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Queensland Government
Queensland Health

MINISTERIAL BRIEFING

Number BR021399

For Noting

DEADLINE

DEPT OF HEALTH
RECORDS TEAM
20 MAY 2005
20 MAY 2005

BRIEFING NOTE to be limited to two pages only. Where additional information is required, supporting schedules / attachments should be used

SUBJECT:

Advice regarding patients who died whilst on the Waiting List at The Prince Charles Hospital

PURPOSE:

To inform the Minister of the details of patients raised by the Opposition Health Spokesman on Thursday 21 October 2004 who were said to have died whilst on the waiting list at The Prince Charles Hospital (TPCH) and inform the Minister of management strategies being used to address the cardiology waiting list for patients referred to TPCH for specialised cardiac procedures from other Queensland hospitals.

BACKGROUND:

Management Strategies

Patients are referred to TPCH for the management of acute coronary syndromes. Patients needing treatment are revascularized either by Percutaneous Coronary Intervention (PCI) or bypass surgery. A number of these patients are being treated at other Queensland Health hospitals. These patients are managed on a priority basis. This requires that the patient's clinical condition is assessed using a standardised clinical assessment tool and placed on an Interhospital Transfer Waiting List.

TPCH has a comprehensive process in place to manage the Interhospital Transfer Waiting List so that cases are treated on a clinical needs basis. The process has three components.

The specific arrangements for patients with Acute Coronary Syndromes is as follows:

- The District has a written protocol in place outlining the process to be followed.
- All cases are coordinated by the Nurse Manager for the Acute (after hours) or the Cardiac Catheter Lab Booking Office (during office hours).
- Written referrals together with ECG's and other investigations are requested from the referring hospital.
- Referrals are received and reviewed by the admitting Cardiology Registrar.
- Referrals are assessed using a clinical risk stratification tool (TIMI Score). This allows clinical priority to be determined.

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- Decision regarding the prioritisation of cases is made using the TIMI Score, whether the patient is having specialised drug treatments and how long the patient has been waiting.

At times of high demand for services there is an escalation process in place within the hospital. This process is summarised below:

1. Number of patients on the Interhospital Transfer Waiting List is less than nine:
 - Nurse Unit Mangers and Cardiology Registrars are alerted by the Bed Manager and a review of the clinical management of the existing inpatients occurs. Extra ward rounds are conducted and patients are assessed for possible discharge or transfer for a non-cardiology ward.
 - Prioritisation of existing inpatients with an evaluation of appropriateness of transfer back to referring hospital will be discussed with the treating consultant.
 - An internal review of bed availability is done hospital-wide. The appropriateness of placing cardiology patients into non-cardiology beds is examined.
2. Number of patients on the Interhospital Transfer Waiting List exceeds nine:
 - The Director of Cardiology is briefed on the patient's clinical details and current status. The Director of Cardiology then contacts the Directors of Cardiology at the Royal Brisbane and Women's and Princess Alexandra Hospitals to assess if these hospitals are able to treat any of the patients on the Interhospital Transfer Waiting List.
3. Number of patients on the Interhospital Transfer Waiting List exceeds fifteen:
 - The Executive Director Medical Services (EDMS) is contacted and briefed on the situation. The EDMS contacts the EDMS at the Royal Brisbane and Women's and Princess Alexandra Hospitals to assess if these hospitals are able to treat any of the patients on the wait list.
 - The EDMS briefs the District Manager on the situation.

The Hospital has an effective bed management process in place.

- Each morning the Nurse Manager on duty advises the Program Management Teams and District Executive by email using a standard report of issues that arose overnight, current bed occupancy and expected admissions and discharges. If beds are available patients on the Inter Hospital Transfer Waiting List are scheduled for transfer.
- A hospital bed round conducted each day at 10:00 am. This round is attended by Program Nursing Directors, Nurse Managers and Unit Managers. At the conclusion of this round a daily bed plan is formulated and implemented. If further patients from the Inter Hospital Transfer Waiting List can be accommodated these are scheduled for transfer.
- Where issues arise where there is a supply/demand mismatch in relation to hospital beds, the EDNS and EDMS are contacted and assist with the resolutions of the issue.

