



Photo by Janews.

PUBLIC HOSPITALS UPDATE— WHAT'S THE DATA TELLING US?

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Sentinel event data and reporting

The Australian Productivity Commission's 2020 report on Government Services details a national increase in sentinel events in public hospitals from 65 in 2016-17 to 80 in 2017-18.

Sentinel events are defined as reported adverse events that occur because of system and process deficiencies and result in the death of, or serious

harm to, a patient. Within the context of the Commission's report, core sentinel events include procedures involving the wrong patient or body part, inpatient suicide, retained instruments after surgery, and serious medication errors. Essentially, sentinel events comprise the majority of avoidable mortalities in hospitals.

In Queensland public hospitals, 11 sentinel events were reported from approximately 1.5 million

hospital stays. This number is almost double the six sentinel events reported in 2016-17. Notably:

- inpatient suicide doubled from two cases in 2016-17 to four cases in 2017-18
- likewise, medication error leading to the death of a patient doubled to four cases in 2017-18
- retained instruments after surgery remained consistent with figures from 2016-17, with two reported cases, and
- one case of maternal death associated with pregnancy, birth, or the puerperium had one reported case in 2017-18, against nil reported the year prior.

What does this mean for public hospitals and their insurers?

While these figures seem alarming, the Commission advises that, “changes in the number of sentinel events reported over time do not necessarily mean that Australian public hospitals have become more or less safe, but might reflect improvements in incident reporting mechanisms, organisational cultural change, and/or an increasing number of hospital admissions”.

It is worth noting that the number of sentinel events reported in Queensland from 2016-17 was markedly lower than prior years. To this end, the number of sentinel events in 2017-18 represent the “average” total of reported events when compared to the data from 2013 to 2018.

In April 2020, the Australian Commission on Safety and Quality in Health Care revised the list of core sentinel events to include the use of physical or mechanical restraint and the use of an incorrectly positioned oro- or naso-gastric tube, resulting in serious harm or death. The amendments also removed reporting requirements for maternal death and intravascular gas embolism as sentinel events. It will be interesting to observe the effect of these revisions to future reporting of the provision of health services in public hospitals.

COVID related abuse and response

On 15 May 2020, Queensland’s Chief Medical Officer made a Direction that, for the duration of the COVID-19 pandemic emergency, any person who intentionally coughs, sneezes, or spits at a public official or worker (or threatens to do so) may be fined \$1,334 and may also face criminal charges.

In further support of the Chief Medical Officer’s Direction, the Queensland Parliament passed the *Justice and Other Legislation (COVID-19 Emergency Response) Amendment Bill 2020* (Qld) (**Bill**) on 21 May 2020.

Relevantly, Part 13 of the Bill inserts a new Chapter 18B into the *Police Powers and Responsibilities Act 2000* (Qld) to provide a legislative framework for the circumstances in which a police officer may apply to the Children’s Court or a magistrate for a COVID-19 test order. From 25 May 2020, an application may be made against a person who has been arrested for an assault offence under the *Criminal Code 1899* (Qld) and, in the suspected commission of that offence, the person wilfully coughs, spits, or sneezes at another person. Examples may include a hospital inpatient who spits in a nurse’s face or a person who spits on a police officer while being arrested. If the order is granted by the court the alleged offender must submit to a doctor or nurse for the taking of a respiratory tract sample, which will then be tested for COVID-19.

These tests will allow victims to obtain medical confirmation as to whether the alleged offender is carrying the COVID-19 virus and may have transmitted it to the victim.

Unfortunately, medical and emergency response authorities are already reporting an increase in COVID-related abuse of employees, including spitting on staff working in hospital emergency departments.