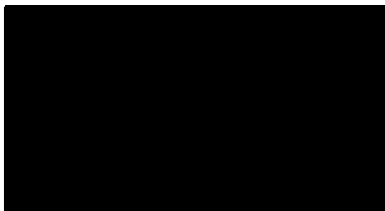


REF: FOI:12/97R



Dear 

Review of Freedom of Information Request No. 97 of 2012 – issues related to concerns with emergency department data

I refer to your application under section 59 of the ACT *Freedom of Information Act 1989* (the Act), received by the Directorate on 9 January 2013, in which you requested an internal review of FOI12/97, regarding concerns raised over Emergency Department data.

As Deputy Director-General, Strategy and Corporate, I am an officer authorised to make a decision in respect of a request for information, under sections 22 and 59 of the Act.

The additional documents include emails that were not provided in response to your original request. The attached documents also include file notes related to interviews between the Director-General of the Health Directorate and the Executive who admitted to making changes to data. These were considered out of scope of your original request by the original decision maker as they related to personnel matters.

It is my decision that these documents do fall within the scope of your original request and are thus included in the full document package attached to this letter and outlined in the document schedule at Attachment A.

In responding to each of your specific concerns, I can state that:

- In relation to your statement about the emails between Dr Michael Hall and officers of Performance and Innovation Branch, there is no evidence of responses other than those provided in reply to your original. In all other cases, while a number of people were copied into emails, the only request to those emails were provided either by Dr Hall or members of the Performance and Innovation Branch.

- In relation to your question about the request for a meeting between Dr Peggy Brown, Kate Jackson, Lee Martin and the Minister for Health, I can advise that this meeting did not occur. The request for the meeting was made on 22 April 2012, the day following the admission by the relevant Executive to the Director-General. Dr Hall was not aware of the meeting between the Director-General and the relevant Executive until 23 April 2012. However, given that an admission was made, there was no reason for the requested meeting to proceed.
- In relation to your statement about a lack of evidence of the initial investigation into potential data anomalies, I can advise that the data interrogation over the period from 9 to 12 April 2012 was conducted within the live emergency department information system through an on-line, record-by-record search and through an online interrogation of emergency department data sets held within the Performance and Innovation Branch. This process does not provide for the creation or development of a record. However, this process did result in the development of some records at a later stage. These documents were provided in response to your original request.
- Details of the meeting between the Director-General and the executive who admitted to making changes to health records have been provided in the attached additional information

Under section 54 of the Act, if you are concerned about the processing of your request or related administrative matters, you may complain to the Ombudsman, who may conduct an independent investigation into your complaint. There is no fee for this, and the contact details are as follows:

The Ombudsman
GPO Box 442
CANBERRA ACT 2601

Please be aware that under the ACT Government's Online FOI Publication Policy, information released to you under the Act may be published on the internet.

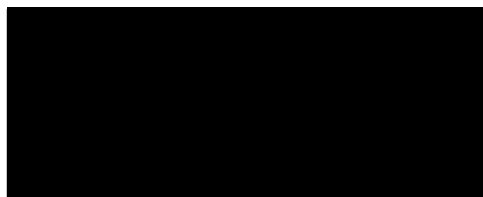
Information, the release of which would constitute an unreasonable disclosure of personal information or business affairs will not be made publicly available under this policy. If you believe the content of your request would contain such information, please inform me at your earliest convenience.

A copy of the policy, detailing what information may be published on the internet, is available online at:

http://www.cmd.act.gov.au/data/assets/pdf_file/0016/250333/FOI_Web_Release_Policy_-_Final.pdf

If you have any queries concerning this Directorate's processing of your request, or would like further information, please contact the Freedom of Information Coordinator on: (02) 6205 1340 or via email at: fraser.powrie@act.gov.au

Yours sincerely



Stephen Goggs
Deputy Director-General
Strategy and Corporate

8 February 2013



Attachment A

SCHEDULE OF DOCUMENTS

– FOI12/97R – Internal Review of FOI12/97

FOLIO	ITEM	DATE	STATUS	REASON FOR EXEMPTION	Internet publication
1	Email correspondence	05/04/12	Full release	Nil	Yes
2 - 3	File note	21/04/12	Full release	Nil	Yes
4	File note	21/04/12	Full release	Nil	Yes
5	File note	23/04/12	Full release	Nil	Yes
6 - 7	File note	05/05/12	Full release	Nil	Yes
8	Email correspondence	22/04/12	Full release	Nil	Yes
9	Email correspondence	16/04/12	Full release	Nil	Yes
10	Email correspondence	16/04/12	Full release	Nil	Yes
11	Email correspondence	28/04/12	Full release	Nil	Yes
12 - 15	Ministerial brief and attachment	28/04/12	Full release	Nil	Yes
16	Email correspondence	01/05/12	Full release	Nil	Yes
17 - 19	Email correspondence	28/04/12	Full release	Nil	Yes
20 - 24	Ministerial statement	01/05/12	Full release	Nil	Yes
25 - 26	Media release	23/05/12	Full release	Nil	Yes

Ghirardello, Phil

From: Bodilsen, George [george.bodilsen@aihw.gov.au]
Sent: Thursday, 5 April 2012 10:43 AM
To: Ghirardello, Phil
Cc: Nimpuno, Inez; Searle, Julie
Subject: TCh data issue [SEC=UNCLASSIFIED]

Hello Phil
May I please speak to you at some point regarding a data issue for TCH ED NPA data (that is also seeming to be having an impact on annual data)?

