

Inquest into the death of Hunter Campbell Marr

Hunter Campbell Marr on 6 January 2014 at the Logan Hospital from an acute episode of asthma which became increasingly resistant to Ventolin. The coroner investigated the care Hunter received at the Mater Hospital where he was admitted between 2 and 5 January 2014.

Coroner James McDougall delivered his findings of inquest on 8 May 2015.

The Queensland Government responds to recommendations directed to government agencies at inquests by informing the community if a recommendation will be implemented or the reason why a recommendation is not supported.

The departments named in this response will provide implementation updates until the recommendation is delivered. Further information relating the implementation of recommendations can be obtained from the responsible minister named in the response.

Comment 1, page 41

Parents' lack of acceptance or understanding of the diagnosis and appropriate management of their child's illness, as understood by the treating clinicians, particularly in relation to a potentially life-threatening illness, must be flagged, documented, escalated and addressed as a matter of urgency.

Response and action: the recommendation is implemented.

Responsible agency: Queensland Health.

On 21 January 2016 the Minister for Health and Minister for Ambulance Services responded:

The Department of Health is considering the coroner's recommendation and will provide more information in early 2016.

On 10 May 2016 the Minister for Health and Minister for Ambulance Services responded:

The Department of Health's Patient Safety and Quality Improvement Service distributed a patient safety communique to all hospital and health services in regard to the lessons learned from this inquest. The patient safety communique recommends that relevant clinicians raise awareness amongst patients, parents and staff of the risk of asthma and actions required to reduce the risk along with flagging, documenting and escalating parental denial of the diagnosis.

Comment 2, page 41

An expressed or perceived reluctance or dissatisfaction about the discharge of a child by a parent, particularly in relation to a potentially life-threatening illness, must be flagged, documented, escalated and addressed as matter of urgency.

Response and action: the recommendation is implemented.

Responsible agency: Queensland Health.

On 21 January 2016 the Minister for Health and Minister for Ambulance Services responded:

The Department of Health is considering the coroner's recommendation and will provide more information in early 2016.

On 10 May 2016 the Minister for Health and Minister for Ambulance Services responded:

The Department of Health's Patient Safety and Quality Improvement Service distributed a patient safety communique to all hospital and health services in regard to the lessons learned from this inquest. The patient safety communique recommends that relevant clinicians escalate any disagreement/dissatisfaction with the management or discharge plan to the most senior clinician as a matter of urgency.

Comment 3, page 41

Didactic education of patients and parents must be supplemented by active assessment of understanding, particularly in relation to a potentially life-threatening illness and clinical staff reminded that it is what patients/parents understand that is crucial, not what information has been provided in oral or written form.

Response and action: the recommendation is implemented.

Responsible agency: Queensland Health.

On 21 January 2016 the Minister for Health and Minister for Ambulance Services responded:

The Department of Health is considering the coroner's recommendation and will provide more information in early 2016.

On 10 May 2016 the Minister for Health and Minister for Ambulance Services responded:

The Department of Health's Patient Safety and Quality Service distributed a patient safety communique to all hospital and health services in regard to the lessons learned from this inquest. The patient safety communique recommends that parents and patients receive appropriate education aimed at reducing life-threatening episodes of asthma. Clinicians integrate active assessment and verification of understanding in all patient and family education, in addition to traditional didactic education, particularly in relation to life-threatening illnesses; use every admission to hospital as an opportunity to explore patient (including children) and family understanding of the condition and its management and re-educate if needed.