

Inquest into the death of Archer Langley

Archer Langley died on 25 July 2014 at the Royal Brisbane and Women's Hospital. Archer was born by caesarean section due to a diagnosis of obstructed labour. The cause of death was as a result of amniotic fluid aspiration.

Deputy State Coroner John Lock delivered his findings of inquest on 28 June 2017.

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 department 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.

Recommendation 1

The family have expressed some concern that the evidence from the inquest indicates some of the changes have not been effective. Similar evidence was heard in the Nixon Tonkin inquest and I note this evidence and comment that the recommendations made in both RCA reports does need to be reinforced with staff and audits in relation to implementation of the RCA recommendations should continue. In Archer's case for instance there was confusion as to the use of progress notes and the recording of information in the partogram and whether there should be duplication of this information in the progress notes. That does need to be made clearer for both those making the entries and for those who may or should be interested in reading that information.

Response and action: the recommendation is implemented.

Responsible agency: Queensland Health.

On 9 April 2018 the Minister for Health and Minister for Ambulance Services responded:

Women's and Newborn Service Safety and Quality Committee (WNS) reviewed the recommendations from the root cause analysis. All the recommendations were implemented and will be monitored and evaluated through the WNS Audit Group and the WNS Safety and Quality Committee audit process.

The the use of the partogramⁱ and correct documentation practices is now included in the orientation for new staff in birthing services.

Enhanced bedside handover including consultant medical reviews were improved by the use of the partogram as the handover tool, as all vital information and the management plan is recorded on the front page of the tool. Notations required to be made during these reviews are documented in the intrapartum record. Designated documentation folders, which standardise the process, have been implemented during the labour care to facilitate easy access to the documentation required. Audits were undertaken for compliance of documentation on the partogram and the results demonstrate high compliance. These audits will continue.

ⁱ A partogram is a pictorial record of both maternal and fetal observations during labour entered against time on a single sheet of paper. Relevant measurements include cervical dilatation, fetal heart rate, duration of labour, and maternal observations.

Recommendation 2

The parents have also suggested the Royal Brisbane and Women's Hospital provide parents with bereavement facilities, including a suitable room and a bereavement team. That is, in my view, an uncontroversial suggestion and I make that recommendation.

Response and action: the recommendation is implemented.

Responsible agency: Queensland Health.

On 9 April 2018 the Minister for Health and Minister for Ambulance Services responded:

The Women's and Newborn Service Safety and Quality Committee (WNS) decommissioned four inpatient single rooms to convert into an area appropriate for use by bereaved families. The renovations are currently underway.

In addition, a bereavement clinical nurse/midwife consultant has been employed to scope the bereavement service within WNS.

The bereavement rooms will be opened upon completion of the renovations in mid-2018. The bereavement clinical nurse/midwife consultant will create a framework for delivery of the bereavement service.

On 1 November 2018 the Minister for Health and Minister for Ambulance Services responded:

The bereavement service is fully operational and is supported by a bereavement clinical nurse/midwife consultant. The bereavement rooms are available for grieving families.