The Interpretation of a Thing – how Law can impact on Nursing Practice
ANZICS & ACCCN Intensive Care ASM

Associate Professor Linda Starr

Adelaide

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The law itself is evolving however a familiar framework remains in Regulating Practice

- Regulation
- Acts
- Common Law
- Standards from : Registration bodies v National Associations v local service providers
- Civil Law
- Criminal Law
- Coronial *Law*
- Regulatory *Law*

How Can the law Impact on Nursing Practice

- Contemporary issues impacting on the health arena underpin and impact on nursing actions and nurses conduct affecting patient care and public trust:
- Changing times – privacy and electronic records and social media
- Culture in nursing and in health care – fatigue, increased demands, skill of the work force
- Pubic image of health professionals – trust
- Changes in practice – turf wars
- Diminishing collegiality – bullying
- Forgetting the basics – 101 documentation

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New scandal as revelations on Oakden horrors pile up

SHERADYN HOLDERHEAD

ASSAULTS, BRUISES AND INFECTIONS: A CATALOGUE OF FAILS

A PATIENT with Parkinson's disease was beaten by another resident at the Oakden nursing home at least 13 times between December and March and did not receive recorded medical care, new documents reveal.

The papers, released by the federal agency which audited the home at the centre of an abuse scandal, show the man was "punched on the face and head on five different occasions and sustained three wounds".

The incident was among a list of alarming cases involving eight patients the Aged Care Quality Agency determined did not receive proper clinical care over the past year.

The agency's unannounced audit in March found the facility failed to meet 15 of the 44 standards, which led to sanctions on its operation. Follow-up audits conducted earlier this month show the home, which the State Government plans to close, still did not meet these standards.

Also among the 1900 pages of documents kept secret until this week are revelations that staff continued to use pelvic restraints to protect patients from falls. SA Chief Psychiatrist Aaron Groves' scathing report into the facility, released last month, stated using restraints to stop falls was "contrary to modern management" and could increase the likelihood of subsequent falls.

The March audit report notes the Oakden home did not have effective systems in place to ensure patients received appropriate clinical care.

"Medical officers are not always informed of care recipients' decline in health status or clinical incidents," it stated, adding: "Care recipient/representatives are not satisfied with clinical care . . . at the home."

Senator Nick Xenophon, who had to apply for the documents to be released using the powers of Federal Parliament, said heads had to roll.

"These 1900-plus pages show a litany of failures at the federal and state level," he said.

"If people aren't held responsible for serious systemic failures nothing will change."

He said he was appalled Labor did not support the release of the documents in Federal Parliament "but commended the Coalition for helping shed light on the issue."

SA Opposition health spokesman Stephen Wade renewed his call for state Mental Health Minister Leesa Vlahos to be sacked, saying: "Minister Vlahos should have resigned when the Chief Psychiatrist released his report . . . the repeated failure of Labor ministers and senior health officials to accept responsibility for a string of scandals regarding the performance of SA Health is a significant factor in the collapse in public confidence in the health system."

Ms Vlahos declined to comment last night.

PAGE 42: DANIEL WILLS

A MAN with Parkinson's was involved in 16 incidents between December 17 last year and March, but not all were recorded. Clinical documents did not always say if the medical officer was informed, including when the man was assaulted. He also had an untreated nail fungal infection.

STAFF tried to insert a male catheter into a female dementia patient for two hours while she was "screaming out in pain". The same woman was also fed while drowsy, leading to her choking and having to be hospitalised.

A MAN with dementia was assaulted by a resident and spent more than a week in pain before an X-ray revealed two fractured ribs, an abdominal bleed and damage to his spleen.

A WOMAN with chronic schizophrenia, who was believed to have deep vein thrombosis, did not receive proper care.

A DEMENTIA patient was observed in March "distressed and crying". She had been assessed as suffering significant pain in 2015 but had no follow-up assessments. She also had a 14cm bruise on her inner thigh.

