



## **SYDNEY CORONERS COURT**

**Inquest:** **EDNA BERYL WHALAN**

**File number:** **1449/08**

**Hearing dates:** **11, 12, 13 January 2012**

**Date of findings:** **27 January 2012**

**Place of findings:** **Port Macquarie Local Court**

**Findings of:** **Deputy State Coroner Forbes**

**Findings:** **Ms Edna Beryl Whalen died at the Port Macquarie Base Hospital, New South Wales, on 1 February 2007. She died as a result of a pulmonary embolism during surgery for a hip replacement.**

**Recommendations:** **I recommend that the professional conduct of Dr Mustafa, Dr Hussain and Mr Johnston, (physiotherapist) be reviewed by the HCCC.**

**Representation:** **Ms. Korneluk, Advocate Assisting the Coroner  
Mr Gray instructed by Kempsey District Hospital, Dr Le Fevre, and Mr Johnston  
Ms Horvath instructed by Dr Hussain  
Mr Davis instructed by Dr Mustafa and Dr Lane**

## **REASONS FOR FINDINGS**

Ms Edna Beryl Whalen died at the Port Macquarie Base Hospital, New South Wales on 1 February 2007. She died as a result of a pulmonary embolism during surgery for a hip replacement. She was 89 years of age.

The purpose of an inquest is for a Coroner to establish for any deceased person the identity of the person, the date, the place, the cause and the manner of their death. The cause of death is the immediate physical cause. The manner of death refers to the surrounding circumstances of the death. If the evidence justifies it a Coroner may then go on to make recommendations about matters of public health and safety that arise out of the death. In this inquest the only issue for consideration is the circumstances around Mrs. Whalen's death and in particular the care and treatment she received at Kempsey District Hospital.

### **BACKGROUND**

In 2002 Mrs Whalen moved into the Vincent Court Nursing Home. She had her own room and would go to the dining room for meals. She was fully mobile.

At 7.45 pm on 8 January 2007 she informed a carer at the nursing home that she had fallen over in her room and hit her head and had pain in the top area of her left leg.

At 8am on the next morning her carer noted that Ms Whalen was unwell and unable to weight bear and at 11 am it was further noted that Ms Whalen had not improved and was unable to weight bear and complained of pain in her left hip and right head and temple. These symptoms were consistent with the fall she had described. An ambulance was arranged to take her to Kempsey District Hospital.

A discharge/ transfer document was completed by Vincent Court stating that the reason she was being transferred was that she was complaining of a headache and hip pain, that she couldn't weight bear which was a sudden onset.

She arrived at Kempsey District Hospital at 12.10 on 9 January 2012. The triage nurse noted that she had right-sided headache and left hip pain and fevers.

The admitting doctor, Dr Mustapha, noted in the records that she could not obtain a history from Mrs Whalen and rang the nursing home and was informed that Ms Whalen had reported that she had fallen and that Mrs Whalen was no longer able to mobilise without assistance.

Dr Mustapha noted that Ms Whalen had a fever and was confused and prescribed antibiotics for a urinary tract infection. She helped Mrs Whalen stand up at the side of the bed and observed her take a few steps with minimal assistance without appearing to be any pain and decided that a hip fracture was unlikely.

Ms Whalen stayed in Kempsey District Hospital for a little over 2 weeks. During that time she remained immobile. She was sick and in bed, she was treated for colitis which she suffered as a side effect to the antibiotics she was on for the urinary tract infection. She was also treated for congested cardiac failure and atrial fibrillation. Mrs Whalan was discharged on 25 January 2007. She was not discharged back to her home at Vincent Court due to her lack of mobility. She was discharged into Amity Court that is a high dependency facility.

On 30 January at Amity Court Dr Smith noticed that her foot was rotated and ordered X-rays of her hip and pelvis that revealed she had a displaced fracture of her left femur.

She was transferred to Port Macquarie District Hospital for hip replacement surgery. Ms. Whalen did not survive the surgery. She suffered a pulmonary embolism.

Mrs Whalen was a patient at Kempsey Hospital for two and a half weeks and at no time did anyone order an x-ray of her hip. Her fever was treated, however her lack of mobility wasn't properly investigated. The seriousness of this scenario is explained by Dr Raftos, an independent expert in Emergency Medicine who reviewed all of the medical records. He states that deep venous thrombosis forms in the veins of the legs when an individual is immobile in bed and it is important that there is early surgical treatment of elderly patients with hip fractures to allow early mobilisation and minimise the period of immobility in bed and reduce the likelihood of pulmonary embolism associated with immobility. Dr Raftos states that in this case the history clearly indicated that Mrs Whalen was presenting to hospital following a fall after which she had pain in her left hip. He further states that the only reasonable medical response to such a history would have been to suspect the possibility of hip fracture and to perform x-rays of the pelvis and left hip to confirm or exclude that possibility. He also says that while Mrs Whalen was immobile and in hospital she should have been provided with prophylaxis to prevent thromboembolic disease. I accept his opinions.

