

CONSULTATION COVER SHEET – 040036

Attention: Medical Board of Qld
2004

Date of Consultation: 22 September

Board already notified of complaint?

Yes ☐

No ☐

Consultation prior to Commissioner's decision to accept complaint for action, pursuant to section 71(3). Any comments must be received by 20 October 2004, pursuant to section 71(5)(b).

Date complaint received: 15 March 2004

Statutory Date: 2 July 2004

User: Mrs Doreen Connelly (Dec'd)

Complainant: Mr George Connelly

Provider: Dr Thomas Strahan

Speciality: Internal Medicine

Case Officer: Karen Harbus

Officer's Signature: _____

A man said that his wife was taken to a public hospital as she was suffering chest pain. He stated that she was admitted for one night, various tests were performed and she was discharged the following day with a diagnosis of unstable angina. The man said that his wife died of a cardiac arrest less than 24 hours after discharge by her treating doctor. The man said that his wife missed a pre-arranged stress (sestamibi) test scheduled for the morning of discharge and he blamed the nurse at the hospital for not ensuring another appointment was made for later that day. He was seeking the deregistration of the doctor and the nurse. The hospital responded to the Commission during assessment and provided a copy of the medical records. The hospital stated that given the woman's past history of acute myocardial infarction, prolonged chest pain, raised troponin values and echocardiograph changes, she should have been diagnosed with acute coronary syndrome and remained in hospital. The hospital also stated that they had begun involvement with the Collaborative for Healthcare Improvement, Acute Coronary Syndrome (this was verified by an officer of the Commission) and an education session had been conducted for all medical staff involved in the care of coronary patients. Independent advice was sought from both a Deputy Director of Emergency Medicine at an interstate public hospital as well as a Cardiology Registrar of a public hospital in Queensland. Both advisers agreed with the hospital that the woman should not have been discharged but should have remained in hospital for ongoing observation. The former adviser stated that the referral for the stress test was not particularly relevant as it would *"only have confirmed what they should have already known i.e. that the woman was a high risk patient"*. The latter adviser said that the stress test was *"contraindicated"* and could have made the situation worse. The Commission requested further information from the hospital in relation to how the misdiagnosis had occurred. The hospital responded and stated that the specialist who treated the woman worked in both the private and public health sectors and he did not appreciate the significance of the woman's raised troponin result due to *"different measurement systems being used in the public and private health sectors... leading to potential discrepancy between troponin value for the same patient"*. It was explained that this discrepancy contributed to the specialist attaching *"limited significance to*

such values" at the public hospital. The hospital stated that the specialist used a private sector pathology laboratory which measured cardiac troponins using a portable card reader method where negative values are recorded as less than 0.05 mg/L and positive values are recorded as greater than 0.1 mg/L. It was explained that there is *"a grey or uncertain zone between these two readings"* and the value is also *"operator dependent"*. The hospital stated that their troponin-measuring machine was more sensitive as negative values are recorded as less than 0.03 mg/L while positive values are equal to or greater than 0.03 mg/L. The Commission was informed that due to confusion between the two systems, the specialist favoured the private sector method and also utilised measurement of creatinine kinase (CK), which, in the woman's case, had not risen. The hospital stated that the specialist asserted that he attempted to reduce his concern through enquiries with the area management of the hospital's laboratory, but did not obtain a satisfactory response. It was explained that after the woman's death, he again made enquiries and was provided with the above information and he then realised his *"mistaken belief in the private sector's methodology for troponin measurement"*. The hospital stated that the doctor had since undertaken further study, attended a cardiology conference and sought ongoing advice from cardiology peers. In view of the additional information obtained, the Commission approached three independent advisers, including the Cardiology Registrar who had already given advice. The Cardiology Registrar stated that although both methods 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 he did not think it would be *"productive"* to look further into the matter as the hospital had admitted to *"systems errors"* and 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 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. The adviser explained that an important issue that had to be taken into account was that some laboratories track troponin 'T' and some track troponin 'I' and the testing methodology for testing the normal range for each of these is different. He said that by way of example, a doctor may look at a reading of 0.04mg/L in reference to what he recognised as normal but this would depend on which type of troponin the laboratory was testing for (i.e. 'T' or 'I' types). By way of example he stated that a large private laboratory he knew tracked for

troponin 'T' and the hospital where he worked tracked for troponin 'I'. The adviser said that the point to make is that the tracking of different types of troponin was not uniform across the state, and stressed that there was no uniformity between the public and private sectors or within the public system. In summing up, the independent adviser stated that it appeared an "*honest mistake*" had been made on the part of the specialist but he did not believe it was a breach of professional standards.

In view of the response from the hospital which detailed the further education the provider had undertaken and that he was seeking ongoing advice from cardiology peers, and in view of the fact that the hospital where the provider works is involved with the Collaborative for Health Care Programme, Acute Coronary Syndrome, and in view of the fact that three independent advisers (see attached), while they acknowledged an error had been made, were not critical of the specialist and felt the error was due to systemic issues, closure of this complaint is recommended pending further advice from the Board.

Board/QNC Representative (signature): _____

Board/QNC Referral ☐

Conciliation ☐

Closure ☐

Other ☐

Comments:

Commission Representative (signature): _____

Case Documentation

04-10-04


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

Closed

Type:★ Incoming Correspondence Encryption Key:
Date Composed: 16/09/2004 02:10 PM Composed Karen Harbus/HRC
By:
Short Description:★ CD Rom & brochure from Heart Foundation

Body Text:

re Management of Unstable Angina Guidelines

 **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

04/09/04

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

Closed

Encryption Key:

Date 16/09/2004 12:32 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

I called C in order to advise him that the HRC was consulting with the MBQ about Dr Strahan. I advised him that in its second response to the HRC, P stated that Dr Strahan was the diagnosing doctor and he had made the decision to discharge his wife. I advised him that the next Board meeting was 22 September 2004. I advised him that I would not be in at work on Monday 20/09/04 and I wished to let him know that HRC could not finalise its report until we heard back from the Board. Advised C I would be in touch with him when I knew of the Board decision. He asked about the nurse and I advised him that I had spoken to a clinical nurse who worked in acute coronary care unit and she had explained to me that following any heart damage such as his wife had suffered, the heart would have to rest for 24 hours before any such stress tests were undertaken. I reiterated earlier advice that independent advice had confirmed that the error had occurred in the premature discharge of his wife by P.

Telephone Conversation

07/09/2004

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

Closed

Encryption Key:

Date 16/09/2004 10:33 AM Composed Karen Harbus/HRC

Composed: By:

Caller: ✖ Kylie Lindsay, Collaborative for Healthcare Improvement, Acute Coron. Synd., to HRC

Body Text:

Given in Confidence: Ms Lindsay, Project Manager for the above, returned my called. I outlined the complaint to her (i.e. 69 y.o. woman, history of heart problems, ECG changes and raised troponin recorded on her last visit but she was discharged and died about 14 hours later) and asked her about the project. I explained that our files were accessible under FOI and did she want me to mark her advice as given in confidence for this purpose and she said yes. She explained that the Collaborative was bringing about a systemic approach to various health issues and in her case it was Acute Coronary Syndrome. She said she was a clinical nurse who had worked in the Intensive Coronary Care Unit for the past 8 years. She stated that the Cardiac Society of Australia and New Zealand (CSANZ) Guideline on the Management of Unstable Angina was a very useful document and that all the hospitals who were part of their Collaborative for Healthcare Improvement, ACS, would have been given a copy of these and be implementing the Guidelines. I advised that I had downloaded a copy of this from the Heart Foundation's website. I asked her to read me a list of the hospitals who were registered with the project and I was able to confirm that P was on the list. I advised her that I had spoken to someone at the Heart Foundation who stated that it could take up to 5 years for implementation of such changes and Ms Lindsay confirmed that. I asked her about the uniformity of troponin measuring machines across the state and she said that she believed some tracked troponin 'I' whilst others tracked for troponin 'P'. She stated that it would be best practice for uniformity across the state e.g. all public hospitals track for either 'I' or all track for 'P'. She stated that this would be a good recommendation to make to P i.e. that they liaise with other public hospitals across Qld in an endeavour to have uniformity of troponin measuring. I asked her about the stress test that the woman had been referred to and she explained that the sestambi stress test is where a patient is given drug therapy so that their heart is not over-worked but she also stated that following heart damage, such as the woman had recently suffered, patients should rest their hearts for 24 hours before doing any such test. She said that it may have "*made matters worse*" for the woman. She agreed with P, that given her history, symptoms, ECG changes, and raised troponin, the woman should have been kept in. I asked her which hospitals in Qld could perform angiograms and she stated only four: RBH, PA, Prince Charles and Townsville. Thanked her.

