



Queensland Health

Pathology Service

Queensland Government

MEMORANDUM

To: Peter Leck - District Manager Bundaberg

Copies

To: Peter Lewis-Hughes - Executive Director QHPSS

From: Michael Whiley
Director - QHPS

Tel No: 07 3636 8300 (RBH)

Fax No: 07 3636 1392

File Ref:

Date: 5 Dec 2004

Subject: Troponin T results and Mrs Connolly

In response to your email request I provide the following information for your use:

1] It was in fact Dr Lewis-Hughes and Dr Francis who discussed this case with the Health Rights Commission. I was away on Leave, hence the delay in replying to you whilst I gathered information.

2] The Reports issued by QHPS clearly show the troponin used was Troponin T (TnT) and gives the reference range relevant for this assay (<0.03 ug/L). Whenever these results are looked at in Auslab both results on this patient also had the letter H next to the result to indicate this result was high and supportive of a myocardial necrotic event (eg Acute Myocardial Infarction). They display in **BOLD** printing on cumulative reports.

3] The result was phoned by the lab staff to ward medical staff member Dr Sisolo (at 5am) and included the information that this was a high result.

Copies of the Cumulative Result and Screen Dumps of the individual results and phone log are attached

4] The handbook covers the tests available and refers Doctors to reports and their local labs for interpretation and ranges.

I hope this assists you and from this it appears from our records that all the relevant information {result, abnormality of the result and telephone contact} was given to the Dr Sisolo. Given your VMO's concerns "The VMO who treated her says he did not realise the significance of her raised troponin levels" and given the information the Lab gave Dr Sisolo one possible explanation (which would need exploring further) is that all of this information may not have been passed on him in it's entirety.

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

CHPS, Bundaberg Hospital
P.O. Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

Patient Location	10 - Medical (BNH)	UR No	BN059241	IS	4
Consultant	Strahan, T. Martin(BNH)	Name	CONNELLY		
This Report To	Dr Lipson Sisiolo	Given Name	Doreen	Sex	F
	Bundaberg Hosp	DOB	22-Apr-1934	Age	69 years
	Bourbong St	Patient Address			
	Bundaberg Qld 4670				

GENERAL

Time Collected	03:45	05:00	08:45	12:30	07:40
Date Collected	19 Sep	01 Dec	01 Dec	01 Dec	02 Dec
Time Registered	04:26	05:21	09:08	14:05	08:56
Date Registered	19 Sep	01 Dec	01 Dec	01 Dec	02 Dec
Year	2002	2003	2003	2003	2003
Lab No	107679131	149221954	149221255	149221062	149286065
Specimen Type	Blood	Blood	Blood	Blood	Blood

Units Ref Range

Sodium	133	139				mmol/L	(135 - 145)
Potassium	4.5	4.2				mmol/L	(3.2 - 4.5)
Chloride	106	107				mmol/L	(100 - 110)
Bicarbonate	21	25				mmol/L	(22 - 33)
Anion Gap	6	7				mmol/L	(4 - 13)
Osmolality (Calculated)	269	277				mmol/kg	(270 - 290)
Glucose	6.8	6.1				mmol/L	(3.0 - 7.8)
						(Fasting	3.0 - 6.0)
Urea	5.5	3.6				mmol/L	(3.0 - 8.0)
Creatinine	0.086	0.091				mmol/L	(0.050 - 0.100)
Urea/Creat	64	39					(40 - 100)
Urate	0.29					mmol/L	(0.15 - 0.45)
Protein (Total)	74	65				g/L	(62 - 83)
Albumin	41	36				g/L	(33 - 47)
Globulin	33	29				g/L	(25 - 45)
Bilirubin (Total)	< 4	12				umol/L	(< 20)
Alkaline Phosphatase	109	90				U/L	(30 - 120)
Gamma-GT	18	19				U/L	(< 50)
Alanine Transaminase	20	28				U/L	(< 40)
Aspartate Transaminase	20	23				U/L	(< 35)
Lactate Dehydrogenase	289					U/L	(110 - 250)
Creatine Kinase	210	121	122	128	123	U/L	(< 160)
cTroponin T	ND	0.52		0.69		ug/L	(< 0.03)
Calcium	2.31					mmol/L	(2.15 - 2.60)
Calcium (Alb. Corr.)	2.29					mmol/L	(2.15 - 2.60)
Phosphate	0.57					mmol/L	(0.70 - 1.40)

Note: ND = Not detected.

