

## Inquest into the death of Craig Williams

Mr Williams suffered a hypoxic brain injury following a cardiac arrest, he was aged 43. He stayed in the Cairns Hospital for rehabilitation and was transferred to the Jacana Acquired Brain Injury Centre in Brisbane where he lived for just over a year before he suffered a second and fatal cardiac event. Despite a recommendation by his treating cardiologist in Cairns, Jacana never referred Craig to a cardiologist in Brisbane.

Coroner Christine Clements delivered her findings of inquest on 30 November 2021.

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 to the implementation of recommendations can be obtained from the responsible minister named in the response.

### Recommendation 1

Queensland Health hospital and health services review relevant policies and procedures, and amend as necessary, to ensure that, where a person who lacks capacity, and has statutory health power of attorney(s), or enduring power of attorney, the person's representative must:

1. be provided with the discharge summary
2. be kept informed and consulted on a regular basis regarding any significant health information, and health care decisions, especially where consent is required
3. communication with the person/enduring power of attorney/statutory health attorney relating to significant health information/decisions is required to be documented in the patient's medical record.

Response and action: implementation of the recommendation is in progress.

Responsible agency: Queensland Health

On 7 July 2022 the Minister for Health and Ambulance Services and Leader of the House responded:

Queensland Health is currently considering the recommendation.

**On 10 February 2023 the Minister for Health and Ambulance Services and Leader of the House responded:**

Correspondence is currently being prepared by the Office of the Chief Medical Officer which will be disseminated to the Chief Executives of all health services. The purpose of this correspondence will be to share the inquest findings, learnings and to request a detailed review and update where necessary, of local policies and procedure in respect of recommendation 1. This will include a request for each health service to provide a detailed update to the CMO of actions taken in relation to this recommendation.

### Recommendation 2

I further commend to the Cairns and Hinterland Health Service, and to Queensland Health, consideration of the family's submission regarding critical health care decisions to ensure they are clearly communicated to the patient, their enduring power of attorney(s) or their statutory health attorney(s). I support the suggested documentation of the communication in the patient's records:

- date and time of discussion
- decision makers present
- risks and benefits of proposed/withheld treatment discussed

- documentation of consent to treatment/withholding of treatment by relevant decision-makers
- documentation of concerns raised, and decisions for/against decisions.

Response and action: implementation of the recommendation is in progress.

Responsible agency: Queensland Health

On 7 July 2022 the Minister for Health and Ambulance Services and Leader of the House responded:

Queensland Health is currently considering the recommendation.

**On 10 February 2023 the Minister for Health and Ambulance Services and Leader of the House responded:**

Correspondence is currently being prepared by the Office of the Chief Medical Officer which will be disseminated to the Chief Executives of all health services. The purpose of this correspondence will be to share the inquest findings, learnings and to request a detailed review and update where necessary, of local policies and procedure in respect of recommendation 2. This will include a request for each health service to provide a detailed update to the CMO of actions taken in relation to this recommendation.

### **Recommendation 3**

I do not support the family's suggested recommendation that any clinical handover involving a patient with an admission period of six weeks or more requires a conversation between the outgoing and incoming doctors. I suggest that, instead Queensland Health consider requiring the inclusion of the contact telephone number and/or email address of the summary author or the consultant/registrar who had care of the patient in all discharge summaries, to invite communication from receiving medical practitioners.

Response and action: recommendation is agreed in part and implementation of the recommendation is in progress.

Responsible agency: Queensland Health

On 7 July 2022 the Minister for Health and Ambulance Services and Leader of the House responded:

Queensland Health is currently considering the recommendation.

**On 10 February 2023 the Minister for Health and Ambulance Services and Leader of the House responded:**

Queensland Health agrees with the intent of this recommendation i.e., facilitating communication between the consultant/registrar and receiving medical practitioners. Use of individual contact details is problematic from a privacy perspective as well as a technical issue where Enterprise Discharge Summary (EDS) only allows for one phone number. The Chief Medical Officer (CMO) has agreed to lead this recommendation on behalf of Queensland Health.

Correspondence is currently being prepared by the Office of the CMO which will be disseminated to the Chief Executives of all health services. The purpose of this correspondence will be to share the inquest findings, learnings and to seek feedback on recommendation 3 to determine the best approach to achieve the intent of this recommendation.

### **Recommendation 4**

I accept the follow up comment for the Cairns Health District to follow up with training.

Response and action: implementation of the recommendation is in progress.

Responsible agency: Queensland Health

On 7 July 2022 the Minister for Health and Ambulance Services and Leader of the House responded:

Queensland Health is currently considering the recommendation.

**On 10 February 2023 the Minister for Health and Ambulance Services and Leader of the House responded:**

Queensland Health accepts these findings and the Cairns and Hinterland Hospital and Health Service (CHHHS) has agreed to implement this recommendation.

The CHHHS Discharge Summary – Completion and Distribution Procedure is currently under review to ensure the recommendations outlined in the Coroner’s report are addressed.

The Intern and RMO orientation and induction program, which is ongoing, specifically includes The Discharge Summary – Completion and Distribution Procedure and in addition, 30 minutes of training is provided as part of their leMR training by the digital health team.

CHHHS local policies and procedures are available to staff via the Queensland Health Enterprise Publication Systems (QHEPS).

The next steps will be to finalise the review of the CHHHS Discharge Summary – Completion and Distribution Procedure.

**Recommendation 5**

I commend to government the targeting of increased funding to provide slow stream rehabilitation to assist people with brain injury, particularly in north Queensland.

Response and action: implementation of the recommendation is in progress.

Responsible agency: Queensland Health

On 7 July 2022 the Minister for Health and Ambulance Services and Leader of the House responded:

Queensland Health is currently considering the recommendation.

**On 10 February 2023 the Minister for Health and Ambulance Services and Leader of the House responded:**

Queensland Health accepts these findings and the Queensland Rehabilitation Clinical Network has agreed to lead this recommendation on behalf of Queensland Health.

The Healthcare Improvement Unit and the Queensland Clinical Networks will provide a joint response for the next reporting period which will include:

- Summary of the significant changes in terms of the national and statewide context for rehabilitation services (NDIS etc) since 2017
- Achievements of the Statewide Network and (BaSCI) Project
- Next steps and future plans for rehabilitation services including components of Statewide Adult Brain Injury rehabilitation service plan 2016-2026.