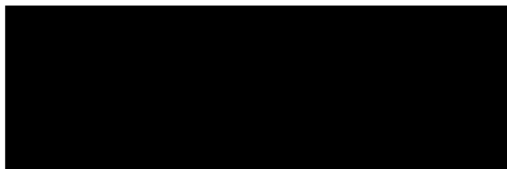


FOI18-101



Dear 

Freedom of information request: FOI18/101

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health on 17 October 2018.

In your application you requested:

“All correspondence from or between any clinical directors within Canberra Hospital and/or ACT Health executives, regarding the use of off site radiology providers/ delays in the making of any medical imaging reports - including but not limited to MRIs, CT scans and X rays/ adverse patient outcomes due to delays or use of offsite radiology reporting, between March 1 and April 28, 2018.”

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 5 December 2018.

Decision on access

Searches were completed for relevant documents and 13 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to 1 document and partial access to 12 documents.

My access decisions are detailed further in the following statement of reasons. The documents released to you are provided as Attachment B to this letter.

I have decided to grant access, under section 50 of the Act, to copies of documents with redactions applied to information that I consider would be contrary to the public interest to disclose.

In reaching my access decision, I have taken the following into account:

- the FOI Act, particularly Schedule 2;
- the content of the documents that fall within the scope of your request;
- the views of relevant third parties; and
- the *Human Rights Act 2004*

Folios 1, 3, 4, 6, 7, 9, and 13 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is personal information about individuals, under schedule 2 2.2 (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

Folios 2, 5, 8, 10 and 11 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information identified in these documents comprises of personal information about individuals, unsubstantiated allegations and information that could reasonably be expected to prejudice the business affairs of an agency.

My reasons for deciding not to grant access to components of folios 2, 5, 8, 10 and 11 are as follows:

Public Interest factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2 2.1 (a) (v) allow or assist inquiry into possible deficiencies in conduct or administration of any agency or public official.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*;

- Schedule 2 2.2 (a)(iv) impede the administration of justice generally, including procedural fairness;
- Schedule 2 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person;
- Schedule 2 2.2 (a) (xiii) prejudice the competitive commercial activities of an agency;
- Schedule 2 2.2(a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Balancing of Public Interest factors

The identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information, if released could reasonably be expected to prejudice the business affairs and competitive commercial activities of an agency. Some of the information contained in these folios is unsubstantiated allegations of negligence and incompetency, which, if released could prejudice the fair treatment of an agency. The release of the identified information would also prejudice the management function of an agency and procedural fairness. The above factors favouring non-disclosure far outweigh the factor identified to favour disclosure, on balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

Further, folios 5, 6, 10 and 11 contain patient identifiable information which has been redacted in accordance with Section 12 of the Act, as the FOI Act does not apply to information in a health record under the *Health records (Privacy and Access) Act 1997*.

Charges

Processing charges are not applicable for this request because the documents released are 50 pages or less.

Online publishing – disclosure log

Under section 28 of the Act, Canberra Health Services maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the Canberra Health Service's disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on Canberra Health Service's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning the Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or e-mail HealthFOI@act.gov.au.

Yours sincerely



Chris Bone
Deputy Director-General
Clinical Services

5 December 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	"All correspondence from or between any clinical directors within Canberra Hospital and/or or ACT Health executives, regarding the use of off site radiology providers/ delays in the making of any medical imaging reports - including but not limited to MRIs, CT scans and X rays/ adverse patient outcomes due to delays or use of offsite radiology reporting, between March 1 and April 28, 2018."	FOI18/101

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1 - 4	E-mail	07/08/2018	Partial	Schedule 2, section 2.2 (a) (ii)	Yes
2	5 - 8	E-mail	09/03/2018	Partial	Schedule 2, section 2.2 (a) (ii) (iv) (xi) (xiii) (xv)	Yes
3	9 - 11	E-mail	13/03/2018	Partial	Schedule 2, section 2.2 (a) (ii)	yes

4	12 - 20	E-mail	16/03/2018	Partial	Schedule 2, section 2.2 (a) (ii)	Yes
5	21 - 25	E-mail	21/03/2018	Partial	Schedule 2, section 2.2 (a) (ii) (iv) (xi) (xiii) (xv)	Yes
6	26 - 30	E-mail	21/03/2018	Partial	Schedule 2, section 2.2 (a) (ii)	yes
7	31 - 34	E-mail	21/03/2018	Partial	Schedule 2, section 2.2 (a) (ii)	Yes
8	35	E-mail	21/03/2018	Partial	Schedule 2, section 2.2 (a) (ii) (iv) (xi) (xiii) (xv)	Yes
9	36 - 37	E-mail	21/03/2018	Partial	Schedule 2, section 2.2 (a) (ii)	yes
10	38 - 40	E-mail	23/03/2018	Partial	Schedule 2, section 2.2 (a) (ii) (iv) (xi) (xiii) (xv)	Yes
11	41 - 44	E-mail	27/03/2018	Partial	Schedule 2, section 2.2 (a) (ii) (iv) (xi) (xiii) (xv)	Yes
12	45 - 46	E-mail	12/04/2018	Partial		yes
13	47 - 50	E-mail	13/04/2018	Partial	Schedule 2, section 2.2 (a) (ii)	Yes
Total No of Docs						
13						

Whittall, Christine (Health)

From: Berry, Stuart (Health)
Sent: Wednesday, 7 March 2018 9:11 PM
To: Duggan, Mark (Health)
Cc: Bone, Chris (Health); Berry, Stuart (Health)
Subject: RE: Weekend sessions [SEC=UNCLASSIFIED]

I don't seem to have a March roster from today (from Monday most recent), only the April one received today. Can you resend. Previous emails on dates needed to cover become out of date quickly so need to be updated. This happened last week when TJ was going to work Sunday 4/3 but you had arranged AG.

Would you send out the details, of the alternate arrangements to all the consultants for the weekend future uncovered AM and day shifts.

For CTs Everlight is the same as Calvary, takes calls, protocols and reports.

For US the referrers will contact the sonographers directly as happens at Calvary.

If US is managed through the registrar the oncall consultant not the AM one will need to supervise and report which has not been the situation.

For MRI and screening fluoro cases the registrar is oncall and contacts the oncall consultant.

Then it is clear to radiologists and registrars the situation, and needs to be clarified for the RANZCR accreditation.

There is a consultant meeting tomorrow where you could explain this.

The last DAY shift I did on 3/3/18 had 33 CT, 10 US, and 50 xr which would be nearly triple at \$8000 to send offsite. Other days with 15 CT and 5 US 20 xray would be different with other costs.

Thanks
 Stuart

From: Duggan, Mark (Health)
Sent: Wednesday, 7 March 2018 8:10 PM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Re: Weekend sessions [SEC=UNCLASSIFIED]

The roster sent out today has the dates where we need DAY sessions filled, please refer to this as it is up to date. To be clear the urgent issue is this Saturday and Sunday DAY sessions. There are also many emails on the subject that have dates identified.

No we are not using [REDACTED] as the cost of travel and accomodation plus the day rate makes hard. I don't believe there is a contract in place for [REDACTED] and we wont be issuing one.

As I indicated in my previous email unfilled DAY shifts will be covered by Everlight and registrars for the DAY shifts will not be doing prelim reports so no college issue. I am not referring to AM shifts.

I don't want to send out studies to Everlight but I have a responsibility to ensure we continue to provide a service.

Mark.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPad

On 7 Mar 2018, at 8:02 pm, Berry, Stuart (Health) <Stuart.Berry@act.gov.au> wrote:

Mark

What days need to be covered, with AM and Day shifts, would you send a list of the days and dates in March, is this still the Sat 10/3 and Sun 11/3.

I will ask at the consultant meeting scheduled for 1100 AM tomorrow, I had sent that out before your email with the 1000 am time.

Would you send out the details, of the alternate arrangements to all the consultants for the weekend AM and day shifts.

Have you contacted [REDACTED] to see if interested.? Financially it will be cheaper than sending out. Martina was interested but her credentialling was not processed.

Thanks
Stuart

From: Duggan, Mark (Health)
Sent: Wednesday, 7 March 2018 5:44 PM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Re: Weekend sessions [SEC=UNCLASSIFIED]

Stuart,

If we do not have consultants accepting the weekend DAY shifts I have approval from Chris to send to Everlight. The registrars will not be reporting these studies, they will be tracked straight to Everlight. The AM sessions remain as is.

This ensures that the registrar are not being supervised remotely.

If I don't here from anyone by 10am I will have no option but to advise Everlight as they need notice of the request.

The roster sent out today has the dates not covered in April but we still have a significant issue with March. Please address these with consultants in the first instance as per my email last night.

Regards,

Mark.

Mark Duggan
Director Medical Imaging
Mobile: [REDACTED]

Sent from my iPhone

On 7 Mar 2018, at 5:19 pm, Berry, Stuart (Health) <Stuart.Berry@act.gov.au> wrote:

Dear Mark, Chris

I don't know what consultants have arranged and emailed before to yourself and Melissa as emailed/discussed previously.

There have been around 10 of these days I have been notified at short notice on the Thursday or Friday before the weekend that I have covered on the weekend myself.

You had emailed me June 23 that rosters are not my area and are your responsibility.

Would you send a list of the dates in April with what days people will cover, I can ask at the meeting tomorrow.

I have requested you send the alternate arrangements to the consultant group, could you send so this can be discussed in a consultant meeting tomorrow.

I have asked the DOTS to clarify with registrars' supervision arrangements for weekends being sent out.

They are not able to be supervised from a distance with RANZCR requirements

Longer term, I think the HR should investigate why it is not compulsory for consultants to cover the weekend AM and Days, like other hospital areas. Ross says because it is paid it is voluntary, but ortho is paid and everyone there contributes.

Longer term recruitment of younger radiologists to the 2.25 vacant FTE who are signed up to do weekends is what happens elsewhere.

The rate has not changed, while the work has increased.

Kind regards
Stuart

-----Original Message-----

From: Duggan, Mark (Health)

Sent: Wednesday, 7 March 2018 3:35 PM

To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>

Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>

Subject: RE: Weekend sessions [SEC=UNCLASSIFIED]

Dear Stuart,

As I have had no response from yourself to this email or any response from the consultants for the weekend DAY sessions if I have not received any further advice by 10am tomorrow I will be arranging for alternate options to ensure patient care is not compromised.

Kind Regards,

Mark.

Mark Duggan
Director Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254

Mobile: [REDACTED]

-----Original Message-----

From: Duggan, Mark (Health)

Sent: Tuesday, 6 March 2018 9:09 PM

To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>

Subject: Weekend sessions

Dear Stuart,

The issue of having consultants volunteer to cover the weekend AM and DAY sessions is becoming increasingly hard.

The arrangement for consultants to cover these sessions was in place prior to my arrival however it is now being covered by very few consultants.

Can I please ask for that you in your capacity as Clinical Director to seek volunteers for these sessions through March and April.

If the issue is not resolved over the next couple of weeks I will need to make recommendations as it is currently not sustainable. This email is not about discussions re registrars or work practices it is simply to seek your help in getting the consultants to volunteer for weekend sessions.

Thank you,

Mark.