Comments

Lab No 149221954
05:00 01-Dec-03 Results phoned to ward

CHEMICAL PATHOLOGY

Dr H Krause
Director of Pathology
Tel.(07)4920 7301

Please discard any previous
CHEMICAL PATHOLOGY GENERAL
report of the same page number
printed before : 09:48 06 Dec 2004

Page
1

Copy sent to: 10 - Medical (BNH)

MR 23

0703

Lab 14922-1954	Ur BN059241	Name CONNELLY Doreen	Sex F
Dob 22-Apr-1934	wd DEM-BNH	Dr Sisiolo, Lipso*	c05:00 01-Dec-03

Specimen type E1cced Protein 65 c/L (62 - 88) Chest pain
 Sodium 135 mcL/L (135 - 145) Albumin 36 c/L (35 - 47)
 Potassium 4.2 mcL/L (3.2 - 4.5) Globulin 29 c/L (25 - 45)
 Chloride 107 mcL/L (100 - 110) E1irubin 12 mcL/L (< 20)
 Eicarb. 25 mcL/L (22 - 30) ALP 90 L/L (80 - 120)
 Arter Cap 7 mcL/L (4 - 10) Gamma GT 19 L/L (< 50)
 CSM(Calc) 277 mcL/kg (270 - 290) ALT 28 L/L (< 40)
 Glucose 6.1 mcL/L (5.0 - 7.8) AST 28 L/L (< 35)
 Fasting FR (5.0 - 6.0) CK 121 L/L (< 100)
 Urea 5.6 mcL/L (5.0 - 8.0) cLT 0.52 Hg/L (< 0.60)
 Creatinine 0.69 mcL/L (0.60 - 0.90)
 Creat. 0.69 L (40 - 100)
 Comment: Age: 69 years (Comp. Val: Yes)
 Results phoned to ward

Notes Acit

Phoned 5.49am:

Screen Dump
 1st Result

Notes

Lab	14922-1954	Ur	BN059241	Name	CONNELLY Doreen	Sex	F
Dob	22-Apr-1934	Wd	DEM-BNH	Dr	Sisiolo, Lipso*	c05:00	01-Dec-03

Time/Date	User	D	Specimen Notes
05:49 01-Dec-03	ck11	B	tnt phoned to DR Sisiolo
05:48 01-Dec-03	ck11	A	coag added per phone request by Dr Sisiolo. Form to follow

Clinical Notes

Chest pain

F5 Clinical Notes **F6** Specimen Notes **F7** UR Notes
F8 Set Dept Spec Notes **SF7** Set Dept UR Notes

Screen Dump
Phone Log

Lab	14922-1062	Ur	BN059241	Name	CONNELLY Doreen	Sex	F
Dob	22-Apr-1934	wd	10-BNH	Dr	Sisiolo, Lipso*	c12:30	01-Dec-03

Specimen type Blood

CK 128 U/L (< 160)
cTnT 0.69 H ug/L (< 0.03)

Chest Pain

Current medication - Lasix

Comment:

Age:69 years

Corp.Val: Yes

☐ Notes ☐ Audit

Screen Dump Second Result

Case Documentation

(07/4010/246)

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

Closed

Type:★

Incoming Correspondence

Encryption Key:

Date Composed: 07/12/2004 11:33 AM

Composed


Karen Harbus/HRC

By:

Short Description: ★ Memo from Qld Health Path Service - sent by Peter Leck DM to HRC

Body Text:

Enclosing C's pathology results.

 **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

07/12/04

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

Closed

Encryption Key:

Date 07/12/2004 10:54 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

0402 347 963. I returned C's call and apologised for the delay in getting letter off to him. C stated that "hearts were not the only problem at..." P. He said he had had to book himself out to get his own medication a few times. He said he was on a nebuliser and had often called a nurse in an emergency but they would not come. He said he wanted it "to come up in Court that the Medical Board wasn't going to do anything". I advised him that the Board could only look at the individual registrants (Dr Strahan) and that they had considered Dr Strahan's action but because of the independent advice obtained, errors pointed to the systems and not to an individual mistake on the part of Dr Strahan. C stated that he still to this day blamed the nurse. I advised him that I had obtained independent advice from various sources but none had been critical of the nurse. I also advised him that P had admitted their errors and had ensured that Dr Strahan underwent additional and ongoing training, as well as other staff, but they had not themselves pointed out the nurse. I advised him that there would be no reason for them to "protect" her if she had made a mistake. I advised him that nurses were unable to make admissions, discharges, prescribe medication, order tests and perform surgery. I advised him that medical care almost always came under the care of a doctor, although of course there were specific errors that nurses could make, but it came within their "umbrella". I advised C I would be in touch with him when I had more information for him. Thanked him for keeping in touch with the HRC. I also advised him that it was my understanding that conciliation had not been ruled out.

Telephone Conversation

02/10/04

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

Closed

Encryption Key:

Date 30/11/2004 04:44 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Mr Peter Leck, DM

Body Text:

I returned Mr Leck's call. He apologised for the delay in not emailing me back a copy of the letter. He stated that he was awaiting further information. He said he had contacted Dr Peter Hughes (State Manager of Qld Health's Pathology Services) in relation to the pathology booklet which HRC stated was provided to all medical staff and which informed them of the normal ranges of all pathology tests undertaken at their particular hospital. He said that there did not appear to be anything in the booklet about the normal ranges. He explained that he was also awaiting some further advice from their local laboratories and said he had the letter ready to be emailed back to me, and that he was just awaiting this additional information. Mr Leck said he will email me the letter this week. Thanked him.

