

LC QON 137 - (4)-(6) Public hospitals that have been the subject of misconduct allegations, the number of reported cases of misconduct at public hospitals over the past two years and the nature of those misconduct allegations

North Metropolitan Health Service - Between 15 August 2015 and 15 August 2017				
Hospital/Group	Nature of Misconduct		Total number of misconduct allegations	Total number of misconduct allegations substantiated
	Minor Misconduct	Serious Misconduct		
Graylands Health Service	1	14	15	4
King Edward Memorial Hospital	3	4	7	2
Osborne Park Hospital	0	6	6	4
Sir Charles Gairdner Hospital	9	26	35	16
State Forensics Mental Health Service	0	2	2	2
Swan Kalamunda Health Service	0	2	2	1
TOTAL	13	54	67	29

Child and Adolescent Health Service - Financial years 2015/16 and 2016/17				
Hospital/Group	Nature of Misconduct		Total number of misconduct allegations	Total number of misconduct allegations substantiated
	Minor Misconduct	Serious Misconduct		
Bentley Adolescent Unit	1	1	2	1
Princess Margaret Hospital for Children	5	26	31	11
TOTAL	6	27	33	12

South Metropolitan Health Service - Between 15 August 2015 to 15 August 2017				
Hospital/Group	Nature of Misconduct		Total number of misconduct allegations	Total number of misconduct allegations substantiated
	Minor Misconduct	Serious Misconduct		
Fiona Stanley Hospital	21	53	74	39
Fremantle Hospital	0	8	8	4
Rockingham Peel Group	10	21	31	14
Armadale Health Service (to 30 June 2016)	2	9	11	4
Bentley Hospital (to 30 June 2016)	0	2	2	0
Royal Perth Hospital (to 30 June 2016)	7	22	29	10
TOTAL	40	115	155	71

East Metropolitan Health Service - Between 1 July 2016 to 15 August 2017				
Hospital/Group	Nature of Misconduct		Total number of misconduct allegations	Total allegations substantiated
	Minor Misconduct	Serious Misconduct		
Armada Kalamunda Group	7	8	15	7
Bentley Hospital	0	2	2	0
Royal Perth Hospital	3	8	11	2
TOTAL	10	18	28	9

WA Country Health Service - Financial years 2015/16 and 2016/17				
Hospital/Group	Nature of Misconduct		Total number of misconduct allegations	Total number of misconduct allegations substantiated
	Minor Misconduct	Serious Misconduct		
Albany Hospital	1	3	4	2
Beverley Hospital	1	0	1	0
Broome Hospital	1	0	1	0
Bruce Rock Memorial Hospital	0	1	1	0
Bunbury Hospital	1	2	3	1
Busselton Hospital	3	0	3	1
Carnarvon Hospital	0	2	2	1
Denmark Hospital and Health Service	1	1	2	2
Derby Hospital	0	1	1	1
Dongara Eneabba Mingenew Health Service	0	1	1	0
Fitzroy Crossing Hospital	0	1	1	1
Fitzroy Valley Health Service	0	1	1	1
Geraldton Hospital	2	2	4	3
Halls Creek Hospital	1	0	1	1
Hedland Health Centre	2	5	7	6
Katanning Hospital	0	3	3	2
Kununurra Hospital	0	2	2	2
Leonora Hospital	0	1	1	1
Mt Magnet Nursing Post	1	0	1	0
Narrogin Hospital	1	2	3	2
Newman Hospital	0	1	1	0

Nickol Bay Hospital	0	2	2	2
Northam Hospital	1	0	1	0
Pilbara Population Health Inland	1	1	2	1
Population Health Community Health Centre Bunbury	0	1	1	1
Ravensthorpe Health Centre	1	0	1	1
Roebourne Hospital	2	0	2	2
TOTAL	20	33	53	34

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Status update on the implementation of the recommendations from the CCC's Report on the Supply and Management of Schedule 8 Controlled Drugs at Certain Public Hospitals in Western Australia (CCC Report) in North Metropolitan Health Service (NMHS) Mental Health (MH)

Corruption & Crime Commission: Report on the Supply and Management of Schedule 8 Controlled Drugs at Certain Public Hospitals in Western Australia

NMHS MH Response to recommendations

NMHS has commenced a project under the leadership of Tony Dolan, Acting Executive Director Sir Charles Gairdner Osborne Park Healthcare Group, to address both the recommendations of the CCC Report and the wider issue of medication diversion. This project involves SCGH, KEMH, OPH and NMHS MH in a co-ordinated approach to improved management of controlled substances. The first project meeting was held on 28 June 2017, including the Chief Pharmacists of the four services, Dr Cheng and the project team to determine scope and deliverables. This is a wide-reaching project and will require further stakeholder engagement. Regular information will be provided via the Chief Pharmacist, NMHS MH.