Nurse who stole from patients cops life ban

EXCLUSIVE
ANDREW DOWDELL

A HEARTLESS nurse has been banned for life after stealing money from two hospital patients, including a dying woman, forging registration certificates and injecting patients with drugs against direct orders.

Danielle Jones committed eight separate incidents of professional misconduct over almost four years to 2015 in what the South Australian Health Practitioners Tribunal described as "a grave departure" from expected nursing standards.

And in a damning judgment, the tribunal found that Jones had shown "no remorse or insight" into her flagrant dishonesty, forgery of documents and the flouting of conditions on her licence.

"She clearly is not a fit and proper person to be registered," said tribunal president Michael Ardlie.

"By her lack of participation in these proceedings and in not providing any explanation for what should be regarded as ex- serious conduct,

RESPECTED: The Queen Elizabeth Hospital.

(Jones) was clearly someone who had shown absolutely no insight into her behaviour at all and exhibited no demonstration of remorse."

The tribunal has banned Jones from working in any capacity within the medical industry, after receiving information that she had been trying to qualify as a paramedic. The most serious incidents involved the theft of cash from two female patients at the Queen Elizabeth Hospital on the same day in April 2013.

Jones was caught red-handed stealing $700 from the wallet of a patient after she also stole $20 from the purse of a seriously-ill woman, who died several weeks later.

The tribunal took action against Jones over repeated complaints of professional misconduct between 2011 and 2015.

When working at Ashford Hospital as a student nurse in August 2011, she injected a patient with blood-thinning drug clexane against specific directions, and lied that a senior nurse had supervised her.

After changing her version of events several times, Jones finally admitted she had injected the patient against specific warnings that student nurses could only do so under strict supervision. After a formal warning, Jones again committed the same offence at Royal Adelaide Hospital in May 2012, by giving a patient Ibuprofen, then forging the initials of a senior nurse on the patient's medical chart.

Again, Jones tried to lie her way out by claiming she had "accidentally" written the senior nurse's initials before covering them with her own.

Later in 2012, Jones forged a certificate falsely claiming she had completed a professional development course in an application to work with the Nursing Agency of SA.

In November 2012, the Nursing and Midwifery Board imposed conditions on Jones' registration, before learning she had been working at the QEH for the past six months, and had failed to notify the hospital of the restrictions on her licence.

In April 2013, Jones was caught by a female patient in the QEH holding the woman's wallet and an amount of cash, before stuffing the money inside her top and then into a plastic case. The victim told the tribunal Jones had tried to leave with the pillow. On the same day, Jones was seen with another woman's wallet with something inside her clenched fist, before the patient realised that $20 given to her by her son was missing.

Jones tried to blame the son of the patient, who died 20 days after being admitted.

While working at the QEH, Jones committed a third offence of administering drugs without her licence conditions by injecting a patient with the sedative midazolam in March 2013.

The final offence occurred in early 2015, when Jones applied for nursing work in Victoria, and falsely claimed that she had never been suspended or been subject to restrictions on her accreditation.

In permanently barring Jones from working in the health industry in any capacity, Mr Ardlie said the protection of the public was paramount.

"It is further noted that the terms of the orders are expanded to include 'ambulance services' as there is some indication that (Jones) was attempting to apply as a paramedic," he said.

Jones did not attend as the tribunal hearings resumed to the allegations was found to have repeated acted in a manner that grave departure from standards expected of fessional nurse".

Sex-charge chiro unmasked

MEAGAN DILLON
COURT REPORTER

A CHIROPRACTOR who admits secretly filming hundreds of patients – including women and children – while they were getting undressed at his practice can now be identified for the first time.

District Court Judge Paul Muscat yesterday lifted a long-running suppression order on the identity of Peter Wayne Snodgrass.

The 50-year-old has pleaded guilty to more than 200 charges stemming from the secret filming of clients, as well as the indecent assault of some others, at his Rostrevor practice.

