Investigation report

Drug and complaint management protocols used by the Queensland Ambulance Service

October 2016

Office of the HEALTH OMBUDSMAN

Listen. Respond. Resolve.

Investigation report— Drug and complaint management protocols used by the Queensland Ambulance Service

Published by the Office of the Health Ombudsman, October, 2016

For more information contact:
Office of the Health Ombudsman, PO Box 13281 George Street, Brisbane QLD 4003, email info@oho.qld.gov.au.

An electronic version of this document is available at www.oho.qld.gov.au.

Table of Contents

Background

Between April and May 2015, my office received several complaints about individual Queensland Ambulance Service (QAS) staff—primarily paramedic staff—who were alleged to have misappropriated schedule 4[1] and schedule 8[2] drugs between 2012 and 2015. The drug misappropriations were also alleged to have gone undetected by the QAS and a further theme highlighted through these complaints was concerns with the QAS's overall approach to internal complaints management.

On 21 August 2015, QAS Commissioner Mr Russell Bowles ASM[3] wrote to me to advise that the Department of Health had conducted an internal audit of the QAS's drug management practices. The results of that audit were handed down in April 2014 and highlighted four key areas for improvement and 27 associated recommendations. These recommendations were implemented by the QAS by 25 November 2014.

In this correspondence, the QAS welcomed a systemic investigation by the Office of the Health Ombudsman in order to review the steps taken by the QAS to address the highlighted areas of concern and advise on any future reporting that the QAS should undertake to satisfy my office that its procedures continue to ensure optimal patient safety.

Facility

The QAS is a statewide service within the Department of Health. The QAS provides pre-hospital ambulance response services, emergency and routine pre-hospital patient care and transport services, co-ordination of aero medical services, inter-facility ambulant transport and planning, and co-ordination of multi-casualty incidents and disasters.

The QAS is arranged into 15 geographical Local Ambulance Service Networks (LASN). There is also a 16th statewide LASN, which has seven QAS operation centres distributed throughout Queensland that manage emergency call-taking, operational deployment and dispatch, and co-ordination of non-urgent patient transport services.

A Commissioner is appointed to oversee the QAS and is responsible for directing the day-to-day operations. Mr Russell Bowles ASM is the current Commissioner.

---

[1] Drugs (or medications) are classified as schedule drugs if they are included in the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP). Under the SUSMP Schedule 4 drugs are only available with a prescription.
[2] Under the SUSMP Schedule 8 drugs are only available with a prescription and are classified as controlled drugs. These drugs have a high potential for abuse and addiction so possession of them without authority is an offence.
[3] Ambulance Service Medal.

Investigation scope

Given the QAS's critical role in providing specialised, high quality and effective healthcare to the public, and the themes arising from the complaints to my office, I decided to commence an own motion investigation[4] into systemic concerns about the QAS's drugs and complaints management processes. Specifically, my office's investigation considered whether the QAS has effective and appropriate mechanisms in place for:

- safe medication management, particularly in relation to the procurement, storage, distribution, supply, administration, destruction, and monitoring of and accounting for schedule 4 and 8 drugs
- monitoring, investigating, reporting and otherwise appropriately responding to medication incidents—specifically in relation to the detection, recording and reporting of suspected or confirmed tampering, theft, diversion or other misuse of drugs by QAS officers
- handling of consumer complaints, including internal assessment and investigation processes, client engagement, notification and quality assurance reviews.

