

### Administration of Drugs from an Oral Order

Recently, queries have been raised with Queensland Health concerning the scope of nurses who may administer/supply a controlled drug to a patient in reliance on oral instructions given by a doctor to a nurse under s 67 of the *Health (Drugs and Poisons) Regulation 1996*.

*What is the scope of nurses who may administer or supply a controlled drug in reliance on an oral instruction from a doctor?*

It is Queensland Health's view that the scope of nurses who may administer or supply a controlled drug to a patient in reliance on oral instructions given by a doctor under s 67 of the Regulation, is not limited to the individual nurse who receives the doctor's oral instructions. Queensland Health considers the scope of authorised nurses would include:

- in relation to the 'administration' of a controlled drug to a patient, any registered nurse working at the relevant hospital or health practice may administer the controlled drug at the intervals specified by the doctor's instruction, for the duration of the period that the oral authorisation has effect; and
- in relation to the supply of a controlled drug to a patient, all rural and isolated practice endorsed nurses working at the relevant hospital or health practice for the duration of the period that the oral authorisation has effect.

In Queensland Health's view, a doctor's oral instructions to a nurse under ss 67(1)(b)(i) or 67(2)(b)(i) of the Regulation, granting authorisation to administer or supply a controlled drug to a patient, will continue to have effect until:

- the treatment regime provided for in the doctor's instructions has finished (whether by expiration or by the doctor varying their instructions); or if sooner
- the doctor reduces their oral instructions to writing (which must be within 24 hours of the instructions being given). See: s 97 of the Regulation.

*Would a facsimile or email constitute a doctor's written instruction?*

Queensland Health is of the view that if a doctor records in a facsimile or email, their oral instructions given to a nurse under s 67 of the Regulation, the doctor's facsimile or email will be taken to constitute a valid written record of their oral instructions under s 97 of the Regulation. See: s 19 of the *Electronic Transactions (Queensland) Act 2001*.

Further, at the time a doctor records in a facsimile or email, oral instructions given by them under s 67 of the Regulation, the oral instructions will become

written instructions. It follows, that at such a time the oral instructions will cease to have any effect and will expire.

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Refused access - s.(3)(7)

In considering this advice please note that in keeping with the Medication Standard described by the Australian Commission on Safety and Quality in Healthcare, it would be best practice to apply this advice consistently for the administration of all medications.

#### **FURTHER INFORMATION / CONTACT DETAILS**

##### **PRIVATE HEALTH REGULATION, CHIEF HEALTH OFFICER BRANCH**

**Postal Address:**

PO Box 2368

FORTITUDE VALLEY BC QLD 4006

**Web address:** <http://www.health.qld.gov.au/privatehealth/default.asp>

**Phone:** 3328 9049

**Fax:** 33289054

**Email:** [Private\\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au)

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## MEDICATION - ADMINISTRATION

### PURPOSE AND SCOPE

The purpose of this procedure is to provide guidelines for the safe and legal administration of medications to patients at Belmont Private Hospital.

### TO WHOM DOES THIS PROCEDURE APPLY?

This procedure applies to all Registered Nurses, Endorsed Enrolled Nurses and Medical Practitioners accredited to work at Belmont Private Hospital.

### DEFINITION OF TERMS

Medication error – any incorrect or wrongful administration of a medication, such as a mistake in dosage or route of administration, failure to prescribe or administer the correct drug or formulation for a particular disease or condition, use of outdated drugs, failure to observe the correct time for administration of the drug, or lack of awareness of adverse effects of certain drug combinations.

Drug allergy - an adverse reaction to a drug has been defined as any noxious or unintended reaction to a drug that is administered in standard doses by the proper route for the purpose of prophylaxis, diagnosis, or treatment. Some drug reactions may occur in everyone, whereas others occur only in susceptible patients. A drug allergy is an immunologically mediated reaction that exhibits specificity and recurrence on re-exposure to the offending drug.

### BACKGROUND INFORMATION

Safe medication administration to patients requires collaboration between medical practitioners, nurses and pharmacists and the participation of patients.

Administration of medications is one of the activities undertaken by a nurse that is associated with considerable risk. Medication errors can have devastating consequences for patients and for the nurses. The consequences for the patients can range from minor inconvenience to temporary or permanent disability or death. The nurse may experience guilt, lowered self-confidence and, in serious cases, disciplinary action by an employer or regulatory authority and civil and/or criminal legal action.

The Australian Council for Safety and Quality in Health Care has identified medication safety as a priority area for action and is developing national strategies to reduce medication adverse events. It is essential that nurses administering medications are well informed about potential medication errors or adverse events so they can adopt strategies and processes which limit the potential for these to occur.

Recent studies of medication errors by nurses in Australia (Deans, 2005) identified common types of medication errors. The most common errors found in the study were:

- Missed medication doses
- Wrong administration times (1 hour before or after the prescribed time)
- Wrong IV rates
- Wrong dosage/strength

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- Wrong medications delivered due to the mis-identification of the patient
- Wrong medications administered, including name confusion.
- Wrong duration (continued beyond the period ordered by the prescriber)

## SUPPORTING POLICY

National Standards for Mental Health Services – Standard 1 Rights and responsibilities

National Standards for Mental Health Services – Standard 2 Safety

National Standards for Mental Health Services – Standard 6 Consumers

National Standards for Mental Health Services – Standard 10 Delivery of Care

Support Policy 1 – Quality and Risk Management

## PROCEDURE

### Medication staff allocation

Only Registered Nurses, Endorsed Enrolled Nurses and Doctors, accredited to practice in Belmont Private Hospital, may administer medications

The Manager on duty will be responsible for the allocation of nursing staff to the main medication administration rounds on both morning and afternoon shifts. This allocation in the main admissions unit will also include medication folder allocation.

All Registered and Endorsed Enrolled Nurses employed by Belmont Private Hospital are required to demonstrate on an annual basis their competency to administer medications. A score of 100% must be achieved on the annual assessment; failure to achieve this will result in medication administration privileges being withdrawn until the nurse is deemed competent.

### Medication room security

The door to the medication room must remain locked at all times.

The door to the medication room must never be wedged open.

Only allocated medication administration staff are to access the medication room during peak medication administration times.

### Medication administration

All medications must be administered in accordance with the Health (Drugs and Poisons) Regulation 1996.

Medications are not to be administered from instructions on medication packaging or transcribed notes.

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Medications must only be administered by the nurse or doctor who prepared them.

The nurse must remain with the patient whilst an oral medication is taken. Under no circumstances are medications to be left with a patient for consumption at a later time.

