

# Report on issues from the West Coast

## Background

The West Coast District Health Board (WCDHB) requested an external review of their internal investigation into to claims made by one of their Anaesthetic specialists, Dr Judy Forbes, of specific instances of unsafe practice at the District Health Board (DHB). The Minister of Health asked Principal Medical Advisor, David Galler, to lead this.

These claims were articulated by Dr Forbes in a number of different forms:

- 29 January 2008: letter to the Chief Executive
- 28 March 2008: letter to the Board Chair
- Meeting with the Board: where she handed members a hand written letter; and
- 2 May 2008: formal letter to Board.

## Terms of Reference of External Review

The agreed terms of reference of the external review are attached as Appendix one.

## Method

The external review was conducted in a two fold process:

- Review of the WCDHB internal review
- Onsite interviews conducted with key staff on 19 – 20 May 2008 and then 28 – 29 May 2008.

The review team consisted of:

Dr David Galler, Principal Medical Advisor, Ministry of Health

Dr Clive Garlick, Emergency Department Physician, Nelson Marlborough DHB

Ms Diane Callinicos, Acting Manager DHB Relations, Ministry of Health.

A list of those interviewed is attached as Appendix 2.

As well as examining the West Coast District Health Board internal review, the external reviewers heard from a number of DHB staff. The people that we heard from were either key staff identified by the DHB for the team to talk to or self selected. Because of the relatively short time frame available to the reviewers it was not possible to hear from everyone who may have wished to talk with us. Our conversations assisted in understanding the nature and extent of underlying issues that may have given rise to the circumstances complained of, and to the manner in which they came to light.

The interviews were conducted in an informal manner, which provided an atmosphere whereby people felt free to discuss issues.

The reviewers would like to thank those staff members of the West Coast DHB who gave up their time to talk to us.

WCDHB is unique. It covers New Zealand's most sparsely populated, isolated and most rural district, creating special challenges for the provision of health services. Relative to most New Zealanders, West Coasters also experience socio-economic disadvantage. On a per capita basis, it is also New Zealand's best funded DHB.

Given the difficulties in staff recruitment and retention (see below) the DHB has provided a great service to its people. This has been achieved as the result of the hard work of its entire staff.

## **Findings of the External Review**

### **With regard to the process by which the District Health Board has assessed the specific claims raised by Dr Judy Forbes:**

In its report, the DHB has systematically addressed the specific claims raised by Dr Forbes and has concluded that the services that it provides are safe. The reviewers are satisfied that in this regard, the investigation was both thorough and robust. We do not believe that a repeat investigation into these specific claims is warranted.

However, as a result of the investigation conducted by the Board and from the conversations that the review team has had with DHB staff members, important contextual issues have emerged which must be acknowledged and addressed.

The following is a summary of these, and they form the basis for the recommendations made by the Review Team.

### **Recommendation 1**

**Corrective Action Plan.** The Reviewers will continue to work with the DHB as it expands the corrective actions identified in WCDHB's internal review, in light of this external review.

## Great people

The Review Team were impressed by the DHBs staff's passion, dedication, professionalism and talent. The DHB staff had great local knowledge and experience, and in many cases expert knowledge of aspects of the DHB's business in which they work on a day-to-day basis.

To a person, all the DHB staff who spoke with the Review Team wanted the same thing: high quality sustainable health services for the people of the West Coast.

## Lost outpatient referrals

In February 2008 the DHB became aware that 500 outpatient referrals had not been adequately entered into the hospital outpatient booking system making it impossible to know whether these patients had actually been seen by specialist staff.

The Board quickly established a review of those records and have reassured us that only a relatively small number related to patients who had been referred and not seen by specialist staff. In other words, in most cases, errors occurred in non clinical processes like duplications in data entry and did not result in any clinical consequences for patients. For the very small number where there appears to have been a different clinical process other than for what the patient was referred (including no clinical process), then clinicians have been involved in prioritising and remedying any problems. At the time of writing we are informed that fifteen non urgent referrals still remain to be reviewed.

## Recommendation 2

**Immediate** resolution of the remainder of the 'lost' referrals such that before the end of June 2008, the West Coast DHB provides the Ministry of Health with a report accounting for all of the outpatient referrals that were discovered to have been incorrectly entered into the Patient Administration System, and incorporating a clinical assessment of the actions that have been taken in any case where this may have affected clinical process and/or outcomes.

## Maintaining every day basic services on the West Coast is all consuming

Like a number of smaller DHBs the West Coast faces ongoing staff recruitment difficulties at the senior medical officer level in most of its specialty services.