Regards
George
George Bodilsen
Head, Hospitals Data Unit
AIHW
PH: 02 6244 1157
Fax: 02 6244 1299

Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission.

Australia's health 2012 conference and report launch, Thursday 21 June 2012, National Convention Centre, Canberra ACT 2601. *Australia's health 2012* is the nation's premier health report card and its premier source of health statistics and analysis.
For more information visit the [Australia's health conference website](#)

File Note

Subject: Kate Jackson - Admission of Responsibility

Name of Person Making File Note: Dr Peggy Brown

Date of file note: 21/4/2012

- Outcome of: Meeting that occurred on: Saturday 21 April 2012
- Telephone conversation
 - Interview
 - Other, specify

In attendance at meeting: Dr Peggy Brown / Kate Jackson

Kate phoned last night & requested to see me. I explained I was in Sydney but could see her on my return to Canberra this morning. Met at 11 AM 10/5

Kate stated she accepted responsibility for the ED data manipulation. On clarification, she said 'I mean I did it'. She could not give any clear explanation of why. 'I'm disappointed in myself' 'I can't even understand it myself.' 'It's like I lost myself'. When specifically queried (x2), she denied accepting the blame for someone else. She also stated there were no external factors (in environment/management/service) that contributed.

"I make no excuses."

Asked why she stopped in March 2012, she said

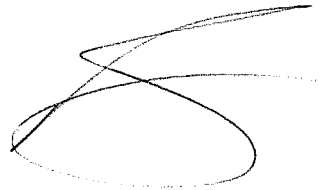
"I just couldn't do it anymore" - ? the answer

Advised she would be stood down immediately
with final letter to follow on Monday.

Also advised that support was available to her - EAP/other - but that
this was a very serious matter with
serious consequences

Stated she had good support. Had not yet
told her partner (? Michael) but she planned
to go home & tell him now.

Advised I will be in touch.



File Note

Subject: Kate Jackson - further contact 21/4/2012

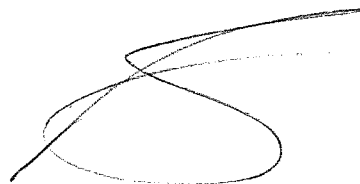
Name of Person Making File Note: Dr Peggy Brown

Date of file note: 21/4/2012

- Outcome of: Meeting that occurred on:
 Telephone conversation
 Interview
 Other, specify

In attendance at meeting: Dr Peggy Brown

Rang Kate - Advised that swipe access to TCH
has been ceased - computer access ceased
On call responsibilities also handed on
to someone else.



5

File Note

Subject: Phone call to Kate Jackson

Name of Person Making File Note: Dr Peggy Brown

Date of file note: 23/4/12

Outcome of: Meeting that occurred on:
 Telephone conversation
 Interview
 Other, specify

In attendance at meeting: Dr Peggy Brown

P/c to Kate to advise of formal letter regarding
being stood down + of process to follow
i.e. investigation into breach of PSM std's

Also advised of EAP options

Requested home address so that letter
could be delivered today.

Advised public statement to be made to
staff today + media statement
to be released as well.



File Note

Subject: Kate Jackson - contact

Name of Person Making File Note: Dr Peggy Brown

Date of file note: 5/5/2012

- Outcome of: Meeting that occurred on:
 Telephone conversation
 Interview
 Other, specify

In attendance at meeting: Dr Peggy Brown

Further contact \bar{c} Kate to advise of current status.

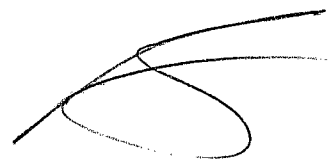
- PWC audit underway - expected timeframe $\frac{5-6}{52}$
- AG audit also to be conducted (as per media)
 - expected timeframe $\frac{2-4}{52}$ after PWC
- Both will be tabled in Assembly
- HR disciplinary investigation also to occur - will rely on findings of above reviews in part. Probably min^m of $\frac{2}{52}$ post AG audit report
 (Total $\therefore \sim \frac{12}{52}$)

• Otherwise 'doing as good as can be expected'

• Asked to meet with me

- advised not this week but will

organise



Further note Meeting time set for 14/5/12

but cancelled by KJ due to son

being unwell.