The Registered/Endorsed Enrolled Nurse must only administer medications which have been ordered in accordance with Belmont Private Hospitals *Medication Ordering Procedure*.

The Registered/Endorsed Enrolled Nurse must be aware of:

- The storage characteristics of the medication they are administering.
- The indications for the medication
- The contraindications for the medication
- The side effects of the medication
- The general dosage of the medication
- How to recognise an unusual dose, over dose, under dose or sensitivity.

### Medication cross-checks

Two staff, one of whom must be a Registered Nurse accredited to administer medications at Belmont Private Hospital must check and sign for the following medications:

- All parenteral medications (including infusions and injections)
- Warfarin
- All Schedule 8 medications regardless of route of administration
- Verbal orders of parenteral and S8 and S4 medications.

The Registered Nurse and the second person checking the medication must always:

- Must ensure that the medication order complies with *Medication Ordering Procedure*.
- Cross reference the medication order
- Complete an additive label when a medication is to be infused. This must state:
  - patient's name
  - identification number
  - the name of the drug additive
  - the dose of the medication additive
  - the name of the diluent and volume
  - date and time of preparation
  - signatures of the administrator of the medication and the individual checking the preparation.

An Endorsed Enrolled Nurse cannot check medication with another Endorsed Enrolled Nurse or Enrolled Nurse.

### Telephone and verbal orders

All verbal and telephone medication orders must be provided by a doctor who is accredited to practice in Belmont Private Hospital.

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Two members of nursing staff, one of whom must be a Registered Nurse must hear the verbal order provided by the doctor. The doctor must identify themselves, the patients name and communicate the medication order including:

- drug name
- route of administration
- drug dose
- frequency of administration
- indication for administration

The medication order must be immediately documented on the patients medication chart. The following information must be documented:

- date and time of the order
- drug name
- route of administration
- drug dose
- frequency of administration
- indication for administration
- name of the doctor prescribing the verbal order
- signature and names of both staff taking the verbal order

The medication order must be repeated back to the accredited doctor as confirmation of the order. This must include:

- patient name
- drug name
- route of administration
- drug dose
- frequency of administration
- indication for administration

Verbal medication orders are valid for 24 hours from the time of receipt.

The accredited doctor is responsible for ensuring that the verbal order is countersigned within 24 hours (or as soon as possible) after communicating the order.

In the event that the accredited doctor does not sign the verbal order within the specified 24 hour timeframe the Manager on duty is to be notified and contact with the doctor initiated.

A Riskman incident report is to be completed in the event that the order is not signed within the specified timeframe.

### Patient identification prior to medication administration

The Registered/Endorsed Enrolled Nurse is responsible for confirming the patient's identity prior to the administration of medications.

- The patients' identification must be confirmed by asking patient to state their name and date of birth. This information is to be cross referenced with the medication chart.

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- Visual identification is also required by checking patient against the photograph in the medication folder.

Allergy alerts

The Registered/Endorsed Enrolled Nurse is responsible for confirming the patient's allergy status prior to the administration of medications.

- The patient's allergy status must be confirmed by asking the patient to state any allergies. This information is to be cross referenced with the medication chart.

Rights of medication administration

- Right **PERSON**
- Right **TIME**
- Right **DRUG**
- Right **DOSE**
- Right **ROUTE**
- Right **DOCUMENTATION**
- Right of the patient to **REFUSE** (with some exceptions for patients detailed under the Mental Health Act 2000)

Post administration observation

Observe patient following each administration for side effects / adverse drug reactions.

Follow up on any side effect or adverse drug reaction with a Riskman incident report and notification to the treating Psychiatrist and Hospital Pharmacist.

Documentation

The Registered/Endorsed Enrolled Nurse must not write on the medication chart except in the following circumstances:

- To sign that a medication has been administered or a variance.
- To document nurse initiated medications. *Refer to Medication –Nurse Initiated Medication Procedure.*
- To document verbal orders. *Refer to Medication – Ordering Procedure.*

The Registered/Endorsed Nurse must never alter an order to improve legibility.

The Registered/Endorsed Enrolled Nurse must never alter the frequency of a drug. Any changes

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The Registered/Endorsed Enrolled Nurse must only sign for medications that they have administered or witnessed.

### Patient medication refusal

If a patient refuses medication an ® code is to be documented in the signage block on the medication chart for the allocated administration time.

Explore with the patient their reasons for medication refusal.

Record the reason for refusal in the medical record.

Notify the Doctor of the refusal.

Refer also to *Refusal of Treatment*

### Operational management

The Registered/Endorsed Enrolled Nurse must never leave an unlocked cupboard containing medications or an unlocked medication trolley unattended.

Medications must never be decanted from one container to another.

The Registered Nurse or Endorsed Enrolled Nurse administering the medication is responsible for returning the medications to their original packaging and location in the trolley.

In the event that the medication prescribed for the patient is not available refer to *Medication – No Stock Procedure*.

### Medication Errors

In the event of a medication error the treating Psychiatrist is to be notified.

Instructions for monitoring and observation are to be adhered to.

The patient is to be advised that a medication error has occurred in accordance with the principles of open disclosure.

Notification of the Area Manager during business hours and the After Hours Manager outside these times is to occur.

Completion of a Riskman Incident Report.

## EVALUATION AND REVISION OF PROCEDURE

This procedure will be review every two years. Additional reviews will be undertaken were there are substantial changes in medication safety best practice or changes to legislation.

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**EXPECTED OUTCOMES**

Safe administration of medications to patients.

**KEY PERFORMANCE INDICATORS**

Monitoring and review of Riskman Incident reports

ACHS Clinical Indicator – Major Critical Incidents.

**REFERENCES**

Queensland Nursing Council – Reducing the risk of medication errors.

Queensland Nursing Council – The Enrolled Nurse and medication administration.

Health (Drugs and Poisons) Regulation 1996.

**REVIEW / CONSULTATION**

Medical Advisory Committee

Executive Committee

Clinical Services Committee

Quality and Risk Committee

Pharmacy Committee

National Quality and Risk Manager

Director Private Health Regulation - Health Protection Unit

Queensland Health Medicines Regulation team

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**VERSION CONTROL AND HISTORY CHANGES**

| Version | Date from      | Date to        | Amendment  |
|---------|----------------|----------------|--|
| V1      | March 2002     | March 2004     | Original document  |
| V2      | March 2004     | March 2006     | Inclusion of section on medication errors                        |
| V3      | March 2006     | March 2010     | Review of 7 Rights of Medication Administration                  |
| V4      | March 2010     | March 2012     | Review of medication cross checks<br>Medication staff allocation |
| V5      | March 2012     | September 2013 | Medication cross checks<br>Telephone and verbal orders           |
| V6      | September 2013 |                | Telephone and verbal orders                                      |

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# Internal Memo

|                |                             |
|----------------|-----------------------------|
| <b>To</b>      | All Staff                   |
| <b>CC</b>      | VMOs                        |
| <b>From</b>    | Patrick McGurrin            |
| <b>Date</b>    | September 17, 2013          |
| <b>Subject</b> | Medications – verbal orders |

Dear All,

Re: Medications - verbal orders

We have recently reviewed our policy and procedure regarding the management of verbal orders.

