

**BRIEFING NOTE**

**ISSUE** Geraldton Hospital (GH) Emergency Department (ED) – 84 year old female lying on floor of ED

**KEY MESSAGES**

- An image of an 84 year old woman lying on the floor of the GH ED waiting room has resulted in significant community and media interest.
- The matter is being investigated including the circumstances which led to the woman being unable to be accommodated comfortably within the waiting room.
- The care provided was not to the standard WA Country Health Service (WACHS) would usually provide and an unreserved apology has been provided to the patient. While an investigation into this matter is underway, it is apparent that a further trolley should have been sourced and offered to the patient.
- Guidelines for the care and comfort of patients have been developed for use across WA Country Health Service and are currently out for consultation with senior nursing and medical staff.

**BACKGROUND**

- An 84 year old woman, who is identified as [REDACTED], presented to the GH ED via ambulance at 13:35 on Thursday 03 January 2019 [REDACTED]. [REDACTED]  
[REDACTED]. [REDACTED]
- St John Ambulance (SJA) documentation states SJA was met by [REDACTED] out the front of [REDACTED] home who stated [REDACTED]  
[REDACTED]
- [REDACTED] was assigned an Australasian Triage Scale (ATS) 4 and allocated to wait for review in the ED waiting room.
- Between 13:35 and 14:05 [REDACTED] was supplied with a pillow and a blanket by the Triage nurse to assist in making [REDACTED] more comfortable.
- A further blanket and heat pack was supplied at 14:15 by a nurse who became aware [REDACTED] was laying on the floor. The issue was escalated to the ED Coordinator to see if a trolley within the department was vacant. The nurse supplying this blanket reported all trolleys, including the consult rooms were occupied.
- When laying down [REDACTED] was not visible from the triage desk however CCTV shows [REDACTED] laying on the GH ED waiting room floor at 14:05, she got up at 14:35 [REDACTED] and lay back down at 14:44.
- Prior to 15:23 the Older Patient Initiative (OPI) Coordinator went to the waiting room to complete a standard older patient assessment on [REDACTED]. From this review the OPI Coordinator escalated to the ED Coordinator for an available trolley.
- As a result at 15:23 [REDACTED] was assisted to go from the wait room into the ED [REDACTED]
- [REDACTED] was medically reviewed and treated once she was in the department. She was discharged home at 16:46. From triage to discharge was three hours and 11 minutes.

- A post to a Geraldton community Facebook (FB) page occurred at 14:22 Thursday 3 January 2019 which included a photo of a person laying on the floor of the GH ED waiting room. This person had a pillow and blanket and the post stated it was an 84 year old woman forced to lay on the floor while waiting for treatment at GH due to no beds being available.
- In the early hours of 4 January 2019 WA Country Health Service (WACHS) became aware of the post.
- The post garnered considerable community interest and was picked up by major news outlets and significant media attention has since followed with coverage across Channels 7, 9 and Sky News and the front cover of the Weekend West Australian newspaper (Attachment 1).
- Prior to this significant media interest GH has received considerable media attention in relation to inpatient bed capacity and the management of elective surgery. Some media commentary has linked ■■■ experience with previous media regarding bed capacity in GH.
- It is important to note that patients assessed at ATS 3 and 4 may experience delays in EDs while waiting for treatment, and have the right to take appropriate steps to make themselves comfortable while they wait. This may include sitting with a limb elevated or using supports (pillows, blankets and heat packs) to increase comfort and/or minimise pain.
- GH ED has eight trolleys within the open area of the ED and four patient trolleys in side rooms. In addition two trolleys are placed in the corridor to try and meet demand for lay down spaces.
- There were 29,560 presentations to the GH ED in the 2017/18 financial year and on the day ■■■ presented there were 102 presentations.
- At the time of ■■■ presentation the facility was treating 17 other patients through the ED, including:
  - 1 x ATS 1
  - 1 x ATS 2
  - 8 x ATS 3
  - 7 x ATS 4
- ■■■ was the seventh person to present between 12:36 and 13:35 and this hour included the ATS 1 presentation.
- During the time ■■■ was in the waiting room a further 8 people presented to the GH ED:
  - 2 x ATS 2
  - 2 x ATS 3
  - 3 X ATS 4
  - 1 x ATS 5
- On the day of presentation the ED was staffed with one triage nurse which is standard for GH. The standard staffing for GH does not include a nurse to manage the waiting room.

