

Tuesday, 20 May 2014

What is the current QEH situation?

The DLP Government has so conspired to fool the people of Barbados that “smoke and mirrors” is their answer to every problem.

This is reinforced by personal abuse and charges of citizens being political and unpatriotic hurled at anyone, who so much as raises any concern about Government's policies.

The fact that this despotic approach seems to have worked at every turn has emboldened DLP Ministers and has apparently led to it being adopted by certain public officials.

This trend of public officials making political statements in response to legitimate questions and concerns is a step in the wrong direction.

The BLP is saying this must stop especially when it comes to matters of life and death.

Nothing can be more unpatriotic than a Government which by its chosen policies, and its deliberate actions, fails to properly prepare for the Health care of its citizens.

The BLP is appalled and outraged by the responses of both the CEO of the QEH, Mr. Dexter James and the Acting Minister of Health Donville Inniss to a simple concern expressed regarding dialysis treatment at the hospital.

It is shocking that the CEO of the island's lone tertiary care health facility, in his attempt to tell Barbadians what is or is not a “political issue”, could shoo off a situation in which dialysis patients could possibly have faced infection as merely “commonplace”.

This certainly cannot inspire confidence in those seeking and relying on care at the QEH.

In this regard, it is sad for Barbados that Minister Inniss and other Government members think the way to deal with an issue is to vilify concerned citizens and dismiss serious breakdowns in the DLP's administration as "cheap politics".

Matters concerning the health care of Barbadians should not be treated in such a cavalier and crude manner.

At the end of the Minister's tirade, and the CEO's waffling explanation, the concern expressed by me was real and not denied.

This is yet another instance of the political directorate and the QEH management assuring us that all is well at that institution when the opposite, is in fact, the case; "clearly smoke and mirrors".

Just a week ago, before he jetted off to Geneva on what can only be described as another ministerial jaunt, in these tough economic times, Minister of Health John Boyce declared that "there is no shortage of drugs at the Hospital. There is no problem." Every single doctor and nurse at that institution knows that is not true!

The Minister is free to make any idle boast but it is altogether in a different realm to be trifling daily with the lives of Barbadians, some of whom are surviving by luck and some on their death beds because of equipment breakdowns, insufficient funding and an absence of necessary drugs and supplies for medical staff to properly do their jobs of saving lives.

This has to stop before catastrophe becomes the norm.

The BLP has been measured; in fact we have been very hesitant to reveal a lot of factual information regarding the poor state of operations at the QEH. But there comes a time when enough is enough and the truth must be told.

In this regard, we have a number of concerns and a number of questions which we would like the QEH Administration to now answer:

Dialysis unit

1. Now that the QEH Management by its Press release has admitted that the water in the dialysis unit contained Pseudomonas bacteria; can they

assure the public that not a single dialysis patient was infected by this bacterium during dialysis in that unit?

2. Can the Hospital Management assure the public that not a single dialysis patient has died as a result of Pseudomonas being present in the water in that unit?
3. Can they assure the public that there was not a breakdown in the protocol for testing of the water being used in the dialysis unit?
4. If not, so why is so much attention now being paid to that protocol?

Obstetrics theatres

1. Does the QEH Management deny that on Monday 14th April 2014 during a caesarian section, there was a power outage in one of the obstetrics theatres of roughly 15mins duration; during which time the attending staff were forced to use torch lights and cell phone lights to continue the procedure?
2. Is it also true that this same patient developed a seizure with a slow pulse on the operating table and had to have manually assisted ventilation until the power returned?
3. Can the Management of the QEH explain how this could have occurred after a >\$20 million electrical upgrade at that institution?

Sterilisers (autoclaves) malfunctioning

1. Is it true that only one of three autoclaves is working in the main sterilisation department?
2. Is it true that only one of three autoclaves is working in the main operating theatre suite? How is this affecting the operating lists?
3. Is it true that only one of two autoclaves is working in the laboratories?
4. Is this an acceptable state of affairs in a tertiary care health institution in 2014?