Direction was sought and received from the Private Health Regulation Health Protection Unit, Queensland Health, which is the hospitals' licensing body. Our current Policy (attached) complies with relevant legislation and safe medication practice regarding verbal medication orders.

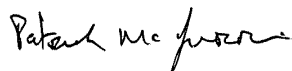
To clarify any confusion, the verbal order must be taken by a Registered Nurse and be witnessed by a second member of our nursing staff. The order is valid for 24 hours and can therefore be administered by a nurse during that 24 hour period.

The order must be signed within 24 hours by the Doctor issuing the order.

This memo will be posted in all clinical staff areas, tearoom and be tabled at staff meetings. The Policy is accessible via LOTI.

Thank you for your co-operation in this matter.

Regards,



Patrick McGurrin  
Hospital Director

**Helen Rees - Fwd: RE: FW: QNU & Verbal Orders under Health Drugs & Poisons Regs 1996 - please ignore previous email and refer to this one**

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**From:** Anne Copeland  
**To:** Helen Rees  
**Date:** 29/11/2013 5:03 PM  
**Subject:** Fwd: RE: FW: QNU & Verbal Orders under Health Drugs & Poisons Regs 1996 - please ignore previous email and refer to this one

---

**Anne Copeland**  
Director Private Health Regulation  
Health Protection Unit  
15 Butterfield Street, Herston Q 4006  
P: 07 33289051  
F: 07 33289054  
M:

>>> "Lucy Fisher" <lucyf@phaq.org> 9/2/2013 10:44 am >>>  
Thanks so much Anne – that's what I had thought/hoped was the case and certainly to my knowledge is common practice in the private sector. Are you happy for me to forward your response to the hospital which raised the query for them to pass on if necessary to the QNU to inform them of the correct interpretation?

Thanks again

Cheers

Lucy

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**From:** Anne Copeland [mailto:Anne\_Copeland@health.qld.gov.au]  
**Sent:** Monday, 2 September 2013 10:34 AM  
**To:** Lucy Fisher  
**Subject:** RE: FW: QNU & Verbal Orders under Health Drugs & Poisons Regs 1996 - please ignore previous email and refer to this one

Hi Lucy

One of the benefits of working in this building is being located with the Medicines Regulation team so I sought their advice.

Section 97 is solely about oral instruction being put in writing within 24 hours. The regulations are silent about how the order is then to be used to administer medication.

However to mitigate any risk, it is common practice for hospitals to:

- implement policy that an RN hears the order, and that a second registered nurse (RN or EN) confirms it
- implement policy that the order is written up within 24 hours
- have a safety and quality framework to measure and assess medication error; and to implement corrective action as required.
- be accredited by a recognised body such as ACHS or ISO.

I hope this helps

Anne

**Anne Copeland**  
Director Private Health Regulation  
Health Protection Unit  
15 Butterfield Street, Herston Q 4006  
P: 07 33289051  
F: 07 33289054  
M:

>>> "Lucy Fisher" <[lucyf@phaq.org](mailto:lucyf@phaq.org)> 8/29/2013 3:55 pm >>>  
Thanks so much Cath – much appreciated.

Cheers

Lucy

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**From:** [Anne\\_Copeland@health.qld.gov.au](mailto:Anne_Copeland@health.qld.gov.au) [mailto:[Anne\\_Copeland@health.qld.gov.au](mailto:Anne_Copeland@health.qld.gov.au)]  
**Sent:** Thursday, 29 August 2013 2:07 PM  
**To:** Lucy Fisher  
**Subject:** Re: FW: QNU & Verbal Orders under Health Drugs & Poisons Regs 1996 - please ignore previous email and refer to this one

Hi Lucy  
It's Cath here, I'm looking after Anne's emails, Anne is in Melbourne but will be back on Monday 1/09/2013. I'll make sure she see's this.  
Regards  
Cath

**Anne Copeland**  
Director Private Health Regulation  
Health Protection Unit  
15 Butterfield Street, Herston Q 4006  
P: 07 33289051  
F: 07 33289054  
M:

>>> "Lucy Fisher" <[lucyf@phaq.org](mailto:lucyf@phaq.org)> 29/08/2013 11:02 am >>>  
Hi Anne – please ignore first email – I managed to hit send before I'd finished it!

Lucy C.A. Fisher  
Executive Director  
[lucyf@phaq.org](mailto:lucyf@phaq.org)  
Mobile:

Hi Anne,

I wondered if I could seek your advice on the issue of verbal orders as per extract from an email below –

*The QNU's interpretation of Section 97(1) of the Drugs and Poisons Regulations is that the persons taking the verbal order from the doctor is the only person who can administer the medication.*

*The normal practice here, and to my knowledge in most other private hospitals, is that the verbal order is obtained from the Doctor by an RN and witnessed by a second RN. This order then becomes valid for a period of 24 hours. If the QNU's interpretation is correct, this has a huge impact on hospitals who do not have a VMO on-site to rewrite the order for the next shift. It will have particular impact on orders which need to be maintained over the afternoon and night shift i.e. the afternoon staff may need to contact the doctor at 2300hrs and that doctor may need to be again contacted at 0100 hrs by the night staff and then*

again at 0700 when morning staff arrive.

Lucy I wonder if other hospitals have been put in this position by the QNU? In reading the act, there's only reference to verbal orders (Oral Orders) in the controlled drugs section which is where they are taking their stance from. In actual fact I can't find any reference to verbal orders under the restricted drugs section (S4)

At this point in time the QNU are intending to send out a notice to my staff by the end of today that the only staff member who can administer a verbal order is the staff member who has received the verbal order.

Relevant sections of the Reg appear to be s96 (1); s 175 – Registered Nurses & S164 – Hospitals. I've had a look at the Environmental Health Unit booklet (July 2008) "What Nurses Need to Know" (pages 6-7) which in respect of restricted drugs clearly states a written instruction is not required for a restricted drug – but it's not crystal clear whether an oral order can only be administered by the nurse to whom the order was given. I understand the QNU stance is in relation to both controlled and restricted drugs.