The court was told that the Director of Public Prosecutions will consider whether the case should be sent to the Supreme Court given Snodgrass may be "incapable of controlling his sexual instincts".

A decision about whether the case will stay in the District Court or go to the Supreme Court will be made in June. Snodgrass has been seen by a forensic psychologist.

The media fought for the suppression order on Snodgrass' identity to be lifted when he was committed from the Adelaide Magistrates Court to the District Court in December last year.

But Magistrate Paul Foley allowed the secrecy order to stand.

Under state law, there is an automatic suppression for a defendant charged with a sex offence until they are committed to a higher court.

Snodgrass had been secretly filming people at his practice from 2012 until last year.

He set up a fixed camera to film women in the changerooms but on two occasions used a handheld camera to film clients as he moved them.

Late last year, prosecutors said police had found four more victims, bringing the number of charges to 216.

Judge Muscat was yesterday told one more victim had come forward.

He kept a suppression order in place on the identity of the indecent filming victims, who are not covered by statutory suppressions.

During a failed bail application last year, the Adelaide Magistrates Court was told that Snodgrass had made "certain admissions" to the offending, as well as identifying himself as a sex addict.

"He described it (the offending) as a sex addiction," prosecutors said.

"He says it has been going on for four years .. there were more than 400 individuals — more than has been determined by the prosecution at this particular time.

Outside court, one of Snodgrass' victims said his crimes had a devastating impact on her entire family.

"At first we didn't believe it because we had been going there for well over 10 years until we were contacted (by police) and then it became a reality.

"It's absolutely disgusting and now to trust people in the future makes it very hard.

"He deserves to never practice again (and) his name needs to be out there so people know and he can't do it again."

Fake nurse in sick scam gets dose of justice

SEAN FEWSTER
CHIEF COURT REPORTER

FOR nearly five decades, Jennifer Anne Reed has used false names and deceit to offset her financial troubles – and always avoided a prison term.

Yesterday she wept in the dock as the District Court brought about the end of her good fortune and jailed her for four years.

Judge Paul Muscat said Reed's latest scam – a five-year con in which she impersonated a real registered nurse to earn $341,000 in wages – was too serious for leniency.

He told Reed that she had risked the lives of vulnerable nursing home patients, whose potentially lethal medication she had been entrusted to administer.

"Sentencing you back in 1985, Justice Bolland described your then offending as barefaced and deliberate dishonesty," he said.

"He described you as someone not to be trusted .. you still cannot be trusted."

Reed, 65, of Gawler West, pleaded guilty to seven counts of dishonesty.

Between October 2009 and September 2014, she fraudulently earned wages from nursing homes in Elizabeth East, Gawler East, Gawler, Moonta, Willaston and Semaphore.

Her case was jointly conducted by the Office of the Director of Public Prosecutions and the Australian Health Practitioner Regulation Agency.

Reed has a history of fraud offences dating back almost 50 years and spanning eight aliases.

After her SA offending, and before her arrest, she ran the same scam in NSW and netted a further $177,0 12 before being discovered.

Yesterday Judge Muscat said it was fortunate that no patient had suffered harm due to Reed's con.

"Your crimes are aptly described as persistent and impulsive .. every day you put on that nurse's uniform, you were holding yourself out to be someone you were not," he said.

"Your fabrication and deception involved a degree of planning, sophistication and confidence on your part.

"Every resident of those nursing homes was entitled to the professional care of a qualified registered nurse, not an impostor like you were."

He dismissed Reed's claim that she had acted out of genuine care for the elderly, saying that showed her "lack of insight" into the "betrayal of trust" her crimes represented.

"Your offending was motivated by your dire financial circumstances," Judge Muscat said.

"Mrs Reed, many people struggle financially or find themselves in precarious economic situations.

"They do not, however, resort to committing crimes to get them out of financial trouble, as you have chosen to."

Reed continued to cry as she was led to the cells to begin her jail term, which carries a 14-month non-parole period.

In a statement, Nursing and Midwifery Board of Australia chair Dr Lynette Cusack welcomed Reed's sentence.

