



WESTERN AUSTRALIA

**AMA(WA) Doctors in Training**

# **HOSPITAL RATINGS 2008**

## **KING EDWARD MEMORIAL HOSPITAL REPORT**

**May 2008**

AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report

KEY:	Excellent	★★★★★
	Good	★★★★
	Average	★★★
	Poor	★★
	Very Poor	★

**OVERALL RATING:** ★★★★★½

**General Comments:**

Problems area were identified associated with accuracy and understanding of payslips and resolution of pay issues, access to sick/carer's leave, if leave was cancelled there was poor communication regarding the reasons and limited notice, poor access to part time or job sharing arrangements, the access to medical administration was limited to 1 day/month and the service provided by administration was not considered helpful. There was limited access to taxi vouchers or reimbursement of expenses.

Positive responses and ratings were achieved for security, access to hospital library facilities over extended hours and access to a quiet dedicated study area.

**1.0 PAY**

**Overall Score:** ★★¾

**Ease of understanding payslip**

**Score:** ★★½

**Comments:**

Whilst there has been the improvement of the more detailed payslip and this has been commended there is still a significant difficulty in understanding the payslip.

**Recommendation:**

Further consultation should occur with HCN to see whether improvements can be made.

**Authorisation of unrostered overtime**

**Score:** ★★★

**AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report**

Comments:

The rating and the comments made demonstrate that it would appear to depend upon which department you are assigned e.g. some said they had never been refused authorisation of overtime whereas others felt that there was a culture of not claiming. However this did not appear to be a significant issue as they felt that the teaching provided at the Health Service was excellent and therefore this made up for any loss in this area.

**Accuracy of pay**

Score: ★★½

**Resolution of Pay Issues**

Score: ★★★

Comments:

Given that there was still a difficulty identified in understanding the payslips this only added to the difficulties in assessing the accuracy and attempting to resolve any issues.

Recommendation:

Liaise with HCN and Medical Administration to see if a different system could be established e.g. a detailed spreadsheet which enables the roster worked and the hours paid to be compared.

**2. LEAVE**

**Overall Score: ★★★¼**

**Access to annual leave**

Score: ★★★½

Comments:

Again the comments made reflected the diverse views which are held by the practitioners i.e. some do not have any problems whereas others spoke of needing to book well in advance to ensure access, that there has been some improvements in 2008, that there is limited cover available, that trying to resolve any requests with medical administration is difficult.

**Access to study leave**

Score: ★★★½

**AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report**

Comments:

This issue does not appear to be a significant one with comments reflecting that access was well promoted, that there had been improvement made in 2008, that preference was clearly given to the compulsory college courses and that there usually wasn't a problem if you booked reasonably well in advance.

Recommendation:

Medical Administration be commended on their administration of this issue.

**Access to sick/carers leave**

Score: 

Comments:

This did not appear to be a significant issue.

**Adherence to timelines for confirmation of leave**

Score: 

Comments:

It was felt that there was little adherence to the timelines detailed within the Agreement not just by KEMH but by all health services. A common theme was that you needed to book well in advance to try and ensure access to the leave and that you had to constantly chase the matter up with administration.

Recommendation:

It would be appreciated if the AMA could liaise with Medical Administration to ensure compliance with the provisions of the Agreement.

**Is your leave ever cancelled?**

Comments:

Generally there did not appear to be too many doctors who had had their leave cancelled.

**If Yes, was notice provided when leave was cancelled?**

Score: 

Comments:

Of those that had had leave cancelled they felt that the notice provided was less than adequate. It was unclear why the cancellation had occurred and why adequate notice could not be provided.

AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report

**3. TERM ALLOCATIONS**

Overall Score: ★★★★★<sup>1</sup>/<sub>2</sub>

**Your satisfaction with the terms allocated to you?**

Score: ★★★★★

**Ability of term allocation to meet training requirements**

Score: ★★★★★

Comments:

KEMH rated well in the terms allocated. The comments reflected great teaching opportunities with approachable staff so that the terms they received benefited their career direction.

**Access to rural secondments**

Score: ★★★

Comments:

This did not appear to be an issue for the majority of the respondents and the rating was spread reasonably evenly. The comments made highlighted that there was only 1 approved O&G rural placement in the state.

**Access to part-time or job sharing arrangements**

Score: ★★

Comments:

It was felt that medical administration did not like the part time or job sharing arrangements. It is understood that KEMH cancelled all its part time RMO contracts last year. Therefore there appears to be a culture established within the organisation that makes it difficult to participate in part time or job share arrangements.

Recommendation:

It would be helpful if the AMA could discuss the issue with Medical Administration to see if greater access could be facilitated.

