



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 5th day of March 2013 and the 13th day of August 2015, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Ernest Robert Tester.

The said Court finds that Ernest Robert Tester aged 91 years, late of Francis Penny House, Charla Lodge Aged Care Facility, 23 South Terrace, Bordertown, South Australia died at Francis Penny House, Bordertown, South Australia on the 14th day of March 2011 as a result of severe heart failure secondary to ischaemic cardiomyopathy. The said Court finds that the circumstances of his death were as follows:

1. Introduction and reason for Inquest

- 1.1. Mr Ernest Robert Tester was 92 years of age when he died at the Charla Lodge Aged Care Facility on 14 March 2011. Mr Tester died from severe heart failure secondary to ischaemic cardiomyopathy. At the time of his death Mr Tester was subject to an order pursuant to section 32 of the Guardianship and Administration Act 1993, to the effect that he reside in such place as the Guardian from time to time thinks fit, and that he be detained in such place as the Guardian shall from time to time determine. Thus, his was a death in custody that required a mandatory Inquest.

2. Background and events leading to Mr Tester's death

- 2.1. Charla Lodge is a nursing home facility attached to, but entirely separate from, the Bordertown Hospital. It is a facility that caters for clients who suffer from varying degrees of dementia and associated disability.

- 2.2. On 21 July 2008 Mr Tester and his wife, Coral, were both admitted to the Bordertown Hospital suffering from advanced dementia. They were then placed in the care of a high level facility attached to the hospital called Ramsay House. They remained there together until Mrs Tester's death on 30 April 2010. After that event Mr Tester was moved to Francis House, a high level care unit of the Charla Lodge Aged Care Facility. Mr Tester occupied suite 15 until his death.
- 2.3. Mr Tester suffered from a number of medical conditions including dementia, osteoporosis, gout, hypothyroidism, congestive cardiac failure, non ST elevation myocardial infarction, polymyalgia rheumatica, trans-ischaemic attacks and ischaemic cardiomyopathy with left ventricular dysfunction. In keeping with these conditions Mr Tester was prescribed a number of medications including oxazepam, Astrix, Imdur, Lasix, Minipress, Oroxine, Toprol XL, Tritace, Zylprim, Pericyazine and, in the 24 hours prior to his death, Serepax, morphine, nitrolingual pumpspray and Ventolin.
- 2.4. Mr Tester had a 'Good Palliative Care Plan' in place. The plan was dated 27 September 2010 and, as purportedly discussed with Mr Tester's delegated legal guardian from the Office of the Public Advocate, stipulated that every reasonable and available active life-prolonging treatment would be undertaken excluding cardio pulmonary resuscitation. It stated:
- 'The emphasis of management will be on Good Palliative Care, and directed at the continuing relief of symptoms and discomforts. For that reason no artificial measures designed to replace or support bodily function will be undertaken.'
- Each of these plans noted that upon Mr Tester's death a report to the Coroner would be required due to his status under the Guardianship and Administration Act. Mr Tester was housed in a secure unit which he was not able to exit without staff accompaniment or permission.
- 2.5. Mr Tester is reported by nursing staff to have been relatively able bodied until approximately three to four months prior to his death when he began to be less mobile and became more unsteady on his feet. He was reported to have suffered falls in that time, but none had produced serious injury. Despite his physical abilities he was difficult to manage due to his dementia. He was frustrated in his inability to do things that he wanted to do, such as catching a bus to Mount Gambier and leaving the

grounds. He had attempted to leave the facility on several occasions by trying to climb out of windows or over fences. He would become agitated when he was prevented in those endeavours by staff. Staff had the lawful authority to do so.

- 2.6. In the period prior to his death he was described as being 'fine'. He had experienced one bad day in the two months prior to his death. He had spent that day in bed, but he had recovered and was otherwise well.
- 2.7. At about 2am during the overnight shift from 13 March 2011 to 14 March 2011 registered nurse Kelly Hyde discovered that Mr Tester was experiencing an episode of chest tightness and had difficulty breathing. In accordance with his treatment plan Ms Hyde lay Mr Tester on his bed and administered oxygen via a mask. She gave him GTN, or nitrolingual spray, and some oxazepam to help calm him. She provided him with a Ventolin nebuliser. In due course she also administered some morphine. Ms Hyde listened to Mr Tester's chest which she reported as sounding moist and rattly at the time. The treatment plan that she utilised seemed to assist him greatly and his symptoms improved. She saw no need to call the doctor at this time, but handed over to the morning shift and instructed them to call the doctor should his condition deteriorate again during the day.
- 2.8. On the morning of 14 March 2011 Mr Tester was in his bed in suite 15. At about 7:45am enrolled nurse Rhonda Steele heard Mr Tester call out words to the effect of '*I want to get out of bed. Come help me get out of bed*'. She looked in the direction of Mr Tester's suite. She could see him in his bed and he appeared to be fine. Ms Steele continued to assist other patients while keeping an eye on Mr Tester.
- 2.9. At about 8:20am Mr Tester was heard to call out again, '*I want to get out of bed. Come help me get out of bed*'. Ms Sandra Pfitzner, a patient service attendant at the Bordertown Memorial Hospital, heard Mr Tester calling out for assistance. At the time that Mr Tester called out she was showering another resident. She observed Mr Tester sitting up in bed and expressing dismay at being late for breakfast. He wanted assistance getting to the shower so he could go to breakfast. She told Mr Tester she would be with him in about 10 minutes and he seemed agreeable with that.
- 2.10. It was about 8:30am when Ms Steele went to Mr Tester's room and she saw him lying in his bed on his back and looking very pale. She checked Mr Tester and could feel

no pulse and could not detect breathing. Ms Steele located the registered nurse on duty, Ms Krista Edwards, and together they returned to Mr Tester's room. Ms Edwards confirmed that Mr Tester had passed away.

3. Cause of death

- 3.1. Later in the day Dr Kazi Omar of Bordertown Family Medicine attended at the nursing home. He certified Mr Tester's life extinct at 1610 hours. Dr Oluwadare Kuku of Bordertown Family Medicine was Mr Tester's general practitioner. He has provided an opinion as to Mr Tester's cause of death consistent with the conditions that Mr Tester was diagnosed with and consistent with his overall prognosis. In Dr Kuku's opinion Mr Tester's cause of death was severe heart failure secondary to ischaemic cardiomyopathy. I accept Dr Kuku's opinion and so find.

4. Conclusion

- 4.1. Mr Tester died of natural causes that were in keeping with his medical history. His treatment was in accordance with the Good Palliative Care Plan that was in place. The custodial circumstances that had been imposed by an independent authority, namely the Guardianship Board, had no bearing on his death.

5. Recommendation

- 5.1. The Court does not see the need to make any recommendation in this matter.

Key Words: Death in Custody; Natural Causes

In witness whereof the said Coroner has hereunto set and subscribed his hand and

Seal the 13th day of August, 2015.

Deputy State Coroner