QUEENSLAND
CRIME AND MISCONDUCT COMMISSION

Crime and Misconduct Act 2001
[Section 75]

NOTICE TO DISCOVER

(MISCONDUCT INVESTIGATION)

TO: David Kerslake
Health Rights Commissioner
Health Rights Commission

Fax. 15/6. Copy forwarded 15/6.

I, ROBERT MARTIN NEEDHAM, Chairperson of the Crime and Misconduct Commission, reasonably suspect that you are a person who has information, or you are in possession of a document or thing, relevant to a misconduct investigation.

I HEREBY require you to give:

stated documents which are in your possession of the type specified in the Schedule to this Notice, and relevant to a misconduct investigation;

TO: Emma Oettinger of the Crime and Misconduct Commission.

YOU ARE REQUIRED TO COMPLY WITH THIS NOTICE BY:

Giving the statement, document or thing to the Commission Officer/s named above on or before 5pm Wednesday 15 June 2005 at:

The Crime and Misconduct Commission
Level 3 Terrica Place
140 Creek Street
BRISBANE QLD 4000

Under section 75(8) of the Act, the Notice may provide that its requirement may be met by a person or class of person acting for the person to whom the Notice is directed.

The following person or class of person may act on your behalf: Any person so directed by the recipient

DATED this 14th **day of** June **2005**

ROBERT MARTIN NEEDHAM
Chairperson
Crime and Misconduct Commission

The postal address of the Crime and Misconduct Commission is:

GPO Box 3123
BRISBANE QLD 4001

Facsimile No. (07) 3360 6333
Telephone No: (07) 3360 6060

The business address of the Crime and Misconduct Commission is:

Terrica Place
3rd Floor
140 Creek Street
BRISBANE QLD 4000

The Case Officer is: Emma Oettinger

SCHEDULE

All documents held with respect to a complaint made by Mr George Connelly regarding the treatment of his wife at the Bundaberg Base Hospital.

INFORMATION TO ADDRESSEE

GENERALLY

YOU MUST COMPLY WITH THIS NOTICE

Failure to comply with this notice, without reasonable excuse, constitutes an offence which carries a maximum penalty of 85 penalty units or 1 year's imprisonment.

An offence is not committed if the information, document or thing—

> is **subject to privilege**;
> **OR**
> is **a secret process of manufacture** applied by you solely for a lawful purpose.
>
> **Privilege**, in the context of a misconduct investigation, means -
>
> (i) legal professional privilege; or
> (ii) public interest immunity; or
> (iii) parliamentary privilege
>
> and includes a claim on the ground of confidentiality. "Confidentiality" means a ground recognised at law that giving an answer, or disclosing a communication or document, would be a breach of an oath taken or statutory or commercial obligation or restriction to maintain secrecy.

By complying with this notice, **YOU DO NOT**—

> **contravene** a provision of an Act or law imposing a statutory or commercial obligation or restriction to maintain secrecy in relation to the information, document, or thing;
> **OR**
> **incur** any civil liability in relation to the information, document or thing.

SHOULD YOU HAVE A CLAIM OF PRIVILEGE

The commission officer is to consider the claim. The commission officer may withdraw the requirement in relation to which the claim is made OR may advise you that you may apply to or be required to attend before the Supreme Court to establish the privilege under section 196 of the *Crime and Misconduct Act 2001* (Q).

IF
a claim is made in relation to a document or thing you are required to give or produce to the commission;
AND
the document or thing is in your possession or you acknowledge the document or thing is in your possession;
AND
the commission officer does not withdraw the requirement;

THE COMMISSION OFFICER **MUST** REQUIRE YOU TO IMMEDIATELY SEAL THE DOCUMENT OR THING [the **"SEALED EVIDENCE"**] AND GIVE IT TO THE COMMISSION OFFICER FOR SAFE KEEPING.

YOU **MUST** IMMEDIATELY SEAL THE DOCUMENT OR THING UNDER THE SUPERVISION OF THE COMMISSION'S REPRESENTATIVE. [A failure to do so constitutes an offence which carries a maximum penalty of 85 penalty units or 1 year's imprisonment.]

YOU AND THE COMMISSION'S REPRESENTATIVE MUST IMMEDIATELY DELIVER THE SEALED EVIDENCE TO A REGISTRAR OF THE SUPREME COURT TO BE HELD IN SAFE CUSTODY.

The Registrar is to keep the sealed evidence in safe custody until—

> (a) application is made to a Supreme Court judge to decide the claim of privilege;
> **OR**

(b) the end of 3 court days after the day on which the document or thing is given to the registrar, if an application has not been made under paragraph (a);

OR

(c) the registrar is told by the person and the commission representative that agreement has been reached on the disposal of the sealed evidence.

If an application is made to a Supreme Court, the Registrar is to dispose of the sealed evidence in the way ordered by the judge.

If an application is not made by the end of 3 court days after the day on which the document or thing is given to the Registrar, the Registrar is to return the sealed evidence to you.

If you and the commission representative give the registrar notice that an agreement on the disposal of the sealed evidence has been reached, the Registrar is to dispose of the sealed evidence in the way agreed.

[redacted]

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	01/06/2005 10:42 AM	Composed By:	Karen Harbus/HRC
Caller:*	HRC to C		

Body Text:

I returned C's call. C stated he had made a "faux pas" and I asked him what this was. He stated that he had misread P's 2nd response to the HRC [he had been give a copy by P] and he quoted the part which stated, "...in reviewing this complaint, an internal review of the health care provided to Mrs Connelly was performed by Dr Keating..... and Dr Peter Miach....", and C said he took this to mean that Dr Miach had been his wife's treating doctor. He said he had given this information to the Inquiry yesterday in Bundaberg. I confirmed that, as previously discussed, the treating doctor was Dr Strahan. I asked him if he could recall our discussions last year when he had stated, "Its not Dr Strahan's fault... its Dr Khan's and the nurse's fault" and he said he'd had "that many names in his head...." and did not recall the names. He said he knew that Dr Strahan had left the hospital and gone to his private rooms when Dr Khan called him and said his wife was not in any pain and could go home. I explained to C that it was my understanding that Dr Khan would probably have discussed test results with Dr Strahan, not the fact that his wife was pain-free. I advised C that I could not comment on whether or not Dr Strahan was in his private rooms or not as I did not know. C said he wanted to apologise to Dr Miach and said he would also correct his error with the Inquiry. C said he was quite unwell at the moment and said that with his emphysema he suffered diarrhoea which he could not control and this meant he sometimes soiled his sheets. C said it was now very difficult to manage with his wife gone as she used to assist him. C said he was going to Greenslopes to have a colostomy bag inserted on 07/06/05. I said I was sorry for all that he had been through. C said he wanted to ensure his paperwork was up to date so that his children could take over the complaint if necessary. I wished him luck with his surgery.

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Enquiry Received:* 08/12/2003
Date of Health Service: 02/12/2003
Date Complaint Received:* 15/03/2004
Enquiry Number: 046237

Statutory Due Date:

☐ Do not reveal Consumer details to Provider
☐ Do not reveal Complainant details to Provider
☐ Restricted Under s133

☐ Suitable For Annual Report

Summary of Complaint:*
A man stated that his wife died as a result of hospital inaction.

Narrative of Complaint:*
A man said that when he took his wife to A&E of a public hospital, she was told that she had suffered a heart attack and would need to have a stress test carried out at the nearby private hospital. He said that a nurse had been told by a doctor at the hospital to make the appointment for the stress test but had failed to do so. He said that his wife was discharged following some tests but that she died at 5.30 a.m. the next day. He said he believed that she should not have been discharged and that if she had undergone the stress test, she might still be alive. The provider responded to the Commission during assessment and admitted that they should not have discharged the woman. Independent advice was sought from a number of specialists who agreed that the woman should not have been discharged identifying systemic issues. The provider said that they had implemented various procedural changes and training to prevent a similar occurrence. The Medical Board of Queensland was notified of the issues surrounding the doctor responsible for discharging the woman but decided no further action by the Board was necessary. As the man was seeking compensation, and as the hospital acknowledged their error, both parties agreed to conciliation or the purposes of compensation. The complaint was closed when one of the parties withdrew from conciliation.

Mode: Letter
Scale:* Serious
Complaint made in Time: ● Yes ○ No ○ Unknown
*

Case Officer(s):* Carmel Blick/HRC
Date Assigned: 10/01/2005 02:56:49 PM
Next Action Date:* 10/01/2005
Next Action Comments:* Believe that an exgratia payment will be offered
Special Information:

☐ Referred from an external agency

Date Closed: 19/05/2005 Stage Closed: Conciliation

Reason for Closure: Other - See Comments Below

Outcomes: Agreement Not Reached - Recommend Closure
Description: -

Case Log
Logged Case Stage Details:

Pre-Assessment	15/03/2004 10:41 AM	02/04/2004 02:25 PM	18.16
Assessment	02/04/2004 02:25 PM	02/06/2004 01:12 PM	60.95
Assessment Extension	02/06/2004 01:12 PM	10/01/2005 02:56 PM	222.07
Conciliation	10/01/2005 02:56 PM	19/05/2005 03:53 PM	129.04
Closed	19/05/2005 03:53 PM	20/05/2005 02:39 PM	0.95
		Total:	431.17

Logged Case Officer Details:

Karen Harbus	Pre-Assessment	15/03/2004 10:41 AM	02-04-2004 14:25	18.16
Karen Harbus	Assessment	02/04/2004 02:25 PM	22-12-2004 11:12	263.87
Karen Harbus	Assessment Extension	22/12/2004 11:12 AM	10-01-2005 14:56	19.16
John Cake	Assessment Extension	22/12/2004 11:12 AM	10-01-2005 14:56	19.16
Carmel Blick	Conciliation	10/01/2005 02:56 PM	-	

Logged Case Officer Totals:

Karen Harbus	301.19
John Cake	19.16
Carmel Blick	0.00

Note: The ✱ symbol indicates required information. ProActive will not let you continue until you complete all required fields.

