

15 June 2004

**Private & Confidential**

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

Dear Dr Buchanan

I refer to my telephone conversation with you today. 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.

0567

## 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

07/06/04

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

Closed

### Encryption Key:

Date 15/06/2004 01:38 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ Dr Mary Buchanan to HRC

### Body Text:

Dr Buchanan returned my call and I outlined the information I was seeking and explained that informal advice would be great. She said she would be happy to do this:

Deputy Director  
Emergency Department  
Dandenong Hospital  
David Street  
Dandenong VIC 3175.

Thanked her.

## Telephone Conversation

01/10/01346

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

Closed

### Encryption Key:

Date 15/06/2004 11:01 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to Dr Mary Buchanan, indep. adviser (emergency medicine)

### Body Text:

(03) 9554 1000 (Dandenong Hospital). I left a message on Dr Buchanan's voicemail re possibly giving independent advice.

## Telephone Conversation

02/12/03

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

Closed

### Encryption Key:

Date 11/06/2004 03:52 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to Mater Hospital, Bundaberg

### Body Text:

4153 9539. I spoke to Ian, technologist in Nuclear Medicine, and explained that C had given me his contact details and permission to speak to him. He stated that the secretary could remember the incident of C's wife's appt. having been booked for 02/12/03 and then hearing from the hospital that they were not sure if she would be able to make it in time. He said that the secretary said she told the hospital to ring back as soon as they knew, but by the time the hospital rang back, the appt. had been reallocated. Ian explained that the woman was to undergo a stress test and a scan and I asked what this involved. He stated that it involved taking "before" and "after" photos of a patient's heart i.e. "resting" photos prior to exercise and then getting a patient to walk on a treadmill and taking photo of the heart following this. He explained that when a patient was too unfit or unwell to walk on a treadmill, they were given drugs which could emulate the state of the heart following exercise. I asked him about cases where people were tested like this and noted to have heart problems and were in danger of having an arrest i.e. as would more than likely have been the case in this matter, and he said that they would be referred to a surgeon for surgery but this surgery could not be carried out in their hospital. He said it may take some time to organise and he felt that it was unlikely that C's wife would have been given surgery in time, given that she died on 03/12/03. Ian explained that he was a technologist and not a doctor, so could not give a "formal opinion" on the matter. I said I fully understood this point. In relation to a hospital requesting an "urgent" appointment for one of their patients he said that this can usually be arranged. He said that in this particular case, their visiting specialist was in their hospital on 3, 4 and 5 December 2003 so it could have been arranged. Thanked him for his assistance.

## Telephone Conversation

07/40/04:16

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

Closed

### Encryption Key:

Date 11/06/2004 11:27 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ C to HRC

### Body Text:

C telephoned me to go over the sections of P's response he was unhappy with. I explained that while I may be unable to have P change their response, I could certainly record his disagreements and let the indep. adviser know of these. The points C made were:

- para 2: *"She had woken at 0330 hr with chest pain which lasted 30 minutes..."*. C stated that the ambulance was called at 0336 when she was in pain, the drive to collect her is 25 mins and the drive back to P is 25 mins, she was seen by a nurse on arrival at 0450 and by a doctor approx. 30-45 minutes later and he recalled her telling the doctor that she was in pain but it was *"fading"*. C stated that he was at a loss to understand where they got 30 minutes from; (I said I would check records re what was recorded).
- para 2: *"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"*. C stated that when his wife was discharged they were told that the ECG and blood tests were clear so he was unsure what was meant by this statement. (I said I would seek clarification about what was meant by this statement);
- para 3: *"Mrs Connelly was admitted to a general ward and reviewed by the specialist medical team later in the morning."* C said that he recalled having to go home quickly for his nebuliser in the morning but as far as he knew she had not been seen by a medical team and he asked her if she had been seen and she said no. (I advised him I would check medical records re this);
- para 4: the date of the stress test should have been noted as "2" December 2003, and not "1" December 2003. (I said I would bring this to P's attention and in view of another date error they made, I may request they fix up these errors and resubmit their response or if they give me verbal permission, I may be able to make these changes myself);
- para 4: In relation to P's statement that he had spoken to nuclear medicine of the other hospital to advise them that his wife was an inpatient at BBH and he understood the booking would remain open until 0930, C denies this. (I advised him that there are two differing versions of an event, the HRC as an impartial body, cannot verify which version is correct);
- para 4: *"The nursing staff member rang North Coast Nuclear Medicine to confirm the appointment however it had been reallocated with no further appointments available for one week"*. C wanted to point out that this sentence does not refer to the important incident when, at approx. 8.30 a.m., Dr Khan requested that the nurse ensure the stress test went ahead, but referred to a later time when C discovered that the call had not been made. C said that when he confronted the nurse about not making this call, she stated that it was not her job but the doctor's job in an aggressive manner. In any event, C stated that it was his firm belief that the nurse never made the call and that it was Dr Khan who eventually did this. (I said I would look in the records to see if this was notated, but if it was not, then once again, the HRC would not be able to say whose version of this was correct).
- para 5: *"In a telephone call of 3 December 2003 with Mr Connelly, Ms Beryl Callanan*

*Acting Director of Nursing...*" C stated that this date should be 5 December and the person he spoke to on that date was Mr Patrick Martin and not Ms Beryl Callanan. (I said I would clarify this with P, possibly having them correct their errors and resubmitting their response);

- para 6: *"An interview was conducted with the nurse caring for Mrs Connelly, who explained she had contacted North Coast Nuclear Medicine in an attempt to confirm the booking, after receiving confirmation from Dr Khan that Mrs Connelly could attend. However her phone call was made after the required confirmation time and the booking had been reallocated with no emergency appointments available."* C stated that he had since checked with Mater Hospital (4153 9539) and spoken to Ian of Nuclear Medicine who explained that if a hospital contacted them with an emergency request, they would always fit in an "emergency" patient. (I asked him if he would mind if I clarified this with Ian and he said that would be fine).

C said he was told at this week's meeting that had she been correctly diagnosed with acute coronary syndrome, she would have been given beta blockers which would have decreased stress on her heart and therefore may have prolonged her life until she could have undergone surgery. He said that there were many "ifs" on the part of P i.e. "if the helicopter had come in time...." etc. but he said he wanted the issue of beta blockers brought to the attention of the i.a.

I went over the above issues with him and he agreed that the main two things to change are the dates as the names would be de-identified.

I explained to C that I would be asking an independent adviser about whether or not his wife's outcome would have been different had they diagnosed her with acute coronary syndrome at the time and therefore treated her appropriately (i.e. given beta blockers?) C agreed with this. He said he did not want to delay in getting i.a. as he may not have long to live. I said I was sure that he did and wished him a great long weekend!



## Telephone Conversation

07/10/05

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

Closed

### Encryption Key:

Date 10/06/2004 01:58 PM Composed John Cake/HRC  
Composed: By:  
Caller:★ Mr Connolly

### Body Text:

Mr C said that he had gone to the hospital which had given him a copy of its response and a copy of her medical records. He said that there were some incorrect statements in the response and the records back up this fact. He said that the dates shown in the response differ from the dates in the medical records and he said that the hospital admitted that his wife should never have been discharged. I said I would get Karen to read the response and call him back on 11/4/04

0560

## Telephone Conversation

(07440107546)

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

Closed

### Encryption Key:

Date 10/06/2004 12:32 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to Dr Johannes Wenzell, emergency medicine, indep. adviser

### Body Text:

(03) 9554 1000 (Dandenong Hospital). I telephoned to enquire about whether Dr Wenzell would be willing to give informal independent advice in relation to this matter but was told he is on long service leave until 04/07/04. I was advised that Dr Buchanan is the Deputy Director of Emergency Medicine and of course specialises in emergency medicine. I was told that she is presently away on a conference but will be back next week.

## Telephone Conversation

09/06/04

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

Closed

### Encryption Key:

Date 09/06/2004 10:50 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

I returned C's call and he wanted to know if P had responded with records and I advised him I had now received these separately. He said that he hoped the CIB would "take action" on receipt of the HRC's "report". I advised him that I was now in a position to get independent expert advice on his complaint and P's response. He said he was on his way to P now for a meeting.

## Telephone Conversation

09/06/2004

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

Closed

### Encryption Key:

Date 09/06/2004 10:43 AM Composed By: John Cake/HRC  
Composed:  
Caller:★ PC from Mr Connelly

### Body Text:


Has been unable to get hold of Karen. I said I would pass the message on.

# Case Documentation

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

Type:★ Incoming Correspondence Encryption Key:  
Date Composed: 08/06/2004 04:53 PM Composed By: Karen Harbus/HRC  
Short Description: ★ Medical records 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.

## Telephone Conversation

02450136

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

Closed

### Encryption Key:

Date 07/06/2004 10:15 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller: P to HRC

### Body Text:

Message from Amelia, Exec. Services, apologising for not enclosing medical records but said they are now in the post.

## Case Documentation

04/06/2004

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

Closed

Type:★


Incoming Correspondence

Encryption Key:

Date Composed: 04/06/2004 01:10 PM Composed By: Karen Harbus/HRC

Short Description: ★ Response from P (no medical records)

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

04/06/2004

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

Closed

### Encryption Key:

Date 04/06/2004 01:09 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to Judith, P

### Body Text:

4150 2210. Courtesy call to Judith to thank her for the response but to let her know records were not included. She was out to lunch so I left a message to this effect.



## Telephone Conversation

06/06/2004

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

Closed

### Encryption Key:

Date 04/06/2004 01:01 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ C to HRC

### Body Text:

C telephoned to ask if I had received response from P and I advised him that it was posted yesterday. He said that P had invited him to a meeting with them next Wed 06/06/04 at 2.30 p.m. He said that when he asked if his solicitor or his MP could come along they said no. C said he was happy to go along as would just "listen". I explained that on receipt of P's response and medical records I would seek independent advice. He said he felt sure records had been changed and I said that this was unlikely as too many staff would be involved in such a fraudulent act. I reiterated earlier advice that the i.a. would only be able to make comment on what was recorded in the records. I explained that where there were two differing versions of events, but no documentation to support either version, the HRC as an impartial body, could not say who was right and who was wrong and said I just wanted him to be prepared that he may not achieve the outcome he was hoping to achieve. I explained that by the same token, independent advice may be critical of P and in this case the HRC could recommend further action. I said that we would be able to approach the Mater Hospital where his wife had been referred for heart test. C said that if HRC was unable to take action he was ready to take legal action and to go to the Police. I said I would keep C informed and thanked him for his additional information today.

## Telephone Conversation

03/06/2004

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

Closed

Encryption Key:

Date 03/06/2004 12:59 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to P (Judith)

Body Text:

4150 2210. I returned Judith's call and asked her re response. She said she had called me on behalf of the assistant DON and would get her to return my call. Thanked her.

## Stage Report

02/06/2004

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

Closed

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

☐ Suitable For Annual Report

Original Statutory Due Date: 01/06/2004  
Current Statutory Due Date: 01/06/2004

Date Composed: 02/06/2004 11:32 AM Composed By: Karen Harbus/HRC  
Date Submitted: 02/06/2004 11:34 AM Submitted By: Karen Harbus/HRC  
Date Reviewed: 02/06/2004 01:12 PM Reviewed By: John Cake/HRC

### Action and Recommendations

#### Action Taken:

Further time required for response to be provided.

Recommendation: Move to another Case Stage  
Description:

Case Stage: Assessment Extension  
Reason for this move: S76 (3) (c) - Further time for information to be provided

#### Existing Case details

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

#### Summary of Complaint:

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

#### Narrative of Complaint:

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

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

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

Primary Objective: Disciplinary action

Secondary Objective: Explanation

Tertiary Objective:

#### Updated Case details

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

0550

**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  
Description:

Secondary Objective: Explanation  
Description:

Tertiary Objective:  
Description:

**Other Information To Be Considered**

Response From Provider:

Records Examined:

Board Comment / Other Entities or Persons:

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

(02/06/04)

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

Closed

### Encryption Key:

Date 02/06/2004 11:26 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to P

### Body Text:

4150 2210. Courtesy follow up call re response from P. I was told Judith is away today so I left relevant message.

