

28 June 2019

[REDACTED]

[REDACTED]

Dear [REDACTED]

#### **Official Information Act (1982) Request**

I write in response to your Official Information Act request, dated 04 June 2019. You requested the following information:

- 1. Since January 1, 2018 until today's date, on how many occasions have NZ Police or hospital security been called to help contain issues with patients, or visitors who were believed to be impaired by alcohol?**
  - a. This should include, but not be limited to incidents at the Emergency Department.*
  
- 2. Since January 1, 2018 until today's date, how many staff have reported being abused, harassed or physically assaulted by patients, or people visiting patients who were suspected of being under the influence of alcohol?**
  - a. This should include, but not be limited to reports of issues at the Emergency Department.*
  - b. Please provide a breakdown of the various incidents with a brief description of what happened.*

Before answering your questions, the following may also provide you with useful context.

CM Health services provide health services to in excess of 569,400 people residing in South Auckland, both in hospital and community settings. We employ over 7,000 staff, and are constantly working to create a safe work and health care environment. Our Emergency Department sees in excess of 118,000 presentations per annual, and our facilities have more than 900 inpatient beds.

All health services manage challenging behaviours from our patients as they present clinically, and at times also from family / visitors. Obviously, many of these people are acutely unwell and/or in distress when they require our care; and that can result in behaviours that our staff members need to manage and respond to.

A range of strategies and procedures are used to guide and manage responses to these situations, so as to ensure both service users and staff safety at all times. We provide staff with opportunities for training to learn risk assessment, de-escalation and effective communication techniques that aim to reduce the number of incidents, and the adverse impacts that can result.

We acknowledge many of our teams describe experiencing challenging behaviours exhibited by patients, service users, family members and visitors, including verbal abuse and physical harm as the consequence of harmful alcohol use; however it is difficult to retrospectively quantify these from available systems.

The DHB uses Staff Incident Reporting System (RiskPro), to enable staff to immediately report any events of concerns (including staff and patient safety). We encourage all staff to report incidents of inappropriate behaviour, but accept that this does not always occur. These incident reports are automatically sent to service managers for investigation and follow-up.

In preparing this response, we have derived some of the information from our incident reporting systems. However, there are limitations in the ability to extract concise details. Our system is intended to enable DHB staff to report any incidents (clinical and harm related) in their workplace, and to have these fully investigated and resolved. Each incident is counted as a unique file, and we use coding themes to guide the allocation of incidents, along with narrative text that provides extended details, but this is not as easily coded.

While there are 'nominated' codes for types of incidents reported, these may not always be consistently interpreted by everyone, there will be a range in the severity of incidents within the same code group, and a single incident can be reported by multiple staff. The incident reports do provide for a brief narrative description, which may include a range of relevant information, but is difficult to code incidents from these descriptions.

The following Specific Incident Types were used, but do not qualify the underlying cause of behaviours:

- assault - physical
- assault - verbal/ gesture
- behaviour - aggressive/ threatening
- behaviour - violent
- hit/ bitten/ scratched by person

There is currently no coding available for the 'causation', which may or may not be detailed in the brief narrative section of the reports. A description may record what clinicians are told, observe or infer, rather than as a result of full testing/ toxicology results for a particular substance, particularly for visitors etc.

Therefore, it is problematic for us to isolate for you incidents of *'help to contain issues with patients, or visitors who were believed to be impaired by alcohol'* as per your request. We do not hold this information in a readily accessible manner, and extracting it would require significant collation and time. Instead, we have completed a brief search of the data for key terms in your request, and hope this may provide the information you are interested in.

A search for key words such as "Alcohol", "ETOH", "Intoxication", and "Drunk" identified an unexpectedly small number of the total incidents coded to assault and verbal abuse had included these words in the narrative.