Inquiries by my office

During the investigation, my office obtained, reviewed and analysed the following information which was supplied as part of the response from the QAS:

- Department of Health Strategic Plan 2014-2018
- QAS LASN Directive, February 2014
- Department of Health Audit, April 2014
- QAS Drug Management Practices within QAS – Project Plan, Version 1.1, April 2014
- Department of Health email confirming closure of internal audit, dated 25 November 2014
- QAS Clinical Incident Management Plan, Version 1.0, February 2015
- QAS policy for the establishment of LASN – Clinical Governance Committee, Version 1.0, February 2015
- QAS Workplace Investigations Procedure, Version 1.1, February 2015
- QAS Drug Management Code of Practice, Version 3.1, July 2015
- QAS Drug Storage & Security Guideline, Version 1.0, 24 August 2015
- QAS ADAPT[5] Handbook, Version 1.08, September 2015

---

[4] Section 80(c) of the *Health Ombudsman Act 2013* (the Act) allows the Health Ombudsman to commence an investigation into another matter that the Health Ombudsman considers is relevant to achieving the objects of the Act, including public health and safety.

[5] ADAPT is a software program designed to streamline and improve drug management procurement and auditing procedures within the QAS. ADAPT has five components: audit, safe management, drug management, reports and

- QAS Operational Incident Reporting, October 2015
- QAS reporting on key performance indicators for October 2015
- QAS Organisational Structure
- Department of Community Safety Complaints Management Procedure, Version 1.1
- summary of medication management incidents identified and investigated by QAS
- COAG[6] Health Council *National Code of Conduct for Health Care Workers (Queensland)*.

Department of Health audit

The QAS Commissioner requested a review of the QAS's drug management practices following an incident involving the misappropriation of medication. The QAS drug management practices are governed by the QAS *Drug Management Code of Practice*, which provides a framework for the management of drugs within the QAS.

Scope of the audit

The Department of Health audit[7] focused primarily on schedule 4 (restricted drugs of dependence) and schedule 8 (controlled drugs) drugs within selected stations from the Metro North, Metro South and West Moreton LASNs for the period 1 January 2012 to 31 August 2013.

The objectives of the audit were to:

- determine whether drug procurement practices were in accordance with the code
- assess the accuracy of the entries for schedule 4 and schedule 8 drugs in selected stations' *Controlled Drug and Restricted Drug of Dependence Registers*
- ensure appropriate checks and audits were conducted in accordance with the code and that there was adequate supporting documentation
- provide recommendations for business improvement and ensure that controls, governance and accountability relating to drugs management was further strengthened and enhanced.

Issues identified by the audit

The audit did not find evidence of systemic misappropriation of drugs across the review sites but noted that a combination of control weaknesses and breakdowns contributed to the drug misuse incidents.

---

administration. As at 26 November 2015, ADAPT was a working model being developed to interact more fully with the other QAS IT programs.

[6] COAG is the acronym for the Council of Australian Governments, which is the peak intergovernmental forum in Australia; comprising of the Prime Minister, State and Territory Premiers and Chief Ministers, and the President of the Australian Local Government Association.

[7] The audit was completed by the Internal Audit Unit, Governance Branch, Department of Health.

The audit identified the following four issues of concern, which were all given a high risk rating:

1. Non-compliance with the code.
2. Strengthening the procurement and management of controlled drugs and other procurement practice improvements.
3. Strengthening the drug audit process.
4. Other drug management issues.

Non-compliance with the code

The code provides detailed guidance across a range of topics all relating to the procurement, recording and management of schedule 4 and schedule 8 drugs. Specifically, the code covers:

- purchasing and receiving drugs
- transferring drugs between officer/s and stations
- discarding unused portions of drugs already drawn up
- drug ampoule breakages
- administering drugs to a patient.

Additionally, the code has a series of annexures that provide examples on how the drug registers should be completed. Despite this clear guidance, the audit found that there was widespread non-compliance with the code across all of the above topic areas.

The key repeating themes identified by the audit in relation to this issue were the failure of QAS officers (including management) to:

- properly receipt drug orders, maintain records of orders and secure the drugs purchase order book
- make proper and fulsome entries in the drug registers—e.g. recording breakages as discards or failing to have a second checker sign an entry, particularly in high risk transactions such as breakages/discards/transfers
- consistently conduct weekly and monthly drug audits and maintain the records of the audits
- address repeated non-compliance with the code.