**CURRENT SITUATION**

- [REDACTED] was contacted by the GH Operations Manager on 4 January 2019. An apology was accepted and [REDACTED] was offered the opportunity to lodge a formal complaint and this was declined.
- Geraldton Hospital is currently reviewing the incident and will use the outcome of the investigation to inform clinical risk management in the ED waiting room.
- It is acknowledged that this care was not to the standard usually provided at GH, which prides itself on the provision of consumer focused care, care which has been previously recognised formally as being of a high standard by the Australian Patients Association.
- Planning is underway, including consumer consultation, for the redevelopment of the GH ED which will result in increased capacity.
- Guidelines on supporting the care and comfort of patients, including clinical monitoring while waiting for treatment in WACHS Emergency Departments have been developed and are currently out for consultation with senior medical and nursing staff.
- WACHS Executive members have discussed the matter in depth and further investigation is being undertaken into practices across WACHS to ensure consistency of approach, and to ensure the incident does not recur.

**RECOMMENDATION/ACTION**

The Minister for Health notes the above information.

FOR INFORMATION

Ref: 4-111005

Author: [REDACTED] Operations Manager Geraldton Hospital

Date: 7 January 2019

Endorsed by: [REDACTED] A/Regional Director WACHS Midwest

Sign off: Jeffrey Moffet  
CHIEF EXECUTIVE  
WA COUNTRY HEALTH SERVICE

Sign off: Angela Kelly  
A/DIRECTOR GENERAL [REDACTED]

9/01/19

Approved ☐

Not Approved ☐

Noted ☒

Comments:

Signed [REDACTED]  
// MINISTER FOR HEALTH

Note:

(by 11/2)  
Can we have an updated CIBN  
on this issue, include overall  
hospital occupancy that day, details  
of the review into the incident,  
details of planned upgrades + timing  
and cover off on activity purchase  
from STOG-GH. Remove Patient's  
Confidential info for CIBN

Date 11/1/19 [REDACTED]

**PORTFOLIO:****HEALTH****GERALDTON HOSPITAL (GH) – 84 YEAR OLD WOMAN LYING ON EMERGENCY DEPARTMENT (ED) FLOOR****KEY MESSAGES**

- An Image of an 84 year old woman lying on the floor of the GH ED waiting room has resulted in significant community and media interest and an unreserved apology has been provided. It is apparent that a further trolley should have been sourced and offered to the patient.
- An Investigation into this matter has occurred and an action plan developed to address the identified issues and recommendations which will be led by the GH Operations Manager.
- Redevelopment of the Geraldton Health Campus (GHC) will deliver additional ED treatment space, additional beds to provide care for people requiring high levels of acute care and for those who have mental illness.

**BACKGROUND**

- A post to a Geraldton community Facebook (FB) page occurred on 3 January 2019 which included a photo of a person lying on the floor of the GH ED waiting room. This person had a pillow and blanket and the post stated it was an 84 year old woman forced to lie on the floor while waiting for treatment at GH due to no beds being available.
- The post garnered considerable community interest and significant media attention has since followed with coverage across Channels 7, 9, Sky News and the front cover of the Weekend West Australian newspaper
- At the time the patient presented 17 people were being treated through the ED and a further eight people presented in the time the patient was in the waiting room. Hospital bed reconciliation data at 12.30 pm indicates the GH inpatient ward of 66 beds had 46 patients admitted into beds and the four bed short stay unit had three patients admitted into beds. There was planned reduced elective theatre activity in the hospital theatres from 24 December 2018 until 14 January 2019 and at the time of the presentation sequential elective and non-elective operations were in progress.
- The patient was medically reviewed, treated and discharged. Time from triage to discharge was three hours and 11 minutes.