"It is unacceptable in any instance for someone to impersonate or falsely act as a nurse or midwife," she said.

"The board takes such matters seriously and the sentence that Ms Reed received demonstrates the repercussions for such an action."

JAILED: Jennifer Anne Reed risked lives for five years.

Visa-free entry to Indonesia in pipeline

AUSTRALIAN tourists may soon be able to enter Indonesia without a visa after President Joko Widodo signed a presidential decree which oversees the tourism ministry, said the decree would now have to be made law. Tourists currently grants visa-free entry to tourists from 79 countries, including Australia, according to an official. Djoko Hartoyo, Affairs,

Abusive former Scout chief banned as nurse

MEAGAN DILLON
COURT REPORTER

A NURSE and former Scout leader convicted of grooming and sexually assaulting a teenage boy has been banned from the medical profession.

The Health Practitioners Tribunal has cancelled Mark Jason Dunnett's nursing registration after his 2015 conviction for sexually abusing Thomas Harris.

It found Dunnett was not a "fit and proper" person to work in the medical profession because he lacked insight into his crimes.

During the hearing, he submitted that he only pleaded guilty to the crimes out of "convenience" because he was told District Court Judge Gordon Barrett "was well known for believing victims".

"This weighed heavily with him," the tribunal stated.

Judge Barrett handed Dunnett, pictured, a fully suspended two year and two month jail sentence with a non-parole period of one year and one month.

Following sentencing, Mr Harris – who was 16 when Dunnett preyed upon him – told *The Advertiser* he was disappointed his tormentor did not serve jail time.

"At the end of the day he is on the (sex offenders) register and that has got to stay with him forever," he said.

"He cannot do what he has done to me to anyone else and that is the main thing. I expected to have some closure but I have not yet. I am left sitting in the mess that he left me in."

Dunnett first met Mr Harris – who gave The Advertiser written consent to name him – at Scouts but he stayed in contact once the then-13-year-old left the troop.

He would take Mr Harris on trips to Clare, Port Adelaide and even to World Youth Day in Sydney, while also allowing him to stay at his house, supplying him alcohol and prescription medication. "It was sexual offending against a vulnerable victim after a long period of grooming," Judge Barrett said during sentencing

The tribunal found Dunnett's behaviour amounted professional misconduct.

"The sentencing Judge of the opinion that Dun lacked insight into his ow haviour and the consequ for Mr Harris and for hi ily," it stated.

"He (Dunnett) said h tionship with Mr Ha not clandestine."

DOCTORS & NURSES WHO KILL

Medical professionals are some of the most trusted and caring people in our community. But not all of them prefer to heal others.

Dr Death

Ballina granny killer

Britain's worst serial killer

Killer nurse

Angel of death

Sinister discovery among dumped roadside rubbi

RN at FMC took video of distressed woman in hospital and

d in on her facebook page

t even trying to preserve and identify of the patient

ered other ‘selfie’ pictures of with patients on her face book page

Documentation – who wrote that?

- Policy
- Contractual obligation
- Standard of practice
- Inquest into the Death of Stephen Herzceg SA Coroners Court 2017

Inquest into the Death of Sheila Heims 2015

- 79 year old woman living in supported accommodation
- Numerous health issues
- Dr Kosky prescribed very high doses of morphine and midazolam
- Ms Heims had limited symptoms to support this
- Dr Kosky made only 4 entries in the case notes, despite producing evidence he visited her 54 times
- Dr Kosky incensed when nursing staff withheld doses of the drug

Breach of Professional Boundaries and Privacy

Dr Shah married to SLC – volatile relationship

Separated by mid August 2012

SLC had cancer and was undergoing treatment at Nambour General Hospital where Shah also practised

SLC concerned Shah was accessing her notes and interfering with her treatment

Shah said ‘I am your husband..I can check anything I want..’