## Telephone Conversation

07/05/04

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

Closed

### Encryption Key:

Date 17/05/2004 10:39 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ C to HRC

### Body Text:

C telephoned to say that he had been speaking with the Chairman of the Health Service District, Mr Viv Chase. C said he could not understand why P were taking so long to respond to HRC as he had first contact P with his complaint just after his wife died(10/12/03) and also had a meeting with Mrs Callaghan on 22/01/04. I advised him that P had requested an extension and it may be advantageous for all concerned that P took their time in order to prepare a thorough response rather do a hurried response and perhaps miss addressing one of the major issues. C said that they could not miss anything, as P had already told him that had looked into his complaint and had written to him. I explained to C that I understood the point he was making but at the moment, P did not have to respond to the HRC until late May and I would advise him once I had further information. C said he did not think that the comments the nurse had made to him would be on the records and I said that the HRC, as an impartial body, would therefore be unable to comment as to the accuracy of either his version or P's version. He said he understood this but stated that if "nothing happened with the HRC", then he would go to the CIB, Police and to Court. I reiterated that I would keep him informed of matters as they progressed.

## Telephone Conversation

07/05/2004

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

Closed

### Encryption Key:

Date 07/05/2004 12:35 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

I returned C's call. He said that he had been in Greenslopes as he was having lung problems. He said he had emphysema as he used to smoke 40-50 cigarettes a day but he now smoked less. C stated that he was told the hospital could not operate on him at the moment. C said that while he was in Greenslopes he spoke to his heart specialist about what happened to his wife. He stated that the specialist commented, "Why did they send her home if she had a heart blockage?" I advised him that P had requested an extension of time until the end of May. C commented that they were "lying" as he had been told the matter had already been investigated.

## Telephone Conversation

07/05/2004

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

Closed

### Encryption Key:

Date 07/05/2004 12:10 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to P

### Body Text:

4150 2210. I returned Judith's call. She stated that the matter was being investigated by nursing and medical services and asked for an extension of time. We agreed to 25/05/04.



## Case Documentation

06/05/04

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

Closed

Type:★

Incoming Correspondence

Encryption Key:

Date Composed: 06/05/2004 05:02 PM

Composed

Karen Harbus/HRC

By:

Short Description: ★ Fax from C

Body Text:

C faxed me a newspaper article re his wife's death and a cc of a letter from his MP to Minister for Health re same.



**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

04/05/2004

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

Closed

### Encryption Key:

Date 04/05/2004 12:03 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ C to HRC

### Body Text:

C telephoned to say that he was interviewed by Channel 7 last week and the programme had gone to air locally on 30/04/04. He said footage showed him looking at his wife's photo. He said he was in the process of selling his house as he couldn't manage it on his own. He said that there was also an article in the local newspaper which he would send to me headed "Wife's Death Questioned". He said the headlines read "Massive Bungle by.....". He read me a letter from his MP to Minister for Health Mr Nuttall). C said he was going to Greenslopes Hospital tomorrow (Veteran's Affairs flies him down). I asked him if his daughter was being kept abreast of all this and he said yes but she had her "own problems" as her husband had been killed in a motor cycle accident. He said they had 3 children. I asked him to pass on my condolences to his daughter, as I had met her at the HRC on his last visit here. C said he would fax me a copy of the newspaper article and I thanked him for this.

## Telephone Conversation

01/10/04

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

Closed

### Encryption Key:

Date 27/04/2004 02:19 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

I returned C's call. He said P was "refusing" to give him a copy of his wife's medical records. I reminded him that HRC had written to P and requested a copy of the relevant medical records. I explained that P did not have to respond until 11/05/04 and I would be in touch with him as soon as I had some info for him. He said Mt Isa Hospital had written back to him and said his wife's medical records had been destroyed. I asked him old these were and he said 35 years. I said that hospitals were allowed to discard records after a certain amount of time.

## Telephone Conversation

06/04/2004

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

Closed

### Encryption Key:

Date 06/04/2004 04:35 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

C said that he had been thinking about the letters I had read to him and he felt that the doctor should have kept his wife in. I advised him that the letters had been sent today but explained that if anything in the records came to light that indicated that his wife should have been kept in, the HRC would certainly be looking at this issue. I explained to him that my letters were really a summary of his complaint. He said that he had not put this in his letter and I reiterated my earlier advice about what the records may indicate. C indicated he was happy with this explanation.

## Case Documentation

06/04/2004

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

Closed

Type:★ Outgoing Correspondence Encryption Key:

Date Composed: 06/04/2004 02:18 PM Composed By:

Short Description: ★ Notices to complainant and provider commencing assessment (Section 69)

Body Text:

6 April 2004

**Private & Confidential**

Mr George Connelly

Dear Mr Connelly

Thank you for forwarding your complaint dated 12 February 2004, to the Health Rights Commission about a health service your late wife, Mrs Doreen Connelly, received from Bundaberg Base Hospital on 1 December 2003.

As required by the *Health Rights Commission Act 1991* (the Act), the Commissioner has asked me to assess the complaint to see whether we can obtain sufficient information to resolve it immediately or whether further action is appropriate. It is the Commissioner's hope that the complaint will be dealt with as informally and expediently as possible.

At the end of assessment, the Commissioner is required to determine whether the complaint has been satisfactorily explained or resolved, and can be closed. Alternatively, the Commissioner may decide to take further action to conciliate, investigate, and/or refer the complaint to another organisation which has the authority to deal with the complaint issues.

In your complaint and during subsequent telephone discussions, you stated that the main issue of your complaint is that a nurse at Bundaberg Base Hospital failed to ensure your wife attended a pre-booked stress test and x-ray. You stated that your wife was admitted to the hospital with a suspected heart attack but various tests were conducted which were "negative". You said that when your wife was checked by her heart specialist at 8.30 a.m. on 2 December 2003, you informed him that your wife was booked into a private hospital to have a stress test and x-ray conducted that day at 10.20 a.m. You stated that the specialist instructed the nurse to have the stress test and x-ray carried out "straight away". You informed me that at 10.30 a.m. the doctor advised you that the appointment had been reallocated and would now take place on 8 December 2003. You said you made enquiries at the private hospital and were informed that Bundaberg Base Hospital had not telephoned them. You were advised to take your wife home. Unfortunately, your wife passed away in the early hours of the morning of 3 December 2003. You believe that had your wife attended her stress test and x-ray appointment, the blockage in her heart would have been detected and she would have been operated on immediately. You believe she may well be alive today had this occurred.

You are seeking an explanation as to why your wife was not booked in for a stress test as a matter of urgency.

Before the Commissioner decides what action to take on your complaint, he is required to ensure that you have had the opportunity to resolve the complaint directly with Bundaberg Base Hospital.

As we discussed in our telephone conversation, you have agreed that I request Bundaberg Base Hospital to direct all communication through the Commission because your previous attempts to resolve the complaint with the hospital were unsuccessful.

Consequently, a copy of your complaint has been forwarded to Bundaberg Base Hospital with an invitation to provide a response directly to the Commission.

At this stage, provision of information by Bundaberg Base Hospital is voluntary and the early resolution of your complaint may depend on any advice we receive from them.

If you choose to initiate legal proceedings against the health service provider however, you should ensure that you are fully aware of the rights and obligations involved in making that decision. It is not the Commission's role to provide you with advice in relation to the claim itself or the procedural aspects of instituting proceedings. You should obtain independent advice in relation to these matters. The matters you need to consider include: -

1. the fact that, if you choose to initiate legal proceedings against a health service provider, you must normally do so within a period of 3 years from the date of the incident that led to your complaint; and
2. the *Personal Injuries Proceedings Act 2002* ("PIPA") which applies to claims for personal injuries and requires a number of procedures to be complied with prior to initiating legal proceedings, including strict provisions as to notice of your intention to proceed, which must be supplied within a short period of the incident complained of.

Your obligation to take steps in relation to the PIPA is deferred if you first make a complaint to the Health Rights Commission. There is no such deferral in respect of the 3 year requirement for the institution of proceedings referred to above.

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

I may be reached on 3234 0258 or Qld toll free 1800 077 308 (excl. Brisbane Metro) if you have any questions or further information about your complaint, or if you need to correct my understanding of the matter. I shall contact you when I have received and reviewed Bundaberg Base Hospital's response to your complaint. I look forward to helping you resolve this matter.

Yours sincerely

Karen Harbus  
Intake Officer

6 April 2004

**Private & Confidential**

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

Dear Mr Leck

Mr George Connelly has approached the Commissioner about a health service his late wife, Mrs Doreen Connelly, received from Bundaberg Base Hospital on 1 December 2003. I enclose a copy of Mr Connelly's complaint.

As required by the *Health Rights Commission Act 1991* (the Act), the Commissioner has asked me to assess the complaint to see whether we can obtain sufficient information to resolve it immediately or whether further action is appropriate. It is the Commissioner's hope that the complaint will be dealt with as informally and expediently as possible.

At the end of assessment, the Commissioner is required to determine whether the complaint has been satisfactorily explained or resolved, and can be closed. Alternatively, the Commissioner may decide to take action to conciliate, and/or refer the matter to another entity for action, and/or in the case of non-registered providers, investigate the complaint.

In his complaint and during subsequent telephone discussions, Mr Connelly stated that the main issue of his complaint is that a nurse at Bundaberg Base Hospital failed to ensure his wife attended a pre-booked stress test and x-ray. Mr Connelly stated that his wife was admitted to the hospital with a suspected heart attack but various tests were conducted which were "negative". He said that when his wife was checked by her heart specialist at 8.30 a.m. on 2 December 2003, he informed the specialist that his wife was booked into a private hospital to have a stress test and x-ray conducted that day at 10.20 a.m. Mr Connelly stated that the specialist instructed the nurse to have the stress test and x-ray carried out "straight away". He informed me that at 10.30 a.m. the doctor advised him that the appointment had been reallocated and would now take place on 8 December 2003. Mr Connelly said he made enquiries at the private hospital and was informed that Bundaberg Base Hospital had not telephoned them. Mr Connelly was advised to take his wife home. Unfortunately, his wife passed away in the early hours of the morning of 3 December 2003. Mr Connelly believes that had his wife attended her stress test and x-ray appointment, the blockage in her heart would have been detected and she would have been operated on immediately. He believes she may well be alive today had this occurred.

Mr Connelly is seeking an explanation as to why his wife was not booked in for a stress test as a matter of urgency.

During the assessment, you are invited to provide the Commission with a response to Mr Connelly's complaint. In accordance with section 71(2) of the Act, the Commissioner has to decide if Mr Connelly



has had the opportunity to resolve the complaint with you. In this instance, the Commissioner is of the opinion that this complaint is unlikely to be informally resolved between you and Mr Connelly because previous attempts at direct resolution have not resolved the matter to Mr Connelly's satisfaction.

To enable the Commission to comply with the legislative requirements during assessment (section 70 of the Act), I will need the following information from you by 11 May 2004:

- Your intentions on whether or not you wish to make a submission to the Commission on the complaint.
- Your submission, if you intend to provide one. **Please indicate whether you are agreeable to having your response passed on to Mr Connelly.**

Information received by the Commission is used to examine the validity of the issues raised in the complaint. The type of information that may assist the Commission could include:

- copies of Mrs Connelly's medical records, notes and diagnostic reports;
- statements from any staff involved in the complaint issue;
- an explanation of the patient's symptoms, diagnosis and treatment;
- **an explanation as to why an urgent appointment for Mrs Connelly's stress test was not rebooked;**
- an outline of the investigations undertaken;
- copies of relevant documented policies; and
- any other information you think is relevant.

