



Office of the Health Complaints Commissioner

**Report of the investigation into a complaint against
St Lukes Private Hospital Ltd on a billing matter**

Report by the Health Complaints Commissioner

May 2005

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700-0412019

1 The Complaint

1.1 The complainant received an account from St Luke's Private Hospital Ltd (St Luke's) purported relating to services provided to her while at St Luke's Private Hospital prior to the transfer of ownership to Calvary Health Care. Prior to this a claim had been made to Medical Benefits Fund Australia Ltd (MBF) for services St Luke's claimed were provided to the complainant as an inpatient between 14 October 2002 and 2 December 2002. MBF forwarded a cheque for \$8265 in favour of St Luke's requesting that she forward the cheque to the provider for payment of the those services. The complainant disputed her inpatient status and MBF, having investigated the matter and agreed with her, then requested that she return the cheque to the MBF which she did. St Luke's then sought to tender an account to her on the basis that she was a "boarder mother" at the relevant time. The complainant disputed this status and lodged a complaint under the *Health Complaints Act 1995*.

2 Background

2.1 The complainant had been contacted by the Business Manager of Calvary Health Care Tasmania contending that she was a boarder mother and liable for the account with St Luke's. The complainant contested the border mother status and further contended that, in terms of informed financial consent, she was at no time informed that there was a daily charge for being a boarder mother.

2.2 The situation was complicated as the dispute only arose some two years after St Luke's provided the disputed service. The complainant had moved from Launceston to Queensland with mail redirection from May 2003 to May 2004. In December 2004 she received a cheque from MBF payable to St Luke's for \$8 265.00 and queried this claim.

2.3 The situation had been further complicated by the change in the hospitals ownership from St Luke's Private Hospital Ltd to Calvary Health Care on 10 May 2004. Calvary Health Care, as part of the contract agreement, was responsible for collecting outstanding debts for a period of ninety (90) days after which all debts were passed back to St Luke's for further collection/action. While St Luke's is collecting outstanding debts when the complainant contacted St Luke's she spoke with Mr Trevor Jones, Business Manager , Calvary Health Care Tasmania – St Luke's Campus.

Mr Jones then wrote to the complainant requesting her to put her concerns in writing to Ms C McGann, Managing Director of St Luke's Private Hospital Ltd.

- 2.4 It appears from Ms McGann's response to this office on 21 January 2005 there were attempts to clarify with the complainant her status but that the matter remained unresolved and somewhat confused.
- 2.5 A complaint was lodged with the Health Complaints Commissioner when the account and patient status remained unresolved. Ms McGann's response was provided to the complainant who e-mail disputing most of the claims in Ms McGann's letter. A further letter was written to St Luke's outlining the evidence to hand and seeking clarification of the nature of care provided to the complainant. St Luke's responded standing by the claim that she was a patient receiving treatment. A copy of the complainant's records held by Calvary Health Care Tasmania - St Luke's Campus were obtained.

3 The Issues

- 3.1 The issues arising out of this complaint are as follows: The complainant's status at the hospital when her son was transferred from QV/LGH and whether she was an inpatient or a boarder mother; whether she provided informed financial consent to the inpatient status asserted by St. Luke's and forming the basis of the account rendered; (this brings into question the information provided to the complainant and her consent or otherwise to services provided) and the delay in rendering the account.
- 3.2 The complainant was apparently being pursued two years after the claimed event and this in turn gives rise to the question of whether St Luke's may be pursuing other people in similar circumstances to pay for similar events when the nature of the service may be in dispute.
- 3.3 It also involves questions of how the complainant status can be characterized and this includes matters such as whether her obstetrician continued to provide her care while she was in St. Luke's; whether prescriptions were filled within or outside St. Luke's and the nature of the care provided; in particular whether this could be regarded as incidental to her baby's care or a service provided to the complainant unrelated to her baby's care.

4 The investigation

- 4.1 A response to the complaint was requested from Ms McGann as Managing Director of St Luke's Private Hospital Ltd. Ms McGann's advice was that St Luke's stand by their claim that the complaint was

admitted and treated “*in her own right and that the hospital was correct in raising an account.*” The complainant did not accept that this was correct and on 12 May 2005 notices for an investigation under Part 6 of the *Health Complaints Act 1995* issued. Ms Alannah Perry assisted with the analysis of the medical records file and the investigation of the complaint.

