

**MEDICAL REPORT ON FRACTURES IN THE ST LUKE'S HOSPITAL AND ST
MICHAEL'S ACUTE UNIT, CLONMEL BETWEEN 1ST JANUARY 2006 AND 31ST
DECEMBER 2008**

I have been instructed by the Local Health Manager (LHM) for South Tipperary, Local Health Office (LHO) to review the hospital records of every patient who sustained a fracture either in St Luke's Hospital or St Michael's Acute Unit between 1st January 2006 and 31st December 2008.

The Terms of Reference are :

1. That you review the charts, and patient files, of each of the persons that has sustained a fracture either in St Luke's Hospital or St Michael's Acute Unit between 1st January 2006 and 31st December 2008.
2. That you establish whether there is any evidence of non-accidental injury associated with the fractures.
3. That you review the process established within the South Tipperary Mental Health Services to review incidences of fractures when they occur and establish its suitability or otherwise.
4. That you issue a written report to the LHM, South Tipperary, LHO, within 4 weeks of commencement of the review, and that the report will incorporate any recommendation you may have in terms of the matters reviewed.

The following documents have been made available :

1. Correspondence from the Local Health Manager setting out the Terms of Reference.
2. Hospital records on 18 patients covering 19 injuries.
3. Accident & Emergency records and Radiology reports from Our Lady's Hospital, Cashel.
4. Radiology reports from the South Tipperary General Hospital.
5. Notes from the Regional Hospital, Waterford.
6. Copy of document detailing the Terms of Reference and structure of the Clinical Governance Risk Management Sub Committee of the South Tipperary Mental Health Services.

1. **Date of incident: 24.1.06**
Patient No. 1
Diagnosis : Severe intellectual disability, autism and epilepsy.

The following documents are available :

1. Medical records.
- 2.. Nursing records
3. Copy of Radiology reports from St Joseph's Hospital, Clonmel.

OPINION:

It is recorded on 24.01.06 that Patient 1 was noted to have a slight right sided limp and bruising of the right 4th. toe after returning from a walk with some staff from Damien House. An X'ray examination of the right foot was undertaken on 25.01.06. The films which have not been made available have been reported as showing a fracture through the base of the proximal phalanx of the fourth toe. The fracture which was treated conservatively appears to have united without any complications.

Phalangeal fractures of the toes are common injuries and are usually caused by stubbing the toe against a firm object or from a direct injury, i.e, when a heavy object is dropped on the toes. There is nothing in the records to suggest that this was a non-accidental injury.

2. Date of incident 28.1.06

Patient No. 2

Diagnosis : Relapse of depression with strong suicidal ideation

The following records are available :

1. Medical records
2. Nursing records
3. Copy of records from Our Lady's Hospital, Cashel

OPINION :

It is recorded that that Patient 2 fell in the shower on 29.1.2006 and suffered a fracture of the lateral malleolus of her right ankle. The fracture was treated conservatively with plaster cast immobilisation.

The circumstances of the accident are compatible with the reported injury. There is nothing in the records to suggest that this was a non-accidental injury.

3. Date of incident 11.3.06
Patient No. 3
Diagnosis: Schizophrenia

The following documents are available :

1. Medical records
2. Nursing records

4. Date of incident 3.4.06
Patient No. 3
Diagnosis : Schizophrenia

The following documents are available :

1. Medical records
2. Nursing records

OPINION:

It is documented that Patient 3 suffered an injury to her right little finger on or around 11.03.06 when a fellow patient accidentally closed a door on Patient 3's right hand. Patient 3 underwent X'ray examination of the right hand at Our Lady's Hospital Cashel on 15.3.06. The films were reported as showing no bony injury.

It is documented that Patient 3 has a history of unpredictable and occasionally aggressive behaviour. There are numerous instances of physical and verbal abuse and quarrels with fellow patients.

The signs and symptoms in the right little finger that were noted on 3.4.06 are on the balance of probabilities related to the previous injury, i.e, the injury on or around the 11.3.2006.

This appears to be a straightforward case of a traumatic injury. There is a previous history of a similar problem when a fellow patient banged a door on the patients right little finger.

There is nothing in the history, presentation or the records to suggest that the incidents on or around 11.3.06 and 3.4.06 were non-accidental in nature.

5. Date of incident 27.4.06

Patient No. 4

Diagnosis : Moderate learning disability, epilepsy and Right hemiplegia

The following documents are available :

1. Medical records
2. Nursing records

OPINION :

Patient 4 is reported to have suffered a fracture of her left leg/foot after she fell in Cashel around 1400 hours on 27.4.2006. She attended the Accident & Emergency Department of Our Lady's Hospital, Cashel on 27.4.2006. The notes and radiographs from Our Lady's Hospital are not available and it is therefore difficult to know the precise nature of the injury.