I have enclosed a copy of an Authority for Release of Information duly signed by Mr Connelly.

As our files are accessible under the *Freedom of Information Act 1992*, any comment you make may be accessible under that 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 refer the complaint to another body, for example a registration board, the Commissioner may decide to provide it with a copy of any submission you make.

Please do not hesitate to contact me on 3234 0258 if you wish to discuss the complaint or the Commission's processes.

Yours sincerely

Karen Harbus  
Intake Officer

Enc.

cc. Dr Darren Keating  
Director of Medical Services  
Bundaberg Base Hospital

Ms Linda Mulligan  
Director of Nursing

**Private & Confidential**

Dr Darren Keating  
Director of Medical Services  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG QLD 4670

**Private & Confidential**

Ms Linda Mulligan  
Director of Nursing  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG QLD 4670

## Telephone Conversation

07:40:10:346

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

Closed

### Encryption Key:

Date 30/03/2004 04:00 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

I returned C's call. He wanted to know what was happening with his case and I advised him that I was waiting for it to be formally allocated to me and I expected this to happen today or tomorrow. He said he had taken a copy of his wife's Will to the hospital in an attempt to get medical records but had been unsuccessful. I suggested he leave it to the HRC to get a copy of the records. I reiterated that I would read him a copy of the letter I wrote to the hospital before I sent it. He said if he got any money through compensation, he would donate it to Vet. Affairs. I said that this was very commendable of him. I also explained that there could not be no such guarantee and we would have to wait and see what transpired when we collected our information.

## Telephone Conversation

09/03/04 11:40 AM

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

Closed

### Encryption Key:

Date 19/03/2004 11:40 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

C said he had seen a solicitor and he was told that as he was Power of Attorney/Executor over his wife's estate, he was entitled to a copy of her medical records. He said he contacted the hospital but they said they had not received his forms. C said he was puzzled as he thought he had filled in this form with the HRC and that we would have sent it to P. I explained that he would have filled in an Authority to Release Information in relation to his wife's records, but this did not constitute an FOI application. He said he would approach P again and fill in the appropriate forms. I advised him that I had not as yet been allocated his case but would be in touch with him as soon as I was.

## Telephone Conversation

(07/0010/046)

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

Closed

### Encryption Key:

Date 16/03/2004 04:23 PM Composed John Cake/HRC  
Composed: By:  
Caller:★ PC from Mr Connelly

### Body Text:

Mr C was upset that his complaint had not been allocated yet. I explained that I would allocate it asap but that there were others in front of his. I said that nevertheless it would be dealt with quite quickly. He believed that as his wife was dead it was urgent to get the nurse involved out of the hospital and prevent risks to others.

## Stage Report

04/0036

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

Closed

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

☐ Suitable For Annual Report

Current Statutory 13/06/2004  
Due Date:

Date Composed: 15/03/2004 02:05 PM Composed By: Margaret Dears/HRC  
Date Submitted: 02/04/2004 02:24 PM Submitted By: John Cake/HRC  
Date Reviewed: 02/04/2004 02:25 PM Reviewed By: John Cake/HRC

### Action and Recommendations

Action Taken:

Recommendation: Move to another Case Stage  
Description:

Case Stage: Assessment  
Reason for this move:

#### Existing Case details

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

#### Summary of Complaint:

A man said that his wife suffered a heart attack, was referred for Xrays, but due to missing the appointment was discharged and sadly died the next morning.

#### 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 xray 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: Telephone 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:

#### Updated Case details

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

0531

**Summary of Complaint:**

A man said that his wife suffered a heart attack, was referred for X-rays, but due to missing the appointment was discharged and sadly died the next morning.

**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 xray 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: Telephone Scale: Substantial  
Complaint Made Yes  
In Time:

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

Primary Objective: Disciplinary action  
Description:

Secondary Objective: Explanation  
Description:

Tertiary Objective:  
Description:

**Other Information To Be Considered**

Response From Provider:

Records Examined:

Board Comment / Other Entities or Persons:

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.

## File Note

01/10/2006

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

Closed

Encryption Key:

Date 11/03/2004 02:29 PM Composed Karen Harbus/HRC  
Composed: By:

Short

Description:

Body Text:

Fax of letter from P to C sent to HRC.



## Telephone Conversation

(01/43/01-316)

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

Closed

### Encryption Key:

Date 11/03/2004 01:41 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

Courtesy call to let him know HRC had received the fax and that it seemed as if we would be formally assessing the matter. He wanted to know what assessment entailed and I explained that the HRC writes to the hospital and asks them to respond within 28 days, enclosing copy of medical records. He said, "You told me I could not get a copy of anything" and I said I would have meant that it is normal procedure for the HRC to seek a provider's permission before releasing copy material they had provided. He said he wanted to know why he could not get a copy of his wife's records as he was her husband, had Power of Attorney etc. I explained that it was my understanding under the FOI Act that a person could get copies of material about themselves, but more difficult when applying for info about someone else e.g. mother, father, husband, wife. He said the hospital told him he had to give them a "good reason" and he told them for legal purposes and they said that this was "not good enough". I explained to C that they probably meant not a "good enough reason under the FOI Act" and that this should have been explained to him. He wanted to know what sorts of action the HRC could take when assessing a complaint. I explained how the HRC would often de-identify material, including response and records, and approach an independent doctor and seek advice and that the matter may be referred to conciliation, investigation or may be closed. He wanted to know what conciliation was and I explained this to him. I said that before I wrote to P, I would ring him and check that I had asked them all the questions he wanted me to include etc. He said there was a "big cover up" and he wanted to know why etc. I tried to put C at ease by assuring him that the HRC would be obtaining a copy of his wife's medical records and then getting expert advice on them.

## File Note

07/10/04

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

Closed

### Encryption Key:

Date 11/03/2004 01:24 PM Composed Karen Harbus/HRC  
Composed: By:

### Short

Description:

### Body Text:

Fax from MP's office. Copy of a letter from P to C, received by C last week.

## Telephone Conversation

02:40:16/3/6

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

Closed

### Encryption Key:

Date 11/03/2004 01:20 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to Mr Rob Messenger, MP

### Body Text:

4159 1988. Telephoned in order to let them know that the fax they sent on behalf of C became jammed in the photocopier. They are faxing it again.

## Telephone Conversation

09/03/04

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

Closed

### Encryption Key:

Date 11/03/2004 11:20 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to DON Toni Hoffman, P

### Body Text:

I returned Ms Hoffman's call. She explained that Mr Martin was on leave at the moment and that they were awaiting a new permanent DON to start next week. She said she had read the letter that was sent to C and did not know why it was not copied to the HRC. She said she would fax a copy through today. She read me part of the letter which stated that C's wife had attended at A&E, was given an ecg and blood tests but these showed as "normal". Ms Hoffman explained that C was sent home, but due to her delay at the hospital, her stress test at another organisation (Mater Hospital) had to be cancelled and new one re-booked. She explained that because the tests had been normal, C's situation was considered as "non-urgent" so a new appointment for stress test was not made immediately. She said that a stress test entails going on a walker and other physically exerting exercises and she may not have withstood this test in any event. She said she that that C was getting confused with angiograms and stress tests. She said that even if a stress test had gone ahead that day, it would not have prevented C's death. I explained that I would view copy of letter and see if I had enough information to be able to obtain informal independent advice (i.e. would rebooking a stress test for that same day have prevented C's death?) I explained that there may not be enough information for me to obtain such an opinion and said that in that case, HRC would need to formally assess the matter in order to obtain access to medical records etc. I asked Ms Hoffman if she was familiar with HRC's assessment processes and she said yes. Thanked her.

## Telephone Conversation

04-3010346

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

Closed

### Encryption Key:

Date 11/03/2004 10:09 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to Patrick Martin, DON, P

### Body Text:

4152 1222. Courtesy follow up call re copy of letter from P to C i.e. as Pat Martin stated that he would send me a cc of this letter. I was told that Mr Martin is on leave and Ms Toni Hoffman is A/DON in his absence. Left a message for her to please return my call ASAP.

## Telephone Conversation

04/03/2004

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

Closed

Encryption Key:

Date 04/03/2004 02:34 PM Composed John Cake/HRC  
Composed: By:  
Caller:★ Mr Connelly

Body Text:

Mr Connelly said he was dissatisfied with the way his complaint was being handled. He said he had been told by K that his complaint could take 3 months to sort out and that was not good enough. He said that the nurse responsible for his wife's death was still working at the hospital putting lives at risk. I discussed his complaint with him and advised him that he should wait until he hears from Karen who will contact him when she has some news to share. I explained that complaints may take anything from 2 hours to 2 years depending on the complexity so there was no way of judging how long it would take at this point. We could only say that the assessment of information could take 3 months or more.

## Telephone Conversation

04/03/2004

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

Closed

### Encryption Key:

Date 04/03/2004 01:05 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ C to HRC

### Body Text:

C stated that at the end of the letter from P it said to ring Patrick Martin if he needed any further assistance. He said he had called Mr Martin who had been unable to help him. I reiterated that I would read the letter once I received it, and would get back in touch with him. I asked me when I would be in touch with him and I said early next week once I had considered the response. He stated that this was not good enough. I explained that I was following HRC processes. He said that in the meantime "she would be up at the hospital killing more people". I repeated to C that once I had read P's response I would be in a position to better comment.

## Telephone Conversation

04/03/2004

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

Closed

### Encryption Key:

Date 04/03/2004 09:23 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ C to HRC

### Body Text:

C telephoned me to say he had received a letter from P and he was surprised to have it so soon. He said it was "all lies". I explained that I should have my cc at about lunchtime today. He said he had 4 witnesses who heard the nurse say "I did not make the phone call. It was the doctor's job." He said his wife had a blockage in her heart and this would have shown up had she had the appropriate test at the appropriate time. C stated that his complaint was not against the hospital but against the nurse who is still "sitting there". I explained that because the nurse was employed by the hospital, they were legally liable for her and that his complaint was against the hospital. C kept interrupting me throughout the conversation. C said he had been to the Police and they said that once they had letter from HRC they would make a decision on whether or not "to investigate the hospital for murder". He said he would take the letter he had received from P and give a copy to the Police and point out discrepancies, lies etc. to them. I explained that once I had received my copy of the letter I would be in a better position to discuss the matter with him.



## Telephone Conversation

03/03/2004

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

Closed

### Encryption Key:

Date 03/03/2004 12:24 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to C

### Body Text:

I returned C's call. I outlined the telephone conversation I had had with Pat Martin of the hospital. He kept interrupting me to the point where I had to please request him to stop interrupting me. I explained that what I was imparting to him was not a judgement about the matter, but simply the contents of a telephone conversation that had taken place with Mr Martin. I explained that the next step in HRC process was to await a copy of the letter P was sending to him. He stated that this was "not good enough" and said "This is government backing government". He said that he wanted to take a copy of his wife's medical notes to a heart specialist for him to comment on. He said the heart specialist did not want to be named at this stage. I explained to C that the HRC was following its own processes and we would be in a better position to comment once we had gathered further information. He wanted to know when the hospital would have the information to him and I advised him that I had been informed this would be as soon as possible. C raised his voice and stated "This is wrong. They won't respond for another 12 months or even longer...". I stated that these were his words, not the HRC's or P's. C hung up the telephone.

## Telephone Conversation

03/03/2004

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

Closed

### Encryption Key:

Date	03/03/2004 12:14 PM	Composed	Karen Harbus/HRC
Composed:		By:	
Caller:★	HRC to C		

### Body Text:

Returned C's telephone call. Telephone engaged.