I'm not aware if this issue has been raised in other private hospitals, but your advice would be much appreciated so that if the QNU is wrong they can be advised accordingly.

Many thanks

Cheers

Lucy

Lucy Fisher  
Executive Director  
PHAQ  
PO Box 370  
KENMORE QLD 4069

Tel: 61 7 3279 7600  
Fax: 61 7 3279 7601  
Mobile:   
Email: [lucyf@phaq.org](mailto:lucyf@phaq.org)  
Web: [www.phaq.org](http://www.phaq.org)

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Redact Page

Pages 15 through 22 redacted for the following reasons:  
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## Notes from meeting with QNU, 25.10.13.

QNU Office Victoria St, West End

9.10am to 10.30am

Private sector - Lucy Fisher, Anne Copeland

QNU - Brigid Lord, Liz Toddhuner

### 1. Health (Drugs and Poisons) Regulations

By way of background, the QNU raised an issue in relation to section 97 of the *Health (Drugs and Poisons) Regulation 1996* (HDPR) which says that an oral instruction for a controlled drug given to an authorised person must be put in writing within 24 hours. The regulations are silent about how the order can then be used to administer the drug.

Section 67 says that a registered nurse has the authority to administer a controlled drug from an oral order given by a doctor, dentist, nurse practitioner or physician's assistant. The QNU has pointed out that the authorised person (eg nurse) receiving the order must be the same nurse who gives the medication until the order is written up.

In the private sector it is common practice for hospitals to implement policy that the nurse who takes the oral order documents it, and a second nurse also hears the order and confirms it. Nurses who work subsequent shifts then work from this order until it is written up by the ordering practitioner.

Dr Sue Ballantyne from the Medicines Regulation Team Qld Health sought legal

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Refused access - s.(3)(7)

. This opinion is in line with the QNU's interpretation.

If the receiving nurse is the only nurse who administers the drug from an oral order, private hospitals may need to change their practice. For example the same nurse stays on duty until the order is written up, or the ordering practitioner is telephoned each time there is a change of shift, or the ordering practitioner comes in prior to the end of that nurse's shift to write up the order.

This would be a significant change to practice as the HDPR is currently interpreted in such a way as to provide flexibility to working arrangements.

**Please note that further advice is being sought by Qld Health regarding the interpretation of the HDPR as well as advice regarding the acceptability of a signed faxed or scanned order to cover the 24 hour period.**

The QNU has been informed that further advice is being sought and while they will let their members know that this is happening, in the meantime they will also be advising their members to err on the side of caution and call the ordering practitioner to clarify



orders.

## **2. Manual Handling Equipment**

The QNU advised that there have been reports from members whereby appropriate and/or adequate equipment has not been available for use on patients in the workplace. Examples given included being unable to lift patients from the floor after a fall, and not being able to safely transfer patients with high BMI. There are other instances as well.

The Patient Care Standard under the *Private Health Facilities Act 1999* talks about having facilities, equipment and resources that are compliant with relevant standards.

## **3. Security**

This topic was also raised as QNU members have reported inadequate security measures being in place, especially in isolated and/or stand alone facilities.

There is an Australian standard on security, please be aware that this matter has been highlighted.

## **4. Workload Management**

During this discussion, the main question raised was (in summary) if a nurse works in a private hospital how does he/she know that the staffing levels are adequate? What is the framework that outlines the staffing model?

Members have reported that there isn't always enough staff and when they ask or report the matter, the answer is not always satisfactory.

The QNU has a workload management form that members may use as a way of reporting a concern. The QNU confirmed that a copy of the form would go to the private health facility so that any concern could be addressed locally.

We all agreed that there is a process for escalating grievances via the Enterprise Agreement.

Anne Copeland.

## Private\_Health - Belmont Adverse Outcome Reporting

**From:** "Oosen, Joanne" <Joanne.OOSEN@healthcare.com.au>  
**To:** "Private\_Health Private\_Health" <Private\_Health@health.qld.gov.au>  
**Date:** 25/07/2013 10:25 AM  
**Subject:** Belmont Adverse Outcome Reporting  
**CC:** "McGURRIN, Patrick" <Patrick.McGURRIN@healthcare.com.au>  
**Attachments:** Adverse Events Mental Health Private Hospital Jan - Jun 2013.rtf; Adverse Events Facility Wide Private Hospital Jan - Jun 2013.rtf

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Please find attached Adverse Event Reporting data 1 Jan - 30 Jun 2013 from Belmont Private Hospital as requested.

Kind Regards

Jo

**Joanne Oosen**  
Regional Quality and Risk Manager - Queensland  
Health Care

1220 Creek Road, Carina QLD 4152, Australia  
T +61 7 3398 0111 M [REDACTED]  
E Joanne.OOSEN@healthcare.com.au W healthcare.com.au | facebook | twitter

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 HEALTH  
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Collection Periods: 1<sup>st</sup> January to 30 June 2013

Data to be submitted on 18 August 2013

|   |
|---|
| ENTERED<br>29/07/13                                   |
| <input checked="" type="checkbox"/> IMS               |
| <input checked="" type="checkbox"/> ACTIVITIES REPORT |
| <input type="checkbox"/> EMAIL ADDRESS                |

BELMONT PRIVATE HOSPITAL

Form No 0113

**Licensed Private Hospital**  
**Facility Wide Adverse Outcomes**

|  |  |      |
|--|--|------|
| <b>Denominator:</b>  | Total number of admissions   | 5887 |
| <b>INDICATOR 1: ADVERSE CLINICAL OUTCOME</b>                                       |  |      |
| <b>A. Patient deaths</b>   |  |      |
| <b>Numerator:</b>  | The total number of patient deaths which were a health care related death in accordance with section 8 (3) of the Coroners Act 2003.   | 2    |
| <b>B. Haemolytic blood transfusion reaction resulting from ABO incompatibility</b> |  |      |
| <b>Numerator:</b>  | The total number of admitted patients who had a haemolytic blood transfusion reaction resulting from ABO incompatibility.  | 0    |
| <b>C. Medication incidents</b>   |  |      |
| <b>Numerator:</b>  | The total medication incidents/errors which has lead to further intervention e.g. titration of insulin doses, increased monitoring of signs and symptoms, temporary disability or permanent disability | 0    |
| <b>D. Procedures involving the wrong patient or body part</b>                      |  |      |
| <b>Numerator:</b>  | The number of procedures performed which involved the wrong patient or body part   | 0    |
| <b>E. Procedures performed to remove items.</b>                                    |  |      |
| <b>Numerator:</b>  | The number of procedures performed to remove a retained surgical instrument or other foreign object left in a patient's body during previous surgery   | 0    |
| <b>INDICATOR 2: TRANSFER TO ANOTHER HOSPITAL</b>                                   |  |      |
| <b>A. Number of patients transferred to another hospital</b>                       |  |      |
| <b>Numerator:</b>  | The number of admitted patients who were transferred to another public or private hospital because of an emergency.  | 6    |