## **1. WHY WASN'T AN X-RAY ORDERED AT KEMPSEY DISTRICT HOSPITAL?**

### **THE HOSPITAL**

Dr Michael King the Network Director of Medical Services for the Mid North Coast Local Health District is responsible for the delivery of Medical services to Kempsey District Hospital. He informs this court that the Hospital has taken several steps that would greatly assist in preventing a situation similar to Mrs Whalen's from occurring again. He says that at the time of Mrs Whalen's death the hospital did not employ a medical registrar in the medical wards. He says that a registrar provides much more comprehensive care to patients particularly those with dementia and supervises and educates career medical officers particularly in relation to geriatric patients.

Kempsey Hospital also now employs an evening Medical officer who provides more comprehensive care to geriatric patients particularly those in emergency. Dr King states that any patient suspected of an orthopaedic complaint is now automatically referred to Port Macquarie Base Hospital especially where the patient has dementia. Port Macquarie Base Hospital has consultation and surgical facilities, which are not available at Kempsey District Hospital.

## **THE ADMITTING DOCTOR, DR MUSTAFA**

A carer at Vincent Court noted in their records that on 9 January a nurse from the Kempsey Hospital rang and informed them that Ms Whalen would remain in hospital for further monitoring as she was still unable to weight bear and was slurring her words.

I am satisfied from the records that Dr Mustafa, the admitting Doctor at Kempsey District Hospital on 9 January was aware of the report of a fall and aware that Mrs Whalan was refusing to weight bear at the nursing home on that morning and was unable to weight bear at the hospital and was complaining of a painful left leg and hip. I do not accept that her clinical judgement that a fractured hip was unlikely was either reasonable nor in keeping with professional standards. She gave evidence that she based that opinion on the fact that Mrs Whalen stood up and did not express pain, that she was possibly told Mrs Whalen was unable to walk more than 3 m. In light of the fact that Mrs Whalen suffered from dementia she was confused and feverish and couldn't provide a history I am of the view that her clinical assessment was unprofessional especially considering the seriousness and importance that such a fracture be ruled out. The seriousness of her misjudgement is also highlighted by Dr Smith's evidence that one can have an undisplaced fracture without pain.

In his report Dr Raftos explained that fractures of the neck of the femur are common in the elderly and that it occurs more frequently in woman. He says that the diagnosis of individuals who have dementia is difficult. He says that hip fractures should be suspected whenever an elderly person with dementia suddenly stops standing and walking, even if no history of falling is forthcoming. He says that x-rays of the hip and pelvis should always be performed to detect suspected fractures because not only are they common but they have a high mortality. He says the longer the delay between the fracture and its surgical treatment the higher the mortality due to pulmonary embolism.

Not only was Dr Mustapha's clinical judgement unprofessional at the time but given the benefit of knowing the outcome of this case and the benefit of Dr Raftos's research and opinion she is still of the view that it would have been inappropriate to order an x-ray based on her clinical findings. She fails to appreciate that more weight should have been placed on the reasons Mrs Whalen presented at emergency rather than on conversation and responses from Mrs Whalen who had dementia, fever and confusion. She has not modified her diagnostic procedures for elderly patients in

light of this matter. This exhibits a deficit in her professional standards and I am of the view that it is appropriate that she be referred for review of her professional body.

### **THE HEAD OF THE TREATING TEAM: DR HUSSEIN**

After Mrs Whalen was admitted in the hospital she was under the care of Dr Hussein and his team. Dr Hussein's team treated symptoms as they presented. In relation to her continuing lack of mobility on 11 January a chest and cervical spine x-ray was ordered. On 12 January a ct scan of her brain was ordered looking for a possible subdural haemorrhage. On the notes it appears these tests were ordered because she was refusing to eat, drink or mobilise. Dr Hussein gave evidence that they would have been ordered because of the history of the fall and her confusion and lack of mobility. The tests were all negative.

This would have been a perfect opportunity to further investigate her hip pain that she was admitted with. The admission notes clearly included she had reported a fall and was complaining of hip pain and was not weight bearing.

Dr Hussein gave evidence that there was no clinical reason to order a hip or pelvis x-ray. This is remarkable as she was in bed and very sick. For the same reasons as Dr Mustafa I am not satisfied that this is within keeping with current professional standards. A hip x-ray is a simple test that could have easily been done in the hospital to this elderly patient who was sent to hospital because of pain in the hip from a fall and was showing no signs of improvement in her mobility.

Dr Hussein gave evidence that he is of the opinion she didn't have a broken hip while she was in his care and that he thinks she broke her hip after leaving Kempsey Hospital. He bases that view on the grounds that she never complained of hip pain. He maintains that view even in the knowledge that she never complained of hip pain in the high dependency unit she was sent to from his care. She didn't complain of hip pain either before her fracture was diagnosed or anytime up to her surgery. I reject his evidence that the x-ray shows a fresh fracture and I prefer the orthopaedic surgeon's, who performed the hip replacement surgery, willingness to accept that the fracture had occurred some time prior and was not fresh.

