



Audits on the Emergency Departments in Canberra

There has been extensive coverage of the recent audits of the records in the Canberra Hospital and Calvary Hospital Emergency Departments. Wherever you turn it seems this matter is being talked about. Another Inquiry will be held next week in the Legislative Assembly focussing on the Auditor General's report. I thought it would be useful for members for me to share my views.

The ACT Auditor-General's Office and PricewaterhouseCoopers (PwC) have found that 11,700 records were falsified at The Canberra Hospital over the last three years, to show improved Emergency Department waiting times and patients' overall length of stay in the department, so that these times appeared to be shorter than they actually were. The irregularities in the data were identified in April this year by the Australian Institute of Health and Welfare and not from internal Health Directorate processes.

This has been a difficult time for the staff in the Emergency Department at the Canberra Hospital, as well as management and bureaucrats responsible for reporting the data to external agencies such as the AIHW. This situation has also had an impact on our consumer representatives. The actions of the executive in manipulating the data have been extensively analysed in the audit reports. Like many people, I am disappointed that these falsifying actions were taken, and that there were inadequate processes to identify the discrepancies earlier. From my discussions with consumer representatives, there is a degree of disappointment that the data was manipulated, concern for the wellbeing of staff and the pressure they are working under, as well as concern around the system failures in the security and protection of data that enabled this to occur.

There has also been reflection on HCCA's role as critical friends of the Health Directorate: Were there questions we could have asked? Could we have prevented this? I do not see that we could have done more to prevent this situation. Consumer representatives provide a consumer

perspective on policies and procedures and how the services are delivered. At times we are privy to performance information and discussions, but we are focussed on what they mean for the consumer experience.

HCCA Members have also expressed concern about how this situation has been played out in the media and the tone of much of the discussion. I was not the only person in our consumer networks who found the inquiry in the Legislative Assembly on 5 July to be overly brutal. Our health system is important to our community and I do feel a level of frustration that political point scoring and posturing can undermine the level of confidence that we have in the services.

I represented Health Care Consumers' Association on the Steering Committee that oversaw the forensic audit completed by PwC in May and June 2012. Other members of the committee were Dr Christine Brill (AMA), Prue Power (AHHA), Geoff Knuckey (Independent Chair of ACT Health Audit and Risk Management Committee), Dr Paul Lamberth (Calvary Hospital), and Diane Merryfull (ACT Ombudsman). The Committee was chaired by the Director General, Manager of Risk provided secretariat support and representatives from PwC also attended.

I have confidence in the process, and in the commitment of the Health Directorate to address the issues that are identified in the audits. The process was open and the Health Directorate staff were honest and candid in their consideration of the findings. The Directorate will learn from this experience and put in place processes to increase the security of their data. I am keen for them to also look to improve their policies and practices for supporting those staff delivering services on the front line, as well as the executives who have responsibility for achieving the targets. Staffing matters and workforce management are issues of importance to consumers, as our needs can only be met when staff are well supported and trained in their workplace.

Data security and integrity are important matters as they are enablers of access to health services, but we need to look at the big picture issues that emerge from this matter:

- Processes concerning data integrity across the Health Directorate
- Support for staff working under pressure, including executives
- Public reporting of performance information, and
- The meaningfulness of the indicators.

The Emergency Department is a high pressure environment, for staff and hospital managers, as well as for consumers. It is a conduit into the acute care system and is subject to access block. Overcrowding and access block are described as the most serious issues confronting emergency departments across Australia and all over the world. This happens when staff are not able to admit patients from the emergency department to a hospital bed when needed. Access block and overcrowding in the emergency department affect the most vulnerable people in our community. These are people who, due to their medical conditions, require unplanned admissions to hospital. These include older people with chronic and complex conditions; people who have experienced trauma and arrive by ambulance; people visiting after hours or on weekends when there are fewer options for primary care; children and parents of young children with that terrifying temperature; mental health patients; drug and alcohol patients; and, nursing home patients. I could go on but you get the idea. Overcrowding is generally seen as decreasing efficiency and the quality of care and has been linked to adverse events.

The reporting on the 4-hour rule is an arbitrary figure and does not capture the consumers' experiences of their hospital service but only the amount of time it takes to see a doctor. The Auditor-General's report states that the introduction of a four hour rule in the UK, similar to the National Access Targets (NEAT) introduced in Australia, "was accompanied by widespread gaming and fraudulent manipulation of hospital data" (p.8). This was a concern expressed by consumers in the development of the health care agreements. We were always concerned that the four hour figure was arbitrary and was not a measure of the quality of the system. The meaningfulness of the indicators is the first recommendation from the Auditor General's Report:

The Health Directorate should review its performance indicators for publicly reporting the performance of Canberra's hospitals' emergency departments to include and give a greater emphasis to qualitative indicators relating to clinical care and patient outcomes.
(p.14)

We note that the Health Directorate is "currently researching other indicators that would better represent the quality and performance of Emergency Departments" (p.14). HCCA are very supportive of this and are committed to working with the Health Directorate in providing input into developing these indicators.

