care Community	28 Feb – 7 March	Weather related
General Duties	Coolangatta	Blue Care Kirra Aged Care Facility	28 Feb – 7 March	Weather related
General Duties (2)	Yeronga	Regis Aged Care	28 Feb	With QAS, assisting to move residents from the centre
General Duties	Corinda	St Vincent's Care (Blue Care)	28 Feb – 5 March	Weather related
General Duties	Tallebudgera	Blue Care	28 Feb – 5 March	Weather related
General Duties	Carina	St Vincent's Care (Blue Care)	2-3 March	Weather related - upcoming

Note – Queensland Health has been advised that ADF support for the Point Vernon Tricare site (category 1) has been requested but this has not yet been finalised.

# DOH DISCLOSURE LOG

# Hot Issues Brief

## Princess Alexandra Hospital - ROPART Linear Accelerator and CT Issues

2 March 2022

### Issue:

- At 10am on Monday 28 February 2022, a power outage occurred at the Radiation Oncology Princess Alexandra Hospital, Raymond Terrace (ROPART), South Brisbane.
- The outage resulted in the four linear accelerators and one CT scanner not being operational. Repairs were urgently undertaken, and power was restored to all linear accelerators and the CT scanner at 12pm on Tuesday 1 March.
- Radiation oncology treatment for 49 patients scheduled for 28 February 2022 and 76 patients for 1 March 2022 have been rescheduled. The service will operate extended shifts this week including weekend shifts to facilitate the timely treatment of the patients.

### Background:

- A preliminary review of the power outage and equipment failures was undertaken by Metro South Health Building and Engineering Services (MSH BEMS) on 28 February 2022.
- Electrical feeds to the main switchboard were assessed as functional. A fault was identified in a component within the power feed to the linear accelerators and CT scanner.
- The part required to rectify the issue was ordered from the supplier and installation scheduled for the morning of 1 March 2022.
- Scheduled radiation oncology services were reviewed, and planning was undertaken by ROPART staff to minimise the impact on patients and to plan the re-scheduling as clinically appropriate.
- ROPART patients includes paediatric patients, of which three were cancelled on 28 February 2022 and six on 1 March 2022 (included in the total number as outlined above).

### Actions to date:

- A review of electrical issues and planning for rectification was undertaken by MSH BEMS on 28 February 2022.
- Electrical replacement parts were ordered and installation completed on 1 March 2022.
- Postponement and re-scheduling of radiation oncology services was undertaken for 28 February and 1 March 2022, with late shifts rostered and extension of services to the weekend of 5 - 6 March 2022 if required.
- Changes to radiation oncology appointments were notified to patients on 28 February 2022 by ROPART staff.
- Patient treatments re-commenced at 1pm on 1 March 2022 with a total of 39 patients treated, including three non-general anaesthetic paediatric patients.
- Nine patients did not access treatment due to flood impacts.
- Planning is continuing for the three paediatric patients who require a general anaesthetic.

### Media response:

- A media holding statement has been prepared and a copy submitted with this HIB
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

### Contact person:

Contact: Dr Michael Clary, Acting Chief Operations Officer Metro South Health: telephone [REDACTED]

Prepared by: Narelle Smith  
Position: Manager, Executive Services, PAH  
Telephone: [REDACTED]  
Date: 1 March 2022

Approved by: Adrienne  
Belchamber  
Position: Acting Executive  
Director, PAH [REDACTED]  
Telephone: [REDACTED]  
Date: 1 March 2022

DLT Member / HSCE: Dr Peter Bristow  
Position: Health Service Chief Executive,  
Metro South Health [REDACTED]  
Telephone: [REDACTED]  
Date: 1 March 2022



Queensland  
Government

# Hot Issues Brief

## Power outage and backup generator failure at Logan Hospital 3 March 2022

### Issue:

- On the morning of Wednesday 2 March 2022, Energex cut the power to the electrical feeder that supplies the Logan Hospital (LH) multi-level carpark and LH Building 2. Energex took this action because of concerns relating to community safety following reports from nearby residents that they had been receiving electric shocks in their homes.
- The resultant power failure activated the emergency power generator for LH Building 2. This generator experienced a mechanical failure resulting in the loss of electrical power to Building 2.
- A Code Yellow (infrastructure or other internal emergency) was activated at the hospital at 10.30am on 2 March 2022. As part of the response, Energex immediately restored power to the hospital carpark and Building 2.
- Repairs to the emergency power generator were undertaken urgently. The emergency power generator was confirmed as being fully operational as at 3:15pm. Code Yellow was discontinued at 3.30pm.