This inability to recruit and retain medical staff in the face of national and indeed global shortages leads to a reliance on locums to cover the acute rosters and provide an appropriate elective service.

Although similar to the problems that face other small DHBs, the problems facing the West Coast are more pressing because of its relative isolation and its people's needs.

In order to maintain service delivery the ongoing demands of recruitment, finding adequate locum cover, arranging their supervision, adjusting rosters etc take their toll on all staff, including clinicians, clerical staff and management.

When it comes to senior medical staff, the Coast - more than most other small Boards - has an absolute reliance on locum cover.

WCDHB has been innovative, creative and very successful in maintaining a high level of service for their people but relying on such an arrangement creates a plethora of other difficulties as well as incurring high costs.

The consequences for clinical staff have the potential to result in:

- decreased energy and ability to maintain clinical audit and quality activities (including incident reporting) in favour of day to day service provision;
- variability in clinical practice as a result of the high through-put of staff;
- different expectations by individual staff of what should and should not be done on the Coast;
- difficulties in rostering in a timely manner;
- and the need for on-site and sometimes distant supervision of visiting specialist staff.

Such a situation requires strong clinical leadership at a department and organisation wide level to manage the many issues that might arise especially in reducing variability of practice and maintaining good working relationships. In this case the recent absence of the Board's Medical Director, due to illness, has not assisted.

For managerial staff, these circumstances might lead to a concentration on meeting managerial targets rather than managing staff, developing staff relations, fostering effective communication, engaging with staff, and ensuring successful change management when introducing new ways of working.

## **In some areas, the management of a smaller District Health Board can be more complex than that of larger Boards**

The complexity of **rostering** for booking theatre sessions, out patient clinics, and the schedules for visiting specialist staff in a smaller district should not be underestimated. Some of the complexity can be explained by considering that the numbers of clinical staff needed to provide an acute service create a redundancy when it comes to elective work. So for elective work it is necessary to roster by need. Given that need fluctuates much more so than it does in a more populous district (where need usually exceeds the ability to meet it), it is difficult to guarantee that staff will have the same roster week-to-week, month-to-month. The best the Board can do then is to roster as far out as possible.

Recently the WCDHB's organisational roster could be prepared four weeks in advance. However because of a rash of locum difficulties and the recent departure of anaesthetic staff, such rostering is no longer possible (maximum one week out). The obvious consequence is that patients can no longer be given certainty about their appointments for clinics and procedures.

Overall, the DHB should be recognised for the progress it has made in this regard but given the ongoing uncertainty around staffing levels, no matter how good their rostering system is, the efficiencies it might deliver will remain hard to realise.

In short, a reliance on locums and the uncertainty this causes across all aspects of the business of the Board creates pressures and takes a toll that a small DHB working in isolation is unlikely to be able to manage in the medium to long term.

## **Poor change management process**

The introduction of a Central Booking Unit (CBU) to better manage outpatient and elective surgical lists, and to centralise the rosters for theatre sessions, out patient clinics and for visiting specialists, are important and positive moves for the DHB and follows similar moves by other Boards.

The management believed it had pressing reasons to accelerate this work, however, as the Board's internal review points out, the change management process was rushed without adequate communication with staff and without their engagement and input leaving them feeling under valued and their interest and expertise not appreciated or utilised.

For their part, the management team believed it had pressing reasons to accelerate this work although the manner in which the move was

implemented proved to alienate a number of staff and drove one staff member's concerns about a variety of matters into the public arena.

This change process should have been better managed. This, coupled with an ongoing incidence of booking errors since the introduction of this system (none of which have led to actual patient harm but certainly to staff and patient anxiety and inconvenience) has reinforced staff anxieties.

The DHB has committed to an immediate review of the workings of the CBU with expert help from a review panel drawn from their own staff and another DHB. The Review team is pleased that all parties at the DHB now recognise the need to work together to maximise the advantages of these new systems.

### **Recommendation 3**

**Immediate** review of the Central Booking Unit (CBU) by a panel. This must include external personnel and the WCDHB's own expert staff to ensure that the benefits of the new system are fully realised. By including the DHB's own expert staff, this exercise can be used to re build some of the relationships within the organisation that have been damaged by the manner in which the CBU was originally introduced.

The review panel should report to the CEO and the terms of reference of this review must include:

- a) The rationale and benefits for the introduction of the CBU;
- b) Identification of the staff competencies and training necessary to ensure that the CBU works safely, effectively and reliably;
- c) A critical review of the change process used and lessons learnt from that.

