



Administrative Medicine Training Workshop 11 – 12 June 2004



M.1

Mock 1 Case Study

You are Director of Clinical Services.

You receive an urgent call from the Director of the Division of Psychiatry. An involuntary inpatient has hanged themselves in the unit. The body was discovered when the father of the patient rang the ward to speak to his son. Staff are extremely distressed and angry as they have been saying for ages that there are not enough permanent nursing staff to guarantee safety on the ward. The family are reported to be very angry and are on their way to the hospital to meet with the Director of the Division. He is wondering if he should see them with you.

You are immediately reminded of all the problems there seem to be within the psychiatry service:

1. Threatened industrial action by the nursing staff because of occupational health & safety concerns in a brand new building.
2. Several recent critical incidents including aggression by patients towards staff.
3. A similar inpatient death about 10 months ago.

As well, you are aware of a current LegCo inquiry into, as the local newspaper recently reported, "the deplorable state" of acute psychiatric units. Also, the HCE keeps reminding you of an imminent State election. In fact only this morning your HCE reminded you of the need to avoid problems that would reflect poorly on the hospital in the lead-up to the election.

What do you do?



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M.2

Mock 2 Case Study

You are the Cluster Chief Executive with responsibility over a large university teaching hospital renowned for its teaching and research programs.

A research fellow asks to have a confidential meeting with you. At the meeting the young doctor reports that she has been agonising over whether to report allegations of scientific misconduct. On the advice of her priest she made the appointment to see you. She alleges wrongdoing by the primary investigator of a melanoma vaccine trial based at the teaching hospital. She claims to have documentation of improper production and safety testing of the vaccine, improper monitoring of patients, and overstatement of the treatment benefits. She will not release her information to you because she feels she has tried to work through the 'chain of command' but was met with denials, obstruction and marginalisation. She tells you that since first raising the concerns at the hospital her computer access was limited, access codes to certain rooms in the laboratory were changed, she was excluded from staff meetings, she was not given new tasks and was generally made to feel unwanted. She is very concerned about her career prospects in her chosen profession of melanoma treatment and research.

The trial is a federally funded, multi-centre trial. Your teaching hospital is the lead institute. Several media releases have brought great publicity (and increased research funds) to the hospital. The hospital manager, the director of medical services and several researchers and clinicians have all appeared on national television extolling the research efforts of the hospital at various times over the past two years.

You are acutely aware of the potential fallout. At another hospital attention was drawn to a case of scientific fraud and all of that hospital's RGC funded medical research trials were temporarily shut down. The researcher was de-registered by the Medical Council and both the university dean and director of research were forced to resign.

What do you need to do? Outline your approach to dealing with the issues raised.



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M.3

Mock 3 Case Study

You have recently been appointed general manager of a large teaching hospital. You discover that with the appointment come a number of other responsibilities. One of them is as a director on the board of a not-for-profit research institute that has close links with your hospital.

You attend your first board meeting and discover that the research institute conducts patient-based research in your hospital. Furthermore, you learn that there is friction between members of the board and its full time director. There are insinuations about sloppy research practices, poor leadership and disquiet amongst the staff. The only good note in your view is that none of the research staff are employees of your hospital.

Several days later you learn that the institute currently engages overseas medical graduates, mostly enrolled in PhD research. They are not on the hospital payroll. The medical registration board has granted these staff restricted medical registration. The restriction states they must be “supervised and not work in a private practice”. Their research activities conducted in your hospital involve direct patient contact and invasive procedures.

What are your immediate concerns with the activities of the institute and what steps should you take? Do you have any other concerns and how will you address these?



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M.4

Mock 4 Case Study

You are the Executive Director of a large district hospital with a tertiary role and a busy Emergency Department. The hospital has a Divisional structure.

Last year the budget over-run was \$30 million and this year is projected at \$60 million. You have identified significant budget problems in the Division of Medicine especially Aged Care and Oncology. Several important capital projects look like having to be put on hold (again).

In addition, the Emergency Department has been diverting ambulances at much higher rates than your peers. However, activity in the Emergency Department has dropped (it is down 3% on the previous year). For the second week in a row, the newspaper has run an article on patients waiting on trolleys in the Emergency Departments for longer than 24 hours.