Comments:

To: Private Health Regulation, Chief Health Officer Branch, PO Box 2368, FORTITUDE VALLEY BC QLD 4006  
 Email [Private\\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au)  
 Phone 07 3328 9051 Fax 07 3328 9054

Collection Periods: 1<sup>st</sup> January to 30 June 2013

Data to be submitted on 18 August 2013

**BELMONT PRIVATE HOSPITAL**

Form No 0113

**Licensed Private Hospital**  
**Mental Health Adverse Outcomes**

|  |  |      |
|--|--|------|
| <b>Denominator:</b>  | 1. Total number of mental health day patient / inpatient admissions  | 5887 |
|  | 2. Total number of admitted patients undergoing ECT treatment.   | 160  |
|  | 3. The total number of admitted patients having seclusion.   | 2    |
|  | 4. The total number of involuntary admitted patients.  | 111  |
| <b>INDICATOR 1: ADVERSE CLINICAL OUTCOME</b>                 |  |      |
| <b>A. Patient deaths</b>                                     |  |      |
| <b>Numerator:</b>  | The total number of patient deaths which were a health care related death in accordance with section 8 (3) of the Coroners Act 2003.   | 2    |
| <b>B. Electro Convulsive Therapy</b>                         |  |      |
| <b>Numerator:</b>  | 1. The total number of ECT procedures performed.   | 1464 |
|  | 2. The total number of admitted patients who experienced major medical complications while undergoing ECT.   | 0    |
| <b>C. Major Critical Incidents</b>                           |  |      |
| <b>Numerator:</b>  | The total number of admitted patients who during their admission either attempted suicide, assaulted another person, significantly self-mutilated and/or suffered significant other injuries | 9    |
| <b>INDICATOR 2: TRANSFER TO ANOTHER HOSPITAL</b>             |  |      |
| <b>A. Number of patients transferred to another hospital</b> |  |      |
| <b>Numerator:</b>  | 1. a higher level of health service was required i.e. involuntary assessment / treatment.  | 20   |
|  | 2. of a major critical incident  | 6    |

Comments:

To: Private Health Regulation, Chief Health Officer Branch, PO Box 2368, FORTITUDE VALLEY BC QLD 4006  
Email [Private\\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au)  
Phone 07 3328 9051 Fax 07 3328 9054

DOH-DL 13/14-016 RTN Document No. 27

## Helen Rees - Fwd: Letter from the QNU - Attention Anne Copeland

---

**From:** Anne Copeland  
**To:** Helen Rees  
**Date:** 29/11/2013 4:50 PM  
**Subject:** Fwd: Letter from the QNU - Attention Anne Copeland  
**Attachments:** 20132211 Letter to Anne CopelandPrivate Health Regulation Group.pdf

---

**Anne Copeland**  
Director Private Health Regulation  
Health Protection Unit  
15 Butterfield Street, Herston Q 4006  
P: 07 33289051  
F: 07 33289054  
M:

>>> Melissa Bagust <mbagust@qnu.org.au> 11/22/2013 2:32 pm >>>  
Ms Copeland,

Please find attached correspondence from the Queensland Nurses' Union.

Kindest regards,

**Melissa Bagust**  
Admin Relief  
**Queensland Nurses' Union**  
Phone: 07 3840 1444  
Web: [www.qnu.org.au](http://www.qnu.org.au)



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YOUR REF: BL:MB

22 November 2013

Ms Anne Copeland  
Director Private Health Regulation Unit  
Health Protection Unit  
Chief Health Officer Branch

Sent via: [Anne\\_Copeland@health.qld.gov.au](mailto:Anne_Copeland@health.qld.gov.au)

Dear Ms Copeland

The Queensland Nurses Union (QNU) writes to you regarding the Private Health Regulation Information Sheet #7.13 received via email on the 5 November 2013 in response to our letter to you of 26 October 2013.

Information Sheet #7.13 states that doctors oral instructions to a nurse will have effect until *“the treatment regime provided for in the doctor’s instructions has finished (whether by expiration or by the doctor varying their instructions); of if sooner”*

This statement does not address the concerns that the QNU raised with you in our letter of 26 of October.

The first point we wish to make is that it has been a number of years since doctors were the only persons authorised to issue an oral instruction to administer or supply a drug or poison. We respectfully suggest that the information sheet be amended to include contemporary prescribing authorities.

The QNU remains unclear about the information sheet that you have provided because you stated at a meeting with QNU Officials on 25 of October that you had previously consulted two legal opinions about the QNU’s interpretation of the regulations. You further stated at this meeting that both opinions concurred with the QNU’s view regarding the fact that the Regulation does not permit an authorised person who receives an oral instruction to pass that oral instruction on to another practitioner for the purposes of the other practitioner administering or supplying the medicine. However your information sheet provides contrary advice, that any registered nurse at the relevant facility may administer the drug or poison from an oral instruction given to a single nurse.

We refer you to our correspondence of 16 October 2013 which articulated our view that an oral instruction is given to an ‘authorised person’ and not to a class of persons or to an institution.



NURSES AND  
MIDWIVES

QUEENSLAND  
NURSES’  
UNION

In association with the  
Australian Nursing Federation  
Queensland Branch

A.B.N. 84 382 908 052

[www.qnu.org.au](http://www.qnu.org.au)

All correspondence must be  
sent to [secretary@qnu.org.au](mailto:secretary@qnu.org.au)

For more information please contact the QNU office indicated:

□ BRISBANE

GPO Box 1289  
Brisbane Q 4001  
P: (07) 3840 4444  
F: (07) 3844 9000  
E: [qnu@qnu.org.au](mailto:qnu@qnu.org.au)

□ BUNDABERG

PO Box 2949  
Bundaberg Q 4670  
P: (07) 4155 0100  
F: (07) 4155 0766  
E: [qnu@berge@qnu.org.au](mailto:qnu@berge@qnu.org.au)

□ CAIRNS

PO Box 846N  
Cairns North Q 4870  
P: (07) 2131 7225  
F: (07) 4155 0766  
E: [qnu@cairns@qnu.org.au](mailto:qnu@cairns@qnu.org.au)

□ ROCKHAMPTON

PO Box 49  
Rockhampton Q 4700  
P: (07) 4922 5390  
F: (07) 4922 2106  
E: [qnu@rocky@qnu.org.au](mailto:qnu@rocky@qnu.org.au)

□ TOOWOOMBA

PO Box 3598  
Village Fair Q 4350  
P: (07) 4659 7200  
F: (07) 4639 5052  
E: [qnutwmba@qnu.org.au](mailto:qnutwmba@qnu.org.au)

□ TOWNSVILLE

PO Box 3389  
Hermit Park Q 4812  
P: (07) 4772 5411  
F: (07) 4721 1820  
E: [qnutsvle@qnu.org.au](mailto:qnutsvle@qnu.org.au)

DOH DL 13/14-016 RIT Document No. 29

Your information sheet fails to clarify that the Registered Nurse receiving the oral instruction is authorised to handover that oral instruction to another Registered Nurse. The information sheet also fails to articulate how this process should occur.