The fracture which was treated conservatively with plaster cast immobilisation in a plaster cast appears to have healed satisfactorily.

There is nothing in the records to suggest that this was a non-accidental injury.

- 6. Date of incident 27.4.06**
Patient No. 5
Diagnosis : Chronic schizophrenia

The following documents are available :

1. Medical records
2. Nursing records
3. Radiology report of 27.4.2006 from Our Lady's Hospital, Cashel

OPINION :

It is recorded that Patient 5 was seen by the Doctor on call on 27.4.06 for pain and swelling of the right wrist. There is no history of any prior trauma. The wrist was X'Rayed in the A&E department , Our Lady's Hospital ,Cashel on 27.04.06 and the films were reported as suspicious for an undisplaced fracture of the radius. A further X'ray examination of the wrist in the Orthopaedic clinic in Cashel on 10.05.06 was reported as showing no evidence of a fracture.

It is worth noting that there are several instances of accidental falls and Patient 5 slipping off her bed.

Wrist injuries such as the one under review are common in Patient 5's age group and usually result from a fall on the outstretched hand. There is nothing in the records to suggest that this was a non-accidental injury.

- 7. Date of incident 9.6.06**
Patient No. 6
Diagnosis : Chronic schizophrenia

The following documents are available :

1. Medical records
2. Nursing records

OPINION :

It is documented that on 09.06.09 Patient 6 was turning to walk towards another patient when she lost her balance and fell on her left side suffering an injury to her left lower limb. It is difficult to know the precise nature of the injury without sight of the fracture clinic records and radiographs.

This appears to be a straight forward fall and there is nothing in the records that have been provided to suggest that this was anything other than a traumatic injury.

8. Date of incident 30.8.06

Patient No. 7

Diagnosis : Multiple infarct dementia, psychotic depression, high stepping gait with left sided foot drop.

The following documents are available :

1. Medical records
2. Nursing records
3. Copy of records from the Accident & Emergency Department, Our Lady's Hospital, Cashel.

OPINION :

It is documented that Patient 7 was found lying on the floor beside his bed at 4.15 am on 30.8.2006. He suffered superficial cuts to the supra and infra orbital areas of the left eye and an abrasion over the bridge of the nose. The injuries are compatible with the history. The incident was not witnessed and there is nothing in the records to suggest that this was a non-accidental injury.

9. Date of incident 17.7.07

Patient No. 8

Diagnosis : Recurrent depressive illness – non-insulin dependent diabetes

The following documents are available :

1. Medical records
2. Nursing records
3. Copy of radiology report from St Joseph's Hospital, Clonmel

OPINION :

It is documented that Patient 8 suffered an injury to the left foot after she dropped a shower head on it on 18.7.2007. Following an X'ray examination of the left foot at St. Joseph's Hospital, Clonmel on 19.07.07 Patient 8 was diagnosed as having suffered an undisplaced fracture of the proximal phalanx of the great toe.

The note keeping in Patient 8's case is quite poor. There are large gaps between entries in the medical notes. However, there is nothing to suggest that the injury of 18.7.2007 was non-accidental in nature."

10. Date of incident 29.3.07

Patient No. 9

Diagnosis: Schizophrenia and Left sided Stroke

The following documents are available :

1. Medical records
2. Nursing records

OPINION :

Patient 9 was diagnosed with a sub-capital fracture of his right hip on 12.4.07. It is noted that the Orthopaedic Surgeons advised conservative treatment for the hip fracture.

It is not clear from the notes if an X-ray examination of Patient 9's left hip was undertaken because it was symptomatic or whether the fracture of the hip was picked up as an incidental finding when his abdomen was X'rayed. It is also difficult to know from the notes whether this was a pathological fracture or a non-union of a sub-capital fracture. Without sight of Patient 9's radiographs / radiology reports. A non-union would imply that the fracture was not an acute injury.

It is documented that Patient 9 was suffering from concomitant abdominal problems and there was a question of whether he had a sigmoid volvulus.

Patient 9 passed away in hospital at 02.45 on 20.6.07.

The medical notes contain entries on 7.8.06, 28.11.06, 25.1.07, 7.2.07, 9.3.07, 22.3.07 and 26.3.07. There is no record of a problem with the left hip or a fall in any of these entries.

It is, on the balance of probabilities, unlikely that the un-united sub-capital fracture of the left femoral neck/pathological fracture of the left femoral neck contributed in any way to Patient 9's demise.

There is nothing in the records to suggest that the fracture of the right hip which was identified on 12.4.07 was non-accidental in nature.