SLC left Shah and moved to Brisbane – commenced treatment under Dr Baume at Royal Brisbane Women's Hospital

25th Sept whilst undergoing chemotherapy Shah showed up with flowers

Inquest into the death of Stephen Herczeg

- Mr Stephen Herczeg was 72 years of age at the time of his death on 19 September 2016. He died at The Queen Elizabeth Hospital in very unusual circumstances. An autopsy was carried out by Dr Stephen Wills of Forensic Science South Australia and he produced a post-mortem report1 giving the cause of death as: 'Ia Bilateral pneumothoraces and pneumoperitoneum Ib Insufflation of the bladder with rupture II Chronic obstructive pulmonary disease'
- Clearly the most pressing issue at this Inquest was to answer the question, how the oxygen supply came to be connected to Mr Herczeg's catheter?

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Attacked in bed — left to die

ANDREW HOUGH

A GRANDMOTHER lay dying in her Adelaide nursing home bed for up to three hours after staff failed to realise she had been attacked by a fellow resident, an inquest has heard.

Dorothy Baum, 93, was bludgeoned with a plastic-covered chain containing metal magnets at St Basil's Aegean Village, Christie Downs, in the early hours of May 30, 2012.

Mrs Baum, who was bedridden and receiving palliative care, died in the Flinders Medical Centre the next day from horrific injuries allegedly inflicted by another cognitively-impaired resident.

She suffered such deep lacerations to her body it exposed her muscle and bones, the Coroners Court heard yesterday.

But she lay in a pool of blood — which also splattered around her room, near a nurse's station — for up to three hours before the alarm was raised amid initial suspicions the injuries were "self-inflicted".

Coroner Mark Johns heard that checks should occur every hour at the southern suburbs facility.

Rozalia Setalo Dorothy Baum

While no one witnessed the attack, another female resident, Rozalia Setalo, 85, was investigated for Mrs Baum's murder and the aggravated assaults of two other residents and a carer the night before.

No charges were ever laid against the Hungarian-born pensioner as authorities found that securing a conviction was difficult.

Opening the inquest yesterday, counsel assisting the coroner, Amy Cacas told the court that a day before Mrs Baum's attack, Alzheimer's suffering Mrs Setalo had lashed out at three other people.

Shortly after 2am on May 29, Mrs Setalo was found wandering the corridor with another resident, Denise Otis, before she lashed out with her walking frame before throwing the chain, cups and plates.

She then attacked nursing staff, who were forced to lock themselves in an office, before she was detained by police and taken to hospital.

Her care home records tendered to the inquest revealed she had the deluded belief that unknown people were "trying to kill her" while she had a "significant history of agitation".

Despite being deemed a "risk" to other home residents, Mrs Setalo was returned to the unsecured wing after being discharged from hospital earlier that day.

The inquest heard the delay in conducting the hearing was because police, and the state's deputy director of public prosecutions, Ian Press SC, took more than 3½ years to drop the case against Mrs Setalo, who died last July.

Outside court, Mrs Baum's grandson, Kym Martin, 44, of Christies Beach, paid tribute to his "loving and caring nana".

"I hope the inquest prevents something like this from happening again," he said.

Homes clients to recoup deposits

RENATO CASTELLO

HOMESTEAD Homes customers at risk of losing deposits as a result of the company's collapse will be able to recoup their money through the State Government.

Treasurer Tom Koutsantonis has revealed to The Advertiser that the Government will offer to pay the deposit for of the 28 customers w

peeled bananas and pre-cooked eggs — genius time-savers or stupidity?