Procurement practice improvements

The QAS used a single supplier for the procuring of all schedule 8 drugs. Individual stations were responsible for ordering, receipting and paying for drugs. The code stipulates that when ordering schedule 8 drugs, the quantity must be within the holding limits for the station. The code also requires all purchases to be approved by LASN managers or equivalent ranks.

The audit identified the following:

- A majority of officers-in-charge (OIC) interviewed were not aware that stations had holding limits for schedule 8 drugs.
- A majority of OIC were completing the orders for schedule 8 drugs without seeking relevant authorisation. These orders were being made directly between the OIC and the supplier, often with the OIC attending the supplier's warehouse, without a second checking officer, to collect the drugs.
- Stocks of schedule 4 and schedule 8 drugs were managed in an ad-hoc, manual manner which, combined with the poor compliance with the code, contributed to weak control over drug stock movements including
  - ordering, purchasing and receiving schedule 8 drugs
  - breakages, discards and transfers
  - administration of drugs to patients.
- A lack of monitoring and analysis by management of the supplier data, which is a key control mechanism in any procurement environment.
- Certain stations were warehousing bulk quantities of schedule 8 drugs to supply to other stations, which was not in compliance with the code or the Health (Drugs and Poisons) Regulation 1996[8].

Strengthening the drug audit process

Under the code, the OIC and a second checking officer are required to perform weekly, monthly and quarterly drug audits. The officers involved in the audits were from the relevant station where the audit was being conducted.

The key challenges with the drug audit process were:

- the lack of independence of officers performing the audit eroded the value of the audit as a control mechanism
- officers did not appear to appreciate the importance of the audit—they considered it to be an administrative function that was, at times, not completed or only completed by one officer
- there was a lack of cross-checking between stations when drug transfers had occurred—e.g. no checking of whether the receiving station had a corresponding entry in their drug register for the transfer
- the audit steps were duplicated across the weekly, monthly and quarterly audits, causing the officers frustration
- LASN management did not independently verify or check the certifications made on the audit forms and without any adequate checking, or other management oversight, the accuracy and quality of the information was questionable

[8] Section 122A of the Regulations has the effect of prohibiting the QAS from warehousing or distributing Schedule 8 drugs as it does not hold a license for such activities as required under the Regulations.

In addition, the QAS Office of the Medical Director[9] was required to complete an audit of a random QAS location within each LASN every two years. These audits were not been completed as required, with the Acting Executive Manager, Clinical Standards and Quality[10] confirming that the number of audits undertaken by the Office of the Medical Director was in the single digits. The lack of audits was largely due to resourcing issues.

Drug management issues

The audit identified key areas of drug management that posed a high risk for the QAS in relation to the possible misuse or misappropriation of drugs. These were:

- **Swapping out drugs**—This is a process where an officer from station 1 attends, draws up the required drug and administers part or all of the drug to the patient. An officer from station 2 then arrives and swaps out and restocks the drug used by station 1 officer. Any unused portion of the drug was then transferred from station 1 officer to station 2 officer for use while transporting the patient to hospital. The drug registers for station 1 and station 2 are not completed for these transfers and swap outs. There was no documentary evidence of this practice, but all OIC interviewed confirmed that the practice occurred.
- **Drug ampoule breakages**—The process for managing these breakages was inconsistent across the stations audited.
- **Excessive drug discards**—This was categorised as a drug discard equalling more than or the equivalent of one ampoule. There was a high instance of drug discards and while these may be legitimate, such practices create a risk for misuse or misappropriation and may indicate that officers need training around clinical decision making to limit the discards.
- **Monitoring discarded drugs**—Most stations do not monitor patterns in discards at either the individual officer or station level. Such monitoring is an important control mechanism as it can be an indicator of misuse or misappropriation.
- **Disposal of out-of-date drugs**—The code requires expired drugs to be disposed of via the Department of Health. None of the stations audited were aware of this requirement nor did they monitor the disposal of expired drugs. Most disposed of expired drugs in yellow sharps bins.
- **Security concerns**—The drug safes were found to be adequately secured, but there were improvements that could be achieved in relation to the suite of security measures, including cameras, safe access codes, safe locations, and the possibility of alternative drug safe systems.