Given the nature of any excessive alcohol/ drug use and its effects, patients may be recorded as having experienced a specific medical event (e.g. seizures, withdrawal), or in some cases as either specified or

non-specified drug intoxication, aggressive or inappropriate behaviour. A range of other behaviour descriptors such as 'aggressive, agitated' are frequently used in these reports, but do not provide a specific causation of the observed behaviour.

A similar key word search for incidents that included "Police" as identified a range of situations, such as Police bringing a patient to the hospital, patients calling Police, or being in attendance for other reasons. Without reading all of the incidents reports, it is not feasible to say they were involved in responding to alcohol related issues, but as already stated, this is likely to under-state the cases when this combination of factors occurs.

We are providing **(attached)** an extract of summary data from our Incident Reporting System identifying all cases of violence, and abuse towards staff for any reason/ cause, noting distribution by Services, towards any individual, resulting in a total of 956 reports).

- The second table is the summary of total cases where key words Police or Security were included narrative (Ninety-seven of the total related to Police), across all services.
- The third table is a summary of total cases where the keys words Alcohol, ETOH, Drunk, or Intoxicated were included in the narrative, across all services, noting this will not capture all cases where alcohol contributed to an incident.

Providing full copies of all these incident reports has potential to identify individuals, both staff and patients involved, and cause additional unnecessary distress. The information is used to support incident investigation and to provide appropriate support to staff following the incident. We do not believe the public interest is in providing this level of detail outweighs the high privacy interests of those affected at the time. We therefore withhold this information under section 9(2)(a) of the Act.

In June 2018, our Emergency Department transitioned to use of a reporting system 'Code Orange', which enables rapid reporting of incidents requiring a code orange response (including security) by Emergency Department staff. This enables easy, streamlined reporting for staff, and creates better statistics to be analysed for the Emergency Department services, where there is a higher level of concern about staff safety. Rather than relying on anecdotal reports, this system is now providing a more accurate basis on which remedial action can be taken. The scope of this type of reporting is wider than the classifications used in the incident system, to identify contributing factors and triggers etc. The system does not specifically capture any injuries occurring to staff or other patients in the Emergency Department.

#### Situations that may require a Code Orange Call

- Intimidating or manipulative behaviour from patient, whaanau or visitors
- Aggressive/ intoxicated or suicidal patient or visitor
- Event or behaviour in which staff feel uncomfortable or compromised
- Unwelcome visitors
- Patients, whaanau or visitors refusing to be sensitive to, or respect the rights of others to
- privacy, extremely stressed patient, whanau or visitors

At this stage, it is still too early to provide trends and themes; however, we note that most of the Code Orange calls relate to unprovoked verbally abusive behaviours by patients or family members towards Emergency Department staff and Security, and that these most often occur in the Waiting room/ Triage area. This behaviour is unacceptable in a health care environment, and the culture this creates has a significant effect on our staff member's ability to do their work.

Again, we are providing (**attached**) a brief summary of the available data, including cases where key words related to Alcohol or Police are used in the narrative.

For the reasons outlined, there are obvious limitations to the incident data we are able to provide to meet your request in the form you have requested it. The information provided here is not definitive, and presents an incomplete picture of the prevalence of the incidents our teams manage. Consequently, we recommend this be treated as indicative, rather than comprehensive detail. Given the differences in reporting systems, and in the DHB sizes and services, comparisons between DHBs can also be misleading, and we suggest caution in comparing different DHBs.

In December 2018, CM Health partnered with NZ Police, St John New Zealand, and Fire & Emergency New Zealand to develop a social media video and messaging that encourages people to treat first responders, (including DHB Emergency Department staff), with respect. Entitled "Please Don't", this message is regularly posted, and will be used on-going over long weekends and holidays <https://vimeo.com/307137943>

This is a matter of ongoing attention for the DHB, both in terms of staff and patient safety while in our facilities, and also as it relates to the overall Alcohol Harm Minimisation work we are progressing with our community.

I trust this information satisfactorily answers your query. Counties Manukau DHB responds to a number of requests for information harm to staff each year. Like other state sector agencies, we now proactively publish responses to Official Information Act requests in a searchable matter on our website.