4.2 The matters taken into account in the investigation were as follows: The complainant completed a pre-admission form as a pre-natal patient signed and dated 13 August 2002, with an expected date of confinement for the 20 December 2002. She delivered prematurely at the Queen Victoria Maternity Unit of the Launceston General Hospital (QV/LGH) and she and her infant son were both transferred from the Launceston General Hospital to St Luke’s on the 12 November 2002. As stated above, she had completed a pre-admission form as a pre-natal patient but gave birth prematurely at LGH. On 12 November both she and the baby were transferred to St. Lukes. She was present at the hospital from the 12 November 2002 until 7 December 2005, when the baby was discharged.

4.3 A copy of the medical records were received and on examination it was noted that:

- The patient registration form is not completed with a final diagnosis or signed by a treating doctor;
- The patient registration form declaration is not signed by the complainant;
- The pre-admission form was completed on 13 August 2002 when the complainant booked in to have her baby at St Luke’s Private Hospital;
- The patient case notes commence on 14 November 2002 not on the 12 November when she commenced staying at St Luke’s with her baby;
- Of the total stay of 18 days claimed by St Luke’s there are only patient case notes for 7 of those days (two entries for the 14 November, four on 15 November, once per day on 16, 17, 18, 26 November and 2 December);
- All entries relate to the complainant’s mastitis and breast milk supply which relate directly to the baby’s feed requirements. There are no entries describing other postnatal care such as the type of delivery or lochia.
- There is no observation chart;
- There is no medication chart;
- There is no medical history;
- There is no care plan or clinical pathway;
- There are no discharge notes;
- The baby was discharged on the 7 December 2002;
- Three post natal discharge follow-up telephone calls were made to the complainant on 9, 16 and 23 December 2002.

4.4 On the 14 November Dr Sue James (the complainant’s Obstetrician) saw the complainant as she had developed mastitis. A prescription was written by Dr Sue James for antibiotics which was filled by the

complainant's husband at a pharmacy outside the hospital. The complainant self-administered the medication. A copy of a letter written by Dr Sue James to St Luke's regarding the complainant's status at the hospital was requested from Calvary Health Care Tasmania – St Luke's Campus and provided. This letter states "[A]t no time was she an inpatient under my care at St Luke's, nor did we bill her as such."

- 4.5 Written clarification was requested from Dr Sue James (Obstetrician) and Dr John Dunston (Paediatrician) inquiring whether the provision of their care to the complainant was sufficient for admission in her own right as opposed to that of a 'boarder mother'. Dr Sue James stated that: *"...her son ... was admitted to St Luke's after a preterm birth. As his mother, she would have always been present in hospital although not an inpatient. As I was visiting other patients in the postnatal unit, I saw her with the problem of mastitis. . . Her condition in my opinion did not warrant admission in her own right, and if she had seen me outside the hospital I would not have admitted her."*
- 4.6 On the 15 November 2002 a prescription was written by Dr John Dunstan (the baby's Paediatrician) to increase the complainant's supply of breast milk.
- 4.7 Independent advice was sort. The advice received indicated that since there is no admitting doctor (ie Dr James did not admit her) and no doctor has billed the patient as an inpatient then there is no admission. The care provided is quite commonly carried out while the mother is present to feed her child, were the child an inpatient.

5 Conclusion

- 5.1 The conclusion reached was that the complainant's status at St Luke's as an inpatient is not supported by the information gained during the investigation of this complaint. Documentation in the hospital record is inadequate to reflect an admission as outlined in 4.3; her prescriptions were obtained from outside the hospital and she personally administered the medication. Dr Sue James letters indicate that the complainant was not admitted or treated by her as an inpatient. Independent advice suggests that the care documented in the patient case notes was incidental to the care of her baby.
- 5.2 If characterized as a boarder mother there is no evidence that the complainant provided informed financial consent including whether the charge could be claimed from her health fund. The first discussion regarding a charge for being a boarder mother was during a telephone conversation two years after the relevant period.

- 5.3 The complainant did not give informed financial consent for a claim to be made against her health fund. This raises concern that St Luke's may be pursuing other accounts generated where the nature of the service it has provided is in dispute.

6 Response to the preliminary report

- 6.1 Ms McGann, St Luke's Managing Director responded stating that whilst not necessarily agreeing with all the comments in the report, the account sent to the complaint and the representations to this office that the account be paid by the complainant or her insurer was withdrawn and the file closed.
- 6.2 The complainant accepted that outcome but remained concerned that other accounts might be being raised against birth mothers or their insurers in similar circumstances. For this reason a précis of this report will be a public report.

Robyn Hopcroft
COMMISSIONER FOR HEALTH COMPLAINTS

Thursday, May 26, 2005