## Telephone Conversation

01/03/2004

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

Closed

### Encryption Key:

Date 01/03/2004 01:25 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ Mr Pat Martin, P, to HRC

### Body Text:

Pat Martin of Bundaberg Base introduced himself and said he had recently taken over the handling of this matter from Ms Beryl Callaghan. He said that they had had a few meetings with C and it was noted that he was rude and belligerent. Mr Martin said he could understand why C was feeling this way, as he had just lost his wife. He said that they had investigated the matter and stated that the woman would have died with or without the stress test. Mr Martin commented that in fact, the stress test may have even hastened her death. He confirmed that a nurse was supposed to organise for C's wife to attend an x-ray at the Mater Private Hospital after the first appt. was postponed due to a delay at their hospital. He said that there had been no urgency in the situation at. I asked him if C had been notified of the above in writing and he said no. I asked him if they would be willing to write to C and explain the findings of their investigations and state that the woman would have died in any event. He said they would be happy to do this and would see whether or not any relevant records could be attached to the letter which would help substantiate their response. I asked him to please cc a copy to me. He would look into the matter ASAP. Thanked him for his assistance.

## Telephone Conversation

01/03/2004

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

Closed

### Encryption Key:

Date 01/03/2004 12:11 PM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ HRC to P

### Body Text:

4150 2020. Spoke Judy, Exec. Services, and explained that I was trying to assist C in resolving his complaint with P. I outlined the complaint and gave details of C's deceased wife (dob etc). Judy said she would ask whoever was handling the complaint to give me a return call. Thanked her.

## Telephone Conversation

01/03/2004

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

Closed

### Encryption Key:

Date 01/03/2004 11:12 AM Composed Karen Harbus/HRC  
Composed: By:  
Caller:★ C to HRC

### Body Text:

C said he wanted to get a copy of his wife's medical records so that he could discuss these with a specialist. I asked him for the name of the specialist as he may be able to assist me. C said he could not give out this name. I said I was in the process of discussing his concerns with the hospital. He said he is going home tomorrow from Greenslopes Hospital.

## Telephone Conversation

01/03/2004

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

Closed

### Encryption Key:

Date	01/03/2004 11:06 AM	Composed	Karen Harbus/HRC
Composed:		By:	
Caller:★	HRC to C		

### Body Text:

3329 3372. Returned C's call. No answer - phone rang out.

## File Note

01/03/2004

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

Closed

### Encryption Key:

Date 01/03/2004 11:03 AM Composed Karen Harbus/HRC  
Composed: By:

### Short

Description:

### Body Text:

C attended at the HRC on 16/02/04 in order to return the signed Authority. He was accompanied by his daughter, Ms Kim Schmidt, 16 Senior Crt, Windaroo, 4207 (ph 3804 0705 (h) - 0409 900 880 or 3804 0422 (w). I asked C if he had as yet had a meeting with P and he said he had met with the DON. He became very distressed and said that the nurse had killed his wife. He said he knew there was a "big cover up" going on because P would not release his wife's records. I advised him that under the FOI Act I did not think they were obliged to. He said he wanted the HRC to investigate the matter even though P had not finished their investigation. I advised him that under HRC legislation, he was obliged to try and resolve the complaint directly with P. I explained that now that I had received his signed Authority I could fax it through to P and they would know that he had given me permission to speak to them on his behalf. The man stated that this was not good enough. His daughter explained to him that he had followed correct procedures in signing the Authority and generally tried to reassure him. He explained that he is going to Greenslopes Hospital for tests and an operation and would be there for a few weeks. I said I would keep in touch with his daughter as events arose. I asked him to clarify his outcome and he said "That nurse should not be practising. She is murdering more people".

## Telephone Conversation

10/2/2004 11:41 AM

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

Closed

### Encryption Key:

Date 12/02/2004 11:41 AM Composed Caroline Jeffs/HRC  
Composed: By:  
Caller:★ Complainant to Caroline Jeffs

### Body Text:

George called and stated that he had completed the complaint and was about to post it. He was concerned that he could not provide the name of the nurse and stated that he had asked the hospital but they had refused. I explained that his complaint was against the hospital as it was a public facility and that the Commission could seek the name of the nurse if the Commission felt this was appropriate. **George also explained that from the 25/02/2004 he will be at Greenslopes Hospital. he said he will have a telephone and is contactable there. He was not sure how long he would be there but anticipated it to be 4 - 5 weeks.**



## Case Documentation

10/24/04/346

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

Closed


Type:★ Outgoing Correspondence Encryption Key:

Date Composed: 10/02/2004 11:57 AM Composed By:

Short Description: ★ complaint form & information

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.

10 February 2004

**Private & Confidential**

Mr George Connelly

Dear Mr Connelly

Thank you for calling the Commission to discuss a complaint about a health service provider. I have noted that you are going to forward details of the complaint in writing. Attached is an "*Information Sheet*" which tells you a little of what you can expect from the Commission and how you can help us.

There may be ways I can help if you have a problem forwarding the complaint to us. I am happy to discuss your complaint in more detail, either by appointment or over the telephone. If you are having difficulty preparing the complaint, I can have it typed for you. Interpretation or translation can be arranged if need be. Please let me know if I can help.

Because we need as much detail as possible, I have also enclosed a "*Guide to Writing a Complaint*" which covers the types of issues you need to mention. Please complete the details about yourself and the provider(s) on the form called "*My Health Service Complaint*". If your complaint involves more than one health service provider, it would be helpful if you separated the different issues by writing individual complaints for each provider.

**If you do not forward a written complaint by 9 March 2004, I will assume you no longer wish to pursue the complaint and the file will be recommended for closure.** If you decide not to forward a complaint at this stage, you need to be mindful that the *Health Rights Commission Act 1991* says we have to receive your complaint in writing within 12 months from the date of the incident or when it came to your attention.

If you choose to initiate legal proceedings against the health service provider however, you should ensure that you are fully aware of the rights and obligations involved in making that decision. It is not the Commission's role to provide you with advice in relation to the claim itself or the procedural aspects of instituting proceedings. You should obtain independent advice in relation to these matters. The matters you need to consider include: -

1. the fact that, if you choose to initiate legal proceedings against a health service provider, you must normally do so within a period of 3 years from the date of the incident that led to your complaint; and
2. the *Personal Injuries Proceedings Act 2002* ("PIPA") which applies to claims for personal injuries and requires a number of procedures to be complied with prior to initiating legal proceedings, including strict provisions as to notice of your intention to proceed, which must be supplied within a short period of the incident complained of.

Your obligation to take steps in relation to the PIPA is deferred if you first make a complaint to the Health Rights Commission. There is no such deferral in respect of the 3 year requirement for the institution of proceedings referred to above.

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

Meanwhile, if you have any questions about your complaint or require further information, please call me on 3225 2562 or Qld toll free 1800 077 308 (excl. Brisbane Metro). I look forward to hearing from you.

Yours sincerely

Caroline Jeffs  
Complaints Officer

Enc.

## JURISDICTION

- ◆ The HRC has jurisdiction over most health services providers (both public and private) and can accept a complaint about a health care service which occurred **within the last 12 months or has come to your attention within the last 12 months**.
- ◆ The HRC does not have jurisdiction over matters where you dispute a provider's professional opinion or diagnosis in reports for the benefit of a Court, Insurance Claim, Workers Compensations Claim or other benefits. For example, the Commissioner cannot accept a complaint if you disagree with a doctor's opinion concerning your capability (or otherwise) for returning to work; or a psychiatrist's report in a Court matter which results in an adverse outcome.

## WHAT WE ENCOURAGE YOU TO DO

- ◆ Discuss your concerns with the provider of the health service.
- ◆ Complete separate written complaint forms if you have more than one complaint e.g. your complaint is against more than one doctor or against a number of hospitals.
- ◆ Discuss your medical history with the provider, so that the best treatment possible can be provided to you.

## WE CAN HELP BY

- ◆ Providing you with advice as to how you might approach a provider for resolution of the matter yourself.
- ◆ Giving you an understanding of your rights and responsibilities within the framework of the health care system.
- ◆ Referring you to agencies which might deal with your issues more effectively, if the issues are outside our jurisdiction.
- ◆ Where a complaint is lodged in writing and is within the Commission's jurisdiction, we will forward a copy of your complaint (with your consent) to the provider of the health service for a response to your issues.
- ◆ Helping you decide whether the health service provider's response adequately addresses your concerns. If we believe there are remaining issues, we may assess the complaint for further action.

## YOU CAN HELP US BY

- ◆ Completing the complaint form as legibly as possible.
- ◆ Making separate written complaints (if your complaint is about more than one provider).
- ◆ Letting us know if and when you receive a response from the provider and how you felt about that response.
- ◆ Advising us of any new address or telephone number.
- ◆ Advising us if you decide not to pursue the complaint.

## WE ARE UNABLE TO

- ◆ Give advice about the appropriateness of a fee charged for a health service (you should call the Health Insurance Commission on 132 011).
- ◆ Guarantee you will receive an apology, compensation, or refund of money or products. Similarly we are unable to guarantee the provider's response will be to your satisfaction.
- ◆ Verify what was said or what occurred during a consultation where you and the provider were the only persons present in the room.
- ◆ Obtain your medical records for you.

# GUIDE TO WRITING A COMPLAINT

*You will need to attach a summary of your complaint against each provider (if more than one).*

*Please try and address the following issues and type/write/print clearly.*

## 1. The Health Service *(People involved in the Health Service - Hospital/Doctor/Dentist etc)*

The Providers' and Consumer's name & address details.

## 2. The Complaint *(What Happened)*

**WHEN** Date of the health service.

Under the *Health Rights Commission Act 1991*, the Commissioner cannot accept a complaint about matters you have been aware of for more than 12 months. If the matter happened more than 12 months ago, please explain why you are only now making a complaint.

**WHAT** Summarise the complaint.

Background to the incident.  
What happened?  
Where?  
Who did what?  
Why?

## 3. Health Outcomes *(Effect on the Consumer, his/her health)*

Please explain the effect this had on the Consumer. What loss or harm did they experience?  
*(Give examples - physical, emotional effects etc.)*

## 4. Desired Result *(What do you want)*

What do you hope to achieve by making this complaint?  
What do you want the provider to do?  
*(Apology, explanation, change of policy etc)*

## 5. Please also comment on:

### Supporting Information

Are there other witnesses to the event? If so, please provide contact details. Please attach other documents or letters relevant to your complaint.

### Other Action

Has this complaint been lodged with any other person or agency? If yes, what happened. Is there any legal action underway in relation to this matter?

<b>Have you:</b>	Completed and signed a written complaint for each Provider (if more than one)	<input type="checkbox"/>
4	Arranged for the Consumer to authorise you to make the complaint (if applicable)	<input type="checkbox"/>
	Attached relevant documents, information.	<input type="checkbox"/>

# MY HEALTH SERVICE COMPLAINT

An Optional Complaint Form: Please write your own if preferred

I wish to lodge a complaint, and my name is:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone H) \_\_\_\_\_ W) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Non-English Speaking Background? ☐ Yes ☐ No

I am complaining on behalf of (if relevant):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone H) \_\_\_\_\_ W) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Non-English Speaking Background? ☐ Yes ☐ No

The person (or place) I want to complain about is: Doctor/Hospital/Other Health Care Provider

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

WHEN IT HAPPENED (Date) \_\_\_\_\_

On Separate sheets please outline your complaint with reference to the attached "Guide to Writing a Complaint".