The information sheet does not address our members' concern that the Regulation does not make provision for a Registered Nurse to handover an oral instruction to another Registered Nurse. The Regulation is very clear that the only persons who can give an oral instruction are "...a dentist, doctor, nurse practitioner or physician's assistant...".

The QNU asks that you clarify and clearly state in writing that a Registered Nurse is authorised by you in your position as Director of Private Health Regulation to handover an oral instruction to another Registered Nurse that has not yet been reduced to writing by the prescriber and that this will in no way breach the Regulation.

We also ask that the information sheet articulates, or refers to, a model policy and procedure for the documentation of this handover process, given that the Regulation prescribes that only the person issuing the oral instruction is permitted to reduce it to writing. We are of course aware that contemporary professional practice requires the nurse receiving the oral instruction to document the details of that instruction into the client's health record.

However, clear and precise parameters for that documentation must be put in place for such nurses, given that should the nurse's documentation inadvertently direct other nurses to administer or supply the drug or poison, this could be deemed to be a written instruction given by an unauthorised person, which could incur substantial penalties. Similarly, the verbal handover of an oral instruction could be deemed to be in itself an oral instruction given by an unauthorised person.

Finally you state in your information sheet that the view of Queensland Health that "...any Registered Nurse working at the relevant hospital or health practice may administer the controlled drug..." is supported by crown law advice. The QNU requests that you provide us with this advice so that we are able to explain to our members why our promulgated view and your previous legal advice is not shared by Crown Law.

The QNU anticipates your reply within 7 days of receipt of this letter.

Yours sincerely



**Beth Mohle**  
Secretary



Page 31 redacted for the following reason:  
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## Helen Rees - Fwd: Informtion which QNU seeks clarity on

---

**From:** Anne Copeland  
**To:** Helen Rees  
**Date:** 29/11/2013 4:38 PM  
**Subject:** Fwd: Informtion which QNU seeks clarity on

---

**Anne Copeland**  
Director Private Health Regulation  
Health Protection Unit  
15 Butterfield Street, Herston Q 4006  
P: 07 33289051  
F: 07 33289054  
M:

>>> Brigid Lord <blord@qnu.org.au> 10/14/2013 1:12 pm >>>  
Dear Anne

In light of the fact that our meeting date is next week, I have gone through the QNU files and had discussions with the Organisers who work in the Private Sector about the types of questions that members ask them. The list is attached below.

Skill Mix and Nursing Hours Per patient Day and the resultant workload issues which may arise out of that, that could potentially pose and issue for our members.

A lack of application of OH&S standards in term of members being able to keep patients safe and cared for to a high standard

Lack of application of the Drugs and Poisons regulations

Mandatory Notification Regulations re Public Health Alerts for Private Facilities

Reporting relationship between CHO and Private Health Regulation Unit and processes involved in this.

Liz and I look forward to seeing you next week.

Regards Brigid-Ann

(CC Dr Liz Toddhunter QNU)

**Brigid-Ann Lord** RN, BSc  
A/Professional Officer  
**Queensland Nurses' Union**  
Phone: 07 3840 1444  
Direct: 07 3099 3234  
Web: [www.qnu.org.au](http://www.qnu.org.au)



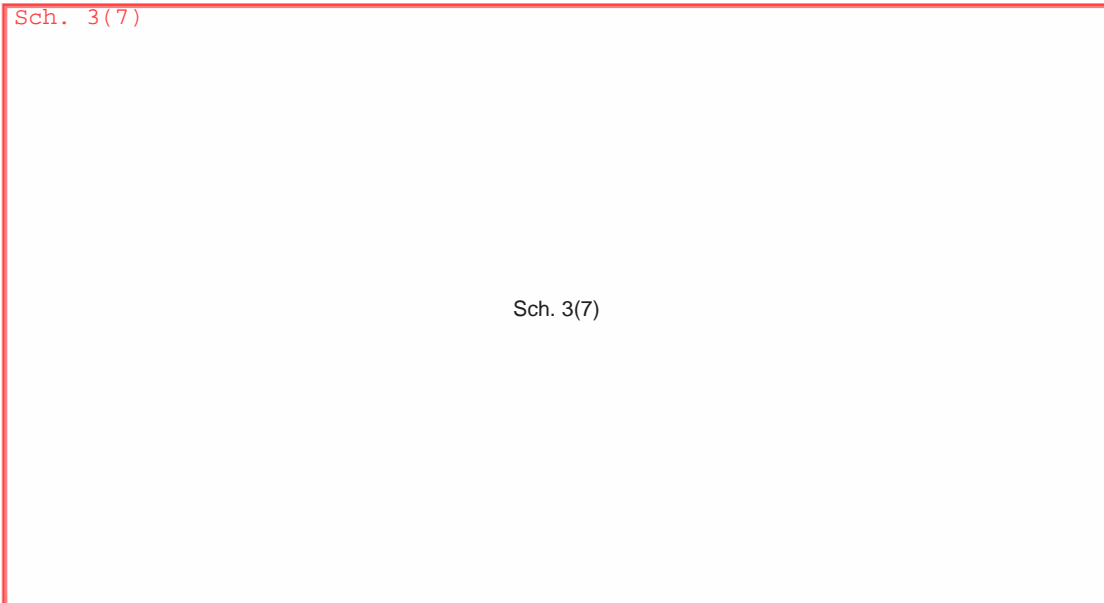
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RTI Release

## Health (Drugs and Poisons) Regulations (HDPR)

QNU raised an issue in relation to sections 67 and 97. The issue pertains to putting oral instructions for a controlled drug in writing within 24 hours; and the extent of the authority for administering the instructions.