Brown, Peggy

Subject: FW: ED Data issues
Attachments: Blank Bkgrd.gif

Dr Peggy Brown MB, BS (Hons) FRANZCP
Director-General

11 Moore St, Canberra City 2601
GPO Box 825, Canberra City
Phone: 02 6205 0825
Fax: 02 6205 0830
E-mail: peggy.brown@act.gov.au

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From: Martin, Lee
Sent: Sunday, 22 April 2012 3:51 PM
To: Brown, Peggy
Subject: Fwd: ED Data issues

Hi Peggy

Mike called me just now to say sent email. I have agreed to meet with him Monday afternoon to talk about audit and that he should come through me and we will be working together from Monday on the audit

I have not mention the further information we have

Thanks lee

Sent from my iPhone

Begin forwarded message:

From: "Hall, Michael (TCH)" <Michael.Hall@act.gov.au>
Date: 22 April 2012 3:31:58 PM AEST
To: "Martin, Lee" <Lee.Martin@act.gov.au>, "Jackson, Kate" <KateL.Jackson@act.gov.au>, "Brown, Peggy" <Peggy.Brown@act.gov.au>
Subject: ED Data issues

Dear Peggy / Kate / Lee.

I am writing to strongly request a formal meeting ASAP with myself, the three of you +/- the minister if you felt it was relevant.

I feel that I am in the position where I have far and away the greatest understanding of what has happened, and how it's happened, and at least part of why its happened, yet I am not fully sure that those who need to make decisions about this are fully understanding of all these issues. I thought the best way would be for me to meet with you all as a group, although individually could be done, and go through it from start to finish, to enable the appropriate responses to be made.

I will make myself available anytime this week for this, but would request it is ASAP, and before the final plan is made for the audit process as I believe I can make that much more directed, efficient and appropriate.

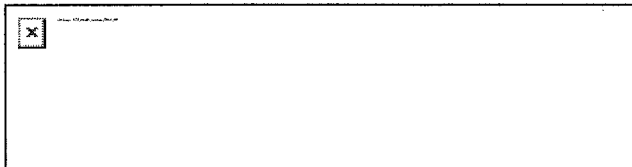
I am readily contactable on my mobile on [REDACTED]

Regards

Mike Hall

Dr Michael Hall
Clinical Director
Emergency Department
Division of Critical Care
Phone: 02 6244 3309
Fax: 02 6244 3301
Canberra Hospital & Health Services

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9.

Brown, Peggy

From: Martin, Lee
Sent: Wednesday, 25 April 2012 10:06 AM
To: Brown, Peggy; Thompson, Ian (ACT Health)
Subject: FW: Minister's Statement on data - Statement required by Friday 27 April 2012

Can we confirm who is preparing the statement please

Thanks lee

Lee Martin

Deputy Director-General
Canberra Hospital & Health Services
Health Directorate
Phone: 02 6244 2728

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From: Wheatley, Janelle
Sent: Tuesday, 24 April 2012 1:15 PM
To: Summerrell, Jessica
Cc: Thompson, Ian (ACT Health); Andersen, Jackie; Carey, Megan; McGorm, Annette; Roberts, Kathryn; Brown, Peggy; Martin, Lee
Subject: Minister's Statement on data - Statement required by Friday 27 April 2012

Jess

At yesterday's Minister's meeting to discuss the data issue, the Minister indicated she would make a statement to the Assembly next week on this matter.

The Minister's office would like this Statement by Friday 27 April 2012.

Kathryn will provide advice back as to whether the Minister will seek leave to make this Statement or not.

Annette- Can we please advise Jasmina for the Assembly program, preferably to occur on Tuesday 1 May 2012.

Many thanks

Janelle

Brown, Peggy

From: Roberts, Kathryn
Sent: Thursday, 26 April 2012 5:33 PM
To: Brown, Peggy
Subject: FW: DATA & ED AT CANBERRA HOSPITAL

Peggy as discussed. I've indicated to Christine that'd you'd give her a buzz sometime to talk her through the issues.
thanks

From: Christine Brill [<mailto:execofficer@ama-act.com.au>]
Sent: Thursday, 26 April 2012 3:30 PM
To: Roberts, Kathryn
Subject: DATA & ED AT CANBERRA HOSPITAL

Kathryn, given the publicity around this issue, Iain and I wondered if Katy might give us a briefing please? Obviously there is media interest, and that will be sustained, and we'd like Iain to be well informed before making any statements.
Is this possible early next week (not Monday, Iain is at the Sydney Eye Hospital)?
Cheers ... CB

--

=====
Christine Brill JP CAE
FSAE FAHRI AFACHSM MAICD
Chief Executive Officer
AMA (ACT) Limited
Phone - 02 6270 5419
Fax - 02 6273 0455
Mobile - 0407 123 670
E-mail - execofficer@ama-act.com.au
Web - www.ama-act.com.au
=====

Brown, Peggy

From: Thompson, Ian (ACT Health)
Sent: Saturday, 28 April 2012 8:48 PM
To: Brown, Peggy
Cc: Ghirardello, Phil; Summerrell, Jessica
Subject: ED data documents for Monday
Attachments: Andrew Barr detailed brief - ED data issues.docx; ED data issues - Chronology of Events.docx; Statement for Andrew Barr - ED data.docx

Peggy, three documents for Andrew Barr for Monday are attached covering:

- a background brief
- a timeline of events
- a statement for the Assembly.