Mark Duggan
Director Medical Imaging
Mobile: [REDACTED]

Sent from my iPad

Vaughan, Kristi-Lee (Health)

From: Carlisle, Hazel (Health)
Sent: Friday, 9 March 2018 3:44 PM
To: Fletcher, Jeffery (Health)
Subject: Re: Radiology [SEC=UNCLASSIFIED]

Thanks Jeff

The agreement came before the RCA after a meeting between myself and Marg Duggan.
 The RCA is still being finalised - the case is [REDACTED]. I am not on that RCA and have not yet seen the recommendations. [REDACTED]

Regards
 Hazel

Sent from my iPhone

On 9 Mar 2018, at 3:08 pm, Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au> wrote:

Thanks Hazel
 I will email Chris Bone as the ED of radiology to let him know and support no off site reporting for neonatologists –
 Can you recall the RCA number that this was a recommendation from.

Cheers
 Jeff

From: Carlisle, Hazel (Health)
Sent: Friday, 9 March 2018 11:50 AM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: Chaudhari, Tejasvi (Health) <Tejasvi.Chaudhari@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>; Cleary, Donna (Health) <Donna.Cleary@act.gov.au>
Subject: FW: Radiology [SEC=UNCLASSIFIED]

Dear Liz, Boon and Jeff
 It was agreed sometime ago that Xrays from the NICU would be reported in house and not off site.
 (see the emails below).

[REDACTED]

This has not yet been actioned.
 I have contacted Mark Duggan again, but thought I should update you also as I believe it is a risk to the department.
 Regards
 Hazel

From: Carlisle, Hazel (Health)
Sent: Friday, 9 March 2018 11:44 AM
To: Duggan, Mark (Health)
Subject: RE: Radiology [SEC=UNCLASSIFIED]

Hi Mark
 Disappointingly this is still not fixed.
 [REDACTED]

[REDACTED] All these phone calls were during the day and the Xrays were taken some time earlier (I am not even sure if they were the night before or not)-so the benefit of off-site overnight report was not apparent.

Can you please look into this as soon as possible. Is there an easy way for us to determine where the reports come from so that I can monitor this. I understood that all NICU Xrays were now going to be reported in house?

Regards
Hazel

From: Duggan, Mark (Health)
Sent: Tuesday, 28 November 2017 1:16 PM
To: Carlisle, Hazel (Health)
Subject: RE: Radiology [SEC=UNCLASSIFIED]

Hi Hazel,

You are correct the studies are to be reported by CHHS MI radiologists. I was not aware (until your email) that this was not the case so I will follow up as a matter of urgency.

Thanks,

Mark Duggan
Ag Manager
Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254
Mobile: [REDACTED]

From: Carlisle, Hazel (Health)
Sent: Tuesday, 28 November 2017 9:59 AM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: Radiology [SEC=UNCLASSIFIED]
Importance: High

Dear Mark.

Thanks for meeting with me in August.

I want to bring up the problem with neonatal reporting again. I believe that we agreed that these Xrays would be managed in house when we met. (This is the email I sent out to my team).

I understand this is still not the case in practise. [REDACTED]

[REDACTED]

Can you please confirm who is reporting neonatology inpatient imaging performed both in hours and out of hours and if there is a planned change when it is likely to be?.

Kind Regards

Hazel

Dr Hazel Carlisle
 Clinical Director, Department of Neonatology
 Centenary Hospital for Women and Children
 Canberra Hospital
 Building 11, Level 2 | Yamba Drive | Garran ACT 2605
 PO Box 11 | Woden | ACT 2606

Ph: (02) 6174 7565 | Fax: (02) 6244 3112

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From: Carlisle, Hazel (Health)
Sent: Thursday, 10 August 2017 7:18 PM
To: Allermo-Fletcher, Angelica (Health) <Angelica.ALLERMO-FLETCHER@act.gov.au>; Chaudhari, Tejasvi (Health) <Tejasvi.Chaudhari@act.gov.au>; Cochrane, Tim (Health) <Tim.Cochrane@act.gov.au>; Dyson, Amanda (Health) <Amanda.Dyson@act.gov.au>; Kecskes, Zsuzsoka (Health) <Zsuzsoka.Kecskes@act.gov.au>; Kent, Alison (Health) <Alison.Kent@act.gov.au>; Mohamed, Abdel-Latif (Health) <Abdel-Latif.Mohamed@act.gov.au>; Panda, Malavika (Health) <Malavika.Panda@act.gov.au>; Todd, David (Health) <David.Todd@act.gov.au>
Subject: Radiology [SEC=UNCLASSIFIED]

Dear All

I met with Mark Duggan and fed back that last week/over the weekend our Xrays were still not being reported urgently as promised. We did receive some phone calls but there was no timely report on many infants. I also fed back that there is an issue with reports from external sources not having enough clinical details or previous Xrays to compare to.

There was an agreement that instead of out sourcing the Xray reporting (as they were doing), NICU Xrays would be reviewed in house with the expectation therefore that the urgent overnight report would come from the registrar with a follow up final report the following day.

I support this approach.

Please can you monitor Xray reports over the next few weeks and let me know if we continue to experience a delay in reports, or if there is any issue with the quality of the provisional reports from registrars.

Regards

Hazel

Dr Hazel Carlisle
 Clinical Director, Department of Neonatology
 Centenary Hospital for Women and Children
 Canberra Hospital
 Building 11, Level 2 | Yamba Drive | Garran ACT 2605
 PO Box 11 | Woden | ACT 2606

Ph: (02) 6174 7565 | Fax: (02) 6244 3112

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Whittall, Christine (Health)

From: Berry, Stuart (Health)
Sent: Tuesday, 13 March 2018 10:42 AM
To: Duggan, Mark (Health); Bone, Chris (Health); Berry, Stuart (Health)
Cc: Bain, James (Health); Ashton, David (Health); O'Neil, Ross (Health); Bush, Leigh (Health); Saunder, Kate (Health); Smith, Andrea (Health)
Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Hi Mark

Easter has unfilled days as AM and DAYs.

Have you found a time this week to meet and discuss the alternate plan with radiologists and registrars before the training program accreditation.

I have suggested meeting regularly with consultants before, as there are different issues to the communication meeting.

Kind regards
 Stuart

From: Berry, Stuart (Health)
Sent: Thursday, 8 March 2018 3:10 PM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bain, James (Health) <James.Bain@act.gov.au>; Ashton, David (Health) <David.Ashton@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Bush, Leigh (Health) <Leigh.Bush@act.gov.au>; Saunder, Kate (Health) <Kate.Saunder@act.gov.au>; Smith, Andrea (Health) <Andrea.Smith@act.gov.au>
Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Hi Mark

We need to meet and resolve the alternate offsite will work with weekend AM and DAY with a written plan before the RANZCR training program accreditation visit on 19/3/18.

No radiologist or registrar have the details of the alternate plan referred to.

Can we schedule the meeting to discuss with radiologists and registrars for next Wednesday 14/3/18 afternoon, 1400, 1500, or Tuesday 13/3/18.

The alternate plan needs to be discussed with registrars and consultants how the alternate offsite will work with weekend AM and DAY shifts to minimise any confusion to minimise patient safety risk.

Thanks
 Stuart

From: Duggan, Mark (Health)
Sent: Thursday, 8 March 2018 3:05 PM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bain, James (Health) <James.Bain@act.gov.au>; Ashton, David (Health) <David.Ashton@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Bush, Leigh (Health) <Leigh.Bush@act.gov.au>; Saunder, Kate (Health) <Kate.Saunder@act.gov.au>; Smith, Andrea (Health) <Andrea.Smith@act.gov.au>
Subject: Re: Weekend Cover [SEC=UNCLASSIFIED]

I can't do this time I will come back later and confirm who from my team needs to attend.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 8 Mar 2018, at 3:01 pm, Berry, Stuart (Health) <Stuart.Berry@act.gov.au> wrote:

Hi Mark

Can we schedule the meeting to discuss with radiologists and registrars for next Wednesday 14/3/18 afternoon, 1400, 1500.

Discuss with registrars and consultants how the alternate offsite will work with weekend AM and DAY shifts to minimise any confusion patient safety risk.

Thanks
 Stuart

From: Duggan, Mark (Health)
Sent: Thursday, 8 March 2018 11:17 AM
To: Bain, James (Health) <James.Bain@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Ashton, David (Health) <David.Ashton@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Bush, Leigh (Health) <Leigh.Bush@act.gov.au>; Saunder, Kate (Health) <Kate.Saunder@act.gov.au>; Smith, Andrea (Health) <Andrea.Smith@act.gov.au>
Subject: Re: Weekend Cover [SEC=UNCLASSIFIED]

James,

Please leave this with management to work through.

I will work with my team on any issues and it is not reasonable to speak on there behalf. If they have an issue then they will speak with me one on one.

We only look at options when we have no doctors to work on weekends.

Thankfully it is not the case this weekend.

Regards,

Mark.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 8 Mar 2018, at 10:55 am, Bain, James (Health) <James.Bain@act.gov.au> wrote:

Hi,

I've been asked by Stuart what the registrars would do in the event of no consultant cover on weekends which was about to occur this weekend. As a group the overwhelming majority would not be comfortable working in an unsupervised environment if studies are to be sent off site. We have communicated this to Dr. Ashton this morning on the request of Dr. Berry. I suspect the CT radiographers and sonographers feel the same.

I'm also unsure if we would be classed as a tertiary hospital (or be doing adequate service to the public) without on-site radiology and I suspect this raises a host of other complex issues which only management could appreciate.

Hopefully the ongoing issue of consultant cover on the weekends can be fixed in the near future.

Thanks

James

Whittall, Christine (Health)

From: Berry, Stuart (Health)
Sent: Friday, 16 March 2018 11:52 AM
To: Duggan, Mark (Health)
Cc: Bone, Chris (Health); Berry, Stuart (Health)
Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Thanks
 Would you get Ross to email a reply please.
 Stuart

From: Duggan, Mark (Health)
Sent: Friday 16 March 2018 11:34
To: Berry, Stuart (Health)
Cc: Bone, Chris (Health)
Subject: Re: Weekend Cover [SEC=UNCLASSIFIED]

I will speak with Ross and come back to you. Please note this is only in the event that the sessions are not filled

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 16 Mar 2018, at 11:26 am, Berry, Stuart (Health) <Stuart.Berry@act.gov.au> wrote:

Hi Mark

Following up.

I need a description of the registrar duties in the event offsite reporting, for the college visit on 19/3.

Do you want to ask Ross and David.

With no change to registrar rosters ? registrars remains onsite in the department during those shifts in the event offsite reporting and take calls, doing protocols, and providing input to radiographers for these cases, or they go back to being oncall.

Thanks
 Stuart

From: Berry, Stuart (Health)
Sent: Thursday 15 March 2018 17:58
To: Duggan, Mark (Health); Berry, Stuart (Health)
Cc: Bone, Chris (Health)
Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Hi

I am a bit confused.

Does this mean registrars remains onsite in the department during those shifts if reporting is sent out.

Would they be taking calls, doing protocols, and providing input to radiographers?

Thanks
 Stuart

From: Duggan, Mark (Health)
Sent: Thursday, 15 March 2018 4:31 PM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Re: Weekend Cover [SEC=UNCLASSIFIED]

No change to rosters in the event offsite reporting needed

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 15 Mar 2018, at 4:08 pm, Berry, Stuart (Health) <Stuart.Berry@act.gov.au> wrote:

Hi

I need to clarify
 how the registrar rostering is changed on the days affected with offsite.
 Is the registrar switched to oncall, still onsite for the DAY, EVENING, NIGHT shift.?