---

[9] The Office of the Medical Director is responsible for developing clinical strategic directions and policy in order to ensure the provision of high quality preventative and responsive ambulance services and to provide advice on key research projects and education strategies which contribute to the organisational performance of the QAS.
[10] The Clinical Standards and Quality team forms part of the Office of the Medical Director clinical team and reports to the Executive Manager, Clinical Standards and Quality. The team is responsible for assisting the Medical Director by undertaking a range of clinical governance, quality assurance and patient safety activities, including conducting and overseeing statewide approved audit programs and investigations to ensure that the service delivery and clinical governance objectives of the QAS are achieved.

Risks identified by the audit

Throughout the audit, there were repeating trends of the types of risks the QAS was exposed to through the deficiencies in its drug management practices. The key risks were:

- possible risks to public safety through misuse or misappropriation, unsafe disposal and other drug management issues
- exposure to possible breaches of the Health (Drugs and Poisons) Regulation 1996 and other legislative requirements
- drug issues, including intentional misuse or misappropriation, going undetected and unmanaged
- training deficiencies going undetected and unmanaged
- sustained poor practices due to a lack of oversight, management and correction of existing practices
- inaccurate information being generated and relayed to management, the Office of the Medical Director and the Commissioner resulting in decisions being made on possibly incomplete or incorrect data
- major stakeholder relationship and reputational impacts for the QAS, the Department of Health and the Minister for Health.

Queensland Ambulance Service response to the audit

The audit made 27 recommendations for QAS to address various issues in drug management. These are discussed in detail in the *Review of implementation of audit recommendations* section in this report.

The QAS accepted all recommendations made in the audit and committed to implementing the recommendations in full. On 25 November 2014, the Department of Health signed off the QAS's compliance with the audit recommendations, with some proposed elements of the implementation plan, including education surrounding the code and introduction of a new drug management program, commencing in March 2015.

Queensland Ambulance Service submission to the office

On 6 November 2015, my office sent a detailed request to QAS seeking information in relation to 11 key areas surrounding the QAS's drug and complaint management protocols.

On 26 November 2015, the QAS provided a detailed submission to my office responding to my request and also commented on the areas of concern highlighted by the Department of Health audit and the remedial action taken by QAS to address the concerns.

A summary of the QAS's submission in relation to those areas not covered by the audit is below.

Queensland Ambulance Service response to adverse drug incidents

- QAS has employed a senior clinical pharmacist to oversight the management of the code and electronic drug management and procurement.

- In February 2015, the QAS established the LASN Clinical Governance Committee which has a variety of responsibilities, including oversight of compliance with drugs management practices in the LASNs.
- On 7 October 2015, the *Operational Incident Reporting Guideline* was introduced and provides for the best practice in the reporting of operational incidents in a timely manner and ensuring transparency, accuracy and accountability.
- The process for an incident notification is—incident occurrence, detection/notification, OIC/clinical support officer response, LASN action and notification to the Deputy Commissioner, State LASN Operations.[11]
- The detection and monitoring of aberrant employee behaviour may be as a result of an external investigation, incident or behavioural triggers, which can be highlighted through the Clinical Audit and Review Tool or Clinical Governance Committee review.
- Whether an investigation is conducted depends on the severity of the incident and will be assessed as per the *Operational Incident Reporting Guideline*. For an investigation, the management process is conducted by the LASN with oversight by a senior officer at state level. If an incident involves suspected drug misappropriation, an investigation will be conducted in accordance with the Queensland Public Service expectations and/or the matter may be referred to the Queensland Police Service.
- If there is a medication related incident, an immediate notification is made via an Operational Incident Report. The LASN is responsible for central notification via a briefing note, evidence and other supporting materials regarding the incident. If an incident is serious, the QAS will make proactive notifications to my office and/or the Queensland Police Service. The QAS may also implement interim measures for individuals involved with the incident, ranging from internal restrictions to suspension from employment.