The Need to develop a forensic lens

- 1999 Inquest into the death of William Hester
- 2018 Inquest into the death of Mavis Baum

Similarities

Inquest into the death of William Hester

- No observations taken
- Event not documented
- Police not notified
- No recognition, collection or preservation of evidence
- No protection of the crime scene
- Failure to appreciate the case had gone from palliative care to crime scene
- no evidence collection

Inquest into the death of Mavis Baum 2018

- No preservation crime scenen
- Failure to identify cause of injury
- Poor documentation
- Inaccurate account of the incident
- Failure to alert police

Inquest into the death of Christopher Hammett

- **Findings required by s45**
- Pursuant to section 45(2) of the *Coroners Act 2003* I find as follows;
- A. the deceased person is Christopher Hammett
- B. Christopher Hammett died as a result of a series of errors albeit lack of care on the part of the medical and nursing staff caring for him when he was a post operative patient at the Pacific Private Hospital
- C. Christopher Hammett died at 3:51am on the 23 April 2005

- D. Christopher Hammett died at the Gold Coast Hospital, Southport, Queensland
- E. Christopher Hammett's death was caused by aspiration pneumonia due to, or as a consequence of, coronary atherosclerosis, following, an elective operation at Pacific Private Hospital on the Gold Coast which was performed on the 22 April 2005.
-

Inquest into the death of Judith McNaught

- Mrs McNaught was a fit 69 yr old woman

- 1st June underwent a laparoscopic cholecystectomy performed at the Rockhampton Base Hospital (the hospital).
- developed a post-operative complication, namely a bile leak causing generalised peritonitis.
- returned to the operating theatre on 3 and 5 June 2010

- passed away on 6 June 2010.
- proximate cause of death was considered to be septic shock as a consequence of biliary peritonitis following the laparoscopic cholecystectomy

Loss of chance for medical review

- **Inquest into the Death of Robert Atkins (2018)**
- The evidence disclosed multiple occasions on which nursing staff failed to escalate care in accordance with the established hospital escalation pathway protocols. These failures removed real opportunities for interventions, any one of which could have potentially have changed the ultimate outcome for Mr Atkins and his family.

- **Inquest into the Death of Graeme Barry Gulliver (2014)**
- KB transferred obs to ADDS chart and noted that they met the MET call criteria but as she had spoken to MO already **thought** she had taken appropriate action

- **Inquest into the Death of Judith McNight**
- 11am obs clearly signs of deteriorating patient – BP & Oxygen Sats fallen – resps increase no pulse recorded MEWS 3 – policy this was level call MO – this didn't happen

Reluctance to Call Medical staff

- **Inquest into the Death of John William Ryan** (2010)

  It was acknowledged that nurses are reluctant to call doctors overnight for fear of getting an aggressive response.

- **Inquest into the Death of Robert Atkins (2018)**

'…… namely that a culture existed at the FMC which discouraged nursing staff from contacting or 'bothering' doctors unless an issue was deemed to be 'quite significant'.

I can only say that if a such culture exists within the hospital, the effect of which leads to nursing staff ignoring mandatory protocols that are put in place to protect patient safety, it is an alarming state of affairs and something about which the hospital should be proactive

- **HCCC v BANKS BOYCE GOSSIP HINCHCLIFFE SHARP [2011] NSWNMPSC 3 (18 October 2011)**
- Only two doctors in the town – called at night ONLY in absolute emergencies
- RN Cameron evidence that if A had been transferred to hospital they would have sent him back for MO review in the home the next day

Lack of Knowledge and Skill

- **Inquest into the Death of Patricia Walton (2010)**

I find that, contrary to Ms Conroy's testimony, the nurses were ill-equipped to deal with the challenges posed by Mrs Walton's deteriorating condition that evening. My finding on this topic is informed by evidence which I have heard and accept from several of the expert witnesses who have contributed to this Inquest.

- **Inquest into the Death of Robert Atkins (2018)**
- My overall impression was that these well-meaning nurses were oblivious to the very real risks associated with repeated doses of opioids in a patient and oblivious to the fact that the 1am observations were signs of a deteriorating patient which needed investigation.
- At the other end of the scale, I find that they did not have sufficient knowledge, skill and/or experience to be charged with the responsibility of monitoring a patient who was receiving such high levels of opioid medications and that there was a failure to apply the mandated escalation pathway protocols.