**CURRENT SITUATION**

- The ED care of the patient has been clinically reviewed by a team led by Acting Director Medical Services GH and included senior medical and nursing staff from Bunbury Hospital and GH. In addition GH Operations Manager has established the timeline of the patient's presentation and 24 ED staff members have been asked to retrospectively consider actions that could or should have taken place.
- A range of issues were identified including transfer of care, recognition of compassionate care required, escalation of response required, clinical oversight of the ED waiting room and limitations of space in the ED.
- A plan to address the identified recommendations and issues includes continuing to work with St John Ambulance regarding transfer of care, recognition and response education of ED staff with a focus on care of the elderly, review of ED escalation strategies, increase clinical oversight of the ED waiting room and creation of more ED space within the current footprint of GH.
- Planning is underway for stage one redevelopment of the GHC. The work on site is due to commence in December 2020 with an expected final occupation in September 2023. The redevelopment planned will add 11 additional ED treatment spaces, four additional critical care beds, four mental health short stay beds and 12 acute inpatient mental health beds.
- In order to assist with capacity management, GH has contracts with St John of God Geraldton (SJOGG) to provide Palliative Care, Ophthalmic and Orthopaedic Surgery. In addition GH purchases ad hoc public patient episodes of care. When including all of the contracted and ad hoc care, for the 2017/18 financial year GH purchased 3004 bed days (883 episodes of care) and financial year to date GH has purchased 1423 bed days (514 episodes of care).
- The matter has been discussed in depth by WACHS Executive members and Regional Nurse Directors, who are reviewing practices across WACHS to ensure consistency and to ensure the incident does not recur.

**CURRENT AS:** 1 February 2019**CONTACT:** [REDACTED] Regional Director WACHS Midwest, 0429 566 202

[REDACTED]

**BRIEFING NOTE**

**ISSUE** Investigation into 84 year old female lying on the floor of the Emergency Department (ED) Geraldton Hospital (GH).

**BACKGROUND**

- [REDACTED] an 84 year old female was laying on the floor of the GH ED waiting room on 03 January 2019 from 1405 hours until 1435 hours when she got up [REDACTED] and again from 1444 hours until 1523 hours when she was then assisted into the ED [REDACTED].
- [REDACTED] presented via ambulance at 1335 hours on 3 January 2019, [REDACTED]. She was assessed as a triage four and assisted from the St Johns Ambulance (SJA) stretcher to the waiting room by wheelchair which she remained in because it was more comfortable to sit in the wheelchair than the ED waiting room chairs.
- Nursing staff became aware of [REDACTED] laying on the floor of the waiting room at 1415 hours when [REDACTED] sought assistance from a nurse at the triage area. This nurse reports she then escalated the issue to the ED Coordinator.
- Once she was on a patient trolley in the ED, after 1523 hours [REDACTED] was medically reviewed, [REDACTED]. She was discharged home at 1646 hours.

**CURRENT SITUATION**

- At the time of [REDACTED] presentation the ED was treating seventeen other patients including:
  - 1 x ATS 1 presentation
  - 1 x ATS 2 presentations
  - 8 x ATS 3 presentations
  - 7 x ATS 4 presentations
- [REDACTED] was the seventh person to present between 1236 hours and 1335 hours and one of these seven was the ATS 1 presentation.
- Whilst [REDACTED] was in the waiting room a further eight people presented to the ED:
  - 2 x ATS 2
  - 2 x ATS 3
  - 3 x ATS 4
  - 1 x ATS 5
- On 3 January 2019, GH ED had 102 presentations in the 24 hours. In the 2017/18 financial year, the average presentations per day was 81 presentations per 24 hours.
- A Clinical Incident Management (CIM) notification was completed as a result of [REDACTED] laying on the floor of the GH ED waiting room. The CIM notification was submitted as a severity assessment code (SAC) 1 incident, which is the most serious level incident. The notification has been reviewed and reassigned a SAC 3 which indicates [REDACTED] is considered to have suffered minor or no harm that is specifically caused by health care rather than the patients underlying condition or illness.