Lions eye care centre (LEEC)

1. Is the QEH management aware that more than one year after Minister Inniss assured Barbadians that the LEEC was being utilized to offer all types of eye-surgery to Barbadians and would shortly be offering these services to persons from the OECS, a statement more recently repeated

by Minister Boyce; not a single eye-theatre in that LEEC has become operational?

2. Can the QEH management state when it will be in a position to acquire the operating lights needed to make these eye-theatres functional?
3. Can the QEH management state when it will be in a position to acquire the autoclaves which will be needed to make these theatres functional?
4. Can the QEH management state when eye surgery will be moved from the cramped and unsatisfactory conditions which currently obtain in the small operating theatre which was formerly used for surgical minor-ops?

Cardiac suite

1. The cardiac suite was recently opened with much fanfare on April 24th 2014; can the QEH management indicate when the operating theatre, in this cardiac suite, will become operational?
2. Is it true that a part is needed for the autoclave which now has to be procured as well as other equipment?
3. Can they indicate when the andrographic suite will become operational?

Accident & Emergency

1. Is the QEH management aware that several patients still wait for more than 8hrs to be seen, in spite of the statements on television, by the CEO, about the time having been reduced to 4hrs?
2. How does the management plan to address this matter?

Perinatal conference

1. The Obstetrics and Paediatrics departments held their annual perinatal review conference on Wednesday 14th May and for the FIRST TIME no statistics were released to the public AND the media was not invited. Can the QEH management tell us why?
2. Can the hospital authorities tell us what is our Perinatal mortality rate, Still birth rate and maternal mortality rate and state if we are better, worse or the same compared with 5, 10, 15 years ago and what are the trends?
3. Can the authorities tell us what are our weaknesses and how they plan to address them?

Drug shortages

1. Is there anyone in the QEH management team willing to state that no drugs are short in that institution?
2. Can they state if it is true that the main suppliers are now only supplying drugs on a cash basis and only to vital departments (ICU, OT dialysis etc.)?
3. Can the management state how much is owed to suppliers for drugs in this the second month of the new financial year?
4. Is the QEH willing to deny that many patients are being sent to buy their drugs at the private pharmacies?
5. Will the QEH Management deny that drugs which are out of stock in the QEH include the following; pain killers like oral voltaren 75 mg, hormone medication such as norethisterone, various antibiotics , and some vital anaesthetic drugs?
6. Can the QEH management team indicate how many cancer patients did not receive treatment with 5 FU, a very important and commonly used cancer drug, over the past two weeks?
7. Can the management indicate the amount owed by the QEH to the supplier of this important cancer drug?
8. Can the QEH management tell us if the amount owed is the reason why that company has been unable to purchase it overseas?

Ladies and Gentleman of the Press, I worked at the QEH for several year and I don't usually ask questions to which I don't have the answers. Despite the smoke and mirrors and the talk of cheap politics, the reality is that we are dealing with peoples' lives. The QEH is the one place where most Barbadians will have to go for treatment at some stage in their lives. They have to be confident that they will get the best care when they go there. It is therefore the one place where we have to get it right in this country.

I have been a doctor and a surgeon for several years, my first concern is the patient. When I speak about health matters it is not about politics it is my passion for health. I was a doctor before I came into politics and will be one after politics.

Therefore, I take particular offence when persons who should know better and who know what is happening at the QEH accuse me of playing politics; rather than facing up to reality. I certainly hope this is not a manifestation of the special expertise which the CEO, Dr James would have garnered while working in Anguilla and Tobago.

Members of the Press, we would be failing in our duty to the public if the Party did not call attention to these serious problems at the QEH. This is about a sense of caring not about generating fear; if one does not raise issues and discuss them and come up with solutions nothing will be solved.

If our speaking with you today saves one life, our speaking will be worth it.

A comprehensive look is urgently needed at the QEH rather than denial, deception and diversions.

An end has to be put to the appalling situation at the QEH.