STATE
CORONER
VICTORIA

CORONERS REGULATIONS 1996

Form 1

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**Case No:** 4545/05

## RECORD OF INVESTIGATION INTO DEATH

I, **AUDREY JAMIESON**, Coroner,

**having investigated** the death of ANNUNZIATA FEDELE with Inquest held at the Coroners Court, Coronial Services Centre, Southbank on 20 August 2007, 21 August 2007 and 31 January 2008, **find that** the identity of the deceased was **ANNUNZIATA FEDELE** and that death occurred on **12 December 2005** at the **Royal Melbourne Hospital** from:

1(a). HYPOXIC BRAIN INJURY DUE TO ASPIRATION OF FOOD

in the following circumstances:

Mrs Annunziata Fedele was admitted to the Royal Melbourne Hospital from Villa del Sole Hostel, a supported accommodation facility in Glenroy, subsequent to choking on a sandwich. She died the following day.

The death of Mrs Fedele was *reportable* as defined in the *Coroners Act 1985*.[1]

The investigation into Mrs Fedele's death raised issues in relation to her supervision and the level of training and competence of staff at the facility. An Inquest was held under section 17(2) *Coroners Act 1985*.[2]

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[1] "reportable death" means a death-
(a) where the body is in Victoria; or
(b) that occurred in Victoria; or
(c) the cause of which occurred in Victoria; or
(d) of a person who ordinarily resided in Victoria at the time of death-
being a death-
(e) that appears to have been unexpected, unnatural or violent or to have resulted, directly or indirectly, from accident or injury; or.....
(i) of a person who immediately before death was a person held in care; or.....

[2] s.17(2) A coroner who has jurisdiction to investigate a death may hold an inquest if the coroner believes it is desirable.

**BACKGROUND CIRCUMSTANCES:**

Mrs Annunziata Fedele was also known as "Nancy" Fedele. She was 58_years old at the time of her death. Mrs Fedele suffered from frontal lobe dementia. She was unable to effectively communicate. She did not speak.

Mrs Fedele had lived at the Villa del Sole Hostel since 28 October 2003. Villa del Sole is a 52 bed aged persons low level care facility, at 73 William Street, Glenroy. The Hostel is dedicated to members of the Italian community. The staff at Villa del Sole include registered nurses in Division 1 and 2 of the Register and personal carers also known as Personal Care Attendants / Personal Care Assistants) with Certificate 3 in Community Services (Personal Care). All personal carers working at the Hostel had basic first aid training.

After her admission to the Hostel, Mrs Fedele's condition continued to deteriorate. She developed behavioural problems including an obsessive eating habit which included stealing other resident's food and "shovelling" or gorging food into her mouth but without any recorded incident of choking. An assessment of Mrs Fedele's eating and nutrition needs on 1 August 2005, noted no difficulties with chewing or swallowing however, the Hostel was concerned about its ability to provide for her increasing needs and deteriorating condition. She was requiring full supervision at all times which the facility felt unable to provide.

On 5 August 2005, the Hostel wrote to the Aged Care Assessment Service requesting that Mrs Fedele be assessed for relocation to a high level care facility.

On 10 October 2005, Mrs Fedele was assessed by North West Aged Care Assessment Service (NWACAS) as requiring transfer to a high level care facility. The report of Olwyn Backhouse, Social Worker/Aged Care Consultant, recommended that Mrs Fedele be transferred to Ward AC1 at Royal Melbourne Hospital - Royal Park Campus so she could be *assessed in another environment for a longer period to establish where her care needs would best be met.*

The recommendations were discussed with Mrs Fedele's daughters, Adrianna Zurzolo and Ornella Guerra.

Mrs Fedele's behaviour continued to deteriorate.

On 14 November 2005, Villa del Sole implemented 1:1 supervision of Mrs Fedele during the day.

Ms Zurzola and Ms Guerra rejected NWACAS recommendation for assessment to occur at the Royal Park Campus and were seeking alternative residential accommodation for their mother.

