



**Office of the
Health Complaints Commissioner
2007**

0509013 Public hospital – reclassification to non-acute patient and whether advised of charges

s. 23(1)(g)(i) a health service user was not provided ... in language and terms understandable to the user, with sufficient information on the treatment and health services available to enable the user to make an informed decision - Investigation report December 2006

A complaint was lodged by a woman on behalf of her husband who had been an acute care inpatient at the Launceston General Hospital (LGH). When he was re-classified from an acute patient to a non-acute patient, he was transferred to the George Town District Hospital, (GTDH) where he remained for about 3 months. He was charged \$3692.00 for accommodation as a *'nursing home type patient'*. The issue under investigation was whether informed financial consent had been obtained. This requires the hospital to inform the consumer or person responsible for paying the account of the cost of that care and how the charges arise. The complainant claimed that she was not advised that there would be a charge for her husband's accommodation and sought a waiver of payment of the accommodation charges.

Public hospitals throughout Australia are able to charge bed-day fees to inpatients whose length of stay is greater than 35 days and whose doctor declares the patient to be non-acute. The LGH was entitled to raise a charge and apparently informed the patient of the change in his patient status. The LGH accounts department also sent a letter to Centrelink providing "Advice of an admission to an institution", and the complainant's benefit was altered accordingly. However, the LGH were not able to locate a copy of the advisory letter sent to the complainant and she denied having seen that letter. A month elapsed before the hospital issued an account. The conclusion was that the patient and his family were not adequately informed about accommodation fees, and hence did not provide informed financial consent and that a waiver of the outstanding accommodation fees should occur. The recommendation, that the fees be waived and that accounting practices alter, was accepted by the Department of Health and Human Services (DHHS).

The recommendations were that in order to obtain informed financial consent, appropriate notice be given to a patient when accommodation charges are going to be commenced, in order to provide that patient with sufficient time to make financial or other alternative arrangements. A hospital should ensure that a patient is aware that the change in acuity is the trigger for accommodation charges to commence, and that advice is provided as to what the charges will be. Written and verbal notification should be provided to a patient that this change in acuity will be followed by a charge for accommodation.

The complainant was also critical of the standard of personal care provided by the nursing staff to her husband at the GTDH and various incidents, largely relating to the patient's incontinence and the attitude of staff, were the basis of complaint to the hospital, this office and to DHHS. One matter investigated was that the patient had requested a urine bottle and was told by nursing staff that he should urinate in his nappy. Another related to the call bells not functioning during a power blackout, and on another occasion the buzzer used to alert staff was unplugged. A complaint was made by the complainant's daughter to the DHHS who undertook a comprehensive investigation.

The investigation identified a number of deficiencies in the patient's nursing care. Clinical charts were completed irregularly, and it was noted that the medication charts showed that prescribed medication for pain management was withheld or not given when due with no explanation as to why. A diabetic chart had been completed over 5-6 days but with no entry or record to indicate that the patient had diabetes. Care plans were inadequate. A visiting health professional had previously raised concerns about the nursing staff's attitude to aged persons and persons of ethnic background, and this was substantiated and addressed in the recommendations accepted by the DHHS.

The complaint prompted a review of the GTDH by DHHS. This was to assess the quality of the care and service provided by the district hospital against the Residential Aged Care Standards. Although a district hospital is not an aged care facility, it does provide a significant amount of care for older persons. The review was completed in July 2005, and identified that of the 44 standards involved, there were 2 compliant areas, 37 non compliant areas and 5 areas were not assessed. A series of recommendations to address the non compliant areas were made and amounted to a significant and extensive remedial action plan which required additional resources and a program of ongoing monitoring and support for an extended period of time. These recommendations were implemented.

The conclusion was that the comprehensive audit by DHHS identified a number of critical systemic issues which impacted adversely on the quality of care at the GTDH of which the complainant's care was one example. The nursing care provided to the complainant's husband by the district hospital was not of an acceptable standard in many respects. His incontinence was not managed according to contemporary clinical standards. The DHHS issued an apology to the complainant, with advice of the actions taken in response to the complaint.

A recommendation was made that the audit recommendations be implemented and monitored by DHHS on an ongoing basis, and similarly the recommendations arising out of the review. A further recommendation was made that the district hospital undertake complaint management with the nurse who was referred to in the complaint, reinforcing appropriate methods of patient care and communication, and that the hospital implement a strategy for nursing staff to roster their breaks so that there is always a nurse on duty to ensure client care requests are responded to adequately and patients are adequately supported.