Parliament Region: Lothian

Case 200901459: Lothian NHS Board

Summary of Investigation

Category

Health: Hospital; Accident and Emergency

Overview

The complainant (Ms C) raised concerns about the treatment she had received when she attended the Accident and Emergency (A&E) unit at the Royal Infirmary of Edinburgh in the area of Lothian NHS Board (the Board) following an injury to her leg.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) the diagnosis provided by the Board was not reasonable (*upheld)*; and

(b) the care provided in Hospital 1 was inadequate (*upheld*).

Redress and recommendations

The Ombudsman recommends that the Board:	*Completion date*
(i) should give consideration to implementing the Ottawa knee decision rules when assessing A&E patients if these are not already in place;	20 October 2010
(ii) should apologise for the shortcomings in the care provided which are highlighted in this report; and	6 October 2010
(iii) devise/review their pain management guidelines and ensure that all A&E clinical staff are aware of the guidelines.	3 November 2010

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

Main Investigation Report

Introduction

1. On 3 July 2009 the complainant (Ms C) wrote to my office to submit a complaint against Lothian NHS Board (the Board). Specifically, the complaint was against the Royal Infirmary of Edinburgh (Hospital 1) Accident and Emergency Department (A&E).

2. The complaint related to the overall care and diagnosis Ms C received when she attended A&E with an injury to her leg on 18 May 2009. Ms C was assessed at A&E and diagnosed as suffering from a soft tissue injury to her knee.

3. Ms C returned to her home in England and visited her local hospital (Hospital 2) on 20 May 2009 where she was assessed and referred to a fracture clinic after having her leg put into plaster. Following assessment at the fracture clinic, Ms C was diagnosed as suffering from a fracture of the lateral tibial plateau.

4. The complaints from Ms C which I have investigated are that:

(a) the diagnosis provided by the Board was not reasonable; and

(b) the care provided in Hospital 1 was inadequate.

Investigation

5. In conducting the investigation of this case my complaints reviewer made enquiries of the Board, Ms C, an NHS Trust in England (the Trust) and also sought advice from two of my independent professional advisers (Adviser 1 who is a highly experienced Accident and Emergency clinician and Adviser 2 who is an Accident and Emergency consultant) regarding the clinical aspects of the case.

6. The investigation consisted of a desktop review of the clinical records, obtained from the Board and the Trust, as well as all complaints correspondence between Ms C and the Board. The advice from Adviser 1 and Adviser 2 also contributed to the overall investigation of the complaint.

7. 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 my proposed report. An explanation of the

abbreviations used in this report is contained in Annex 1, a glossary of terms is at Annex 2 and a list of the references considered is at Annex 3.

(a) The diagnosis provided by the Board was not reasonable

8. The evidence shows that Ms C attended A&E and was assessed by the doctor on duty (the Clinician). There is no evidence to suggest that Ms C was initially assessed by a triage nurse and there is no evidence which shows that a pain assessment or pain scoring was carried out at A&E.

9. The evidence shows that the Clinician documented a history of Ms C as having tripped and fallen in the supermarket twisting her right knee. Ms C argued that she did not trip and fall but that her knee gave way while walking and she fell to the ground. There are various aspects of Ms C's account of events which contrast with those recorded in the medical notes.

10. The evidence in the medical notes records that the Clinician assessed Ms C as suffering from a soft tissue injury with slight swelling to the kneecap. The evidence also records that Ms C was able to weight-bear and that there was reduced range of movement of the knee although this apparently was a long-term problem.

11. Ms C has stated that she was not able to weight-bear and had to be assisted by her friend when leaving the A&E as a result. Ms C has also stated that she was in considerable pain during the assessment by the Clinician.

12. The Clinician, having diagnosed a soft tissue injury, advised that Ms C apply a combination of rest and ice with pain relief and that she attend her GP if she was still in pain after one week.

13. Ms C attended Hospital 2, near her home in England, on 20 May 2009 with persisting symptoms. At this stage she had x-rays undertaken, however, the results of the x-rays were inconclusive. Ms C's knee was put into a plaster cast, she was provided with crutches and advised not to place weight on her injured leg. She was discharged with a fracture clinic follow-up appointment on 21 May 2009 and painkillers.

14. A computed tomography (CT) scan was conducted by the fracture clinic which was inconclusive, however, a magnetic resonance imaging (MRI) scan subsequently showed a fracture of the lateral tibial plateau.