Telephone Conversation

02/01/06

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

Closed

Encryption Key:

Date 29/11/2004 01:06 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ Mr Peter Leck, P, to HRC

Body Text:

Mr Leck telephoned to apologise for the delay but said he said he will email me by the end of the day. Thanked him.

Telephone Conversation

02/10/04

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

Closed

Encryption Key:

Date	29/11/2004 11:53 AM	Composed By:	Karen Harbus/HRC
Composed:			
Caller:★	C to HRC		

Body Text:

C called and said he was still awaiting the closure letter from HRC. I apologised for delay and said I hoped it would be going out at the end of this week. Thanked C for calling and keeping in touch.

Telephone Conversation

07/10/04

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

Closed

Encryption Key:

Date 29/11/2004 11:52 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Mr Peter Leck, P

Body Text:

Courtesy call to Mr Leck to ask him to please return my call ASAP (spoke to Joan).

Telephone Conversation

024010346

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

Closed

Encryption Key:

Date 17/11/2004 11:58 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C rang me in relation to the closure letter. I advised him that I had sent him an sms yesterday and he said he saw the 1800 no. but was unable to call it from his mobile. I advised him that the letter was in its final draft stages and it should not be too long before he was sent a copy. I explained that AA had been acting for JC and now JC was back. I apologised for the delay.

Telephone Conversation

02/10/04

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

Closed

Encryption Key:

Date 16/11/2004 01:26 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

0402 347 963. I returned C's telephone call. There was no answer to the mobile telephone so I followed the prompts to leave HRC's 1800 telephone no. This was confirmed by the automatic service.

Telephone Conversation

(08/11/04)01346

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

Closed

Encryption Key:

Date 08/11/2004 12:46 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned to say that he had still not received any correspondence from the HRC. I apologised for the delay and explained that I understood these were being presently finalised and thought that he may be able to expect the letter at the end of this week or the beginning of next week. I asked C for his new address details and he stated that he was living in a caravan park until his new house was built. His present address is" Riverside Caravan Park, 6 Perry Street, Bundaberg. I asked him about his mobile phone no. but he said he couldn't locate it so I suggested he call the HRC back once he had this information to hand. Thanked C for his call. [I have changed address on the draft closure letter and on the database/have removed disconnected phone no. from database.]

Case Documentation

04/11/2004

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

Closed

Type:★ Outgoing Correspondence Encryption Key:
Date Composed: 05/11/2004 04:24 PM Composed Annette Anning/HRC
By:
Short Description: ★ email to Peter Leck and Dr Keating re adverse comment

Body Text:

Annette Anning



04/11/2004 03:03 PM

To: peter_leck@health.qld.gov.au
cc: Darren_Keating@health.qld.gov.au, Karen Harbus/HRC@HRC_Domain, John Cake/HRC@HRC_Domain

Subject: Connelly complaint

Dear Mr Leck

Attached is a DRAFT letter from the Commission to Mr Connelly. As you will read, the Commission has made comments which you may consider adverse. Before that letter is finalised and in accordance with procedural fairness, I am seeking any comment you may wish to make about the information Mr Connelly will receive from us. Should you wish to provide a response, a fair summary of your comments will be included in our final letter to Mr Connelly.

As I shall be unavailable after tomorrow for several weeks, I would appreciate it if you would address your response to Mr John Cake, Manager Complaints, as he will be finalising the letter. He can be contacted on 3234 0277 or john.cake@hrc.qld.gov.au.

I shall advise John that if we don't receive a response within the next two weeks, say by 19 November, we shall assume that you are satisfied with the letter being sent to Mr Connelly in its current format.

Please do not hesitate to contact me in the meantime on 3234 0274.



draft connelly 4 Nov 04.doc

Yours sincerely

Annette Anning
Acting Manager Complaints

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.

0690

4 November 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 troponin¹. 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 failure to detect the raised troponin level was because the hospital used a different measurement from that used in one of the town's private laboratories. 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. Subsequently, he ordered a different blood test, 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 sought comment from Dr Peter Hughes, State Manager of Queensland Health's Pathology services regarding the uniformity of blood testing in Queensland Health hospitals. Dr Hughes advised that each Queensland Health hospital provides medical staff (visiting or salaried) with a booklet informing them of the normal ranges of all pathology tests undertaken at the hospital where they work. Dr Hughes said he was concerned that a doctor working in a Queensland Health hospital was not familiar with the specific pathology measurement ranges for that hospital. Dr Hughes also advised that when a result is abnormal the pathology department usually alerts the doctor to the abnormality.

The Commission then asked Dr Keating 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. Dr Keating said that Dr Strahan tried to clarify the measurement scale for troponin testing with another Queensland Health hospital, but did not receive any clarification prior to Mrs Connelly's discharge.

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 have 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 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.