Please let me know if you would like to discuss them or have any question.

Thanks

Ian



MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601
Website: www.health.act.gov.au
ABN: 82 049 056 234

To: Andrew Barr, MLA, Deputy Chief Minister
Subject: Canberra Hospital Emergency Department Data Issues
Through: Dr Peggy Brown, Director-General

Critical date and reason

Urgent - The information contained within this brief and attached documents provide you with background information on the issues identified with Canberra Hospital Emergency Department data.

Purpose of Brief

To provide you with information and a timeline of events regarding issues identified with Canberra Hospital Emergency Department data.

Issues/Background

2. The Health Directorate were contacted by the Australian Institute of Health and Welfare (AIHW) in early April 2012 to alert us to an anomaly which was detected during their analysis of hospital waiting time distribution.
3. The AIHW stated that this anomaly was present on at the Canberra Hospital (TCH) and requested that the Health Directorate look into what may have caused the anomaly to occur.
4. As you are aware, patients who present to the emergency department are assigned a triage category. Based on the guidelines issued by the Australian College of Emergency Medicine (ACEM), each triage category has a waiting time in which it is recommended patients should be seen by a clinician, or treatment commence.
5. In addition, under the National Partnership Agreement on Improving Public Hospital Services, all States and Territories have agreed to National Emergency Access Targets (NEAT) for the percentage of patients who either physically leave the ED for admission to hospital, are referred for treatment, or are discharged within four hours. This target is a staggered target over time, with a target of 64% of patients in the 2012 calendar year, 73% in 2013, 81% in 2014, and 90% in 2015.
6. Furthermore there are targets for emergency department waiting times by triage category recommended by ACEM, comprising:
 - a. Category 1 (to be seen immediately) – 100% seen on time
 - b. Category 2 (to be seen within 10 minutes) – 80% seen on time
 - c. Category 3 (to be seen within 30 minutes) – 75% seen on time

- 12a
- d. Category 4 (to be seen within 60 minutes) – 70% seen on time
 - e. Category 5 (to be seen within 120 minutes) - 70% seen on time
7. What the AIHW were referring to when raising the anomaly in the ED was that there was a significant spike in the number of patients recorded as being seen exactly on the recommended time, particularly in triage category three and four where patients were seen at exactly 30 minutes for category three, and exactly 60 minutes for category four patients.
 8. The AIHW also noted the fact that there had been a spike in the number of patients who had a total length of stay in the emergency department of either 239 or 240 minutes, exactly the time required to meet the NEAT target.
 9. The Health Directorate commenced an internal review of patients who were part of the selected cohort noted by the AIHW.
 10. The Health Directorate aimed to establish through this internal review if there were legitimate factors that explained the data anomalies.
 11. However the internal review indicated that there were a significant number of patient records in which the times had been changed without authority or clinical reason.
 12. The initial internal review would suggest that this practice has been occurring for quite some time, and could have commenced as early as December 2010 or January 2011.
 13. The Emergency Department Information System (EDIS) is a patient tracking system that records key steps in the process of care in the ED, including when a patient first presents to the ED and are allocated a triage category, when they are first seen and treatment commences, when they are ready to leave the ED and when they actually depart the ED, whether to go home or to an inpatient unit for further care.
 14. EDIS does not contain clinical information about the treatment provided, which is recorded in paper based clinical records. The clinical records and other evidence provide external sources of information that can be used to validate the treatment times recorded in EDIS. To ensure that the EDIS data is as accurate as possible, a validation process is undertaken on all EDIS records that indicate that the recommended treatment time was not met for particular patients. This validation process is undertaken on a daily basis, is clearly documented and signed off by the Medical Director of the ED prior to any EDIS records being changed.
 15. The internal review of the data anomalies showed that there were particular patient records where some of the times had been manipulated after the validation process had been completed, and where no external evidence existed to substantiate the change. It appears that the records that have been changed were done so to ensure those patients met the targets that are set for reporting "timely access to treatment" and also to report against the length of stay of patients within the emergency department.
 16. The effect of these changes was to increase the percentage of patients reported as being seen on time, and therefore improve the ED performance against target. There were a number of reasons why the Health Directorate believed there was positive change in performance in the ED that appeared to be consistent with improved timeliness of patient care. For example, despite the 5% increase in presentations over the past 12 months, there was a 28% decrease in the number of presentations who did not wait for treatment which suggests that fewer patients had extended waiting times that meant that they left before the ED was able to provide care for them.
 17. Furthermore, TCH has undertaken extensive redesign work, with some initiatives including:
 - a. The appointment of 3 additional emergency physicians;