[redacted]

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Primary Issue:* Diagnosis
Secondary Issue: Treatment Inadequate
Tertiary Issue:
Adverse Outcomes Details:

Primary Objective:* Disciplinary action
Description:

Secondary Objective: Compensation
Description:

Tertiary Objective: Other objective - ensure description is given
Description: Explanation

Note: The * symbol indicates required information. ProActive will not let you continue until you complete all required fields.

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

☐ Do not reveal Consumer details to Provider

Type:★ ● Individual ○ Group

Last Name:★ Connelly (Dec'd) First Name:★ Doreen

Initials:★ D Title:★ Mrs

Address 1:
Address 2:
Address 3:
Suburb: State: QLD Post Code:

Business Hours Phone:★ - After Hours Phone:
Other Phone: Fax Number:
Email Address:

Date of Birth: Age Group:

Gender: Female
Non-English Speaking Background (NESB): ○ Yes ○ No Aboriginality:
Interpreter Required: ○ Yes ○ No Preferred Language:

Admitted Hospital Patient: ○ Yes ○ No Person in Residential Care?: ○ Yes ○ No ○ Unknown

Accommodation Status:

☐ Anonymous Consumer

Note: The ★ symbol indicates required information. ProActive will not let you continue until you complete all required fields.

[redacted]

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

☐ Do not reveal Complainant details to Provider

Last Name:* Connelly
Initials:* G
First Name:* George
Title:* Mr

Address 1:
Address 2:
Address 3:
Suburb:
State: QLD
Post Code: 4670

Business Hours Phone:*
Other Phone:
Email Address:
After Hours Phone:
Fax Number:

Gender: Male
Non-English Speaking Background (NESB): ○ Yes ○ No
Aboriginality:
Interpreter Required: ○ Yes ○ No
Preferred Language:

Relationship to Consumer:* Family member/Friend
Sufficient Interest:* Yes

☐ Anonymous Complainant

Note: The * symbol indicates required information. ProActive will not let you continue until you complete all required fields.

[redacted]

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Provider alert details

Provider Alert?:
Alert Text:

Type:★ ○ Individual ● Organisation Classification:★ Hospital Public General
Speciality: Sub-Speciality:

Region: Bundaberg

Organisation:★ Bundaberg Base Hospital

Last Name:★ Leck First Name:★ Peter
Initials:★ P Title:★ Mr
Official Title: District Manager
Address 1: PO Box 34
Address 2:
Address 3:
Suburb: BUNDABERG State: QLD Post Code: 4670

Business Hours Phone:★ (07) - 4152 1222 After Hours Phone:
Other Phone: Fax Number:
Email Address:

☐ Anonymous Provider

Note: The ★ symbol indicates required information. ProActive will not let you continue until you complete all required fields.

Telephone Conversation

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	15/03/2005 10:25 AM	Composed By:	Karen Harbus/HRC
Caller:*	C to HRC		

Body Text:

C called to explain to me that conciliation had fallen through. He stated that the amount of money that was offered to him was an "insult" to his wife. I said I was sorry that conciliation had been unsuccessful. C said he was calling to let the HRC know that he now had a solicitor, Mr Suthers, of Justin & Goldard, Hervery Bay. He said he wanted to let me know that Mr Suthers would soon be in touch with the HRC in order to request his file. He said that I may have to go to Court. C asked me about the collaborative that P had joined and I advised him that this was called the Collaborative for Healthcare Acute Coronary Syndrome. [C gave me his new address and telephone details and I entered these directly into the case management database.] Thanked C for his call.

[redacted]

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Type:* Outgoing Correspondence Encryption Key:

Date Composed: 11/01/2005 11:41 AM Composed By:

Short Description: * Initial conciliation letters

Body Text:

Note: Commas cannot be used within the Short Description. All commas will be automatically removed.

Note: The * symbol indicates required information. ProActive will not let you continue until you complete all required fields.

040036 /CB:tj

11 January 2004

Private & Confidential

Mr George Connelly

Dear Mr Connelly

Re: Conciliation - Bundaberg Base Hospital

In the hope of resolving your complaint about Bundaberg Base Hospital, I have decided to refer the matter to conciliation in accordance with section 73(2)(a) of the *Health Rights Commission Act 1991.*

Carmel Blick is the Conciliator who will be dealing with your case. The role of the Conciliator is to encourage settlement of your complaint by helping you reach an agreement with the provider. Carmel's role is to facilitate the process, and is strictly impartial.

Conciliation is a form of alternative dispute resolution. It is quite voluntary. To help both parties communicate freely, everything said during conciliation is guaranteed by law to be confidential. It may not be reported or used outside this process. This protection provides the opportunity to speak freely and to seek an agreed solution.

I hope Carmel will help you resolve your complaint in a satisfactory way. You are not obliged to accept any particular outcome, and if you feel the process is not dealing with your concerns, do not hesitate to tell the Conciliator.

If you accept an outcome negotiated with the Conciliator's help, you will then be asked not to seek further redress from the provider. This gives you the opportunity to reach an outcome fair to both parties with minimum delay and cost. You do not lose your right to other legal action unless you voluntarily accept a negotiated agreement.

Please note that the Commissioner may end conciliation if he considers that an issue involving the public interest is raised.

Any information shared or gathered during the conciliation process will remain privileged and confidential. It is not subject to the *Freedom of Information Act 1992* and may not be quoted or used as evidence in any court or tribunal.

If you are seeking compensation, and would consider undertaking legal proceedings to achieve this outcome, you should ensure that you are fully aware of your rights and obligations **now** so that, in the event that conciliation is unsuccessful, you still have the option to take a legal action at a later date. It is not the Commission's role to provide you with advice in relation to legal proceedings or the procedural aspects of commencing proceedings and you should therefore obtain independent advice in relation to

these matters **as soon as possible** if you consider this an **option**. The matters you need to consider include the following:-

1. In relation to adult patients, a legal proceedings must normally be commenced within a period of 3 years from the date of the incident that led to your complaint; and

2. The *Personal Injuries Proceedings Act 2002* ("PIPA") and *Civil Liability Act 2003* apply to claims for personal injuries and require, within strict timeframes, a number of procedures to be complied with prior to legal proceedings.

There may be other matters to be considered. If you are not sure about your legal rights, you should seek advice from a solicitor as soon as possible.

In order to protect the integrity of the conciliation process, we ask both parties to acknowledge that they are aware of the requirements of the Act by signing the attached form. I would be grateful if you would sign the form and return it in the enclosed envelope.

Carmel will commence the resolution process between you and Bundaberg Hospital as soon as possible.

Yours sincerely

David Kerslake
Commissioner

Enc

HEALTH RIGHTS COMMISSION
CONCILIATION

ACKNOWLEDGMENT AND UNDERTAKING

I understand that in agreeing to participate in the conciliation process of the *Health Rights Commission Act 1991* ("the Act") I am undertaking to abide by the statutory constraints imposed by the Act. A copy of the relevant sections of the Act is annexed to this document.

I acknowledge that I am bound to confidentiality by the provisions of section 141 of the Act not to record, disclose or use confidential information gained through involvement in conciliation or by an opportunity provided by involvement in conciliation.

I understand that under section 91 of the Act anything said or admitted during the proceedings is privileged for legal purposes.

I accept that it is my responsibility to inform my legal adviser(s) or insurer/medical indemnity provider that he/she/they are also bound by these proceedings in the event that I seek advice from him/her/them during the conciliation process.

_____ _____

Signature Date

File Number: 040036

Name: Mr George Connelly

040036 /CB:tj

11 January 2004

Private & Confidential

Mr Peter Leck
District Manager
Bundaberg Health Service District
PO Box 34
BUNDABERG QLD 4670

Dear Mr Leck

Conciliation – Mrs Doreen Connelly (decd) \ Bundaberg Base Hospital

I understand you are willing to conciliate the complaint made by Mr George Connelly. In accordance with section 73(2)(a) of the *Health Rights Commission Act 1991* ("the Act"), I have decided to refer this case to Carmel Blick, who is one of my Conciliators.

The role of the Conciliator is to encourage settlement of the complaint by helping you reach an agreement with the complainant. Carmel's role is to facilitate the process, and is strictly impartial.

Carmel will contact you to begin the resolution process between Bundaberg Hospital and Mr Connelly. These proceedings will be wholly confidential, privileged, and not reported to any other person, inside or outside my office. Carmel's role is to impartially encourage negotiation and resolution of the complaint as a service to both parties. This is achieved by the Conciliator facilitating dialogue between the parties in whatever form is appropriate to the particular complaint. The Conciliator will arrange informal, confidential and privileged contacts such as obtaining independent clinical opinions to facilitate resolution of the complaint in a manner acceptable to both parties.

Sections 91, 92 and 141 of the Act require that conciliation take place in the strictest confidence. Anything said or admitted during conciliation may not be quoted or used as evidence in any court or tribunal, and may not be used by the Commissioner as a basis for investigation or inquiry. Any document containing such information is exempt under the *Freedom of Information Act 1992*. This protection provides the parties to the conciliation with the best opportunity to speak freely and seek an acceptable solution.

Please note that the Commissioner may end conciliation if he considers that an issue involving the public interest is raised.

Conciliators are bound under penalty not to disclose any information gained in the conciliation process to any other person, including other members of the Commission's staff, except for the purpose of reporting on the progress or outcome of the conciliation to "the Commissioner". Both parties are given copies of information reported to me.

Where a complaint potentially includes a claim of legal liability, the Commissioner and the Conciliator co-operate with the parties during the conciliation to make sure the requirements of any indemnity insurance covering the claim are met.