Case study 1—Queensland Ambulance Service application of new drug management procedures

The following de-identified case study demonstrates how the QAS has put its new drug management protocols into practice.

Case study 1

In August 2015, the QAS notified my office that a QAS officer may have been misusing drugs. The QAS took preliminary steps to remove the officer from operational duty in July 2015. The QAS investigated the incident via the Cairns and Hinterland LASN.

On 11 November 2015, the QAS provided my office with a copy of the investigation report and the outcomes from the investigation. The QAS officer was entitled to return to duties with conditions imposed on their practice.

The investigation also highlighted that the officer did not strictly comply with the code in relation to drug discards. This remains an area where an opportunity exists for inappropriate access to drugs by susceptible individuals.

The senior clinical pharmacist was asked to undertake a focused review of the *drug discard* process within the QAS and further educational material was prepared for dissemination to all staff about drug misappropriation.

[11] The Deputy Commissioner, State LASN Operations, meets fortnightly with Human Resources and Employee Relations to discuss the progress of current incidents.

Queensland Ambulance Service management of complaints

- A consumer complaint received by an LASN is assessed and centrally reported to the Commissioner's office. A register of complaints and outcomes was introduced on 1 May 2014 and includes information about complaints received from April 2014 onwards. This register is tracked by senior management for quality assurance. Selected complaints are also reviewed by the Clinical Governance Committee.
- The QAS has implemented the Queensland Health Clinical Incident Management System and uses the QAS *Clinical Incident Management Plan* to guide staff in incident management.[12]
- Management of complaints is a *5 phase* process involving receipt, assessment, actions taken to address the complaint, outcome and system improvement (if any), and monitoring the effectiveness of the improvements and reporting.

Queensland Ambulance Service involvement with legislative reform

- The pre-hospital healthcare environment is significantly different to the ward based hospital practices so the QAS senior pharmacist has been nominated to assist with the restructure of the Health (Drugs and Poisons) Regulation 1996.
- The QAS is also networking with the Department of Health Medicines Compliance and Human Tissue Unit[13] to streamline the Health (Drugs and Poisons) Regulation 1996 and assist QAS staff to maintain a high level of knowledge and practice in relation to medication management.

Future Queensland Ambulance Service initiatives for medication management

The QAS will undertake the following medication management initiatives:

- drug misappropriation education package
- new drug boxes to minimise breakages and enhance storage
- generation of high level reports through ADAPT system
- transition from vials to ampoules, where possible, to minimise opportunities for tampering
- upgrades of ADAPT and the electronic ambulance report forms.

[12] Part of this plan requires QAS to disclose clinical incidents to patients and/or their families and carers. This open disclosure process may occur immediately after an event, if a low severity case, or may be ongoing and formal in a severe or high risk severity case. When formal open disclosure is undertaken, it is guided by the Australian Open Disclosure Framework.
[13] Formerly known as Medicines Regulation and Quality.

Review of implementation of audit recommendations

The following table sets out the recommendations made by the Department of Health audit, the action taken by QAS, their response to my office, and my assessment of whether the action taken has remedied the deficiencies identified in the QAS's drug and complaint management protocols.