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Current issue:

Following notification of the limited details of the patients who died on waiting lists at TPCCH, the District undertook a comprehensive process to identify the specific patients. This included running reports from HBCIS reviewing the waiting list and reviewing the Interhospital Transfer Waiting List.

Eight of the nine patients notified to the District could be identified. It is noted that one of the eight patients identified had slightly different demographics to those that were provided.

There was one patient who could not be identified from the data provided.

A summary of the cases is outlined below:

Patient A:

71 year old female who died while being urgently transferred by the Royal Flying Doctor Service (RFDS) from the Intensive Care Unit (ICU) at Rockhampton Hospital to ICU at TPCCH. No delays noted in care provided.

Patient B:

78 year old male died while being urgently transferred by RFDS from Bundaberg Hospital to TPCCH. No delays noted in care.

Patient C:

88 year old female died prior to transfer. Transfer arranged for two days after original referral.

Patient D:

64 year old man with multiple medical problems who died prior to transfer.

Patient E:

80 year old male who died prior to transfer. Transfer arranged for three days after original referral.

Patient F:

76 year old male who died while waiting for an elective procedure.

Patient G:

67 year old male died while waiting for an elective angiogram. Patient was listed as Category 1 and was scheduled to have the procedure within 30 days.

Patient H:

Unable to identify patient.

Patient I:

76 year old male who died while waiting for an elective angiogram. Patient had multiple medical problems and was reviewed by a cardiac surgeon who advised he was NOT a candidate for cardiac surgery.

Details of patients are outlined on Attachment 1.

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KEY ISSUES:

Cardiac disease in Australia is a leading cause of death with approximately 30% of all deaths relating to cardiovascular disease.

Patients with cardiac disease have an incidence of sudden cardiac death. This incident relates to their underlying heart disease. It is therefore critical that waiting lists are actively managed and coordinated to minimise any adverse incidents. TPCH has a comprehensive waiting list management system in place to ensure that patients are prioritised appropriately as outlined above.

CONSULTATION:

Ms Jenny Walsh, Nursing Director, Cardiology Program, TPCHHSD, contact 3212 5884

RECOMMENDATION:

The Minister note the contents of this Brief

MEDIA RELEASE: (Optional)

YES

NO

COMMUNICATION STRATEGY / SPEECH: (Optional)

ATTACHED

NOT ATTACHED

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Cleared by:
Deb Miller
COLO

Date: ...25 / 10 / 04.....

Date:

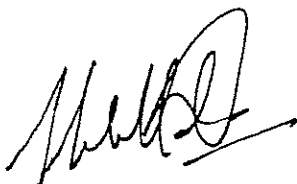
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RECOMMENDATION:

BRIEFING

✓
Noted:

COMMENTS:



GORDON NUTTALL MP
Minister for Health
Member for Sandgate

18/10/04

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Cleared by:
Deb Miller
COLO



Date: ...25 / 10 / 04.....

Date:

(Please include Contact Officer details below)

Prepared by: Dr Michael Cleary

Unit:

Contact No:

RECOMMENDATION:

BRIEFING

Noted:

COMMENTS:

GORDON NUTTALL MP
Minister for Health
Member for Sandgate

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Patient A

Background:

- 71 year old lady
- Inpatient at Rockhampton Hospital
- Related medical problems
 - diabetes
 - high cholesterol
 - high blood pressure
 - chronic lung disease



14.07.2004

- Admitted Rockhampton with myocardial infarcts. Improved after initial treatment.

15.07.2004

- At 10:00am contacted TPCH to arrange transfer. Placed on Interhospital Transfer Waiting List.

15.07.04

- Subsequently became profoundly unwell and was admitted to ICU Rockhampton. Patient improved overnight.