- Irrespective of the CIM SAC rating a case review was conducted by a review team consisting of:
  - [REDACTED] Fellow of the Australasian College of Emergency Medicine (FACEM), Head of Department [REDACTED] ED, member of Geriatric Emergency Medicine Special Interest Group, Australian College of Emergency Medicine, member of Geriatric Emergency Medicine Specialist Interest Group, International Federation of Emergency Medicine.
  - [REDACTED] Coordinator of Nursing & Midwifery (CONM) [REDACTED]
  - [REDACTED] - Acting Nurse Manager [REDACTED] ED
  - [REDACTED] - Acting Director Medical Services [REDACTED]
  - [REDACTED] - FACEM and Acting Head of Department [REDACTED] ED
  - [REDACTED] - Nursing Unit Manager Critical Care Directorate [REDACTED]
  - [REDACTED] - Critical Care Nurse [REDACTED]
- From the case review the following points have been formulated.
  - In the triage process GH staff indicated [REDACTED] would have been placed on a patient trolley at arrival by SJA, if a patient trolley had been available. It was also noted on presentation an apology was offered to [REDACTED] with explanation the department was full and there was nowhere to move to place of greater comfort.
  - Whilst it was not assessed as unsafe to place [REDACTED] in the waiting room post triage there was discussion whether the triage nurse would have had access to the SJA documentation at the point of triage given there is often delay in printing the SJA documentation at GH. This question was raised in the context of the clinical presentation and the SJA documentation supporting an ATS 3 presentation rather than an ATS 4 presentation which was assigned.
  - The assigned ATS 4 at presentation was not considered dangerous.
  - The question of whether the information documented in the SJA handover document would have prejudiced the ATS allocation for [REDACTED] however, it was acknowledged there was no direct evidence the ATS clearly fell into an ATS 3 category rather than an ATS 4. Discussion occurred on whether triage practice at GH involved the SJA crew to assist in determining severity of presentation, a clinical practice which has been implemented at BH, and the GH response was this practice was not in place at GH.
  - There is no documentation to indicate [REDACTED] [REDACTED] [REDACTED] [REDACTED] and this raised the question of early access to analgesia preventing [REDACTED] lying on the floor to be more comfortable.
  - The escalation process for the triage nurse who needs to get a patient into the department was discussed. GH escalation is to senior medical and nursing in the ED which is the same as with BH.
  - ATS guidelines indicate all patients in the waiting room must be re-assessed by the Triage Nurse once the time for review is required. This did not occur.

- Existing strategies to address ED clinical risk implemented at BH were discussed. BH has introduced a second nurse to the triage role to assist with the waiting room which has been clinically positive and reduced complaints. In addition BH has allocated staff to a fast track to improve departmental flow. Finally BH has worked with SJA to ensure there is SJA documentation available at completion of transfer and involved SJA in Triage decision making.
- [REDACTED] presented at GH [REDACTED]  
[REDACTED]
- When considering ED efficiency, in the 17/18 financial year the GH ED achieved a West Australian Emergency Access (WEAT) performance of 84% which means 84% of people are admitted, discharged or transferred within four hours of presentation to the ED.
- Of the emergency admissions to the inpatient services, 69% are achieved within four hours.
- The results of 84% and 69% compare favorably with other WA Country Health Service (WACHS) regional resource centres.
- Activity targets for GH ED have been set and exceeded with no physical increase to the capacity of ED.
- GH currently operates at above standard capacity for the majority of the time. Escalation in the ED to accommodate demand surge has been to place two additional trolleys in the ED corridors so that there are greater number of spaces to lay people down. This is suboptimal in that these spaces are used in the context of no access to wall oxygen and suction and utilization of the spaces creates multiple patient trolley moves when juggling accommodation within the ED.
- In the latter part of 2018, even with the use of additional corridor trolleys, there have been occasions when all treatment spaces are occupied and the strategy of ambulance 'ramping' has been the next step to manage surge. As a result of the Ambulance 'ramping' a review of the ED escalation is current.
- In order to achieve patient flow from the ED when inpatient capacity is required, GH bed escalation is to staff and admit to the Day Surgery Ward, however on 3 January 2019, there was inpatient capacity within standard inpatient bed capacity and the issue was in the ED.
- Escalation outside of the ED to the Clinical Nurse Manager After Hours (Hospital Coordinator) or the Clinical Nurse Consultant of the ED did not occur on 3 January 2019, and the only explanation for this has been the focus on the higher acuity presentations at the time [REDACTED] was known to be lying on the floor.
- Discussion with the staff post incident, has explored escalation to other resources within the hospital and use of spaces not previously used to accommodate people presenting to the ED.
- Capacity escalation within the ED will be reliant on actual floor space. Previous investigation has considered expansion of the ED floor space towards the front entrance of the hospital which would require capital works.