Table 1 Audit recommendations and response

No.[14]	Audit recommendation	QAS corrective action	QAS submission to the office	Evaluation of action – effective or ineffective
Non-compliance with the Code				
1.1.1	QAS management reinforce requirements of the code and issue an all staff directive	31/03/2014 – LASN Directive 07-14 *Queensland Ambulance Service Drug Management Code of Practice Updates* issued to all staff.	▪ From 1 January 2014 to 26 November 2015, the Commissioner issued 8 LASN Directives about various topics. ▪ Through education and discussion, officer awareness of the code and its requirements has increased. ▪ Introduction of a senior clinical pharmacist to assist with a multitude of functions to ensure best practice drug management and clinical decision making, including reviews and updates to the code.	Effective
1.1.2	QAS management strengthen compliance with the code.	▪ Update to the code requiring at least one weekly audit of each drug safe— *routine audit*. ▪ Introduced electronic systems where practicable.	▪ Routine audit is a systematic review of drug registers to verify: transferred, ordered, lost/stolen, expired and/or discarded drugs, breakages and drug	Effective

[14] Recommendation 2.2.3 and 4.1.5 were not included as they relate to specific issues identified with Metro North LASN. Also, recommendation 2.2.5 was not included as it relates to a QAS audit of credit notes for drugs. Further, recommendation 4.1.7 was not included as it relates to fixtures for security cameras. Each of these issue are not the focus of this report.

No.[14]	Audit recommendation	QAS corrective action	QAS submission to the office	Evaluation of action – effective or ineffective
		▪ Mandatory education package about the code and ADAPT rolled out to all officers.	faults. It is usually completed by an OIC. ▪ All operational officers or those in direct contact with drugs are required to read the code and complete an assessment. Supervisors are required to complete a further assessment to demonstrate increased knowledge and understanding of the code. ▪ QAS has a long-term strategy to move to electronic drug registers; ensuring all IT functions are integrated and auto-populate across programs. This will enhance data interrogation, storage and oversight.	
1.1.3	QAS to review the code requirement to complete the receiving section of *form CS016*[15] and determine most effective receiving process	Update to the code obsoleting *form CS016*. The code now only requires OIC or receiving paramedic to complete and return *Supplier's Record of Receipt* for schedule 8 drugs.	The code has gone through 17 revisions since its release in 2009. These have encompassed procedural changes to a variety of topics relevant to QAS officer responsibilities and drug management.	Effective
1.1.4	QAS management advise all staff of desired practices for safeguarding the purchase order books.	Update to the code obsoleting purchase order books. Introduction and use of ADAPT to obtain all scheduled drugs.	Through ADAPT the drug ordering process is now electronic and centrally controlled, with a single point of approval within the LASN.	Effective

[15] Under previous version of the Code, QAS officers were required to use *form CS016* to initiate the purchase of Schedule 8 drugs.

No.[14]	Audit recommendation	QAS corrective action	QAS submission to the office	Evaluation of action – effective or ineffective
1.2.1	The code be updated to reflect enforcement requirements and consequences of non-compliance and link this to performance development and planning for individual officers.	▪ Update to the code to – provide finer details of roles and responsibilities of all roles within QAS – highlight that non-compliance may be the subject of review and possible performance action. Significant breaches could lead to criminal investigation and legal action. ▪ Individual staff compliance with the code linked to performance development and planning.	▪ Increased attention on LASN staff with management now differentiating between educational and compliance related issues. ▪ Executive tolerance for legislative and code compliance has been reduced.	Effective
Procurement practice improvements				
2.1.1	QAS should explore options to use existing arrangements for drug procurement through the Queensland Health Central Pharmacy.	Use of ADAPT for all scheduled drug procurement; with orders filled by Queensland Health Central Pharmacy.	As at 1.1.4 above.	Effective
2.1.2	QAS management determine appropriate stock levels of schedule 4 and schedule 8 drugs for each station and ensure OIC aware of levels and order within those parameters.	▪ Update to the code requiring OIC to identify minimum and maximum stock levels for each drug and report levels to the LASN manager. ▪ Procurement orders may not be approved by LASN	Through education packages rolled out to all officers about the code, awareness of the requirements are improving. Specifically, LASN Directive 02-15 was issued to all officers on 28 January 2015 about education packages for ADAPT and the code.	Effective

