

**GENERAL PURPOSE STANDING COMMITTEE NO. 2**

**25 NOVEMBER 2003**

**QUESTIONS TAKEN ON NOTICE DURING SUPPLEMENTARY BUDGET ESTIMATE HEARINGS**

*Health Portfolio*

**RESPONSES FROM THE HEALTH CARE COMPLAINTS COMMISSION**

**2. Dr Chesterfield-Evans asked Ms Adrian, Commissioner, Health Care Complaints Commission—**

For what reason was a barrister initially brought in to the Health Care Complaints Commission's inquiry, if the inquiry was into quality control in the health system? (Hansard page 17)?

**Response:**

Most of the issues raised by the nurse informants related to the safety and care of patients and the quality improvement and clinical governance systems at Macarthur Health Service (MHS).

Prior to the referral to the HCCC, the nurse informants had raised a number of issues relating to MHS's application of disciplinary processes, in their meeting with the Minister for Health, and during their interviews with the Director of Internal Audit at the Department of Health.

A barrister with industrial and employment experience, Elaine Brus, was briefed at an early stage in the Commission's investigation to provide advice on legal and industrial issues arising out of the investigation into Camden and Campbelltown Hospitals and to assist in the conduct of interviews with persons providing information relevant to the investigation.

**3. Dr Chesterfield-Evans asked Ms Adrian, Commissioner, Health Care Complaints Commission—**

What date did officers of the Health Care Complaints Commission, other than the appointed barrister, first interview the informant nurses? (Hansard page 18)?

**Response:**

The interviews with nurse informants took place on the following dates:-

December 2nd 2002 - Sarah Connors (Solicitor, HCCC), Elaine Brus (Barrister) and Robert Beetson (Manager, Investigations, Western Team, HCCC) interviewed Yvonne Quinn with her husband Peter present.

December 3rd 2002 - Elaine Brus and Sarah Connors interviewed Nola Fraser with her brother, John Chaloub, present.

December 3rd 2002 Sarah Connors and Elaine Brus interviewed Sheree Martin (John Chaloub attended but was not present during the interviews).

5 December 2002 - Sarah Connors and Elaine Brus interviewed Sandra Solarz.

11 December 2002 - Sarah Connors and Robert Beetson interviewed Valerie Owen with her husband present.

17 December 2002 - Sarah Connors and Elaine Brus interviewed Nola Fraser.

20 March 2003 – Bruce Greetham (Director, Partnerships, Quality & Development, HCCC) and Sarah Connors interviewed Vanessa Brag

All Commission officers noted above have extensive experience in investigations.

**4. Dr Chesterfield-Evans asked Ms Adrian, Commissioner, Health Care Complaints Commission—**

Did the methodology of the HCCC study involve examining 117 cases, looking at problem areas for other cases and taking a sample of the cases that came through at a certain time? (Hansard page 19)?

**Response:**

No. The HCCC methodology involved identifying clinical incidents from the complaint and from information obtained in subsequent interviews with the nurses. The Commission identified 71 clinical incidents. Of these, 3 turned out to be duplicates. The Commission was able to identify the patients in 47 of the 68 remaining incidents, leaving 21 incidents with the patient unable to be identified.

Since the draft investigation report was sent to SWSAHS in August the Commission has been able to identify one more patient.

**5. Mrs Forsythe asked Ms Adrian, Commissioner, Health Care Complaints Commission—**

How many additional complaints have you received since the “re-opening” of the investigation? (Hansard p23)

**Response:**

The investigation was never closed. The Commission has received three complaints from family members concerning three of the clinical incidents in the MHS investigation since receiving the original complaint about MHS. These three complaints have also been assessed for investigation.

The informants have also brought forward (in November) eight further incidents which the Commission is currently reviewing before making a decision on any action to be taken.

**6. Dr Chesterfield-Evans asked Ms Adrian, Commissioner, Health Care Complaints Commission—**

Did the informant nurses attempt to give you more cases in January, June, July, October and November? (Hansard page 23)?