This is not the first documented evidence that hospital waiting times have been manipulated. There are firmly held views by many involved in the health system that figures are fudged to avoid penalties, under political pressure and to access any bonuses for meeting the reporting requirements. The [Royal Women's Hospital](#) reported incorrect data on elective surgery waiting list in 2009 and the Victorian Auditor-General identified that there was a significant risk of incorrect reporting associated with Emergency Department timeliness performance in Victorian public hospitals in 2009. We have also had a number of inquiries in the ACT. The Auditor-General completed an [Audit](#) in 2010 after allegations had been made about possible manipulation or mismanagement of the elective surgery waiting list, and doubts about the reliability and appropriateness of the clinical classifications for patients on the waiting lists. The Audit did not find evidence of deliberate data manipulation, but did identify deficiencies in the data documentation process. The audit recommended (Recommendation 10) that The Canberra Hospital *“implement processes for routine data integrity audits of all Outpatient Department waiting lists to ensure that all data is valid, complete and accurate. All waiting lists should be subject to a detailed audit at least annually.”* So we can see that there are issues in how health services manage data.

In completing the audit, PWC contacted a number of Emergency Departments in other jurisdictions. Data integrity, reliability and accountability were identified as major concerns to a number of these Emergency Departments. PWC stated that the common concern is *“determining that the information entered under a particular user name is actually entered by that individual user.”* As we increasingly move to an electronic system of recording clinical information this is an issue of concern to consumers also. The Australian Council on Health Care Standards (ACHS) has standards which health services, including The Canberra Hospital, are accredited against.

Public reporting on performance information

One of the things HCCA advocate for is public reporting on how the health care system is actually performing. We need correct reporting of health performance data and the revelation of the manipulation of data has come as a shock to many consumers. That said, I know that the more cynical among us have been concerned about the potential for such a thing to happen with the degree of pressure and focus there is on these indicators. The ACT Government has been improving their reports to the community on the quality and safety of services as well as activity. The Quarterly

Performance Report was introduced in 2005 and is publicly available on the website. Similarly a summary of the Canberra Hospital Patient Satisfaction Monitor Report is available online. The Government also introduced an [Emergency Department Report Card](#) in August 2011. Links to these reports are included in the reference below. Still, with all this reporting, it seems that we are missing the mark. What information do consumers need to feel confident in the clinicians who treat us, in the services, and in the system? This is an important question for HCCA to try to answer as it has relevance to our local Health Directorate, but also in contributing to the national discussion on performance of our health system with the establishment of the Health Performance Authority and the launch of the MyHospitals website.

I am confident that recommendations from the audits are being taken seriously and that work and resources will be applied to ensure that the changes and improvements are made. There is an issue of balance. The Health Directorate needs to put in place solutions that will enhance the protection and integrity of data, without having an adverse impact on clinical workflow and timeliness within the ED.

HCCA will be interested to see how the matter of data integrity will be managed across the Health Directorate. We also will be continuing to talk with Directorate staff about the broader issues at play that have contributed to this situation.

Darlene Cox
Executive Director
Health Care Consumers' Association

Reports

Auditor-General's Performance Audit Report on Emergency Department Performance Information. (Report No. 6 / 2012) Available at http://www.audit.act.gov.au/auditreports/reports2012/Report%20No.%206%20Emergency_Department_Performance_Information.pdf

PricewaterhouseCoopers Emergency Department Information System Data Integrity Summary Report. 29 June 2012. Available at <http://health.act.gov.au/publications/reports/emergency-department-information-system-data-integrity-summary-report>

Auditor-General Performance Report on Waiting Lists for Elective Surgery and Medical Treatment, January 2011. Available at

<http://www.audit.act.gov.au/auditreports/reports2011/Final%20Report%2013Jan11.pdf>

Hansard

ACT Legislative Assembly Debates: Weekly Hansard. 1 May 2012.

Available at

<http://www.hansard.act.gov.au/hansard/2012/pdfs/20120501.pdf>

Select Committee on Estimates 2012-2013 Hansard, 5 July 2012.

Available at

<http://www.hansard.act.gov.au/hansard/2009/comms/estimates50.pdf>

Media reports

Canberra Hospital caught fudging thousands of records. ABC Radio. 3 July 2012. Available at

<http://www.abc.net.au/pm/content/2012/s3538141.htm>

Failing under pressure. The Canberra Times. 7 July 2012. Available at

<http://www.canberratimes.com.au/opinion/failing-under-pressure-20120706-21m4g.html>

Other states

Public Hospitals: Results of the 2008–09 Financial Audits. Available at

http://www.audit.vic.gov.au/reports_publications/reports_by_year/2009-10/20091111_hsrfa.aspx

Want to find out more about access block?

Australasian College for Emergency Medicine. Access block and overcrowding in emergency departments. 2004. Available at

http://www.acem.org.au/media/Access_Block1.pdf

Chapter 3 of the Final Report from the National Health and Hospital Reform Commission. tackling major access and equity issues that affect health outcomes for people now. Available at

[http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/1AFDEAF1FB76A1D8CA25760000B5BE2/\\$File/CHAPTER%203.pdf](http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/1AFDEAF1FB76A1D8CA25760000B5BE2/$File/CHAPTER%203.pdf)

R Forero and K Hillman (2008), 'Access block and overcrowding: a literature review', prepared for the Australasian College of Emergency Medicine. Available at

http://www.acem.org.au/media/media_releases/Access_Block_Literature_Review_08_Sept_3.pdf