File Note

0149010345

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

Closed

Encryption Key:

Date 15/09/2004 12:53 PM Composed Karen Harbus/HRC
Composed: By:

Short Description: Collaborative for Healthcare Improvement - Qld website

Body Text:

Collaborative for Healthcare Improvement covers many fields.

In relation to this matter HRC is interested in Acute Coronary Syndrome

General Information:

Collaborative for Healthcare Improvement

Aim: Improve care quality with evidence-based, clinician-endorsed clinical practice guidelines.

AND

Measure quality of care with a core set of clinical indicators that are reliable, readily available, clinician-endorsed and practicable in a variety of environment.

Contact: Kathy Harvey

Phone: +61 07 3636 9086

Email: kathy_harvey@health.qld.gov.au

Telephone Conversation

040036

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

Closed

Encryption Key:

Date 15/09/2004 12:30 PM Composed Karen Harbus/HRC

Composed: By:

Caller: HRC to Project Manager, Collaborative Health Care Improvement, Acute Coronary Syndrome

Body Text:

3636 6363. I called to speak to the Project Manager, ACS, but was informed that she was away today. The person I spoke to said she was able to give me a brief overview of how Collaborative Health Care Improvement worked - she explained that it was about improving quality of health care in each of the specified fields e.g. ACS. I asked her if their unit worked with individual hospitals and she said yes, if they sought such assistance. I advised her that the National Heart Foundation had informed me that they believed some Qld public hospitals had been mandated to become part of the Collaborative Health Care Improvement, ACS, and she said not as far as she was aware, as they believed it would be more "*workable and beneficial*" to have hospitals participate on a voluntary as opposed to a mandatory basis. She stated that in working with public hospitals they covered data collection, benchmarking (measuring), networking (i.e. every 6 months those hospitals organised in the Collaborative would attend a workshop along with all key stakeholders and shares issues e.g. a review of indications, how measured, or it could be that best practice had dropped and reasons why would be looked at). I asked her where I might find a list of those hospitals which were part of the Collaborate for ACS and she referred me to the website address www.health.qld.gov.au/chi. I asked her if she knew about the uniformity of troponin measuring machines across public hospitals and she said she did not know. She said she would ask Project Manager to call me tomorrow as she would be able to give me more information. Thanked her.

Case Documentation

04/09/06

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

Closed

Type: ★ Incoming Correspondence Encryption Key:
Date Composed: 15/09/2004 12:27 PM Composed Karen Harbus/HRC
By:

Short Description: ★ Fax from Prince Charles Hosp re their Coronary Care Unit guidelines

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.

Telephone Conversation

07:00(31)

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

Closed

Encryption Key:

Date 15/09/2004 12:13 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C called and said he understood that I was due to call him towards the end of the week but stated he had been considering some information which he felt was important. C stated that he was told that the doctor did not have time to read his wife's notes yet she wasn't discharged until 2.30 p.m. I informed C that a possible explanation could be that the time frame between deciding to discharge a patient and the actual discharge could be a number of hours as lots of paperwork had to be filled out and patients were usually seen by various staff members. C insisted that the doctor should have had time to read his wife's medical history. I agreed with him and stated that all the independent advisers agreed that an error had been made and that his wife should not have been discharged. I explained that at this stage all the evidence I had gathered was pointing more towards a "systems" error than an error on behalf of an individual. C said that he held Dr Khan and the nurse responsible for his wife's death. I advised C that Dr Khan was under Dr Strachan who was the diagnosing doctor and he would have followed Dr Strachan's instructions. C said that if the nurse had "done her job properly" his wife might still be alive. I pointed out to C that in P's initial response to the HRC, which he had a copy of, they explained that they had interviewed the nurse and she stated that by the time she called the nuclear medicine unit at Mater, the appt. time had be re-allocated. He said that he had since found out that they did have "emergency" bookings and I explained to C that it was my understanding that at that stage, from the hospital's point of view, there was no urgency as it wife was diagnosed with unstable angina and was to be discharged. C said that he heard a doctor (Dr Strachan I think?) say to the nurse "I want this test done urgently". I advised C that if the doctor felt the matter was "urgent" and that his wife was in danger of having a further event, which she did, then they would have kept her in for observation/treatment and not sent her for the stress test. I explained to C that I was in the process of gathering information from Qld Health and the National Heart Foundation. I advised C that all advisers agreed that while the treatment his wife received was unreasonable, they appeared to believe it was due to systemic issues and not due to professional negligence on the part of any individual. C again mentioned Dr Khan and the nurse and reiterated that he believed they were guilty of professional negligence. I advised C that I was still working on the file and would be discussing this with my supervisor before being in a position to get back in touch with him. I said to C that I understood the points he was making and no-one would wish anyone to go through what he was. Thanked him for his call.

Telephone Conversation

09/09/2004

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

Closed

Encryption Key:

Date 15/09/2004 11:12 AM Composed Karen Harbus/HRC
Composed: By:
Caller: HRC to Heart Foundation

Body Text:

3854 1696. I spoke to Rachael who explained that they had Guidelines for Acute Coronary Syndrome on their website. She explained that they could not "make" Qld public hospitals incorporate these Guidelines but she understood that some of the larger hospitals which had cardiac units had been mandated by Qld Health to implement them. She explained that it can take up to 5 years to implement such Guidelines into a hospital so that they were "embedded" in their practice. Rachael explained that such things such as how much responsibility was delegated to junior doctors and what the culture of the hospital was like, as well as other issues, would all contribute to how soon and how well and how soon such Guidelines would be implemented. She said that they had a CD Rom on Acute Coronary Syndrome (ACS) and it was an excellent teaching guide which explained how to diagnose the different illnesses which came under ACS and doctors/students could work their way through this and they would be informed whether they had made "correct" or "incorrect" decisions. It also had case studies on it. She said she would send one to the HRC. She explained that Qld Health had a programme called Collaborative for Healthcare Improvement - ACS which could assist public hospitals to implement guidelines and benchmarks for the treatment of ACS. She referred me to the Project Manager of this programme - 3636 6363.

Telephone Conversation

04/09/2004

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

Closed

Encryption Key:

Date 14/09/2004 04:59 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Prince Charles Hosp, Cardiac Registrar

Body Text:

3350 8111. I called in relation to the statewide policy on Acute Coronary Syndrome management. I was put on to a member of staff who stated that they were guided by a Chest Pain Assessment Chart - it was 1 A4 page and a patient was triaged using this flow sheet. I asked if she could please fax me this sheet and she agreed. I thanked her.

Telephone Conversation

04/01/04

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

Closed

Encryption Key:

Date 13/09/2004 10:23 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned to enquire about his complaint. I advised him that I had now obtained 4 separate independent opinions on the matter, and I had approached one of the advisers a 2nd time. I advised thime that some of the information was quite technical and I needed to clarify it. I explained to C that I hoped to be in a position to advise him of the outcome of his complaint by the end of the week and that he would then be notified of this in writing. Thanked C for calling.

Telephone Conversation

09/09/04

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

Closed

Encryption Key:

Date 09/09/2004 09:33 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Dr P. Garrahy, indep. adviser

Body Text:

3240 2381. **Given in Confidence.** I returned Dr G's call and he stated that since our discussion he had made enquiries about Troponin T and Tropinin I and there was still "*confusion*". He stated that Sullivan & Niccolaides in Brisbane track Troponin T but the PA hospital, where he works, tracks Troponin I. He said he was informed by his hospital's laboratory that Logan Hospital tracks Troponin T. He said the point to make here is that the tracking of the different types of Troponin was not uniform across Qld Health. The adviser stated that the Roche Elecsys 1010 analyser used by the provider was different to the system at the PA Hospital which tracks Troponin I, and this suggested to him that the provider's machine was tracking for Troponin T. He commented that not only are different manufacturers running the tests, but there are different tests. He said there is no uniformity between the public and private sectors nor between the public to public system. He then referred me to the fax I had sent him and suggested that I insert the above comments in the penultimate paragraph. He made some other minor changes and I asked him if he wanted me to fax him a final copy but he said no. Thanked him very much for taking the time to do the extra research.

Telephone Conversation

09/09/2004

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

Closed

Encryption Key:

Date 09/09/2004 09:32 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Dr P. Garrahy, cardiologist, indep. adviser, PA Hosp

Body Text:

0412 111 110. No answer. Left an SMS message with my phone no.

Telephone Conversation

04-000-46

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

Closed

Encryption Key:

Date 09/09/2004 09:24 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Dr Garrahy, indep. cardiologist, PA Hosp.

Body Text:

3240 2381. Returned Dr Garrahy's call. I was told he was at out-patients and I was given his mobile no. (0412 111 110) and told that it would be o.k. to call him on that.