Villa del Sole continued to liaise with NWACAS and Mrs Fedele's family regarding alternative living arrangements.

**SURROUNDING CIRCUMSTANCES / HOW DEATH OCCURRED:**

On Sunday 11 December 2005, Villa del Sole Hostel was staffed by Personal Care Attendants (PCAs) Frank Reginato - acting as Team Leader, Grace Gavillucci and Amilia Carlone. PCA Carmel Jacobs was employed through an Agency, called "Alpha", to provide 1:1 care to Mrs Fedele.

Villa del Sole did not employ Registered Nurses at the weekends.

At around midday, the Hostel residents were seated in the dining room for lunch. PCA Jacobs sat with Mrs Fedele at a table while she ate bread and soup for her lunch.

At approximately 12.10pm, PCA Gavillucci relieved PCA Jacobs from her supervision of Mrs Fedele. PCA Gavillucci sat down at the table with Mrs Fedele.

Around the same time, PCA Frank Reginato was in the dining room performing the medication round. PCA Amilia Carlone was also in the dining room, cleaning up around the tables.

At approximately 12.20pm, PCA Reginato approached Mrs Fedele to administered her medication. He noticed that she had food in her mouth. Anxious to complete his medication round, he gave the medication cup to PCA Carlone and requested that she attend to the administration of Mrs Fedele's medication. As PCA Carlone approached Mrs Fedele's table she noticed that Mrs Fedele was staring blankly and had a piece of bread hanging out of her mouth. PCA Gavillucci noticed Mrs Fedele staring at the same time. Mrs Fedele was not coughing or making any discernible noise.

PCA Carlone alerted their team leader, PCA Reginato. PCAs Carlone, Gavillucci and Reginato decided to remove Mrs Fedele from the other residents in the dining room to facilitate removing the food from her mouth. They assisted Mrs Fedele to walk to the office, approximately 20 paces from where she had been seated. Mrs Fedele walked to the office without apparent difficulty.

Once in the office, Mrs Fedele was seated in a chair. PCA Reginato attempted to open Mrs Fedele's tightly clenched jaw to remove the bread that was visibly protruding from her mouth. He was unable to open her jaw and she did not respond to his requests to open her mouth. Mrs Fedele's condition noticeably deteriorated - her body appeared to go tense, she *started to turn blue* / appeared cyanosed. The staff recognised that she was choking. PCA Reginato directed PCA Carlone to call for an ambulance.

At 12.31pm[3] Emergency Services received the call from PCA Carlone requesting ambulance assistance. A Broadmeadows Ambulance crew consisting of Paramedics Bobby Jennings and Grant MacGregor were dispatched at 12.33pm. A Mobile Intensive Care Ambulance (MICA) was dispatched at the same time. The call taker remained on the telephone while the ambulance was in transit. PCA Carlone was distraught - screaming at the call taker to help them. She stated:

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[3] the exact time was 12.31 and 43 seconds

*I was panicking a little bit and the operator was trying to get me to calm down so I could explain what was going on.*[4]

PCA Reginato directed PCA Carlone to go outside to wait for the ambulance to arrive. PCA Gavillucci took up the communication with the Emergency call taker. PCA Gavillucci was asked questions about Mrs Fedele's conscious state, and whether a pulse and respirations were still present. She conveyed the questions to PCA Reginato who remained at Mrs Fedele's side, attempting to take the bread from her mouth and patting her on the back. PCA Reginato replied that her pulse and respirations were present but *very faint*. The call taker instructed PCA Gavillucci to keep Mrs Fedele sitting upright in the chair with her head tilted back. PCA Reginato stated:

*Nancy was still conscious with her eyes opened but after a short amount of time she all of a sudden slumped back in her chair where she was sitting and there was no more reaction from her until the ambulance arrived.*[5]

The Broadmeadows Ambulance crew arrived at Villa del Sole at 12.38pm. They entered the office area to find Mrs Fedele held upright in her chair but not breathing. She was lowered to the floor and paramedics began to clear her airway of the food matter.