Thanks
 Stuart

From: Berry, Stuart (Health)
Sent: Thursday, 15 March 2018 4:01 PM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Hi Mark

Thank you for the email.
 I am happy to provide my opinion before this is presented to the consultant group, and think the plan has potential to be adjusted for the agreement of the consultant group.

I agree, weekends need to be addressed with a plan if there is no consultant cover, which is likely in the future.
 This is quite similar to how my previous work with a privately run public and private hospital sending out everything except MRI, intervention and screening.
 There are more cost effective alternatives to outsourcing, as detailed below again in the email of 13/3/18.
 The ACTPS requires consideration of financial resources.

I have requested you meet with the consultants as a group, to discuss the "alternate" plan for reporting.
 I am not authorised by consultant radiologists to make workplace decisions on work practice for consultants behalf.
 Alternate reporting requires involvement of Directors of training input, registrars to satisfy RANZCR Training accreditation.

I note the plan below you sent does not include details required to maintain patient safety, and require consultation with the radiologist group.

-Screening fluoro studies.

These are ordered for paediatric malrotation studies, and reduction of intussusceptions.

Both of these conditions are a significant patient safety risk and are fatal if not diagnosed and treated.

-Acute MRI.

Supervision and radiologist input are a RANZCR Practice requirement, and NATA facility requirement, which is in turn a Medicare requirement.

-Registrar shifts

DOT's need to decide how the registrar rostering is changed on the days affected.

This is the written agreement Murali and Ross had written pasted below from 2015.

It was before a night registrar.

Anything else needs requires consultation with and agreement of the consultant group.

Kind regards

Stuart

As emailed

From: Berry, Stuart (Health)

Sent: Tuesday, 13 March 2018 3:45 PM

To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Bone, Chris (Health)

<Chris.Bone@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>

Cc: Bain, James (Health) <James.Bain@act.gov.au>; Ashton, David (Health)

<David.Ashton@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Bush,

Leigh (Health) <Leigh.Bush@act.gov.au>; Saunder, Kate (Health)

<Kate.Saunder@act.gov.au>; Smith, Andrea (Health) <Andrea.Smith@act.gov.au>

Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Hi Mark

Easter has unfilled days as AM and DAYS, and this situation will predictably recur in the future, and needs to be considered in advance.

Have you found a time this week to meet and discuss the alternate plan and a solution with radiologists and registrars before the training program accreditation visit.

At the consultant meeting this morning some solutions to cover the weekend AM and DAYS were raised.

Ex registrars.

██████████ to see if interested. ██████████ was interested but her credentialing was not processed.

Financially it will be cheaper and with less patient safety risk than sending out.

Additional consultants

ADD an extra consultant per day.

Weekend agreement.

Revise the current voluntary agreement.
 The rate has not changed for 7years, while the work has increased.
 Payment to staff via a separate contracting arrangement.

Recruitment.

Recruitment of radiologists to the 2.25 vacant permanent FTE (LC, TR, JP) who are signed up to do weekends is what happens elsewhere.

There is also the previous agreement detailed between MG and TCH.
 This was written before night registrars, I will leave that to DOT's to work out how the registrar fits in.

Kind regards
 Stuart

As emailed

Sent: Wednesday, 7 March 2018 9:11 PM

For CTs Everlight is the same as Calvary, takes calls, protocols and reports.
 For US the referrers will contact the sonographers directly as happens at Calvary.
 If US is managed through the registrar the oncall consultant not the AM one will need to supervise and report which has not been the situation.
 For MRI and screening fluoro cases the registrar is oncall and contacts the oncall consultant.
 Then it is clear to radiologists and registrars the situation, and needs to be clarified for the RANZCR accreditation.

From: Guduguntla, Murali (Health)

Sent: Thursday, 2 April 2015 10:11 AM

To: Thompson, Ian (Health) <Ian.Thompson@act.gov.au>; Reid, Barbara (Health) <Barbara.Reid@act.gov.au>; Lang, Kellie (Health) <Kellie.Lang@act.gov.au>; Hallam, Lavinia (Health) <Lavinia.Hallam@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Ashton, David <davidashton@me.com>; Despois, Mervyn (Health) <Mervyn.Despois@act.gov.au>; Guduguntla, Murali (Health) <Murali.Guduguntla@act.gov.au>

Cc: Garg, Apurv (Health) <Apurv.Garg@act.gov.au>; Krishna, Dayanethee (Health) <Dayanethee.Krishna@act.gov.au>; Al-Hindawi, Mohammed (Health) <Mohammed.Al-Hindawi@act.gov.au>; Allen, Robert (Health) <Robert.Allen@act.gov.au>; [REDACTED];

Ashton, Kathy (Health) <Kathy.Ashton@act.gov.au>; [REDACTED]; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; [REDACTED];

Cockburn, John (Health) <John.Cockburn@act.gov.au>; Foley, Peter (Health) <Peter.Foley@act.gov.au>; [REDACTED]; [REDACTED];

[REDACTED]; Harvey, Anne (Health) <Anne.Harvey@act.gov.au>; Javaid, Ahmad (Health) <Ahmad.Javaid@act.gov.au>; [REDACTED];

Jyoti, Rajeev (Health) <Rajeev.Jyoti@act.gov.au>; Jyoti, [REDACTED]; Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>; [REDACTED];

[REDACTED]; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>; [REDACTED];

Price, Jeremy (Health) <Jeremy.Price@act.gov.au>; [REDACTED]
 [REDACTED]; Sullivan, Paul (Health) <Paul.Sullivan@act.gov.au>
Subject: FW: Summary of the meeting with Ian Thompson on 30th March 2015

Date and Time: 30th March 2015; 3.30PM to 4.30PM

Venue: Building 24, Level1, Meeting Room1

Attended by: IT, LH, BR, KL, MD, RO, DA, MG

Summary of the discussions:

- Day sessions, 9AM - 5PM, reporting on weekends and public holidays by Staff Radiologists has been agreed by Ian Thompson (IT) as per the existing arrangements (SEA-B). This will be reviewed in six months' time to assess the workloads.
- New costing on after hours billings has been revised and the new figure given is \$300,000. This still has taken into consideration of future loss of billings from NCPH and IPO overseas reporting. Second reads of Medicare billable patients will be done by the Staff Radiologists as soon as practicable on the next business day to avoid loss of revenue. This will be reviewed in six months' time.
- IPO will report after hours CTs and Plain x-rays only done from 5PM to 9AM on weekdays, weekends and public holidays. IPO will also cover unforeseen absences as a result of personal leave and to avoid revenue loss there will be an internal adjustment to the roster to send ED and inpatient imaging for IPO reporting. This will be reviewed in six months' time.
- Provider numbers: IT agreed to not issue provider numbers to IPO. The situation will be reviewed in six months' time.
- IT will be meeting with HSU (Health Services Union) on 31st March to discuss Radiographer and Sonographer concerns regarding possible changes in work practice. IT will inform Radiologists of the outcome as soon as possible.
- SEAs:
 - IT agreed to provide a written guarantee that IPO contract will not be changed without consulting Staff Radiologists. No arbitrary adjustment of SEAs. There is no plan to vary Staff Radiologist's SEA/Scheme.
 - IT confirmed that IPO contract will absolutely not be linked with Staff Radiologist's SEA/Scheme.
 - IT guaranteed that IPO contract will not have any impact on Staff Radiologist's SEA/Scheme. IPO will not be used as a back up to negotiate new SEA/Scheme.
 - Lavinia Hallam proposed that the new EBA should clearly address the Staff Radiologist's SEA/ Scheme. IT agreed to address the ambiguity of the terminology Scheme/SEA.
- IT agreed for the on call cover by Registrars and Radiologists to continue as per current arrangements.
- Registrars will attend the hospital for after-hours ultrasounds, screenings, MR and consultations as is currently done.
- Registrars will not be on duty for CT protocols or injections as it will be the responsibility of the IPO. Interim arrangements may be considered after addressing issues raised at HSU meeting.
- Currently Medical Imaging Nursing Staff inject the contrast until 10PM. Arrangements will need to be made for administration of contrast after 10PM.

- Liaison with ED will be necessary to confirm arrangements for the after-hours administration of contrast.
- IPO will need to do online ordering of contrast.
- IPO Radiologists will need ACT Radiation licences.

From: Duggan, Mark (Health)
Sent: Thursday, 15 March 2018 2:52 PM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Stuart,

Please Note: Not for distribution

As requested this email provides you with an outline of the strategy for the alternate approach when weekend sessions cannot be filled by consultants noting that CHHS consultants filling the weekend sessions was by prior agreement with consultants.

1. On weekends where AM or DAY sessions cannot be filled by CHHS consultant staff specialists studies will be sent for offsite reporting
2. Radiographers and Sonographer will track studies directly to Everlight
3. For sessions where CHHS consultant staff specialists are not rostered Registrars are not required to provide preliminary reports which ensures they are not reporting without onsite support and therefore college consideration not needed for accreditation
4. Where clinical support is required by the registrar/radiographer/Sonographer the on call consultant will be engaged
5. Where weekend sessions are to be reported by Everlight as Director Medical Imaging I will advise CHHS executive directors and clinical area's where needed

Please note: Everlight will be advised by midday on Thursday on prior to the weekend where we do not have consultants to fill the vacant AM or DAY sessions and Everlight only advised when all offers to fill the vacant sessions have been offered to all consultants.

With regard to your request for a meeting with consultants to discuss recruitment of additional consultants, variation to the current agreement and a request for an increase in the sessional rate this needs to be discussed at a meeting with you, Chris Bone and myself. All of these requests will require additional spending and cannot be flagged or discussed until we meet with Chris.

With options now available for weekend reporting until after Easter and hospital accreditation next week I am proposing that Chris sets up a meeting in the next 2-3 weeks for the 3 of us to discuss and then communicate with stakeholders including medical and non-medical staff.

Regards,

Mark.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

From: Berry, Stuart (Health)
Sent: Thursday, 8 March 2018 3:10 PM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bain, James (Health) <James.Bain@act.gov.au>; Ashton, David (Health) <David.Ashton@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Bush, Leigh (Health) <Leigh.Bush@act.gov.au>; Saunder, Kate (Health) <Kate.Saunder@act.gov.au>; Smith, Andrea (Health) <Andrea.Smith@act.gov.au>
Subject: RE: Weekend Cover [SEC=UNCLASSIFIED]

Hi Mark

We need to meet and resolve the alternate offsite will work with weekend AM and DAY with a written plan before the RANZCR training program accreditation visit on 19/3/18.

No radiologist or registrar have the details of the alternate plan referred to.

Can we schedule the meeting to discuss with radiologists and registrars for next Wednesday 14/3/18 afternoon, 1400, 1500, or Tuesday 13/3/18.

The alternate plan needs to be discussed with registrars and consultants how the alternate offsite will work with weekend AM and DAY shifts to minimise any confusion to minimise patient safety risk.

Thanks
 Stuart

From: Duggan, Mark (Health)
Sent: Thursday, 8 March 2018 3:05 PM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bain, James (Health) <James.Bain@act.gov.au>; Ashton, David (Health) <David.Ashton@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Bush, Leigh (Health) <Leigh.Bush@act.gov.au>; Saunder, Kate (Health) <Kate.Saunder@act.gov.au>; Smith, Andrea (Health) <Andrea.Smith@act.gov.au>
Subject: Re: Weekend Cover [SEC=UNCLASSIFIED]

I can't do this time I will come back later and confirm who from my team needs to attend.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 8 Mar 2018, at 3:01 pm, Berry, Stuart (Health) <Stuart.Berry@act.gov.au> wrote:

Hi Mark

Can we schedule the meeting to discuss with radiologists and registrars for next Wednesday 14/3/18 afternoon, 1400, 1500. Discuss with registrars and consultants how the alternate offsite will work with weekend AM and DAY shifts to minimise any confusion patient safety risk.