In the private sector it is common practice for hospitals to implement policy that the nurse who takes the oral order documents it, and a second nurse also hears the order and confirms it. Nurses who work subsequent shifts then work from this order until it is written up by the ordering practitioner.



RTI

**From:** "Jodie Simpson" <Jodie.Simpson@justice.qld.gov.au>  
**To:** "BDM Death" <BDMDDeath@justice.qld.gov.au>, <QPSOfficeStateCoroner@police...>  
**Date:** 12/08/2013 2:39 pm  
**Subject:** Coronial investigation - s. 47(3s.47(3)(b))  
**Attachments:** Findings - Turner, CM.pdf

Hi,

Please find attached the coroner's findings in relation to this matter.

This now completes the coronial process.

Jodie Simpson  
Administrative Officer  
Office of the State Coroner  
Level 1 Brisbane Magistrates Court  
363 George Street  
BRISBANE QLD 4000

Phone number: 3247 3383  
Fax number: 3247 9292  
Email: Jodie.Simpson@justice.qld.gov.au

\*\*\*\*\*

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RTI CASE

Redact Page

Pages 36 through 37 redacted for the following reasons:  
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[redacted] I am satisfied that [redacted] died from natural causes. [redacted]  
[redacted] Further, I am satisfied the health care provided to [redacted] was reasonable and appropriate in the circumstances.

This is when the person died:  
[redacted]

This is where the person died (where possible this must include whether the person died in Queensland):  
Belmont Private Hospital QLD AUSTRALIA

This is what caused the person to die (this will usually be the medical cause of death):  
[redacted]

An inquest was not held in relation to this death.

I authorise the investigating officer to dispose of any property obtained in connection with this investigation according to law.

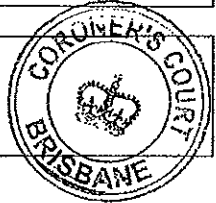
OR

I make the following directions in relation to the disposal of property obtained in connection with this investigation:

[redacted]

Name:  
Ainslie Kirkegaard, Registrar

Signature:  

Date: 17 AUG 2013

Place:  
BRISBANE



Page 39 redacted for the following reason:  
-----

# Private\_Health - Re: PHU Notification - Anonymous Complaint

**From:** Private\_Health  
**To:** Belmont Private Hospital; OOSEN, Joanne  
**Date:** 11/02/2013 11:07 AM  
**Subject:** Re: PHU Notification - Anonymous Complaint  
**CC:** Belmont Private Hospital

Hi Patrick and Joanne

Thanks you for your prompt response which included your investigation and actions taken to rectify the mould in two of the ensuites at Belmont Private Hospital.

The content of investigation has been noted and no further action is required.

If you have any queries please do not hesitate to contact me.

Regards  
Helen

For Legislative requirements for Applications, Forms & Fees, please go to: [www.health.qld.gov.au/privatehealth/](http://www.health.qld.gov.au/privatehealth/). Please note that all applications must address the requirements contained in the applicable section of the Application Requirements document.

Helen Rees, A/Director,  
 Tracey McGowan, Clinical Auditor,  
 Cath McCourt, Assistant Licensing Officer,  
 Ph 07 332 89051  
 Private Health Regulation, Chief Health Officer Branch  
 Fax: 07 332 89054  
 Street Address: Level 3, 15 Butterfield Street HERSTON QLD 4006  
 Postal Address: PO Box 2368 FORTITUDE VALLEY BC QLD 4006

>>> "OOSEN, Joanne" <Joanne.OOSEN@healthcare.com.au> 08/02/2013 16:43 >>>  
 Hi Helen and Tracey,

Please find attached Belmont's response to the anonymous complaint registered with your department regarding the presence of mould in the BCPND Unit.

A thorough review of the unit has been conducted and the results of this audit are contained in the attached report.

The Hospital takes great pride in delivering high quality care and services.

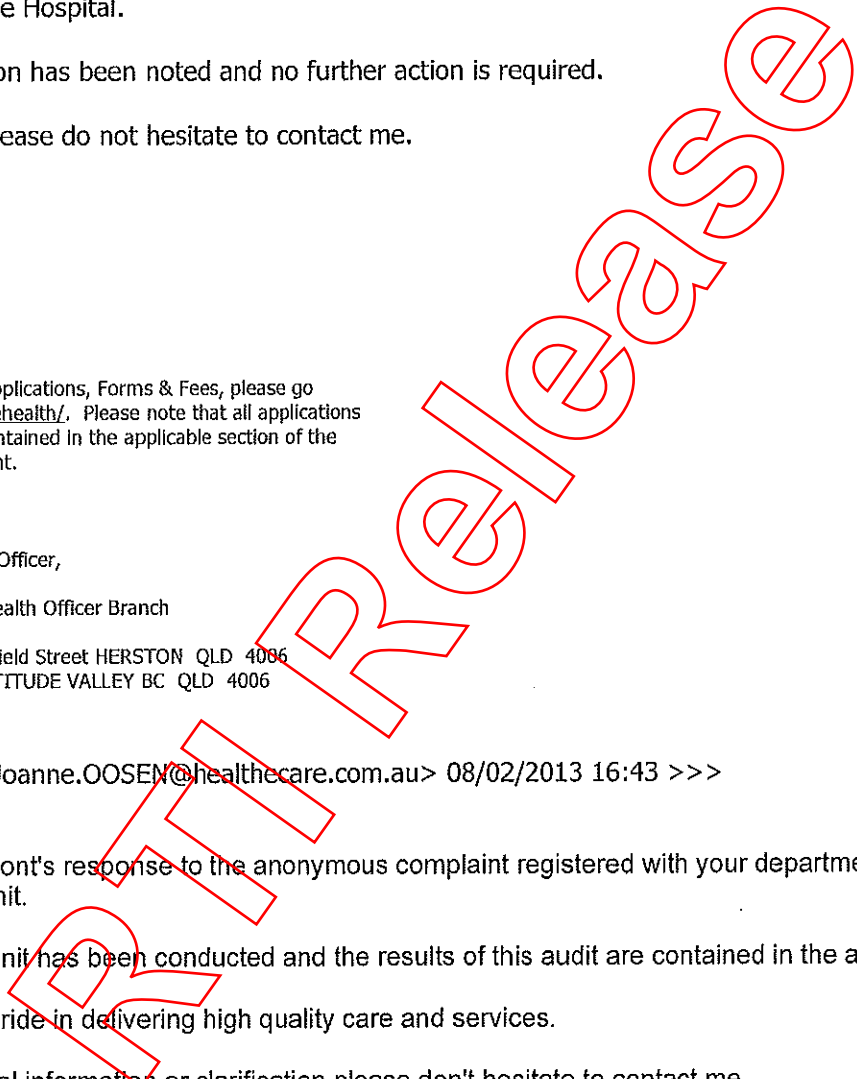
If you require any additional information or clarification please don't hesitate to contact me.