In order to protect the integrity of the conciliation process, we ask both parties to acknowledge that they are aware of the requirements of the Act by signing the attached form. I would be grateful if you would sign the form and return it in the enclosed envelope.

Carmel will commence the resolution process between Bundaberg Hospital and Mr Connelly as soon as possible.

Yours sincerely

David Kerslake
Commissioner

Enc.

HEALTH RIGHTS COMMISSION
CONCILIATION

ACKNOWLEDGMENT AND UNDERTAKING

I understand that in agreeing to participate in the conciliation process of the *Health Rights Commission Act 1991* ("the Act") I am undertaking to abide by the statutory constraints imposed by the Act. A copy of the relevant sections of the Act is annexed to this document.

I acknowledge that I am bound to confidentiality by the provisions of section 141 of the Act not to record, disclose or use confidential information gained through involvement in conciliation or by an opportunity provided by involvement in conciliation.

I understand that under section 91 of the Act anything said or admitted during the proceedings is privileged for legal purposes.

I accept that it is my responsibility to inform my legal adviser(s) or insurer/medical indemnity provider that he/she/they are also bound by these proceedings in the event that I seek advice from him/her/them during the conciliation process.

_____ _____

Signature Date

File Number: 040036

Name: Mr Peter Leck, District Manager, Bundaberg Health Service District

[redacted]

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Type:* Outgoing Correspondence Encryption Key:

Date Composed: 10/01/2005 11:07 AM Composed By: Tracey Jenkins/HRC

Short Description:* Initial conciliation letters

Body Text:

10 January 2005

Private & Confidential

Mr George Connelly

Dear Mr Connelly

Re: Conciliation - Bundaberg Base Hospital

In the hope of resolving your complaint about Bundaberg Base Hospital, I have decided to refer the matter to conciliation in accordance with section 73(2)(a) of the *Health Rights Commission Act 1991*.

Carmel Blick is the Conciliator who will be dealing with your case. The role of the Conciliator is to encourage settlement of your complaint by helping you reach an agreement with the provider. Carmel Blick's role is to facilitate the process, and is strictly impartial.

Conciliation is a form of alternative dispute resolution. It is quite voluntary. To help both parties communicate freely, everything said during conciliation is guaranteed by law to be confidential. It may not be reported or used outside this process. This protection provides the opportunity to speak freely and to seek an agreed solution.

I hope Carmel Blick will help you resolve your complaint in a satisfactory way. You are not obliged to accept any particular outcome, and if you feel the process is not dealing with your concerns, do not hesitate to tell the Conciliator.

If you accept an outcome negotiated with the Conciliator's help, you will then be asked not to seek further redress from the provider. This gives you the opportunity to reach an outcome fair to both parties with minimum delay and cost. You do not lose your right to other legal action unless you voluntarily accept a negotiated agreement.

Please note that the Commissioner may end conciliation if he considers that an issue involving the public interest is raised.

Any information shared or gathered during the conciliation process will remain privileged and confidential. It is not subject to the *Freedom of Information Act 1992* and may not be quoted or used as evidence in any court or tribunal.

If you are seeking compensation, and would consider undertaking legal proceedings to achieve this outcome, you should ensure that you are fully aware of your rights and obligations **now** so that, in the event that conciliation is unsuccessful, you still have the option to take a legal action at a later date. It is not the Commission's role to provide you with advice in relation to legal proceedings or the procedural aspects of commencing proceedings and you should therefore obtain independent advice in relation to

these matters **as soon as possible** if you consider this an **option**. The matters you need to consider include the following:-

1. In relation to adult patients, a legal proceedings must normally be commenced within a period of 3 years from the date of the incident that led to your complaint; and

2. The *Personal Injuries Proceedings Act 2002* ("PIPA") and *Civil Liability Act 2003* apply to claims for personal injuries and require, within strict timeframes, a number of procedures to be complied with prior to legal proceedings.

There may be other matters to be considered. If you are not sure about your legal rights, you should seek advice from a solicitor as soon as possible.

In order to protect the integrity of the conciliation process, we ask both parties to acknowledge that they are aware of the requirements of the Act by signing the attached form. I would be grateful if you would sign the form and return it in the enclosed envelope.

Carmel Blick will commence the resolution process between you and Bundaberg Base Hospital as soon as possible.

Yours sincerely

David Kerslake
Commissioner

Enc

HEALTH RIGHTS COMMISSION
CONCILIATION

ACKNOWLEDGMENT AND UNDERTAKING

I understand that in agreeing to participate in the conciliation process of the *Health Rights Commission Act 1991* ("the Act") I am undertaking to abide by the statutory constraints imposed by the Act. A copy of the relevant sections of the Act is annexed to this document.

I acknowledge that I am bound to confidentiality by the provisions of section 141 of the Act not to record, disclose or use confidential information gained through involvement in conciliation or by an opportunity provided by involvement in conciliation.

I understand that under section 91 of the Act anything said or admitted during the proceedings is privileged for legal purposes.

I accept that it is my responsibility to inform my legal adviser(s) or insurer/medical indemnity provider that he/she/they are also bound by these proceedings in the event that I seek advice from him/her/them during the conciliation process.

_____ _____

Signature Date

File Number: 040036

Name: Mr George Connelly

0744C

040036 / tjj

10 January

Private & Confidential

Mr Peter Leck
District Manager
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670

Dear Mr Leck

Conciliation - Mrs Mrs, Doreen, Connelly (Dec'd) \ Bundaberg Base Hospital

I understand you are willing to conciliate the complaint made by Mr George Connelly. In accordance with section 73(2)(a) of the *Health Rights Commission Act 1991* ("the Act"), I have decided to refer this case to Carmel Blick, who is one of my Conciliators.

The role of the Conciliator is to encourage settlement of the complaint by helping you reach an agreement with the complainant. Carmel Blick's role is to facilitate the process, and is strictly impartial.

Carmel Blick will contact you to begin the resolution process between you and Mr Connelly. These proceedings will be wholly confidential, privileged, and not reported to any other person, inside or outside my office. Carmel Blick's role is to impartially encourage negotiation and resolution of the complaint as a service to both parties. This is achieved by the Conciliator facilitating dialogue between the parties in whatever form is appropriate to the particular complaint. The Conciliator will arrange informal, confidential and privileged contacts such as obtaining independent clinical opinions to facilitate resolution of the complaint in a manner acceptable to both parties.

Sections 91, 92 and 141 of the Act require that conciliation take place in the strictest confidence. Anything said or admitted during conciliation may not be quoted or used as evidence in any court or tribunal, and may not be used by the Commissioner as a basis for investigation or inquiry. Any document containing such information is exempt under the *Freedom of Information Act 1992*. This protection provides the parties to the conciliation with the best opportunity to speak freely and seek an acceptable solution.

Please note that the Commissioner may end conciliation if he considers that an issue involving the public interest is raised.

Conciliators are bound under penalty not to disclose any information gained in the conciliation process to any other person, including other members of the Commission's staff, except for the purpose of reporting on the progress or outcome of the conciliation to "the Commissioner". Both parties are given copies of information reported to me.

Where a complaint potentially includes a claim of legal liability, the Commissioner and the Conciliator co-operate with the parties during the conciliation to make sure the requirements of any indemnity insurance covering the claim are met.

0744B

In order to protect the integrity of the conciliation process, we ask both parties to acknowledge that they are aware of the requirements of the Act by signing the attached form. I would be grateful if you would sign the form and return it in the enclosed envelope.

Carmel Blick will commence the resolution process between you and Mr Connelly as soon as possible.

Yours sincerely

David Kerslake
Commissioner

Encl.

HEALTH RIGHTS COMMISSION
CONCILIATION

ACKNOWLEDGMENT AND UNDERTAKING

I understand that in agreeing to participate in the conciliation process of the *Health Rights Commission Act 1991* ("the Act") I am undertaking to abide by the statutory constraints imposed by the Act. A copy of the relevant sections of the Act is annexed to this document.

I acknowledge that I am bound to confidentiality by the provisions of section 141 of the Act not to record, disclose or use confidential information gained through involvement in conciliation or by an opportunity provided by involvement in conciliation.

I understand that under section 91 of the Act anything said or admitted during the proceedings is privileged for legal purposes.

I accept that it is my responsibility to inform my legal adviser(s) or insurer/medical indemnity provider that he/she/they are also bound by these proceedings in the event that I seek advice from him/her/them during the conciliation process.

_____ _____

Signature Date

File Number: 040036

Name: Mr Peter Leck, District Manager, Bundaberg Base Hospital

Telephone Conversation

0700136

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Closed

Encryption Key:

Date Composed:	06/01/2005 10:11 AM	Composed By:	John Cake/HRC
Caller:★	George Connelly		

Body Text:

Mr C said that he wanted to go ahead with Conciliation. I said I would get a letter to him.

Telephone Conversation 0400036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	23/12/2004 09:17 AM	Composed By:	John Cake/HRC
Caller:*	PC from Mr Connelly		

Body Text:

GC said that he had received the information in the mail but was concerned that it said that it could take up to two years to finalise. I said that should not be the case here as it was only a matter of quantum. If no agreement as to the amount was forthcoming, it would be closed and he could take the civil course. I said that it should be finalised reasonable quickly but that might depend on his expectations and the advice he received from his legal rep. He said he had a figure in mind for his children and I explained that was a matter for the conciliation process.

File Note 040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed: 23/12/2004 09:13 AM Composed By: John Cake/HRC

Short Description:

Body Text:

I spoke to Peter Leck and he stated that while he disputed there were systemic issues and it boiled down to the error by the Dr, he accepted that the district had vacarious liability and would look at compensation. However, there would obviously be a limit to the payment available and he was happy for this to be done in conciliation.