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Any further queries, contact the *Health Rights Commission* on (07) 3234 0272 or Qld Toll Free 1800 077 308 (excl. Brisbane Metro) ↵

◆ *It is an offence to threaten, punish, harass, discriminate or intimidate a person who has made a complaint to the Health Rights Commission*

Please return this completed form to the *Health Rights Commission, GPO Box 3089, BRISBANE Q 4001*







## Telephone Conversation

09/10/04 10:36

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

Closed

### Encryption Key:

Date 10/02/2004 11:44 AM Composed By: Caroline Jeffs/HRC  
Composed: By:  
Caller:★ Caroline Jeffs to complainant

### Body Text:

Returned Mr Connelly's call. Mr Connelly said he had consulted with his GP and a solicitor and both had advised him to bring his complaint to the HRC. He said he had previously met with the DON from Bundaberg Hospital who had told him the hospital would investigate the matter internally but he would not be advised the outcome of the complaint. Mr Connelly said he wanted the nurse involved to be de-registered. I advised Mr Connelly that I would send him a complaint kit and explained he would need to submit a written complaint. Mr Connelly said he was also considering taking legal action and I advised him that there was legislation which detailed a person's obligations when wanting to take legal action and strongly urged him to seek legal advice regarding this legislation. I briefly explained assessment process and that the complaint would be registered but would not be assessed until allocated to an officer. Mr Connelly asked me to send him a copy of the PIPA legislation and I explained that he could get the legislation from the government website or by phoning Goprint. Mr Connelly was not happy that I would not print him a copy of the legislation. Mr Connelly also stated that he should have been sent a complaint kit the first time he called the Commission and should not have been sent away to resolve the matter. I told Mr Connelly that it was not appropriate for me to comment on the advice given to him by another officer as I was not privy to their discussion and do not know what information was given to that officer. I suggested it would be of me to make any judgement about another officer's advice when I did not have all the facts. Mr Connelly accepted this. I reiterated that I would post a complaint kit today and advised him that if he had any questions once he received the kit to call the Commission on 1800 number.



Margaret Dears

10/02/2004 09:34 AM

To: Caroline Jeffs/HRC@HRC\_Domain  
cc:

Subject: New caller - George Connolly on 4156 1496. Pls call

# Enquiry

02/10/03

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

Closed

Enquiry Number: 046237  
Enquiry Received: 08/12/2003 10:16:00 AM

Enquiry Status: Open

☐ Anonymous Caller

## Caller

Type: ☒ Individual ☐ Organisation

Last Name: Connelly  
Initials: G  
Address 1: 790 Moorlands Road  
Address 2:  
Address 3:

First Name: George  
Title: Mr

Suburb: BUNDABERG  
Business Hours Phone: (07) - 4156 1496  
Other Phone:

State: QLD Post Code: 4670  
After Hours Phone:  
Fax Number:

Email Address:

## Consumer

Last Name: Connelly (Dec'd)  
Initials: D

First Name: Doreen  
Title: Mrs

Gender: Female  
Mode: Telephone  
Type Of Complaint:  
Non-English Speaking ☐ Yes ☐ No  
Background (NESB):  
Interpreter Required: ☐ Yes ☐ No

Aboriginality:  
Preferred Language:

## Provider

Type: ☐ Individual ☐ Organisation  
Classification:

Speciality:

Primary Issue: Diagnosis

Case Officer(s): Karen Harbus/HRC

Comments: A man telephoned to complain 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. He said the appointment was made for 11.30 a.m. but the nurse did not get her there in time. 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. I asked him about the cause of death and he stated that he did not have the Death Certificate as yet. I asked him if he had a good relationship with his GP and he said yes. I advised him to await the Death Certificate and then take it to his GP and ask the GP whether or not his wife's death could have been prevented. I suggested to him that if the GP told him his wife's death could have been prevented, that he write to the hospital with a complaint, including any outcomes he was seeking such as an apology or explanation. I advised the man that if he was unhappy with the response he received from the hospital, that he contact the HRC again. The man stated that he would ring his solicitors and I said that was a good idea. I asked him if he wished me to ring the hospital on his behalf and he told me that he had already spoken to them. I asked him if he wished me to talk to the friends who were now at his house. The man put me onto Lorrain. I reiterated the above advice to her. She stated that the man was very angry about the nurse for not getting his wife to the x-rays on time and that the nurse had failed in her duty of care. I asked her if she could assist the man in writing to the hospital now about this aspect of the complaint, seeking an explanation as to what happened. She said she could. I advised her that if the man was unable to resolve the matter, that he call again as HRC would hold details on the database.

Duration Of Call: 10 minutes

0503



Last modified by Karen Harbus



15/03/2004 10:40

(the only  
required  
de-identification)

Docs. de-identified  
for hand-delivery to  
C in Bundaberg on  
18/4/05.  
K.H.  
15/4/05

## Telephone Conversation

040036

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

Conciliation

Encryption Key:

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

Caller: [REDACTED], Collaborative for Healthcare Improvement, Acute Coron. Synd., to HRC

Body Text:

**Given in Confidence:** [REDACTED] 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 [REDACTED] confirmed that. I asked her about the uniformity of troponin measuring machines across the state and she said that she believed some tracked troponin 'T' 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 'T' 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

040036

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

Conciliation

Encryption Key:

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

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

Conciliation

Encryption Key:

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

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](http://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.

# Telephone Conversation

040036

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

Conciliation

Encryption Key:

Date Composed: 15/09/2004 11:12 AM Composed By: Karen Harbus/HRC

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.

0498



**Health Rights  
Commission**

Our Ref: 040036/CB:tj  
Your Ref:

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11 January 2004

**Private & Confidential**

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

Dear Mr Leck

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

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

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

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

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

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

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

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

0497



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

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

Yours sincerely

A handwritten signature in black ink, consisting of several loops and a trailing line.

David Kerslake  
Commissioner

Enc.



**Health Rights  
Commission**

**HEALTH RIGHTS COMMISSION  
CONCILIATION**

Our Ref:  
Your Ref:

**ACKNOWLEDGMENT AND UNDERTAKING**

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

File Number: 040036

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



**Health Rights  
Commission**

Our Ref: 040036 /CB:tj  
Your Ref:

---

11 January 2004

**Private & Confidential**

Mr George Connelly

Dear Mr Connelly

***Re: Conciliation - Bundaberg Base Hospital***

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

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

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

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

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

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

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

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

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

1. In relation to adult patients, a legal proceedings must normally be commenced within a period of 3 years from the date of the incident that led to your complaint; and
2. The *Personal Injuries Proceedings Act 2002* ("PIPA") and *Civil Liability Act 2003* apply to claims for personal injuries and require, within strict timeframes, a number of procedures to be complied with prior to legal proceedings.

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

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

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

Yours sincerely

A handwritten signature in black ink, consisting of several loops and a trailing line.

David Kerslake  
Commissioner

Enc



**Health Rights  
Commission**

**HEALTH RIGHTS COMMISSION  
CONCILIATION**

Our Ref:  
Your Ref:

**ACKNOWLEDGMENT AND UNDERTAKING**

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

File Number: 040036

Name: Mr George Connelly



**BUNDABERG HEALTH SERVICE DISTRICT  
EXECUTIVE SERVICES**

Enquiries to: Peter Leck, District Manager  
Telephone: 4150 2020  
Facsimile: 4150 2029  
Our Ref:

Ms Karen Harbus  
Senior Intake Officer  
Health Rights Commission  
GPO Box 3089  
BRISBANE QLD 4001

Health Rights Commission

*KH*  
20 DEC 2004

*040036*

RECEIVED

Dear Ms Harbus

**Re: Mrs Doreen Connelly**

Further to our recent discussions, please find enclosed relevant protocols, clinical pathways and flow charts that have been in use at Bundaberg Hospital for some time, including the period of Mrs Connelly's admission.

Yours sincerely

Peter Leck  
**District Manager**  
17/12/04

**BUNDABERG BASE HOSPITAL  
INTENSIVE CARE UNIT**

**PROTOCOL FOR ADMISSION  
OF CARDIAC PATIENTS**

**TO BE ATTENDED:**

**I.V. ACCESS:** Green Jelco on all patients  
(+ Grey Jelco if thrombolysis is to be given)

**PATHOLOGY:** FBC, MBA, Coags, cTnT (Troponin), CK on admission in DEM  
CK 6 – 8 hly x3  
cTnT at least 6 hours later if not already +ve  
Once +ve cTnT presents – no need to repeat cTnT

**RADIOLOGY:** Portable CXR – after admission to the unit

**NURSING:** O2 with chest pain and prn  
Ensure adequate pain relief  
4/24 Obs and prn  
ECG daily and with chest pain or dysrhythmias

**DIET:** Healthy Heart diet

PATIENT IDENTIFICATION LABEL

Name

Unit  
No

ADDRESS

DOB

DR. NAME:

DR. SIGNATURE:

DATE: \_\_/\_\_/\_\_

Patient's ID label to be applied to the protocol and signed and dated by the admitting medical officer, who has seen and assessed the patient and deemed that the drugs listed are appropriate. If there is no patient ID label then full name and address and DOB are to be written on the standing order.

**DRUGS WHICH MAY BE INITIATED BY ICU NURSING STAFF:**

DRUG	DATE	TIME	DOSE	SIGN	DATE	TIME	DOSE	SIGN	DATE	TIME	DOSE	SIGN
Panadol 1gm Q4H prn												
Mylanta 20mls prn (but not with Digoxin)												
Diazepam 2mg-5mg tds prn												
Temazepam 10mg-20mg nocte												
Transderm 25 patch												
Anginine (1/2 tab if never taken before)												
Morphine Sulphate 2.5mg/5mg IV prn (up to 15mg – then Medical review)												
Maxolon 10mg IV Q4H prn dose (give with 1 <sup>st</sup> narcotic dose)												
Lignocaine IV 50mg increments (up to maximum of 300mg)												
Atropine IV (min. dose 0.6mg x 4 doses)												
Adrenaline IV 1:10,000 up to 2mg												