- Investigating the question of compassion fatigue amongst the team working in the GH ED the Patient Evaluation of Health Services, Geraldton Hospital, Adult Emergency 2017/2018 results indicate the patient experience at GH ED has not changed and is not statistically significantly different to comparator hospitals within the peer groups.
- Patient Opinion feedback is balanced including positive patient experiences.
- Analysis of 2017, ED complaints data indicates there is one consumer complaint per 1020 presentations.
- When questioning staff regarding the escalation on the day of 3 January 2019, staff response has ranged from application of the systems of triage to make sure those most at risk were reviewed first to if someone needs a bed we need to get them a bed no matter what.
- Meeting with the GH ED team to discuss ■ laying on the waiting room floor there was some team defensiveness that focused on treating the sickest first as the most important. There was no discussion to indicate an elderly lady laying on the floor was acceptable however how important it would be to escalate the issue varied.
- In addition there was a level of frustration from some staff regarding the facility design contributing to consumer clinical risk.
- When interviewing ED clinical staff in relation to what could or should have occurred when it was known ■ was laying on the floor (see attached document) the more experienced staff members identified escalation and going over and above standard ED capacity in special circumstances.
- The ED teams are open to further developing plans on how the GH ED could meet the needs of consumers.
- The assessment from the investigation:
  - ED staff members did not identify the care of an elderly woman lying on the floor in the ED waiting room required further escalation when it became known she was laying on the floor.
  - Within the GH ED staff members need assistance in escalating service demand above the current escalation strategies of additional corridor trolleys and Ambulance ramping.
  - There is opportunity to review clinical handover between SJA and GH in relation to collaborative decision making and documentation.
  - BH introduction of a second triage role anecdotally improved ED care and reduced complaints.
  - The floor space in the current GH ED is not meeting the activity above target.
- The plan to mitigate the risk of recurrence:
  - Implement Care Call education program for the ED Staff.
  - Seek assistance from the Midwest Aged Care Directorate to review the ED for Age friendly principles and practice.
  - Fast track the review of the ED escalation to manage demand in excess of current strategies.

- Implement a second triage nurse role within the GH ED. It is acknowledged that this is not affordable within the current budget allocation, however GH activity is projected to be 2%-2.5% over target equating to \$1.9m-\$2.4m. Additionally, discussions with Central Office seeking additional funding due to concerns with the initial budget allocation (funding Geraldton activity at NEP Plus with no adjustments to reflect locality costs, economies of scale or inefficiencies related to capacity management) have not been finalised. This initiative will need to be prioritised over some of the other areas identified as requiring additional investment.
- Continue the current work plan to provide WIFI printing on arrival for SJA documentation and in the meantime continue the current work around for clerks to print SJA documentation at the time patient detail is entered into the patient administration system.
- Review previous documentation to inform development of an ED floor space expansion plan and make application for capital works.

**RECOMMENDATION/ACTION**

- The Chief Executive (CE) notes the above information.

Prepared by: [REDACTED], Operations Manager Geraldton Hospital, WACHS Midwest

Date: 29 January 2019

Endorsed by: [REDACTED], Regional Director, WACHS Midwest  
Geraldine Ennis, A/Chief Operating Officer

Approved ☐

Not Approved ☐

Noted ☒

Comments:

Signed

CHIEF EXECUTIVE

Date

6/2/19.

**Attachment:**

1. CE request for staff response (ED-MW-19-877).

Geraldton Hospital Emergency Department Investigation  
"84yr old patient laying on ED floor"

**Chief Executive Request:** As part of the formal investigation, can we ask the relevant staff what they believe (in retrospect) could or should have happened once we became aware the 84yr old patient was lying on the floor?"