Absence of Written Directions

- **Inquest into the Death of John William Ryan**

The absence of written directions or appropriate guidelines concerning what to do in the event of failure of the intravenous line, when to commence alternative opioid medications and what frequency of observations were required thereafter, meant that Mr Ryan was vulnerable to the judgment of relatively junior nurses who were caring for him;

- **Inquest into the Death of Robert Atkins**

No oral and/or written directions were given to nursing staff regarding sedation scores and/or the frequency of observations post administration of the oxycodone.

- I also have regard to the fact that the nursing staff did not have the benefit of clear written directions or guidelines from the medical doctors as to minimum intervals between doses and/or things to watch out for (eg drowsiness) and factors which might indicate the onset of respiratory depression. One would expect that nurses who are given the responsibility to care for such patients have the requisite knowledge, but the absence of clear directions compounded the whole situation.

Policy – protocol Issues

- **Inquest into the Death of Patricia Walton (2010)**
- I am mindful that the value of such documents [policies and protocols] is limited by the extent to which doctors and nurses are familiar with them as well as their capacity to implement them.
- **Inquest into the Death of Robert Atkins (2018)**
  - [nurse] unaware of any such policy being in place at the FMC at the relevant time or as at the date of giving evidence. [correct dose interval being 1 hour] As to the time intervals between opioid doses, RN Moreton confirmed that she was unaware of any policy change at the FMC which required a one hour interval between doses. Given the changes that have been implemented by the FMC in this regard it was disconcerting that a nurse would still administer a second opioid dose after 30 minutes.

- **Inquest into the Death of Graeme Barry Gulliver (2014)**
- Failure to embed correct utilisation of ADDS tool in workplace culture led to delay in identifying severity of pts condition
- **Inquest into he Death of Peter James McBride (2018)**
- The decision to rest him in bed pending physiotherapy review in conformity with what was wrongly thought to be a policy to that effect. There was no such policy. The result was to condemn Mr McBride to muscle weakness that would see him likely bedridden for the rest of his life. This was quite unnecessary and produced the immobility that, together with poor basic pressure area care management, resulted in the sacral ulcer.
- Clearly much work has been put into the development of policy and procedure in this area - there is no point in recommending further work in that category. Competent execution of the task by nursing staff is all that is required.

Failure to Follow Protocols

- Protocols are put in place for the purpose of patient safety. It is a basic nursing task to accurately record all observations of vital signs on the RaDAR chart. All observations *must* be documented and, if they fall within the relevant criteria, the escalation pathways *must* be applied. If such protocols are ignored patient safety is potentially compromised. **That is an unacceptable state of affairs**. It is unacceptable because such failures create a very real risk that a deteriorating patient may be undetected. **Put another way, a failure to observe the protocols creates the very risks that the protocols are designed to prevent.** (Basheer J Deputy Coroner. **Inquest into the Death of Stephen Atkins 2018)**
- **Inquest into the Death of Graeme Barry Gulliver (2014)**
- Staff failed to identify the clinical indicators of Mr Gs' condition in a timely manner
- Despite availability of ADDS tool that would have facilitated both recognition and severity of his condition and prompted appropriate response

- **Unclear whether nurses had the skills and knowledge to recognise deterioration in patients condition OR if they were unfamiliar or unaware of the tool and how to use it**

Failure to Document

- **Inquest into the Death of Robert Atkins (2018)**
- In particular, I have regard to the fact that at 4:30am, neither the initial oxygen saturation reading of 90% nor the reading after 2L/min oxygen was applied, were recorded on the RaDAR chart. **These omissions removed critical information from Dr Marantos in a chart which is regularly used by clinicians as a visual diagnostic tool. It is not unreasonable for registrars and other medical staff to assume that the RaDAR chart has been accurately completed by nursing staff.**
- **There can be no excuse for nurses not to accurately record observations of all vital signs on the RaDAR observation chart. It is a basic task. It requires only diligence and accuracy.**