Once her airway was cleared ventilation was commenced. Paramedics were unable to detect a pulse. The Electrocardiogram (ECG) showed Electro Mechanical Dysfunction (EMD). Cardio-pulmonary (CPR) was commenced.

At 12.51pm the MICA crew arrived at Villa del Sole. The MICA paramedics achieved Inravenous access and intubated Mrs Fedele. A cardiac output was re-established.

At 1.23pm Mrs Fedele was loaded into an ambulance and transported to the Royal Melbourne Hospital, arriving at 1.40pm. On arrival in the Emergency Department Mrs Fedele's pupils were noted to be fixed and dilated, she was making some respiratory effort and was haemodynamically stable. She was transferred to the Intensive Care Unit (ICU) with a diagnosis of *cardio respiratory arrest likely secondary to aspiration, with a background diagnosis of frontal lobe dementia. She sustained hypoxic brain injury from this arrest.*[6]

There were no signs of neurological improvement over the following 24 hours. Following consultation with the family, palliative care was initiated. Mrs Fedele was extubated at 6.00pm on 12 Decemeber 2005. She died shortly thereafter at 7.17pm.

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[4] See Exhibit 9
[5] See Exhibit 4
[6] See Statement of Dr Alison Hickman dated 12 April 2006, contained within Exhibit 14 (Balance of the Inquest Brief).

## THE ROLE OF THE CORONER:

The statutory role of the Coroner is prescribed in the *Coroners Act 1985*. It is a role that is investigative and inquisitorial rather than adjudicative and adversarial, that is, the role most often associated with judicial officers. Coroners are required to investigate matters in their jurisdiction and, in the case of death, determine the identity of the deceased, how the death occurred, and the cause of death and the particulars needed to register the death.

The primary function is to direct the investigation into and make findings concerning the relevant facts. It is not the role of the Coroner to lay or apportion blame, but to establish cause.

In appropriate circumstances a Coroner may exercise a secondary function by commenting on any other matter connected with the death under investigation including issues related to public health or safety or the administration of justice.

A Coroner is not permitted to include in a finding any statement that a person is or may be guilty of an offence. Similarly, it is not the role of the Coroner to make any specific findings on whether there has been any negligence giving rise to the death under investigation.

However, a Coroner may report to the Attorney-General on a death which she/he has investigated or make recommendations to any Minister or statutory body on any matter connected with or similar to the death and a Coroner must report to the Director of Public Prosecutions if she/he believes that an indictable offence has been committed in connection with the death.

## INVESTIGATIONS:

(a) An Objection to Autopsy (section 29 *Coroners Act 1985*), was lodged by Adriana Zurzolo, daughter of Mrs Fedele. The application was accepted.

(b) Dr David Ranson, Forensic Pathologist and Deputy Director of the Victorian Institute of Forensic Medicine, performed an external examination and review of available records. In the circumstances, Dr Ranson attributed the cause of death to hypoxic brain injury due to the aspiration of food but also commented that in the absence of a full post mortem examination, he could not unequivocally exclude the presence of potentially significant disease processes or injury that could have contributed directly or indirectly to death.

(c) The Police Brief of Evidence contained a number of witness statements. Some of the statements raised issues about the supervision of Mrs Fedele and the capacity of the rostered staff to deal with a medical emergency.

(d) Additional information was sought from the Manager of Villa del Sole. The information was not forthcoming.

An Inquest was not mandated by the Act.[7] Mrs Fedele was not *a person held in care*[8] however, I considered it *desirable* in the circumstances to hold an Inquest when regard was had for some issues identified by the investigation. In addition, the failure of the facility to respond, in a timely manner, to a request for information, left a gap in the investigation. Furthermore, I also considered Mrs Fedele's reliance on her carers, by virtue of her condition, to be analogous to that of *a person held in care*.