- <https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-releasedoias/>

We believe that several of these responses will to some extent also address your question, and ask that you review them (best search term is 'harm to staff'), and contact us if you still require additional information.

If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman, under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa  
Chief Executive Officer  
**Counties Manukau Health**

**OIA 04062019 – MORRAH – Staff Harm security incidents, Alcohol Impaired**  
**INCIDENT REPORTING SYSTEM – 01/01/2018 to 14/06/2019**

Specific Incident (EMPLOYEE, PATIENT, VISITOR)	
Incident Classification ALL/ANY (ASSAULT, INAPPROPRIATE BEHAVIOUR, VERBAL ABUSE)	Count of File ID
ARHOP	126
CENTRAL CLINICAL SERVICES	15
KIDZ FIRST	23
MEDICINE/ EMERGENCY	211
MENTAL HEALTH	431
MIDDLEMORE CENTRAL	19
PRIMARY/ COMMUNITY	53
SURGICAL	61
WOMEN'S HEALTH	17
<b>Grand Total</b>	<b>956</b>

Table 1

SPECIFIC INCIDENT (ALL) Incident Classification (ALL)	
Word Search - "POLICE" "Security" (irrespective of cause of behaviour)	Count of File ID
abuse verbal	3
assault - physical	61
assault - verbal/gesture	21
behaviour - aggressive/threatening	115
behaviour - harassment	5
behaviour - inappropriate	39
behaviour - violent	17
hit/bitten/scratched by person	3
<b>Grand Total</b>	<b>264</b>

Table 2

SPECIFIC INCIDENT (ALL) Incident Classification (ALL)	
Word Search - ALCOHOL, ETOH, INTOX, DRUNK	Count of File ID
assault - physical	3
assault - verbal/gesture	3
behaviour - aggressive/threatening	4
behaviour - harassment	1
behaviour - inappropriate	6
behaviour - violent	1
<b>Grand Total</b>	<b>18</b>

Table 3

NOTE:

**Incident Reports for 01 January 2018 to 14 June 2019**

- EMERGENCY Department reporting via Code Orange commenced in June 2018, not included above
- SECURITY Services are stationed in Emergency 24/7, and available on an On-call basis across the rest of Middlemore Hospital.
- NZ POLICE may respond directly to incidents at Satellite sites/ Community, as well as be in attendance with patients at Mental Health and Emergency Department.

**OIA 04062019 – MORRAH – Staff Harm security incidents, Alcohol Impaired**  
**Emergency Department – CODE ORANGE reports to June 2018 to March 2019**  
 (Most recent quarterly report)

*Situations that may require a Code Orange Call*

- *Intimidating or manipulative behaviour from patient, whaanau or visitors*
- *Aggressive/ intoxicated or suicidal patient or visitor*
- *Event or behaviour in which staff feel uncomfortable or compromised*
- *Unwelcome visitors*
- *Patients, whaanau or visitors refusing to be sensitive to, or respect the rights of others to*
- *privacy, extremely stressed patient, whanau or visitors*

All Code Orange Reports By Location	Incidents Reported
Adult Assessment	29
Adult Short Stay	19
Kidz First	11
Medical Assessment	31
Monitored/ Resuscitation	24
Surgical Assessment	3
unknown	34
Waiting Room/ Triage	73
<b>Grand Total</b>	<b>224</b>

Table 4

Key Word "Police" in narrative description	total
Adult Assessment	3
Monitored/Resuscitation	4
unknown	2
Waiting Room/Triage	9
<b>Grand Total</b>	<b>18</b>

Table 5

SECURITY Services are stationed in Emergency 24/7,

Key question in Code Orange forms "Was Alcohol Involved?"	total
Adult Assessment	7
Adult Short Stay	1
Medical Assessment	2
Monitored/Resuscitation	12
Unknown/ outside	6
Waiting Room/ Triage	16
<b>Grand Total</b>	<b>44</b>

Table 6