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THE LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

ELEVENTH ASSEMBLY

GOVERNMENT RESPONSE TO THE

INQUEST INTO THE DEATH OF ROZALIA SPADAFORA

Presented by
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INTRODUCTION

The death of any child is a tragedy. The ACT Government expresses its sincere condolences to the family of Rozalia Spadafora, who died at Canberra Hospital on 5 July 2022. The Government thanks the Coroner and those who participated in the Coronial inquest to ensure the shortcomings in Rozalia's care were identified and lessons learned.

At approximately 7:40pm on 4 July 2022, Rozalia Spadafora presented to the Emergency Department (ED) at Canberra Hospital. Based on Rozalia's triage category and presenting symptoms, she should have been seen within 30 minutes. Rozalia waited too long to be seen by a doctor in the early hours of 5 July 2022. Once Rozalia's care commenced a series of systems and processes in place at Canberra Hospital did not support staff to provide the care she required. Rozalia experienced unnecessary delays to her treatment, and she died in the care of Canberra Health Services (CHS) on 5 July 2022.

Rozalia's death was referred to the ACT Coroner and the process of undertaking an inquest commenced, with counsel assisting appointed in February 2023. Coroner Ken Archer handed down his final findings on 6 December 2024, making four recommendations.

The Government acknowledges there were significant shortcomings in the care Rozalia received, and sincerely apologises to Rozalia's family and loved ones.

CORONER'S REPORT

Coroner Archer's report outlines that by the time the diagnosis of myocarditis was made, any opportunity to save Rozalia's life was lost. As a result of the inquest, Coroner Archer concluded that there were four matters of public safety following review of the evidence provided in the inquest:

1. A lack of timeliness in Rozalia being reviewed by a doctor in the ED and a lack of staffing resources to ensure that risks associated with a delayed review by a doctor were mitigated by a process of ongoing observation and review by a Clinical Initiatives Nurse (CIN);
2. Inadequate levels of paediatric specialisation at Canberra Hospital in the ED and Intensive Care Unit (ICU) that would have allowed appropriate care to be provided to seriously unwell children such as Rozalia;

3. A lack of clarity about roles and responsibility for management of Rozalia's care, including the existence of internally contradictory day sheets indicating allocation of beds to doctors; and
4. Vulnerabilities and a lack of timeliness in the system for processing, reporting and notifying urgent and add-on pathology results.

As a result of these findings, Coroner Archer made the following recommendations:

1. That CHS adopts a staffing model that ensures the position of CIN is filled on a 24-hour basis and quarantines the position from the staffing demands of the ED;
2. That those involved in the implementation of the new ICU and the Paediatric ED, as well as the planning of the paediatric Close Observation Unit, consider the evidence in this inquest and these findings;
3. That CHS review the functionality of the Digital Health Records system in respect of handover processes, in light of the evidence given in this inquest; and
4. That CHS and ACT Health actively promote influenza vaccinations amongst children aged between 6 months and 5 years old.

GOVERNMENT RESPONSE

The ACT Government acknowledges Coroner Archer's findings and accepts all recommendations made following the inquest into Rozalia's death.

Recommendation 1: That CHS adopts a staffing model that ensures the position of CIN is filled on a 24-hour basis and quarantines the position from the staffing demands of the ED.

ACT Government Position	Implementation Timeframe
Agreed	Completed

At the time of Rozalia's presentation in July 2022, the CIN role was not rostered overnight. In response to these recommendations, CHS has introduced and implemented a policy that requires that the CIN role to be rostered in the Canberra Hospital ED 24 hours a day and 365 days per year.

On 24 December 2024, the *Emergency Department Waiting Room Supervision Canberra Hospital Policy* (CHS24/644) was issued. This policy outlines CHS' commitment to providing a safe space for patients seeking treatment and outlines the expectations and processes to minimise the risk of an adverse event due to prolonged waiting times.

The responsibilities of the CIN role now specifically and explicitly include the requirement to review any patient who breaches their triage category waiting time, as well as undertaking vital signs assessment and reassessment of patients in the waiting room. There is a requirement for the CIN to escalate to a senior nursing role if they are unable to review patients who have breached waiting time.

CHS confirms that the CIN role is now quarantined from the staffing demands of the Canberra Hospital ED. A mechanism has been introduced in the ProAct electronic rostering system to capture the allocation of the CIN function specifically, in a manner that supports regular reporting to the CHS Executive. This ensures the organisation can be assured that there is always a designated CIN on duty.

In circumstances where unplanned leave results in reduced staffing numbers that impact the ability to staff all areas of the ED, an escalation to senior managers is required. In all cases, the CIN function will be explicitly allocated to a staff member, and this allocation recorded.
CHS has extended the consideration of this recommendation to the Emergency Department at North Canberra Hospital, where there is a waiting room nurse rostered twenty-four hours a day. This nurse is tasked with the assessment and reassessment of patients in the waiting room, in accordance with this recommendation.

<u>Recommendation 2</u>: That those involved in the implementation of the new ICU and the Paediatric ED, as well as the planning of the paediatric Close Observation Unit, consider the evidence in this inquest and these findings.

ACT Government Position	Implementation Timeframe
Agreed	11 months

This recommendation has been partially implemented.