**4. EDUCATION/SUPERVISION**

Overall Score: ★★★★★

AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report

**Quality/Regularity of Formal Teaching**

Score: ★★★★★

**Who Provides Most Training?**

Outcome: The rating was shared by Consultants and Registrars

**Access to advice from your supervising consultant?**

Score: ★★★★★½

Comments:

The respondents were very complimentary of the quality of the teaching. The teaching was felt to be exceptional both in a formal and informal context with tutorials being organised twice a week by Post Graduate Medicine and that there were plenty of teaching sessions available.

Recommendation:

That the hospital be commended for provided such an excellent teaching/training program.

**Time allocated to teach junior colleagues / medical students**

Score: ★★★★★½

Comments:

The responses were varied in that given the nature of a busy clinic or theatre it left little time for teaching junior colleagues. It was suggested that perhaps a formal allocation would be a step in the right direction.

Recommendation:

Investigate whether a formal allocation of time could be facilitated.

**5. ROSTERS**

**Overall Score:** ★★★★★½

**The notice given to you of your rostered hours**

Score: ★★★★★½

Comments:

This did not appear to be a significant issue although it did only rate just above average.

AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report

**6. HOSPITAL ADMINISTRATION**

**Overall Score** ★★☆☆

**Access to Medical Administration Staff**

Score: ★★☆☆

**Service provided by Hospital Administration**

Score: ★★☆☆

Comments:

KEMH appeared to be at a distinct disadvantage given that Medical Administration was located at the PMH site. A number of comments focussed on the fact that admin was located off-site and this caused difficulties.

Recommendation:

If KEMH cannot have their own Medical Administration perhaps the hospital visits could be increased to more than the 1 per month.

**7. SAFE HOURS**

**Overall Score** ★★☆☆

**Adherence to safe working hours principles**

Score: ★★☆☆½

Comments:

There were concerns raised regarding the neonatal registrar roster and a concern that as there was a shortage of staff, that rosters were changed at short notice.

Recommendation:

Investigate the matter further to ensure compliance with the Agreement

**Access to Taxi vouchers or reimbursement of expenses**

Score: ★★☆☆

Comments:

It was evident that practitioners were not aware of the availability of vouchers or reimbursement arrangements and those that were aware had experienced difficulties in obtaining/claiming such that it was felt to be joke.

**AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report**

Recommendation:

Liaise with Medical Administration to identify who is responsible for facilitating the vouchers or reimbursement so that this could be publicised. Need to ensure that they are accessible after-hours.

**8. SECURITY**

**Overall Score:** ★★☆☆½

**Lighting inside and in the immediate vicinity of the hospital at night**

Score: ★★☆☆½

Comments:

There were concerns raised about poor lighting on the streets surrounding the hospital and in the car parks. In the immediate vicinity of the hospital was felt to be OK.

Recommendation:

Notify Administration/Security of those areas where improvements could occur.

**Hospital security**

Score: ★★★★★

**Access to secure lockers**

Score: ★★★

Comments:

It was felt that there were inadequate numbers of lockers and that the lockers were not considered secure. There was a particular shortage in the DCR and Theatre.

Recommendation:

Can the Hospital invest in some more lockers which can be adequately secured?

**Motor vehicle parking**

Score: ★★☆☆½

AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report

Comments:

This issue did not appear to be a significant problem.

**Access to a security guard to escort you to your car at night**

Score: ★★ ★ ½

Comments:

Whilst the service was available some did not avail themselves of it as they would need to wait for security to arrive and they were just keen to get home. It was felt that Security regularly patrolled the car parks and were available should you request it.

**9. WORKSPACE ON WARDS**

**Overall Score** ★★ ★ ½

**The administrative work area for each individual doctor**

Score: ★★ ★

**Access to computer to check test results**

Score: ★★ ★ ½

**Access to a telephone on the ward**

Score: ★★ ★ ½

**Access to a chair and desk**

Score: ★★ ★ ½

**Access to a private meeting space for clinical handovers**

Score: ★★ ★

**Availability of work stationary**

Score: ★★ ★ ½

Comments:

The administrative amenities were not considered to be adequate for the numbers of practitioners attempting to utilise them. Significant improvements were required.

**AMA (WA) DIT Hospital Ratings Survey 2008  
KEMH – Ratings Report**

Recommendation:

Liaise with Hospital Administration to see if improvement can be made to access up-to-date computers, increase availability of chairs, adequate private space for discharge summaries and handover etc.

**10. STUDY FACILITIES**

**Overall Score:** ★★★★★<sup>1/4</sup>

**Access to hospital library facilities over extended hours**

Score: ★★★★★<sup>1/2</sup>

Comments:

Whilst the Library was closed after hours there was a mechanism in place to facilitate access once a doctor has applied. There was a question raised as to whether this mechanism should/could be automatically put in place for doctors.

Recommendation:

The Library be commenced for the service it provides.

**Access to quiet dedicated study area**

Score: ★★★★★

Comments:

Whilst the rating was above average a range of comments highlighted that there wasn't significant amounts of quiet areas e.g. small DCR, library closed after hours, appeared to be departmentally dependent.

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