Investigation into Medical Wards, Bundaberg Hospital, Wide Bay Hospital and Health Service

Health Service Investigation

3 November 2022

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1. Executive Summary

Following concerns raised from both internal allegations and reports via a patient advocate on the use of sedating medications within the Bundaberg Hospital, this Health Service Investigation was commissioned with the purpose of investigating and reporting on matters relating to the clinical governance, management, administration or delivery of public sector health services in Medical Wards 2 and 3 within the Bundaberg Hospital, Wide Bay Hospital and Health Service, specifically in relation to the management of S8 and S4 medicines with a sedative effect (Investigation).

Based on the review of the documents, other written information and materials, as well as interviews conducted with relevant WBHHHS staff, the Investigators find the following:

- The investigation found that there was concordance between both the interviews and BPA survey as to some potential concerns with workplace culture, especially between intra-professional teams, whilst acknowledging work done to date by the HHS.
- The investigation found that although current policies and procedures appeared to have been complied with, there needs to be harmonisation of multiple potentially conflicting policies (state-wide and locally available) regarding types and doses of medications used, especially with regard to the concurrent use of multiple agents across pharmacological classes and the use of intramuscular (IM) or intravenous (IV) sedation.
- Management of waste/disposal of partial doses using Pyxis needs to be clarified and monitored.
- S8 / DS4 records were maintained with regular audits, however there was a lack of clarity across a number of interviewees on the S8 and DS4 audit processes. This included who did the audit, how often the audit occurred, how the outcomes of the audit were reviewed and escalated and if action plans were developed and progressed. It was unclear how ward staff are informed of errors so that improvements can be made.
- In relation to documentation, while the review team found that the level of compliance with existing policies and procedures appeared adequate, there appeared to be some potential issues around “delivery advices”, patient’s own medicines and phone orders.
- The investigation found that although clinical governance systems were largely in place, further work on reviewing, implementing the findings and closing the audit loop would be beneficial.
- The overall impact of workplace culture, as detailed in 5.1, does have a potential impact on reporting culture within the wards under investigation. The Health Service Investigation found that there appeared to be a lack of formal reporting in relation to incomplete documentation surrounding S8/DS4, for example omission of witness signatures.
- In relation to Pyxis there were several medications which were removed from Pyxis and no evidence was found in the patient’s chart or medication chart confirming that doses had been given. There were also gaps observed in both phone orders and Patient’s own medicines (S8 / DS4 medicines) book documentation.
- The review found that there was relevant documentation that S8 and S4 medicines were being used and prescribed to treat pain and responsive behaviours associated with delirium and/or dementia, as opposed to simply for sedation in the absence of documented clinical need. Again, the built environment also has an impact here, potentially driving some of the responsive behaviours.

On considering the evidence evaluated in the course of this review, the following recommendations should be considered in relation to the above findings:

Workplace Culture and Reporting:

- The review team recommend that more structured feedback of BPA results to staff and development of BPA action plans are undertaken to identify ways to improve culture, especially concerning integrated team working and transdisciplinary communication.
- The team noted that whilst periodic management rounding was reported, greater visibility of senior staff within the ward areas, including more formalised and timetabled (patients and staff) rounding needs to occur.
- Additionally initiatives such as a 'Brief the Boss' drop in option for staff in common areas should be implemented.
- The review team recommend that Human Resources practice include exit interviews for all staff on resignation to gain feedback on hospital strengths and to help identify areas of improvement.