**THE INQUEST:**

In *Harmsworth v The State Coroner*[9] Justice Nathan broached the subject of the limits of a coroner's power and observed that the power of investigation is not *free ranging*. Justice Nathan commented that unless restricted to pertinent issues an Inquest could become wide, prolix and indeterminate. He stated:

> *Such an Inquest would never end, but worse it could never arrive at the coherent, let alone concise, findings required by the Act, which are the causes of death.... Such an Inquest could certainly provide material for much comment. Such discursive investigations are not envisaged nor empowered by the Act. They are not within jurisdictional power.*

At the outset of the Inquest, I stated that it was not necessary for the purposes of my investigation, to receive evidence about Mrs Fedele's behavioural problems other than her eating problems. The particular issues for the Inquest to explore were all linked to Mrs Fedele's eating problems - how they were managed by the facility, how effective was her supervision and how she was managed once she got into difficulty as a result of those eating problems.

I also accepted that Villa del Sole had put a system in place to address Mrs Fedele's eating problems by employing a PCA specifically to provide individual supervision of Mrs Fedele.

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[7] s.17(1)A coroner who has jurisdiction to investigate a death must hold an inquest if the body is in Victoria or it appears to the coroner that the death, or the cause of death, occurred in Victoria and-

(a) the coroner suspects homicide; or
(b) the deceased was immediately before death a person held in care; or
(c) the identity of the deceased is not known; or

[8] "person held in care" means-

(a) a person under the control, care or custody of the Secretary to the Department of Human Services; or

(ab) a person-
(i) in the legal custody of the Secretary to the Department of Justice or the Chief Commissioner of Police; or
(ii) in the custody of a member of the police force; or
(iii) in the custody of a protective services officer appointed under the Police Regulation Act 1958; or

(b) a patient in an assessment or treatment centre under the Alcoholics and Drug-dependent Persons Act 1968; or

(c) a patient in an approved mental health service within the meaning of the Mental Health Act 1986;

[9] (1989) VR 89

*Viva voce* evidence was obtained from Marivien Ciceron, Manager, Villa del Sole Hostel, PCA Frank Reginato, PCA Grace Gavillucci, PCA Amilia Carlone, PCA Carmel Jacobs, Paramedic Bobby Jennings, Paramedic Grant MacGregor, Ian Bruce Hyatt, Manager, Quality Review Team, Metropolitan Ambulance Service.

Having previously accepted that the Hostel had a system in place to supervise Mrs Fedele, I also accept that it was in place that day. PCA Jacob was employed for that purpose. I also accept that *there was a seamless transition from one carer to another* when PCA Gavillucci relieved PCA Jacobs so she could have her own lunch break. How Mrs Fedele managed to "gorge" her sandwich so as to bring about choking is not clear. The adequacy of the supervision maybe questionable however, the gorging of itself was consistent with her eating problems and I accept that she did not have an opportunity to appropriate bread from another resident. I have no reason to doubt the evidence of PCAs Gavillucci and Jacobs.

The PCAs did recognise that Mrs Fedele was in some difficulty. Their decision to remove Mrs Fedele from the dining area was made with the best of intentions for Mrs Fedele and for the other residents of the Hostel. At that point in time it was not apparent to the PCAs that Mrs Fedele's condition maybe life threatening.

Once in the office, Mrs Fedele's condition rapidly deteriorated. PCA Reginato had been trying to remove the food from Mrs Fedele's mouth but when she started to turn blue he recognised the need for additional medical assistance. There were no nurses on the premises that could be called upon to provide that assistance. PCA Reginato thus directed that Emergency Services be called. Once on the telephone and providing direction, PCA Reginato followed the call takers instructions. He did not attempt any additional first aid measures but deferred to the expertise of the Emergency Services call taker.