Case Documentation

04/11/2004

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

Closed

Type: ★ Outgoing Correspondence Encryption Key:

Date Composed: 04/11/2004 10:04 AM Composed By:

Short Description: ★ draft closure letters following assessment

Body Text:

17 November 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 which 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 troponin¹. 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

Your complaint was that you believe:

- Mrs Connelly was misdiagnosed and had she been correctly diagnosed and given appropriate treatment she would not have died;
- Mrs Connelly should have attended the stress test, and if she had, she would have been correctly diagnosed and treated; and
- A nurse at the hospital failed to contact Mater Hospital as directed.

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 said 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 some time prior to the matter involving Mrs Connelly but did not receive satisfactory clarification. Subsequently, in relation to Mrs Connelly, while he ordered the troponin test, he also ordered a different blood test (creatinine 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 the hospital's 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 for Bundabert Base Hospital can be compared on a state-wide basis with all hospitals involved in the project. 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 specialist advisers who agreed that Mrs Connelly should not have been sent home. One of the adviser's, 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 who discharged your wife, the adviser 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 also pointed out that quality assurance was an example of a systems approach in that *"results should be checked in a systemic manner, not individually"*. 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 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 points to be considered are whether failure to refer Mrs Connelly for the stress test could have contributed to her death and whether it would have been appropriate for her to have the test at that time. The Commission sought clarification of these points 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 said 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 have advised 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. In view of the above information I am closing the complaint.

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, in making decisions on complex clinical matters, must rely on independent expert medical opinion and/or third party medical advice.

I realise that the Commission has been unable to meet all of your expectations but you may take some comfort from the positive changes which have taken place at the hospital as a result of your complaint. .

Yours sincerely

John Cake

{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

cc.

Telephone Conversation

03/11/2004

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

Closed

Encryption Key:

Date 03/11/2004 11:43 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Nuclear Medicine, Mater Hospital, Bundaberg

Body Text:

4131 2800. I called in order to find out Dr Vannitamby's first name. I was advised that it is Muttatamby.

Telephone Conversation

01/10/2004

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

Closed

Encryption Key:

Date 29/10/2004 10:48 AM Composed Annette Anning/HRC
Composed: By:
Caller: P to AA

Body Text:

Peter Leck said he would provide the hospital's solicitor with our final report and if there is a case for compensation he would seek to resolve the matter through conciliation.

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

Closed

Encryption Key:

Date 28/10/2004 12:07 PM Composed Annette Anning/HRC
Composed: By:
Caller: AA to Dr Peter Hughes (State Manager QH Pathology Services)

Body Text:

I spoke with Dr Hughes and with senior scientist Dr Andrew Francis. They advised:

The different parameters for the different testing for troponin is known worldwide. QH pathology services test for two types of Troponin, Troponin I and Troponin T and each have different measurement parameters. The reason why the parameters are different is because of the testing machines.

There are different measurement parameters for other blood tests within QH because of the type of machine used. It is not just in the case of Troponin testing e.g. Lipase testing.

Therefore, when a VMO or a salaried doctor is orientated they receive a handbook of the pathology testings that are undertaken at the particular hospital where they are to work. This information is also available on QH website and in the pathology reports. Should a patient register a reading that is in a dangerous range, a message is sent from the pathology to the medical person suggesting that the patient needs to be seen immediately.

Both Dr Hughes and Dr Francis found it unusual that a VMO was not familiar with the relevant hospital's testing facilities. They suggested that I seek information from the particular hospital for their orientation for VMO's and salaried medical staff.

Telephone Conversation

04/10/2004

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

Closed

Encryption Key:

Date 28/10/2004 10:44 AM Composed Annette Anning/HRC
Composed: By:
Caller:★ AA to Dr Vannitamby Nuclear Medicine Physician Bundaberg (41312842)

Body Text:

I asked Dr V on what conditions would a stress test be undertaken.

Dr V provided the following information:

If the patient was referred from a GP say, the patient would arrive with only a referral form/letter which would state the reasons for the test.

He would try to do what the referring doctor requested.

However, he would undertake his own examination of the patient to determine if the patient was fit for the test.

If he determined that the patient could not walk on the treadmill, a solution would be injected to simulate a stress on the heart i.e. speed the heart up, raise the blood pressure. This injectable test could also show if there were blockages in the vessel.

If there were signs of a recent infarct he would prefer to wait about 4-6 weeks for the heart to recover from the infarct. It is risky too. Sometimes there are no signs to demonstrate an infarct had occurred.

If there were signs of recent infarct, he would consult the referring doctor to determine the urgency of the test e.g. if there was an imminent risk of further infarction it is up to the referring doctor to determine if the procedure should be undertaken for the purpose of knowing the level of blockage. There are serious risks involved in doing the test soon after an infarct.

It is up to the referring doctor to arrange further treatment if the tests indicated the need.

Another reason he would rather wait until the heart had recovered is because he does not have access to the surgical facilities that exist in the larger hospitals e.g RBH. He added that there are so many variables that would indicate whether he would proceed or not with the stress test.

He could not recall speaking with Mr Connelly and does not know Mrs Connelly and the above information was in response to a hypothetical situation. Therefore I could use his information.