## **Credentialing of individual clinicians and clinical departments.**

Given the reliance on locum staff not only is the credentialing of individual clinicians vital, so is the credentialing of whole departments. In order to accelerate progress toward sustainable and appropriate services for the Coast, the reviewers believe that departmental credentialing might best be done in parallel with like departments from other DHBs. This would not only provide clarity about what should be done on the Coast and what ought to be referred out to other centres but would also provide the basis to size and explore regional service provision with neighbouring DHBs.

### **Recommendation 4**

**Re-credentialing of all services.** In addition it is essential to credential each department to ensure that there is clarity about what services are provided on the Coast. If this was done in parallel with like departments

from neighbouring District Health Boards, progress toward the establishment of sustainable services for the Coast through regional service provision might be accelerated. Individual clinicians should be re-credentialed to determine their scopes of practice within this departmental process.

WCDHB should report to the Director-General of Health on its intended process with two months of this report.

## **Sustainable Clinical Services**

The West Coast's absolute reliance on locum cover and resulting ongoing uncertainty about staff numbers and scopes of practice is at the root of many of the difficulties outlined in this report.

Recruitment and retention of senior clinical staff are becoming an increasing problem for all countries and in New Zealand for all of our DHBs. This manifests itself in different ways in different areas: for the larger metropolitan boards this is seen in the highly specialised areas like paediatric oncology; for the smaller boards, in basic services like paediatrics, obstetrics and gynaecology, orthopaedics, general surgery and anaesthesia.

It is clear that smaller District Health Boards cannot and should not work in isolation. At the level of hospital services, autonomy must make way for collaboration. If we are to maintain high quality, appropriate hospital services for New Zealand's rural and remote communities, a much more proactive, consistent degree of collaboration between DHBs is required. Whilst such discussions invariably create anxiety that more isolated districts might lose services centrally, without regional service planning and implementation this is inevitable.

In this regard the West Coast DHB has been engaged in a sustainability project together with neighbouring District Health Boards and the Ministry of Health. This work is wide ranging and covers a number of areas of Board activity. The reviewers believe that the work stream addressing hospital services must be accelerated.

### **Recommendation 5**

**The achievement of sustainable appropriate hospital services for the West Coast will only be achieved through cooperation and collaboration by and with its neighbours.** Whilst there is currently a process underway addressing this issue, clearly more is required to ensure sustainable models of care are developed as soon as is practicable. In the first instance this will be best achieved through the provision of joint appointments or the establishment of regional services across District Health Board boundaries. The Minister of Health should

signal to Boards that in this vulnerable area of service provision, collaboration is expected and must become the norm.

## Appendix One: Term of Reference

### **Ministry of Health Review of Investigation in to Patient Safety Claims West Coast District Health Board – 13 May 2008**

#### **Introduction**

This document outlines the parameters, and the Ministry of Health (the Ministry) and West Coast District Health Board's (WCDHB) expectations of the review into the investigation of claims made by the joint Head of Department for Anaesthetics.

The investigations undertaken by the Board's acting Chief Medical Advisor (CMA) and other senior members of staff will be reviewed by the Ministry's Principal Medical Advisor (PMA) on behalf of the Director-General of Health...

The purpose of the review is to provide independent assurance to the Minister of Health, the Ministry, WCDHB and the public, that the claims have been adequately investigated and that if there is any substance to the claims that the issues have been appropriately addressed.

#### **Background**

The joint Head of Department for Anaesthetics at West Coast District Health Board (WCDHB) first raised matters she said compromised patient safety in a letter to the Chief Executive officer on 29 January 2008 (appendix one). The Chief Executive Officer responded to this with investigations of all the points made. The joint Head of Anaesthetics later submitted a letter to the District Health Board (DHB) Chairperson on 28 March 2008 (appendix two) detailing further concerns, both reiterated and fresh, about patient safety in Grey Base Hospital.

The Chairperson and acting Chief Executive Officer (CEO) responded to these concerns on 7 April 2008 by asking the acting Chief Medical Advisor to conduct an investigation into the claims made by the joint Head of Department for Anaesthetics (appendix three).

Whilst the investigation into the claims was on going, the Board offered the joint Head of Department for Anaesthetics the opportunity to address them with her concerns. This was offered due to the exceptional concerns present at the time of the claims, including:

- that the Chief Medical Advisor was on indefinite leave and the acting Chief Medical Advisor was new to the position
- the CEO had been on leave
- the Board viewed the matter seriously and wanted to hear the claims directly from the clinician.

