Interim report to the Chief Executive regarding the circumstances of a patent leaving the Middlemore Hospital Emergency Department.

This is an interim report as some details remain to be clarified.

Information has been obtained from the Service Manager and the Clinical Director. The Service Manager has spoken with the Triage nurses on duty at the time of the presentation and the Associate Charge Nurse Manager (ACNM) on duty. The Clinical Director (assisted by Cultural Support) has spoken with the [redacted] of the deceased.

The following has been established:

The patient presented to the Emergency Department (ED) at approximately 0100 hours, 15 June 2022. The patient entered the ED waiting room on [redacted] own as [redacted] was parking the car. [redacted] subsequently joined [redacted] in the Waiting room.

At 0100 hours there were 46 patients in the Waiting room and the Department itself was very busy with a total of 195 patients in the ED. Medical staffing was normal (in fact at least one doctor above normal). *I am awaiting confirmation of nursing staffing.*

Prior to [redacted] joining the patient, the ACNM informed all patients in the ED waiting room that the waiting time for non-urgent cases would be some hours. The ACNM advised that if people felt reasonably well, it was recommended that they went home and saw their GP in the morning, or an Emergency Q (EQ) voucher could be offered. Patients were also advised there was a 24-hour countdown supermarket at the airport where over-the-counter analgesia could be purchased. Those in the waiting room were also advised they were welcome to stay, however a lack of beds was noted. It is likely the patient entered the waiting room part-way through this announcement.

Soon after [redacted] arrival in the waiting room, the patient was joined by [redacted]. [redacted] spoke to the ACNM and was informed by the ACNM that [redacted] and [redacted] was very welcome to wait and be assessed or alternatively to return if any concerns arose.

The patient was not offered an Emergency Q voucher (and staff report they would not offer EQ for headache)

The patient did not register at the front desk or go thorough Triage, but soon left the Department, only to be returned by ambulance at 0525 hours in a critical condition.

Summary:
The fundamental issue was the excessive waiting time in the Department. However, the lack of Triage assessment meant there was no opportunity to clinically assess the patient's symptoms and therefore assign an appropriate triage status.

Information is still being gathered on staffing, exact arrival and departure times, and more details of any staff discussions held with the patient or [redacted], but to date I am satisfied the patient was not declined care or instructed to leave the Department.

Improvements:
Communications about waiting times and the possible alternatives, including going home, should be explicitly directed at those patients that have been via Triage and told their Triage category means their waiting time is likely to be excessive. Messaging to this end may be of benefit in the Departmental waiting areas.

The overarching improvement necessary is to eliminate excessive demand over and above Departmental capacity.

I will issue a final report once outstanding information is received.

Andrew Connolly
Acting Chief Medical Officer

20 June 2022