The Emergency Department Director explains that the Emergency Department is physically unsuited to the volume and type of patients now presenting and reminds you that a plan to upgrade the Emergency Department has now been delayed three consecutive years.

The LegCo Health Panel is unhappy with your hospital's performance and has asked you to attend a meeting in four days to discuss your strategies for fixing the problems (both budgetary and diversions from the Emergency Department).

What are you going to do? How would you prepare for and what would you present in your meeting?



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M.5

Mock 5 Case Study

You are the Chief Executive of a large district hospital.

Your hospital is well advanced in its plans to expand the radiotherapy department and has progressed to the stage of tendering for the new accelerators. A tender appraisal panel has been selected and includes the head of the department, the head of medical imaging, the senior radiotherapist, the director of finance and an external advisor with a radiation standards background.

The head of the radiotherapy department asks to see you. He is a clinician with a joint appointment between your hospital and a private hospital where he runs a very successful private practice.

As he enters your office he exclaims that the whole tender process is a waste of time. He "knows" that a certain European model is the only satisfactory model for the hospital to choose. He admits that price may be a consideration, however his belief is that clinical standards are far more important in the long run. He points out that three of the latest accelerators purchased in the Territory have come from this manufacturer. There is good support for the equipment and service contractors are readily available. He tells you he "knows" the strengths of the manufacturing company because he has played golf with the company's regional representative and has discussed the company's proposal many times with him.

You indicate that you are determined to press on with the tender process to select the best accelerator. He is very critical of the appraisal panel, indicating that the senior radiotherapist is not up with the latest technology, the director of finance is simply interested in the numbers and the external expert has been 'blacklisted' by learned colleagues in the Territory.

Finally, as he is leaving your office he adds that he has accepted an invitation to travel to Europe at the manufacturer's expense to view the manufacturing facility and visit two of the largest radiotherapy centres that are using the accelerators of his preferred supplier. This trip will take place the week before tenders close.

What are the problems this situation poses? What are your options to mitigate these problems?



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M.6

Mock 6 Case Study

You are the HCE of an acute general hospital. You just returned from your annual leave. It was exactly nine o'clock in the morning when your secretary informed you that the Department Manager (DM) of the Pathology Department, accompanied by the IT Coordinator of your hospital, requested to see you urgently. Her message was that something scandalous had occurred in her department. A medical technologist (MT) was found to have used her access right to logon the Laboratory Information System (LIS) and look at the laboratory results of a group of her colleagues. According to the DM, the MT had admitted to this act, but explained that she did it just for curiosity sake with no malicious intention. She also claimed that she had not disseminated anyone's personal information.

The DM then went on to tell you the "tricky" part of the story that the software program which captured this unauthorized access to the LIS was installed onto the LIS by an MT team leader without knowledge of the hospital management or the Head Office IT Division. This team leader explained that the reason for his installing the software was because he had discerned frequent tampering of the LIS workstations for Internet access and sending out of personal materials, causing repeated disruptions to the LIS itself. So far none of the laboratory workers had admitted to doing this. In order to catch the culprit, he using his own money to buy a software program called "Employee watch" which was available in the market, and secretly installed it onto the LIS. He apologized for not seeking permission from the DM but insisted that he only wanted to help the department, and he thought any premature exposure of this plan would fail his mission.

Your DM wanted to have your instruction for the further steps to be taken. Then your IT Coordinator reminded you that not long ago a nurse of another hospital was found guilty by the court for making unauthorized access to the data of one of her colleagues and was sentenced to serve a certain number of hours of community services. The case was still under appeal. You also remembered that recently your Cluster Chief Executive had expressed her concern about the security of the hospital IT systems.

While you were still thinking about the best approach to handle this case, your secretary alerted you that someone who claimed to be the husband of an MT would like to see you together with his wife. This couple said they would not leave the Hospital Administration Department until they could meet you face-to-face and made their presentation to you. It turned out that the MT was the one found to have unauthorized access to the personal information of her colleagues on the LIS. With this sudden development the DM and the IT Coordinator wondered if they should retreat in order not to complicate the matter.

It was apparent that you needed to make up your mind for the next step quickly. What would you do?