No.[14]	Audit recommendation	QAS corrective action	QAS submission to the office	Evaluation of action – effective or ineffective
		manager if stock levels are inappropriate for station.		
2.1.3	QAS management to establish a project team to consider and assess benefits of moving to an electronic stock movement program.	▪ Stock movements managed through ADAPT. ▪ Project team developed to consider further improvements for the electronic drug management system.	With the introduction of ADAPT, officers and management are now able to procure, receipt and track transfers of drugs electronically.	Effective
2.1.4	QAS obtain quarterly data (as a minimum) from their drugs supplier and analyse the purchasing habits of each station.	Updates to the code require purchasing data to be obtained through ADAPT as part of the routine auditing process.	Following the audit, a robust system for drug management has been introduced to raise standards and reach the Department of Health expectations.	Effective
2.2.1	QAS management to issue a directive addressing purchasing drugs, use of purchase order books and warehousing of schedule 8 drugs.	▪ ADAPT introduced for all schedule drug purchasing. ▪ Update to the code explicitly stating that bulk quantities of schedule 8 drugs are not to be stored at one station for the routine supply to other stations.	As at 1.1.4 above.	Effective
2.2.2	QAS to advise their drug supplier not to accept any order forms that are not in the correct format.	Not applicable because ADAPT introduced for all schedule drug purchasing.	As at 1.1.4 above.	Effective
2.2.4	QAS management review the oversight process for purchase of order books.	Not applicable because ADAPT introduced for all schedule drug purchasing.	As at 1.1.4 above.	Effective

No.[14]	Audit recommendation	QAS corrective action	QAS submission to the office	Evaluation of action – effective or ineffective
Strengthening the drug audit process				
3.1.1	QAS management establish a project team to implement an alternative approach to audit process.	▪ QAS Project Director, Office of the Chief Operations Officer, was delegated the responsibility of managing the QAS project to implement all of the audit recommendations. ▪ ADAPT introduced with audit functions to ensure routine audits and random audits. ▪ Updates to the code to strengthen the audit requirements.	There is a secondary and tertiary level of random audit monitoring mirroring the routine audit. Random audits are conducted by authorised representatives of the LASN manager (secondary) or state appointed auditors (tertiary). The audits are conducted quarterly (secondary) and annually (tertiary). The audit processes are tied to the LASN manager's performance plan so failure to take corrective action, if required, may result in disciplinary action.	Effective
3.1.2	Project team should consider the role and purpose of the scheduled audits.	As above at 3.1.1.	As above at 3.1.1.	N/A
3.1.3	The random audit process by the Office of the Medical Director should be strengthened.	Other improved audit function changes superseded the need for strengthening of the Office of the Medical Director audits.	N/A	N/A
3.1.4	The Office of the Medical Director should maintain a record of random audits in a suitable register.	ADAPT maintains the records of all audits through the *Audits – Routine* or *Audits – Random* functions.	All station, LASN and state audits can be reviewed through ADAPT via the 'compliant' tab.	Effective
3.1.5	QAS management should strengthen processes for tracking and	▪ Updates to the code requires transfers of drugs between	Transfers are allowed to ensure business continuity but it is not encouraged as a routine practice. All transfers	Effective