16.07.2004

- At approximately 10:00am Rockhampton Hospital contacted TPCH who advised that they would arrange an ICU bed and advise of transfer arrangements as soon as possible.
- At approximately 11:00am TPCH advised Rockhampton Hospital that an ICU bed was available and that the patient should be transferred as soon as possible.
- At approximately 7:00pm when being transferred from Rockhampton Hospital to an RDFS aircraft, the patient suffered a catastrophic deterioration and was returned to Rockhampton Hospital for specialist care.
- At approximately 9:10pm died at Rockhampton Hospital despite active resuscitation.

Comment:

- Patient's care was appropriate in terms of the transfer arrangements and presentation.
- ICU bed arranged within one hour of initial contact.
- RFDS retrieval arranged for patient as a priority.
- This patient was reviewed by TPCH Mortality & Morbidity Review Committee on 4th August 2004, who noted situation and commented that:
 - The patient had suffered a myocardial infarct with the background of diabetes and poor left ventricular function.
 - Initial treatment and transfer were appropriate
 - Patient was prioritised on basis of clinical urgency.

Patient B

Background:

- 78 year old man
- Inpatient at Bundaberg Hospital
- Related medical problems
 - heart disease
 - high cholesterol
 - previous heart attacks
 - chronic renal failure

29.04.2004

- Admitted to Bundaberg Hospital with myocardial infarct after 18 hours of chest pain at home.
- Treated with thrombolysis with improvement.

07.05.2004

- At approximately 2:30pm contacted TPCH who recommended transfer as soon as possible with a plan to perform an angiogram in the evening of 07.05.2004.

07.05.2004

- At approximately 5:00pm, while the RFDS still were transferring the patient (the RFDS team were still at the hospital when this occurred) he deteriorated and died.

Comment:

- This patient was reviewed by the Executive Director of Medical Services who considered that all arrangements were appropriate and transfer was arranged urgently. Note: Patient died 2 ½ hours after initial contact was made with TPCH.
- Patient care was appropriate in terms of transfer arrangements and prioritisation.
- RFDS retrieval arranged for patient as a priority

Patient C

Background:

- 88 year old lady
- Inpatient at Caboolture Hospital
- Related medical problems
 - high blood pressure
 - Paget's disease
 - Gastrointestinal bleeding
 - Chronic coronary artery disease
 - Haemoptysis

21.02.2004

- Admitted to Caboolture Hospital with a myocardial infarct after presenting at Kilcoy Hospital.

23.02.2004

- Fax sent to TPCH requesting further assessment.

24.02.2004

- Patient referral reviewed and patient listed for transfer to TPCH on 27.02.2004.

27.02.2004

- Caboolture Hospital advised patient deceased prior to transfer which was planned for that morning.

Comment:

- Patient died on the morning of his planned transfer.

Patient D

Background:

- 64 year old man
- Inpatient at Caboolture Hospital
- Related medical problems:
 - Ischaemic heart disease
 - Myocardial infarct (1995)
 - High blood pressure
 - High cholesterol
 - Stroke (1993)
 - Peripheral vascular disease
 - Below knee amputation - both legs
 - Aorto bi-femoral bypass

10.02.2004

- Admitted to Caboolture Hospital with myocardial infarct

11.02.2004

- At approximately 10:30am the Cardiology Registrar at TPCH contacted the medical officer at Caboolture Hospital. The TPCH registrar provided advice in relation to further treatments and requested the Caboolture Hospital fax a referral to TPCH on the specified fax number in line with the hospital protocol. At 8:30pm on 11.02.2004 the fax had still not been received.

12.02.2004

- The bookings office at TPCH contacted Caboolture Hospital to determine if the referral had been sent as it had not been received by the following morning.
- At approximately 10:00am the patient details were forwarded to the TPCH's cardiology registrar by email.
- Patient died at Caboolture in the early hours of the morning.