11. Date of incident 31.5.07

Patient No. 10

Diagnosis : Alzheimer's dementia associated with disturbed behaviour

The following documents are available :

1. Medical records
2. Nursing records

OPINION :

Patient 10 is a frail, elderly patient who was quite demented, frequently aggressive with disturbed behaviour and who had fallen several times. The nursing notes clearly document that adequate attempts were made for his own protection with cot sides at night and nursing in a chair rather than a bed. Patient 10 was also provided with hip protectors to minimise any injury to the hip.

It is documented that Patient 10 had fallen on the floor on 31.5.07 and sustained injuries to his forehead, right supra-orbital area and bridge of the nose. The fall was witnessed by a fellow patient.

There is nothing in the medical and nursing records prior to and subsequent to the incident of 31.7.2007 to suggest that this was a non-accidental injury.

12. Date of incident 8.7.07

Patient No. 11

Diagnosis : Depressive illness with psychotic features

The following documents are available :

1. Medical records
2. Nursing records
3. Copy of records from the A&E Department, South Tipperary General Hospital, Clonmel.
4. Copy of records from Our Lady's Hospital, Cashel

OPINION :

Patient 11 is reported to have sustained a fracture of the lateral malleolus in what appears to be a straightforward traumatic, twisting injury to her right ankle after she slipped on a puddle of water on the main corridor of the ward due to a leaking skylight. The fracture which was treated conservatively is reported to have united satisfactorily. Patient 11's radiographs /radiology reports are not available.

The circumstances and the nature of the injury are consistent with a traumatic fracture of the lateral malleolus.

13. Date of incident 29.8.07
Patient No. 12
Diagnosis : Chronic schizophrenia

The following documents are available :

1. Medical records
2. Nursing records
3. Copy of radiology report from St Joseph's Hospital, Clonmel

OPINION :

Patient 12 was diagnosed with a fracture of the base of the 3rd metatarsal bone in his right foot on 17.8.2007. It is documented on 15.8.2007 that Patient 12 complained of ongoing symptoms in his right foot ever since he sprained his foot in Ardmoor 6 weeks prior to 17.08.07.

It is difficult to know if this was a stress fracture or an acute fracture without sight of the radiographs. The fracture which was treated conservatively appears to have united satisfactorily.

The fracture is compatible with the history and there is nothing in the records to suggest that this was a non-accidental injury.

14. Date of incident – the date of incident is recorded as 6.2.2007. I suspect that this is an error and the correct date should be 16.2.2007.

Patient No. 13

Diagnosis : Delusional disorder

The following documents are available :

1. Medical records.
2. Nursing records
3. Radiology report from St Joseph's Hospital, Clonmel

OPINION :

Patient 13 is an elderly patient who sustained a comminuted fracture of the left proximal humerus and a superficial laceration on the posterior aspect of the left auricular region after a fall on 16.2.2007.

The injuries are compatible with a simple fall in an elderly patient. There is nothing in the records to suggest that these were non-accidental injuries.

- 15. Date of incident – 23.7.07**
Patient No. 14
Diagnosis : Bipolar disorder

The following documents are available :

1. Medical records
2. Nursing records
3. Copy of radiology reports from St Joseph's Hospital, Clonmel

OPINION :

It is documented that Patient 14 was seen by the Doctor on Call for pain in her right hand after she allegedly struck a wall with her right hand on 23.07.07. Following X'ray examination at the St. Joseph's hospital, Clonmel on 23.7.07 she was diagnosed as having fractured the distal phalanx of the thumb..

There are numerous recorded instances of self destructive behaviour and deliberate self harm.

There is nothing in Patient 14's history to suggest that the injury of 23.7.2007 was non-accidental in nature.

16. Date of incident – 23.11.07

Patient No. 15

Diagnosis : Bipolar affective disorder and dementia

The following documents are available :

1. Medical records
2. Nursing records
3. Copy of records from the Accident & Emergency Department, South Tipperary General Hospital, Clonmel
4. Copy of records from the fracture clinic, Regional Hospital, Waterford

OPINION

Patient 15 sustained a comminuted fracture of the surgical neck of his left humerus and abrasions over the left eyebrow and palm of the left hand in a fall near the Super Quinn car park in Clonmel town centre on 23.11.2007. These are well documented traumatic injuries.

17. Date of incident – 26.4.08

Patient No. 16

Diagnosis : Mild intellectual disability

The following documents are available :

1. Medical records
2. Nursing records

OPINION :

This is the case of an elderly patient who has a documented history of unsteadiness of gait who fell on 25.4.2008 and is reported to have suffered fractures of the left acetabulum and inferior pubic ramus. The fractures were treated conservatively. Patient 16 has a history of unsteadiness of gait and falls prior to the incident of 25.4.2008. Falls are recorded on 8.2.2006, 28.6.2007, 25.2.2008, 18.12.2008 and 12.?2.2009.

I do not believe that there is anything in the history and records to suggest that the injuries suffered in the incident of 25.4.2008 were non-accidental..