Telephone Conversation

08/09/2004

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

Closed

Encryption Key:

Date 08/09/2004 09:54 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Peter Leck, DM (P)

Body Text:

4150 2020. I was told that Mr Leck was on leave this week so I asked to speak to Dr Darren Keating, Director of Med. Services. I explained to him that C had been making threats against "the doctor and the nurse" whom he held responsible for the death of his wife. I informed Dr Keating that C had stated "I don't have long to go and I don't care who I take with me..." and that he had made such threats on more than one occasion. Dr Keating thanked me for letting him know and he said he would issue appropriate warnings. I asked him to please let the HRC know if he decided to go to the Police with the information and he said he would.

Case Documentation

10/4/04 01:54:01

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

Closed

Type:★ Outgoing Correspondence Encryption Key:

Date Composed: 07/09/2004 06:09 PM Composed
By:

Short Description: ★ Fax cover sheet to Dr Paul Garrahy indep. adviser

Body Text:



**Health Rights
Commission**

Level 19
288 Edward Street
BRISBANE QLD 4000

Postal : GPO Box 3089
BRISBANE QLD 4001

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 Paul Garrahy

ADDRESS:

PHONE: 3240 2381

FAX: 3240 7630

FROM: Karen Harbus

PHONE: 3234 0258

TOTAL NUMBER OF PAGES (including this sheet): 4

DATE: 08/09/04

TIME: 11.15 a.m.

COMMENTS:

Private & Confidential

Dear Dr Garrahy

Thank you for your thoughtful and considered comments in relation to this matter. Please find enclosed a File Note which I hope accurately reflects our discussion. Please do not hesitate to call me with any changes you may wish to make.

Kind regards

Karen Harbus

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE ADVISE IMMEDIATELY!

0633

Telephone Conversation

07/09/2004

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

Closed

Encryption Key:

Date 07/09/2004 04:34 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

I rang C and explained that I had tried to call him previously. He said he wanted to know what "the latest" was and I advised him that I had spoken to three more independent advisers, including one of the original one's I had approached. I explained that I was in the process of typing up a File Note on advice obtained from an independent cardiologist today but I would need to fax this to the adviser for clarification before discussing it with my supervisor. C became distressed and stated that he was just "hanging on" now as he didn't have long to go. I assured him that I was giving his case priority and working hard on it. He stated "I want that doctor and that nurse charged! I want to see them holding hands in gaol". I advised him that Police could only charge them if their actions were criminal and this did not appear to be the case. C said, "I will get something done. I don't have long to go and I don't care who goes down with me. I have the nurse's name". I reminded him that he had also wanted an explanation and for this not to happen to anyone else and he had gone a long way to seeing procedures were changed. C said that we were all "working for the government" and what he wanted was for Gordon Nuttal, the Minister, to investigate BBH. I advised him that the HRC had the power to investigate hospitals but not individual registrants. I advised him that whatever happened he had made a big impact on P as they had already stated they were changing procedures and instigating training to prevent such incidences from recurring. C stated that this would not bring back his wife and I acknowledged this but reiterated the big impact he had made. I briefly outlined the process of conciliation to C as another avenue open to the HRC and he said he was not interested. C stated, "I will do that" and when I asked him what he meant he said, "I don't want to commit myself but I will do something". I advised him that I would continue collating the advice I had obtained earlier today and after it was approved by the adviser, I would discuss this and the other two lots new lots of indep. advice with my supervisor and be in touch with him as soon as I had something concrete to report. He asked me for the Commissioner's name and phone no. and I advised him of his name but explained that I was the officer allocated to deal with his case and advise him of the status of the complaint and this was what I was doing.

File Note

07/09/2004

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

Closed

Encryption Key:

Date 07/09/2004 04:29 PM Composed Karen Harbus/HRC
Composed: By:

Short HRC to C
Description:

Body Text:

Returned C's call. No answer. No voicemail.

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

Closed

Encryption Key:

Date 07/09/2004 02:16 PM Composed Karen Harbus/HRC
Composed: By:

Short Description: Dr Garrahy, cardiologist (public hospital), indep. adviser to HRC

Body Text:

Director of Cardiology (public hospital)

Given in Confidence. Do not release name of adviser. Dr Garrahy returned my call. I advised him that I was seeking his informal independent advice about a complaint where a 69 y.o. woman who had a history of heart problems, began to suffer ongoing chest pain and was taken by ambulance to a public hospital in a rural area in Queensland in the early hours of 01/12/03. I informed the adviser that the woman was diagnosed with "*unstable angina*" and given aspirin, lipitor and lasix in addition to her regular medication regime. I explained that a blood test was taken, results "*checked*" and the hospital began to make arrangements to transfer her to a pre-arranged stress (sestamibi) test booked for 9.30 a.m. on 02/12/03 at a private nuclear medicine unit. I informed the adviser that in its response to the HRC, the provider acknowledged that the woman had raised Troponin levels which indicated she had suffered a recent heart event, was misdiagnosed with "*unstable angina*" and discharged whereas they said they should have diagnosed her with "*acute coronary syndrome*" and kept her in for observation. I informed the adviser that the woman died in the early hours of 03/12/03 from 1.(a) cardiac arrest; (b) myocardial infarction; and (c) ischaemic heart disease. I explained that the widower believed that if his wife had been diagnosed and treated appropriately, she would have been given appropriate medication and still be alive. I also informed the adviser that the man was concerned that a nurse at the public hospital had not acted in a timely manner in transferring her to the stress test appointment at the private facility as he believed that as the provider had misdiagnosed the woman, the stress test would have correctly diagnosed her and he "*could have flown her down to Brisbane in a private plane for an urgent operation*". I explained to the adviser that the man wanted the doctor and the nurse sacked/de-registered.

The adviser agreed with previous independent advice obtained that (a) the stress test was contraindicated and (b) it would only have confirmed what the hospital should have already known and he further said that, in any event, given the time frame of the woman's death, by the time the stress test had been performed, diagnosis made and arrangements made to transport the woman to a larger public hospital for surgery, it would have been "*too late*", as she died in the early hours of 03/12/03. I explained to the adviser that after its initial response, the HRC wrote back to the provider to ask who had made the misdiagnosis and how. I read him excerpts from the provider's subsequent letter as follows:

[The doctor, FRACP, general physician, internal medicine] was the attending specialist medical practitioner to [the woman] during her last admission to hospital. The doctor is a Visiting Medical Officer in General Medicine, who also practices in the private sector. He acknowledges that he didn't appreciate the significance of [the woman's] raised Troponin result due to different measurement systems being used in the public and private health sectors in [the area] leading to potential discrepancy between Troponin values for the same patient. This discrepancy contributed to the doctor attaching limited significance to such

values at the public hospital.

The doctor was using a private sector pathology laboratory which measured cardiac Troponins using a portable card reader method. Negative values are recorded as less than 0.05 mg/L and positive values are recorded as greater than 0.1 mg/L. There is a grey or uncertain zone between these two readings. The value is also operator dependent. At the public hospital, Troponins are measured using a Roche Elecsys 1010 analyser, which is internally validated daily and externally checked under the Royal College of Pathologists Australasia Quality Program every two weeks. Negative values are recorded as less than 0.03 mg/L while positive values are equal to or greater than 0.03 mg/L. This level is standard across all Queensland Health pathology laboratories with the result electronically recorded and distributed. The public sector method is more sensitive than the private sector method.

The doctor's confusion led to a strong support of the private sector method and belief that the public sector method was inaccurate and possibly inferior. Consequently the doctor also utilised measurement of creatinine kinase (CK) in patients with acute coronary syndrome as happened in [the woman's] case. The doctor asserts that he attempted to reduce his concern through inquiries with the [larger area] based management of the public hospital's pathology laboratory, but didn't obtain a satisfactory response. After [the woman's] death, he again made inquiries and was provided with the above information. At this time he realised his mistaken belief in the private sector's methodology for troponin measurement. Since this time, he has undertaken further study, attended a cardiology conference and sought ongoing advice from his cardiology peers. He states that he understands the significance of troponin values, particularly in risk stratification of patients with coronary artery disease. It should be noted that the private pathology provider in [the area] has recently installed the same troponin analyser as installed in the public hospital in order to improve sensitivity of testing, reduce unnecessary duplication and avoid discrepancy in values.

The adviser stated that in his opinion a good question would be: "Was it an error to have diagnosed the woman with unstable angina?". He said no and explained that the term "acute coronary syndrome" was a very broad umbrella term to cover lots of coronary conditions and as the hospital stated "the woman was stable throughout her admission", the hospital was not incorrect to have diagnosed her with unstable angina. He explained that the health care system had been dealing with subtle changes of differing nomenclature for a few years now. He stated that the error made by the hospital was to discharge her too soon. He stated that the blood tests certainly flagged that she was at a higher risk of suffering from a heart related problem and this had indeed occurred. The adviser stated, "So 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". The adviser noted that the hospital had undertaken procedural changes and that the man was given a sincere apology.