The evidence of PCA Reginato and PCA Gavillucci were consistent in relation to the instructions they were given by the call taker - to keep Mrs Fedele sitting upright with her head tilted back. Early on into the call, while PCA Carlone was still on the telephone, the call taker was going to provide instructions on how to perform a Heimlich manoeuvre[10] but did not follow through with this instruction once PCA Gavillucci took over, advising the call taker that Mrs Fedele was unconscious and her breathing was faint. Throughout the call, the instructions to the PCA remained the same. They were not instructed to attempt a Heimlich manoeuvre or initiate cardio-pulmonary resuscitation.

When Ambulance Paramedics Jennings and MacGregor arrived at the Hostel it appeared to them that nothing had been done to try to assist Mrs Fedele. She was in a state of cardio-pulmonary arrest while being held upright in a chair. It appeared that no first aid had been administered or attempted. They were unaware that the PCAs had been following instructions from the call taker. They were not aware of all of the surrounding circumstances when they prepared their statements for the purposes of this investigation. The "tone" of their statements was understandable in the circumstances.

Paramedics Jennings and MacGregor were in Court when the PCAs gave evidence. Paramedic MacGregor conceded that they do not always get a *correct story* when they arrive

[10] See Exhibit 15 @ p.2 of Transcript of the Emergency call.

at a critical situation. His impression of the surrounding events changed after hearing the evidence of the PCAs.

The evidence of Paramedic Jennings also highlighted the difficulty she experienced in clearing Mrs Fedele's airway despite her extensive experience and having the benefit of equipment in the form of Macgills forceps, a laryngoscope and suction to assist her with the process. Ventilation could not be achieved until Mrs Fedele's airway had been cleared of the food boluses and this took Paramedic Jennings 2 attempts before she could adequately provide ventilation, delivering 100% oxygen to Mrs Fedele.

The other apparent cause for concern / criticism made by the Paramedics in their respective statements, related to the behaviour of the PCAs while resuscitation attempts were underway. I was left with the distinct impression that the PCAs and in particular, PCA Reginato, impeded the Paramedics ability to administer medical attention to Mrs Fedele. This impression was dispelled upon hearing from Paramedics Jennings and MacGregor.

Having the benefit of hearing from PCAs Reginato, Gavillucci and to a lesser extent, PCA Carlone who was still clearly affected by the events of 11 December 2005; and from Paramedics Jennings and MacGregor it became apparent that the instructions from the call taker to the PCAs needed to be examined.

To that end, the Inquest was adjourned. A copy of the recording of the call, the transcript of the call and operating manual / procedures were requested from MAS. The Inquest resumed on 31 January 2008.

Mr Ian Hyatt, Manager of the Quality Review Team of the Metropolitan Ambulance Service (MAS) appeared to provide information regarding call taker instructions. From an historical perspective, Mr Hyatt informed the Court that MAS commenced a structured call taking system at the end of 1996. The system is used in over 3000 emergency systems worldwide. Version 10.2 was in place at the time of Mrs Fedele's death. Version 11.3 came into operation in August 2007 following suggestions by the Australian and New Zealand Standards Council. Version 11.3 included changes to the "Choking" instructions. Version 10.2 instructions directed that there be no interference with the airway in the partial choking situation where breathing was still evident. The instructions would have changed if the call taker had been advised that Mrs Fedele was not breathing. The Heimlich manoeuvre was not warranted because the call taker was advised that Mrs Fedele was unconscious but still breathing. The call taker gave instructions in accordance with Version 10.2. An ambulance was dispatched promptly. The instructions in the new version are more reliant on the conscious state of the patient. If the patient is described as unconscious or beginning to faint, the call taker instructs for the patient to be placed on their side and the airway to be cleared.

Version 11.3 also has a tool built within the system that can count the respirations of the patient which assists the call taker to identify if further immediate action, such as artificial respirations, is required. An ambulance is despatched immediately the words "choking"are used to describe the incident.