Telephone Conversation 040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	22/12/2004 11:03 AM	Composed By:	John Cake/HRC
Caller:★	George Connelly		

Body Text:

Mr C rang seeking the closure letter. I explained that I had reviewed all the information in light of the Board's decision not to take action against the doctor and asked Karen to contact the hospital regarding conciliation. I said that it was my understanding that the hospital were prepared to examine the question of compensation in conciliation and the complaint would therefore not be closed. In view of this he would be getting a letter from us explaining conciliation and if he was willing, the matter would proceed to that process. I said I was waiting for a call from Peter Leck regarding the Hospital's intentions re compensation discussions and hoped to hear by tomorrow. He said he was waiting for Conciliation info before he would agree but it had not arrived so I said I would send a package out today. I checked with Tracey and she said the information package had been sent Monday.

Telephone Conversation

040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Closed

Encryption Key:

Date Composed:	22/12/2004 09:29 AM	Composed By:	John Cake/HRC
Caller:	PC to Peter Leck		

Body Text:

MLTCM

File Note

040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Closed

Encryption Key:

Date Composed:	20/12/2004 10:00 AM	Composed By:	Tracey Jenkins/HRC

Short Description: Conciliation information package sent to Mr Connelly on 17/12/2004.

Body Text:

Stage Report 0400036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Status: Reviewed
Purpose: Review and Recommendations
Review Action: Approved the Stage Report: the recommendations were accepted as is.
Comments:

☐ Suitable For Annual Report

Original Statutory Due Date: 02/07/2004
Current Statutory Due Date: 02/07/2004

Date Composed:	17/12/2004 12:58 PM	Composed By:	Karen Harbus/HRC
Date Submitted:	17/12/2004 01:26 PM	Submitted By:	Karen Harbus/HRC
Date Reviewed:	10/01/2005 02:56 PM	Reviewed By:	John Cake/HRC

Action and Recommendations

Action Taken:
Both parties agreed to conciliation

Recommendation: Move to another Case Stage
Description:

Case Stage: Conciliation
Reason for this move: The provider had requested conciliation for the purposes of compensation and the complainant has agreed to this.

Existing Case details

Case Stage: Assessment Extension
Case Officer(s): Karen Harbus/HRC

Summary of Complaint:
A man stated that his wife died as a result of hospital inaction.

Narrative of Complaint:
A man said that when he took his wife to A&E of a public hospital, she was told that she had suffered a heart attack and would need to have x-rays carried out at the nearby private hospital. There was some confusion as to the time of the x-ray and the original appointment was not kept. The man said the appointment was therefore cancelled and his wife was discharged. He stated that she died at 5.30 a.m. the next day. He said he believed that if she had undergone the x-rays, she might still be alive.

Mode: Letter Scale: Substantial
Complaint Made In Time: Yes

Primary Issue: Diagnosis
Secondary Issue:
Tertiary Issue:
Adverse Outcomes Details:

Primary Objective: Disciplinary action

Secondary Objective: Explanation

Tertiary Objective:

Updated Case details

Case Stage: Conciliation

Case Officer(s): Carmel Blick/HRC

Summary of Complaint:
A man stated that his wife died as a result of hospital inaction.

Narrative of Complaint:
A man said that when he took his wife to A&E of a public hospital, she was told that she had suffered a heart attack and would need to have a stress test carried out at the nearby private hospital. The man said there was some confusion as to the time of the stress test and the original appointment was changed and the woman was discharged. He stated that she died at 5.30 a.m. the next day. He said he believed that if she had undergone the stress test, she might still be alive. The provider responded to the Commission during assessment and admitted that they should not have discharged the woman. The provider said that they had implemented various procedural changes and training. Independent advice was sought from a number of specialists who agreed that the woman should not have been discharged. The advisers identified systemic issues. As the man was seeking compensation, and as the hospital acknowledged their error, both parties agreed to conciliation or the purposes of compensation.

Mode: Letter Scale: Serious
Complaint Made In Time: Yes

Primary Issue: Diagnosis
Secondary Issue: Treatment Inadequate
Tertiary Issue:
Adverse Outcomes Details:

Primary Objective: Disciplinary action
Description:

Secondary Objective: Compensation
Description:

Tertiary Objective: Other objective - ensure description is given
Description: Explanation

Other Information To Be Considered

Response From Provider:
The provider responded to the Commission and stated that they should not have discharged the woman. They apologised and explained that they had made various procedural and policy changes e.g. they had joined the Collaborative for Health Care Acute Coronary Syndrome, they had provided extra training to the specialist involved and had provided cardiology training to relevant staff.

Records Examined:
Full records

Board Comment / Other Entities or Persons:
The Commission approached four independent advisers, an interstate Accident and Emergency doctor, a Cardiology Registrar, a Deputy Medical Director of a cardiology program and a director of cardiology. All advisers agreed with the provider's acknowledgement that the woman should not have been discharged. Issues such as quality assurance were pointed out and it was explained that results should be checked in a systemic manner, not individually. Another adviser stated that if a patient had a history of coronary disease, they should be admitted as part of normal procedure regardless of troponin readings. Another adviser explained that "acute coronary syndrome" was a broad umbrella term to cover lots of coronary condition. The Commission consulted with the Medical Board of Queensland in relation to the named provider and a delegated representative of the Board indicated that they did not wish to take any action against the registrant. As the hospital stated it was willing to pay compensation, and as the man agreed to compensation, conciliation is recommended.

Evaluation of Evidence:
As the complaint issue was serious and as the hospital has agreed to pay compensation, conciliation level 1 is recommended.

Special Comment:
Level 1

Other Attachments:

Note: Use the Other Attachments field to attach, embed or copy any other relevant documentation.

Note: The ★ symbol indicates required information. ProActive will not let you continue until you complete all required fields.

File Note 040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:
Date Composed: 17/12/2004 12:32 PM Composed By: Karen Harbus/HRC

Short Description: Report for Conciliation

Body Text:

CONCILIATION NOTES

File No: 040036 **Multiple Action:**

Assessing Officer: **Karen Harbus**

User Name: Mrs Doreen Connelly (Dec'd)

Complainant (if different): Mr George Connelly

Representative/Public Interest (Reasons): Systemic issues have been identified

Provider: Bundaberg Base Hospital

Representative/Medico Legal/Insurer: Provider to advise of solicitors

Date Complaint received: 08/12/2003

Date Submitted for Conciliation: 17/12/04

Provider: Yes **Independent Advisors**: 4 specialists **Third Party Provider**: Yes (Dr Vattatamby at Mater Private))

Medical Records: **Yes** **Reg. Medical Board Consult Reg. Board Referral: consulted re named provider**

Reasons for Conciliation:: Hospital had admitted error and are willing to discuss compensation.

Offer on Table: To be considered

PIPA: The complainant is consulting with solicitors but PIPA proceedings not commenced

Issues: **Compensation**

Anticipated Next Action:

Meeting Opinion Obtain Med. Records Provider Response User Contact

Anticipated next action: Anticipate an offer will be made - Quantum to be discussed

Conciliation Level:
Level 1 is recommended **Conciliation Approved/Not approved**

David Kerslake.....

Date:.....

File Note

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	17/12/2004 12:22 PM	Composed By:	Karen Harbus/HRC

Short Description: Discussion with Commissioner

Body Text:

I advised the Commissioner that both parties were willing to enter the conciliation process. The commissioner advised me to prepare the necessary stage report and

Telephone Conversation

0:00:36

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	17/12/2004 12:02 PM	Composed By:	Karen Harbus/HRC
Caller:★	HRC to Mr Peter Leck & Dr Darren Keating, P		

Body Text:

I called Mr Leck in relation to the changes they had suggested in their email to HRC letter. Under Misdiagnosis Issue (p.2), para 4 which began "Dr Keating advised that... prior to Mrs Connelly's admission...", it was explained to me that Dr Strahan had sought clarification in relation to troponin readings perhaps weeks before the Connelly matter but did not receive a satisfactory response. I agreed that the relevant sentence could therefore now read, "Dr Keating said that Dr Strahan reported that he attempted to clarify the matter with Queensland Health Pathology Services in Rockhampton some time prior to the matter involving Mrs Connelly but did not receive satisfactory clarification. Subsequently, in relation to Mrs Connelly's case, while he ordered a troponin test, he also order a different blood test (creatine kinase), and as this was normal, he agreed to the stress test and subsequently agreed to the discharge of Mrs Connelly.....". In relation to their point that they did not think a Cardiology Registrar was the appropriate person to comment on a senior specialist, I advised them that the Registrar had informed me at the outset that if he had any queries on the matter, being a Registrar, he would confide in his senior cardiology peers. In relation to page 3, where they pointed out that their hospital is not a specialist tertiary centre but a regional/secondary centre and wondered if it was a fair comparison, I pointed out that they had joined the Collaborative for Health Care Acute Coronary Syndrome and it was my understanding that the Collaborative was addressing systemic issues to bring all hospitals into line as much as possible. I had both Dr Keating and Mr Leck on speaker phone. They said that if the matter were to come up in Court they were concerned about the legal implications of the latter two matters (i.e. Cardiology Registrar and indep. advise from a cardiologist at a tertiary hospital). I asked them whether they would be willing to reconsider conciliation. I explained the privileged and confidential nature of this. I advised them that it was my understanding that the commissioner would only refer the matter to conciliation if they were willing to pay compensation. Mr Leck stated that he expected to pay some compensation and asked me about quantum. I advised him that when the quantum point was reached, parties were advised by their conciliator to seek legal advice. Mr Leck said he would be happy to go to conciliation. I said I would discuss this with both C and the commissioner. Thanked them and advised them that I would be passing their comments on to my supervisor.

Telephone Conversation

040066

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Closed

Encryption Key:

Date Composed:	16/12/2004 03:41 PM	Composed By:	Karen Harbus/HRC
Caller:★	HRC to C		

Body Text:

0402 347 963. C advised me that he was driving and could not speak. He said he would call me back tomorrow.