In relation to the outcome that the man was seeking, the adviser stated that he "absolutely disagreed" with this as, firstly, the hospital was not in a major metropolitan area, and by sacking a doctor who had made an error, one would be depriving that locality of a specialist doctor. He said he noted from the provider's response that the doctor had undertaken further study, attended a cardiology conference and liaised with cardiology peers and was sorry for what had happened. He explained that secondly, another important issue that had to be taken into account was that some laboratories track Troponin 'T' and some laboratories track

Troponin 'T' and the testing methodology for testing the normal range for each of these is different. He said that by way of example, a doctor may look at a reading of 0.04 mg/L in reference to what he recognised as normal but this would depend on which type of Troponin the laboratory was testing for (i.e. T or I types). He said some laboratories tested for the I type of Troponin whereas some track for the T type. He said that by of example, Sullivan & Niccolaides in Brisbane track Troponin T and the PA Hospital tracks for Troponin I. He said he was informed by his hospital's laboratory that Logan Hospital tracks Troponin T. He said the point to make here is that the tracking of different types of Troponin was not uniform across Queensland, and stressed that there was no uniformity between the public and private sectors nor, it appeared, between the public to public system.

In summing up, the independent adviser stated that it appeared an "*honest mistake*" had been made and as it appeared to be a "*one off*" on the part of the specialist, he did not see the error as being an issue of a breach of professional standards by the doctor involved but rather one of "*a simple error*". He stated that he could understand the man's grief and anger but "*to deprive a community of a specialist who was willing to work in both the private and public arenas*" was not the answer. He said that about 85% of doctors preferred to work in the private sector.

Thanked him and agreed to fax him a copy of the File Note for clarification.

Telephone Conversation

06/09/04

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

Closed

Encryption Key:

Date	06/09/2004 04:26 PM	Composed	Karen Harbus/HRC
Composed:		By:	
Caller:★	HRC to C		

Body Text:

I returned C's call. No answer.

Telephone Conversation

06/09/2004

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

Closed

Encryption Key:

Date 06/09/2004 04:24 PM Composed Karen Harbus/HRC

Composed: By:

Caller: HRC to Dr Garrahy, cardiologist, PA Hosp, indep. adviser (Director of Cardiology)

Body Text:

3240 2381. I left a message on voicemail re obtaining indep. advice in relation to a matter concerning a public hospital. I explained that there would not be a lot of paperwork involved as records had already been examined by 2 public hospitals but I needed to "fine tune" a matter in relation to a general surgeon. Left message with my contact details.

File Note

02/09/2004

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

Closed

Encryption Key:

Date 02/09/2004 04:35 PM Composed Karen Harbus/HRC
Composed: By:

Short Description: Dr Thomas Martin Strahan (named provider)

Body Text:

The named provider (reg. no. 794214), Dr Thomas Martin Strahan, is a general physican specialising in internal medicine. His name is not recorded on HRC database. There are no conditions imposed on this Registrant by the Board.

File Note

02-NOV-2004

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

Closed

Encryption Key:

Date 31/08/2004 11:47 AM Composed Karen Harbus/HRC
Composed: By:

Short Description: HRC to Dr Marrinan, indep. adviser, (Cardiology Registrar) Gold Coast Hospital

Body Text:

Given in confidence: 5519 8211. I called Dr Marrinan (Cardiology Registrar) as he had given earlier indep. advice in relation to this matter. He said he could recall the case quite well. I advised him that I had written to P again to request who made the misdiagnosis and how, and had received a response which named the doctor and explained that he worked in both the public and private sectors and that the private sector used a "portable card reader method" to measure cardiac troponins whereas the public hospital used a Roche Elecsys 1010 analyser. The adviser commented that both methods give a "normal/abnormal" reading so this should not really have been an issue for the doctor and said that the results have "a reference range beside them". He stated that it was possible that the doctor was used to looking at "one set of numbers" and this may be how the error occurred. I outlined the contents of the further letter from P and he said he did not think it would be "productive" to look further into the matter. He stated that P had admitted to systems errors and said they were making changes as a result of this i.e. the private sector had purchased a tropinin machine which matched theirs. He said that P acknowledged they had deviated from the state-wide guidelines. I advised him that C wanted to see the doctor de-registered and he commented that P could not "defend the issue" and the man may be able to seek compensation through the legal system. I advised him that the man did not want compensation and he commented that he could understand that C "wanted justice done". The adviser said that maybe C could go back to the District and say he wasn't happy with their explanations and changes. Thanked him for his assistance.

Telephone Conversation

02/08/04

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

Closed

Encryption Key:

Date	31/08/2004 11:13 AM	Composed By:	Karen Harbus/HRC
Composed:			
Caller:★	HRC to C		

Body Text:

Courtesy call to C to let him know that I had discussed the latest response from P with my supervisor and I was proceeding to obtain further indep. advice. I advised C I would be in touch when I had more information.

File Note

06/08/2004

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

Closed

Encryption Key:

Date 31/08/2004 10:09 AM Composed Karen Harbus/HRC
Composed: By:

Short Description: HRC to Dr Darren Walters, Deputy Medical Director, Cardiology Program, Prince Charles, indep.adviser

Body Text:

3350 8111. I rang to speak to Dr Bett, cardiologist who is on HRC's indep. database but I was told he was out of the country until next week. I was referred to Dr Walters (Deputy Medical Director, Cardiology Program). **GIVEN IN CONFIDENCE:** I outlined the complaint that a public hospital acknowledged that they had discharged a 69 y.o. woman with a diagnosis of unstable angina when in fact she should have been kept in the hospital and diagnosed with acute coronary syndrome. I explained that she had a past history of heart problems, had presented to the hospital with prolonged chest pain, ECG changes had occurred and she had raised troponin reading and had suffered a "minor event". The adviser explained that whether or not troponin was positive or negative may not be the issue here and he explained that it was necessary to look at the bigger picture and look at the systems in place. He explained that at his hospital, which specialises in heart conditions, if a person had a history of heart condition and presented with chest pain, they would be "kept in automatically" regardless of troponin readings and this was an example of a systems approach. He said that other systems' problems would be:

- the public hospital had one type of measurement system for troponin but the private sector had another type, yet they were both in same locality;
- quality assurance - results should be checked in a systematic manner, not individually;
- patients with certain coronary histories should be "admitted as part of normal procedure" regardless of troponin readings etc.
- due to lack of funding/resources, there is great pressure to get patients out of public hospitals as the pressure for beds is very high.

He stated that it was helpful to look at the "big picture" as concentric circles - there are several levels: clinical level, systems level. The adviser said that the provider had admitted to systemic errors. He said that the question "What was the driving force behind discharging the woman?" needed to be asked and it would not come down to a "single decision" as the matter was not black and white and involved several levels. He said that the answer would be a mixture of the above systems issues. He explained that while it was "easy to blame one doctor", the big picture needed to be looked at. He commented that the lack of a systemic approach should be brought to the hospital's attention and while it would be "expedient" to discipline an individual doctor, this would not solve the greater problems and would not be appropriate. He stated that he could understand that C wanted to "blame" someone as he was very angry. I asked him if he would be willing to look at a de-identified copy of the letter from P but he declined, stating that he felt he had covered all the pertinent issues and could not see what more could be gained by looking at an individual registrant. Thanked him for his general advice.

Telephone Conversation

10/10/04 09:26

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

Closed

Encryption Key:

Date 30/08/2004 09:26 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned to enquire if we had heard from P and I advised him that HRC had received a letter but I had not been able to discuss this with my supervisor who had been away last Thurs and Fri. I advised him I would call him as soon as I had more information. He said he had a meeting later today with CIB (Police) and I requested that he advise HRC of the outcome of this. C stated that he believed the doctor and nurse involved in his wife's care should be sued for negligence. I advised C that while the HRC could refer registered providers to the Medical Board/QNC, we were unable to investigate them. I asked him how his health was and he said it was not very good at all and he did not think he had "long to go". I assured him that I hoped he improved.

Case Documentation


02/08/04

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

Closed

Type:★ Incoming Correspondence Encryption Key:
Date Composed: 24/08/2004 04:33 PM Composed By: Karen Harbus/HRC
Short Description:★ Response from P

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.

Case Documentation

04/01/06

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

Closed

Type:★ Incoming Correspondence Encryption Key:
Date Composed: 24/08/2004 04:32 PM Composed Karen Harbus/HRC
By:

Short Description: ★ Faxed newspaper article from Bundaberg News

Body Text:

Received at HRC on 17/08/04. Article titled "Seeking Answers".