RECOMMENDATION	NMHS MH RESPONSE
After-hours access to pharmacy and safe Enhance monitoring of after-hours access to the pharmacy and the pharmacy safe. Give consideration to: (a) mandatory audits for all after-hours supply or dispensation from the pharmacy safe; (b) prohibiting after-hours solitary access to the pharmacy safe; and (c) increasing security and monitoring through technology.	NMHS MH Pharmacy has an electronic alarm system and selected pharmacists have individual access codes. NMHS MH Pharmacy provides a 24-hour on-call service. On-call pharmacists have access to the department at any time. NMHS MH Pharmacy safe has a single electronic access code and does not have the capacity to record which staff member has opened it. It is secured in the dispensary which has a 360 degree sensor. This complies with new Poisons Act requirements. Security Services provide a monthly report on alarm deactivation by access code to enable review of after-hours access to the department. On-call Pharmacists maintain a call log which is reviewed monthly and would identify if access to pharmacy included provision of S8 medication. Pharmacy staff not involved in the on-call service perform a weekly stocktake of S8 medication. This recommendation is considered to be addressed

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RECOMMENDATION	NMHS MH RESPONSE
Reconcile supply and receipt Develop and implement a practice to reconcile drugs supplied by a public hospital's pharmacy with receipt by wards and units.	NMHS MH Pharmacy has an established procedure to reconcile S8 medication issued from pharmacy with ward receipt signatures. The supply of S8 medication involves two staff to issue the medication and a third staff member to reconcile the receipted requisition with the distribution request. This recommendation is considered to be addressed
Reconcile supply and receipt Develop and implement a practice to reconcile drugs supplied by a public hospital's pharmacy with receipt by wards and units.	NMHS MH Pharmacy has planned to separate the order of S8 medication by clinical pharmacists from the delivery by pharmacy support staff. This was not possible under previous legislation but will be implemented following recent changes to the Poisons Regulations which enable S8 medication to be delivered by non-pharmacists. This recommendation is considered to be in pre-implementation. Due date by 30/09/2017
Regular compliance checks (a) Conduct regular checks on randomly selected staff, wards and units in order to ascertain the extent of compliance with policies, procedures and practices; and (b) Conduct independent audits from time to time that measure compliance with policies, procedures and practices.	A suite of audit tools is being developed centrally under the auspices of the Chief Pharmacists' Forum. Once developed and validated these tools will be used in all WA Health hospitals to audit compliance. This recommendation is considered to be in development. A due date is NOT available.
Registers Develop and implement practices in relation to registers that: (a) enable registers to be produced, without delay, in response to a request by an investigator or compulsory processes; (b) provide heightened security to the registers; and (c) audit the movement of registers.	NMHS MH Pharmacy has a robust document management process with regard to registers. Registers are numbered and movement of registers in and out of the department is recorded in a spreadsheet, including issue to and return from wards, investigation requests and archiving as well as a tracking section. Registers are stored securely under the control of the Deputy Chief Pharmacist. This recommendation is considered to be addressed
Update and consolidate policies, procedures and practices Update and consolidate procedures and practices to align with the current statutory	NMHS MH has updated policy and procedure relating to controlled drugs in light of the recent changes to the Poisons Act & Regulations. The updates are currently progressing through the approvals process. This recommendation is considered to be addressed

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RECOMMENDATION	NMHS MH RESPONSE
regime.	
Knowledge sharing Implement a forum for chief pharmacists of public hospitals to share knowledge about drug diversion risks and solutions	<p>The Chief Pharmacists' Forum is composed of all the chief pharmacists of the public hospitals. This committee was formed in 2002, reports to the Chief Medical Officer and meets monthly.</p> <p>The purpose of the Forum is to provide the public health system with a Pharmacy advisory group, to address operational and strategic matters relating to public hospital pharmacy services in WA.</p> <p>The Chief Pharmacist, NMHS MH is the Deputy Chair of the Chief Pharmacists' Forum.</p> <p>This recommendation is considered to be addressed</p>
Modernise register and requisition system Consider the introduction of an auditable electronic requisition process and auditable electronic registers.	<p>An ICT request for the statewide purchase and implementation of an electronic register and inventory management system for S8 medication is already being developed under the auspices of the Chief Pharmacists' Forum.</p> <p>This recommendation is considered in development.</p> <p>A due date is NOT available.</p>
Enhance automated systems Take action to maximise Schedule 8 drugs on the imprest list; Take action to inhibit automated systems allowing a pharmacist to supply imprest drugs manually.	<p>Automated medicines management systems currently in commissioning at Perth Children's Hospital include both imprest and non-imprest S8 medications. It is likely this will become the model for further deployment of automation.</p> <p>This recommendation is considered addressed however not available to NMHS MH (see item below).</p> <p>A due date is NOT available.</p>
Progressively introduce automation to public hospitals Progressively introduce automated Electronic Storage and Supply Unit systems to public hospitals to enhance efficiencies and security.	<p>There is currently no whole-of-health plan for medicines automation.</p> <p>NMHS MH does not yet employ automated medication management systems.</p> <p>WA Health has convened an ICT roadmap clinical reference group on which NMHS MH is represented by Wei Soong.</p> <p>WA Health has convened an ICT Medicines Management Program Board on which the Chief Pharmacist NMHS MH is the NMHS representative. This group is responsible for the implementation of electronic Medicines Management, of which automation is a component.</p> <p>This recommendation is considered in discussion.</p> <p>A due date is NOT available.</p>