File Note

02/10/2004

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

Closed

Encryption Key:

Date 28/10/2004 10:09 AM Composed Karen Harbus/HRC
Composed: By:

Short HRC to Nuclear Medicine (Ian), Mater Hospital
Description:

Body Text:

4131 2800. I called and spoke to Ian, whom I had had previous discussions with in relation to this matter. I asked him whether "sestambi" testing meant doing a stress test on the treadmill or whether it was simulated using drugs. He stated that Dr Vannitamby performed sestambi stress testing 3 times a week at the Mater (Wed, Thurs and Fri) and that sestambi testing can be either on the treadmill or using a drug. I asked him if he knew what type of testing Mrs Connelly would have undergone and he said that patients are assessed at the time. I asked him what Dr Vannitamby's speciality was and he said he was a nuclear medicine physician. Thanked him.

Telephone Conversation

10/27/04 02:49 PM

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

Closed

Encryption Key:

Date 27/10/2004 02:49 PM Composed Annette Anning/HRC
Composed: By:
Caller: AA to Dr Rodger Wilkinson (independent cardiologist)

Body Text:

I phoned to clarify two points. After briefing Dr W of the case I asked him had the woman been kept in would it have guaranteed that she would have survived the cardiac arrest. He said even if she was in a coronary care unit there is no guarantee that the patient would survive.

I also asked him that given the advice about the lack of uniformity within Qld Health hospitals in the testing of Troponin would it be reasonable to suggest that Qld Health adopt a uniform testing for Troponin and inform all physicians of the type of Troponin tests done in Qld Health hospitals to ensure that the VMO's are aware of the potential dangers in reading the troponin levels. Dr W said it would be a positive step to reduce the risk of similar event.

Telephone Conversation

02/10/04

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

Closed

Encryption Key:

Date 27/10/2004 02:41 PM Composed Annette Anning/HRC
Composed: By:
Caller:★ C to HRC (call taken by AA)

Body Text:

C asked when the letter outlining the information would be sent. I apologised for the delay, and that KH and I were drafting the report of our findings. I said I hoped to have it to him by Monday's mail and if that was not so, I would call him. He said that would be a problem as he has sold his house to finance him to take legal action against the hospital and therefore was unable to take calls.

He said he is going to sue the nurse for not making the appointment. When I explained that the stress test was contraindicated for a patient with a recent coronary, as was seems to be the case for Mrs C, Mr C said he knew that because a cardiologist who does the stress test at the Mater Hospital told him that had Mrs C arrived he would have known not to do the "physical" stress test but instead do the "dye injection" test that would have identified the blockage. Mr C said he expected that Mrs C's medical file would have gone with her. I said I would check up on that.

I acknowledged the importance of this information and said I would contact that cardiologist to confirm that information. I also said that if he was seeking legal advice to know that HRC would provide cost free forum for compensation if the hospital was willing to compensate him. He said he would think about that.

I also said that until I confirm the information from the Mater Hospital cardiologist I would not be able to finalise my letter. He said he understood.
He was calling from a car dealer and had to hang up.

Action

AA to contact Mater Hospital re cardiologist.

Telephone Conversation

0410:36

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

Closed

Encryption Key:

Date 26/10/2004 10:18 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Ms Kim Schmidt, C's daughter

Body Text:

0409 900 880. I called Ms Schmidt whom I had met before to enquire as to why I could not get through to her father's telephone no. She stated that he had disconnected it as he was moving. She asked me where the matter was up to and I advised her that I had informed her father recently that the matter was being closed. She asked me why and I said that the reasons would be explained in the closure letter to her father. She asked me if I could please send a copy of the letter to herself and I said that I would need to get her father's permission. Ms Schmidt stated that she was not speaking to her father at the moment for "other reasons" and I reiterated that I would need to get his permission.

Telephone Conversation

0410036

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

Closed

Encryption Key:

Date 26/10/2004 10:09 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Telstra Faults and Difficulties

Body Text:

132203. Spoke to Rob of Telstra and he checked the number for me and stated that the number had been disconnected.

Telephone Conversation

02/10/04

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

Closed

Encryption Key:

Date 26/10/2004 10:02 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

Courtesy call to C to advise him that the HRC would be writing to him in the near future. I could not get through and a recording stated: "Your call could not be connected. Please check the number and try again". Tried another 3 times - same response.

Telephone Conversation

(02/10/04) 0668

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

Closed

Encryption Key:

Date 26/10/2004 10:00 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

Courtesy call to C to advise him that the HRC would be writing to him in the near future. I could not get through and a recording stated: "Your call could not be connected. Please check the number and try again".

File Note

06/10/2004

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

Closed

Encryption Key:

Date 06/10/2004 12:48 PM Composed Karen Harbus/HRC
Composed: By:

Short Description: HRC to Dr D. Kanowski, biochemist, Sullivan & Niccaliades

Body Text:

3377 8666. I telephoned Dr Kanowoski on Monday 04/10/04 in order to enquire if he had received the fax of the File Note. He said he had and requested that I transpose an I for a T (i.e. in relation to troponin types). Thanked him. I did this on the electronic file.