Mr Hyatt provided additional general information regarding call takers - that they are employed by the Emergency Services Telecommunication Authority (ESTA), they are not

medically trained but first aid trained. The first aid training includes emergency choking situations and this was the case also in 2005. The system used by the Emergency call taker is accessed via the call taker's computer to the program which guides the call taker by answers to questions, depending on the nature of the request for assistance.

Mr Hyatt informed the Court that the ESTA had reviewed the call and found that the call taker had complied with the instructions prescribed in Version 10.2. He was also prepared to express an opinion that had Version 11.3 been in place on 11 December 2005, the outcome may have been different. Mr Hyatt stated that Mrs Fedele's faint respirations, as identified by the PCAs may have in fact been agonal breathing. The respirations tool in Version 11.3 assists in identifying agonal breathing compared to true respirations, and responds by directing the caller to adopt alternative measures-an obstructive airways manoeuvre, if the patient is conscious, to attempt to dislodge the obstruction, such as the bread in Mrs Fedele's case. However, as Mrs Fedele was unconscious for almost the duration of the 7 minute call, the alternative instructions to the caller, if the "faint respirations"had been identified as agonal breathing, would have been to clear the airway and commence CPR.

The evidence of the Ambulance paramedics was that the airway was difficult to clear even with the benefit of their emergency equipment.

Ultimately, the evidence was equivocal on whether Version 11.3 would have made any difference to the outcome. The application of the Heimlich manoeuvre in a choking situation has a limited time frame. The patient must be conscious but not breathing.

The facts remain, Version 10.2 was in place at the time.

**Comment:**

PrimeLife have implemented some changes to their practises and procedures in response to Mrs Fedele's death.

A Registered Nurse is now rostered to work on weekend shifts.

I acknowledge this action as a positive response by Villa del Sole to Mrs Fedele's untimely death. As a Hostel providing low level care with a "degree"[11] of supervision, the presence of Registered Nurses was not, and is still not, mandated. The absence of Registered Nurses - a regulated profession - is not readily understood by reference to "high level care"and "low level care" beds or indeed "hostel" / "nursing home". The "degree" of supervision may vary between the differently classified facilities but what is common to them is a class of people who are otherwise unable to independently attend to their activities of daily living and who are reliant upon others to supervise and come to their aid in the event of a medical emergency. In the delivery of services to this reliant, vulnerable and increasingly dependant

[11] As used by Ms Magee of Counsel in final submissions.

group of people there is a compelling argument in my opinion, for all of these facilities - regardless of what we call them - to have registered nurses on the premises on every shift.

The presence of Registered Nurses would help to support the residents of these facilities and the personal carers who increasingly, are the group of employees providing the majority of care in the aged care setting. PCAs do have a level of training and in this case, Villa del Sole has demonstrated a commitment to ongoing education of its staff by providing first aid training through MAS however in the absence of regulation there lacks, in general terms, an ability to monitor the standard of delivery of care. PCAs receive basic training which does not empower PCAs to deal with a medical emergency. PCA Carlone's response to the critical situation is an example of how disempowered the carer can be when faced with a medical emergency.

Although mindful of the limitations of my jurisdictional role, I have recently made similar general comments in relation to a matter involving the maladministration of medication by a PCA in a Hostel setting.[12]

**APPLICATION OF LEGAL PRINCIPLES:**

On many occasions, the Supreme Court of Victoria has emphasised that the test expounded in the matter of *Briginshaw v Briginshaw* should apply to findings of causation and contribution where the questions relate to individuals or other entities *acting in their professional capacity.*[13] In *Briginshaw* Justice Dixon stated:

> *The seriousness of the allegation made, the inherent unlikelihood of an occurrence of a given description, or the gravity of the consequences flowing from a particular finding are considerations which must affect the answer to the question whether the issue has been proved to the reasonable satisfaction of the tribunal. In such matter 'reasonable satisfaction' should not be produced by inexact proofs, indefinite testimony, on indirect references ...*[14]