On 12 December 2024, CHS briefed staff holding the following roles on Coroner Archer's findings, and the evidence provided in the inquest:

- Medical Director of the Canberra Hospital ED
- Assistant Director of Nursing of the Canberra Hospital ED
- Medical Director of the Canberra Hospital ICU
- Assistant Director of Nursing of the Canberra Hospital ICU

Planning for the Paediatric ED and the new ICU which opened in August 2024 was undertaken with consideration to the identified deficiencies in Rozalia's care. Changes were made to staffing in the ED, with a key focus on ensuring specialist paediatric expertise is in place. CHS has implemented additional training programs for staff in both the ED and ICU and have changed policy to ensure paediatric specialist input is required for all children admitted to the ICU. A program of routine review of the care of critically unwell children has been embedded and ensures that the positive changes which have been made are continued and are achieving the intended outcome.

CHS will continue to consider the evidence provided in this inquest and its findings in future service planning. This includes considering the relevance of the findings in the implementation of the *Child and Adolescent Clinical Services Plan 2023-2030* and planning for the new northside hospital.

Recommendation 3: That CHS review the functionality of the Digital Health Records system in respect of handover processes, in light of the evidence given in this inquest.

ACT Government Position	Implementation Timeframe
Agreed	5 months

CHS acknowledges that a lack of communication and coordination between treating teams impacted the ability to treat Rozalia in a timely way.

At the time of Rozalia's presentation, CHS was using a combination of paper-based records and some 40 electronic applications to support the delivery of patient care. Since implementation of the Digital Health Record (DHR) in November 2022, CHS has worked in partnership with the ACT Health Directorate (ACTHD) to optimise the functionality of the system. The DHR

allows the health workforce to share information and streamline processes to ensure greater communication and coordination across the treating team.

CHS has now commenced a phased review of handover processes in response to the recommendation. The approach will include identifying the points at which handover processes occur between teams and understanding what is being captured in existing handover processes across the organisation. This data collection phase will allow CHS to identify individual variation and compliance with the *Canberra Health Services Clinical Handover Procedure* (CHS22/138). CHS will work with the ACTHD's Digital Services Division (DSD) to review DHR functionality for recording handover.

CHS intends to have completed the capture of existing processes and the review of DHR functionality by 30 June 2025.

Recommendation 4: That CHS and ACT Health actively promote influenza vaccinations amongst children aged between 6 months and 5 years old.

ACT Government Position	Implementation Timeframe
Agreed	Completed and ongoing

CHS and ACTHD will continue collaborative engagement by combining expertise, resources and innovative approaches to enhance the quality and accessibility of the ACT Government's vaccination program.

ACTHD promoted influenza vaccination clinics for 2023 and 2024, using various channels such as social media, posters, newsletters, media events, a dedicated influenza webpage, postcards, and outreach programs. In 2024, the program included sending information flyers to primary schools, pre-schools, day care centres, Maternal, Family and Child Health teams, weekly social media posts, an article published in 'Our Canberra', A-frames outside pop-up clinics, and allowing parents to book appointments through MyDHR.

Influenza vaccinations are offered as part of the Early Childhood Immunisation Clinics year-round, with additional clinics offered between April and July. In 2023, eight immunisation clinics per week were run across the ACT with an additional six influenza specific clinics offered. In 2024, eight immunisation clinics per week were run across the ACT with an additional seven influenza specific clinics offered.

Families can also receive the vaccine as part of their scheduled National Immunisation Program appointment. Business as usual clinics are delivered in community health centres and child and family centres across the ACT, with pop-up clinics set up in various locations, such as scout halls, community centres, and in the BAPS Shri Swaminarayan Mandir Temple.

In 2024, ACTHD and CHS collaborated to develop and implement a two-year pilot program for influenza vaccination for children that are six months to under five years through a series of outreach clinics in low coverage areas. The evaluation findings from this two-year pilot will contribute to future strategies aimed at improving coverage rates.

ACTHD will continue to work with partners to explore evidence-based initiatives aimed at supporting informed vaccination choices and uptake of influenza vaccine.

CONCLUSION

The ACT Government is committed to improving the care delivered to consumers across the ACT.

The DHR is integral to improving services delivered to the Canberra community. Before the inquest, key changes were made in response to identified deficiencies in Rozalia's care. Coroner Archer's recommendations have resulted in additional changes that will further safeguard against the identified errors happening again with CHS better positioned to manage and respond to the needs of patients in their care.

The establishment of the Integrated Operations Centre looks at the entire health system holistically and identifies ways that patients can move through the system more safely, quickly and efficiently.

The Critical Services Building which opened in August 2024 streamlines care and provides Canberra Hospital more opportunities to treat and monitor patients in a safer environment, including the new Children's ED.

Patient safety is a critical priority for CHS. The responsibility to create a safe environment for patients seeking care when they need it includes the obligation to respond appropriately when failings in care are identified. The shortcomings in the care delivered to Rozalia have had a profound impact

on CHS. There were clear opportunities that were missed. CHS did not support staff to provide the care Rozalia needed, and that failing will continue to impact across CHS.

CHS acknowledges the ongoing devastation Rozalia's family experience every day as a result of these failures. CHS did not provide Rozalia every opportunity to be treated effectively and go home.

The ACT Government deeply regrets the deficiencies in Rozalia's care and sincerely apologises to Rozalia's family.