Telephone Conversation

04/10/04

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

Closed

Encryption Key:

Date 01/10/2004 11:56 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned and stated, "*I know you thought you'd heard the last of me but you haven't*" and I said of course he was welcome to ring any time. He said that "*the matter will be brought up in Parliament next week by my MP, Mr Rob Messenger*" and I asked him which aspect of the complaint. C stated the "*matter of the Medical Board not doing anything*". I advised him that the HRC had consulted with the Board and they had based their decision to close the matter on the information supplied to them. I explained to C the difference between consulting with the Board and referring to the Board. I explained to C that all independent advisers who had been approached about Dr Strahan indicated that the error had been due to systemic issues and not one of individual error. C stated that he didn't blame Dr Strahan in any event. C spoke at length about the nurse not booking his wife in for the stress test which had been organised by her GP the week before. C stated that Dr Strahan said to the nurse, "*I want this test done and I want it done straight away*". I advised him that Dr Strahan may well have said this but, from the information I had gathered, it appeared to me that if Dr Strahan believed his wife's situation was urgent, then she would not have been sent for the stress test but would have been kept in the hospital for observation and possibly an angiogram in Brisbane. I advised him that the implication of this was that the booking for the stress was considered to be routine. I further advised C that the hospital had stated that they had interviewed the nurse who stated that by the time she called the nuclear medicine unit at another organisation to confirm the stress test appointment, it had been reallocated so a further appointment was made for 08/12/03. C stated that if the nurse had "*only followed instructions*" the blockage would have been picked up and his wife transferred to Brisbane for an operation. He said she ignored the doctor's instructions and did not ring until a long time after Dr Strahan gave her the instructions. I advised him that there was no evidence to substantiate this and explained again that where there are two differing versions of an event, the HRC as an independent body, could not decide who was wrong and who was right. I advised him that his wife may still have died as arrangements would have had to have been made to transfer her. C stated that he would have chartered a private plane or driven her to Greenslopes Hospital himself. I explained to C that I was merely trying to point out that there was no way of knowing whether or not his wife would have lived. C said he could not understand why "*nothing was being done*" and I advised him that the HRC had:

- obtained independent advice which stated the hospital had discharged his wife when they should not have;
- obtained independent advice which indicated that the error was due to lack of systems rather than to an individual doctor's error;
- nevertheless consulted with the Medical Board in relation to Dr Strahan and they indicated that based on the information supplied to them they did not want to have Dr Strahan referred to them.

I explained to C that were the HRC to investigate the hospital, there were no more recommendations that we could make that they had not already instigated (i.e. participate in the Collaborative for Health Improvement, Acute Coronary Syndrome; ensure Dr Strahan

attended cardiology conference and have ongoing peer consultation; that medical staff be educated in relation to ACS. I further advised C that the private sector in Bundaberg had purchased a troponin measuring machine which was the same at BBH's and that I had confirmed this. C said he would like to see "*the nurse de-registered and Drs Khan and Strahan go to gaol...*". He stated that Dr Strahan told him that he saw over "*2000 patients a week and could not recall all of them...*". I explained to C that the fact that the doctor had so many patients may again be a systems issue. I advised C that he was free to call me at any time should he have any queries. He said the HRC was a "*toothless tiger*" and I advised him that HRC could and did refer doctors etc. to the Boards, Police or other relevant agency for action. (45 mins)

Case Documentation

04/08/04

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

Closed


Type:★ Outgoing Correspondence Encryption Key:

Date Composed: 29/09/2004 05:28 PM Composed By:

Short Description: ★ Fax cover sheet to Dr Kanowski, indep. biochemist - generic advice

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.

FACSIMILE COVER SHEET

This fax is confidential to the addressee. It may also be privileged. Neither the confidentiality nor any privilege attached to this facsimile is waived, lost or destroyed by the reason that it has been mistakenly transmitted to a person or entity other than the addressee. If you are not the addressee please notify us immediately by telephone or facsimile at the number provided and return the facsimile to us by post at our expense.

TO: Dr David kanowski, Biochemist

ADDRESS: Sullivan & Niccolaides

PHONE: 3377 8666

FAX: 3371 9277

FROM: Karen Harbus

PHONE: 3234 0258

TOTAL NUMBER OF PAGES (including this sheet): 2

DATE: 29/09/04

TIME: 5.30 p.m.

COMMENTS:

Private & Confidential

Dear Dr Kanowski

Thank you very much for your thoughtful and considered comments today. I have attempted to write up a File Note of our discussion and I would be grateful if you could please check it to ensure it accurately reflects our discussion. I will be out of the office tomorrow, Thursday 30/09/04, but will be back again on Friday 01/10/04. I look forward to speaking to you at your convenience.

Kind regards

Karen Harbus

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

Closed

Encryption Key:

Date 29/09/2004 02:48 PM Composed Karen Harbus/HRC
Composed: By:

Short HRC to Sullivan & Niccolaides, Dr D. Kanowski (Biochemist)
Description:

Body Text:

Generic advice: given in confidence: 3377 8666. I telephoned Dr Kanowski to enquire about some general issues.