The joint Head of Department for Anaesthetics tabled at the Board meeting a hand written note and then subsequently followed this up with a formal letter dated 2 May 2008 outlining more detailed and additional concerns (appendix four). This letter was also sent to the Minister of Health, the Health and Disability Commissioner, the Director-General of Health and the media.

The investigation initiated by WCDHB covers each of the claims made by the joint Head of Anaesthetics in the aforementioned correspondence.

### **Scope of Review**

The scope of the Ministry review is to:

- Review the internal investigations into the claims made by the joint Head of Department for Anaesthetics and provide independent advice on the robustness of the investigation process.

Should there be any concerns with the investigative process then:

- immediately initiate an independent repeat investigation into the allegation(s); and
- oversee the formulation and implementation of a remedial plan.

### **Approach**

The approach used to undertake this review is at the discretion of the PMA, and may involve other expert personnel as required.

The reviewers will have access to all relevant WCDHB staff and facilities. The reviewers will request interviews or written statements from any person they deem to have a perspective relevant to the substance of the review.

Assessment of service standards will be by reference to any standards and guidelines that apply to District Health Boards and health practitioners in New Zealand, including but not limited to guidelines or statements promulgated by the Ministry of Health, responsible authorities under the Health Practitioners Competence Assurance Act, and by relevant professional colleges.

### **Deliverables**

- (1) The reviewers will identify and report on the robustness of the investigative process
- (2) Progress with the formulation and implementation of the DHB's corrective action plan.
- (3) The reviewer will ensure the quality of the corrective action plan and agree upon the deliverables timeframes.

### **Process and Reporting**

The reviewer will be accountable to the Director –General of Health through the Deputy Director-General (DDG) Sector Accountability and Funding for the conduct of the review. As sponsor, the DDG will agree the Terms of Reference, and agree the release of the final review documents.

Except in matters of patient safety, when immediate reporting would be expected, the reviewer will provide a weekly verbal report on progress to the DDG and the Chief Executive for WCDHB.

A report is expected immediately following the conclusion of the review into the investigation.

Should re-investigation of the claims be necessary an interim report is expected within a week of completing the re-investigation and a comprehensive written report is to be completed within three weeks of the completion of the re-investigation.

Editorial control of the report is the responsibility of the reviewers.

Media statements or any public comment on any aspect of this review are to be made only with the agreement of the DDG.

### **Timing**

It is expected that the review into the investigation will substantially be conducted within a four week period. A further four weeks will allow for any required re-investigation, excluding the preparation of the final report.

Approved by: .....

Anthony Hill  
**Deputy-Director General**  
**Sector Accountability & Funding**  
**Ministry of Health**

Date: .....13 June 2008

## **Appendix Two: List of People Interviewed**

### Interviews conducted on 19 May and 20 May 2008.

Dr Clive Garlick conducted these interviews.

Kevin Hague	Chief Executive
Chris le Prou	Hospital General Manager
Mark Bowen	Quality Assurance Manager
Judy Forbes	Anaesthetist
Suzie Newton	Anaesthetist
Kate Honey	Chief Theatre Nurse
Elaine Topp and Bernie Olsen	Day Stay Nurses
Hecta Williams	Acting CE
Julie Lucas	Nurse in ED and OPD
Roger Mills	ED SMO

Clive did not speak with Dr Fiddes, Acting Medical Director, because he was away on leave.

### Interviews conducted on 28 May and 29 May 2008:

All three external reviewers were in attendance for the 28 May 2008. On the 29 May 2008 external reviewers were only Drs Galler and Garlick.

Kevin Hague	
Chris Le Prou	
Dr Judy Forbes	
Alison McDougall	Elective Services coordinator
Dr Malcolm Stuart	Anaesthetist (formerly employed and now a contractor)
Dr Suzie Newton	Anaesthetist
Ms Alice Williams	Outpatients booking clerk
Ms Edie Nimmo	Outpatient Nurse
Ms Elaine Topp	Day surgery nurse
Ms Bernadette Olsen	Pre-assessment nurse
Ms Jeanette Anderson	Manager Physiotherapy Services
Mr Philip Shouler	General Surgeon
Mr Terry Mixter	HoD General Surgery
Ms Rochelle Wilson-Bruce	Roster coordinator,
Ms Sophie Jaine	Manager of CBU during the trial phase
Ms Lonnie McAllister	Consultant to CBU
Ms Sheryl Gamaio	Former theatre booking coordinator (on sick leave)
Ms Mel Caddie	Booking clerk
Later by phone with:	
Mr Tom Fiddes	Acting Medical Director