Thanks
Stuart

From: Duggan, Mark (Health)
Sent: Thursday, 8 March 2018 11:17 AM
To: Bain, James (Health) <James.Bain@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Ashton, David (Health) <David.Ashton@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Bush, Leigh (Health) <Leigh.Bush@act.gov.au>; Saunder, Kate (Health) <Kate.Saunder@act.gov.au>; Smith, Andrea (Health) <Andrea.Smith@act.gov.au>
Subject: Re: Weekend Cover [SEC=UNCLASSIFIED]

James,

Please leave this with management to work through.

I will work with my team on any issues and it is not reasonable to speak on there behalf. If they have an issue then they will speak with me one on one.

We only look at options when we have no doctors to work on weekends.

Thankfully it is not the case this weekend.

Regards,

Mark.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 8 Mar 2018, at 10:55 am, Bain, James (Health) <James.Bain@act.gov.au> wrote:

Hi,

I've been asked by Stuart what the registrars would do in the event of no consultant cover on weekends which was about to occur this weekend. As a group the overwhelming majority would not be comfortable working in an unsupervised

environment if studies are to be sent off site. We have communicated this to Dr. Ashton this morning on the request of Dr. Berry. I suspect the CT radiographers and sonographers feel the same. I'm also unsure if we would be classed as a tertiary hospital (or be doing adequate service to the public) without on-site radiology and I suspect this raises a host of other complex issues which only management could appreciate. Hopefully the ongoing issue of consultant cover on the weekends can be fixed in the near future.

Thanks
James

Whittall, Christine (Health)

From: Berry, Stuart (Health)
Sent: Wednesday, 21 March 2018 10:21 AM
To: Duggan, Mark (Health); Berry, Stuart (Health)
Cc: Bone, Chris (Health)
Subject: RE: MRI outpatients [SEC=UNCLASSIFIED]

Hi Mark

I am disappointed that this has not been discussed and managed in a different way.
 It is distressing that I am notified after the group email is sent out, and am otherwise completely uninvolved.

Options short term
 include extras on a weekend
 Using a weekend locum [REDACTED] so the TCH consultant may report extra MROP shift
 Using a weekday locum so TCH consultant may do MRIOP

Long term
 Recruitment to the vacant consultant FTE 2.5

I refer to the emails I sent last year pasted below.

Kind regards
 Stuart

From: Berry, Stuart (Health)
Sent: Friday, 23 June 2017 3:51 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Subject: FW: CT and MRI outpatient [SEC=UNOFFICIAL]

Dear Chris

As before I wish to work together to make the department more productive and cost effective, and maintain the training accreditation status.
 I will be honest in a straight up NZ way in advice, as there are limitations with personnel etc.
 The setup is not like private.

Not arranging the roster creates daily issues as registrars send multiple emails to Mark asking who the cases go to, and then ask me when there is no reply.
 That is a patient safety issue, and staff issue, so they need to know what to do.
 I resolved that.

Sending the outpatient work out is not a solution, to improve things overall.
 I can understand the frustration dealing with people who don't want to do work as I receive a few hours a day of complaints.
 There is group not like that who just wish to get on with the work, and this does not help.

Have a great weekend.

Thanks
Stuart

From: Berry, Stuart (Health)
Sent: Friday 23 June 2017 15:20
To: Duggan, Mark (Health); Fletcher, Jeffery (Health); [REDACTED]
Cc: Berry, Stuart (Health)
Subject: RE: CT and MRI outpatient [SEC=UNOFFICIAL]

add this
 CTCTOP from 16/6/2017 sent to IPO ACC [REDACTED]

From: Berry, Stuart (Health)
Sent: Friday 23 June 2017 14:57
To: Duggan, Mark (Health); Fletcher, Jeffery (Health); [REDACTED]
Cc: Berry, Stuart (Health)
Subject: RE: CT and MRI outpatient [SEC=UNOFFICIAL]

Hi Mark

I have separately been advised and requested to contact you regarding outsourcing of MRI outpatients scanned on Fri 16/6, with reports from Everlight dated today. These are only 5 business days old today, and likely would have been sent away earlier at 2-3 days old, outsourced earlier this week ?on Tuesday or Wednesday.

[REDACTED] (liver MRI)

[REDACTED] (base of skull MRI)

I can't find any email query to myself on the studies asking for a report earlier, and was not approached. I appreciate someone else may have been asked verbally to do a report and declined as these are less common studies, and maybe no one else was contacted. If there is an urgent request for a report, there also needs to be an email sent to all radiologists.

There is a written agreement following the meetings last year to provide radiologists notice in advance of possibly sending out work not previously agreed if reporting was delayed beyond 7 business days. The radiologists require that this agreement is followed.

Those radiologists in the top of productivity and RVU want to work together for an efficient quality service. This action undermines covering the weekends, and all the daytime activities that can't be outsourced.

Kind regards
Stuart

From: Berry, Stuart (Health)
Sent: Friday 23 June 2017 14:11
To: Duggan, Mark (Health); Fletcher, Jeffery (Health); [REDACTED]
Cc: Berry, Stuart (Health)
Subject: RE: CT and MRI outpatient [SEC=UNOFFICIAL]

Hi Mark

I have been requested to bring the outsourcing of BND/DEXA to your attention.

15 BMDs were sent out to Everlight for offsite reporting with the accession numbers below.

I was not aware this was happening, and cannot find an email to myself regarding this from yourself, however may have missed one.

There was a written agreement following the meetings last year to provide radiologists notice in advance of possibly sending out work not previously agreed if reporting was delayed beyond 7 business days.

You had confirmed that in email 22/12/16.
The radiologists would ask that this agreement is followed.

At the moment they are in the NUC list, and I have emailed Scott and you this morning to create a specific stand alone BMD-DEXA list to improve the visibility on RISPACS.

Many radiologists rostered on US would not have known where to look.

Paul actually does not report these, possibly the BMDs should be allocated to the extras reporting area, to overcome this.

With recent changes the ultrasound consultant may have been unaware and I appreciate it may have slipped through.

We can discuss next week.

Kind regards
Stuart

Accession


From: Duggan, Mark (Health)
Sent: Thursday, 22 December 2016 10:17 AM
To: Berry, Stuart (Health); Foley, Peter (Health); Ashton, David (Health)
Subject: CT and MRI outpatient [SEC=UNOFFICIAL]
Importance: High

Hi Guy's,

Before sending any reports out of medical imaging I will send an email seeking assistance for those studies that have exceeded the 7 business days or of a clinician rings seeking an urgent report.

Thanks,

Mark Duggan
Ag Manager
Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254
Mobile: 

From: Duggan, Mark (Health)
Sent: Wednesday, 21 March 2018 8:20 AM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: FW: MRI outpatients [SEC=UNCLASSIFIED]
Importance: High

Stuart,

With the continued number of unplanned leave days (at short notice) I am sending out the MRI outpatient studies below for offsite reporting. The number of calls from referrers has increased in line with the number of unplanned leave days. I will also be reviewing the roster for Cardiac CT as this appears to be a day where we experienced this unplanned leave and given that only 3 can work with Rob there is a potential risk.

Thank you,

Mark.

Mark Duggan
 Director Medical Imaging
 Canberra Hospital & Health Services
mark.duggan@act.gov.au
 Phone: 6174 7254
 Mobile: [REDACTED]

From: Duggan, Mark (Health)
Sent: Wednesday, 21 March 2018 8:16 AM
To: Bain, James (Health) <James.Bain@act.gov.au>; Baskaran, Vivek (Health) <Vivek.Baskaran@act.gov.au>; Chew, Michelle (Health) <Michelle.C.Chew@act.gov.au>; Craft, Melissa (Health) <Melissa.Craft@act.gov.au>; Elisay, Ali Reza (Health) <AliReza.Elisay@act.gov.au>; Kan, Wen Ter (Health) <WenTer.Kan@act.gov.au>; Kang, Owen (Health) <Owen.Kang@act.gov.au>; Lee, Jade (Health) <Jade.Lee@act.gov.au>; Mohamed, Mohamed (Health) <Mohamed.Mohamed@act.gov.au>; Nguyen, Lan Kim (Health) <LanKim.Nguyen@act.gov.au>; Seow, Kevin (Health) <Kevin.Seow@act.gov.au>; Shekhawat, Jatinder (Health) <Jatinder.Shekhawat@act.gov.au>; Stephenson, Rowan (Health) <Rowan.Stephenson@act.gov.au>; Tekula, Bhagya Ratna (Health) <BhagyaRatna.TEKULA@act.gov.au>; TING, Cheng (Health) <Cheng.TING@act.gov.au>; Szajer, Jeremy (Health) <Jeremy.Szajer@act.gov.au>; Arora, Ayesha (Health) <Ayesha.Arora@act.gov.au>; Barrett, Sean (Health) <Sean.Barrett@act.gov.au>; Al-Hindawi, Mohammed (Health) <Mohammed.Al-Hindawi@act.gov.au>; Allen, Robert (Health) <Robert.Allen@act.gov.au>; [REDACTED] Ashton, David (Health) <David.Ashton@act.gov.au>; Ashton, Kathy (Health) <Kathy.Ashton@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; [REDACTED] Cockburn, John (Health) <John.Cockburn@act.gov.au>; Comber, Lois (Health) <Lois.Comber@act.gov.au>; Despois, Mervyn (Health) <Mervyn.Despois@act.gov.au>; [REDACTED]; Foley, Peter (Health) <Peter.Foley@act.gov.au>; Garg, Apurv (Health) <Apurv.Garg@act.gov.au>; Guduguntla, Murali (Health) <Murali.Guduguntla@act.gov.au>; Harvey, Ann (Health) <Ann.Harvey@act.gov.au>; Javaid, Ahmad (Health) <Ahmad.Javaid@act.gov.au>; [REDACTED]; Jyoti, Rajeev (Health) <Rajeev.Jyoti@act.gov.au>; Krishna, Dayanethee (Health) <Dayanethee.Krishna@act.gov.au>; Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>; [REDACTED]; [REDACTED]; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Price, Jeremy (Health) <Jeremy.Price@act.gov.au>; [REDACTED]; [REDACTED]

Subject: MRI outpatients [SEC=UNCLASSIFIED]

Importance: High

Dear All,

Due to a number of calls from internal referrers I am sending out the studies attached below for offsite reporting.

Registrars, please leave these as they will be done offsite.

Thank you,

Mark.