 **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.

File Note

10/24/04 01:52 PM

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

Closed

Encryption Key:

Date 24/08/2004 01:52 PM Composed By: John Cake/HRC

Short
Description:

Body Text:

Following discussions with Commissioner, it was decided that as the B'ber Newspaper was not asking for a response, none would be given in light of Mr C's objections.

Case Documentation

00000000000000000000

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

Closed

Type:★

Outgoing Correspondence

Encryption Key:

Date Composed: 24/08/2004 11:20 AM Composed By:

John Cake/HRC

Short Description: ★ Letter to Bundaberg Newspaper

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.

24 August 2004

Private & Confidential

Ms Lucy Arden
Editor
Bundaberg Newspaper Company
PO Box 3006
BUNDABERG DC QLD 4670

Dear Ms Arden

Thank you for your letter dated 16 August 2004, making representations on behalf of Mr George Connelly in relation to a complaint to the Commission.

Section 141 of the *Health Rights Commission Act 1991* (the Act), prevents me from disclosing any information gained through my involvement in the Act. Mr Connelly was approached with a view to the release of some information to you but he was unwilling to permit me to decide what information was appropriate to release. In view of this, I regret I am unable to discuss this matter further.

Yours sincerely

David Kerslake
Commissioner

Telephone Conversation

10/24/04 09:30 AM

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

Closed

Encryption Key:

Date 24/08/2004 09:30 AM Composed By: John Cake/HRC
Composed:
Caller:★ PC to Mr C

Body Text:

Not available,

I spoke to Mr C at 11.00am 24/8/04, and explained that the Commissioner would speak to the Newspaper if he (MR C) consented but he would not be running things past him first. I explained that the Commissioner was in the same situation as the rest of us with regards to the confidentiality requirements but he was prepared to provide the paper with some information if he consented. Mr C said that he would not consent if he did not know what the Commissioner was going to say first and I said that if that was the case, DK would not be discussing the complaint with the paper.

Telephone Conversation

07:40:10:16

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

Closed

Encryption Key:

Date 23/08/2004 12:23 PM Composed John Cake/HRC
Composed: By:
Caller:★ PC to Mr Connelly

Body Text:

I explained that the editor of the BN had contacted the Commissioner seeking information about his complaint but that we could not divulge any information because of our legislative confidentiality restrictions. I said that the Commissioner was prepared to provide the newspaper with some information but only with his (Mr C's) consent. He said he was happy for the Commissioner to give information to the paper but only if he had run it past him first. I said I would pass that advice on but I could not indicate whether those conditions would be acceptable to the Commissioner. He said that he had already spoken to the Commissioner but upon questioning it became apparent that he was confusing DK with the Minister for Health. Mr Connelly and I spent some time going over the Commission's processes, which he believed were unnecessarily long.

Telephone Conversation

10/2/2004 3:17

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

Closed

Encryption Key:

Date	23/08/2004 12:02 PM	Composed By:	Karen Harbus/HRC
Caller:★	HRC to C		

Body Text:

Courtesy call to C to advise him that my supervisor wished to discuss the Bundaberg newspaper article with him. I transferred his call through.

Telephone Conversation

07/01/04

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

Closed

Encryption Key:

Date 23/08/2004 11:52 AM Composed By: John Cake/HRC

Composed: By:

Caller:★ PC to Mr C

Body Text:

No reply - rang out

Telephone Conversation

02/01/05

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

Closed

Encryption Key:

Date 23/08/2004 10:24 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned to ask if the HRC had heard anything? I explained that there was no mail in my tray yet but it had to pass through my supervisor first and may not be in my tray until after lunch. I explained that I would call him when I had more information for him. C went over the complaint issues again and said it was a "black and white" issue and he felt it should go straight over to the Police. He stated that he felt the HRC was "a tiger without teeth" and I explained that the HRC could refer registered provider's on to their appropriate Boards. C stated that "the doctor and the nurse should both be sacked". He said that he would have chartered a private plane to Brisbane for his wife to undergo surgery. I explained to C that I understood how he felt. (20 mins)

Telephone Conversation

02/08/04

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

Closed

Encryption Key:

Date 20/08/2004 03:17 PM Composed John Cake/HRC
Composed: By:
Caller: ★ PC to Ms Tilley - Bundaberg News.

Body Text:

Returned her call - She said that she wanted an update on the GC case and had tried to contact KH. I explained that I could not discuss a complaint and if she referred back to her newspaper's item she would see that I have neither confirmed or denied we have a complaint. I said that obviously Mr C had been in touch with her newspaper and he could discuss whatever he wished but our legislation did not give us the same freedom because of the need for confidentiality. She said that Mr C had been trying to get in touch with KH but had been told we were awaiting further information. I said that I was aware that her Editor had contacted the HRC and as a result I had tried to get hold of GC but so far without success. Once I had spoken to him I was aware the Commissioner would be responding in some form to her Editor. However, I could not comment. She asked if I was aware what KH was doing with the complaint and I answered that K was one of our officers and that is all I could say.

Telephone Conversation

00440036

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

Closed

Encryption Key:

Date 20/08/2004 03:09 PM Composed By: John Cake/HRC

Composed: By:

Caller:★ PC to Mr Connelly

Body Text:

No reply

Telephone Conversation

04/00436

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

Closed

Encryption Key:

Date 16/08/2004 10:40 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned me to ask if we had heard back from P. I advised him that I sent the letter on Tues 10/08/04 and it may not have reached P until 12/08/04 so that wasn't much time to respond to the information the HRC had requested. I explained to C that I tried calling him last week to let him know, as a matter of courtesy, that I had written to P. He said he had been in touch with the newspapers and "Today Tonight" were coming this week. I asked him to please send me a copy of the newspaper article. C mentioned again that the nurse should have following the doctor's orders and booked his wife in for the stress test "straight away". I explained to C that we had discussed this issue a number of times and, while I understood what he was saying, the issue was no longer relevant as our two independent advisers stated: the stress test was contraindicated; and the stress test was not relevant as it would only have shown what P should have known, respectively. I read C the letter I had written to P on 10/08/04. I advised him that I would be in touch when we had more information. Thanked him for calling.

Telephone Conversation

10/2/04 03:04 PM

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

Closed

Encryption Key:

Date 13/08/2004 03:04 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

Courtesy call to C to let him know that I had written to P earlier in the week requesting additional information. NO ANSWER, NO MESSAGE BANK.

Telephone Conversation

04/0036

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

Closed

Encryption Key:

Date 12/08/2004 10:30 AM Composed John Cake/HRC
Composed: By:
Caller:★ PC to Catherine Prowse from Bundaberg News Mail

Body Text:

Returned her call re George Connelly. Not available. She rang back at 10.35am and asked about GC's complaint. I explained that I could not confirm or deny a complaint had been received and she then asked about our processes, in particular 'how long it took to deal with a complaint'. I explained our assessment processes and the possible actions following assessment. I also explained that complaints received almost immediate attention since our new processes were implemented but that the time it took to finalise a complaint was affected by such things as the time it took to get a response, obtaining medical records, independent opinions, consultation with registration and other bodies etc. She thanked me for the information.

Case Documentation

02/01/03/6

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

Closed

Type: ★ Outgoing Correspondence Encryption Key:

Date Composed: 09/08/2004 03:11 PM Composed By:

Short Description: ★ Further letter to P

Body Text:

10 August 2004

Private & Confidential

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

Dear Mr Leck

Thank you for your letter dated 1 June 2004, relating to the complaint made by Mr George Connelly about a health service his late wife, Mrs Doreen Connelly, received from your hospital.

The Commission has since obtained independent advice from two sources, a public hospital interstate and a public hospital in Queensland. Both advisers were supplied with de-identified copies of the complaint, your response and the medical records. Both agreed that Mrs Connelly:

- was misdiagnosed with unstable angina when in fact her diagnosis should have been acute coronary syndrome;
- should have remained hospital.

In addition, one adviser stated that a stress test was contraindicated and the other stated that it was not relevant as it would *"only have confirmed what they should already have known i.e. that the woman was a high risk patient."*

In your letter, you stated that *"The medical team made a diagnosis of unstable angina..."*. I note your acknowledgement that Mrs Connelly's raised troponin value was evidence of a minor heart attack and that this, taken in combination with her past history, prolonged chest pain and ECG changes meant she should have been diagnosed with acute coronary syndrome and kept in hospital. In view of the information available, could the attending doctor please provide an explanation for the failure to correctly diagnose Mrs Connelly's condition. Additionally, you stated, *"The blood was collected and marked urgent with the result checked by Dr Khan..."*. Could an explanation also be provided as to why arrangements were made to transfer the patient for her stress test if the result had been *"checked"* by Dr Khan.

