27 July 2004

### Private & Confidential

Dr Matthew Marrinan

#### Dear Dr Marrinan

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

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

Yours sincerely

Karen Harbus Senior Intake Officer File Note

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

Assessment Extension

Encryption Key:

Date Composed:

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

#### Body Text:

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

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

26/07/2004 13:26

20 JUL 2004 12:35PM

Health Rights Commission

61 7 3234 0333

MARRINAN

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Cala Came lees huthe event

HARBUS



Level 19 288 Edward Street BRISBANE QLD 4000

Postal: GPO Box 3089 BRISBANE QLD 4001

## FACSIMILE COVER SHEET

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

TO:

Dr Matthew Marrinan

ADDRESS:

Gold Coast Hospital - Cardiology Department

PHONE:

5519 8211

**FAX:** 

5571 8696

FROM:

Karen Harbus

PHONE:

3234 0258

TOTAL NUMBER OF PAGES (including this sheet): 2

DATE:

26/07/04

TIME:

 $1.00 \, \text{p.m.}$ 

**COMMENTS:** 

Private & Confidential

Dear Dr Marrinan

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

Kind regards

P= Prander

Karen Harbus

C= Complanant

Senior Intake Officer

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Our Ref: 040036 S52/kh

Your Ref:

19 July 2004

#### Private & Confidential

Dr Matthew Marrinan



#### Dear Dr Marrinan

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

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

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

A man complained that his 69 year old wife was taken by ambulance to a public hospital on 1 December 2003, as she awoke with chest pain at 0330. He said that various tests were conducted and his wife was discharged from the hospital on 2 December 2003. The man stated that his wife was due to undergo a stress test at a different hospital at 1020 on 2 December 2003. He said he heard a doctor tell a nurse to ensure that his wife attended this appointment but the telephone call to the nuclear medicine service did not occur until it was too late to keep the 1020 appointment, and it was moved to 8 December 2003. Unfortunately, the woman passed away in the early hours of 3 December 2003. Her Death Certificate states that she died of 1.(a) Cardiac arrest; (b) myorcardial 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

Keesen Kasbrun

Karen Harbus Intake Officer

Enc.



Our Ref: 0

040036 S52/kh

Your Ref:

19 July 2004

#### Private & Confidential

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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

Keren Kashus

Karen Harbus Intake Officer

Enc.

## SECTION 137 OF THE HEALTH RIGHTS COMMISSION ACT 1991

## Giving of information protected

- 137.(1) This section applies to a person who, honestly and on reasonable grounds, gives information or a record (the "information") to the commissioner, an authorised person or a commission officer
  - (a) for the purpose of a health service complaint; or
  - (b) in the course of an investigation or inquiry.
- (2) A person is not subject to any liability for giving the information and no action, claim or demand may be taken or made of or against the person for giving the information.
- (3) For example, in proceedings for defamation in relation to a publication it is a lawful excuse that the publication was made in giving the information.
  - (4) For example, a person -
    - (a) on whom a provision of an Act imposes a duty to maintain confidentiality with respect to a matter; or
    - (b) who is subject to an obligation by way of oath, rule of law or practice to maintain confidentiality with respect to a matter;

### is taken not to have -

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

merely because the person has given the information.



Our Ref: 0

040036S53/KH

Your Ref:

19 July 2004

#### Private & Confidential

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

Dear Dr Buchannan

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

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

Yours sincerely

Karen Harbus

Senior Intake Officer

Kour Kaden.



Level 19 288 Edward Street BRISBANE QLD 4000

Postal: GPO Box 3089 BRISBANE QLD 4001

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TO:

Dr Mary Buchannan

**ADDRESS:** 

Dandenong Hospital

PHONE:

(03) 9554 1000

FAX:

(03) 9554 8453

FROM:

Karen Harbus

PHONE:

(07) 3234 0258

TOTAL NUMBER OF PAGES (including this sheet): 2

DATE:

13/07/04

TIME:

4.45 p.m.

#### **COMMENTS:**

Private & Confidential

Dear Dr Buchanan

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

Kind regards

Karen Harbus