[REDACTED]	01/03/2018 3:39 PM	MR	MR	[REDACTED]
[REDACTED]	08/03/2018 10:33 AM	MR	MR	[REDACTED]
[REDACTED]	08/03/2018 10:33 AM	MR	MR	[REDACTED]
[REDACTED]	08/03/2018 6:20 PM	MR	MR	[REDACTED]
[REDACTED]	13/03/2018 9:52 AM	MR	MR	[REDACTED]
[REDACTED]	13/03/2018 9:52 AM	MR	MR	[REDACTED]
[REDACTED]	13/03/2018 2:10 PM	MR	MR	[REDACTED]
[REDACTED]	14/03/2018 5:38 PM	MR	MR	[REDACTED]
[REDACTED]	14/03/2018 6:25 PM	MR	MR	[REDACTED]
[REDACTED]	14/03/2018 7:05 PM	MR	MR	[REDACTED]
[REDACTED]	14/03/2018 7:31 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 8:00 AM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 8:35 AM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 9:20 AM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 9:20 AM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 10:25 AM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 11:15 AM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 11:58 AM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 12:29 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 12:55 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 1:40 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 2:31 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 3:31 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 4:13 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 5:01 PM	MR	MR	[REDACTED]
[REDACTED]	15/03/2018 5:27 PM	MR	MR	[REDACTED]

Mark Duggan
 Director Medical Imaging
 Canberra Hospital & Health Services
mark.duggan@act.gov.au
 Phone: 6174 7254
 Mobile: [REDACTED]

Whittall, Christine (Health)

From: Berry, Stuart (Health)
Sent: Wednesday, 21 March 2018 11:26 AM
To: Berry, Stuart (Health); Bone, Chris (Health); Duggan, Mark (Health)
Cc: Duggan, Mark (Health); Bain, James (Health); Baskaran, Vivek (Health); Chew, Michelle (Health); Craft, Melissa (Health); Elisay, Ali Reza (Health); Kan, Wen Ter (Health); Kang, Owen (Health); Lee, Jade (Health); Mohamed, Mohamed (Health); Nguyen, Lan Kim (Health); Seow, Kevin (Health); Shekhawat, Jatinder (Health); Stephenson, Rowan (Health); Tekula, Bhagya Ratna (Health); TING, Cheng (Health); Szajer, Jeremy (Health); Arora, Ayesha (Health); Barrett, Sean (Health); Al-Hindawi, Mohammed (Health); Allen, Robert (Health); [REDACTED] Ashton, David (Health); Ashton, Kathy (Health); [REDACTED] Cockburn, John (Health); Comber, Lois (Health); Despois, Mervyn (Health); [REDACTED] Foley, Peter (Health); Garg, Apurv (Health); Guduguntla, Murali (Health); Harvey, Ann (Health); Javid, Ahmad (Health); [REDACTED] Jyoti, Raieev (Health); Krishna, Dayanethee (Health); Lalloo, Shivendra (Health); [REDACTED]; [REDACTED] Ngu, Charles (Health); O'Neil, Ross (Health); Price, Jeremy (Health); [REDACTED]
Subject: RE: MRI outpatients [SEC=UNCLASSIFIED]

Dear Mark, and Chris

I am disappointed that this has not been discussed and managed in a different way. It is distressing that I am notified after the group email is sent out, and am otherwise completely uninvolved.

Many solutions as communicated before.
 Would you please meet with the consultants today please to discuss.

I NOTE

No notice of plan to outsource the MROP
 No offer weekend extra MR/CT reporting

Options to manage outpatient list as discussed and emailed before

Short term

1. Extra MROP list on the weekend
2. Using a weekend locum [REDACTED] so the TCH consultant may report extra MROP shift
3. Using a weekday locum so TCH consultant may do MRIOP
4. Create a urgent CT/MROP list

As requested many times create an CT/MR OP URGENT worklist on RISPACS, cases get added to this by clerical team with enquiries and are the priority of reporting, until a RISPACS can colour code priority.

Long term

Recruitment to the vacant consultant FTE 2.5

Kind regards
 Stuart

From: Berry, Stuart (Health)
Sent: Wednesday, 21 March 2018 10:13 AM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Bain, James (Health) <James.Bain@act.gov.au>; Baskaran, Vivek (Health) <Vivek.Baskaran@act.gov.au>; 'Chew, Michelle (Health)' <Michelle.C.Chew@act.gov.au>; Craft, Melissa (Health) <Melissa.Craft@act.gov.au>; Elisay, Ali Reza (Health) <AliReza.Elisay@act.gov.au>; 'Kan, Wen Ter (Health)' <WenTer.Kan@act.gov.au>; Kang, Owen (Health) <Owen.Kang@act.gov.au>; Lee, Jade (Health)

<Jade.Lee@act.gov.au>; Mohamed, Mohamed (Health) <Mohamed.Mohamed@act.gov.au>; Nguyen, Lan Kim (Health) <LanKim.Nguyen@act.gov.au>; 'Seow, Kevin (Health' <Kevin.Seow@act.gov.au>; Shekhawat, Jatinder (Health) <Jatinder.Shekhawat@act.gov.au>; Stephenson, Rowan (Health) <Rowan.Stephenson@act.gov.au>; Tekula, Bhagya Ratna (Health) <BhagyaRatna.TEKULA@act.gov.au>; TING, Cheng (Health) <Cheng.TING@act.gov.au>; Szajer, Jeremy (Health) <Jeremy.Szajer@act.gov.au>; Arora, Ayesha (Health) <Ayesha.Arora@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Barrett, Sean (Health) <Sean.Barrett@act.gov.au>; Al-Hindawi, Mohammed (Health) <Mohammed.Al-Hindawi@act.gov.au>; Allen, Robert (Health) <Robert.Allen@act.gov.au>; [REDACTED]; Ashton, David (Health) <David.Ashton@act.gov.au>; Ashton, Kathy (Health) <Kathy.Ashton@act.gov.au>; [REDACTED]; Cockburn, John (Health) <John.Cockburn@act.gov.au>; Comber, Lois (Health) <Lois.Comber@act.gov.au>; Despois, Mervyn (Health) <Mervyn.Despois@act.gov.au>; [REDACTED]; Foley, Peter (Health) <Peter.Foley@act.gov.au>; Garg, Apurv (Health) <Apurv.Garg@act.gov.au>; Guduguntla, Murali (Health) <Murali.Guduguntla@act.gov.au>; Harvey, Ann (Health) <Ann.Harvey@act.gov.au>; Javid, Ahmad (Health) <Ahmad.Javid@act.gov.au>; [REDACTED]; Jyoti, Rajeev (Health) <Rajeev.Jyoti@act.gov.au>; Krishna, Dayanethee (Health) <Dayanethee.Krishna@act.gov.au>; Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>; [REDACTED]; [REDACTED]; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Price, Jeremy (Health) <Jeremy.Price@act.gov.au>; [REDACTED]; [REDACTED] Berry, Stuart (Health) <Stuart.Berry@act.gov.au>

Subject: RE: MRI outpatients [SEC=UNCLASSIFIED]

Mark

The agreement reads

Before sending any reports out of medical imaging I will send an email seeking assistance for those studies that have exceeded the 7 business days or of a clinician rings seeking an urgent report.

5 business days is 13/3/18.

Would you please meet with the consultants today please to discuss.

Kind regards

Stuart

From: Duggan, Mark (Health)

Sent: Wednesday, 21 March 2018 9:42 AM

To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>

Subject: RE: MRI outpatients [SEC=UNCLASSIFIED]

Stuart,

I am not sure what the issue is, I advised Chris Bone and he was happy.

The studies are between 5-7 days old.

Mark.

Mark Duggan

Director Medical Imaging

Mobile: [REDACTED]

From: Berry, Stuart (Health)

Sent: Wednesday, 21 March 2018 9:40 AM

To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Bain, James (Health) <James.Bain@act.gov.au>; Baskaran, Vivek (Health) <Vivek.Baskaran@act.gov.au>; Chew, Michelle (Health) <Michelle.C.Chew@act.gov.au>; Craft, Melissa (Health) <Melissa.Craft@act.gov.au>; Elisay, Ali Reza (Health) <AliReza.Elisay@act.gov.au>; Kan, Wen Ter

(Health) <WenTer.Kan@act.gov.au>; Kang, Owen (Health) <Owen.Kang@act.gov.au>; Lee, Jade (Health) <Jade.Lee@act.gov.au>; Mohamed, Mohamed (Health) <Mohamed.Mohamed@act.gov.au>; Nguyen, Lan Kim (Health) <LanKim.Nguyen@act.gov.au>; Seow, Kevin (Health) <Kevin.Seow@act.gov.au>; Shekhawat, Jatinder (Health) <Jatinder.Shekhawat@act.gov.au>; Stephenson, Rowan (Health) <Rowan.Stephenson@act.gov.au>; Tekula, Bhagya Ratna (Health) <BhagyaRatna.TEKULA@act.gov.au>; TING, Cheng (Health) <Cheng.TING@act.gov.au>; Szajer, Jeremy (Health) <Jeremy.Szajer@act.gov.au>; Arora, Ayesha (Health) <Ayesha.Arora@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Barrett, Sean (Health) <Sean.Barrett@act.gov.au>; Al-Hindawi, Mohammed (Health) <Mohammed.Al-Hindawi@act.gov.au>; [REDACTED]; Ashton, David (Health) <David.Ashton@act.gov.au>; Ashton, Kathy (Health) <Kathy.Ashton@act.gov.au>; [REDACTED]; Cockburn, John (Health) <John.Cockburn@act.gov.au>; Comber, Lois (Health) <Lois.Comber@act.gov.au>; Despois, Mervyn (Health) <Mervyn.Despois@act.gov.au>; [REDACTED]; Foley, Peter (Health) <Peter.Foley@act.gov.au>; Garg, Apurv (Health) <Apurv.Garg@act.gov.au>; Guduguntla, Murali (Health) <Murali.Guduguntla@act.gov.au>; Harvey, Ann (Health) <Ann.Harvey@act.gov.au>; Javaid, Ahmad (Health) <Ahmad.Javaid@act.gov.au>; [REDACTED]; Jyoti, Rajeev (Health) <Rajeev.Jyoti@act.gov.au>; Krishna, Dayanethee (Health) <Dayanethee.Krishna@act.gov.au>; Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>; [REDACTED]; [REDACTED]; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Price, Jeremy (Health) <Jeremy.Price@act.gov.au>; [REDACTED]

Subject: RE: MRI outpatients [SEC=UNCLASSIFIED]

Dear Mark

I can not find an email notifying myself.
The consultant group will meet and respond today.

Kind regards
Stuart

From: Duggan, Mark (Health)
Sent: Thursday, 22 December 2016 10:17 AM
To: Berry, Stuart (Health); Foley, Peter (Health); Ashton, David (Health)
Subject: CT and MRI outpatient [SEC=UNOFFICIAL]
Importance: High

Hi Guy's,

Before sending any reports out of medical imaging I will send an email seeking assistance for those studies that have exceeded the 7 business days or of a clinician rings seeking an urgent report.

Thanks,

Mark Duggan
Ag Manager
Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254
Mobile: [REDACTED]

From: Berry, Stuart (Health)
Sent: Friday, 23 June 2017 3:51 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>
Subject: FW: CT and MRI outpatient [SEC=UNOFFICIAL]

Dear Chris

As before I wish to work together to make the department more productive and cost effective, and maintain the training accreditation status.

I will be honest in a straight up NZ way in advice, as there are limitations with personnel etc.

The setup is not like private.

Not arranging the roster creates daily issues as registrars send multiple emails to Mark asking who the cases go to, and then ask me when there is no reply.

That is a patient safety issue, and staff issue, so they need to know what to do.

I resolved that.

Sending the outpatient work out is not a solution, to improve things overall.

I can understand the frustration dealing with people who don't want to do work as I receive a few hours a day of complaints.

There is group not like that who just wish to get on with the work, and this does not help.

Have a great weekend.