Telephone Conversation

0400036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	16/12/2004 03:03 PM	Composed By:	Karen Harbus/HRC
Caller:*	HRC to Mr Peter Leck, DM, P		

Body Text:

I called P in order to ask him if they wished to conciliate the matter. I explained that the HRC would only refer the matter to conciliation if they intended to pay compensation. Mr Leck said that they would rather see the matter closed and not go into conciliation. I advised him that my supervisor had made various changes to the draft letter. He said he was still concerned about the "systemic" issues as he found it difficult to separate systemic issues from when an individual registrant made an error. I advised him that I had supplied full records to two independent advisers as well as partial information to other independent cardiologists. I advised him that I had obtained initial advice from interstate and that this adviser stated that the woman was a high risk patient and explained that the American College of Cardiology, the National Heart Foundation and other recognised organisations had a list of criteria whereby it can be established whether or not a patient is a "*high risk patient*". I advised him that the adviser also stated that she should have been given heparin, a blood thinning agent and she should have been sent for an urgent angiogram. I also advised him that another adviser stated that the hospital had deviated from best practice. I explained that he had also pointed out that under the National Heart Foundation guidelines, heparin was a medication which could have been administered to her, but agreed that there was no way of stating categorically that her death could have been prevented. I explained to Mr Leck that following their second response I had again approached this particular adviser in relation to the actions of Dr Strahan and he had stated that P had admitted to systems errors and said they were making changes as a result of this (e.g. joining the Collaborative for Health Care ACS, further training for the names provider and other staff). I explained to Mr Leck that they had joined the Collaborative for Healthcare Acute Coronary Syndrome, had given the individual registrant further training and had also held training for other members of staff and that the private pathology lab in their area had purchased a troponin reading machine like theirs. Mr Leck commented that no matter what systems were in place, it was still possible for an individual registrant to make errors and I acknowledged this but explained that another independent cardiologist had pointed out to me that quality assurance was an example of a systems approach in that "results should be checked in a systemic manner, not individually", as well as ensuring that patients with certain coronary histories should be admitted as part of normal procedure regardless of troponin readings. I advised him that the latter advisor informed me that it was helpful to look at the "big picture" as concentric circles - there are several levels: the clinical level and the systems level. I also advised Mr Leck that this particular adviser stated that while it would be "expedient" to discipline an individual doctor, this would not solve the greater problems and would not be appropriate. I advised Mr Leck that this adviser stated that the error was not so much in the diagnosis as in failing to recognise that her troponin levels mandated that she receive more intensive therapy rather than be discharged. This adviser "noted that the hospital had undertaken procedural changes and that the man was given a sincere apology". Mr Leck said he had not as yet researched the systems they had in place and said that if the HRC agreed, he would like the opportunity to do this. He said he realised that it may not make any difference to the HRC's decision on this

matter. I advised him that HRC had already written to P twice, received 2 separate responses from them (original one signed by him and one sent by Dr Darren Keating) and that they could have included such documentation with the responses. He said he was on an information-gathering expedition because if systems needed to be changed then he wanted a clear understanding of all that this meant. He said that in referring to "systems" probably every diagnosis/misdiagnosis in Qld Health would be covered by this. I advised him that my understanding was that some events were "one offs" and could be attributed to individual errors, but broadly speaking, universal policies/systems tended to be implemented to diminish the risk of individual error. Mr Leck said that because he had not researched to see what exact systems they had in place that there might well be some. I advised him that they may exist, but if they had not/were not being utilised then this may negate the exercise. I advised him that I would discuss his request with my supervisor and only ring him back if my supervisor wished to proceed to research exactly what policies and systems they had in place, but if I did not ring back then he was to expect a closure letter from the HRC. Thanked him.

Telephone Conversation

0400HG

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Closed

Encryption Key:

Date Composed:	16/12/2004 02:55 PM	Composed By:	Karen Harbus/HRC
Caller:*	HRC to C		

Body Text:

0402 347 963. I returned C's call. Left an SMS message on C's mobile.

Telephone Conversation

0410036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	16/12/2004 01:03 PM	Composed By:	Karen Harbus/HRC
Caller:*	HRC to Mr Peter Leck, DM, P		

Body Text:

4152 1222. Called Mr Leck in order to clarify whether or not they believed they felt they had a case to pay compensation to C and to explain that HRC would refer the matter for the payment of compensation only.

File Note

040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Closed

Encryption Key:

Date Composed:	15/12/2004 04:49 PM	Composed By:	Karen Harbus/HRC

Short Description: Email to Mr P. Leck, DM, P from HRC

Body Text:

Karen Harbus
15/12/2004 04:48 PM

To: "Peter Leck" <Peter_Leck@health.qld.gov.au>
cc:

Subject: URGENT: Mrs Doreen Connelly (Dec'd) - Hi Peter - this is the new draft letter. Would appreciate your feedback. Thank you. Karen Harbus

Connelly 12th Dec.do

17 December 2004

Private & Confidential

Mr George Connelly

Dear Mr Connelly

I refer to your complaint about a health service your late wife, Mrs Doreen Connelly, received from Bundaberg Base Hospital on 2 December 2003. At the outset, I wish to convey my sincere condolences to you for the loss of your wife.

As you are aware, the Commission has been assessing the complaint to determine whether the health service provided to Mrs Connelly was reasonable and whether any further action may be required.

I understand that Mrs Connelly, who had a history of ischaemic heart disease, woke at 0330 hours on 1 December 2003 suffering with chest pain. An ambulance was called and transported her to Bundaberg Base Hospital at 0446 hours. Ambulance records state that on arrival at the scene, Mrs Connelly's pain had ceased in the chest but she still had pain in her back.

At the hospital, the duty medical practitioner noted Mrs Connelly's past history of acute myocardial infarction and hypothyroidism. She was examined, her vital signs monitored and no abnormality was detected. Various tests were performed which included serial electrocardiographs (ECGs) and while the chest x-ray was normal, blood tests showed raised levels of troponin[1]. Mrs Connelly was admitted to a general ward and later that day was reviewed by the specialist medical team who diagnosed her as having unstable angina. Aspirin, lipitor and lasix were added to her medication regime and she was discharged home at 1430 hours on 2 December 2003.

I understand that before Mrs Connelly was discharged, you explained to staff that she had been referred by her general practitioner the previous week for a stress (sestamibi) test to be performed by North Coast Nuclear Medicine at Mater Hospital that day at 10.20 a.m. The hospital's clinical plan for Mrs Connelly had been to take further blood tests and, if normal, the stress test would go ahead as planned. Following the appropriate blood tests and review of those tests, she was discharged with arrangements to transfer Mrs Connelly for her stress test. Before Mrs Connelly left the hospital the nursing staff member contacted North Coast Nuclear Medicine, and was told that the appointment had been reallocated and a new appointment was made for six days time. Tragically, your wife died in the early hours of the morning of 3 December 2003, at home. Her death certificate indicated that she died from a cardiac arrest following a myocardial infarction.

[1] An independent biochemist explained that troponins are muscle proteins found in the blood, which can be tested and analysed, following suspected heart muscle damage. High readings of troponin occur following cardiac damage.

Complaint Issues

I understand that your complaint issues are:

- Mrs Connelly was misdiagnosed and had she been correctly diagnosed and given appropriate treatment she would not have died; and
- Mrs Connelly should have attended the stress test, and if she had, she would have been correctly diagnosed and treated.

Misdiagnosis Issue

You stated that you were later informed that Mrs Connelly's past cardiac history and her elevated troponin levels were not taken into account when the decision was made to discharge her. You stated that you believed that had Mrs Connelly been correctly diagnosed and treated, she would not have died.

Mr Peter Leck, District Manager, Bundaberg District Health Service advised the Commission that the hospital had conducted a review of Mrs Connelly's care. The review confirmed that the combination of Mrs Connelly's past history, prolonged chest pain, ECG changes and raised troponin values indicated that she should have been diagnosed with Acute Coronary Syndrome and remained in hospital for ongoing observation. Mr Leck offered his sincere apologies to you for this failure.

In a further letter to the Commission, Dr Darren Keating, Director of Medical Services, explained that the significance of the raised troponin level was not appreciated. Dr Martin Strahan, general physician who attended to Mrs Connelly, was a visiting consultant who also worked in the private sector. It was explained that Dr Strahan did not appreciate the significance of your wife's troponin measurement because of the different measurement systems being used in the public and private health sectors leading to potential discrepancy between troponin values for the same patient. This discrepancy contributed to Dr Strahan placing limited significance on the test results at Bundaberg Base Hospital.

Dr Keating advised that Dr Strahan's reliance on the private sector method was based on his belief that the public sector method was inaccurate and possibly inferior. Dr Keating said that Dr Strahan reported that he attempted to clarify the matter with Queensland Health Pathology Services in Rockhampton prior to Mrs Connelly's discharge but did not receive clarification. Subsequently, he ordered a different blood test (cretanine kinase), and as this was normal, he discharged Mrs Connelly. Dr Keating advised the Commission that the private pathology provider in Bundaberg had recently installed the same troponin analyser as theirs to offset any future confusion.

Dr Keating also advised that the hospital has begun involvement with the Collaborative for Healthcare Improvement, Acute Coronary Syndrome, which provides evidence based guidelines and systematic evaluation of the treatment for this disorder in their hospital. The results will be compared on a state-wide basis. He explained that since Mrs Connelly's death there had been an education session for all medical staff involved in the care of cardiac patients. There were also continuing education sessions for senior medical staff on the specific topic of Acute Coronary Syndrome and the management of patients with raised troponin measurements. Dr Keating also advised that Dr Strahan had since undertaken further study, attended a cardiology conference and sought ongoing advice from cardiology peers.