- What is the difference between Troponin T and Troponin I?
- What is the relevance of Creatine Kinase (CK) in cardiac damage?

Dr Kanowski explained in general terms that troponins are muscle proteins which can be tested and analysed following heart muscle damage - high readings will be given following cardiac damage. He stated that there is a much larger reference range in relation to T than to I i.e. a high reading following cardiac damage for Troponin T could be in the range of 15 to 20 whereas a high reading for Troponin I *"following a massive event"* could be 1.5. He further explained that when figures alone were looked at, a very big heart event would read as *"normal"* under the Troponin I figures. He stated that a reference range had to be taken into account when tracking for both types of Troponin but explained that if a report was obtained over the telephone, or individual figures were written down without a reference range, then errors could occur. He stated that their laboratory tracked for Troponin T and any abnormal figures were printed out in red in order to help eliminate errors. He stated that different techniques are employed when measuring both types of Troponin.

In relation to Creatine Kinase, the adviser stated that phosphocreatine kinase (CK or CPK) is a type of protein called an enzyme and is a useful tool to use following muscle damage. He stated that the measuring of CK was a good indicator for quite a few general things e.g. general muscle damage and not just the heart muscle damage. He explained that it can be a very useful measuring tool following a cardiac event because, while Troponins can take up to 6 or 7 days to drop, CK will go down quite quickly following cardiac damage. He said that because of this factor, *"CK is sometimes more useful than troponins for diagnostic purposes"*. He pointed out that CK is very specific to individuals i.e. where a normal range could be considered to be around 140, an older person's normal reading may be 60 or 70 due to loss of muscle tone.

Telephone Conversation

02/4088

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

Closed

Encryption Key:

Date 24/09/2004 01:41 PM Composed Karen Harbus/HRC

Composed: By:

Caller:★ HRC to Bundaberg Medical Imaging, Mater Hospital

Body Text:

4152 4088. I asked whether angiograms can be performed in Bundaberg

Telephone Conversation

04-30101312

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

Closed

Encryption Key:

Date 24/09/2004 01:36 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Mr Alan Trip, scientist, Sullivan & Nicolaides

Body Text:

4152 5333. Confirmed with Mr Trip that they had purchased a Roche Elecsys 1010 analyser to measure troponins. Thanked him for his assistance.

Telephone Conversation

04/10/04

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

Closed

Encryption Key:

Date 24/09/2004 01:29 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Mater Private Hospital, Pathology

Body Text:

4153 9539. I clarified with Pathology Dept that they had purchased a troponin measuring machine which matched BBH's (Roche Elecsys 1010 analyser). I was referred to Alan Trip, Sullivan & Niccolaides - 4152 5333 - as he was the scientist in charge of the private laboratory. I also asked whether angiograms were performed anywhere in Bundaberg and I was told no.

Telephone Conversation

074001376

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

Closed

Encryption Key:

Date 23/09/2004 04:43 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

I returned C's telephone call. I advised him that the HRC had consulted with the Board about Dr Strahan but they did not wish to have him referred to them. I explained that this was up to the discretion of the Board. C stated that he was *"pleased in a way"* that Dr Strahan was not referred to the Board as he felt he had been made a *"guinea pig"*. He said he blamed Dr Khan and the nurse. I explained to C that based on the fact that the Board did not wish to have Dr Strahan referred to them, and based on the fact that the hospital had begun involvement with the Collaborative for Healthcare Improvement, Acute Coronary Syndrome project, that Dr Strahan had attended a cardiology conference and was seeking ongoing advice from cardiology peers, and in view of the fact that relevant staff had been given an education session in relation to coronary patients, I would be recommending to my supervisor that the matter be closed. C stated that he would *"never allow"* the matter to be closed and I expressed my understanding for how he must be feeling. I explained once again that I was not a doctor and could not make medical decisions, and nor could anyone at the HRC, and that we had to rely on expert independent advice. C said that the nurse had *"disobeyed"* an urgent instruction from Dr Strahan that, *"I want Mrs Connelly to have that stress test and I want it done now"*. I explained to C that based on the advice obtained, that if the hospital had realised that his wife's situation was in fact urgent, she would have been kept in for observation and/or sent for an angiogram/other treatment. I clarified with C that the appt for his wife's stress test had been made the week before and was considered routine and he confirmed this. C reiterated that the nurse should have made that call and if his wife had undergone the stress test, the blockage would have been picked up and he would have chartered *"a private plane"* for her. I advised him that the information I was given stated that (a) the stress test was contraindicated and/or (b) it would only have confirmed what the hospital should have known. I also explained that the hospital had written to us and stated that they had interviewed the nurse who stated that by the time she had made the phone call to confirm the stress test, it had been reallocated. C said that this was not true as she had waited until *"11.15 a.m."* to ring the nuclear unit. He said that angiograms can be performed at the private hospital. I advised him that where there were two differing versions of an event, the HRC, as an impartial body, could not state who was right and who was wrong. C said, *"But you believe the hospital"* and I explained that the hospital had admitted their errors and had addressed the issues and instituted procedural and educative changes. I explained to C that even if the HRC were to investigate P, at the end of the day it seemed that we could only make the same recommendations that they had already instigated i.e. become part of the Collaborative for Healthcare Improvement, ACS project, send Dr Strahan for training in regard to increased knowledge of cardiology matters, train relevant staff in relation to coronary care patients, and lobby to have the private sector purchase the same troponin measuring machine as theirs - and all of these things had begun/been done. C said that his wife had been *"murdered"* and *"no-one was doing anything about it"*. I asked him what, ideally, he would like to have been told today and he said, *"That Dr Khan and the nurse be charged with negligence"*. I advised him that I had gathered as much information as I could