Child and Adolescent Health Service

Type of Allegation	
Breach of the Code of Conduct	4
Unauthorised access to confidential information	1
Disclosure of confidential information.	1
Stealing or theft of property	1
Stealing or theft of money	2
Stealing or theft of drugs	9
Fraud relating to documentation	2
Fraud relating to workhours	4
Corrupt conduct	1
Assault (sexual)	2
Assault (physical)	1
Conflict of interest	2
Performance issue	1
Breach of written law.	2
TOTAL	33

East Metropolitan Health Service

Type of Allegation	
Misconduct – Excessive use of force	2
Misconduct – Breach of code of Conduct or Code of Ethics	7
Minor Misconduct - Threat – verbal or written	3
Serious Misconduct – Breach of other written law	2
Serious Misconduct – Assault – Physical	4
Serious Misconduct – Breach of Other Written Law	1
Serious Misconduct – Fraud – Work Hours, Overtime or Leave	1
Serious Misconduct – Stealing or Theft – Drugs.	5
Serious Misconduct – Stealing or Theft – Money	1
Minor Misconduct – Conflict of Interest – personal	1
Minor Misconduct – Disciplinary or Performance Issue	1
TOTAL	28

North Metropolitan Health Service

Type of Allegation	
Disciplinary or Performance Issue	1
Misconduct – Breach of Code of Conduct or Code of Ethics	10
Misconduct – Conflict of interest – financial	1
Misconduct – Disclosure of confidential information	6
Misconduct – Failure to follow a lawful direction	2
Misconduct – Inappropriate or unauthorised use of Information Technology	1
Misconduct – Misuse of public resources	2
Misconduct – Unauthorised access to confidential information	13
Serious misconduct – Assault – physical	3
Serious misconduct – Assault – sexual	3
Serious misconduct – Breach of other written law	3
Serious misconduct – Corrupt Conduct	3
Serious misconduct – Fraud – Falsification of documentation	7
Serious misconduct – Fraud – Work hours, overtime or leave provisions	1
Serious misconduct – Stealing or Theft – drugs	5
Serious misconduct – Stealing or Theft – property or assets	6
TOTAL	67

South Metropolitan Health Service

Type of Allegation	
Conduct did not involve a public officer	2
Misconduct – CCC decided to take no action or is not within jurisdiction	2
Misconduct – Conflict of Interest - Financial	2
Misconduct – Conflict of Interest – Personal	1
Misconduct - Excessive Use of Force	3
Disciplinary or performance issue	5
Misconduct – Failure to Follow a Lawful Direction	1
Misconduct – Breach of Code of Conduct or Code of Ethics	27
Misconduct – Disclosure of Confidential Information	6
Misconduct – Inappropriate or Unauthorised Use of Information Technology	4
Misconduct – Unauthorised Access to Confidential Information	10
Serious Misconduct – Assault – Physical	10
Serious Misconduct – Assault – Sexual	7
Serious Misconduct – Corrupt Conduct	7
Serious Misconduct – Fraud – Falsification of Documentation	9
Serious Misconduct – Fraud – Work Hours, Overtime or Leave	3
Serious Misconduct – Stealing or Theft – Drugs	52
Serious Misconduct – Stealing or Theft – Property or Assets	2
Serious Misconduct – Stealing or Theft – Money	1
Serious Misconduct – Breach of Other Written Law	1
TOTAL	155

WA Country Health Service

Type of Allegation	
Serious Misconduct - Performance - Failure to correct serious mistakes	1
Serious Misconduct - Performance - Acting against organisational policy	3
Serious Misconduct - Performance - Incompetent or negligent decision making	2
Serious Misconduct - Conflict of interest - Failing to report a Conflict of Interest	3
Serious Misconduct - Conflict of interest - Failure to declare an outside financial/employment interest	2
Serious Misconduct - Theft - Money, property	7
Serious Misconduct - Improper Usage - Breach of confidentiality	2
Serious Misconduct - Fraud - Misleading or false reporting	2
Serious Misconduct - Fraud - Submit false documentation	2
Serious Misconduct - Assault – Physical	4
Serious Misconduct - Behavioural issues - Inappropriate behaviour	4
Serious Misconduct - Behavioural issues - Affected by alcohol whilst at work	1
Minor Misconduct - Behavioural issues - Inappropriate behaviour	8
Minor Misconduct - Behavioural issues - Racial discrimination against a staff member	1
Minor Misconduct - Behavioural issues - Affected by alcohol whilst at work	1
Minor Misconduct - Assault - Verbal	1
Minor Misconduct - Performance - Acting against organisational policy	7
Minor Misconduct - Performance - Failure to follow directions	1
Minor Misconduct - Improper Usage - Breach of confidentiality	1
TOTAL	53