- b. Early consultant let review and strong clinical leadership on the floor which provides faster access to treatment;
 - c. Conversion of 3 beds to 5 chairs to increase treatment options;
 - d. Allocation of a paediatric registrar in the evening;
 - e. Creation of discharge chairs to free up treatment space; and
 - f. Maximising strategies to provide alternative forms of care for patients outside the ED.
18. There was further work underway external to the Emergency Department also which aimed at assisting patient flow into, through and out of the emergency department. This work included:
- a. Reviewing the role and models of care for assessment and planning units in the hospital;
 - b. Patient length of stay management across all Divisions;
 - c. Developing Executive dashboard – suite of live patient flow tools to inform escalation response at Divisional ED level;
 - d. Daily capacity planning meeting attended by senior staff; and
 - e. Creating "whole of hospital" responsibility for achieving 4 hour target.
19. On 21 April 2012, a senior administrative staff member was stood down after accepting full responsibility for changing the records out of scope, and the Health Directorate commenced an immediate independent review of the nature of the changes. There is no evidence of personal financial or other gain for the staff member involved.
20. The independent evaluation includes two audits, the first being conducted by PWC which will the data changes within EDIS at TCH, including when they commenced, how they occurred and who was responsible for the changes.
21. The Health Directorate is establishing a Steering Committee to oversee the PWC audit and representatives have been invited to participate in this committee from:
- Jane Halton, Secretary, Department of Health and Ageing;
 - David Kalisch Director, Australian Institute of Health and Welfare;
 - Maxine Cooper, ACT Auditor General;
 - Darlene Cox, President Health Care Consumers Association;
 - Alison Larkins, Commonwealth Ombudsman;
 - Geoff Knuckey, Independent Audit representative;
 - Prue Power, Executive Director, Australian Healthcare and Hospital's Association;
 - The Australian Medical Association
22. The second audit will be conducted by the ACT Auditor General and will involve a review of data integrity on all information management systems across the Health Directorate.
23. There is sufficient evidence to confirm that recent ED data at TCH is incorrect, and that this led to incorrectly reported improvements in the waiting times and lengths of stay for the ED.
24. The Health Directorate were required to submit the first quarter ACT ED data to the Department of Health and Ageing last week to monitor progress against the National Emergency Access Target.

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25. The Health Directorate reviewed all cases of patients who had a length of stay adjusted to either 239 or 240 minutes (the cohort of patients which the AIHW had noted concerns over). For any cases where the times had been manipulated to meet the four hour target without appropriate justification, the records were changed to match the evidence within the clinical records.
 26. Preliminary analysis following these authorised changes would suggest that the result for the ACT dropped about 2% after the records were corrected, with an expected first quarter result of about 56%, below the target of 64% for the 2012 calendar year. Calculation of any reward payments for the ACT related to these targets will not be made until the end of the 2012 calendar year, and accordingly no payments have been made to date based on incorrect data. There are no reward payments related to the timeliness targets for the triage categories.
 27. The Health Directorate will re-publish the corrected data, once it becomes available.
 28. The Health Directorate has put in place a number of measures to ensure that this will not happen again with ED data. Some of the measures already put in place include the use of a new front sheet which is attached to every clinical record in the Ed and is signed by the clinician. A weekly validation is also being introduced in the ED and a monthly reconciliation audit will be introduced that will reconcile the validation with the computer change log.
 29. Furthermore, the Internal Auditor will be asked to conduct a six monthly audit of ED data and the processes undertaken.
 30. There were previously issues with elective surgery data with the Auditor General finding that patients were reclassified inappropriately. In relation to this, it is important to note that what the Auditor General found in the elective surgery audit was not evidence of deliberate data manipulation. The Auditor General assessed performance against a tightly defined set of criteria within the elective surgery policy. When all elements of the policy could not be demonstrated in the clinical record, the Auditor General made a finding that there was no evidence to support the reclassifications from Category 1 to 2 patients. However there were an almost equal number of patients who were reclassified upwards for whom there was also no evidence within the clinical record to support that reclassification. The Auditor General did not find any evidence of deliberate data manipulation. What was found was evidence of poor data documentation processes.
 31. There was also an issue with Return to Theatre data and this issue was again completely different to the ED data manipulation issue. The Return to Theatre data issue related to IT issues where codes were changed in the system but corresponding changes were not made in the reporting extract. This led to minor discrepancies occurring. Once that discrepancy was detected, the correct information was ascertained and published.
 32. A timeline of events is attached, as well as a draft statement for presentation to the Assembly on 1 May 2012.

Media

This matter is subject to significant media attention.

Recommendations

That you:

- Note the above and attached information

AGREED/NOT AGREED/NOTED/PLEASE DISCUSS

Ian Thompson
Deputy Director-General
Strategy & Corporate

Action Officer: Jessica Summerrell

Phone: x76596

..... / /
Andrew Barr MLA

Canberra Hospital Emergency Department data anomalies - Chronology of Events

15

5 April 2012 – Health Directorate Performance and Innovation Branch was notified by the Australian Institute of Health and Welfare (AIHW) of data anomalies in the ACT's Emergency Department (ED) data identified during an analysis of ED waiting time distribution.