Thanks
Stuart

From: Duggan, Mark (Health)

Sent: Wednesday, 21 March 2018 8:16 AM

To: Bain, James (Health) <James.Bain@act.gov.au>; Baskaran, Vivek (Health) <Vivek.Baskaran@act.gov.au>; Chew, Michelle (Health) <Michelle.C.Chew@act.gov.au>; Craft, Melissa (Health) <Melissa.Craft@act.gov.au>; Elisay, Ali Reza (Health) <AliReza.Elisay@act.gov.au>; Kan, Wen Ter (Health) <WenTer.Kan@act.gov.au>; Kang, Owen (Health) <Owen.Kang@act.gov.au>; Lee, Jade (Health) <Jade.Lee@act.gov.au>; Mohamed, Mohamed (Health) <Mohamed.Mohamed@act.gov.au>; Nguyen, Lan Kim (Health) <LanKim.Nguyen@act.gov.au>; Seow, Kevin (Health) <Kevin.Seow@act.gov.au>; Shekhawat, Jatinder (Health) <Jatinder.Shekhawat@act.gov.au>; Stephenson, Rowan (Health) <Rowan.Stephenson@act.gov.au>; Tekula, Bhagya Ratna (Health) <BhagyaRatna.TEKULA@act.gov.au>; TING, Cheng (Health) <Cheng.TING@act.gov.au>; Szajer, Jeremy (Health) <Jeremy.Szajer@act.gov.au>; Arora, Ayesha (Health) <Ayesha.Arora@act.gov.au>; Barrett, Sean (Health) <Sean.Barrett@act.gov.au>; Al-Hindawi, Mohammed (Health) <Mohammed.Al-Hindawi@act.gov.au>; Allen, Robert (Health) <Robert.Allen@act.gov.au>; [REDACTED]; Ashton, David (Health) <David.Ashton@act.gov.au>; Ashton, Kathy (Health) <Kathy.Ashton@act.gov.au>; Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; [REDACTED]; Cockburn, John (Health) <John.Cockburn@act.gov.au>; Comber, Lois (Health) <Lois.Comber@act.gov.au>; Despois, Mervyn (Health) <Mervyn.Despois@act.gov.au>; [REDACTED]; Foley, Peter (Health) <Peter.Foley@act.gov.au>; Garg, Apurv (Health) <Apurv.Garg@act.gov.au>; Guduguntla, Murali (Health) <Murali.Guduguntla@act.gov.au>; Harvey, Ann (Health) <Ann.Harvey@act.gov.au>; Javaid, Ahmad (Health) <Ahmad.Javaid@act.gov.au>; [REDACTED]; Jyoti, Rajeev (Health) <Rajeev.Jyoti@act.gov.au>; Krishna, Dayanethee (Health) <Dayanethee.Krishna@act.gov.au>; Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>; [REDACTED]; [REDACTED]; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>; O'Neil, Ross (Health) <Ross.O'Neil@act.gov.au>; Price, Jeremy (Health) <Jeremy.Price@act.gov.au>; [REDACTED]

Subject: MRI outpatients [SEC=UNCLASSIFIED]

Importance: High

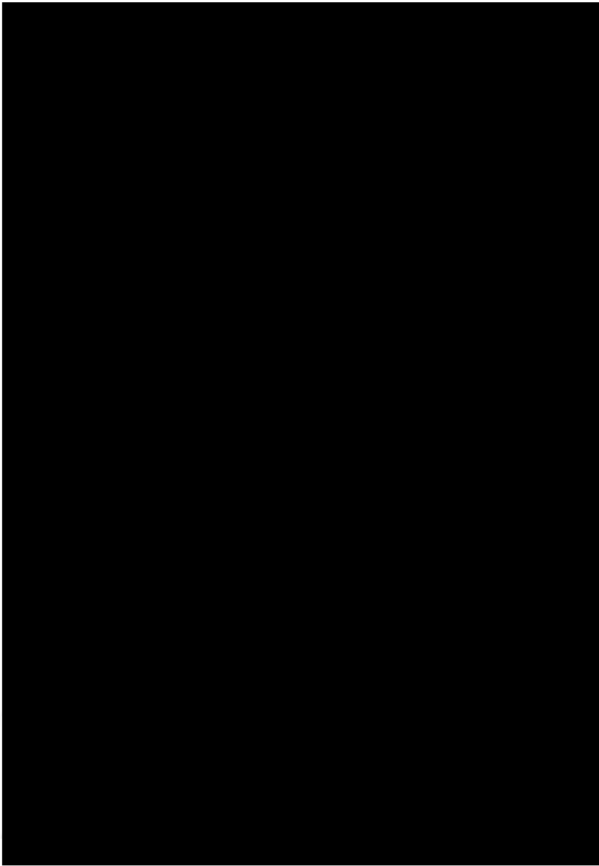
Dear All,

Due to a number of calls from internal referrers I am sending out the studies attached below for offsite reporting.

Registrars, please leave these as they will be done offsite.

Thank you,

Mark.



01/03/2018 3:39 PM	MR	MR
08/03/2018 10:33 AM	MR	MR
08/03/2018 10:33 AM	MR	MR
08/03/2018 6:20 PM	MR	MR
13/03/2018 9:52 AM	MR	MR
13/03/2018 9:52 AM	MR	MR
13/03/2018 2:10 PM	MR	MR
14/03/2018 5:38 PM	MR	MR
14/03/2018 6:25 PM	MR	MR
14/03/2018 7:05 PM	MR	MR
14/03/2018 7:31 PM	MR	MR
15/03/2018 8:00 AM	MR	MR
15/03/2018 8:35 AM	MR	MR
15/03/2018 9:20 AM	MR	MR
15/03/2018 9:20 AM	MR	MR
15/03/2018 10:25 AM	MR	MR
15/03/2018 11:15 AM	MR	MR
15/03/2018 11:58 AM	MR	MR
15/03/2018 12:29 PM	MR	MR
15/03/2018 12:55 PM	MR	MR
15/03/2018 1:40 PM	MR	MR
15/03/2018 2:31 PM	MR	MR
15/03/2018 3:31 PM	MR	MR
15/03/2018 4:13 PM	MR	MR
15/03/2018 5:01 PM	MR	MR
15/03/2018 5:27 PM	MR	MR



Mark Duggan
Director Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254
Mobile: 

Alexander, Tonia (Health)

From: Duggan, Mark (Health)
Sent: Wednesday, 21 March 2018 6:58 PM
To: Bone, Chris (Health); Fletcher, Jeffery (Health)
Subject: Fwd: Issues relating to Outpatient reporting [SEC=UNCLASSIFIED]

This is getting silly, I guarantee that this is his view about taking to ASMOF not others.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

Begin forwarded message:

From: "Berry, Stuart (Health)" <Stuart.Berry@act.gov.au>
Date: 21 March 2018 at 4:42:28 pm AEDT
To: "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>
Cc: "Bone, Chris (Health)" <Chris.Bone@act.gov.au>, "Fletcher, Jeffery (Health)" <Jeffery.Fletcher@act.gov.au>, "Berry, Stuart (Health)" <Stuart.Berry@act.gov.au>
Subject: RE: Issues relating to Outpatient reporting [SEC=UNCLASSIFIED]

Mark

I am not surprised by the numbers.

Some radiologists are taking advantage, we all know that.

Others I expect also undertook unmeasured work like meetings or procedures and reported a few days later, registrars are also not on every consultants day which is not considered.

I expect SL on his days undertook procedures, MD did a meeting.

The previous days are a guide, but retrospectively that won't get anywhere.

The CT/MRI OP suggested number of 15, and CT/MRI OP Extras number of 20 were before overnight CT was redistributed.

The CTS need to be added into your table.

There are still insufficient consultant working days, for the work with annual leave, personal leave, TESL, years of historic leave balances with questionable balances allocated more heavily.

Workloads as emailed many times need to account for the unmeasured activity.

Efficiency measures proposed never adopted like typing.

Work load determination I have communicated many times in meetings and email.

The radiologists as a group will need to determine workloads in conjunction with ASMOF.

I today have spent 3 hours personally undertaking 1 child's screening case, [REDACTED]. There is no registrar.

I will be labelled as unproductive.

In the future I can suggest this type of complex time consuming work goes to Sydney, if it is not measured.

Kind regards

Stuart

From: Berry, Stuart (Health)

Sent: Monday, 3 July 2017 3:33 PM

To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>

Subject: RE: Difficulty with meetings, workload, 48 hour [SEC=UNCLASSIFIED]

Dear Jeffrey

I know you are extremely busy.

48 hour ?

Regarding the MR and CT being sent offsite for reporting.

Would you please be able to send the email you have regarding sending cases out in 48hours, decided by Mark and Chris, no radiologist is aware of this at all.

The written agreement was for 7 days including notification in advance before sending out. Meetings and MDMs.

I have seen the emails about meetings, and MDMs.

In terms of meetings, and MDMs I agree they are one of the most vital parts of the activity, and should be mandatory and part of the day.

Some meetings are quite time consuming, eg oncology comparing with many external studies.

Along with other activities, meetings are an unmeasured activity and not captured in the RVU data at all.

With the ED CT overnight position removed, and nuc med position removed, increasing the workload, radiologists in the interests of acute patient safety will prioritise the emergency work.

I propose a solution below with a CT procedure and ED CT overnight consultant.

Workload redistribution to account for meetings and procedures.

I had sent the Christchurch and RAANZCR reporting times, and the paper documents, which has thousands of studies backing the data

Overlying the reporting times on the percentage of the day for reporting, can then be adjusted down by a couple of percent to allow for meetings, and also for procedures.

Then the workload is redistributed so consultants either report more or undertake the meetings and procedures.

The system at TCH is extremely slow, and the efficiency measures of private like typing are not available, extrapolating here is problematic.

I am not applying my actual ED work experiences in Tauranga /Rotorua as in charge of ED or Lithgow seeing 106 in 24 hours; to say the ED here needs less doctors and more numbers.

CT procedure and ED CT overnight consultant

I suggest starting a dedicated CT intervention consultant to undertake procedures, who also gets most of the CTs overnight (except maybe 2 per other consultant, or more for consultants not taking meetings.)

This would improve waiting times for procedures for inpatients and outpatients.

The limit of 2 CT procedures set by the nurses needs to be lifted, I would do 6-8 per day in the country.

Kind regards

Stuart

From: Berry, Stuart (Health)

Sent: Wednesday, 28 June 2017 11:42 AM

To: Fletcher, Jeffery (Health)

Cc: Berry, Stuart (Health)

Subject: Difficulty with meetings, workload, 48 hour [SEC=UNCLASSIFIED]

Dear Jeffrey

Meetings.

Meetings are important for patient management, reviewing external studies.

In private I had started an oncology MDM.

With the changes occurring without meaningful input to run the department with less consultants, and increased work via eliminating some roster slots to allow increased leave with less consultants, increased sickdays, non replacement of funded vacant position radiologists have indicated they don't have time for meetings.

This applies particularly to MDMs requiring comparison of prior oncology imaging often performed at external practices.

It has been raised many times that meetings and procedures are voluntary activities fitted on top of your day without any time made available, and the time utilised not incorporated into the roster.

Eliminating the ED overnight CT line means the CTs are all distributed, I have 7 CTS taking 1-2hours as do others.

This reduction in the FTE and work redistribution removes the discretionary time that those who undertake meetings and procedures use.

John has said he has emailed this to Mark.

The priority from management is the measured work activity, and the unintended consequence is that unmeasured and unrecognised activities are dropped.

Eg With CT guided procedures if each takes 30-90minutes, I spend more than 2 weeks extra working for free each year.

Workload distribution

I had sent the meetings I personally attend, and the RANZCR MDM guideline to yourself before.