and had consulted with a number of independent advisers and none of the evidence had pointed towards Dr Khan or the nurse as having given his wife unreasonable care. I explained again that the HRC could not make the Board investigate a doctor and that an investigation on the part of the HRC could only bring about those recommendations which the hospital had already embarked upon. I advised C that I had verified with the project that BBH were part of the Collaborative for Healthcare Improvement, ACS. C said that he understood that I had done my best but he felt that the HRC was a "*toothless tiger*" and I explained that HRC was able to investigate non-registered provider, and, in relation to registered providers, make other referrals e.g. to the Boards or to the Police etc. C became very upset and began to sob and stated, "*My wife was murdered and the matter hasn't finished. I'm going before a Judge....*" and hung up the telephone.

Case Documentation

04/10/2004

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


Closed

Type: ★ Consultation coversheet Encryption Key:
Date Composed: 23/09/2004 03:08 PM Composed Karen Harbus/HRC
By:

Short Description: ★ Consult Cover Sheet back from MBQ

Body Text:

Received 22/09/04.

 **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

02/00036

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

Closed

Encryption Key:

Date 21/09/2004 12:03 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Dr Darren Keating, Director Medical Services, P

Body Text:

4150 2210. I returned Dr Keating's call and he advised me that there was a newspaper article in the Bundaberg News stating that C had received copies of two de-identified indep. advice which had been critical of P and that "the whole matter was being referred to the Medical Board". I advised Dr Keating that this was not exactly correct. I advised him that the first two lots of indep. advice obtained from two public hospitals (one interstate and one in Qld) had agreed with P's own response that the woman should have been kept in hospital for observation. I informed Dr Keating that I had told C that the HRC was consulting with the Board about Dr Strahan. I explained that C wanted Dr Khan referred to the Board and not Dr Strahan but that C did not appear to understand me when I explained to him that P had responded and explained that the error was on the part of Dr Strahan, and that Dr Khan was taking instruction from him. Dr Keating thanked me for clarifying the matter and said he would fax me a copy of the newspaper article. Thanked him.

Telephone Conversation

04/0036

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

Closed

Encryption Key:

Date 17/09/2004 12:31 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

I called C back to explain that it would not be possible for him to attend the Board meeting next week. I advised him that we would be consulting about Dr Strahan. C said, "It wasn't Dr Strahan's fault. He was following the information provided to him by Dr Khan". I advised C that in its further response, BBH had explained that Dr Strahan was his wife's treating specialist and I also explained that he, Dr Strahan, had admitted to BBH that he made an error in reading troponin levels. I explained to C that as Dr Strahan also worked in the private sector, the private laboratory had a different method for measuring troponin than the public hospital. I explained that Dr Strahan had admitted his error, was very sorry and had since undergone cardiology training. C stated, "Dr Khan misread it and Dr Khan discharged her". I advised him that this was not the information provided to us by BBH. I asked him about the outcomes he was hoping to achieve i.e. did he want Dr Strahan de-registered or did he want to see BBH improve its systems? He said, "I want to see Dr Khan de-registered!". I advised him again that Dr Khan had followed Dr Strahan's instructions and not vice versa. C told me he was very upset and I acknowledged that of course he would feel upset. He said he is in the process of selling his farm and building a new property. I advised him I would call him when I had more information for him.

0654

Telephone Conversation

10/2/2004 11:50 AM

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

Closed

Encryption Key:

Date 17/09/2004 11:50 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C called to say that he had received copies of de-identified independent advice under FOI and he wanted to know if he could attend the consultation between the MBQ and HRC next Wed 22/09/04. I advised him that I did not think this was possible and I explained that the Board had legislation which required it to consult with the HRC on a fortnightly basis, and the HRC's legislation also stated that the HRC had to consult with the Board on a fortnightly basis. He said he wanted to have his "say". He said that the advisers seemed to "blame the hospital" and I reiterated that the hospital had admitted their error and were sorry and had instituted changes and that the indep. advisers had both agreed with P. I advised C I would talk to my supervisor and call him back.

Case Documentation

07/09/2016

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

Closed

Type:★

Other

Encryption Key:

Date Composed: 16/09/2004 03:07 PM Composed By:

Short Description: ★ Consultation cover sheet to Board

Body Text: