HEALTH SERVICE EXECUTIVE

NATIONAL INCIDENT ROOM REPORT

RE: INO/PNA INDUSTRIAL ACTION

18th APRIL, 2007
Introduction

This is a progress report on the nature and affect the industrial action by INO and PNA nurses is having on treatment and care services for patients.

It is important that the distinction is made between the work stoppages and the work to rule. So far the hourly work stoppages are being undertaken sporadically in selected facilities. The Work to Rule is being applied in all facilities, 24 hours a day seven days a week. It is having a more corrosive impact on services than the work stoppages.

It is becoming increasingly clear, from the information being reported to the incident room, that the work to rule is causing increasing discomfort for patients, their families and staff, including nurses who are involved in the industrial action.

The work to rule is slowing down processes, disrupting normal, efficient clinical communication, creating potential risk situations in some areas, causing inconvenience and difficulties for patients and their families and stress and tension for other staff both nursing and non-nursing.

Summary

- The work to rule is having a serious and detrimental impact on patient care throughout the service.
- The work stoppages have resulted in the cancellation of elective procedures.
- Further work stoppages and/or exacerbation of the stoppages would undoubtedly result in more widespread curtailment of services. While one hour stoppages are manageable, lengthier work stoppages would have a disproportionately greater impact.
- The capacity of the health system to maintain the contingency arrangements is limited without seriously impacting on service provision.
- There are significant costs associated with the current contingency arrangements. This unplanned drain on budgets may impact on services during the remainder of the year.

Nature of work to rule

Nurses have been banned by their unions from:

1. Carrying out all clerical/administrative/IT duties; nursing and midwifery notes must therefore be maintained manually;
2. Attending all meetings, at local, regional and national level, except those involving consideration of named individual patients/clients, their welfare and case management;
3. Making and taking all telephone calls (or using pagers) except those deemed essential, on clinical grounds, by the nurse/midwife; and
4. Opening/securing all community based buildings/facilities.
It is important to note that many of these procedures are integral to best clinical practice and therefore their absence is impacting on the quality of care provided to patients.

The ‘Framework for Dispute Resolution’ (HSE EA, July 2004) details the agreed process under which any Industrial Action takes place. Specifically, it provides for the release of the staffing involved in the action for the purpose of putting in place contingency measures with a view to minimising the impact that the action might have on patient care. It is not intended and does not provide for the ongoing release of staff that are in dispute to oversee or prosecute the dispute on behalf of their members.

Contingency Measures

- Communications centres have been established in most facilities to address the significant communications short falls created by the work to rule. These are being staffed by management on a 24/7 basis.

- In some cases it has been possible to establish a dedicated emergency/’red phone’ system in critical care areas such as ICU, CCU and theatre. In other cases this has not been facilitated by nursing unions and has necessitated 24/7 cover by other grades.

- A range of contingency measures have been put in place to ensure that the shortfalls resulting from the essential tasks not being undertaken by nurses are addressed.

- In some cases assistance has been secured through using external agencies, e.g., students on holiday from university over Easter, recruitment agencies for support staff, security agencies for the opening of facilities.

- Management in the hospitals and community sectors review on a daily basis the patient/client safety and risk implications of proceeding with the day’s activity. The objective is to, where possible, maintain services to patients while also managing potential risk.

Implications of Work to Rule on administrative process which have clinical implication

I.T. - this includes, for example - accessing results of blood tests which are communicated electronically and management of nurse triage in Emergency Departments

Telephone Communication - Not answering phones to other members of staff, patients and relatives. Also includes not answering bleeps held by, for example, Clinical Nurse Specialists.
Communication with community staff particularly around discharge planning slows throughput throughout the hospital, e.g., communication between A&E and wards, theatre and wards, ambulance staff and wards (see generic effects below).

**Clerical/administrative activities** - Discharge planning documentation; birth notification; nurses refusing to input data required for blood sample labelling (see generic effects);

**Generic effects**

- There are delays in patient throughput through theatres and the subsequent return of patients to wards.
- There are delays in the discharge of patients from hospitals into the community whether to home, long-stay settings or other hospitals for additional assessment, treatment or step-down.
- There are delays in the assessment of patients in Emergency Departments as the use of electronic triage system is banned and triage must be operated manually.
- There are delays in the prioritisation of Emergency Department patients, the provision of treatment and their movement through the Emergency Department into a hospital ward.
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- There are difficulties in accessing comprehensive patient history electronically, e.g., for medical oncology patients in day oncology setting.
- In many cases senior nurses have left clinical duties to take up positions on Dispute Committees thus depriving patients of their clinical expertise for direct treatment and care.
- There are delays in ordering drug and other medical supplies.
- The management of key functions, e.g. - scheduling of urgent and follow-up outpatient appointments, etc. is less than satisfactory as management staff are concentrating on attending to duties normally carried out by nurses so as to minimise the impact of the work to rule on patient services.
- Due to their understandable lack of familiarity with clinical issues, where management have been put in place to answer phone calls from staff, relatives, patients or members of the public, processes are slowing down as there are understandable delays in messages being conveyed. This causes not only major inconvenience but also could potentially delay critical decisions affecting treatment and raises the clear possibility of messages being misunderstood or incorrectly communicated regarding the tests required, test results, etc. There is concern that patient records may be incomplete and that confidentiality may be compromised.
Examples of Specific impacts