No.[14]	Audit recommendation	QAS corrective action	QAS submission to the office	Evaluation of action – effective or ineffective
	monitoring drug transfers.	stations to be formally recorded. ▪ Transfers are a specific focus of the routine and random audits. ▪ 31/03/2014 – LASN Directive 07-14 *Queensland Ambulance Service Drug Management Code of Practice Updates* issued to all staff.	must be recorded through ADAPT and in accordance with the procedures set out in the code for drug registers. Any transfers not recorded in ADAPT or the drug registers will be treated as a breach of practice and recorded against an officer's performance.	
Drug management issues				
4.1.1	QAS management immediately issue a directive requiring the cessation of swapping out drugs.	▪ 10/02/2014 – LASN Directive 01-14 *Transfer of unused controlled drug volume or ampoules between paramedics* issued to all staff. ▪ Update to the code making it explicitly clear that swapping out of drugs is prohibited and requiring drug register recording of drugs drawn up and disposed of, or discarded.	N/A	Effective
4.1.2	QAS management improve the monitoring of breakages.	▪ Update to the code to reinforce how to record breakages. ▪ ADAPT includes a *Drug Management – Breakage* section where all breakages are to be recorded.	ADAPT enables QAS management to undertake a systemic review of drug management within stations and highlight any trends in behaviour. The QAS officer profiling system can also be used to identify individual trends or behaviours of	Effective

No.[14]	Audit recommendation	QAS corrective action	QAS submission to the office	Evaluation of action – effective or ineffective
		▪ OIC and LASN manager are required to continuously review drug breakages through ADAPT.	officers. These changes allow for aberrant behaviours to be identified by management to facilitate early identification of possible fraudulent activities.	
4.1.3	QAS management track and monitor drug discards for schedule 4 and schedule 8 drugs.	As above for 4.1.2.	As above for 4.1.2.	Effective
4.1.4	QAS management reinforce the protocols for destruction of drugs.	▪ Update to the code to provide detailed information about appropriate destruction via the Queensland Health Forensic and Scientific Services Laboratory. ▪ Destruction of expired drugs to be recorded in ADAPT under *Drug Management – Expired*. ▪ Education about the code to reinforce requirements and compliance.	N/A	Effective
4.1.6	QAS management establish clear protocols in the code for management of drug safes and cameras monitoring drug safes.	State LASN Operations *Drug Storage and Security Guideline* introduced in June 2015.	N/A	Effective

Overall comments about the QAS approach to reform

Such precipitating incidents as those that occurred in the QAS are unfortunate and can have far reaching consequences. However, the measure of an organisation is its willingness to accept that there may have been failings in their systems and seek to rectify those failings through real and significant change.

I consider that the QAS's response to the incidents showed maturity. The Commissioner and senior management appreciated the seriousness of the incident/s and proactively sought a review of their policies, procedures and, in some respects, their entire drug management culture, to ascertain areas of serious risk and opportunities for improvement.

The QAS response to the Department of Health audit was unreserved and demonstrated a willingness to embrace all of the issues with the drug management regime and implement processes to promote a shift in the organisation's focus to ensure best practice is followed. The changes have also incorporated improvements to consumer complaints management, which was not identified via the Department of Health audit, but was highlighted through the QAS's own reviews of its policies and procedures.

While some of the information technology changes proposed by QAS may take time to be fully implemented—for example the move to electronic drug registers and full integration of ADAPT across all QAS electronic programs—I am satisfied that their approach is comprehensive with short, medium and long-term strategies to ensure continuous and responsive improvement.

This constant improvement process is, in my view, being driven from the Commissioner downwards to ensure an embedding of a best-practice approach to drug and complaint management. This is further seen through the implementation of new electronic systems, audits, and robust policies, procedures and education discussed throughout this report.

Future regulation of the Queensland Ambulance Service

I note that on 6 November 2015, the Health Ministers from all states and territories agreed to amend the *Health Practitioner Regulation National Law* to include the role of *paramedic* in the National Registration and Accreditation Scheme for health professionals. The COAG Health Council expects registration of paramedics to commence in the second half of 2018.

This future further overlay of regulation by the Australian Health Practitioner Regulation Agency and a corresponding health profession board for paramedics will add robustness to the significant efforts made by the QAS to address recent issues identified with its drug and complaint management protocols.

Leon Atkinson-MacEwen
Health Ombudsman

18 October 2016