The Commission approached three independent advisers who agreed that Mrs Connelly should not have been sent home. A Cardiology Registrar stated that although both methods of troponin measuring give a "*normal/abnormal*" reading, it was possible that the specialist was used to looking at "*one set of numbers*". When asked to comment on the actions of the specialist he stated that the hospital had acknowledged that they had deviated from the state-wide guidelines and indicated they were making changes. An independent Deputy Medical Director of a cardiology programme stated that whether or not troponin was positive or negative "*may not be the issue*" and explained it was necessary to look at the systems in place. He explained that at the hospital where he worked, which specialised in heart conditions, if a person with a history of heart condition presented with chest pain, they would be "*kept in*

automatically" regardless of troponin readings and this was an example of a systems approach. The Deputy Medical Director stated that the hospital had admitted to systemic errors and said he felt that the reason why the woman was discharged would not come down to a "*single decision*" but due to the lack of a systemic approach. He said that while it would be "*expedient*" to discipline an individual doctor, this would not solve the greater problems, and would be inappropriate. He agreed with the previous adviser that he felt not much more be "*gained*" by looking at an individual registrant as he felt all pertinent issues had been covered. A Director of Cardiology in a large public hospital was also approached for advice and he and stated, like previous advisers, that the stress test was contraindicated and it would only have confirmed what the hospital should have already known. In relation to the hospital's diagnosis of unstable angina, the Director of Cardiology explained that the term "*acute coronary syndrome*" was a very broad umbrella term to cover lots of coronary conditions and as the hospital stated that the woman was stable throughout her admission, the diagnosis of unstable angina was "*not incorrect*". He stated that the error was to discharge her too soon. He said that the blood tests certainly flagged that she was at a higher risk of suffering a heart related problem, which she did, but the error was "*not so much in the diagnosis as in failing to recognise that her Troponin levels mandated that she receive more intensive therapy rather than be discharged*". He noted that the hospital had undertaken procedural changes and that a sincere apology had been given. Further independent advice said that had Mrs Connelly been kept in hospital, even in the Coronary Care Unit, there were no guarantees that she would have survived her cardiac arrest.

The Commission has also consulted the Medical Board of Queensland in relation to Dr Strahan's care of Mrs Connelly and whether he warranted investigation by the Board. The Commission is required to consult with the relevant registration Board in matters where there may be possible breaches of professional standards. In this case, the Commission drew to the Board's attention all the information and advice we had obtained. Having taken that information into account, the Board advised the Commission that, in its view, the matter does not warrant further action. This is a decision for the Board to make and the Commission is therefore unable to pursue the matter.

I appreciate that you will feel that the Commission has not done enough in relation to this issue, but, unfortunately, there is insufficient basis for me to be able to take any further action other than to recommend to Bundaberg Base Hospital that it continue to implement the changes in relation to its care of cardiac patients. None of the independent advisers contacted by the Commission have been able to state with sufficient confidence that your wife would have survived, even if she had remained in hospital.

Referral for Stress Test Issue

The other issue you raised in your letter was that at 8.30 a.m. on 2 December 2003, you informed Dr Strahan that Mrs Connelly had a pre-booked stress test appointment at 10.20 a.m. that day at a private hospital. You advised the Commission that you explained to Dr Strahan that Mrs Connelly's general practitioner had made this referral and that Dr Strahan then instructed the nurse to have this done straight away. You said you were informed by Dr Strahan that he suspected a blockage in her heart and that this test would identify where the blockage was. She could then be given something for it and be transferred to Brisbane for an operation.

You further advised that at 10.30 a.m. Dr Strahan informed you that the appointment had been reallocated and a new appointment made for 8 December 2003. You said you were subsequently informed that Mrs Connelly could go home and the results of the stress test would be sent to Bundaberg Base Hospital. When you made enquiries of the private hospital shortly after speaking to Dr Strahan, you were informed that they had not been contacted by Bundaberg Base Hospital and that the appointment had been reallocated at 9.30 a.m. You stated that when you asked the nurse why she had not called in relation to the stress test, she answered in an off-handed manner that it was the doctor's responsibility to do so. I understand you are of the view that even if Mrs Connelly had been diagnosed with a heart attack she could have still have had a stress test without having to undergo a physical exercise. Also, that had she had the stress test, she would have been correctly diagnosed and treated.

I appreciate that you remain critical of the time taken by the staff to contact the nuclear medicine clinic. The key point I need to consider is whether it would have been appropriate for Mrs Connelly to have the test at that time. The Commission sought clarification of this point from the nuclear physician, Dr Muttatamby Vannitamby, who performs the stress tests at the service that Mrs Connelly was due to attend. Dr Vannitamby stated that the referral from the referring doctor is only part of the information he would take into account. He said he would need to do his own assessment of a patient. He also advised that in most cases following a recent infarct, he would prefer to wait 4 to 6 weeks for the heart to recover before performing the stress test because of the high risk involved in the procedure. On this basis, I am unable to say that the test would definitely have been performed had Mrs Connelly's appointment gone ahead on 2 December 2003. This view is reinforced by advice obtained from independent cardiologists who advised the Commission that the referral to the nuclear medicine unit for the stress test was not particularly relevant, as it would only have confirmed what they should have already known i.e. that Mrs Connelly was a high-risk patient. Further, the stress test was contraindicated and could have made the situation worse.

While the actions of the nurse remain in dispute between yourself and the hospital, I have considered Dr Vannitamby's comments and those of the independent cardiologists, and, as noted above, it is not possible to say whether a stress test would or should have been performed on Mrs Connelly had she presented on 2 December 2003.

I have considered your concerns about the manner in which the hospital cared for Mrs Connelly and the hospital's response to those concerns, as well as the independent and third party comments. It is my view that there was a serious breakdown in procedures and that Mrs Connelly should have remained in hospital. As acknowledged by Bundaberg Base Hospital, they failed to take into account Mrs Connelly's prolonged chest pain, ECG changes, history and raised troponin levels. The Commission will advise the hospital of the importance of taking a systemic approach to the care of cardiac patients and of its continued involvement in the Collaborative for Healthcare, Acute Coronary Syndrome project.

I understand that you will remain unhappy with the Commission's findings and that you believe the matter should have been taken further. I realise that you may not agree with some of the advice the Commission has obtained, but I trust you will understand why the Commission needs to rely upon this. The Commission itself does not have the clinical expertise to reach findings on complex clinical matters and must rely on independent expert medical opinion or third party medical advice. Please be assured that the Commission will follow up to ensure that the procedural changes are occurring at the hospital in relation to the matters raised.

I am sorry that we have been unable to meet all of your expectations. I nevertheless thank you for bringing your complaint to the notice of the Commission.

Yours sincerely

John Cake
Manager Complaints

{insert date}

Private & Confidential

Mr Peter Leck
District Manager
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670

Dear Mr Leck

I refer to the complaint from Mr George Connelly about a health service {he/she/consumer} received from {you/organisation) on (date).

As you are aware the Commission has been assessing the complaint to determine whether there were any grounds for statutory action on the complaint. Statutory action can include ***delete as appropriate for registered/non-registered provider:*** conciliation, investigation by the Commission or referral to another entity for investigation. ***or*** conciliation or investigation by the {Board}.* In assessing the complaint, the Commission is obliged to consider whether or not it can be established that the health service provided was reasonable and whether any action is required.

Delete if inappropriate: Following your comments and in accordance with section 71(3) of the *Health Rights Commission Act 1991*, a delegated representative of the {Board} was consulted about the complaint. The representative stated that the matter did not warrant further action by the Board.*

In view of the above information, I am closing the complaint in accordance with section 79{subsection} of the *Health Rights Commission Act 1991*, which states:

{insert}

Thank you for your participation in addressing this complaint.

Yours sincerely

John Cake
Manager Complaints

cc.

File Note 040106

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:
Date Composed: 15/12/2004 04:28 PM Composed By: Karen Harbus/HRC

Short Description: Email from Peter Leck, DM, P to HRC 14/12/04

Body Text:

"Peter Leck" <Peter_Leck@health.qld.gov.au> on 14/12/2004 03:27:53 PM

To: <Karen.Harbus@hrc.qld.gov.au>
cc:

Subject: Re: Mrs Doreen Connelly (Dec'd)

Hi Karen,

Thankyou for this advice.

The sentence you have sought advice about - concerning the sequence of events relating to Pathology - is correct.

I must admit that I remain a little confused as to what will now be included in the letter and what has been deleted or altered.

There are a couple of other comments I would like to make in relation to the attachment (proposed) letter from 9 December. I hope these comments can be of assistance and am sorry if they are simply repeating some of the changes you are already making:

1) Misdiagnosis Issues - Page 2

Paragraph 6 refers to pathology updates for Dr Strahan. I believe that this issue is no longer relevant given that it refers to the Pathology booklet

Paragraph 7 refers to "systems" issues in relation to the discharge of cardiac patients with histories like Mrs Connelly. I'm not sure that it is possible to attribute the situation to "systems" issues vs an apparent misdiagnosis. Perhaps it would be useful to clarify with the cardiologist(s) concerned what precisely they mean by "systems" in this case. Hospital protocols and policy invariably still rely on the individual judgement of a clinician and I'm not familiar with any that would be so prescriptive as to cover all circumstances including this one. The timing of the discharge of a patient is determined by the doctor under which they are admitted, taking into account all known facts. Protocols will usually request that more junior medical staff clarify any issues/concerns with the relevant specialist. However in this instance, the treating medical officer and decision to discharge was made by the consultant.

2) Misdiagnosis Issue - page 3

The second paragraph refers to the Pathology Booklet. I assume this paragraph is to be deleted.

Best Wishes

Peter

>>> <Karen.Harbus@hrc.qld.gov.au> 9/12/2004 16:05:47 >>>

Dear Peter

Thanks for your emails and letter. I have noted the comments you made in relation to the Commission's draft letter. I now attach a copy of the revised letter and wish to point out the following alterations:

Page 2 - Misdiagnosis Issue

As per your suggestion, I have altered this paragraph to read that the significance of the raised troponin level was not appreciated.