9 April 2012 – Executive Director, Critical Care, was informed of the data anomalies by the Executive Director, Performance and Innovation, and requested to assist Performance and Innovation Branch to identify the cause of the anomalies.

9-13 April 2012 – Preliminary investigation of possible causes of the data anomalies was undertaken by Performance and Innovation Branch.

13 April 2012 – The Deputy Director-General, Canberra Hospital and Health Services was informed of the data anomalies by Executive Director, Critical Care.

16 April 2012 – Detailed investigation of the data commenced, including:

- Review of data identified by AIHW;
- Review of clinical record management system (EDIS);
- Comparison of EDIS with a random sample of clinical records;
- Review of the change log and discussions with administrative staff;
- Correction of all NEAT records for the first quarter of 2012.

19 April 2012 – Progress with the detailed investigation suggested that the data had been deliberately manipulated without clinical reason or authority. It also identified that the practice appeared to have been occurring for quite some time, possibly as early as the December 2010 or January 2011. The decision was made to engage external forensic auditors to investigate the reasons for the data anomalies.

20 April 2012 – The Executive Director, Critical Care, and Medical Director of the ED were informed of the decision to engage external forensic auditors.

21 April 2012 – The Executive Director, Critical Care, met with the Director General to accept full responsibility for changing the records out of scope. No explanation was provided for making this change and she advised that they acted alone. The Director General verbally stood down the Executive Director, Critical Care, pending further investigation.

23 April 2012 – Health Directorate commenced initiation of an independent review.

23 April 2012 – The AIHW and the Commonwealth Department of Health and Ageing informed that the ED data is incorrect. A Health Directorate Media Release was issued on the data problems.

24 April 2012 – Senior Health Directorate officials met with PWC auditors to discuss scope of work.

24 April 2012 – A Health Directorate media conference was held.

26 April 2012 – PWC auditors met with Performance and Innovation Executive Director to further discuss the scope of work and details of internal audit conducted.

27 April 2012 – The Auditor General agreed to undertake audit of data integrity throughout the Health Directorate.

Ghirardello, Phil

From: Hall, Michael (TCH)
Sent: Tuesday, 1 May 2012 1:24 PM
To: Martin, Lee
Subject: ED Data & Decisions.

Hi Lee.

Have been thinking about this. In current political climate there is clearly going to be tensions as well as rapid and public decisions.

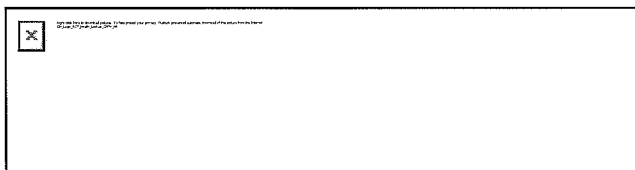
I still do not feel that the people making some of the final decisions (Peggy and the Minister) necessarily completely understand ED processes. I think it is vital that they do.

There is a huge risk of decisions being made that will make my staff's job infinitely more difficult. As you know, they are already under incredible pressure.

I continue to think there would be value in the DG, you and I plus/minus one of our senior nurses talking together. Otherwise, our perception of marginalisation will worsen, for something that was done from outside of our department. There is also a huge risk of public statements being made by the DG or Minister that are incorrect or cannot be complied with.

Dr Michael Hall
Clinical Director
Emergency Department
Division of Critical Care
Phone: 02 6244 3309
Fax: 02 6244 3301
Canberra Hospital & Health Services

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Brown, Peggy

From: Martin, Lee
Sent: Thursday, 26 April 2012 6:40 PM
To: Brown, Peggy; Thompson, Ian (ACT Health)
Subject: RE: AG response

Hi Peggy and Ian

I think we go ahead with forensic audit stage one listed in the brief

Having spoken to Ian we need to ask Adrian to work through Sarwan area, they say that they will have the document to us by tonight/early tomorrow

Thanks lee

Lee Martin

Deputy Director-General
Canberra Hospital & Health Services
Health Directorate
Phone: 02 6244 2728

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From: Brown, Peggy
Sent: Thursday, 26 April 2012 6:18 PM
To: Thompson, Ian (ACT Health); Martin, Lee
Subject: AG response

FYI
I have responded to say that we will provide a copy of the forensic investigation when it is completed.
I think it is probably too late to seek to engage another firm now for the audit given that we have already had PWC on site and publically talked about that...your thoughts?

Dr Peggy Brown MB, BS (Hons) FRANZCP
Director-General

11 Moore St, Canberra City 2601
GPO Box 825, Canberra City
Phone: 02 6205 0825
Fax: 02 6205 0830
E-mail: peggy.brown@act.gov.au

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From: Cooper, Maxine
Sent: Thursday, 26 April 2012 5:17 PM
To: Brown, Peggy
Cc: Stanton, Brett
Subject: RE: Hospital Data Manipulation.

