

SPSO decision report

Case: 201202026, Ayrshire and Arran NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mr C's mother (Mrs A) collapsed at home, and was taken to hospital as an emergency. She was transferred to a ward at 15:50 and was assessed at 23:00. Early the next morning there was a marked deterioration in Mrs A's condition, and she was suspected to have suffered a stroke. Mrs A's condition continued to decline and she died that evening.

Mr C complained about his mother's care and treatment and questioned whether she was given any treatment when she was initially admitted to hospital. He was unhappy that she was not properly assessed until late at night by which time, he said, her condition had deteriorated and she had become confused. He was concerned that her anticoagulant medication (used to prevent blood from clotting) had been stopped and considered that this could have led to her stroke. Mr C was also concerned that in responding to his complaint, the board said that cancer could have been a contributing cause to Mrs A's death. He complained that this possibility had never been raised with him before.

Our investigation took account of all the available information, including the complaints correspondence and the relevant clinical records. We also obtained independent medical advice from a consultant in acute medicine for older people. We found that the board had maintained that they had treated Mrs A reasonably and had discussed the possibility of an underlying diagnosis of cancer with Mr C. However, on reviewing the case notes, the adviser was concerned that Mrs A was not provided with treatment until some ten hours after her admission. He said that the treatment, when provided, was reasonable but it had not been timely. He noted, however, that even if Mrs A had been treated earlier it was unlikely that her condition and prognosis would have changed. He also said that stopping her anticoagulants had been the correct thing to do in the circumstances. With regard to the underlying diagnosis of cancer, the adviser said that a discussion with Mr C was recorded in the notes but this was unclear about the precise language used, and whether or not the term 'malignancy' had been understood.

The advice received during the investigation confirmed that Mrs A's treatment had been reasonable. However, for it to be appropriate it would have to be both reasonable and timely. As it was not, we upheld Mr C's complaint.

Recommendations

We recommended that the board:

- apologise for the delay which occurred; and
- review the guidelines published by the Society of Acute Medicine, particularly section AF-505, to ensure that more timely assessment of acute admissions occurs in the future.