**Response:**

The Commission conducted interviews with the nurses in December 2002 and March 2003 which were transcribed verbatim (see attached schedule). In addition further meetings were held with individual informants in July and November. .

Incidents 1 - 34 were identified from information provided to the Department of Health.

Incidents 35 - 40 were identified in information provided anonymously to the Commission (in February / March 2003)

Incidents 41 - 64 were identified in April 2003 from interview transcripts with the informant nurses.

Incidents 65 - 71 were identified from the original printed material provided by the informant nurses to the Department of Health

The Commission summarised the 64 clinical incidents reported by each nurse and on 23 May 2003 sent a written request to each of the nurses inviting them to provide any further information. None of the nurses responded to that request.

One of the nurses provided information to the Commission about a new clinical incident on 25 November 2003.

The Commission has made it clear that we are always willing to accept any new information from the nurses.

**Health Care Complaints Commission - Macarthur Health Service Investigation  
Informant nurse interviews**

**Confidential**

<b>Date</b>	<b>Interviewed</b>	<b>Interviewees</b>	<b>Interview duration</b>
2 December 2002	Nurse YQ	Sarah Connors (HCCC), Rob Beetson (HCCC), Elaine Brus (independent Barrister)	Approx 1.5 hours
3 December 2002	Nurse NF	Sarah Connors (HCCC), Elaine Brus (independent Barrister)	Approx 1 hour
3 Dec 02	Nurse SM	Sarah Connors (HCCC), Elaine Brus (independent Barrister)	Approx 1 hour
5 Dec 02	Nurse SS	Sarah Connors (HCCC), Elaine Brus (independent Barrister)	Approx 1 hour
11 December 2002	Nurse VO	Sarah Connors (HCCC), Rob Beetson (HCCC)	Approx 1.5 hours
23 December	Nurse NF	Sarah Connors (HCCC), Elaine Brus (independent Barrister)	Approx 3 hours
5 Mar 03	Nurse SM Nurse NF Nurse VB Nurse LP  Attended interview approx 3.5 hrs then were interviewed separately - Nurse YQ Nurse VO	Review Panel Members: Dr Michael Walsh – CEO Bayside Health Melbourne Dr J Cartmill - Surgeon Assoc Prof Kay Challinger – CEO Royal Adelaide Hospital Ms J Du Buisson Perrine – consumer representative Bruce Greetham (HCCC) Sarah Crawford (HCCC)	Approx Approx 4.75 hours
5 March 2003	Nurse YQ Nurse VO	Review Panel Members: Dr Michael Walsh Dr J Cartmill Assoc Prof Kay Challinger Ms J Du Buisson Perrine Sarah Crawford (HCCC) – first half of interview, together with Sarah Connors (HCCC) and Robert Beetson (HCCC) during the second half.	Approx 2 hours
14 Mar 03	Nurse NF Nurse SM	Bruce Greetham (HCCC), Sarah Crawford (HCCC)	Approx 4.5 hours
20 Mar 03	Nurse VB	Bruce Greetham (HCCC), Sarah Crawford (HCCC)	Approx 1.5 hours

**9. Dr Chesterfield-Evans asked Ms Adrian, Commissioner, Health Care Complaints Commission—**

In its investigation has the Commission followed through cases that were discharged from Campbelltown and go to other hospitals? (page 24)

**Response:**

The focus of the Commission's investigation in Macarthur has been on clinical care provided at Campbelltown and Camden hospitals. There have been a number of clinical incidents investigated in which the patient was later transferred from MHS to another hospital. In the majority of these instances however it was not necessary or relevant to obtain evidence of the care and treatment of the patient after discharge from MHS.

There are however two incidents in which separate information was pursued:

1. A separate complaint was made by a family member of a patient who was the subject of one of the MHS incidents. In this complaint one of the respondents is a medical practitioner at a hospital to which the patient subsequently went. For that particular complaint it has been relevant to obtain evidence from the other hospital.
2. A patient died after transfer from Campbelltown Hospital to another hospital. In this instance information was sought from the second hospital although it was not the subject of the investigation.