18. Date of incident – 10.8.08

Patient No. 17

Diagnosis : Depressive with psychotic features and post / dementia

The following documents are available :

1. Medical records
2. Nursing records

OPINION :

Patient 17, a patient suffering from depression with psychotic features and post/dementia sustained a left sided trochanteric fracture following a fall on 10.8.2008. There was a delay of 5 days before the correct diagnosis was made. It is documented that Patient 17's mobility was quite poor secondary to a stroke and that he also had severe behavioural problems. Patient 17's poor mobility and behavioural problems may have had some bearing on the delay in the diagnosis. Patient 17 was an in patient on St Michael's psychiatric unit from 31.12.06 until 30.11.07. During this period in hospital it is recorded that he had fallen 3 times and on one occasion suffered a head injury which required referral to the South Tipperary General Hospital.

There is nothing in the history and records to suggest that the injury of 10.8.08 was non-accidental.

19. Date of incident – 28.8.08

Patient No. 18

Diagnosis : Chronic schizophrenia

The following documents are available :

1. Medical records
2. Nursing records

OPINION :

Patient 18, an elderly patient who was noted to have gone off her feet on 27.8.2008. Following an X-ray examination Patient 18 was diagnosed as having suffered a sub-capital fracture of the left hip. There is no documented history of a fall prior to the onset of her symptoms. However, it is noted on 7.8.2008 that Patient 18 had gone off her feet due to pain in her left knee and it may well be that AT had suffered an injury to her left hip around this time. This clinical scenario is commonly seen in elderly patients. It is worth noting that Patient 18 had fallen several times prior to the incident under consideration. I do not believe that there is anything in the history, clinical picture or records to suggest that this was anything other than a traumatic fracture of the left hip.

SUMMARY:

I have reviewed the charts of 18 patients who suffered 19 injuries between the period 24.1.06 and 28.8.08. 5 of these patients were in the St Michael's Acute unit, 4 patients were on St Mary's ward, 3 patients were on St Bridget's ward, 2 patients were on St Clare's ward, 2 patients were on St Paul's ward and 1 patient each on St John's and St. Teresa's wards of St Luke's Hospital, Clonmel

All 18 patients were diagnosed with musculoskeletal injuries of varying severity. Patient number 3 sustained a soft tissue injury to the right little finger, patient number 5 sustained a soft tissue injury to the right wrist, patient number 7 and patient number 10 sustained superficial facial lacerations after falls leaving a total of 14 fractures. Two of these patients Numbers 4 and 15 were injured outside the hospital premises. Patient number 4 in Cashel and patient number 15 in the town centre in Clonmel. There is also some question as to whether patient number 12 was injured in Ardmoor and whether the fracture of the 3rd metatarsal bone in his right foot was a stress fracture or an acute injury.

In the majority of the fracture cases there is a well documented history of the mechanism and the circumstances responsible for the relevant injuries.

The diagnosis of non-accidental injury in adults particularly the elderly adult is difficult and the burden of proof is demanding. The signs and symptoms of abuse / non-accidental injury include a history of unexplained falls and physical signs such as bruising in well protected areas, unexplained cuts / lacerations, finger marks, slap marks, kick marks, unexplained fractures, weight loss due to malnutrition and lethargy and drowsiness due to excessive medication . Great caution needs to be exercised in the diagnosis of non-accidental injury in the older patient because the ageing process can cause changes which are hard to distinguish from some aspects of physical assault. It should be remembered that skin bruising can occur very easily due to age-related fragility of blood vessels.

I am satisfied that the 12 fractures in 12 patients and the five soft tissue injuries in 4 patients that occurred in the St. Luke's Hospital and the St. Michael's Acute Unit during the period 1.1.2006 and 31.12.2008 have all resulted from traumatic causes. The circumstances and mechanism of the trauma is compatible with the injuries sustained in each case. I have not found anything in the 18 charts that I have reviewed to support the diagnosis of non-accidental injury in any of the cases.

The overall quality and regularity of note keeping in the medical and nursing records is acceptable in all the 19 charts that have been reviewed except in patient number 8's case where there are large gaps between entries in the medical records.

The Terms of Reference and the structure of the Clinical Risk Management Sub Committee have also been reviewed. The structure and remit of the Committee is similar to that which exists in modern hospital practice. The membership of the committee is representative and I believe that it is correct to rotate the Chairmanship on an annual basis. It is noted that all Reported Clinical Incidents, Close Calls and other Clinical Risks are discussed during the fortnightly Committee meetings. I believe that the current process within the South Tipperary Mental Health Services to review Serious Untoward Clinical Incidents, Close Calls, Other Clinical Risks and Injuries including fractures is comprehensive, fit for purpose and adequate. I have no recommendation to make in this regard.

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Date