Kind Regards

Jo

**Joanne OOSEN**  
 Quality and Risk Manager & Mental Health Act Delegate  
 Belmont Private Hospital

1220 Creek Road, Carina QLD 4152, Australia  
 T +61 7 3398 0111  
 E Joanne.OOSEN@healthcare.com.au W healthcare.com.au





**Private\_Health - PHU Notification - Anonymous Complaint**

**From:** "OOSEN, Joanne" <Joanne.OOSEN@healthcare.com.au>  
**To:** "Private\_Health Private\_Health" <Private\_Health@health.qld.gov.au>  
**Date:** 8/02/2013 4:43 PM  
**Subject:** PHU Notification - Anonymous Complaint  
**Attachments:** PHU Notification.doc

Hi Helen and Tracey,

Please find attached Belmont's response to the anonymous complaint registered with your department regarding the presence of mould in the BCPND Unit.

A thorough review of the unit has been conducted and the results of this audit are contained in the attached report.

The Hospital takes great pride in delivering high quality care and services.

If you require any additional information or clarification please don't hesitate to contact me.

Kind Regards

Jo

**Joanne OOSEN**  
Quality and Risk Manager & Mental Health Act Delegate  
Belmont Private Hospital

1220 Creek Road, Carina QLD 4152, Australia  
T +61 7 3398 0111  
E Joanne.OOSEN@healthcare.com.au W healthcare.com.au

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RTI Release

|                                     |                    |
|-------------------------------------|--------------------|
| <b>ENTERED</b>                      |                    |
| 11/2/13                             |                    |
| <input checked="" type="checkbox"/> | IMS uploaded       |
| <input type="checkbox"/>            | ACTIVITIES REPORT  |
| <input type="checkbox"/>            | EMAIL ADDRESS BOOK |

Reviewed By

|     |                                     |
|-----|-------------------------------------|
| DPH | <input type="checkbox"/>            |
| LCA | <input type="checkbox"/>            |
| CA  | <input checked="" type="checkbox"/> |

# Belmont

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## Private Hospital

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### PHU Notification

2013

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**PRIVATE & CONFIDENTIAL**

Date: 8 February 2013

Further information contact:

Joanne Oosen  
Quality & Risk Manager  
Mental Health Act Administrator Delegate  
Belmont Private Hospital

healthcare™  
people first, people always

**Background Information:**

An anonymous complaint was received by Private Health Regulation with regards to mould in the Brisbane Centre for Post Natal Disorders Unit at Belmont Private Hospital.

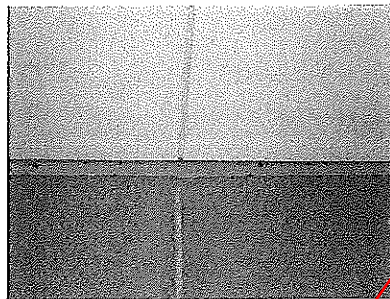
Notification of this complaint was provided to the Director of Hospital, Patrick McGurrin on the 7<sup>th</sup> February 2013.

**Investigation:**

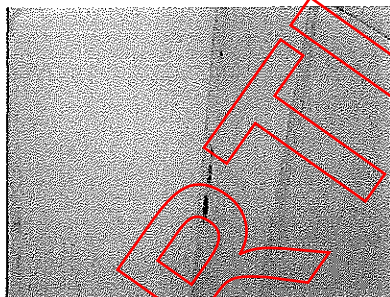
A thorough inspection of all rooms and surfaces in the Brisbane Centre for Post Natal Disorders was conducted on the 7<sup>th</sup> February 2013.

**Investigation Outcomes:**

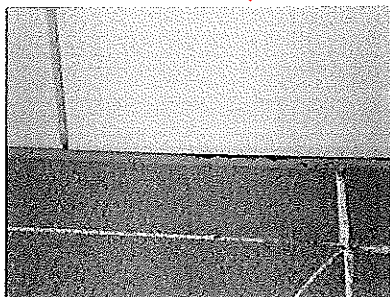
A small amount of mould was located in the grout of two patient bathrooms (B2 and B10). No other evidence of mould was located in the unit.



Mould in bathroom B2 in grout join between wall and floor.



Mould in bathroom B2 in grout join on wall.



Mould in bathroom B10 in grout join between wall and floor.

**Action Plan:**

| Action   | Allocated                 | Proposed Completion Date |
|--|---------------------------|--------------------------|
| Bathroom scrubs and steam cleaning to be undertaken.   | Hotel Services Staff      | 12.02.2013               |
| Grout in identified bathrooms to be removed. Area inspected post removal. New grout and sealant applied to surfaces. | Maintenance Manager       | 20.02.2013               |
| Weekly reviews of rooms to be undertaken to monitor for recurrence.  | Hotel Services Supervisor | 20.02.2013               |

RTI Release

## Helen Rees - Fwd: Belmont memo and procedure

---

**From:** Anne Copeland  
**To:** Heather Edwards; Helen Rees  
**Date:** 29/11/2013 4:45 PM  
**Subject:** Fwd: Belmont memo and procedure  
**Attachments:** Medication Verbal Orders 17 09 2013.pdf; Medication\_-\_Administration\_reviewed\_Sept\_2013.pdf

---

initial correspondence from Belmont re management of medications.

**Anne Copeland**  
Director Private Health Regulation  
Health Protection Unit  
15 Butterfield Street, Herston Q 4006  
P: 07 33289051  
F: 07 33289054  
M:

>>> "McGURRIN, Patrick" <Patrick.McGURRIN@healthcare.com.au> 9/30/2013 6:27 pm >>>

Hello Anne – please find attached memo referred to in the QNU letter and a copy of our procedure on the administering of medications. Look forward to talking with you on Wednesday. On the line from Belmont will be Jo Oosen (Health Care Australia (HCA) Queensland Quality and Risk Manager) and Bernie Lyons (HCA National Risk Manager).

Regards Patrick

**Patrick McGurrin**  
Hospital Director  
**Belmont Private Hospital**

1220 Creek Road, Carina QLD 4152, Australia  
T +61 7 3398 0201 M +61  F +61 7 3395 2205  
E [Patrick.McGURRIN@healthcare.com.au](mailto:Patrick.McGURRIN@healthcare.com.au) W [healthcare.com.au](http://healthcare.com.au) | [facebook](#) | [twitter](#)

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