Scottish Parliament Region: Central Scotland

Case 200700635: Lanarkshire NHS Board

Summary of Investigation

Category

Health: Hospital; Discharge procedure

Overview

The complainant (Ms C) raised concerns that her brother (Mr A) was unable to walk without aids after his discharge from Hairmyres Hospital (the Hospital) and that this had not been detected prior to his discharge.

Specific complaint and conclusion

The complaint which has been investigated is that Mr A's mobility was not adequately assessed prior to his discharge from the Hospital (*upheld*).

Redress and recommendations

The Ombudsman recommends that Lanarkshire NHS Board (the Board) remind relevant staff of the need to take measures to prevent foot drop and to record all relevant information in patients' clinical records.

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. The aggrieved (Mr A) is a 37-year-old man with known learning disabilities and severe epilepsy. Mr A was admitted to Hairmyres Hospital (the Hospital) on 18 March 2006 with pneumonia and was discharged six weeks later. Upon his return home, it was discovered the he could no longer weight bear, which he could do prior to admission. This appeared to be due to foot drop and persisted, necessitating the use of a wheelchair.

2. On 19 October 2006, an advocacy worker complained to Lanarkshire NHS Board (the Board) on behalf of Mr A about Mr A's foot drop and consequent lack of mobility on discharge. Mr A's sister (Ms C) complained to the Ombudsman on 24 May 2007.

3. The complaint from Ms C which I have investigated is that Mr A's mobility was not adequately assessed prior to his discharge from the Hospital.

4. Ms C did not raise any other concerns about the appropriateness of Mr A's discharge from the Hospital.

Investigation

5. During my investigation of this complaint, I reviewed background documentation from Ms C and from the Board. I also obtained copies of Mr A's relevant medical records and received advice from the Ombudsman's nursing adviser (the Nursing Adviser) and the Ombudsman's medical adviser (the Medical Adviser).

6. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C and the Board were given an opportunity to comment on a draft of this report.

Foot Drop

7. This condition is characterised by reduced or total inability to move the foot upwards from the ankle. When walking, this tends to cause the foot to flop downwards to the ground. This set of symptoms can be caused by neurological conditions including damage to spinal nerves. It can also be caused by pressure on a particular nerve – the common peroneal nerve, especially at a

point just below the outside of the knee. Other rarer causes of foot drop include side effects of certain drugs and muscle diseases.

Complaint: Mr A's mobility was not adequately assessed prior to his discharge from the Hospital

8. Mr A was admitted to the Hospital on 18 March 2006 suffering from a flu-like illness and productive cough. His conscious state had become impaired and his condition had particularly worsened in the previous 24 hours.

9. When admitted, Mr A had a fever and was in respiratory failure with a very slow breathing rate. He required emergency intubation and transfer to the Intensive Treatment Unit (ITU) for artificial ventilation. A chest x-ray showed severe bilateral pneumonia. He also had a moderate degree of kidney failure due to dehydration.

10. By 1 April 2006 Mr A's chest infection was clearly responding to treatment, efforts were made to wean him off the ventilation and his conscious levels improved. He continued to make progress and was able to sit out of bed. On 14 April 2006, he was transferred out of ITU and the ITU notes record a need for 'appropriate physio follow-up'. On the 17 April 2006, the notes indicate that Mr A's family were concerned about his lack of mobility and physiotherapy was noted to be due the following day. Mr A's general condition continued to slowly improve though this seems to largely relate to his chest problem.

11. During his stay in the Hospital, an incident occurred when Mr A was being transferred from his bed to a chair when he pushed himself out of the sling and into the chair. The Board have acknowledged that this could have been prevented had Mr A's carer been allowed to be present during the process. Ms C contends that Mr A had a fall during this incident and suffered bruising at the base of his spine and that injuries sustained during the fall might have contributed to his subsequent mobility problems. The Board responded that there was no record of Mr A having a fall during the transfer or of any bruising at the base of his spine.

12. On 25 April 2006, Mr A was considered well enough for discharge as he was maintaining reasonable oxygenation whilst breathing air.

13. At home, it was found that Mr A could not weight bear and the community physiotherapist made a diagnosis of left foot drop. Mr A subsequently required

a wheelchair and walking aid to provide some mobility and suffered from pain in his foot. Ms C emphasised that this had caused Mr A and his parents some considerable inconvenience as he required to sleep in the lounge and was unable to go upstairs to use the bathroom.

14. The Medical Adviser commented that, during the first few weeks of Mr A's admission to the Hospital, his mobility was severely impaired because he was so ill and was, for a large part of this time, kept in a sedated state. Voluntary mobility would have been impossible. The Medical Adviser also stated that the foot drop that was found later was possibly also a factor in Mr A's failure to regain mobility. The Medical Adviser stated that there was nothing in the records to indicate that Mr A's poor mobility was properly assessed.