Dr Hussein stated that in the same circumstances he would not order a hip x-ray. He has failed to gain any further insights into the complicated process of diagnosing injuries and illnesses in the elderly and bed ridden, especially those with confusion and dementia. He placed far too much weight on his communications and not enough on the recorded reasons and history for her admission and his certainty that she did not have a broken hip when he saw her is unacceptable. Accordingly his professionalism should be reviewed.

### **THE PHYSIOTHERAPIST: MR JOHNSTON**

The next opportunity to diagnose her fracture was when the physiotherapist Mr Johnston assessed her for mobility on the 16 January. His role was to see if she was mobile enough to be returned to where she was living before she was admitted. One

would think his first questions would be what was her mobility before she came to hospital and what is it like now, what has caused the change? Rather than consider possibilities for her lack of mobility since her admission to hospital he noted that she was unwilling to participate in treatment and gave evidence that her behaviour was non compliant.

He said in court that even having now read all the medical records and even knowing the outcome of this matter he would not have changed his care and treatment of Mrs Whalen today. His approach certainly showed a lack of understanding that her main complaint in relation to her mobility upon admission was a pain in her left hip when she was admitted. He told this inquiry that he put her pain down to the urinary tract infection, a condition he neither diagnoses nor treats.

Mr Johnston is currently working as a physiotherapist with elderly people and it is apparent that his assessments do not take into account the particular difficulties of placing too much weight on communication with patients with dementia and confusion especially when they have been ill in bed for a week and also, that some fractures don't cause pain. It would have been very apparent that she wasn't getting any better in relation to her mobility and this may have been due to the fall she was admitted to hospital for rather than her non compliant behaviour. He has shown no capacity to learn from this incident and modify his future mobility tests. In all of those circumstances his professional body should review his performance and standards.

## **2. WHY WASN'T MRS WHALEN PROVIDED WITH PROPHYLAXIS DURING HER ADMISSION AT KEMPSEY DISTRICT HOSPITAL?**

At no time was Mrs Whalen prescribed prophylaxis, not by the admitting or treating doctors. She was immobile in their care from 9 January until 25 January 2007.

Dr Michael King the Network Director of Medical Services for the Mid North Coast states that there is now a mandatory NSW Health Policy that has been adapted by the hospital that patients are assessed for their risk of Venous Thromboemolism on admission and later if their condition deteriorates, and will be prescribed prophylaxis accordingly.

The doctors at the time were remiss in not ensuring that this step was taken to reduce the likelihood she would develop an embolism.

## **SUBMISSIONS**

It has been submitted that this inquest could not make a finding that Mrs Whalen fractured her femur on 8 January 2007. This submission has limitations, it is apparent that in the circumstances of a reported fall and hip pain a possible hip fracture should have been investigated regardless of the outcome.

In any event, the evidence that is relied on to support the submission is

1. Mrs Whalen's carer gave evidence that after reporting the fall on the 8<sup>th</sup> January Mrs. Whalen walked to the dining room for dinner. This submission ignores the two entries on the Vincent Court records the morning after the fall that say at 8 am "...unwell unable to weight bear" and 11 am "Beryl not improved. Unable to weight bear complained of pain left hip..."
2. Mrs Whalen did not complain of pain to her hip or leg when she was an admitted patient at the Kempsey District Hospital. This submission relies on her complaining of pain once her hip was broken. She didn't start complaining of pain before she had the x-ray that revealed the break nor was there any change to her pain relief medication at Amity Court. This submission ignores the reality that elderly confused patients may not be able to communicate well and also that it is possible to have an undisplaced fracture without pain.
3. In the Amity Court progress notes there is a notation that at 6.20 am 29 January that Mrs Whalan had a bruise to her left side rib area and behind her left ear. This was the day before her foot was observed as rotated. I am not persuaded that this is circumstantial evidence from which it could be inferred she suffered a fall at Amity Court and fractured her hip. I note that at Kempsey District Hospital on the 18 January it was also noted that she had a large bruise 10cm x10cm on her left hand side torso. I note that her skin was very fragile.

I am satisfied that there was no coincidence that the x-ray on 25 January diagnosed a fracture to her left femur. I am satisfied it was most likely that the fracture occurred when she fell at Vincent Court and complained of left hip pain on 8 January 2007 and was sent to hospital.

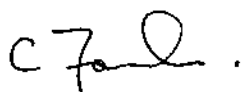
I now move to formal findings and recommendations.

## **FINDINGS**

Ms Edna Beryl Whalen died at the Port Macquarie Base Hospital, New South Wales on 1 February 2007. She died as a result of a pulmonary embolism during surgery for a hip replacement.

## **RECOMMENDATIONS**

I recommend that the professional conduct of Dr Mustafa, Dr Hussain and Mr. Johnston, (physiotherapist) be reviewed by the HCCC.



Magistrate C Forbes  
Deputy State Coroner