

**Management of elderly patient and communication with family  
(07HDC01804, 14 May 2008)**

*District health board ~ Medical teams ~ Standard of care ~ Communication ~ Right 5*

The family of an 84-year-old man complained about the care he received at a public hospital (the DHB), in particular that he was not treated with reasonable care and skill and that the hospital failed to effectively communicate with the family about the man's condition and treatment plans.

The man was admitted for assessment of his deteriorating right hip function. He had a complex medical history which included heart disease, colon carcinoma and strokes. He underwent hip surgery, and postoperatively had a complex recovery. Having been admitted under the orthopaedic team for his hip revision surgery, the man required referrals to surgical services and then medical services. He also needed specialty referrals at times and was transferred to a number of different wards.

The man's condition deteriorated and he developed a severe hospital-acquired chest infection which required high oxygen treatment. The combination of his multiple issues and complications, and his age and medical background meant that he was not transferred to ICU for active treatment when his condition became severe. The man died eight weeks after his admission to hospital.

It was held that the quality of the man's clinical care did not breach the Code. However, the DHB did not communicate effectively with the man and his family, and it was difficult for them to obtain the information needed to understand the complexities of the man's care, treatment options and likely outcomes. Accordingly, the DHB breached Right 5.