I had sent out workload reporting times from Christchurch and RANZCR.

If a reporting base time is established, this quantum of time can be reduced to allow for meetings, procedures, and modality lead.

At the moment some consultants avoid meetings, difficult cases and procedures so are subsidised by those consultants who undertake these activities.

Adding a procedure consultant for CT and ED onto the roster who can be allocated most of the overnight ED CT would restore and enhance the ability of consultants that attend meetings to do so. I would not redistribute the overnight Cts from the consultants not undertaking meetings.

Privatisation / Offsite

There is a lack of good faith when MRI and CT cases are being sent offsite for reporting which is considered privatisation.

Would you please be able to send the email you have regarding sending cases out in 48hours, decided by Mark and Chris, no radiologist is aware of this at all.

The agreement was for 7 days.

Kind regards

Stuart

From: Duggan, Mark (Health)

Sent: Wednesday, 21 March 2018 1:26 PM

To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>

Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>

Subject: Issues relating to Outpatient reporting [SEC=UNCLASSIFIED]

Stuart,

In May 2017 (see attached) Chris Bone provided an email on the Medical Imaging workforce efficiency strategy.

This strategy included the following minimum consultant requirements;

1. That consultants work to the agreed 10 hour day (not including lunch break)
2. That consultants are onsite no later than 8:15am
3. That the current cap on region reporting for CT and MRI outpatients is removed
4. CT and MRI outpatients roster is a min of 15 named patients (not regions) to be reported per day
 - a. Any patient after the min 15 will be sent to a new reporting list called "CT extras" & "MRI extras" (please note these are minor process details that will be set up with the RISPACS team)
5. MRI/CT Extras roster is a minimum of 20 named patients are reported (not regions)
6. That consultants attend the monthly Medical Imaging communication sessions (where clinically possible)

As you can see by the table below very few consultants are close to the 20 "extra" studies a day or even 20 studies if we needed to substitute other studies for whatever reason. Some over this but as you can see from the table below there is considerable capacity available.

To ensure studies are not needed to be sent offsite is for the min requirements to be met and maybe the studies are allocated to each consultant on "extra's"

There of course are issues that impact this solution and this can be discussed however the min expectations need to be met.

Thanks,

Mark.

Rostered CT/MRI OP Extra Day's January 2018 - March 2018

Date	Director	OP/CT's	OP/MRI's	Other	ED/OT/RCOT	Total Studies
------	----------	---------	----------	-------	------------	---------------

16-Jan	MA	6	12	6	1	18
16-Jan	DK	9	3		2	12
17-Jan	CN	9	1		5	10
17-Jan	DK	12			4	12
18-Jan	JC	4	3	1	1	7
18-Jan	PF		9	3		9
23-Jan	DK	7	3		1	10
23-Jan	JC			1	1	0
24-Jan	CN	8	8	33	3	16
24-Jan	MD	1	12	2	4	13
25-Jan	AE	8		1		8
29-Jan	AE	4	3			7
01-Feb	AE					0
02-Feb	AE			54	2	0
02-Feb	AH	2	11	17	3	13
05-Feb	MD	3	11	9	1	14
05-Feb	MA	2	10	4		12
05-Feb	AH	6	4		1	10
07-Feb	DK	7			8	7
08-Feb	MG		8	2	5	8
08-Feb	MD	3	2	8	5	5
08-Feb	SL	5	1		6	6
12-Feb	RJ	5	8	22	1	13
12-Feb	MA		14	2	1	14
05-Mar	AG	7	1			8
07-Mar	CN		19	23		19
07-Mar	MD	3	8	17		11
13-Mar	SL	11		13	2	11
14-Mar	CN	1	18	2		19
20-Mar	DK	7	2	41		9
						Total
						301

Mark Duggan

Director Medical Imaging

Canberra Hospital & Health Services

mark.duggan@act.gov.au

Phone: 6174 7254

Mobile: [REDACTED]

Alexander, Tonia (Health)

From: Duggan, Mark (Health)
Sent: Wednesday, 21 March 2018 6:44 PM
To: Fletcher, Jeffery (Health); Bone, Chris (Health)
Subject: Fwd: MIR Reporting Turnaround Times

Mark Duggan
Director Medical Imaging
Mobile: [REDACTED]

Sent from my iPhone

Begin forwarded message:

From: "Yip, Desmond (Health)" <Desmond.Yip@act.gov.au>
Date: 21 March 2018 at 5:31:43 pm AEDT
To: "Berry, Stuart (Health)" <Stuart.Berry@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>
Cc: "Craft, Paul (Health)" <Paul.Craft@act.gov.au>
Subject: MIR Reporting Turnaround Times

Dear Stuart and Mark,
It has been brought to my attention by my colleagues that there have been some significant delays in the reporting of MRI scans for our patients.

[REDACTED]

We would like to ask that it be possible for scans which are flagged as being urgent also to be reported urgently by Medical Imaging on-site and the report to be made available on CIS so that we do not have to chase this up.

With kind regards

Desmond

Professor Desmond Yip
Clinical Director, Department of Medical Oncology
The Canberra Hospital

Alexander, Tonia (Health)

From: Duggan, Mark (Health)
Sent: Wednesday, 21 March 2018 9:13 PM
To: CarMichael, Kerry (Health)
Cc: CarMichael, Kerry (Health); Bone, Chris (Health); Fletcher, Jeffery (Health)
Subject: Re: Radiology [DLM=For-Official-Use-Only]

Hi Kerry,

I have copied Jeff and Chris into this response.

MRI's for Medical Imaging have not been outsourced. Due unplanned leave in recent weeks an operational decision was taken to have our offsite reporting contractor report a number of studies today. The studies were scanned (acquired) at CHHS medical imaging and only reported by the radiology contract provider. There are no plans to outsource Medical Imaging at CHHS.

Thanks,

Mark.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 21 Mar 2018, at 1:09 pm, CarMichael, Kerry (Health) <Kerry.CarMichael@act.gov.au> wrote:

Hi Mark and Mel
 Please see below. Can you please advise?
 Thanks
 Kerry

From: [REDACTED]@cpsu.org.au]
Sent: Wednesday, 21 March 2018 12:17 PM
To: Hammat, Janine (Health) <Janine.Hammat@act.gov.au>
Cc: McDonnell, Sean (Health) <Sean.McDonnell@act.gov.au>; [REDACTED]
 <[REDACTED]@cpsu.org.au>
Subject: Re: Radiology [DLM=For-Official-Use-Only]

Hi Janine,
 Thank you for that, I look forward to hearing from you.
 Warm regards,
 [REDACTED]

Get [Outlook for iOS](#)

From: Hammat, Janine (Health) <Janine.Hammat@act.gov.au>
Sent: Wednesday, March 21, 2018 11:53:26 AM
To: [REDACTED]
Cc: McDonnell, Sean (Health); [REDACTED]
Subject: RE: Radiology [DLM=For-Official-Use-Only]
 Hi [REDACTED] – this is news to me. I will follow up an get back to you.
 Regards,

Janine

Janine Hammat

Executive Director People and Culture

Level 3, 2-6 Bowes St WODEN ACT 2606 | 6205 1086

#diversitygoeswithme

This email, and any attachments, may be confidential and/ or subject to legal professional privilege. If you are not the intended recipient please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

From: [REDACTED]@cpsu.org.au]

Sent: Wednesday, 21 March 2018 11:45 AM

To: Hammat, Janine (Health) <Janine.Hammat@act.gov.au>

Cc: McDonnell, Sean (Health) <Sean.McDonnell@act.gov.au>; [REDACTED]
<[REDACTED]@cpsu.org.au>

Subject: Radiology

Dear Janine,

We have heard something concerning this morning: that radiological services and MRIs at TCH have been outsourced.

Can you please advise on this?

Warm regards,

[REDACTED]

CPSU ACT Government Health Organiser

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Whittall, Christine (Health)

From: Berry, Stuart (Health)
Sent: Friday, 23 March 2018 12:51 PM
To: Berry, Stuart (Health); Garg, Apurv (Health); Laloo, Shivendra (Health); Krishna, Dayanethee (Health); Despois, Mervyn (Health); Cockburn, John (Health); Ngu, Charles (Health); Guduguntla, Murali (Health); Jyoti, Rajeev (Health); Allen, Robert (Health); Ashton, Kathy (Health); Ashton, David (Health); Foley, Peter (Health); Harvey, Ann (Health)
Cc: Fletcher, Jeffery (Health); Bone, Chris (Health); Duggan, Mark (Health)
Subject: RE: MIR Reporting Turnaround Times [SEC=UNCLASSIFIED]

To keep everyone informed

Professional advice from several radiologists for months, and referrers to create an urgent MR/CT Outpatient list of for the reporting priority, as practiced elsewhere, to improve patient safety was raised again in the meeting wednesday.

Without this list being created, it is effectively rejected.

Note referrers prefer inhouse reporting.

Kind regards
 Stuart

From: Berry, Stuart (Health)
Sent: Thursday 22 March 2018 11:22
To: Yip, Desmond (Health); Berry, Stuart (Health)
Cc: Craft, Paul (Health); Bone, Chris (Health); Fletcher, Jeffery (Health); Yip, Desmond (Health)
Subject: RE: MIR Reporting Turnaround Times [SEC=UNCLASSIFIED]

Dear Desmond

Thank you for your email.

I certainly accept that the delays in reports are not satisfactory.

Radiologists were not involved, consulted or informed of the studies going offsite in advance, only after this occurred.

The radiologists have many times requested an urgent MR and CT outpatient list for patients with upcoming clinics, or other clinical priority that the clerical team can shift the patients to, would be the work priority.

Other RIS/PACS systems do this with colour codes, so systems to highlight the priority cases for reporting are standard, and indeed part of the RANZCR Standards of Clinical Practice.

The radiologists strongly want to report the outpatient MRI and CT studies inhouse for the reasons you describe. Comparison with prior studies, which in Canberra often requires looking at private practice imaging is a key to determining progress and therapy in oncology.

The patient safety implications of a bashed out report from a distance are well documented, accepting that reporting inhouse along areas of interest would also help.

Unfortunately there is insufficient radiologist staff on a day to day basis with additional scanning afterhours and weekends, secondary to the decision not to recruit to the vacant 2.5FTE, years of historic leave allocated more

heavily with annual leave, unexpected personal leave, TESL. Questions on productivity and workloads have been raised, that needs consideration of unmeasured work like clinical meetings, biopsies etc. These problems and solutions have been well documented in meetings and emails to management over the last 5 years.

A collaborative approach respectful of professional knowledge and solutions was presented at an urgent meeting yesterday.

Short term and longer term solution have been proposed by the radiologist group.

Options to manage outpatient list as discussed and emailed before.

Short term

1. Create a urgent CT/MROP list

As requested by several radiologists many times create a CT/MR OP URGENT worklist on RISPACS, cases get added to this by clerical team with enquiries and are the priority of reporting, until a RISPACS can colour code priority.

2. Extra MROP list on the weekend
3. Using a weekend locum [REDACTED] so the TCH consultant may report extra MROP shift
4. Using a weekday locum so TCH consultant may do MRIOP

Long term

Recruitment to the vacant consultant FTE 2.5.

Kind regards

Stuart Berry

From: Duggan, Mark (Health)

Sent: Thursday, 22 March 2018 7:00 AM

To: Yip, Desmond (Health) <Desmond.Yip@act.gov.au>

Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>

Subject: Re: MIR Reporting Turnaround Times

Dear Desmond,

Thank you for your email and flagging this concern with me. Without all of the details available to me it is difficult to make comment on the specific patient you referenced however I can advise that we have experienced unplanned leave that has delayed some results.

