
Hospital and Health Service / Ambulance Service

Report on Opinion - Case 97HDC9983

Complaint

The Commissioner received a complaint about services provided to the complainant's mother, ("the consumer") by a Hospital and Health Service and an Ambulance Service. The complaint is that:

Hospital and Health Service ("HHS")

- *In early January 1997 at a family conference the complainant was incorrectly told by a social worker that the HHS would pay for her mother's transportation from one city to another.*
- *The consumer lost her dentures whilst she was in the care of the Hospital.*

Ambulance Service

- *Five days later in mid-January 1997 the consumer, being in a state of ill health, was transported from one city to another without adequate care and supervision.*
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Investigation

The Commissioner received the complaint on 13 November 1997 and an investigation was undertaken. Information was obtained from:

The Complainant
The Hospital and Health Service
A House Surgeon
The Health Funding Authority
The Quality Manager, Ambulance Service
An Ambulance Officer

Relevant clinical records were viewed.

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Outcome of Investigation

Background

In mid-December 1996 the consumer presented to a Hospital's Emergency Department (ED) via ambulance. On admission the consumer was diagnosed with deterioration in mental function and self-care, and left foot fungating squamous cell carcinoma. The consumer was transferred from ED to the Coronary Care Unit (CCU) as she also had an atrial flutter. The next day the consumer was transferred to a ward where she remained until her discharge to a private hospital in mid-January 1997.

According to the consumer's discharge summary letter dictated by a doctor in late January 1997, the consumer on admission was described as having "significant impaired mental function". The doctor further described the consumer as being fully dependent on nursing care during her hospitalisation.

In mid-September 1997 the complainant wrote a letter of complaint to the Hospital advising of the consumer's lost dentures and the costs involved in transporting the consumer to the private hospital.

Dentures

In late October 1997 the HHS advised the complainant that according to the consumer's clinical records, she did not have her dentures in when she was admitted to CCU nor when she was transferred to the ward.

There was conflicting information on the consumer's CCU and ward nursing assessment forms regarding dentures. According to CCU's nursing assessment, the "NO" box for dentures is ticked, but written next to this is "*top and bottom*", whereas the assessment form for the ward records next to "teeth", "*dentures T & B*". However, there is no entry under the heading for dentures.

In mid-March 1999 the HHS advised the Commissioner that an investigation into this matter had been carried out in September 1997. The Hospital and Health Service stated that:

"[T]he nurses who cared for [the consumer] recollection was that [the consumer] was not in possession of her dentures when she was admitted to Coronary Care Unit and [the] Ward [...]."

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Outcome of Investigation, continued

The complainant advised that the consumer always wore her dentures and only took them out to clean them.

Transport Costs

As part of the consumer's discharge planning a family conference was held in early January 1997. The conference was attended by two doctors, the consumer's primary nurse, a social worker, and both the complainant and her husband.

The consumer's clinical notes record the plan for the consumer was, as the House Surgeon states:

"proceed with private hospital, placement for comfort cares".

The complainant advised the Commissioner that the social worker informed her at the family conference that the Hospital would pay for the transport costs involved in transferring the consumer. However, on the day of the transfer, the social worker called the complainant advising that the ambulance had to be paid for on arrival and that the cost of transport could be recovered from the Regional Health Authority. The complainant duly paid \$450.00 for the ambulance transport.

In response to the complaint about transport costs the HHS in late October 1997 advised that:

"...there has been [a] misunderstanding regarding the funding of the ambulance to [the private hospital]... normal procedure [is] for a patient to meet the cost of transfer to a... Private Hospital."

Furthermore, the HHS advised the complainant that the social worker no longer worked at the Hospital, thus the matter was not able to be directly raised with her. The consumer's clinical notes of early January 1997 do not specifically record details concerning payment arrangements and in September 1998 the Commissioner was advised by the House Surgeon that she could not recall non-medical details of the family conference.

