Monitoring of deteriorating chest infection in an elderly resident of an aged care facility (05HDC15501, 1 February 2007)

Nurse leader ~ *General practitioner* ~ *Aged care facility* ~ *Standard of care/quality systems* ~ *Rights* 4(1), 4(2)

An 86-year-old woman transferred from a rest home/hospital to an aged care facility that had the capacity to assess her deteriorating cognitive function and mood. Three weeks after her admission to the aged care facility, she developed a concerning cough. She was assessed by the visiting doctor, who initially prescribed a cough elixir, but when the cough persisted and became productive nine days later, he ordered blood tests and instructed the staff to provide her with adequate fluid and analgesia. The woman's condition continued to deteriorate. The following week the GP saw her again and ordered a chest X-ray and commenced her on antibiotics. The X-ray confirmed that she had bronchopneumonia. The GP ordered the prescribed treatment to continue. The woman's condition continued to deteriorate and, four days later, the GP arranged for her to be admitted to a public hospital for treatment. She was transferred back to the original rest home/hospital on her discharge from the public hospital.

It was held that the nurse leader was responsible for clinical oversight to ensure quality services were provided to residents at the rest home. She was responsible for the implementation, monitoring and oversight of nursing procedures. By not providing services of an appropriate standard, she breached Right 4(1). By not providing adequate supervision, direction and support of the clinical team, she did not ensure that the woman received timely, appropriate and safe services, and breached Right 4(2).

It was also held that by failing to have appropriate clinical monitoring and supervision of the quality management system, the rest home did not comply with New Zealand Health and Disability Sector Standards, breaching Right 4(2).

The GP was not held to have breached the Code. However, it was noted that he should have been more proactive about arranging an earlier review of the woman's condition. He should have instructed the nurses to update him on any failure by the woman to improve, or any further deterioration in her health. He was also reminded that he is required to respond to complaints in a timely manner.