**DR. PETER MIACH**  
DIRECTOR OF MEDICINE  
BBH ICU/CCU

**TONI HOFFMAN**  
CLINICAL NURSE CONSULTANT  
BBH ICU/CCU

0490  
MR86B

# CARE PATH ACTIONS (Formatted)

Care Path: MED CP  
Coronary Syndrome

Page: 1

{Affix Patient-Id label here}

INDICATOR	DEM	Day 0 (First 24 Hrs)	Day 1
DOCTORS	<input type="checkbox"/> Medical assessment <input type="checkbox"/> Physician notified (if indicated) <input type="checkbox"/>	<input type="checkbox"/> Medical review <input type="checkbox"/>	<input type="checkbox"/> Medical review <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Discharge Script <input type="checkbox"/> Medical Certificate (Employer / Social Security) <input type="checkbox"/> Follow up appointment <input type="checkbox"/> Referral to Heartstart (if indicated) <input type="checkbox"/> Referral to Diabetes Educator (if indicated) <input type="checkbox"/> Referral to Dietitian (if indicated)
TESTS	<input type="checkbox"/> FBC, Urea & Electrolytes, LFT's, Creatinine, Glucose, ESR, <input type="checkbox"/> Troponin, Coagulation profile <input type="checkbox"/> CK no. 1 @.....hrs <input type="checkbox"/> Troponin No 1@.....hrs <input type="checkbox"/> 12 lead ECG <input type="checkbox"/> CXR <input type="checkbox"/> BSL (if applicable) <input type="checkbox"/>	<input type="checkbox"/> CK post presentation <input type="checkbox"/> 6 hrs @.....hrs <input type="checkbox"/> 12 hrs @.....hrs <input type="checkbox"/> 18 hrs @.....hrs <input type="checkbox"/> ECG No. 2 @.....hrs <input type="checkbox"/> ECG No. 3 @.....hrs <input type="checkbox"/> APPT as per Heparin protocol (if applicable) <input type="checkbox"/> Fasting lipids & Glucose <input type="checkbox"/>	<input type="checkbox"/> ORDER tests as indicated as outpatient:- <input type="checkbox"/> ETT <input type="checkbox"/> ECHO <input type="checkbox"/> OGD <input type="checkbox"/> APPT (if heparin infusion) <input type="checkbox"/> ECG (if indicated) <input type="checkbox"/>
OBSERVATIONS	<input type="checkbox"/> TPR, BP & SaO2 <input type="checkbox"/> Cardiac monitoring <input type="checkbox"/> Urinalysis (if pt voids) <input type="checkbox"/>	<input type="checkbox"/> Norton scale..... <input type="checkbox"/> TPR, BP & SaO2..... <input type="checkbox"/> Cardiac monitoring (if applicable) <input type="checkbox"/> Fluid Balance Chart (if applicable) <input type="checkbox"/> Urinalysis (if not attended in DEM) <input type="checkbox"/> Weight (if not hypotensive & painfree for 8/24) <input type="checkbox"/> Observe IV cannula site Day..... <input type="checkbox"/> Eve.....ND..... <input type="checkbox"/>	<input type="checkbox"/> Norton scale..... <input type="checkbox"/> TPR & BP..... <input type="checkbox"/> SaO2..... <input type="checkbox"/> Observe IV cannula site (if insitu) <input type="checkbox"/> Day.....Eve..... <input type="checkbox"/> ND..... <input type="checkbox"/>
MEDICATIONS	<input type="checkbox"/> Medications as indicated:- <input type="checkbox"/> Oxygen <input type="checkbox"/> Morphine <input type="checkbox"/> Oral Analgesia <input type="checkbox"/> Antiemetic <input type="checkbox"/> Anticoagulant <input type="checkbox"/>	<input type="checkbox"/> Medications as indicated:- <input type="checkbox"/> Oxygen <input type="checkbox"/> GTN <input type="checkbox"/> Nitrates <input type="checkbox"/> Morphine <input type="checkbox"/> Oral analgesia <input type="checkbox"/> Antiemetic <input type="checkbox"/> Anticoagulant <input type="checkbox"/> Sedation <input type="checkbox"/> Aperient <input type="checkbox"/>	<input type="checkbox"/> Medications as indicated:- <input type="checkbox"/> Anticoagulant <input type="checkbox"/> Aspirin <input type="checkbox"/> Oral Analgesia <input type="checkbox"/> Antiemetic <input type="checkbox"/> Nitrates <input type="checkbox"/> Sedation <input type="checkbox"/> Aperient <input type="checkbox"/>
TRENDS	<input type="checkbox"/> IV access X 2 cannulas <input type="checkbox"/>	<input type="checkbox"/> Active limb & deep breathing exercises <input type="checkbox"/>	<input type="checkbox"/> Remove IV cannulas prior to discharge <input type="checkbox"/> Encourage limb & deep breathing exercises <input type="checkbox"/>
MOBILITY		<input type="checkbox"/> RIB until blood results reviewed <input type="checkbox"/>	<input type="checkbox"/> Independent <input type="checkbox"/>
HYGIENE		<input type="checkbox"/> Assist as required <input type="checkbox"/>	<input type="checkbox"/> Independent <input type="checkbox"/>
CONTINENCE STATE		<input type="checkbox"/>	<input type="checkbox"/>
NUTRITION		<input type="checkbox"/> Healthy Heart Diet <input type="checkbox"/>	<input type="checkbox"/> Healthy Heart <input type="checkbox"/>
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			



## CARE PATH ACTIONS (Formatted)

Care Path: MED CP  
Coronary Syndrome

Page: 2

{Affix Patient-Id label here}

INDICATOR	DEM	Day 0 (First 24 Hrs)	Day 1
PATIENT EDUCATION		<input type="checkbox"/> Orientate to unit & routine <input type="checkbox"/> Explain when & how to report pain <input type="checkbox"/> Provide pt with information regarding tests & condition <input type="checkbox"/> . <input type="checkbox"/> .	<input type="checkbox"/> Provide patient with Anginine leaflet (if applicable) <input type="checkbox"/> Give Anginine education to patient & carer <input type="checkbox"/> Heartstart review (if indicated) <input type="checkbox"/> Diabetes Educator review (if indicated) <input type="checkbox"/> Dietitian review (if indicated) <input type="checkbox"/> .
EMOTIONAL SUPPORT	<input type="checkbox"/>	<input type="checkbox"/> Emotional support PRN	<input type="checkbox"/> Emotional support PRN
ALLIED HEALTH		<input type="checkbox"/> Chest assessment, treatment & education <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .
DISCHARGE PLANNING		<input type="checkbox"/> Discuss expected length of stay with pt & carer <input type="checkbox"/> Identify discharge needs & implement solutions	<input type="checkbox"/> Discuss discharge plan with patient & carer <input type="checkbox"/> Identify discharge needs & implement solutions <input type="checkbox"/> . <input type="checkbox"/> .
TRANSFER	<input type="checkbox"/> Transfer to CCU or Medical Ward	<input type="checkbox"/>	
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			

## CARE PATH ACTIONS (Formatted)

Care Path: MED CP  
Coronary Syndrome

Page: 3

(Affix Patient-Id label here)

INDICATOR	CLINICAL OUTCOMES		
DOCTORS			
TESTS			
OBSERVATIONS	<input type="checkbox"/> Pt's observations are within normal limits		
MEDICATIONS	<input type="checkbox"/> Pt understands discharge medications		
PREVENTS	<input type="checkbox"/>		
MOBILITY	<input type="checkbox"/>		
HYGIENE	<input type="checkbox"/>		
CONTINENCE STATE			
NUTRITION	<input type="checkbox"/>		
RN (Day)			
RN (Evening)			
RN (Night)			
Illied Health			

## CARE PATH ACTIONS (Formatted)

Care Path: MED CP  
Coronary Syndrome

Page: 4

(Affix Patient-Id label here)

INDICATOR	CLINICAL OUTCOMES		
PATIENT EDUCATION	<input type="checkbox"/>		
EMOTIONAL SUPPORT	<input type="checkbox"/>		
ALLIED HEALTH	<input type="checkbox"/>		
DISCHARGE PLANNING	<input type="checkbox"/>		
TRANSFER	<input type="checkbox"/> All transfer in occur in a timely manner		
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			

## CARE PATH ACTIONS (Formatted)

Care Path: MED-MI  
Myocardial Infarction

Page: 1

{Affix Patient-Id label here}

INDICATOR	D.E.M.	Day 0 (First 24 Hrs)	Day 1
DOCTORS	<input type="checkbox"/> Medical assessment <input type="checkbox"/> Physician notified <input type="checkbox"/>	<input type="checkbox"/> Medical review <input type="checkbox"/>	<input type="checkbox"/> Medical review <input type="checkbox"/> Heartstart referral <input type="checkbox"/>
TESTS	<input type="checkbox"/> FBC, Urea & Electrolytes, LFT's, Creatinine, Glucose, ESR <input type="checkbox"/> CRP, Troponin, Coagulation profile <input type="checkbox"/> Ck no.1 @.....hrs <input type="checkbox"/> Troponin No 1 @.....hrs <input type="checkbox"/> 12 lead ECG <input type="checkbox"/> CXR <input type="checkbox"/> BSL (if applicable) <input type="checkbox"/>	<input type="checkbox"/> CK post presentation <input type="checkbox"/> 6hrs @.....hrs,( Rpt <input type="checkbox"/> Troponin if - ve) <input type="checkbox"/> Troponin No 2 @.....hrs (if -ve) <input type="checkbox"/> 12 hrs @.....hrs <input type="checkbox"/> 18 hrs@.....hrs (if indicated) <input type="checkbox"/> 24 hrs @.....hrs (if indicated) <input type="checkbox"/> Fasting Lipids & Glucose <input type="checkbox"/> ECG on admission to CCU <input type="checkbox"/> ECG pre Thrombolytic therapy <input type="checkbox"/> ECG 1/2 hr post Thrombolytic therapy <input type="checkbox"/> CXR (if not attended in DEM) <input type="checkbox"/> APPT 4 hrs post thrombolytic therapy <input type="checkbox"/> APPT 8 hrs post Thrombolytic therapy <input type="checkbox"/> APPT 4 hrly if Heparin infusion given	<input type="checkbox"/> ECG <input type="checkbox"/> APPT BD if heparin infusion given <input type="checkbox"/>
OBSERVATIONS	<input type="checkbox"/> TPR, BP & SaO2 <input type="checkbox"/> Cardiac monitoring <input type="checkbox"/> Urinalysis (if pt voids)	<input type="checkbox"/> Norton Scale..... <input type="checkbox"/> TPR, BP SaO2..... <input type="checkbox"/> Cardiac Monitoring <input type="checkbox"/> Fluid Balance Chart <input type="checkbox"/> Urinalysis (if not attended in DEM) <input type="checkbox"/> Observe IV cannula site Day..... <input type="checkbox"/> Eve.....ND..... <input type="checkbox"/>	<input type="checkbox"/> Norton scale..... <input type="checkbox"/> TPR, BP, SaO2..... <input type="checkbox"/> Cardiac monitoring <input type="checkbox"/> Fluid balance chart <input type="checkbox"/> Observe IV cannula site Day..... <input type="checkbox"/> Eve.....ND..... <input type="checkbox"/> Weight <input type="checkbox"/>
MEDICATIONS	<input type="checkbox"/> Commence Thrombolysis agent if ICU bed unavailable within 15 - 20 minutes <input type="checkbox"/> Tridal Infusion if indicated <input type="checkbox"/> Medications as indicated:- <input type="checkbox"/> Heparin / Anticoagulant <input type="checkbox"/> Aspirin <input type="checkbox"/> Pain relief <input type="checkbox"/> Antiemetic <input type="checkbox"/> O2 4 L/min	<input type="checkbox"/> Medications as indicated:- <input type="checkbox"/> Thrombolytic agent <input type="checkbox"/> GTN if indicated <input type="checkbox"/> Anticoagulant <input type="checkbox"/> Morphine <input type="checkbox"/> Atenolol <input type="checkbox"/> Nitrates <input type="checkbox"/> Sedation <input type="checkbox"/> Antiemetic	<input type="checkbox"/> Medications as indicated:- <input type="checkbox"/> Anticoagulant - Cease Heparin infusion at 48 hrs <input type="checkbox"/> Aspirin <input type="checkbox"/> Morphine <input type="checkbox"/> Atenolol <input type="checkbox"/> Nitrates if indicated <input type="checkbox"/> Sedation <input type="checkbox"/> Aperient
TREATMENTS	<input type="checkbox"/> IV access X 2 cannulas <input type="checkbox"/>	<input type="checkbox"/> Active limb exercises hrly <input type="checkbox"/> Deep breathing exercises hrly <input type="checkbox"/>	<input type="checkbox"/> Active limb & breathing exercises hrly <input type="checkbox"/>
MOBILITY		<input type="checkbox"/> Rest in bed <input type="checkbox"/> Mandatory rest periods for 30 minutes post meals & afternoon rest period	<input type="checkbox"/> Sit out of bed 15 - 30 minutes AM..... PM..... <input type="checkbox"/> Mandatory rest periods <input type="checkbox"/>
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			

