

HOUSE OF ASSEMBLY

THURSDAY 09TH JUNE

PATIENT CARE ESCALATION POLICY

Mr PEDERICK (Hammond) (11:49): I move:

That this house urges the state government and the Minister for Health to outline and implement a patient care escalation policy with the inclusion of a medical intervention phone number for families, carers, guardians, and patients , as an initiative to prevent misdiagnosis and future deaths.

I rise today with great honour as I introduce a motion holding the potential to save future lives, a motion which is close to the hearts of some here in this place today. It is with great privilege that I stand here as a member of parliament, and I hope that after my speech members on the other side will see the importance of the motion. I rise today to call on the state government and the Minister for Health to outline and implement a patient care escalation policy with the inclusion of a medical intervention phone number for family, carers, guardians and patients as an initiative to prevent misdiagnosis and future deaths.

Before sharing the story of little Leila, I need to acknowledge in the gallery Leila's parents, Edie and Ricky Harkin, as well as Edie's father, Hessel, who are here in support of this motion. I first learnt of the tragic circumstances surrounding the passing of Miss Leila Baartse-Harkin, upon meeting with her mother, Edie. I was extremely saddened to hear of the misdiagnosis and death of Leila on 1 October 2015, less than 48 hours after a playground accident at just nine years of age.

Leila was misdiagnosed by examining hospitals on several occasions and her final cause of death was a perforated bowel, an illness which I believe can be treated in numerous ways depending on its severity. Unfortunately, it was life taking in Leila's case. Edie, her husband, Ricky, family and all those affected by Leila's passing experienced a form of grief which no family should ever have to endure. No words can describe the loss of a parent or loved one, let alone a child.

When Edie met with me, she was so strong while sharing with me Leila's story and was persistent in the fact that she and Ricky do not want other families to go through the loss they live with every day. Edie and Ricky envision South Australia having a policy such as Ryan's Rule which is a patient care escalation system implemented in Queensland through the Queensland government.

Ryan Saunders tragically passed away at nearly three years old in a Queensland health facility in 2007, and his death was found to be 'in all likelihood preventable'. Upon the death of her young son, Ryan's mother did not want any person to be affected by the grief she feels daily, and I quote:

Ryan Saunders was nearly 3 years old when he tragically died in hospital. His death was found to be in all likelihood preven table. Staff did not know Ryan as well as his mu m and dad knew him. When Ryan's parents were worried he was getting worse they didn't feel their concerns were acted upon in time. Ryan's R ule has been developed to provide patients of any age, families and carers with another way to get help.

Ryan's Rule was introduced into Queensland and, through my research, I do not believe it was legislated and instead was introduced as a policy. The Health Contact Centre and Health Support Queensland are in partnership with the health department's patient safety innovation unit, 13 HEALTH and Smart Services Queensland, to deliver Ryan's Rule throughout the state. It works on a three-step process:

1. Talk to a nurse or doctor about your concerns. If you are not satisfied with the response, you pursue step two.

2. Talk to the nurse who is in charge of the shift and if you feel as though your concerns are still present, you escalate the process to step three, the final step.

3. Phone 13 HEALTH (13 43 25 84) or ask a nurse and they can call on your behalf.

Upon phoning this medical intervention phone number, request a Ryan's Rule clinical review and you will be asked to provide the following information: the name of the hospital, the name of the patient, bed and ward number (if available and known) and your contact phone number. After this, a Ryan's Rule nurse or doctor will review the patient file and assist.

It is my understanding that Smart Services Queensland have 92 full-time equivalent staff who are the first to respond to a Ryan's Rule phone call. These staff are skilled and competency assessed, and this is done on a quarterly basis ensuring they are adequately trained to receive this form of correspondence. I think it is important to note that these staff are not employed solely to take Ryan's Rule calls as they are also responsible for answering other human service-related calls.

Ryan's Rule has been utilised heavily throughout Queensland since its commencement in December 2013. Recent data provided by the Queensland government suggested that one to two calls are made per day to Ryan's Rule across approximately 10,000 public acute submissions and feedback received has been positive. These statistics provide the house with an insight of the true significance of this service and show that it is not ignored by concerned patients, family members or carers.