The test is applicable where the performance of a medical practitioner or other health care provider is under scrutiny. Any finding in relation to causation is a matter of great seriousness. In December 2007, The Victorian Court of Appeal in *Clark v Stingel*[15] confirmed that this *seriousness* must be considered when applying the appropriate standard of proof. Their Honours Chief Justice Warren and Chernov and Kellam JJA stated:

> *...the matters to be considered by the tribunal of fact may be of such seriousness that strong evidence - clear and cogent - may be required before reasonable*

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[12] See *Record of Investigation into the Death* of Kathleen Joyce Barnes - Case No: 3662/03

[13] (1938) 60 CLR 336

[14] See also *Anderson v Blashki* (1993) 2 VR 89; *Health and Community Services v Gurvich* (1995) 2 VR 69 and *Chief Commissioner of Police v Hallenstein* (1996) 2 VR 1.

[15] [2007] VSCA 292

*satisfaction that the allegations have been made out can be attained on the balance of probabilities.*[16]

In *Chief Commissioner of Police v Hallenstein* Justice Hedigan concluded that the principles in relation to causation in cases of negligence are applicable to the concept of death in coronial proceedings. He stated:

> *For an act or omission to be the cause, or one of several causes, of a death the logical connection between the act and /or omission and death must be logical, proximate, and readily understandable; not illogical, strained or artificial. In theory it is a difficult complex concept, but one which in my view is manageable in practice.*

In final submissions, Ms Magee referred me to the matter of *Gurvich* and in particular to page 79 of the judgement where Justice Southwell stated:

> *That to say to professional people that they have contributed to the cause of death of another person in the course of their professional duties is to make a very serious allegation, an allegation of negligence that by breach of professional duty owed to the deceased they contributed to the death.*

Such a finding - an adverse finding, is not to be made lightly. Amendments to the Act have removed the requirement to make a specific reference to *contribution* but at times it is unavoidable. Similarly, although it is not the role of the Coroner to make specific findings of negligence it can unavoidably be implied particularly when the professional persons duty to the deceased has been breached in some way.

In relation to the three PCAs responsible for managing Mrs Fedele's critical incident, Ms Magee submitted, again referring to Justice Southwell in *Gurvich* :

> *The effect of a finding would be so devastating that no such adverse finding should be made unless there exists a comfortable satisfaction that negligence has been established which contributed to the death.*

**FINDINGS:**

I find that **Annunziata Fedele** died from hypoxic brain injury due to aspiration of food. The cause of the aspiration of food is directly linked to the eating problems Mrs Fedele developed, consequential of the progression of her frontal lobe dementia. Hypoxic brain injury occurred despite attempts by her carers to remove food from her mouth and despite their diligence in following the instructions of the Emergency Services call taker.

I make no adverse finding in relation to PCAs Reginato, Gavallucci or Carlone. In the absence of professional trained expertise on the premises, they acted appropriately in the circumstances. The presence of a Registered Nurse may have altered the management of the situation but I cannot conclude on the evidence that it would have altered the outcome.

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[16] Op cit @ paragraph 37

I make no adverse finding in relation to the Emergency Services call taker who responded professionally in the face of a certain level of hysteria and in accordance with procedures in place at the time.

I find that the Ambulance Paramedics Jennings and MacGregor acted swiftly to remove the food obstructing Mrs Fedele's airway and that in all probability, the hypoxic brain injury which caused Mrs Fedele's death, had already occurred prior to their arrival at Villa del Sole Hostel.

I make no recommendations in this matter as I am satisfied that Villa del Sole has responded appropriately to Mrs Fedele's tragic death.

I repeat the more general recommendations I made in Case No: 3662/03 for a review by the appropriate Ministers and professional organisations to introduce a system of regulation for Personal Care Attendants.

