

**Provision of care to prisoner with shoulder injury**  
**16HDC00776, 26 June 2019**

*General practitioner ~ Correctional facility health service ~  
Injury ~ Review ~ Right 4(1)*

A man fell from his bunk in a correctional facility and injured his shoulder. He submitted a health request form asking to be seen by a specialist because of his shoulder pain.

The Department of Corrections (Corrections) provides health care, including nursing and medical services, to prisoners. The facility has a Health Centre staffed by a manager and registered nurses, who are employed by Corrections. In addition, Corrections enters into contracts for service with general practitioners (GPs) in the area. Nurses are available to review prisoners on a daily basis at the facility. GPs are available in person at the facility three days a week, and available for advice via telephone at all times as required. At the time of events, two GPs were contracted by Corrections to provide GP services to prisoners at the facility.

When prisoners report non-urgent health concerns, these are managed in line with a triage policy, which states that the purpose of the policy is to ensure that all prisoners receive access to health services within seven days of a non-urgent request for a health appointment being received. In accordance with the triage policy, prisoners access health services by completing a health request form, which is available in all residential units.

The man submitted a total of five health request forms and saw nurses on four occasions before eventually he was able to see a medical officer nine weeks after his original requests for health services were lodged. During this time he was prescribed arnica cream, Panadol, and Brufen, and he received an intra-articular steroid injection from a GP, who had made a diagnosis of a soft tissue injury. The GP did not feel that an X-ray was indicated.

The man made two further requests in an attempt to access health services for his shoulder injury, before he attended an appointment with the second GP, who made a differential diagnosis of either a reaction to the steroid injection or an infection. He prescribed an antibiotic to treat the infection. The GP did not consider an X-ray to be clinically indicated.

The man was transferred to a public hospital two days later with a high temperature and a swollen, red upper arm. Hospital staff took an X-Ray and an ultrasound of the man's shoulder, and he was diagnosed with an extensive soft tissue abscess. He received treatment and was discharged back to the facility with a prescription for long-term antibiotics and follow-up at the hospital.

**Findings**

It is Corrections' responsibility to ensure that its staff adhere to organisational policies, particularly those that are in place to protect the health of prisoners, who

cannot choose their own healthcare provider. It is apparent that numerous nurses failed to adhere to the triage policy in place at the time of events. Corrections was also responsible for the GP care provided. Accordingly, it was found that Corrections breached Right 4(1) by failing to ensure that nursing and GP staff provided services with reasonable care and skill.

It was found that the first GP breached Right 4(1) by (a) failing to undertake appropriate investigations, in particular an X-Ray, for the purpose of forming an appropriate diagnosis; (b) administering a cortisone injection without excluding a fracture following a fall onto a hard surface from a height; and (c) not documenting his assessments, clinical decisions, or any diagnosis. He provided an apology to the man.

Adverse comment was made about the second GP's failure to carry out further investigations to exclude a fracture or dislocation.

### **Recommendations**

It was recommended that Corrections (a) provide evidence of nursing staff training in clinical assessment, diagnostic reasoning, pain management training and evaluation, and the appropriate escalation of clinical concerns; (b) update its operation manual to state the expectation that clear clinical records will be maintained at each contact by the doctor and/or nurse; (c) include a separate entry in its triage scale guide to cover "suspected fracture"; (d) provide an update on the progress of its changes for improvement of prison health services, including the effectiveness of the use of the SOAPIE format for documentation, the use of the OPQRST format for pain assessment, and the change to unit-based clinical care; and (e) undertake an audit of staff compliance with, and effectiveness of, the triage process.