I look forward to hearing from you at your earliest convenience.

Yours sincerely

Karen Harbus
Senior Intake Officer

Telephone Conversation

0749000313

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

Closed

Encryption Key:

Date 09/08/2004 03:05 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned to see if I had had a response from P as yet. I explained that I had not had the opportunity to write to them as yet but would let him know as soon as I had heard back from them.

File Note

04/08/04 11:04 AM

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

Closed

Encryption Key:

Date 04/08/2004 11:04 AM Composed Karen Harbus/HRC
Composed: By:

Short Further information to be gathered from P
Description:

Body Text:

In relation to P's response to HRC dated 01/06/04, para 4 states that the medical team made a diagnosis of "*unstable angina*", which doctor made the diagnosis and on what information did he/she base the diagnosis? i.e. given that P have also stated that "*... the ECG changes in Mrs Connelly's initial ECG's (as compared to previous ECGs in 2002), an elevated troponin on arrival which increased in value 8.5 hours later, but with no rise in creatinine kinase. The raised troponin value is evidence of minor heart muscle damage. The combination of Mrs Connelly's past history, prolonged chest pain, ECG changes and raised troponin values indicates the diagnosis should have been acute coronary syndrome. Accordingly this lady should have remained in hospital for ongoing observation.*"

Furthermore, para 4 also states, "*The blood was collected and marked urgent with the result checked by Dr Khan and arrangements begun to transfer Mrs Connelly for her stress test*". Given the above information supplied by P that the woman was misdiagnosed and should have been kept in for observation, why did Dr Khan make arrangements to transfer her for stress test. It should be noted that one independent adviser stated that the stress test was contraindicated and the other adviser stated that it was not relevant.

Telephone Conversation

04/08/2004

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

Closed

Encryption Key:

Date 04/08/2004 10:45 AM Composed Karen Harbus/HRC
Composed: By:
Caller: ★ C to HRC

Body Text:

1 hour. C telephoned and I explained that as I had been absent yesterday, I had not been given the opportunity of discussing his case with my supervisor. I explained to C that the HRC would need to gather more information to clarify whether the misdiagnoses was due to a professional error on the part of the doctor/s or whether it was due to systemic issues at P i.e. blood tests, reports not being co-ordinated, was Dr Khan overworked and hospital understaffed, lack of communication between various departments of the hospital etc. C stated that he had received a copy of the letter that P had written to HRC but he felt it was "different" so I read this out to him and C confirmed it was the same. C stopped me at various parts of the letter to point out discrepancies and I assured C that I had already noted his version of events and passed this information over to both independent advisers. I explained that I would be back in touch with him when I had more information.

Telephone Conversation

04/08/2004

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

Closed

Encryption Key:

Date 04/08/2004 08:51 AM Composed John Cake/HRC
Composed: By:
Caller:★ PC to Mr C

Body Text:

No reply - Get Karen to ring and explain that we were still examining the complaint and would get back to him as soon as we had obtained further information. State that while the independent advice was critical of the health service provided, there was no direct criticism of the Dr or the Nurse and that is what we will examine.

Telephone Conversation

10/2/0010/376

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

Closed

Encryption Key:

Date 03/08/2004 03:37 PM Composed By: John Cake/HRC

Composed: By:

Caller:★ PC to Mr C

Body Text:

No reply

Rang again at 4.25pm. No reply

Telephone Conversation

03/08/2004

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

Closed

Encryption Key:

Date 03/08/2004 03:17 PM Composed By: John Cake/HRC

Composed: By:

Caller:★ Mr Connelly

Body Text:

Mr C was dissatisfied that his complaint may be closed without the nurse and doctor being disciplined. He said he was applying under FOI for copies of the independent advice which he would post to me. I said I would pass his application on to the FOI Decision Maker and would look at the complaint and get back to him after 3.30pm.

Telephone Conversation

02/08/2004

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

Closed

Encryption Key:

Date 02/08/2004 11:27 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C telephoned to find out where his complaint was up to. I advised him that I had now received independent advice from both advisers (one interstate and one in Qld). I advised him that both agreed with the hospital's response in that: they misdiagnosed the woman; and should have kept in her for observation. I read C excerpts from the independent advisers' Files Notes. I explained that the hospital had admitted their errors, apologised and instigated procedural changes which included educational sessions for staff on acute coronary syndrome management. C stated that he wanted to have the hospital investigated, the nurse and the doctor deregistered as well as the procedural changes to prevent it recurring. In relation to the nurse, I explained to C that the component of his complaint relating to the nurse not referring his late wife for a stress test was not relevant in that the advisers stated that (a) it would have worsened the condition if it was conducted physically; and (b) it could only have confirmed what the hospital should have already known. C became very distressed during the telephone call. He stated that he knew the nurse's name. He said he did not have long to live and "felt like taking the doctor and the nurse with him". I acknowledged C's distress and explained that the HRC is an impartial body and it had been admitted by the hospital that they acted unreasonably, and this was confirmed by both advisers. In relation to the nurse, C stated that if his wife had gone for the stress test the blockage in her heart would have been diagnosed. I explained that from the HRC point of view, best practice was for the hospital to have acted on the results of the ECG, raised troponin levels, enzyme level information etc and if this had been done his wife would have been correctly diagnosed and kept in for observation, but somehow this was missed and his wife was misdiagnosed with "unstable angina" and sent home. C stated that in view of their misdiagnosis, if she had been referred for the stress test, his wife's condition would have been picked up on. I explained that I understood what he was saying, but nevertheless, as the advisers' stated that the stress test was not relevant, it would be best to focus on best practice. C reiterated that he wanted the nurse and the doctor "responsible for his wife's death" to be deregistered. I explained that the HRC could not deregister registered providers but assured C I would be discussing the matter with my supervisor. I explained to C that the HRC could write to the hospital and request to see copies of the documentation in relation to the procedural changes, education sessions etc. C stated that this was "not good enough" for him and he wanted the nurse and doctor to go before a Judge. I explained that C would need to seek legal advice in relation to this. I advised C that I would call him back after discussion with my supervisor.

Case Documentation

07/10/2004

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

Closed

Type: ★ Outgoing Correspondence Encryption Key:

Date Composed: 27/07/2004 01:21 PM Composed By:

Short Description: ★ Thank you letter to Dr M. Marrinan indep. adviser

Body Text:

040036 S1/KH

27 July 2004

Private & Confidential

Dr Matthew Marrinan

Dear Dr Marrinan

Thank you for providing your report in relation to the complaint about a woman who passed away at a public hospital following her discharge.

Your advice has been most helpful and your willingness to provide such opinions is greatly appreciated.

Yours sincerely

Karen Harbus
Senior Intake Officer

 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.

Case Documentation

04/01/06

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

Closed

Type: ★ Incoming Correspondence Encryption Key:
Date Composed: 26/07/2004 03:02 PM Composed Karen Harbus/HRC
By:
Short Description: ★ Fax from independent adviser Dr Marrinan

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.

Case Documentation

07/10/04

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

Closed

Type:★ Outgoing Correspondence Encryption Key:

Date Composed: 26/07/2004 01:04 PM Composed By:

Short Description: ★ Fax of File Note to Dr M. Marrinan, indep adviser

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.



Level 19
288 Edward Street
BRISBANE QLD 4000

Postal : GPO Box 3089
BRISBANE QLD 4001

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TO: Dr Matthew Marrinan

ADDRESS: Gold Coast Hospital – Cardiology Department

PHONE: 5519 8211

FAX: 5571 8696

FROM: Karen Harbus

PHONE: 3234 0258

TOTAL NUMBER OF PAGES (including this sheet): 2

DATE: 26/07/04

TIME: 1.00 p.m.

COMMENTS:

Private & Confidential

Dear Dr Marrinan

Thank you for your thoughtful and considered comments in relation to this matter. Please find enclosed a File Note for you to check to ensure I have accurately recorded our discussion.

Kind regards

Karen Harbus
Senior Intake Officer

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE ADVISE IMMEDIATELY!

