Assessment, monitoring and evaluation of nutritional status and sacral pressure ulcer, and communication with family (10HDC01286, 18 November 2013)

Aged care provider ~ Clinical manager ~ Registered nurse ~ General practitioner ~ Systems issues ~ Clinical decisions ~ Communication ~ Staff training & supervision ~ Right 4(1)

A 40-year-old woman was admitted to a care facility for people with age-related illness, and young physically disabled people. Two years prior, the woman had had a stroke and was left paralysed on her left side, with urinary incontinence, seizure activity and cognitive disruption.

Staffing at the care facility included a registered nurse (RN) Facility Manager, a RN Clinical Manager, RNs and enrolled nurses, and care assistants. During her admission, the woman received care and treatment related to a number of health issues, including neurological assessments related to seizure activity, behavioural and psychiatric assessments for low mood, and dietitian input for weight management.

Five and a half years after her admission, the woman's pressure ulcer risk was evaluated and found to be high. However, no preventative measures were taken in response to the risk. Four months after this assessment, the woman's condition began to deteriorate. She reported nausea, at times she was reluctant to eat and drink, and she was noted to have a low mood. Over the next three months, the woman developed sacral pressure ulcers which did not heal and which became infected and necrotic. The woman was admitted to a large public hospital with a high fever, where she was noted to be hypotensive and in renal failure. The woman was provided with palliative care, and she died of sepsis secondary to a sacral pressure ulcer two days after her admission.

The first of the two Clinical Managers employed at the time of these events did not ensure that a quality service was provided to the woman. In particular, the first Clinical Manager failed to adequately manage the woman's pressure ulcer risk, failed to ensure appropriate care planning when she developed a pressure ulcer, and failed to ensure that there was adequate monitoring of her deteriorating health. The second of the two Clinical Managers employed at the time of these events did not ensure that the woman's deteriorating condition was adequately monitored and responded to in the two months leading up to the woman's hospital admission. The Clinical Managers breached Right 4(1).

The owner/operator of the facility was vicariously liable for the clinical failures of its staff and breached Right 4(1). Additionally, the owner/operator failed to ensure that staff were adequately oriented to, and supported in, their roles, and also breached Right 4(1) in this respect. Adverse comment was made about the owner/operator's role in ensuring adequate staffing, its suboptimal documentation, and its role in ensuring the availability of adequate equipment.

It was not clear whether or not the Facility Manager fulfilled her responsibility to ensure that adequate equipment was available. However, in respect of the clinical care

provided to the woman, the Facility Manager was not found to have breached the Code.

Adverse comment was made about the care provided by the GP, who acknowledged that he should have referred the woman earlier for aggressive pressure ulcer treatment.