A review of the situation identified that the fax from Caboolture Hospital was sent to the wrong fax number at TPCH (The Cardiac Investigations Unit reception area rather than to the fax used for urgent bookings in the Bookings Office).

Patient E

Background:

- 80 year old man
- Inpatient at Nambour Hospital
- Relevant medical problems:
 - Chronic obstructive lung disease
 - hearing impairment

19.02.2004

- Presented to Caloundra Hospital with chest pain, shortness of breath and a cough. Treated for heart failure and discharged home 23.02.2004.

24.02.2004

- Admitted to Nambour Hospital with a myocardial infarct. He improved following treatment.

27.02.2004

- Referred to TPCH for care and assessment. Booked for procedure 01.03.2004.
- Patient wished to stay at Nambour until his daughter came up to care for his wife (who has dementia).
- Patient would not be transferred over the weekend as elective angiography is not undertaken on Saturday and Sunday. Scheduled for transfer Monday 01.03.2004.
- Patient deceased prior to transfer on 01.03.2004.

Assessment:

- This patient was reviewed by the Executive Director Medical Services who considered transfer arrangements appropriate.
- Patient died on the day of transfer.

Patient F

Background

- 76 year old man
- Inpatient at Mackay Hospital
- Related medical problems
 - End stage heart failure
 - Pneumonia
 - Sick sinus syndrome (pacemaker inserted)
 - Acute valve replacement

29.06.2004

- Referral received from Mackay Hospital for an opinion regarding further management.
- Review by cardiologist however cardiologist did not document date of review or a clear management plan or categorise the patient other than "elective".
- Staff in bookings Office planned an elective admission "on Wednesday" as requested. Booking made for 18.08.2004.

09.07.2004

- Second referral received from Mackay Hospital by a second cardiologist who arranged a private OPD appointment for 18.08.2004 (Note to second cardiologist did not consider that transfer for an angiogram was required.

12.07.2004

- Patient died at Mackay Hospital. The chart in Mackay contain a "Not for Resuscitation" order.

Comment:

- Patient was referred for an opinion regarding appropriate further management.
- Patient booked for an elective procedure.

Patient G

Background:

- 67 year old man
- outpatient of TPCH
- Related medical problems:
 - previous cardiac surgery (1995)
 - diabetes
 - high cholesterol

21.07.2004

- Referred to TPCH for OPD cardiology review.

24.08.2004

- Reviewed in OPD where noted he had been well for 7 years following his previous cardiac surgery. Recently he had experienced some shortness of breath and chest tightness at work.
- Listed as Category 1 patient. Angiogram booked for 24.09.2004.

13.09.2004

- Out of hospital cardiac arrest at home. QAS responded but was not able to be resuscitated.

Comment:

- Patient was reviewed by TPCH Mortality & Morbidity Review Committee on the 13th October 2004. They noted the situation and commented that:
 - Long history of ischemic heart disease
 - Planned treatment in line with hospital procedures
 - Unexpected death at home
- Patient care was appropriate in terms of prioritisation and planning of procedure.

Patient H

Unable to identify patient from information provided.

Patient I

Background:

- 76 year old man
- Outpatient at TPCH
- Relevant medical problems:
 - Ischemic heart disease
 - Cardiomyopathy
 - Diabetes
 - Acute stenosis
 - High blood pressure
 - High cholesterol
 - Leg ulcers
 - Previous cardiac surgery
 - Peripheral vascular disease
 - Protein losing nephropathy

28.11.2003 to 16.12.2003

- Admitted to TPCH with heart failure – Note: Long inpatient stay.

09.12.2003

- Booked for elective angiogram as Category 2 patient (booked for 20.04.2004).

06.01.2004 to 13.01.2004

- Admitted to TPCH with myocardial ischaemia. Cardiac surgeons reviewed patient and advised he was NOT a candidate for cardiac surgery.

10.02.2004 to 16.02.2004

- Admitted to TPCH with shortness of breath, cough and thought to have a chest infection complicated by heart failure.

09.04.2004

- Died at home