## CARE PATH ACTIONS (Formatted)

Care Path: MED-MI  
Myocardial Infarction

Page: 2

{Affix Patient-Id label here}

INDICATOR	D.E.M.	Day 0 (First 24 Hrs)	Day 1
HYGIENE		<input type="checkbox"/> Self sponge with assistance <input type="checkbox"/>	<input type="checkbox"/> Assist self shower on wheelchair <input type="checkbox"/>
CONTINENCE		<input type="checkbox"/> Bedside commode <input type="checkbox"/>	<input type="checkbox"/> Bedside commode <input type="checkbox"/>
NUTRITION		<input type="checkbox"/> Healthy Heart Diet <input type="checkbox"/>	<input type="checkbox"/> Healthy Heart Diet <input type="checkbox"/>
PATIENT EDUCATION		<input type="checkbox"/> Orientate to unit & routine <input type="checkbox"/> Explain when & how to report pain <input type="checkbox"/> Explain importance of rest <input type="checkbox"/> MI literature <input type="checkbox"/> Explain Rehab to pt (briefly)	<input type="checkbox"/> Heartstart review <input type="checkbox"/> Provide Heartstart resource book <input type="checkbox"/> Reinforce reporting of pain & discomfort <input type="checkbox"/>
EMOTIONAL SUPPORT		<input type="checkbox"/> Emotional support PRN <input type="checkbox"/>	<input type="checkbox"/> Emotional support PRN <input type="checkbox"/>
ALLIED HEALTH		<input type="checkbox"/> Chest assessment, treatment & education	<input type="checkbox"/> Chest assessment, treatment & education as indicated <input type="checkbox"/>
DISCHARGE PLANNING		<input type="checkbox"/> Discuss discharge plan with pt & carer <input type="checkbox"/> Identify discharge needs & implement solutions	<input type="checkbox"/> Discuss & reinforce expected length of stay <input type="checkbox"/> Discuss discharge plan with pt carer <input type="checkbox"/> Identify discharge needs & implement solutions
TRANSFER	<input type="checkbox"/> Transfer to ICU/CCU		
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			

Care Path: MED-MI  
Myocardial Infarction

Page: 3

{Affix Patient-Id label here}

INDICATOR	Day 2	Day 3	Day 4
DOCTORS	<input type="checkbox"/> Medical review <input type="checkbox"/> Dietician referral <input type="checkbox"/> Occupational Therapy referral <input type="checkbox"/> Social Worker referral if indicated <input type="checkbox"/> Arrange HSA counsellor visit <input type="checkbox"/>	<input type="checkbox"/> Medical review	<input type="checkbox"/> Medical review
TESTS	<input type="checkbox"/> APPT as per heparin protocol (if applicable) <input type="checkbox"/> Urea & Electrolytes if on diuretic <input type="checkbox"/> ECG <input type="checkbox"/>	<input type="checkbox"/> Book Echocardiogram if indicated <input type="checkbox"/> Urea & Electrolytes if on diuretic <input type="checkbox"/> ECG <input type="checkbox"/>	<input type="checkbox"/> Book exercise tolerance test if indicated <input type="checkbox"/> Book angiography if indicated <input type="checkbox"/> Urea & Electrolytes if on diuretic <input type="checkbox"/> ECG <input type="checkbox"/>
OBSERVATIONS	<input type="checkbox"/> Norton scale..... <input type="checkbox"/> Falls risk score..... <input type="checkbox"/> TPR, BP & SaO2..... <input type="checkbox"/> Cardiac monitoring until transferred to ward <input type="checkbox"/> Fluid balance chart (cease on transfer to ward, if applicable) <input type="checkbox"/> Observe IV cannula site Day..... <input type="checkbox"/> Eve.....ND..... <input type="checkbox"/> Weight <input type="checkbox"/>	<input type="checkbox"/> Norton scale..... <input type="checkbox"/> Falls risk score..... <input type="checkbox"/> TPR, BP..... <input type="checkbox"/> Weigh <input type="checkbox"/> Observe IV cannula site if insitu <input type="checkbox"/> Day.....Eve..... <input type="checkbox"/> ND..... <input type="checkbox"/>	<input type="checkbox"/> Norton scale..... <input type="checkbox"/> Falls risk score..... <input type="checkbox"/> TPR, BP..... <input type="checkbox"/> Weigh <input type="checkbox"/>
MEDICATIONS	<input type="checkbox"/> Medications as indicated:- <input type="checkbox"/> Cease heparin (if insitu) <input type="checkbox"/> Aspirin <input type="checkbox"/> Morphine <input type="checkbox"/> Oral Analgesia (PRN) <input type="checkbox"/> Atenolol <input type="checkbox"/> Nitrates if indicated <input type="checkbox"/> Sedation <input type="checkbox"/> Aperient <input type="checkbox"/>	<input type="checkbox"/> Aspirin <input type="checkbox"/> Atenolol <input type="checkbox"/> Oral Analgesia (PRN) <input type="checkbox"/> Nitrates if indicated <input type="checkbox"/> Sedation <input type="checkbox"/> Aperient <input type="checkbox"/>	<input type="checkbox"/> Aspirin <input type="checkbox"/> Atenolol <input type="checkbox"/> Oral analgesia <input type="checkbox"/> Nitrates if indicated <input type="checkbox"/> Sedation <input type="checkbox"/> Aperient <input type="checkbox"/>
TREATMENTS	<input type="checkbox"/> Encourage active limb & breathing exercises <input type="checkbox"/> Remove one IV access as per protocol <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remove IV cannula <input type="checkbox"/>
MOBILITY	<input type="checkbox"/> Sit out of bed for meals & up to 1 hr TDS <input type="checkbox"/> Mandatory rest period <input type="checkbox"/> Walk 20 paces <input type="checkbox"/>	<input type="checkbox"/> Sit out of bed for 1hr periods as desired <input type="checkbox"/> Walk around bed area for 5 - 10 minutes <input type="checkbox"/>	<input type="checkbox"/> Increase walking around ward to 10 mins <input type="checkbox"/> Commence stairs one flight up & down - supervised <input type="checkbox"/>
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			

Care Path: MED-MI  
Myocardial Infarction

Page: 4

{Affix Patient-Id label here}

INDICATOR	Day 2	Day 3	Day 4
HYGIENE	<input type="checkbox"/> Wheelchair assist shower	<input type="checkbox"/> Wheelchair shower	<input type="checkbox"/> Self shower with supervision
CONTINENCE	<input type="checkbox"/> Wheelchair to toilet	<input type="checkbox"/> Wheelchair to toilet	<input type="checkbox"/> Toilet privileges
NUTRITION	<input type="checkbox"/> Healthy Heart Diet	<input type="checkbox"/> Healthy Heart Diet	<input type="checkbox"/> Healthy Heart Diet
PATIENT EDUCATION	<input type="checkbox"/> Watch cardiac videos <input type="checkbox"/> Involve carer & family in cardiac rehab <input type="checkbox"/> Reinforce pt to report pain & discomfort <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Watch cardiac videos <input type="checkbox"/> Reinforce pt to report pain & discomfort <input type="checkbox"/> Reinforce cardiac Rehab regime <input type="checkbox"/>	<input type="checkbox"/> Reinforce pt to report pain or discomfort <input type="checkbox"/> <input type="checkbox"/>
EMOTIONAL SUPPORT	<input type="checkbox"/> Emotional support PRN	<input type="checkbox"/> Emotional support PRN	<input type="checkbox"/> Emotional support PRN
ALLIED HEALTH	<input type="checkbox"/> Chest assessment, treatment & education <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Chest assessment, treatment & education <input type="checkbox"/> Progress exercise as tolerated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Chest physio as applicable <input type="checkbox"/> Dietitian review <input type="checkbox"/> Occupational Therapy assessment of ADL's & home situation <input type="checkbox"/> <input type="checkbox"/>
DISCHARGE PLANNING	<input type="checkbox"/> Discuss discharge plan with pt & carer <input type="checkbox"/> Identify discharge needs & implement solutions <input type="checkbox"/>	<input type="checkbox"/> Discuss & review discharge plan with pt & carer <input type="checkbox"/> Identify discharge needs & implement solutions	<input type="checkbox"/> Appt for Exercise stress test if indicated <input type="checkbox"/> Appt for Echocardiogram if indicated <input type="checkbox"/> Heartstart appt for one week <input type="checkbox"/> Review discharge plan with pt & carer <input type="checkbox"/> Identify discharge needs & implement solutions
TRANSFER	<input type="checkbox"/> Transfer to Medical Unit		
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			

# CARE PATH ACTIONS (Formatted)

Care Path: MED-MI  
Myocardial Infarction

Page: 5

{Affix Patient-Id label here}

INDICATOR	Day 5	CLINICAL OUTCOMES	
DOCTORS	<input type="checkbox"/> Medical review <input type="checkbox"/> Complete discharge summary <input type="checkbox"/> Discharge script <input type="checkbox"/> Medical Certificate (Employer / social Security) <input type="checkbox"/> Follow up Appointment <input type="checkbox"/>		
TESTS	<input type="checkbox"/> Urea & Electrolytes if on diuretic <input type="checkbox"/> ECG <input type="checkbox"/>		
OBSERVATIONS	<input type="checkbox"/> Norton scale..... <input type="checkbox"/> Falls risk score..... <input type="checkbox"/> TPR, BP..... <input type="checkbox"/> Weigh <input type="checkbox"/>	<input type="checkbox"/> Within normal limits	
MEDICATIONS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Pt states knowledge of Anginine administration	
TREATMENTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
MOBILITY	<input type="checkbox"/> Walks outside unit <input type="checkbox"/> Walks stairs one flight up & down <input type="checkbox"/>	<input type="checkbox"/> Pt tolerates mobility regime	
RN (Day)			
RN (Evening)			
RN (Night)			
Allied Health			



# CARE PATH ACTIONS (Formatted)

Care Path: **MED-MI**  
**Myocardial Infarction**

Page: **6**

{Affix Patient-Id label here}

INDICATOR	Day 5	CLINICAL OUTCOMES	
HYGIENE	<input type="checkbox"/> Self shower <input type="checkbox"/>	<input type="checkbox"/> Pt able to self shower & toilet	
CONTINENCE	<input type="checkbox"/> Self toilet <input type="checkbox"/>	<input type="checkbox"/>	
NUTRITION	<input type="checkbox"/> Healthy Heart Diet <input type="checkbox"/>	<input type="checkbox"/>	
PATIENT EDUCATION	<input type="checkbox"/> Explain discharge medications <input type="checkbox"/> Reinforce Cardiac Rehab & exercise regime <input type="checkbox"/> Reinforce chest pain action plan following discharge <input type="checkbox"/> Reinforce follow up appointments <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Pt understands condition & has all questions answered	
EMOTIONAL SUPPORT	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> All needs are identified & met	
ALLIED HEALTH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
DISCHARGE PLANNING	<input type="checkbox"/> Review discharge plan with pt & carer <input type="checkbox"/> identify discharge needs & implement solutions <input type="checkbox"/> Appt for Exercise stress test if indicated <input type="checkbox"/> Appt for Echocardiogram if indicated <input type="checkbox"/> Appt for Heartstart one week <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Pt understands rehabilitation program	
TRANSFER			
RN (Day)			
RN (Evening)			
RN (t)			
Allied Health			

# MI SCREEN PROTOCOL

- FOR ANY PATIENT ADMITTED WITH DIAGNOSIS OF ATYPICAL CHEST PAIN/ UNSTABLE ANGINA/?MI.

## **INITIAL MANAGEMENT DEM**

THE OBVIOUS - ASPIRIN, ANALGESIC, OXYGEN, OBS, IV ACCESS.

1. ECG (and see continuing MI Screen if in DEM for > 1 hour)

2. BLOODS: FBC, MBA (use ABC machine out of house)

FOR FURTHER ECG WHENEVER PATIENT HAS FURTHER CHEST PAIN.

ALL ECG'S NEED TO BE REVIEWED BY MEDICAL ON CALL OR DEM DOCTOR BETWEEN 10pm & 8am. (Fax down with initial ECG to 4150 2179)

DEM DOCTOR TO NOTIFY MED ON

# TENECTEPLASE FLOWSHEET

## TENECTEPLASE (METALYSE)

Read Thrombolytic and Tenecteplase protocol and contraindications



Administer 300mg Aspirin



Tenecteplase is administered on basis of body weight

Patient's body weight Category (kg)	Tenecteplase (IU)	Tenecteplase (mg)	Corresponding volume of reconstituted solution (ml)
< 60	6,000	30	6
≥60 to <70	7,000	35	7
≥70 to <80	8,000	40	8
≥80 to <90	9,000	45	9
≥90	10,000	50	10

Administer Tenecteplase



Administer 30mg IV Enoxaparin



Administer 1mg/kg Enoxaparin for 5 days



Refer and follow tenecteplase protocol for further management

yse<sup>®</sup>  
tenecteplase

Brisbane  
Lismore Base

PRIOR MI

0480

# Heart Foundation Recommendation for Choice of Agent

**Streptokinase is the drug of choice.**

**Tissue plasminogen activators are recommended for high risk patients:**

- under the age of 75 having a large myocardial infarction either anterior, or inferior with associated anterior ST segment depression, especially if they present early.
- who have previously received Streptokinase.