15. In reviewing the clinical aspects of the case, Adviser 2 has provided useful comment on the Clinician's assessment and management of Ms C. Adviser 2, citing from *Knee injury, soft tissue, Levy DB et al, December 2009* (accessed on emedicine.medscape.com), stated 'Soft tissue injuries of the knee are some of the most common and clinically challenging musculoskeletal disorders in patients presenting to the ED'. As a consequence, clinical practice 'decision-rules' have been developed for knee injuries and are now recognised as guidance. These guidelines, the Ottawa knee injury decision rules, indicate when to request an x-ray for a patient who presents with an injury to the knee:

> 'A knee x-ray is only required for knee injury patients with any of these findings:
>
> - Age 55 or over;
> - Isolated tenderness of the patella;
> - Tenderness at the head of the fibula;
> - Inability to flex to 90 degrees;
> - Inability to weight bear both immediately and in the casualty department.'

16. Taking account of these guidelines, Ms C should have been referred for an x-ray for further investigation. Ms C has confirmed that she was not able to weight-bear although this is contested by the Clinician's notes. Ms C was eligible for referral for an x-ray based on her age.

17. Adviser 1 stated that, taking account of the symptoms Ms C presented with at Hospital 1, an x-ray should have been ordered.

(a) Conclusion

18. It is noted that when Ms C underwent an x-ray and CT scan when she returned home, both images proved to be inconclusive, with an MRI scan needed to diagnose the condition of Ms C's leg. This does not negate the fact, however, that a diagnosis of a soft tissue injury was not accurate. The fact that further investigation, in the form of an x-ray, was warranted in line with the Ottawa knee rules, and was not undertaken, compounds the failing to fully assess the injury.

19. Adviser 2 has noted that had an x-ray been ordered by the Clinician the treatment delivered to Ms C may not have altered significantly. The failure to

request further investigation, however, was a shortcoming in service and as such I uphold this aspect of complaint.

(a) Recommendation

20. I recommend that the Board:	*Completion date*
(i) should give consideration to implementing the Ottawa knee decision rules when assessing A&E patients if these are not already in place.	20 October 2010

(b) The care provided in Hospital 1 was inadequate

21. Ms C complained about the overall way in which she was treated at Hospital 1 including how the Clinician failed to adequately provide pain relief. The evidence suggests that when Ms C was admitted to Hospital 1 she was not assessed for pain scoring. This should have been done and adequate analgesic provided based on the pain score.

22. There is no evidence available to suggest that Ms C received analgesic as a result of her assessment at Hospital 1. Furthermore, she was not provided with any crutches when she left Hospital 1. Upon reviewing the overall care provided to Ms C, Adviser 2 has stated that the overall pain management was not satisfactory. Adviser 1 has highlighted a significant shortcoming in the failure to initially assess Ms C's pain score, provide adequate pain relief and then carry out a repeat pain assessment.

(b) Conclusion

23. This aspect of complaint is upheld. The care provided fell well short of the required standard and led to Ms C suffering unnecessary pain for a considerable period. The failure to provide crutches compounded the failure to provide pain relief and underlines the failings in the overall care provided highlighted by Adviser 1 and Adviser 2.

(b) Recommendations

24. I recommend that the Board:	*Completion date*
(i) should apologise for the shortcomings in the care provided which are highlighted in this report; and	6 October 2010
(ii) devise/review their pain management guidelines and ensure that all A&E clinical staff are aware of the guidelines.	3 November 2010

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

Annex 1

Explanation of abbreviations used

Ms C	The complainant
The Board	Lothian NHS Board
Hospital 1	The Royal Infirmary of Edinburgh
A&E	Accident and Emergency
Hospital 2	The Hospital near Ms C's home
The Trust	The Trust responsible for Hospital 2
Adviser 1	The Ombudsman's Adviser
Adviser 2	The Ombudsman's Adviser
The Clinician	The Doctor who treated Ms C in A&E
CT	Computed tomography
MRI	Magnetic resonance imaging

Annex 2

Glossary of terms

Computed Tomography (CT) scan	Detailed x-ray taken by computer
Lateral tibial plateau	Top of shin bone just below the knee
Magnetic Resonance Imaging (MRI) scan	A radiology technique that uses magnetism, radio waves and a computer to produce images of body structures

Annex 3

List of references considered

Knee injury, soft tissue, Levy DB et al., December 2009 (accessed on emedicine.medscape.com).