

## **Queensland Health Ethical Standards Unit investigation re Bundaberg Hospital**

The Ethical Standards Unit investigation report has been reviewed by the Crime and Misconduct Commission (CMC). Queensland Health has been advised by the CMC that it is satisfied with the investigation and the report findings.

### **Allegation 1 – alleged falsification of patient waiting time data**

#### **Finding: Unsubstantiated**

##### Reasons for decision

1. The evidence obtained from the witnesses revealed that it was common practice in hospitals to amend incorrect waiting times recorded within the HBCIS system. This administrative practice resulted from the practical difficulties of recording data contemporaneously.
2. It is apparent in the busy environment of the Bundaberg Hospital Emergency Department, attended by overseas trained and/or locum doctors who may have been unfamiliar with local data entry practices, some difficulty was experienced in ensuring accurate transfer of patient data from the patient records to HBCIS.
3. There is evidence that, in order to quickly clear the backlog of files at the nurses' station by the end of the shift, inaccurate data may have been entered by nursing staff. Subsequent checks and amendment were routinely undertaken to improve the accuracy of the data.
4. An expert in emergency medicine, Dr Richard Ashby, is of the view that this practice is appropriate in order to ensure that the hospital medical records system contains accurate information.
5. Dr Ashby further advised investigators that the practice of altering the "Time seen by doctor" field to reflect the time for obtaining of an ECG was not inappropriate.
6. The appropriateness of this practice is supported by the EDIS Standard Definitions and Terminology Guide which indicates that the 'meaningful treatment' commences when an ECG is performed.
7. The Bundaberg Hospital Emergency Department no longer uses HBCIS and many of the data recording issues have been resolved since the introduction of EDIS in October 2006. This is supported by the fact that hospital staff have not been asked to amend the EDIS system in this manner.

In summary, it is open to conclude that hospital staff were asked to amend patient waiting times in HBCIS. Clearly, there would be a benefit for the Emergency Department to meet its key performance indicators relating to patient triage and waiting times.

However, the available evidence indicates that the practice of amending the HBCIS data was not done to falsely or improperly reflect patient waiting times. To the contrary, it is reasonably open to conclude that the actions were taken to improve the accuracy of the data entered into HBCIS.

## **Recommendation**

The Chief Information Officer as a matter of urgency should draft and implement corporate policy ensuring data entered into HBCIS is accurate and is a true reflection of patient treatment including the times and dates treatment was afforded.

## **Allegation 2 – Administration officers are required to triage patients**

### **Finding: Insufficient evidence to substantiate**

Reasons for finding:

1. The evidence obtained during the investigation indicates that administration officers are using their own personal judgement to decide when to call a triage nurse if a patient presents to the front counter in the Emergency Department while the triage nurse is busy with another patient. This is not unusual in a busy hospital emergency department.
2. However, there is conflicting evidence between various witnesses about whether the actions of administration officers constitute ‘triaging’ of patients.
3. The evidence from Dr Ashby indicates that the situation at the emergency department is not dissimilar to that in other hospitals. Dr Ashby was of the view that the role of the administration officers in deciding when to call a triage nurse is not triaging.
4. The definition provided by the Commonwealth Department of Health and Ageing indicates that triaging must be completed using a standard urgency scale. The urgency scale sets out the categories and levels of assessment required to triage patients. It is open to conclude that the administration officers are not determining a patient’s condition in accordance with the urgency scale.
5. In view of the comments of Dr Ashby and the information from the Department of Health and Ageing, it is reasonably open to a decision maker to conclude that there is insufficient evidence to substantiate the allegation that administration officers have been instructed to ‘triage’ patients.
6. However, given the inconsistent understandings of what actions constitute triaging, there is potential for further misunderstandings and confusion.
7. This is an important issue that needs to be resolved. Queensland Health also has its obligations to its workers under Workplace Health and Safety legislation to consider.
8. Investigators note that since the concerns have come to light, various actions have been taken to ensure that administration officers clearly understand their role when dealing with patients. One action being taken is the current review of the physical design and layout of the emergency department to assist in directing patients to the triage nurse.

## **Recommendation**

With a view to preventing a re-occurrence of this issue, it is recommended that District management resolve the definition of 'triage' and review the position description of administration officers in the emergency department. The district should communicate the outcomes to all emergency department staff. Consideration should also be given to state-wide application of this recommendation.

## **Allegation 3 – Administration officers are required to treat patients**

### **Finding: Insufficient evidence to substantiate**

Reasons for finding:

1. It would appear that some staff may obtain icepacks for patients on their own initiative whereas others would only do so under the direction of a clinician.
2. There are some differences of professional opinions as to whether the provision of an ice pack amounted to treatment to a patient. Dr Ashby is of the view that it falls within the realm of reasonable first-aid treatment that any member of the public could provide.
3. Administration officers may have provided patients with towels to help stop bleeding. Dr Ashby not only considered this to be only basic first-aid but also has the potential to be a first-contact life-saving measure.
4. Although medical opinion obtained during the investigation indicated that the removal of cannulas and the bandaging of patients may constitute "treatment", there was no evidence obtained to indicate that this had occurred.

## **Recommendation**

This complaint has raised a serious issue that requires management action in providing clarity and certainty to the roles and responsibilities of administration officers when dealing with patients presenting to the emergency department.

Accordingly, it is recommended that district management review the position description, roles and responsibilities of administration officers in the emergency department, particularly as it relates to their dealings with presenting patients, and communicate the outcomes of that review to all emergency department staff.