In relation to the fourth paragraph, second sentence, I have included here: "Dr Keating said that Dr Strahan reported that he attempted to clarify the matter with Queensland Health Pathology Services in Rockhampton prior to Mrs Connelly's discharge but as he did not find the explanation adequate, he subsequently ordered a different blood test (creatine kinase), which was normal, and he discharged Mrs Connelly. Dr Keating advised the Commission that the private pathology provider in Bundaberg had recently installed the same troponin analyser as theirs to offset any future confusion." As the records and correspondence to not make it clear in what sequence the above occurred, would you please advise me if this sentence is correct.

I have deleted the sixth paragraph which makes reference to the Qld Health Pathology booklet. As it does not specify the normal range of troponin levels, I do not believe this paragraph to be particularly relevant. I note your comments that the pathology report of each test does indicate if the results are outside the normal range and noted that "H" for high was recorded next to Mrs Connelly's troponin T readings.

The seventh paragraph on the draft letter has also been deleted as there is no record of this telephone conversation on the electronic file and the officer who wrote this is presently on secondment.

Page 3 - Misdiagnosis Issue

Where you have indicated that the paragraph stating "Dr Keating said that Dr Strahan tried to clarify the measurement scale for troponin testing with another Queensland Health Hospital, but did not receive clarification prior to Mrs Connelly's discharge" would be more accurately expressed as "... Dr Strahan reported that he attempted to clarify the matter with Queensland Health pathology Services in Rockhampton but did not find the explanation adequate.", you will note from my above comments that I have incorporated these comments into the fourth paragraph on page 2.

(See attached file: Connelly draft.doc)

Kind regards

Karen Harbus
Senior Intake Officer

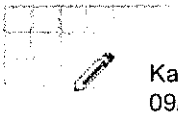
File Note 040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:
Date Composed: 09/12/2004 04:06 PM Composed By: Karen Harbus/HRC

Short Description: Email to Mr Peter Leck, DM, P, re changes to draft letter

Body Text:



Karen Harbus
09/12/2004 04:05 PM

To: Peter_Leck@health.qld.gov.au
cc:

Subject: Mrs Doreen Connelly (Dec'd)

Dear Peter

Thanks for your emails and letter. I have noted the comments you made in relation to the Commission's draft letter. I now attach a copy of the revised letter and wish to point out the following alterations:

Page 2 - Misdiagnosis Issue

As per your suggestion, I have altered this paragraph to read that the significance of the raised troponin level was not appreciated.

In relation to the fourth paragraph, second sentence, I have included here: "Dr Keating said that Dr Strahan reported that he attempted to clarify the matter with Queensland Health Pathology Services in Rockhampton prior to Mrs Connelly's discharge but as he did not find the explanation adequate, he subsequently ordered a different blood test (creatine kinase), which was normal, and he discharged Mrs Connelly. Dr Keating advised the Commission that the private pathology provider in Bundaberg had recently installed the same troponin analyser as theirs to offset any future confusion." As the records and correspondence to not make it clear in what sequence the above occurred, would you please advise me if this sentence is correct.

I have deleted the sixth paragraph which makes reference to the Qld Health Pathology booklet. As it does not specify the normal range of troponin levels, I do not believe this paragraph to be particularly relevant. I note your comments that the pathology report of each test does indicate if the results are outside the normal range and noted that "H" for high was recorded next to Mrs Connelly's troponin T readings.

The seventh paragraph on the draft letter has also been deleted as there is no record of this telephone conversation on the electronic file and the officer who wrote this is presently on secondment.

Page 3 - Misdiagnosis Issue

Where you have indicated that the paragraph stating "Dr Keating said that Dr Strahan tried to clarify the measurement scale for troponin testing with another Queensland Health Hospital, but did not receive clarification prior to Mrs Connelly's discharge" would be more accurately expressed as "... Dr Strahan reported that he attempted to clarify the matter with Queensland Health pathology Services in Rockhampton but did not find the explanation adequate.", you will note from my above comments that I have incorporated these comments into the fourth paragraph on page 2.

Connelly draft.doc

Kind regards

Karen Harbus
Senior Intake Officer

10 December 2004

Private & Confidential

Mr George Connelly

Dear Mr Connelly

I refer to your complaint about a health service your late wife, Mrs Doreen Connelly, received from Bundaberg Base Hospital on 2 December 2003. At the outset, I wish to convey my sincere condolences to you for the loss of your wife.

As you are aware, the Commission has been assessing the complaint to determine whether the health service provided to Mrs Connelly was reasonable and whether any further action may be required.

I understand that Mrs Connelly, who had a history of ischaemic heart disease, woke at 0330 hours on 1 December 2003 suffering with chest pain. An ambulance was called and transported her to Bundaberg Base Hospital at 0446 hours. Ambulance records state that on arrival at the scene, Mrs Connelly's pain had ceased in the chest but she still had pain in her back.

At the hospital, the duty medical practitioner noted Mrs Connelly's past history of acute myocardial infarction and hypothyroidism. She was examined, her vital signs monitored and no abnormality was detected. Various tests were performed which included serial electrocardiographs (ECGs) and while the chest x-ray was normal, blood tests showed raised levels of troponin[1]. Mrs Connelly was admitted to a general ward and later that day was reviewed by the specialist medical team who diagnosed her as having unstable angina. Aspirin, lipitor and lasix were added to her medication regime and she was discharged home at 1430 hours on 2 December 2003.

I understand that before Mrs Connelly was discharged, you explained to staff that she had been referred by her general practitioner the previous week for a stress (sestamibi) test to be performed by North Coast Nuclear Medicine at Mater Hospital that day at 10.20 a.m. The hospital's clinical plan for Mrs Connelly had been to take further blood tests and, if normal, the stress test would go ahead as planned. Following the appropriate blood tests and review of those tests, she was discharged with arrangements to transfer Mrs Connelly for her stress test. Before Mrs Connelly left the hospital the nursing staff member contacted North Coast Nuclear Medicine, and was told that the appointment had been reallocated and a new appointment was made for six days time. Tragically, your wife died in the early hours of the morning of 3 December 2003, at home. Her death certificate indicated that she died from a cardiac arrest following a myocardial infarction.

[1] An independent biochemist explained that troponins are muscle proteins found in the blood, which can be tested and analysed, following suspected heart muscle damage. High readings of troponin occur following cardiac damage.

Complaint Issues

I understand that your complaint issues are:

- Mrs Connelly was misdiagnosed and had she been correctly diagnosed and given appropriate treatment she would not have died; and
- Mrs Connelly should have attended the stress test, and if she had, she would have been correctly diagnosed and treated.

Misdiagnosis Issue

You stated that you were later informed that Mrs Connelly's past cardiac history and her elevated troponin levels were not taken into account when the decision was made to discharge her. You stated that you believed that had Mrs Connelly been correctly diagnosed and treated, she would not have died.

Mr Peter Leck, District Manager, Bundaberg District Health Service advised the Commission that the hospital had conducted a review of Mrs Connelly's care. The review confirmed that the combination of Mrs Connelly's past history, prolonged chest pain, ECG changes and raised troponin values indicated that she should have been diagnosed with Acute Coronary Syndrome and remained in hospital for ongoing observation. Mr Leck offered his sincere apologies to you for this failure.

In a further letter to the Commission, Dr Darren Keating, Director of Medical Services, explained that the significance of the raised troponin level was not appreciated. Dr Martin Strahan, general physician who attended to Mrs Connelly, was a visiting consultant who also worked in the private sector. It was explained that Dr Strahan did not appreciate the significance of your wife's troponin measurement because of the different measurement systems being used in the public and private health sectors leading to potential discrepancy between troponin values for the same patient. This discrepancy contributed to Dr Strahan placing limited significance on the test results at Bundaberg Base Hospital.

Dr Keating advised that Dr Strahan's reliance on the private sector method was based on his belief that the public sector method was inaccurate and possibly inferior. Dr Keating said that Dr Strahan reported that he attempted to clarify the matter with Queensland Health Pathology Services in Rockhampton prior to Mrs Connelly's discharge but did not received clarifiction. Subsequently, he ordered a different blood test (cretanine kinase), which was normal, and he discharged Mrs Connelly. Dr Keating recently advised the Commission that the private pathology provider in Bundaberg had recently installed the same troponin analyser as theirs to offset any future confusion.

Dr Keating also advised that the hospital has begun involvement with the Collaborative for Healthcare Improvement, Acute Coronary Syndrome, which provides evidence based guidelines and systematic evaluation of the treatment for this disorder in their hospital. The results will be compared on a state-wide basis. He explained that since Mrs Connelly's death there had been an education session for all medical staff involved in the care of cardiac patients. There were also continuing education sessions for senior medical staff on the specific topic of Acute Coronary Syndrome and the management of patients with raised troponin measurements. Dr Keating also advised that Dr Strahan had since undertaken further study, attended a cardiology conference and sought ongoing advice from cardiology peers.

The Commission then enquired if Dr Strahan had been provided with specific information about pathology tests at their hospital. Dr Keating advised that Dr Strahan had worked as a salaried doctor at the hospital before he became a visiting medical officer and that perhaps Dr Strahan may have missed out on receiving the updates on pathology information.

Independent advice obtained by the Commission from well-qualified cardiologists confirmed that Mrs Connelly should not have been sent home. An independent Deputy Medical Director of a cardiology program at a public hospital stated that whether troponin was positive or negative may not be the issue and explained that it was necessary to look at the systems in place. He stated that people with cardiac

histories should be admitted regardless of the troponin level. Further independent advice said that had Mrs Connelly been kept in hospital, even in the Coronary Care Unit, there were no guarantees that she would have survived her cardiac arrest.

There is no doubt that Mrs Connelly should not been discharged. The Commission has requested that the District ensure that all medical personnel be provided with the current pathology information booklet and ensure that doctors new to the hospital are provided with the appropriate information as part of their orientation, regardless of whether they have previously worked at the hospital or not.