Position (Nurse/Doctor/Admin)	Response
[REDACTED]	Need to reassess why the lady is on the floor. Try to find somewhere more appropriate for her to lay down. Discuss with the ED Shift coordinator about getting into the department.
[REDACTED]	We need to try to make some lay down space. Explore additional space with the coordinator. Does everybody currently in the department need to be laying down.
[REDACTED]	Assess what is going on, make sure no deterioration. Review the situation in the context of the department. See if anyone else can be moved. Make sure the most unstable are reviewed first. This person believed the context of the department on the day focussed the resources and it was a very unfortunate occurrence the lady was on the floor with no space inside the department.
[REDACTED]	Nobody wants an elderly lady to lay on the floor. Re-assess her. If she needs to lay then look for physical space. 84 yrs old makes it more important.
[REDACTED]	She is 84, we would have to try and make some space. Review every patient in the department and see if any of them could swap or transfer to another area.
[REDACTED]	Why is she laying on the floor what has changed, complete a primary assessment. Try to get her into a wheelchair and get her up off the floor. Consult with the coordinator, move into the department in the wheelchair and then try and find space to lay down. Important to move her out of the waiting room.
[REDACTED]	She needs to see a nurse. I would request assistance from a nurse or doctor. The Nurse or Doctor should assist her. If she needs to lay down she should be in the department. You would not want this lady to be your own mother.
[REDACTED]	Call a nurse. The lady needs to be comfortable. Definitely have to consider she is elderly. Could the clinical team have escalated the issue.
[REDACTED]	Find a bed. Get something from somewhere else to lay her down. Even if we don't have enough staff. Just needs to be done.
[REDACTED]	Reassess. Increase her triage. Definitely escalate. Escalate to ED Coordinator and if I was ED Coordinator ask for help

Geraldton Hospital Emergency Department Investigation  
"84yr old patient laying on ED floor"

	from the Hospital Coordinator. Between a rock and a hard place on the day but this lady needs to be assisted.
	If someone needs a bed then we need to get them a bed. Her age is important to consider as is her pain. As a clerk I need to let clinical staff know so they can reassess.
	She needs to be reassessed. We need to focus on the sickest patients. If she is sicker than our current patients then we need to see her.
	This lady's care should have been escalated to the hospital coordinator to get her up off the floor and make her comfortable. Maybe a patient trolley could fit in the waiting room and she could have lay on that. Also need to say sorry to the people in the waiting room and try and explain delays.
	This lady needs reassessment. She needs to come into the ED. We needed to have escalated to the AHNM and CONM for resourcing. An extra trolley needs to be sourced. Given she was not getting nursing care as a waiting room patient she needs to lay down for comfort somewhere.
	Cant leave her on the floor. Reassess, pain relief, increase ATS. Escalate to the ED Coordinator and shift medical lead to get her into the department.
	First Impressions count. Not good to have someone on the floor, not good for the person or the department. If the department is full it is hard. The first thing is to find out why they are lying on the floor and work from there.
	Directly assess in waiting room. Need to find a bed - extra from another source and create a temporary space somewhere if required. Review the whole ED & see if there is possibility to accommodate within current patient cohort.
	Reassess. Offer pain relief. Escalate to ED Coordinator. Maybe need to escalate higher? Don't know what to do if department is completely full including all of the extra corridor trolleys.
	Assess the patient, analgesia for pain, need to increase the triage, escalate concerns to shift coordinator. Try and involve the family to include them and explain what is happening.
	Need to find or create a space within the ED. Review the entire department. Escalate above capacity.
	As Hospital Coordinator if I was notified I would go to the ED spoken to the ED Coordinator and conducted an assessment of the person and the department. Would have to find a way to get her off the floor somehow.
	Need to tell the nurse at Triage. The Nurse should make sure she is ok. I was on and it was so busy I did not even see her

Geraldton Hospital Emergency Department Investigation  
"84yr old patient laying on ED floor"

	lying on the floor.
[REDACTED]	Need to Escalate to FACEM. Liaise with shift coordinator. Can patients in the dept be shifted. Can we increase with an extra trolley. Why is she lying on the floor - can the reason be treated. Reassure the waiting room.
[REDACTED]	At Triage its hard. There are patients you want to check however when it is busy there is no capacity to check on the waiting room. If there was someone on the floor, they need to be assessed, get them off the floor, cant leave them there, talk to the ED Coordinator and ED Doctor. Did she need analgesia.