I would like to share the story of a young mother who actioned Ryan's Rule after being turned away from a Queensland hospital eight times. Lili Curtis, the mother of 10-month old Arabella, visited Gold Coast University Hospital eight times over a period of 17 days. It is advised she was turned away every time as 'Arabella was apparently not sick enough to be there.' Lili acknowledged and followed her mother's instinct and made the decision to invoke Ryan's Rule. Arabella's diagnosis was referred to the head of paediatrics, who was called in to review the case notes. As a direct result, Arabella was diagnosed with a form of bronchitis and was treated with a long-term course of antibiotics. Through invoking Ryan's Rule, Lili was able to receive an adequate diagnosis for her daughter, and she was able to trust her gut instinct and provide her daughter with the care she needed.

Many other states throughout Australia, and the world for that matter, have individual policies in this regard, which pose similar comparisons. However, South Australia has none sharing the same similarities and security processes as those in Ryan's Rule. As previously mentioned, policies much like Ryan's Rule also exist in the United States. This is known as the Josie King Foundation. The story that initiated the creation of this foundation is another case which is extremely saddening to read.

Josie King was just 18 months old when she passed away. In the days leading up to her death, Josie's mother, Sorrel King, can recall her screaming for water each time she saw it, and sucking profusely on a flannel when bathing. Sorrel thought this was concerning, but was instructed by medical staff not to let Josie drink. Upon putting Josie to bed, she noticed her eyes rolling into the back of her head. She was advised by a nurse on duty that this sometimes happened. Sorrel suggested speaking to another nurse, as she knew this was not a normal trait of Josie's. The second nurse reassured her also. However, unfortunately, two days later Josie King's life support was switched off, with her final cause of death being dehydration and a wrongly administered narcotic.

It is understood that 98,000 people in the United States die every year as a result of medical errors, making it the fourth leading cause of death in the US. Through the death of her young daughter, and those of some 98,000 people, Sorrel King initiated the inception of the Josie King Foundation, which endeavours to implement change and deter future deaths which may be caused by misdiagnosis. The foundation has created a program called Condition H, with the 'H' meaning Help, which is a helpline for families. This also works on a three-step method before ringing an independent phone number.

In relation to states within Australia, New South Wales has implemented a policy called REACH, which stands for 'Recognise, Engage, Act, Call and Help is on its way.' Similar to the processes in Ryan's Rule, parents, carers or family members are encouraged to firstly engage with a nurse or doctor to express their concern, and if those concerned are still not comfortable, the matter can be escalated by requesting a clinical review, which should occur within 30 minutes of its lodgement. If after these two steps, parents, family members or carers still believe that something is not right, an independent review or a rapid emergency response can be activated.

Within the Canberra Hospital there is a program titled Call and Respond Early (CARE). This also works on a three-step escalation process for those concerned about a patient's health or diagnosis, and the third step involves ringing a medical intervention phone number and speaking with a CARE nurse. In Victoria, the Let Me Know policy has been carried out through the Alfred Hospital, which again has a three-step process, with the inclusion of an independent phone call as the third step. I also note that other hospitals throughout Victoria also have their own individual patient care escalation processes, similar to this.

As has been heard, many states throughout Australia have implemented such a policy within their hospitals. Parents, family members and carers often know when something is wrong with their child or a loved one, and, if they have gone through all the appropriate processes and still feel as though there is an underlying issue, they deserve the opportunity to be heard and listened to.

The policy in South Australia would be titled Leila's Lifeline. It would have a step-by-step escalation process and, if any parent, caregiver, patient or family member felt as though the diagnosis was incorrect, there would be a phone number they could ring where an independent doctor could access the patient file and make a third-party determination. A petition on Change.org was created by Edie, which urges the Minister for Health and others to ensure future lives are protected by endorsing Leila's Lifeline in South Australia, and this petition has so far received 5,494 online signatures, mine being one.

I hope that those on the other side and the Minister for Health will see the benefits of introducing such a policy in South Australia, not only to honour the life of Leila Baartse-Harkin but all those who may have lost their life and did not have the opportunity to be provided with this potentially life-saving second chance. I have introduced this motion to fulfil the wishes of Leila's mother, father and family and also as a way of honouring Leila. From what I have gathered, she was a beautiful, strong girl, and I hope her name and memory can live on through the policy Leila's Lifeline. I commend the motion.