The Commission has also consulted the Medical Board of Queensland in relation to Dr Strahan's care of Mrs Connelly and whether he warranted investigation by the Board. The Commission is required to consult with the relevant registration Board in matters where there may be possible breaches of professional standards. In this case, the Commission drew to the Board's attention all the information and advice we had obtained. Having taken that information into account, the Board advised the Commission that, in its view, the matter does not warrant further action. This is a decision for the Board to make and the Commission is therefore unable to pursue the matter.

I appreciate that you will feel that the Commission has not done enough in relation to this issue, but, unfortunately, there is insufficient basis for me to be able to take any further action other than to recommend to Bundaberg Base Hospital that it continue to implement the changes in relation to its care of cardiac patients. None of the independent advisers contacted by the Commission have been able to state with sufficient confidence that your wife would have survived, even if she had remained in hospital.

Referral for Stress Test Issue

The other issue you raised in your letter was that at 8.30 a.m. on 2 December 2003, you informed Dr Strahan that Mrs Connelly had a pre-booked stress test appointment at 10.20 a.m. that day at a private hospital. You advised the Commission that you explained to Dr Strahan that Mrs Connelly's general practitioner had made this referral and that Dr Strahan then instructed the nurse to have this done straight away. You said you were informed by Dr Strahan that he suspected a blockage in her heart and that this test would identify where the blockage was. She could then be given something for it and be transferred to Brisbane for an operation.

You further advised that at 10.30 a.m. Dr Strahan informed you that the appointment had been reallocated and a new appointment made for 8 December 2003. You said you were subsequently informed that Mrs Connelly could go home and the results of the stress test would be sent to Bundaberg Base Hospital. When you made enquiries of the private hospital shortly after speaking to Dr Strahan, you were informed that they had not been contacted by Bundaberg Base Hospital and that the appointment had been reallocated at 9.30 a.m. You stated that when you asked the nurse why she had not called in relation to the stress test, she answered in an off-handed manner that it was the doctor's responsibility to do so. I understand you are of the view that even if Mrs Connelly had been diagnosed with a heart attack she could have still have had a stress test without having to undergo a physical exercise. Also, that had she had the stress test, she would have been correctly diagnosed and treated.

I appreciate that you remain critical of the time taken by the staff to contact the nuclear medicine clinic. The key point I need to consider is whether it would have been appropriate for Mrs Connelly to have the test at that time. The Commission sought clarification of this point from the nuclear physician, Dr Muttatamby Vannitamby, who performs the stress tests at the service that Mrs Connelly was due to attend. Dr Vannitamby stated that the referral from the referring doctor is only part of the information he would take into account. He said he would need to do his own assessment of a patient. He also advised that in most cases following a recent infarct, he would prefer to wait 4 to 6 weeks for the heart to recover before performing the stress test because of the high risk involved in the procedure. On this basis, I am unable to say that the test would definitely have been performed had Mrs Connelly's appointment gone ahead on 2 December 2003. This view is reinforced by advice obtained from independent cardiologists who advised the Commission that the referral to the nuclear medicine unit for the stress test was not

particularly relevant, as it would only have confirmed what they should have already known i.e. that Mrs Connelly was a high-risk patient. Further, the stress test was contraindicated and could have made the situation worse.

While the actions of the nurse remain in dispute between yourself and the hospital, I have considered Dr Vannitamby's comments and those of the independent cardiologists, and, as noted above, it is not possible to say whether a stress test would or should have been performed on Mrs Connelly had she presented on 2 December 2003.

I have considered your concerns about the manner in which the hospital cared for Mrs Connelly and the hospital's response to those concerns, as well as the independent and third party comments. It is my view that there was a serious breakdown in procedures and that Mrs Connelly should have remained in hospital. As acknowledged by Bundaberg Base Hospital, they failed to take into account Mrs Connelly's prolonged chest pain, ECG changes, history and raised troponin levels. The Commission will advise the hospital of the importance of taking a systemic approach to the care of cardiac patients and of its continued involvement in the Collaborative for Healthcare, Acute Coronary Syndrome project.

I understand that you will remain unhappy with the Commission's findings and that you believe the matter should have been taken further. I realise that you may not agree with some of the advice the Commission has obtained, but I trust you will understand why the Commission needs to rely upon this. The Commission itself does not have the clinical expertise to reach findings on complex clinical matters and must rely on independent expert medical opinion or third party medical advice. Please be assured that the Commission will follow up to ensure that the procedural changes are occurring at the hospital in relation to the matters raised.

I am sorry that we have been unable to meet all of your expectations. I nevertheless thank you for bringing your complaint to the notice of the Commission.

Yours sincerely

Annette Anning
Acting Manager Complaints

{insert date}

Private & Confidential

Mr Peter Leck
District Manager
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670

Dear Mr Leck

I refer to the complaint from Mr George Connelly about a health service {he/she/consumer} received from {you/organisation) on (date).

As you are aware the Commission has been assessing the complaint to determine whether there were any grounds for statutory action on the complaint. Statutory action can include ***delete as appropriate for registered/non-registered provider:*** conciliation, investigation by the Commission or referral to another entity for investigation. ***or*** conciliation or investigation by the {Board}.* In assessing the complaint, the Commission is obliged to consider whether or not it can be established that the health service provided was reasonable and whether any action is required.

Delete if inappropriate: Following your comments and in accordance with section 71(3) of the *Health Rights Commission Act 1991*, a delegated representative of the {Board} was consulted about the complaint. The representative stated that the matter did not warrant further action by the Board.*

In view of the above information, I am closing the complaint in accordance with section 79{subsection} of the *Health Rights Commission Act 1991*, which states:

{insert}

Thank you for your participation in addressing this complaint.

Yours sincerely

John Cake
Manager Complaints

cc.

Telephone Conversation

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:

Date Composed:	08/12/2004 02:26 PM	Composed By:	Karen Harbus/HRC
Caller:*	Mr Leck, P, to HRC		

Body Text:

Mr Leck returned my call and I advised him that I had noted the changes he made to the draft letter, had discussed them with my supervisor and HRC agreed to these. I asked him if he had made further enquiries of Dr Sisolo in relation to the passing of the Troponin readings from the lab. He said that yes he had and Dr Sisolo has no clear recollection of the events but he (Dr S) went to the progress notes where he had written at 0555 on 01/12/03 that Troponin was 0.52 with an arrow to indicate that it was high. Underneath this Dr Sisolo had written that he had discussed this with Dr Strahan. Mr Leck said that Dr Sisolo had no clear memory of the discussions and he was relying on the notes. Thanked him.

Case Documentation

040036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Type:★ Incoming Correspondence Encryption Key:

Date Composed: 07/12/2004 03:57 PM Composed By: Karen Harbus/HRC

Short Description: ★ Letter & attachments from P in response to draft letter to C

Body Text:

Received 07/12/04

Note: Commas cannot be used within the Short Description. All commas will be automatically removed.

Note: The ★ symbol indicates required information. ProActive will not let you continue until you complete all required fields.

Telephone Conversation

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK — Closed

Encryption Key:

Date Composed:	07/12/2004 02:47 PM	Composed By:	Karen Harbus/HRC
Caller:	HRC to Mr Peter Leck, District Manager, P		

Body Text:

4152 1222. Mr Leck not available today. Left a message for him to please return my call. [I rang Mr Leck in order to acknowledge receipt of his letter and memorandum from Qld Health Pathology Services Director, Mr Michael Whiley, which enclosed copies of pathology results and "screen dumps" which clearly showed that Mrs Connelly's troponin T levels had been high ("H"). In the memo, the Director explained that results were phoned through to Dr Sisolo on the ward at 5.00 a.m. on 01/12/03 and supporting documentation was enclosed. In his memo, Mr Whiley stated that it appeared from their (pathology) records that all the relevant information (result, abnormality of this and telephone contact) was given to Dr Sisolo. He said that given Dr Strahan's concerns (i.e. did not realise the significance of raised troponin levels) and given the information the laboratory gave to Dr Sisolo, one possible explanation is that all of this information may not have been passed on to Dr Strahan in its entirety.] I was going to ask Mr Leck about whether he had explored this issue any further i.e. what does Dr Sisolo recall being told by the lab and what does Dr Sisolo recall relaying to Dr Strahan? Did Dr Sisolo jot down the results or go by memory?

In relation to the other suggested changes Mr Leck made, I was going to advise him that I agreed with him but would discuss with my supervisor.

File Note 0700036

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK Closed

Encryption Key:
Date Composed: 07/12/2004 01:18 PM Composed By: Karen Harbus/HRC

Short Description: Email from Mr Peter Leck, DM, P to HRC

Body Text:

"Peter Leck" <Peter_Leck@health.qld.gov.au> on 06/12/2004 02:51:00 PM

To: <karen.harbus@hrc.qld.gov.au>
cc:

Subject: Fwd: Troponin T Results and Mrs Connelly

Hi Karen

Attached please find attachments for Connelly response.

Joan Dooley
Executive Support Officer
Telephone 41502020

Date: Mon, 06 Dec 2004 11:14:18 +1000
From: "Pamela Bray" <Pamela_Bray@health.qld.gov.au>
To: "Peter Leck" <Peter_Leck@health.qld.gov.au>
Cc: "Peter Lewis-Hughes" <Peter_Lewis-Hughes@health.qld.gov.au>
Subject: Troponin T Results and Mrs Connelly
Mime-Version: 1.0
Content-Type: multipart/mixed; boundary="=_2404DB5B.533090FC"

Please see attached from Dr Michael Whiley.

Regards

Pam Bray
Executive Support Officer
Office of the Director
Queensland Health Pathology Service
Phone: 3636 8300
Email: Pamela_Bray@health.qld.gov.au

 - Troponin T Results.PDF