AUDREY JAMIESON
CORONER
28 April 2008

**APPEARANCES:**
Senior Constable Matt Watts / Senior Constable King Taylor - Assisting the Coroner
Ms A. Magee of Counsel on behalf of PrimeLife Corporation (Minter Ellison)

**DISTRIBUTION OF FINDING:**
The family of Annunziata Fedele - Adrianna Zurzolo and Ornella Guerra
PrimeLife Corporation.
Department of Human Services
Minister for Health (Victoria)
Department of Health and Ageing

ATTACHMENT B

09-089809

840-060-0019

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CORONERS REGULATIONS 1996

Form 1

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1st April, 2008
**Case No:** 3662/03

## RECORD OF INVESTIGATION INTO DEATH[1]

I, **AUDREY JAMIESON**, Coroner,

**having investigated** the death of KATHLEEN JOYCE BARNES with Inquest held at the Coronial Services Centre, Southbank on 9 October 2006 and 10 October 2006, **find that** the identity of the deceased was **KATHLEEN JOYCE BARNES** and that death occurred on **30 October 2003,** at Box Hill Hospital from:

1(a) ACUTE MYOCARDIAL INFARCTION IN A LADY WITH ISCHAEMIC HEART DISEASE DUE TO CORONARY ARTERY ATHEROSCLEROSIS FOLLOWING ADMINISTRATION OF NIFEDIPINE, ATENOLOL, TRAMADOL, CALTRATE, ASPIRIN AND TELMISARTAN

CONTRIBUTING FACTORS

2. BRONCHOPNEUMONIA

in the following circumstances:

On 27 October 2003, Kathleen Joyce Barnes was administered the wrong medication. She later became bradycardic and hypotensive necessitating transfer to Box Hill Hospital. Her condition gradually deteriorated and she died on 30 October 2003.

[1] The Record of Investigation / Finding does not purport to refer to all aspects of the evidence obtained in the course of the Investigation. The material relied upon includes statements and documents tendered in evidence together with the Transcript of Proceedings. The absence of reference to any particular piece of evidence either through a witness or tendered document does not infer that it has not been considered.

The following model is proposed for splitting care and accommodation in the ACFI System

A. Accommodation Domain (ACFI-A)

Step 1 – create an ACFI Accommodation Domain (ACFI-A)

- analyse existing data from care providers together with ACFI/RCS profiles
- determine an agreed accommodation domain costing
- determine if the accommodation amount varies with the type of person supported (e.g. low or high care). Include if variation statistically significant.

Table 1: ACFI-A Classifications

| ACFI-A Classification | Accommodation/Hotel Subsidy (theoretical only) |
|---|---|
| Low Care person (ACFI determined) | $30 per day (theoretical - to be determined) |
| High care person (ACFI determined) | $40 per day(theoretical - to be determined) |
| Supported accommodation person | $15 per day (theoretical - to be determined) |
| Community Care person (domestic environment) | Not eligible for this payment (to be further considered) |

B. Care Domain (ACFI-C) Calculations

Step 2 – create an ACFI Care only funding allocation (ACFI-C). This would be achieved by removing the ACFI-A funding amount from the total ACFI funding pool (most likely from the ADL layer).

Table 2: ACFI-C Classifications

| ACFI-C Domain | Category (e.g.) | Funding Calculation | |
|---|---|---|---|
| | | Living in Residential Care | Living in Domestic Setting |
| ADL | C | $ amount | $ amount x discount factor[1] |
| Behaviour | A | $ amount | $ amount x discount factor[1] |
| Complex Health | C | $ amount | $ amount x discount factor[1] |
| Total ACFI-C funding | | $ ACFI-C total funding | $ ACFI-C total funding x discount factor[1] |

[1] To be determined from calibration with current high level community care programs

C. Total Funding (ACFI-F) Calculations

Step 3 – The total funding for an individual will then equal the = ACFI-A + ACFI-C. The ACFI-C funding would be discounted for people living in community care.