Pharmacological and Physical Restraint

- The built environment of the medical wards at Bundaberg Hospital means that non-pharmacological options for management of cognitively impaired patients are exhausted at an earlier stage than would potentially be the case. The investigation team recommends the HHS considers engaging environmental consultants via Dementia Training Australia (DTA) or the Healthcare Improvement Unit (HIU) to look at both interim and long-term options with the current campus and the new build of Bundaberg Base Hospital to create a cognitive enabling environment for patients.
- It is recommended that the HHS revisits it's model of care for cognitively impaired older patients to incorporate full intra-professional involvement with Nursing, Allied Health and Medicine, thus improving integration and intra-professional culture across nursing, medicine, allied health and pharmacy.
- In addition to the revised model of care, consideration should be made for modalities to access, coordinate and fund specialist advice and support for complex cognitively impaired older patients, including local coordination, interprofessional huddles and robust formal linkages to Geriatric Medicine, both locally and inter-HHS, and Old Age Psychiatry, as well as post discharge supports.
- In the interim all attempts should be continued to be made to minimise the use of both physical and pharmacological restraints, as per Wide Bay HHS Policy PRO-0443-Restraint-of-Adult-Patient-V4.1.pdf (health.qld.gov.au) including robust audit policy to review the use of both modalities.
- Consideration should be made of the development of a separate rapid sedation procedure with an associated audit schedule (see appendix 6) and limitation of the use of multiple sedating agents and use of parenteral route outside of specific indications.
- Harmonisation of multiple potentially conflicting policies regarding types and doses of medications used, especially with regard to the concurrent use of multiple agents across pharmacological classes and the use of IM or IV sedation.
- Informed consent should be obtained as soon as possible from either the patient or substitute decision maker in all cases, including education and counselling as to the indication, duration, effect, monitoring strategies and potential side effects of using these agents.

Education and Training

- The reviewers recommend an expansion of the current Dementia and Delirium education package to include medical and allied health staff, as well as the addition of a contents quiz rather than just reflections and ensuring this is mandatory for all relevant staff.

- Training on dementia and delirium should be included within Occupational Violence Prevention training for all staff to emphasise de-escalation and non-drug management of responsive behaviours.
- Additional targeted prescribing and medication training and education for all junior doctors involved in the care of older patients, especially those covering out of normal business hours.
- Consideration should also be given for Graded Assertiveness Training across all professions and improved communication training within craft groups.
- Consideration should also be given to extending education on medications to allow adequate consent and communication with patients and their families/substitute decision makers on centrally acting medications.
- The review team also recommends the addition of specific education and training for rural generalists and general physicians in the care of complex, older cognitively impaired patients.

Communicating with Patients and their Care Partners

- Whilst the Review Team noted documentation of discussions with some consumers on the need to use sedating medications, it is recommended that this is formalised to allow relevant information of these medications use, their expected side effects and escalation processes for consumers.
- Information provided to consumers should include both the physical side effects of these medications, what should be considered expected and what should be considered excessive or unexpected.
- Communication should be initiated by the prescriber but backed up by both the pharmacist and ward team. The prescriber should continue to initiate the consent process.

Medication Management, Policy and Monitoring (Actions 4.1 (b), (c)):

- The Pyxis procedure should be benchmarked against other similar documents across the state, reviewed and finalised. This revised document should include an increased focus and frequency of drug audits
- Use the full functionality of Pyxis to ensure regular, comprehensive understanding of patterns of medicine use, to identify outliers for further investigation
- The documentation of 'waste' / disposal of S8 / DS4 medicines should be reviewed to ensure this is being captured in Pyxis
- S8 / DS4 audit schedule should be confirmed and aligned with the Procedure Controlled Drugs and Designated Schedule 4 Medications-Management
- Complete audits against the Procedure Controlled Drugs and Designated Schedule 4 Medications-Management with particular emphasis on phone orders and patients own medication.
- Missing medication processes should be followed, with reporting monitored, where the custody of S8 and DS4 medication cannot be confirmed, for example missing witness signatures.
- The auditing process and reporting lines for the audit results to be clarified with clear communication across disciplines
- Mechanisms for feedback of S8 / DS4 audits to be clarified and clear, documented processes to be put in place
- Action Plans to be developed and followed through when discrepancies are identified during the medication audits
- Undertake education and training of nursing and medical staff relating to the requirements for phone orders for S8 / DS4 medicines