File Note

024010186

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

Closed

Encryption Key:

Date 26/07/2004 12:14 PM Composed Karen Harbus/HRC
Composed: By:

Short Description: Dr Merrinan, independent adviser, to HRC

Body Text:

Dr Marrinan telephoned to say he had read all the information provided to him. He stated that he agreed with the comments made by the provider (P) in their response dated 01/06/04 in that P had deviated from best practice in misdiagnosing the woman and in their management of her. Dr Merrinan explained that in relation to the woman's blood test which showed raised troponin levels, this meant she had suffered a small heart attack and P should have kept her in. He stated that he agreed with P that the woman should have been diagnosed with "*acute coronary syndrome*" and not "*unstable angina*". In relation to the stress test which the man (C) was concerned about, Dr Merrinan explained that this was contraindicated and could have made the woman's situation worse in that a stress test puts strain on the heart. In relation to whether or not the woman's outcome would have been different, the adviser said that the whole reasoning behind keeping a patient in hospital is to monitor them and treat them accordingly and the woman's outcome may or may not have been different. He said that in reading the cause of death (i.e. (a) cardiac arrest; (b) myocardial infarction; and (c) ischaemic heart disease) he assumed that the cause of death could have been a continuation of the minor heart attack or a further event. He explained that while under the National Heart Foundation guidelines, heparin was a medication which could have been used following such an event and this may have prevented the woman's death, there was no way of stating this categorically.

I thanked Dr Merrinan for his assistance and we agreed I would fax him a copy of this File Note so that he could ensure it accurately reflected our discussion - fax no. 5571 8696.

Telephone Conversation

07/07/04 15

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

Closed

Encryption Key:

Date	26/07/2004 11:43 AM	Composed By:	Karen Harbus/HRC
Composed:			
Caller:★	C to HRC		

Body Text:

C telephoned to ask if I had heard from i.a. and I explained not yet, but I would call him as soon as I had more information. I asked him how he had gotten on at Greenslopes and he said that there was not much that could be done for him as his right lung had already collapsed. Thanked him for checking in.

Telephone Conversation

0240036

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

Closed

Encryption Key:

Date 21/07/2004 09:43 AM Composed Karen Harbus/HRC
Composed: By:
Caller: C to HRC

Body Text:

C called to see if I had any more information for him and I explained not at this stage. C said he is going to Greenslopes Hospital tomorrow for a day procedure. I assured C that I would call him when I had more information for him.

0590

File Note

040036S53

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

Closed

Encryption Key:

Date 19/07/2004 12:41 PM Composed Karen Harbus/HRC
Composed: By:

Short Description: Thank you letter to Dr Mary Buchannan, indep. adviser (system would not save the document)

Body Text:

040036S53/KH

19 July 2004

Private & Confidential

Dr Mary Buchannan
Deputy Director of Emergency Department
Dandenong Hospital
David Street
DANDENONG VIC 3175

Dear Dr Buchannan

Thank you for providing your verbal report in relation to the complaint about the 69 year old woman who was discharged from a public hospital on 2 December 2003, and who died shortly afterwards.

Your advice has been most helpful and your willingness to provide such opinions is greatly appreciated.

Yours sincerely

Karen Harbus
Senior Intake Officer

0589

Case Documentation

07-K010346

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

Closed

Type:★ Outgoing correspondence Encryption Key:

Date Composed: 19/07/2004 12:18 PM Composed
By:

Short Description: ★ Request for independent advice - Section 237 Notice

Body Text:

19 July 2004

Private & Confidential

Dr Matthew Marrinan

Dear Dr Marrinan

I refer to my telephone conversation with you on 16 July 2004. As discussed, I am seeking your assistance with a complaint about another health service provider.

A person who gives such information to the Commission in good faith is protected by Section 137 of the *Health Rights Commission Act 1991*. A copy of Section 137 is enclosed for your information.

You should be aware, however, that as our files are accessible under the *Freedom of Information Act 1992*, any comments you make might be accessible under the Act, subject to possible exemptions such as the confidentiality of information provided. You may wish to advise us when any comment you make is "Given in Confidence" for the purpose of that legislation. If a decision is made to recommend that another body, for example a registration board, take action on the subject of our inquiries, the Commission may decide to include the information you provide. Similarly, should the Commission investigate the matter itself, your information may be included in the final investigation report.

A man complained that his 69 year old wife was taken by ambulance to a public hospital on 1 December 2003, as she awoke with chest pain at 0330. He said that various tests were conducted and his wife was discharged from the hospital on 2 December 2003. The man stated that his wife was due to undergo a stress test at a different hospital at 1020 on 2 December 2003. He said he heard a doctor tell a nurse to ensure that his wife attended this appointment but the telephone call to the nuclear medicine service did not occur until it was too late to keep the 1020 appointment, and it was moved to 8 December 2003. Unfortunately, the woman passed away in the early hours of 3 December 2003. Her Death Certificate states that she died of 1.(a) Cardiac arrest; (b) myocardial infarction; and (c) ischaemic heart disease. The man believes that if the hospital had diagnosed and treated her appropriately (e.g. beta blocker medication) his wife would not have died. He also believes that if the stress test had occurred as arranged on 2 December 2003, his wife's condition would have been correctly diagnosed and she would have been given appropriate treatment (as above) and would not have died. The man stated that a doctor informed him on 2 December 2003, that if the stress test showed a blockage in the heart she would be flown to a primary hospital for emergency surgery.

The hospital responded to the Commission and stated that given her past medical history, "*prolonged chest pain, ECG changes and raised troponin values*", the woman should have been diagnosed with acute coronary syndrome and should have remained in hospital for ongoing observation.

In relation to the provider's response, the man said he wanted the independent adviser to be informed that he disagreed with a number of points, namely:

- At paragraph 3 where the provider states "*Investigations including serial ECGs confirmed the previous myocardial infarction with some lateral 'T' wave changes,, the chest x-ray was normal and*

blood tests showed a raised troponin value", the man stated that when his wife was discharged they were told that all the tests were clear so he was unsure what is meant by this statement;

- At paragraph 4, the first sentence states that the woman was admitted to a general ward and reviewed by a specialist medical team later that morning. The man said that to his knowledge his wife was not reviewed by a specialist medical team;
- At paragraph 4, where the provider said, "*The nursing staff member rang [the nuclear medicine service] to confirm the appointment however it had been reallocated with no further appointments available for one week*", the man wanted it noted that this does not refer to the important incident when, at 0830, the specialist requested that a nurse ensure the stress test went ahead, but refers to a later time when the man discovered that the call had not been made (approx. 1045). The man said that when he asked the nurse why she did not make the call, she stated that it was not her job but the doctor's job.
- At paragraph 6 where the provider states, "*An interview was conducted with the nurse caring for [the woman] who explained she had contacted [the nuclear medicine service] in an attempt to confirm the booking, after receiving confirmation from [the specialist] that [the woman] could attend. However her phone call was made after the required confirmation time and the booking had been reallocated with no emergency appointments available*". The man also stated that he had contacted the nuclear medicine service to ask if they are able to see patients if a hospital makes an "emergency" referral and he was informed that they do. The Commission also verified this with the service.

Please find enclosed de-identified copies of:

- the man's complaint; and
- the hospital's response; and
- the medical records.

Would you please comment on whether or not you believe the woman's outcome would have been different had she been either:

- (a) correctly diagnosed by the hospital and kept in for observation; or
- (b) referred for her stress test on 2 December 2003.

I would like to point out that the Commission is not expecting you to provide a written report, but to offer verbal feedback on the health issues concerned. It is not normal practice for the Commission to pay for the type of information I am requesting. I will contact you shortly to discuss the situation further. If you are unavailable to take my call, I will make a more convenient arrangement with your secretary. Should you wish to contact me in the interim, please telephone me on 3234 0258.

Your assistance with this complaint would be appreciated and may help the Commission satisfactorily resolve the complaint for both the complainant and the health service provider.

Yours sincerely

Karen Harbus
Intake Officer

Enc.

SECTION 137 OF THE HEALTH RIGHTS COMMISSION ACT 1991

Giving of information protected

137.(1) This section applies to a person who, honestly and on reasonable grounds, gives information or a record (the “**information**”) to the commissioner, an authorised person or a commission officer –

- (a) for the purpose of a health service complaint; or
- (b) in the course of an investigation or inquiry.

(2) A person is not subject to any liability for giving the information and no action, claim or demand may be taken or made of or against the person for giving the information.

(3) For example, in proceedings for defamation in relation to a publication it is a lawful excuse that the publication was made in giving the information.

(4) For example, a person –

- (a) on whom a provision of an Act imposes a duty to maintain confidentiality with respect to a matter; or
- (b) who is subject to an obligation by way of oath, rule of law or practice to maintain confidentiality with respect to a matter;

is taken not to have –

- (c) committed an offence against the Act; or
- (d) breached the oath, rule of law or practice or a law relevant to the oath, rule of law or practice; or
- (e) rendered the person liable to disciplinary action;

merely because the person has given the information.