On the concern related to some studies being sent offsite I can advise that it was a small number and this small number was only sent early this week. This decision was made with the support of Chris Bone, ED Medical Imaging and as a result of the unplanned leave. As Director Medical Imaging I can assure that I don't want want studies sent offsite but given the circumstances experienced it was needed to reduce delays.

I would also clarify that the decision to send a small amount of studies offsite for reporting was not and is not a strategy to improve turnaround times it was purely to manage the unplanned leave situation.

I am looking at options to flag urgent studies however I would say that many times my team are not advised of any urgency and the advice as to the urgency is provided after the study has been ordered. My team are committed to providing a high standard of service and any information we can have relating to the urgency of the study will provide a better patient outcome.

As I have done with many a number of clinical areas I am happy to meet with you personally to discuss your concerns and ensure I have clarity relating to your concerns and to provide me with an opportunity to clarify these with you directly.

I have copied Dr Fletcher and Chris Bone as a courtesy given your concerns.

Kind Regards,

Mark.

Mark Duggan
Director Medical Imaging
Mobile: [REDACTED]

Sent from my iPad

On 21 Mar 2018, at 5:31 pm, Yip, Desmond (Health) <Desmond.Yip@act.gov.au> wrote:

Dear Stuart and Mark,

It has been brought to my attention by my colleagues that there have been some significant delays in the reporting of MRI scans for our patients.

A very recent case was a patient who had an urgent scan on a Saturday but was not reported until the Tuesday and the patient was subsequently admitted with imminent spinal cord compression.

I understand that there has been some consideration given to outsourcing the reporting of these offsite. This is being done at some of the other hospitals in Canberra. We would object to this as being a solution to improve the turnaround times. We have found that we are not able to get back easily to the radiologist who may be in another part of the world to discuss the case and they also do not usually have access to the prior imaging in order to do a comparison for us.

We would like to ask that it be possible for scans which are flagged as being urgent also to be reported urgently by Medical Imaging on-site and the report to be made available on CIS so that we do not have to chase this up.

With kind regards

Desmond

Professor Desmond Yip
Clinical Director, Department of Medical Oncology
The Canberra Hospital

Alexander, Tonia (Health)

From: Duggan, Mark (Health)
Sent: Tuesday, 27 March 2018 6:43 AM
To: Berry, Stuart (Health)
Cc: Garg, Apurv (Health); Laloo, Shivendra (Health); Krishna, Dayanethee (Health); Despois, Mervyn (Health); Cockburn, John (Health); Ngu, Charles (Health); Guduguntla, Murali (Health); Jyoti, Rajeev (Health); Allen, Robert (Health); Ashton, Kathy (Health); Ashton, David (Health); Foley, Peter (Health); Harvey, Ann (Health); Fletcher, Jeffery (Health); Bone, Chris (Health)
Subject: Re: MIR Reporting Turnaround Times [SEC=UNCLASSIFIED]

Stuart (and All),

Will work with the RIS team and ask them to create list and will advise all when done and tested.

Whilst it may only take a couple of hours to create the timing will depend on what tasks they have previously committed to. Will advise all when done.

Please note that I have also updated the roster to rename the MRI/CT outpatients reports as discussed.

Regards,

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 26 Mar 2018, at 5:47 pm, Berry, Stuart (Health) <Stuart.Berry@act.gov.au> wrote:

Hi Mark
 Would you arrange RISPACS to create the worklist for Urgent outpatient CT and MRI please.
 This will decrease clinical risk, and improve the delivery of the urgent reports, since the Siemens RISPACS cannot colour code priority like other systems.
 From creating lists for new staff, RISPACS advised this takes a couple of hours at most.
 Kind regards
 Stuart

From: Berry, Stuart (Health)
Sent: Friday, 23 March 2018 12:51 PM
To: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Garg, Apurv (Health) <Apurv.Garg@act.gov.au>; Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>; Krishna, Dayanethee (Health) <Dayanethee.Krishna@act.gov.au>; Despois, Mervyn (Health) <Mervyn.Despois@act.gov.au>; Cockburn, John (Health) <John.Cockburn@act.gov.au>; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>; Guduguntla, Murali (Health) <Murali.Guduguntla@act.gov.au>; Jyoti, Rajeev (Health) <Rajeev.Jyoti@act.gov.au>; Allen, Robert (Health) <Robert.Allen@act.gov.au>; Ashton, Kathy (Health) <Kathy.Ashton@act.gov.au>; Ashton, David (Health) <David.Ashton@act.gov.au>; Foley, Peter (Health) <Peter.Foley@act.gov.au>; Harvey, Ann (Health) <Ann.Harvey@act.gov.au>
Cc: Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: MIR Reporting Turnaround Times [SEC=UNCLASSIFIED]
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Kind regards

Stuart

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Sent: Thursday 22 March 2018 11:22

To: Yip, Desmond (Health); Berry, Stuart (Health)

Cc: Craft, Paul (Health); Bone, Chris (Health); Fletcher, Jeffery (Health); Yip, Desmond (Health)

Subject: RE: MIR Reporting Turnaround Times [SEC=UNCLASSIFIED]

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Kind regards

Stuart Berry

From: Duggan, Mark (Health)

Sent: Thursday, 22 March 2018 7:00 AM

To: Yip, Desmond (Health) <Desmond.Yip@act.gov.au>

Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>

Subject: Re: MIR Reporting Turnaround Times

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I have copied Dr Fletcher and Chris Bone as a courtesy given your concerns.

Kind Regards,

Mark.

Mark Duggan

Director Medical Imaging

Mobile: [REDACTED]

Sent from my iPad

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Dear Stuart and Mark,

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[REDACTED]

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With kind regards

Desmond

Professor Desmond Yip

Clinical Director, Department of Medical Oncology
The Canberra Hospital

Vaughan, Kristi-Lee (Health)

From: Carlisle, Hazel (Health)
Sent: Thursday, 12 April 2018 5:03 PM
To: Raco, Ida (Health)
Subject: FW: Radiology issues [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Ida

Can you possibly see if you can set up another meeting with Mark Duggan for when I return from Leave

Regards

Hazel

Dr Hazel Carlisle

Clinical Director, Department of Neonatology
 Centenary Hospital for Women and Children
 Canberra Hospital
 Building 11, Level 2 | Yamba Drive | Garran ACT 2605
 PO Box 11 | Woden | ACT 2606

Ph: (02) 6174 7565 | Fax: (02) 6244-3112

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From: Chaudhari, Tejasvi (Health)
Sent: Thursday, 12 April 2018 2:36 PM
To: Carlisle, Hazel (Health) <Hazel.Carlisle@act.gov.au>
Subject: FW: Radiology issues [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

seems management has also decided to eliminate 2.5 position from radiology thinking that Everlite works very well!!

Regards
 Tejasvi

From: Chaudhari, Tejasvi (Health)
Sent: Thursday, 12 April 2018 2:22 PM
To: Carlisle, Hazel (Health) <Hazel.Carlisle@act.gov.au>; Cochrane, Tim (Health) <Tim.Cochrane@act.gov.au>; Kecskes, Zsuzsoka (Health) <Zsuzsoka.Kecskes@act.gov.au>; Dyson, Amanda (Health) <Amanda.Dyson@act.gov.au>; Raghunandan, Jyoti (Health) <Jyoti.Raghunandan@act.gov.au>; Todd, David (Health) <David.Todd@act.gov.au>; Schmidt Sotomayor, Nadia (Health) <Nadia.SchmidtSotomayor@act.gov.au>; Mohamed, Abdel-Latif (Health) <Abdel-Latif.Mohamed@act.gov.au>; Kent, Alison (Health) <Alison.Kent@act.gov.au>
Subject: Radiology issues [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Dear Hazel,
 I would like to highlight few issues with radiology which you might want to discuss with Mark Duggan.

- Everlite: As per your previous email, Everlite was not supposed to report our images. Apparently, this continues to happen. Furthermore, if Everlite has reported an image, our radio registrars (who are often the only ones in the hospital after hours) would refuse to give an opinion on those images. When I discussed this with Ross/Rajeev- this is more of a political issue. They don't think a Reg can give a second opinion on an image already being reviewed by a Consultant
- Paediatric radiology opinion. Rajeev only does Mon/Tue; both Ross and Stuart are away Thursday/Friday. This means we only have paediatric radiology expertise Mon-Wed. This is an issue which we faced more recently when we did an MRI on a Friday.
- Access of RIS-PACS from home. Stuart has advised they are unable to review images from home. We have been asked to text images to the Paeds Radiologists if we need their opinion. This is strange and a major risk for the hospital. Whilst the private radiology clinics images could be seen anywhere from the world, our state of the art RIS-PACS system cannot be accessed by our own radiologists. How are the Everlite people reviewing the images from Melbourne then?

Happy to chat further if you need more information.

Regards
Tejasvi

Dr Tejasvi Chaudhari. MBBS, MD, FRACP, CCPU
Staff Specialist and Deputy Director
Department of Neonatology, Centenary Hospital
Building 11, Level 2 | Yamba Drive | Garran ACT 2605
Ph: (02) 6174 7565 | Fax: (02) 6244 3422 |

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Vaughan, Kristi-Lee (Health)

From: Chatham, Elizabeth (Health)
Sent: Friday, 13 April 2018 3:48 PM
To: Lim, Boon (Health); Carlisle, Hazel (Health)
Subject: RE: Radiology issues [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

I have spoken to him and he is keen to meet with hazel ASAP. He will set up. I am happy for that to go ahead but hazel Plesae keep Boon and I updated Cheers Liz

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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CANBERRA HOSPITAL
 AND HEALTH SERVICES

From: Chatham, Elizabeth (Health)
Sent: Friday, 13 April 2018 3:38 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; Carlisle, Hazel (Health) <Hazel.Carlisle@act.gov.au>
Subject: RE: Radiology issues [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

I will set up an urgent meeting with mark and you both

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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CANBERRA HOSPITAL
 AND HEALTH SERVICES

From: Lim, Boon (Health)
Sent: Friday, 13 April 2018 11:07 AM
To: Carlisle, Hazel (Health) <Hazel.Carlisle@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: RE: Radiology issues [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Hazel,

As one of the recommendations from the RCA would be to stop this, I hope that the direction comes from CRC as well.

Liz, is there any way this can be brought up at the ED level?

Kind regards,

Boon

Assoc. Prof. Boon H Lim
 Clinical Director
 Division of Women, Youth and Children
 Canberra Hospital and Health Services
 Garran
 ACT 2605
 Australia

Australian National University

Tel: (02) 6174 7394

Mob: [REDACTED]



CANBERRA HOSPITAL
 ACT HEALTH SERVICES

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From: Carlisle, Hazel (Health)

Sent: Thursday, 12 April 2018 5:08 PM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>

Subject: FW: Radiology issues [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

FYI

so you are aware. I have asked for a meeting with Mark Duggan. He told me some time ago that he had agreed that Everlight were not going to report NICU Xrays. This change never happened.

[REDACTED]

Radiology support for NICU is becoming a major problem. How can we escalate further to get some resolution. Do we need to consider sending neonatal MRIs to Sydney?

Regards

Hazel

Dr Hazel Carlisle
 Clinical Director, Department of Neonatology
 Centenary Hospital for Women and Children
 Canberra Hospital
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