Thank you for this email and your last. I have been giving the issue consideration and so have started to consider some issues.

With respect to your last email, I understand that PriceWaterhouseCoopers is your main provider for assisting your audit committee and in this role assists you in designing your annual internal audit program and undertakes audits for you. Given this seemingly significant role it would seem prudent to have another firm assist on this issue. This of course is a matter for you.

In terms of my office considering the terms of reference this could put us in a potential conflict of interest if we were to advance doing an audit so I will decline your offer.

To assist us determine if we should undertake a Performance Audit on this issue could I ask that we are given a copy of the forensic investigation.

My officer assisting me on this issue is Mr Brett Stanton.

I am not saying we will or will not do an audit but at the moment will wait for the forensic information to determine our course of action.

All the best.

Max

From: Brown, Peggy
Sent: Tuesday, 24 April 2012 6:26 PM
To: Cooper, Maxine
Subject: RE: Hospital Data Manipulation.

Sorry Max, but further to my last brief email, a couple of points that you may wish to know.

We are finalising the terms of reference for the data audits and have forwarded this to the external Chair of our Internal Audit and Risk Management Committee for his input.

We are also extending the opportunity to the Commonwealth Department of Health and Ageing and the Australian Institute of Health and Welfare to review the TOR given that they receive data from us.

DOHA has indicated that they do not wish to have input at this time.

We are awaiting advice back from the AIHW.

I am happy to provide these to you as well for your information.

Regards

Peggy

Dr Peggy Brown MB, BS (Hons) FRANZCP
Director-General

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From: Cooper, Maxine
Sent: Tuesday, 24 April 2012 4:38 PM
To: Brown, Peggy
Subject: Hospital Data Manipulation.

Thank you for informing of the above.

Can you advise of the firm that is doing the audit, please.

All the best.

Max

Dr Maxine Cooper
Auditor-General
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Please note that all communications from the ACT Auditor-General's Office are protected information for the purposes of s35 of the ACT Auditor-General's Act 1996.

1/5/12
Hansard
pg 1634

LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY

STATEMENT BY THE DEPUTY CHIEF MINISTER
ANDREW BARR, MLA

CANBERRA HOSPITAL EMERGENCY DEPARTMENT DATA ISSUES

APRIL 2012



Mr Speaker, today I would like to provide the Assembly with information regarding Canberra Hospital Emergency Department data issues.

Firstly, I would like to inform members of the Minister for Health, Ms Katy Gallagher, MLA'S decision to step aside from the investigation and audit process currently underway in relation to this matter. Ms Gallagher has asked me to take Ministerial carriage of this matter.

Ms Gallagher has acknowledged that she knew the officer involved, in a professional capacity. However Ms Gallagher has also acknowledged that the officer involved also has a personal relationship with a relative of hers. It is for this reason that Ms Gallagher has decided to step aside from the investigation to resolve any concerns or allegations of a conflict of interest.

As members may already be aware, the ACT Government Health Directorate has identified discrepancies in the Emergency Department (ED) data reported by the Canberra Hospital.

The discrepancies relate to statistics about waiting and treatment times in the ED, but do not impact in any way on the standard of care provided.

Whilst this is a serious matter affecting the accuracy of the Directorate's data reporting, I would like to stress that it in no way reflects the quality of care in the Canberra Hospital Emergency Department, or the professionalism of the doctors, nurses and allied health staff within the ED.

A preliminary investigation into this matter has resulted in a senior administrative staff member at the hospital being stood down pending an independent formal investigation.

There are two formal investigations that will now. The first is audit of data integrity within the emergency department information system at the Canberra Hospital. This audit will be conducted by PricewaterhouseCoopers (PWC).

PWC have commenced work on this audit and have been meeting with staff over the past week. This audit is expected to take several weeks.

The second audit will be conducted by the ACT Auditor General and will be an audit of

data integrity within all information management assets throughout the Health Directorate.

At this stage it appears that waiting and treatment times have been altered on some records without authority. The evidence to date suggests this to be an isolated instance.

I do not believe the integrity and professionalism of the vast majority of Health Directorate staff should be judged on what appear to be the actions of one individual.

Information from the preliminary investigation suggests that concerns are specific to the Emergency Department data, and further controls have already been put in place to ensure that the problems identified will not happen again.

The Auditor General's review across data collection and reporting systems at the Hospital will ensure that we can be confident that the accuracy of other data reported, and to identify how we can strengthen our data integrity processes.

The Health Directorate is establishing a Steering Committee to oversee the PWC audit and representatives have been invited to participate in this committee from:

- Jane Halton, Secretary, Department of Health and Ageing;
- David Kalisch Director, Australian Institute of Health and Welfare;
- Maxine Cooper, ACT Auditor General;
- Darlene Cox, President Health Care Consumers Association;
- Alison Larkins, Commonwealth Ombudsman;
- Geoff Knuckey, Independent Audit representative;
- Prue Power, Executive Director, Australian Healthcare and Hospital's Association;
- The Australian Medical Association

As members will see, this is an independent and objective group of people that will oversee the audit process.

The Health Directorate has also put in place a number of measures to ensure that this will not happen again with ED data. Some of the measures that have been put in place, include the use of a new front sheet which is attached to every clinical record in the ED and is signed off by the clinician.

Furthermore, a weekly validation review is being introduced in the ED and a monthly reconciliation audit will be introduced that will reconcile the validation audit with the computer change log.

Furthermore, the Internal Auditor will be asked to conduct a six monthly audit of the ED data and the process undertaken.

Notwithstanding this, the Health Directorate has in place, internal and external validation processes. In this instance, the external validation process identified an anomalous data pattern. An internal investigation then uncovered the data manipulation that has occurred.

The full impact on the Health Directorate ED data is yet to be determined. The Health Directorate have completed work to correct the data for the NEAT data for the first 3 months of 2012 that is required to be submitted to the Commonwealth. It appears from this that the overall impact on that data is a reduction in overall performance of approximately 2%. Work is being progressed on correcting the data for ED waiting times. Until this is completed, I cannot speculate on the size of the impact on ED timeliness.

In relation to the NEAT target, our target for the calendar year of 2012 is to have 64% of patients admitted, discharged or referred elsewhere within 4 hours. Prior to this issue being uncovered, the Health Directorate believed that the result for the first quarter would be approximately 59%. The adjusted figure is likely to mean that our overall performance is reduced, probably to around 57%.

Mr Speaker, I need to be very clear over speculation about Health Directorate data in the past.

The Auditor General conducted an investigation into Elective Surgery and Medical Waiting Times and this investigation found that there was no evidence of deliberate data manipulation.

The Auditor General audited Health Directorate assessed performance against very tightly defined criteria within the Health Directorate's own elective surgery policy. When all elements of the policy could not be demonstrated in the clinical record, the Auditor General made a finding that there was no evidence to support reclassifications from Category 1 to Category 2 patients. However, there were an almost equal number of

patients who were reclassified upwards for whom there was also no evidence within the clinical record to support that reclassification.

The Auditor General did not find any evidence of deliberate data manipulation. What was found was evidence of poor data documentation process, and we have taken steps to improve that.

The Health Directorate has committed to republish the corrected data, when available.

The Health Directorate has also informed the Commonwealth and Australian Institute of Health and Welfare of this issue.

Mr Speaker, I provide you with my assurance that once this audit investigation is finalised, I will provide the Assembly with a copy of the final report. On behalf of the Health Directorate, I express my sincere regret that this event has occurred. I remind members though that there has been no financial gain to the person involved, or the Directorate as a result of this matter.

Mr Speaker, I reiterate to all members that this matter has not and does not in any way impact on the clinical treatment afforded to patients who present to the Emergency Department.

Brown, Peggy

From: Thompson, Ian (ACT Health)
Sent: Monday, 23 April 2012 5:24 PM
To: Pace, Mark
Cc: Brown, Peggy; Martin, Lee; Summerrell, Jessica
Subject: final ED data release
Attachments: ED data release 2.docx

Mark, this is the final version.

Thanks

Ian

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Released
23/4/12

CMD
ACT Govt
26
Webster

MEDIA RELEASE

Discrepancies in the Canberra Hospital Emergency Department data

The ACT Government Health Directorate has identified discrepancies in the Emergency Department (ED) data reported by the Canberra Hospital. The discrepancies relate to statistics about waiting and treatment times in the ED, but do not impact in any way on the standard of care provided.

“This is a serious matter affecting the accuracy of our data reporting but I would like to stress that it in no way reflects the quality of care in the Canberra Hospital Emergency Department, or the professionalism of the doctors, nurses and allied health staff within the ED”, said Dr Peggy Brown, Director-General of the Health Directorate.

A preliminary investigation into this matter has resulted in a senior administrative staff member at the Hospital being stood down pending an independent formal investigation. The investigation is due to commence this week and is expected to take several weeks.

“At this stage it appears that waiting and treatment times have been altered on some records without authority, and I am very sorry that this has occurred” Dr Brown said. “The evidence to date suggests this to be an isolated instance. I do not believe that the integrity and professionalism of the vast majority of Health Directorate staff should be judged based on what appear to be the actions of one individual”.

Information from the preliminary investigation suggests that the concerns are specific to the Emergency Department data, and further controls have already been put in place to ensure that the problems identified will not happen again.

The Directorate will also be commissioning a full external review across data collection and reporting systems at the Hospital. “This will ensure that we can be confident in the accuracy of other data reported, and to identify how we can strengthen our data integrity processes,” Dr Brown said.

The Health Directorate has put in place support for all staff affected by this incident.

Statement Ends/23 April 2012

Media Contact: Mark Pace 6205 0837 (w) 0431 322 112 (m)