Telephone Conversation

07/07/04

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

Closed

Encryption Key:

Date 16/07/2004 03:44 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Gold Coast Hospital (Dr Marrinan, Cardiology Registrar)

Body Text:

5519 8211. I spoke to the switchboard, introduced myself and briefly explained what I was after. The woman said she felt I should call the Dept of Health and I advised her that this was not the type of information I was seeking. She said she would put me through to her switchboard supervisor which she did and he put me through to Exec. Services. The person at Exec. Services then put me through to Cathy Bosworth who suggested I speak to the Registrar in Cardiology, Dr Matthew Marrinan. I explained that I was seeking informal independent advice on a matter where a man stated his 68 year old wife was not given reasonable care by a public hospital. I explained that the woman had undergone an ECG, raised troponin levels, and a history of heart disease. I explained that I believed her enzyme readings also indicated that she had suffered a recent event. Dr Marrinan stated that he would need to have access to the records. He requested that I please mail relevant information to him at: 66 Rees Avenue, Coorpooroo, 4151. He informed me that he is only a Registrar and said he would discuss the matter with his consultants if he felt this was necessary. I thanked him very much.

Telephone Conversation

04/0036

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

Closed

Encryption Key:

Date 16/07/2004 03:15 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to P

Body Text:

4150 2020. I rang Exec. Services and asked for the specialialities of both Dr Kahn and Dr Strahan. I was put on hold and the member of staff came back on the line and requested that I fax this request in to the DM so it could be considered. I advised the man that I was only requesting public information, and nothing of a confidential nature. He said, "Now that you put it like that, I will try and find out". He came back on the line and stated that Dr Kahn was the Principal House doctor and Dr Strahan was the VMO (physician). Thanked the man for his assistance.

Telephone Conversation

0210036

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

Closed

Encryption Key:

Date 16/07/2004 02:30 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

I advised C that I had heard from the indep. adviser interstate but wished to obtain a more informal opinion from a Qld public hospital. C said that on the day his wife was discharged, her doctor said she had a blockage in her heart and had to undergo surgery in Brisbane. C said that his wife should not have been released. C said he is worried about himself "lasting the distance" and I assured him he would be fine and I would get additional information as soon as I could. He reiterated that he not after financial gain but wanted to see relevant staff disciplined and procedural changes. I advised him that if the problems turned out to be systemic in nature, dealing with procedural changes may be the better way to go in exacting change because that way, no matter who the players were, the procedural changes would hopefully ensure that staff were unable to make such errors/misjudgments. C agreed with this but said he still "felt angry" towards the doctor and the staff who did not make the phone call to the nuclear medicine unit of Mater. I advised him that I understood how he felt.

File Note

07/07/04

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

Closed

Encryption Key:

Date 13/07/2004 04:52 PM Composed Karen Harbus/HRC
Composed: By:

Short Description: Discussion with Manager Complaints

Body Text:

I advised Manager Complaints re negative comments about P from the independent adviser. He suggested I now seek informal independent advice from Qld and if this is also critical, I contact the DM to ask how they wish to proceed given that C is seeking: disciplinary action and an explanation.

Advised Manager that I would relook at the details to establish any possible systemic issues.

Case Documentation

02/01/05

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

Closed


Type:★ Outgoing Correspondence Encryption Key:

Date Composed: 13/07/2004 04:48 PM Composed By:

Short Description: ★ Fax cover sheet to Dr Mary Buchanan, indep. adviser

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.

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TO: Dr Mary Buchannan

ADDRESS: Dandenong Hospital

PHONE: (03) 9554 1000

FAX: (03) 9554 8453

FROM: Karen Harbus

PHONE: (07) 3234 0258

TOTAL NUMBER OF PAGES (including this sheet): 2

DATE: 13/07/04

TIME: 4.45 p.m.

COMMENTS:

Private & Confidential

Dear Dr Buchanan

Thank you very much for your thoughtful and considered comments. Please find enclosed a copy of a File Note of our discussion for you to check to ensure it accurately reflects our discussion.

Kind regards

Karen Harbus

Telephone Conversation

04/00/04

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

Closed

Encryption Key:

Date 13/07/2004 03:45 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Dr Mary Buchanan, indep. adviser

Body Text:

Given in Confidence: (03) 9554 1000. I telephoned the independent adviser in order to see if she had had time to consider the information sent to her. She said she had and in her opinion, the woman "*was not treated reasonably well*". The adviser stated that the woman fell within a high risk group due to such factors as her age, history of heart disease, raised troponin reading and the ECG and enzymes meant she did have a "*recent event*". The adviser explained that that the American College of Cardiology, 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*". She commented that the woman should have been given heparin, a blood thinning agent and she should have had an urgent angiogram. She explained 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 the woman was a high risk patient. I asked Dr Buchanan if the woman's outcome would have been different if she had been treated appropriately and she said possibly. She stated that she was not sure about the facilities this particular hospital had for such emergency procedures as an angiogram but reiterated that nevertheless the treatment the woman received was unreasonable.

Thanked the adviser very much for her assistance. It was agreed that I would fax her a copy of this File Note so that it could be checked to ensure it accurately reflected our discussion. Fax no: 9554 8453.

Telephone Conversation

07/07/2004

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

Closed

Encryption Key:

Date 07/07/2004 09:36 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

I returned C's call and explained that I had not heard from the indep. adviser as yet. I apologised for not returning his call yesterday as I had been very busy. I informed C that I would ring the adviser at the end of the week to see how the matter was progressing. I asked C how he was going and he said he had to go to Greenslopes Hospital on 22/07/04. I explained that I hoped we'd have some news by then and assured him I'd ring him as soon as we heard.

Stage Report

02/07/2004

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

Closed

Status: Reviewed
Purpose: For information only
Review Action: Reviewed the Stage Report: the Stage Report and Case were reviewed.
Comments: Crown Law advice invoked to obtain further information

☐ Suitable For Annual Report

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

Date Composed: 06/07/2004 07:58 AM Composed By: Karen Harbus/HRC
Date Submitted: 06/07/2004 08:00 AM Submitted By: Karen Harbus/HRC
Date Reviewed: 07/07/2004 04:31 PM Reviewed By: John Cake/HRC

Action and Recommendations

Action Taken:
Request for Crown Law re time frames be invoked as awaiting information from independent adviser.

Existing Case details

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

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 Yes
In Time:

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

Primary Objective: Disciplinary action

Secondary Objective: Explanation

Tertiary Objective:

Other Information To Be Considered

Response From Provider:

Records Examined:

Board Comment / Other Entities or Persons:

0576

Evaluation of Evidence:

Special Comment:

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.

Telephone Conversation

02/010346

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

Closed

Encryption Key:

Date 29/06/2004 04:04 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ C to HRC

Body Text:

C called to find out if HRC had heard back from the indep. adviser and I advised him that we had not to date. I explained that I planned to give the adviser a courtesy follow up call on 06/07/04 if I had not heard. I said I would be in touch once the indep. advice was received and had been considered. C wanted to know if he could get a copy of the independent advice and I said that this was not usual practice but explained that he could always FOI the file. He asked about getting a copy of the response with the adviser's name taken out and I said that maybe this could be done. I explained that in any event, he would be advised of the content.

Telephone Conversation

02/06/04

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

Closed

Encryption Key:

Date 18/06/2004 02:48 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

Courtesy call to C to let him know that the information had been posted to i.a. yesterday by express post and should arrive at its destination today. I explained to C that I hoped to hear back in a week or two.

0573

Telephone Conversation

(03) 9554 1000

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

Closed

Encryption Key:

Date 16/06/2004 10:40 AM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Dr Mary Buchanan

Body Text:

(03) 9554 1000 (Dandenong Hospital). Left message to please return my call.

Telephone Conversation

02/12/03

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

Closed

Encryption Key:

Date 15/06/2004 04:31 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to P

Body Text:

4150 2020. I spoke to Judy and pointed out the 2 date errors (i.e. the stress test was booked for 02/12/03 and not 01/12/03, and the A/Director of Nursing telephoned C on 05/12/03, not 03/12/03). I also pointed out that C said that the A/Director of Nursing who telephoned him was not Ms Callanan as their letter stated, but Martin. I advised Judy that the latter point was not vital to rectify as their letter would be de-identified in any event when going to an independent adviser. Judy said she would get those 2 dates verified and call me back.

Telephone Conversation

04/06/04

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

Closed

Encryption Key:

Date 15/06/2004 04:07 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to C

Body Text:

I called C in order to go over the letter I had drafted to an independent adviser as he informed me last week that he wanted his disagreements passed on to the independent adviser. In relation to his first disagreement that P stated his wife was in pain for only 30 minutes but he thought it was longer, I pointed out that ambulance notes reported that her pain decreased from 5/10 to 0/10 by 0410 due to oxygen, aspirin and GTN given by QAS.

Case Documentation

01/24/01/556

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

Closed

Type:★

Outgoing correspondence

Encryption Key:

Date Composed: 15/06/2004 02:41 PM Composed

By:

Short Description: ★ Request for independent advice S137 Notice -

Body Text: