Monitoring of health status of respite care resident (01HDC00072, 25 June 2002)

Rest home ~ Respite care ~ Monitoring of health status ~ Assignment of medical practitioner responsibility ~ Standard of care ~ Written and verbal information ~ Rights 4(3), 5(1)

An 86-year-old woman was admitted to a rest home for short-term respite care while the daughter with whom she lived travelled overseas. The woman had multi-infarct dementia and needed assistance with mobility and personal hygiene. It was anticipated that she would remain at the rest home for six to eight weeks; in the event, her stay lasted 14½ weeks.

On the woman's admission to the rest home, the daughter was supplied with, and signed, a four-page document containing admission information. Among other things, the document advised that residents could be attended by the home's medical practitioner or could choose to remain under the care of their current general practitioner. The daughter filled in the name of her mother's GP, believing she was providing the GP's name merely as a point of contact for the rest home's doctor, rather than opting not to use the home's doctor. She based this on her experience the previous year with respite care offered by another rest home. The admitting nurse stated, however, that she would have discussed the document with the daughter, explaining the implications of each option.

During the woman's stay at the rest home, the home's records reveal that she participated fully in rest home activities and by and large displayed good health. When she contracted a urinary tract infection, the woman's GP was contacted and prescribed an antibiotic. Towards the end of her stay, records on four occasions state that the woman was "very sleepy and breathless", "did not drink and eat much" or "was not waking well".

Upon her return, the daughter thought her mother was dehydrated and had lost weight from lack of food. The woman's son felt she had "gone downhill rapidly". Two days after the daughter's return, and the day before the woman's discharge, rest home records state that the woman "refused a shower and ate very little dinner". The following day she showered, appeared in good health, was excited to be going home, and attended a concert before leaving the home.

The daughter remained concerned about her mother's appearance and arranged an appointment with her GP. Symptoms of congestive heart failure were identified by the GP, who prescribed a mild diuretic. The diuretic was not given to the woman until the following day and she became "distressed and very confused". The GP admitted her to hospital via ambulance. She was treated and transferred to a rehabilitation ward, then discharged several weeks later.

Expert advice indicated that the woman's health did deteriorate over the period she was at the rest home. However, many factors could have contributed to this, including the woman missing her daughter and the uncertainty surrounding when she would be going home. When she did have a medical problem — the urinary tract infection — it was detected and managed well. The woman's records indicate that she probably developed chronic heart failure in her last days in the rest home, and that this condition had developed gradually. Although it is regrettable that the signs were not picked up by the rest home staff, the signs were not easily detectable, and the failure

to refer the woman for medical assessment was not unreasonable in the circumstances. The patient records demonstrate that the woman's health status was carefully observed and reported on. The rest home provided nursing care in a manner consistent with the woman's needs and so did not breach Right 4(3) of the Code.

It appears that the misunderstanding about who would take medical responsibility of the woman during her stay at the rest home arose from assumptions made from the daughter's experience with another rest home, rather than a failure by the rest home to outline the options for care. The rest home did not, therefore, fail in its duty to communicate effectively. Providing residents and/or their families with a separate information sheet that clearly explains the home's requirements for medical oversight, and explaining the need to elect a GP, might avoid such a misunderstanding arising in the future.