### Background:

- On Friday 25 February, it was reported that water had penetrated the room that houses the Energex transformer that supplies electrical power to the LH carpark.
- As part of the work undertaken by Energex in resolving this issue, the electrical feeder to the Energex transformer was swapped from a main supply to a backup electrical feeder. This backup feeder also provided power to LH Building 2.
- With the loss of mains power, the backup emergency generator started. The generator experienced a mechanical failure when a fuel seal failed resulting in fuel leaking under pressure over the emergency generator. This did not cause a fire; however, smoke was observed coming from the generator.
- A Code Yellow was activated at the hospital at 10.30am on 2 March 2022.
- LH Building 2 was without power for approximately 30 minutes. Clinical services impacted by the electrical outage were paused and contingency plans enacted. This included endoscopic procedures, renal dialysis and outpatient services.
- Once the service was made safe and electrical power was restored clinical services resumed in a reduced capacity. A small number of patients booked for minor procedures have been rescheduled.
- The electrical power to the hospital is stable with all buildings excluding the multi-level car park having emergency backup power available.
- This emergency generator is known to be close to the end of its useful life and is planned for replacement under the Logan Hospital Expansion Program.

### Actions to date:

- Maintenance staff and generator contractors have completed investigations into the cause of the power failure.
- The faulty fuel filter on the emergency power generator has been replaced and diesel fuel spills have been removed. The generator has been tested and is fully operational.
- After mains electrical power was reconnected to Building 2 a risk assessment was undertaken, and contingency plans enacted to allow renal dialysis and other outpatient clinical services to continue.
- The planned endoscopy procedures were transferred to the main hospital.
- A small number of patients who had been booked for minor outpatient procedures are being rescheduled.

# DOH DISCLOSURE LOG

Prepared by: Mark Slade  
Position: ED Capital and Assets  
Telephone: [REDACTED]  
Date: 02 March 2022

Approved by Dr Michael Cleary  
Position: A/COO, MSH  
Telephone: [REDACTED]  
Date: 02 March 2022

DLT Member / HSCE: Dr Peter Bristow  
Position: HSCE  
Telephone: [REDACTED]  
Date: 03 March 2022



### Media response:

- A media holding statement has been prepared and provided below
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

*There was a short disruption to power supply at Logan Hospital on the morning of 2 March 2022, due to Energex works in the area relating to localised flooding.*

*This caused a temporary loss of power to Logan Hospital's Building 2 and the multi-level car park.*

*There were some short term disruptions for patients receiving care in Building 2.*

*We thank our patients and staff for their patience and understanding and apologise for any inconvenience.*

<ENDS>

### Contact person:

Dr Michael Cleary, Acting Chief Operations Officer  
Phone: [REDACTED]

RTI Release

# DOH DISCLOSURE LOG

# Hot Issues Brief

## Breast Surgical Services– Townsville Hospital and Health Service 7 March 2022

### Issue:

- Concerns relating to possible patient safety issues [REDACTED] have been raised within breast surgical services at the Townsville University Hospital.
- The nature of the complaints are potential issues in decision making, surgical choice and surgical technique. Action has been taken [REDACTED] and the terms of reference for a Hospital and Health Boards Act Part 9 investigation into their practice is currently being developed.
- Key immediate actions have been implemented to support potential system factors that have become evident.

### Background:

- In 2020 the Townsville HHS received a complaint from a patient who did not attend a follow up breast review appointment within the recommended timeframe.
- This prompted an internal review of 340 breast patients who were rescheduled or cancelled between June and September 2020. No patient harm or concern was raised.
- At the same time, an external review was conducted by an expert breast surgeon. No specific information of patient concern was raised; however, a number of recommendations were made.
- No concerns were raised regarding individual clinician clinical care from either reviewer.
- Clinical Service recommendations from the above reviews resulted in a Breast Service Sustainability Implementation Plan.
- The recommendations from the external review were to re-establish breast Multi-Disciplinary Team meetings and revise membership with the appointment of the chair to support an improved culture and trust within the team.
- In the week beginning Monday 28 February 2022 senior clinicians met with the Health Service Chief Executive [REDACTED].
- Due to the subspecialist and multidisciplinary nature of breast services, an external review will be required to assess patient care issues.

### Actions to date:

- The Townsville Hospital and Health Service (HHS) Chief Executive and HHS Chief Medical Officer (CMO) have met with senior clinicians of the breast surgical services to discuss clinical issues.
- Engagement of an external legal team to review all currently available information to consider steps, inclusive of Part 9 investigation.
- Immediate alteration to medical recruitment practices to ensure the HHS CMO must review and endorse all Medical appointments to Senior Medical Officer level and above, prior to approval of the delegate.
- Immediate training for key clinical personnel regarding clinical incident reporting and responsibilities.
- The matter has been referred to the OHO and CCC.

### Media response:

- A media holding statement has been prepared and a copy submitted with this HIB

Confidential Information

DOH DISCLOSURE LOG

Prepared by: Sharon Kelly  
Position: Interim EDHRE  
Telephone: [REDACTED]  
Date: 3 March 2022

Approved by: Kieran  
Keyes  
Position: HSCE  
Telephone: [REDACTED]  
Date: 3 March 2022

DLT Member / HSCE: Kieran  
Keyes  
Position: HSCE  
Telephone: [REDACTED]  
Date: 4 March 2022

Reviewed by: Prevention  
Division and CEQ  
Date: 4 March 2022



Queensland  
Government

Contact person:

Dr Niall Small, Chief Medical Officer - Townsville HHS, telephone [REDACTED]

RTI Release

# DOH DISCLOSURE LOG