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Outcome of Investigation, continued

The Commissioner was advised by the Health Funding Authority on various ways that transport costs were funded as at January 1997. These included:

- (1) Funding of those assessed as requiring residential care. This required that the consumer had been in an Assessment Treatment and Rehabilitation ward rather than a medical ward and required full-time residential care. The consumer must also be eligible for free residential care after an assessment of assets and income.
- (2) Inter-regional flow funding – this funding covers transfers between public hospitals only.
- (3) Standard travel and accommodation criteria funding – consumers who hold community services cards and are receiving services directly related to that abnormality. Travel if over sixty minutes to six or more appointments a year in a twelve month period is also covered.
- (4) Emergency transportation by ambulance.

The consumer's transport did not fall into any of these criteria.

Transport

In mid-January 1997 the consumer was discharged and transported from the HHS to a private hospital, unescorted in an ambulance serviced by one officer. The Quality Manager of the Ambulance Service advised that:

“the hospital ordered the ambulance on behalf of the relatives of [the consumer]... If the hospital felt that [the consumer] was in need of constant medical attention they would have provided an escort.”

The Ambulance Officer stopped some two or three times on the journey to provide the consumer with fluids.

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**Code of Health
and Disability
Services
Consumers'
Rights**

RIGHT 3

Right to Dignity and Independence

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

RIGHT 4

Right to Services of an Appropriate Standard

- 3) *Every consumer has the right to have services provided in a manner consistent with his or her needs.*

RIGHT 6

Right to be Fully Informed

- 3) *Every consumer has the right to honest and accurate answers to questions relating to services.*

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Opinion: In my opinion the Ambulance Service did not breach the Code of Health and Disability Services Consumers' Rights. I accept in this case that it was the responsibility of the dispatching facility, the Hospital and Health Service, to arrange for either an escort nurse or a relative to attend the consumer on her journey to the private hospital.

Opinion: *Dentures*
No Breach, In my opinion there is insufficient evidence to conclude that the Hospital and Health Service breached Right 3 and Right 4(3) of the Code of Health and Disability Services Consumers' Rights. I am concerned however, **Hospital and** that the documentation showed inconsistent details regarding the consumer's dentures.

Opinion: *Transport Costs*
Breach, In my opinion the Hospital and Health Service breached Right 6(3) of the **Hospital and** Code of Rights. It is clear that there was a misunderstanding regarding the payment of transport costs. While I have been unable to obtain information from the social worker, as she is no longer employed by the **Health Service** HHS, I accept the complainant's evidence.

The consumer was fully dependent on nursing staff and on her discharge she was assessed as requiring full comfort cares. The complainant, as the person entitled to give consent on behalf of her mother (the consumer), had the right to have honest and accurate answers to questions relating to services. It was not until the morning of the transfer that the complainant was advised that payment needed to be made directly to the ambulance but reimbursement would be made by the Regional Health Authority.

The information later proved to be incorrect as the consumer was not eligible to have her transport costs covered. The HHS, as employing authority, is vicariously liable under section 72 of the Health and Disability Commissioner Act for actions of its employees. Therefore, in my opinion the HHS breached Right 6(3) of the Code of Rights in relation to the accuracy of the information regarding payment of transporting the consumer.

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**Other
Comments**

During my investigation I was advised of the consumer's unescorted long distance transfer from the public hospital to the private hospital in another city. The consumer's condition on admission and during her hospitalisation at the public Hospital was such that the consumer was fully dependent on nursing staff. The consumer's clinical records state that she was for comfort cares at the time that she was to be transferred.

It appears that staff on the public Hospital's ward did not fully consider the nature of the transfer process on the consumer and its likely toll upon a patient in her circumstances. I am also aware that the consumer was an outlier, in that her covering medical specialists were not based on the ward she was in. In view of the information I have obtained I consider that the consumer's discharge planning was not managed effectively. The consumer's relatives were not advised by ward staff of the consumer travelling alone, nor were they provided with the option of arranging someone to travel with her.

I suggest that the HHS review its discharge planning procedures and ensure that staff are reminded of the need to be vigilant in considering all aspects in transferring patients and in their dealings with patients' belongings.

Actions

I recommend the Hospital and Health Service take the following actions:

- Apologise in writing to the complainant for breaching the Code of Rights. This apology is to be sent to the Commissioner who will forward it to the complainant.
 - Reimburse the \$450.00 transport cost to the complainant.
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