- **Inquest into the Death of Graeme Barry Gulliver (2014)**
- RN KB again triaged Mr G as cat 4 despite ambulance officers reporting that he had been coughing up blood – she did not record this in the notes
- 1am obs taken by KB would have- if she had completed an Adult Deterioration Detection Tool (ADDT) – indicated need for MET call
- **Inquest into the Death of Peter James McBride (2018)**
- The patient care plan for Mr McBride was not punctiliously completed in that entries are meant to be made for each shift and this did not occur.
- as I have mentioned above, have necessitated the commencement of the wound chart and management thereafter, but this was not done. It should also have precipitated the introduction of an active (dynamic) pressure mattress and chair cushion. That was not done either. The patient care plan should have been updated to record the need for one to two hourly position changes with careful manual handling. This was not done either

Value of Progress notes

- Inquest into the Death of Judith McKnight

- It was apparent during the Inquest that although detailed nursing progress notes were made, the notes were not always read (for example even by the senior consultant and Dr Marantos). It raises the question of the purpose of such notes. So far as the nurses are concerned it appears that greater reliance was placed on the contents of a Handover Sheet in order to obtain information about the ward patients. These sheets are prepared by the nursing shift co-ordinator and their contents are largely determined by the subjective assessment of the case notes and other information. (Basheer j at 14.15 Inquest into the Death of Robert Atkins 2018)
    - **A Handover Sheet is no substitute for a careful reading of the progress notes from a previous shift. Patient safety must be the primary consideration; and**
    - **If, as some witnesses suggested, time constraints prevent a reading of the notes this is a resource issue that needs to be urgently addressed by the hospital.**

Recommendations of Education

- **Inquest into the Death of Patricia Walton (2010)**
- That the Medical Board of Australia, the Australian Medical Association, the Australian Medical Council, the Australian College of Nursing and Australian Nursing Schools attempt to raise awareness amongst medical practitioners and nurses about the inherent risks of post operative respiratory depression occurring in obese patients in particular, who may or may not have a diagnosis of sleep apnoea and who are receiving, or have received, opioid analgesia;

- **Inquest into the Death of Robert Atkins (2018)**
- In relation to the training of nursing staff, the FMC and any nursing body which is responsible for maintaining nursing standards and training should carefully review these findings and, if necessary, implement changes to their curriculums.

- **Inquest into the Death of Graeme Barry Gullliver (2014)**

- Clear that nurses being the health professional in close contact with the patient must have skills to recognise physical deterioration in their patients
- Nurses must also have the knowledge – and resources – to make appropriate and timely responses to the deteriorating patient

- However, equally important is a workplace culture that has embedded within it effective systems and processes for the communication and actioning of responses to the deteriorating patient

Action needed

- Some initiatives initiated but still not followed
- the 2017 audit report identified that 10% of the audited patients were identified *as having a failed escalation of care*. Significantly, the most common action missing was the documented RN or Shift Coordinator Review of the patient following the abnormal observation, an action that was also missing in Mr Atkins' case.
- It is further noted that *increasing the frequency of observations as a response to an abnormal finding was only observed in 45% of the patients who met the criteria for escalation of care*.

- **At the end of the day the success of any set of protocols is entirely dependent on the diligence and competency of those who are required to apply them.** (Basheer J. Inquest into the Death of Robert Atkins 2018)


Retirement
NEXT EXIT

Final Words…….

- At the end of the day the medical and nursing staff of public hospitals are the people in whom the South Australian public place their trust. Nursing staff play a particularly important role because they are the eyes and ears of the ward. The nurses are the ones who see and speak with patients throughout the day and night. With the appropriate level of knowledge, training and experience they are well placed to make observations that can save a life. **The importance of their role and skills cannot be overstated, but they must be supported and appropriately trained to competently discharge that role.** (Basheer J. Inquest into the Death of Robert Atkins 2018)
- Our challenge : what changes can we make individually and collectively to prevent further examples of failure to manage the deteriorating patient? How can we improve the practice of basic knowledge and skill levels across the disciplines?