15. The Medical Adviser explained that Mr A had a very severe illness and during this, it was inevitable that nutrition was poor despite artificial feeding. In these circumstances, it was almost certain that muscular weakness would have resulted and would also have contributed to loss of ability to weight bear. He explained that nutritional disorders can also cause damage to peripheral nerves, as can trauma and infection. The Medical Adviser concluded that Mr A's failure to regain mobility probably was multi-factorial in origin.

16. The Medical Adviser stated that the foot drop, if this was correctly diagnosed, was one factor in Mr A's failure to regain mobility and could have been contributed to by muscular and peripheral nerve disorders. However, he agreed with the Board that, in this case, prolonged immobility due to illness could have resulted in pressure on the common peroneal nerve. He went on to state that it was most likely that the pressure related to nerve damage was sustained while Mr A was very ill in ITU. He also noted that Mr A's position was regularly changed by nursing staff and that, at no time during his hospital stay, was Mr A able to weight bear.

17. The Medical Adviser reviewed Mr A's physiotherapy records for the relevant period. He explained that from 20 March 2006 to 7 April 2006, these concentrate on care and treatment for respiratory failure and chest infection. On 10 April 2006, the physiotherapist recorded a conversation with Mr A's parents about his previous level of mobility. It was noted that he had previously been independently mobile although slow. In subsequent days, efforts were made to help Mr A to weight bear but muscle weakness was such that this could not be achieved.

18. From 18 April 2006 onwards, the physiotherapy records indicate that Mr A did not co-operate with weight bearing and mobilisation attempts and was, at times, quite aggressive. Mr A had learning disabilities and had never been in hospital before; he was, therefore, frightened at times. The final entry which is undated but probably made around 25 April 2006, states that Mr A was 'still adamantly refusing to mobilise'. The physiotherapist noted that Mr A's discharge was already planned and out-patient physiotherapy was arranged. There is no evidence in the physiotherapy notes that Mr A's foot drop was detected by the physiotherapist in the Hospital. It is clear that the management of Mr A, once the chest problem had been resolved, was extremely difficult. The Medical Adviser stated that, although he was sympathetic to this fact, no attempt was made to check on the reasons for Mr A's loss of mobility compared to his abilities prior to admission.

19. The Medical Adviser stated that he could find no evidence in the health records of a proper assessment of Mr A's neurological status or mobility status prior to discharge. He explained that the medical records suggest that, in the days prior to discharge, the focus of medical attention was on Mr A's respiratory state and that his discharge was considered dependent on achieving adequate blood oxygenation. No mention was made about his physical capabilities.

20. The Medical Adviser concluded that a serious omission occurred in failing to detect Mr A's foot drop prior to going home and that medical and/or physiotherapy staff at the Hospital should have detected the problem. He stated that there was a serious failure to assess Mr A's mobility prior to discharge and that there was a lack of pre-discharge assessment and poor discharge planning. He advised that there was a clear need for a multi-disciplinary approach to Mr A's discharge and that greater attention to his mobility might have resulted in detection of the foot drop and appropriate care for this aspect of his mobility.

21. The Nursing Adviser commented that the discharge note states that there will be a physiotherapy review at home two days after discharge but makes no mention of a request to review foot drop. He could also find no reference to any assessments being made of Mr A's feet to check that he was not developing foot drop, and no mention of the need to support his feet whilst in bed to prevent the development of foot drop. He stated that this was a significant concern, as it is a known complication of nursing a patient in bed and should have been

considered. He commented that there was no mention of a comparison of Mr A's mobility on discharge compared to his mobility on admission. The Nursing Adviser stated that no assessment appeared to have been carried out before Mr A's discharge. He stated that, had an assessment been completed, it was likely that the foot drop would have been noticed.

22. The Nursing Adviser concluded that he was concerned that there was no evidence of any preventative measures to discourage development of foot drop, no notes that it was a risk, and no assessment prior to discharge to determine the reasons for the significant change in Mr A's mobility status compared to that prior to admission.

23. In their response to the complaint, the Board apologised for their failure to identify Mr A's foot drop. They also explained that they had taken steps to constantly reinforce the importance of full neurological examination to medical staff to try to help ensure that problems such as foot drop can be identified promptly.

Conclusion

24. There is no evidence in Mr A's records that any assessment of Mr A's mobility was carried out prior to his discharge. The Medical Adviser commented that this was a serious omission and that a proper mobility assessment would have detected foot drop. The Nursing Adviser concurred with this view and also noted that the records do not mention any assessment of Mr A's feet or any measures taken to prevent foot drop. I accept their advice and I uphold this complaint. However, I am satisfied that the Board have taken appropriate steps to remedy this failing.

Recommendation

25. The Ombudsman recommends the Board remind relevant staff of the need to take measures to prevent foot drop and to record all relevant information in patients' clinical records.

26. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify her when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Mr A	The aggrieved, Ms C's brother
The Hospital	Hairmyres Hospital
The Board	Lanarkshire NHS Board
Ms C	The complainant
The Nursing Adviser	The Ombudsman's nursing adviser
The Medical Adviser	The Ombudsman's medical adviser
ITU	Intensive Treatment Unit