## Heparin

**Streptokinase used:** IV or SC heparin is optional.

**Tissue plasminogen activators used:** the ACC/AHA Guidelines 2000 recommend unfractionated heparin given as an initial bolus of 60 units/kg to a maximum of 4,000 units followed by an initial infusion of 12 units/kg per hour to a maximum of 1,000 units/hr (target APTT of 50-70s by 6 hours). Heparin should be continued for at least 24 hours.

## Other Management

### Adverse Events

Major Bleeding:

- Stop heparin and withhold further aspirin.
- Reverse heparin with IV protamine sulphate.
- Apply local pressure where possible.
- Give two (2) units of FFP +/- blood transfusion if necessary.
- Consider surgery to control bleeding (Spontaneous bruising, epistaxis and haematuria are relatively common, but are not serious).

Intracranial haemorrhage on CT scan:

- Consider aminocaproic acid 5 grams administered by slow IV infusion

Hypotension:

- Give cautious IV volume replacement with colloid or crystalloid, and consider positive inotropes.
- If Streptokinase is being administered, slow the infusion temporarily, and raise the feet of the bed.

## Nursing Responsibilities

Ensure patient has two IV cannulae.

Communicate with the patient during all phases of care.

Apply pressure bandages to cuts, abrasions, old venepuncture sites before lysis is initiated.

Perform neurological observations on admission, then 8th hourly.

If using Streptokinase, perform haemodynamic observations every 5 minutes for 30 minutes, then every 10 minutes for a total of 2 hours.

If using a tissue plasminogen activator, perform haemodynamic observations every 10 minutes for 30 minutes, then every 30 minutes for a total of 2 hours.

Perform ECGs at baseline; when ST segments have dropped 70%; within 3 hours post lysis; and if new pain or arrhythmias occur.



### Acknowledgements:

Assoc. Prof. Con Aroney (Director of Prince Charles CCU, Prince Charles Hospital, Chermside QLD). Assoc. Prof. Tony Brown (Emergency Physician, Royal Brisbane Hospital, Herston QLD). Dr Adam Cannon (Director of Cardiology, Townsville General Hospital, Townsville QLD) Dr Chris Gavaghan (Director of Emergency, Lismore Base Hospital, Lismore NSW.)

### References:

Product Information for Metalyse®, Actilyse®, Reteplase® and Streptokinase.  
National Heart Foundation Reperfusion for AMI Guidelines Dec 2000 ([www.heartfoundation.com.au](http://www.heartfoundation.com.au))  
Prince Charles Hospital CCU tenecteplase thrombolytic guidelines, 2001.

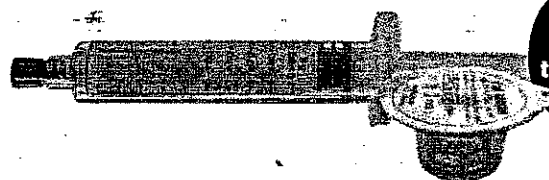
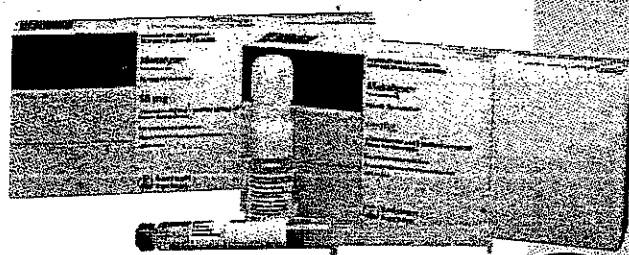
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# **metalyse**<sup>®</sup> tenecteplase

For the treatment of AMI within 12 hours of symptoms onset

## DOSAGE

Patient Weight	Dose
< 60 kg	30mg
60-69kg	35mg
70-79kg	40mg
80-89kg	45mg
≥90kg	50mg



Now with  
an adaptor  
to strengthen  
the vial

## ADMINISTRATION



1 Attach the prefilled syringe on vial adaptor **tightly**.



2 Penetrate the vial stopper in the middle with the vial-adaptor spike



3 Add the complete volume of water for injection to the vial containing powder for injection by pushing the syringe plunger down **slowly** to avoid foaming.



4 Reconstitute by swirling **gently**. Solution should be colourless or pale yellow and transparent.



5 Invert the vial/syringe and transfer the appropriate volume of Metalyse based on weight (see dosage and administration). Into the syringe. Administer as a single IV bolus over 10 seconds. Do not administer in a line containing dextrose.

**✓ SIMPLE**

Single bolus administration

**⚡ SPEED**

Fast 10 second delivery

**⊕ SURVIVAL**

Proven 30-day survival equivalence to tPA\*

**⊕ SAFETY**

Superior safety with less non-cerebral bleeds than tPA\*

**⊕ SPECIFIC**

Added security of weight adjusted dosage


PBS Information: Restricted benefit. Treatment of acute myocardial infarction within 12 hours of attack.

BEFORE PRESCRIBING, PLEASE REVIEW PRODUCT INFORMATION. PRODUCT INFORMATION ACCOMPANIES THIS ITEM

References: 1. ASSENT-2 Investigators. Single-bolus tenecteplase compared with front-loaded alteplase in acute myocardial infarction: the ASSENT-2 double-blind randomised trial. *Lancet* 1999;354:716-722.


**metalyse**<sup>®</sup>  
 tenecteplase

The Power in One


 Boehringer  
Ingelheim

Boehringer Ingelheim Pty Limited, ABN 52 000 452 308, 85 Waterloo Road  
North Ryde NSW 2113. \* Registered trademark

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## Indications

- ❖ ECG changes that indicate the patient is having an Acute Myocardial Infarction
- ❖ Treatment should be initiated as soon as possible after the onset of symptoms
- ❖ Treatment can be initiated within 12 hours of symptom onset

## Action

- ❖ Tenecteplase is a recombinant plasminogen activator that is derived from native tissue plasminogen activator (t-PA) by modifications at 3 sites of the protein structure. It binds to the fibrin component of the thrombus (blood clot) and converts thrombus-bound plasminogen to plasmin, which degrades the fibrin matrix of the thrombus

## Half Life

- ❖ 24 minutes

## Presentation

- ❖ 20 ml glass vial filled with powder (8000iu or 40 mg Tenecteplase)
- ❖ 10 ml syringe pre-filled with 8 mls H<sub>2</sub>O for Injection

### OR

- ❖ 20 ml glass vial with powder (10,000iu or 50 mg Tenecteplase)
- ❖ 10 ml syringe pre-filled with 10 mls H<sub>2</sub>O for Injection

**Do not shake the reconstituted solution**

Swirl the vial gently to dissolve the powder

## ADMINISTRATION

**300mg of ASPIRIN should be administered as early as possible**

1. Tenecteplase should be administered on the basis of body weight with a maximum dose of 10,000iu.

Patient's body weight category (kg)	Tenecteplase (IU)	Tenecteplase (mg)	Corresponding volume of reconstituted solution (ml)
<60	6,000	30	6
≥60 to < 70	7,000	35	7
≥70 to < 80	8,000	40	8
≥80 to < 90	9,000	45	9
≥90	10,000	50	10

2. Administer required dose as a single IV bolus over approximately 10 seconds  
Unused solution should be discarded
3. Flush line with 10 ml of Normal Saline
4. Tenecteplase is incompatible with dextrose solution
5. Administer 30 mg IV Enoxaparin as bolus into different IV line.
6. Administer 1 mg/kg Enoxaparin S/C immediately.  
Continue with 12/24 Enoxaparin (1 mg/kg) for 5 days
7. Perform haemodynamic observations every 10 minutes for ½ hour on arrival to CCU then ½ hourly for a total of 2 hours

## CONTRAINDICATIONS

- ❖ Significant bleeding disorder either at present or within the past 6 months
- ❖ Patients with current concomitant oral anticoagulant therapy (INR >1.3)
- ❖ Any history of CNS damage (neoplasm, aneurysm, intracranial or spinal surgery)
- ❖ Known haemorrhagic diathesis
- ❖ Severe uncontrolled hypertension i.e. SBP >180 & / or DBP >110
- ❖ Major surgery, biopsy of a parenchymal organ or significant trauma within the past 2 months (this includes any trauma associated with the current AMI)
- ❖ Recent trauma to the head or cranium
- ❖ Prolonged CPR (>2 mins) within the past 2 weeks
- ❖ Severe hepatic dysfunction including hepatic failure, cirrhosis, portal hypertension (oesophageal varices) and active hepatitis
- ❖ Diabetic haemorrhagic retinopathy or other haemorrhagic ophthalmic conditions
- ❖ Active peptic ulceration during the last 3 months
- ❖ Arterial aneurysm and known arterial/venous malformation
- ❖ Neoplasm with increased bleeding risk
- ❖ Previous stroke or other cerebrovascular disease
- ❖ Patients receiving other intravenous thrombolytic agents
- ❖ Acute pericarditis
- ❖ Recent (within 10 days) gastro intestinal or genitourinary bleeding
- ❖ Recent (within 10 days) obstetrical delivery, organ biopsy, puncture or non compressible blood vessel
- ❖ Haemostatic defects including those secondary to severe hepatic or renal disease; special attention should be paid to coagulation parameters in patients with significant liver dysfunction

## ADVERSE EFFECTS

### ❖ Major bleeding

Management:

- i. Stop aspirin
  - ii. Apply local pressure where possible
  - iii. (2) units of FFP
  - iv. Blood transfusion as necessary
  - v. Consider surgery to control bleeding if appropriate
  - vi. For intracranial haemorrhage consider aminocaproic acid 5 grams administered by slow IV infusion
  - vii. Spontaneous bruising, epistaxis and haematuria are relatively common but not serious
- ❖ Nausea and vomiting

### ❖ Hypotension

Management:

- i. For severe hypotension IV volume replacement (haemaccel, N/Saline) or positive inotropes may be required

## NURSING RESPONSIBILITIES

- ❖ Ensure patient has 2 patent cannulae
- ❖ Perform Haemodynamic observations every 10 minutes for ½ hour on arrival to CCU then ½ hourly for a total of 2 hours
- ❖ Perform Neurological observations on admission and then 8<sup>th</sup> hourly
- ❖ Before bolus is given apply pressure bandages to any cuts, abrasions and old venipuncture site
- ❖ Perform print-outs of ECG's and ST Trends

- Baseline

- When the ST segments have dropped 70%, this being associated with coronary artery patency
- 3 hours post lysis
- 24 hours post lysis
- At completion of ST Guard monitoring
- ❖ Perform **ECG,s only**
  - During any new episode of pain and pain resolution
  - If new arrhythmias occur
- ❖ Observe for adverse reactions as listed above

**REFER TO THE GENERIC MYOCARDIAL INFARCTION THROMBOLYTIC PROTOCOL**

**BIBLIOGRAPHY**

Bodhringer Ingelheim, Tenecteplase Product Information, Oct.2000  
Coronary Care Unit, The Prince Charles Hospital, Brisbane, June, 2002



# Telephone Conversation

040036

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

Assessment  
Extension

Encryption Key:

Date Composed: 29/10/2004 10:48 AM Composed By: Annette Anning/HRC

Caller: P to AA

Body Text:

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

0474