- The incident room has received many reports of junior doctors being called to wards by nursing staff (who will not communicate information by telephone) for non-urgent work or queries and then being recalled to same ward several times in short succession. The result is that junior doctors are being diverted from patients in more pressing need of their attention;

- It would appear that the relocation of patients to more appropriate HSE funded services in private facilities is being affected. For example, the initiation of the Hospital in the Home service in St. James's Hospital has been deferred. Similarly the expansion of the scheme to Connolly, St. Vincent's, Tallaght and Mater Hospitals will be impacted by the dispute;

- The incident room has recorded a number of incidents where patients are not attending for treatment or assessment because they are assuming that services are being discontinued as a result of the nurses industrial action. This is despite comprehensive communication to public by all hospitals.

Examples of Site Specific Incidents

St. Patrick’s Hospital, Waterford (Older Persons Care)

- Transfers from Waterford Regional Hospital have not been accepted due to lack of nurse to nurse contact. A specific incident was reported on 18th April where a diabetic patient was transferred without nursing or clinical notes and no instruction in relation to the management of the patient’s insulin.

Waterford Regional Hospital

- There are no reports or records being provided by nursing staff in relation to post-mortems. Porters now required to check all wards each morning for notes or instructions regarding remains, leading to delays in some instances to remains being released to families.

- Porters being instructed by nurses to return patients to the Emergency Department because of lack of necessary handover documentation from Emergency Department nurses (also reported by other hospitals).

Rotunda Maternity Hospital, Dublin

- Midwife/Nurse not registering babies on automated system in Delivery Suite. A contingency arrangement has been put in place whereby the information is recorded manually. As a result there is a time delay in updating the electronic record so if the child re-presents to the hospital all relevant clinical details may not be captured on the electronic record.
National Maternity Hospital, Holles St.

- There was a serious infection outbreak issue in the Neo-natal Intensive Care Unit (NICU). Because of the ban on use of phones, the infection control nurse could not be contacted directly. This constituted a serious risk in terms of obtaining appropriate advice and intervention by the appropriate infection control specialist.

- The INO committee ruling on use of emergency bleep is creating the possibility of serious adverse incident in those circumstances where crash trolley is required for patients.

- Patients have experienced distress, e.g., two mothers with breastfeeding problems, one who was not able to access the advice of the CMS in breastfeeding service while suffering from mastitis.

St. Luke’s Hospital, Rathgar

- Clinical Nurse Specialists handed in bleeps while they were still active – this left insufficient time to organise alternative communication vehicle. CNS is a nurse-led service direct to inpatients and outpatients. As a result patients are experiencing fear, feeling vulnerable and believing that they cannot access service as and when they need it either for appointments, admissions and treatment side effects.

Mater Hospital

- All non-urgent elective surgery cancelled yesterday (17th April).

St. Vincent’s University Hospital, Elm Park, Dublin

- Patient with urinary retention problem was left for 1.5 hours in pain. Form was sent from nurse on ward to communications room, whereas urgent bleep should have been made to doctor.

- Routine form was sent to communications room instead of bleeping doctor for a patient who had chest problems and abnormal oxygen levels.

- Form was sent to communications room for doctor to read ECG. Patient not seen for 6 hours as urgency had not been highlighted (by direct bleep from ward), and form information did not enable the doctor to prioritise this case. A patient was in fast heart rate and should have been medically managed immediately on recording of ECG.

- Theatre: Patient with post surgery haemorrhage. No direct contact (by telephone or bleep) could be made with theatre staff by ward or by consultant surgeon. The time delay involved resulted in a near miss, and the fortuitous presence of senior staff, two with nursing background, meant that they understood immediately the gravity of the situation and ran to theatre and other areas to ensure as good a response as possible.
• **Cardiac Care Unit and Telemetry:** CCU unable to alert another ward by telephone regarding potentially life-threatening arrhythmia of a patient on telemetry which is used to monitor the heart function.

**Other Key Emerging Issues**

• The capability to sustain current contingency arrangements is questionable given the frustration and delays caused for patients and, in some cases, the absence of timely and appropriate professional advice by nurses to patients or their relatives who are enquiring by telephone.

• Due to union ban on IT use, there are potential risks associated with incomplete recording of drug errors.

• The action is having implications for maintaining whole hospital focus on quality and risk issues and has meant the deferral of key tasks such as:
  - Hygiene Audit (11 audits deferred to date and 3 under threat),
  - Decontamination Audit (a number already deferred),
  - Reporting of Emergency Department waiting times.

• Significant financial costs are being incurred on additional staffing and other elements of contingency planning on already stretched hospital budgets.

• 77 procedures cancelled to date as result of one hour work stoppages

ENDS