**FORM 38**

Rule 60(2)

**FINDING INTO DEATH WITHOUT INQUEST**

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*Section 67 of the **Coroners Act 2008***

**Court reference:** 3339/09

In the Coroners Court of Victoria at Melbourne

I, HEATHER SPOONER, Coroner

having investigated the death of:

**Details of deceased:**

| | |
|---|---|
| Surname: | KANE |
| First name: | ANNIE |
| Address: | Jasmine Lodge, 56 Mount Dandenong Road, Ringwood East, Victoria 3135 |

without holding an inquest:

find that the identity of the deceased was ANNIE KANE
and death occurred on 8th July, 2009

at Maroondah Hospital, Davey Drive, Ringwood East, Victoria 3135

from
1a. COMPLICATIONS OF FRACTURED NECK OF FEMUR IN A WOMAN WITH CONGENITAL HEART FAILURE

Pursuant to Section 67(2) of the **Coroners Act 2008**, an inquest into the death was not held and the deceased was not immediately before the person died, a person placed in custody or care; but there is a public interest to be served in making findings regarding the following circumstances:

1. Mrs Annie Kane was aged 93 when she died. She was widowed in 1963 and had lived an active, independent life up until a fall in August 2007. At that time Mrs Kane decided to seek some assisted care so she moved into a supported residential facility known as Jasmine Lodge at 56 Mount Dandenong Road, Ringwood East. Mrs Kane had a past medical history that included shortness of breath, congestive cardiac failure and hypertension. She had suffered from falls throughout her life which may have been due to impaired sight in one eye. Mrs Kane walked with a four-wheeled walking frame.

2. A police investigation was conducted into the circumstances surrounding the death, it having occurred in the setting of a serious fall in her room. It was apparent that the fall was unwitnessed and an unknown period of time elapsed before Mrs Kane made her way to her bed to activate an alarm. Staff were promptly on the scene when the alarm was raised and later, Mrs Kane was transferred by ambulance to the Maroondah Hospital. Mrs Kane reported that her leg had collapsed under her when she had risen from her seat to go to her bathroom. Apparently, she had also hit her head and was unsure if she had lost consciousness. An x-ray revealed a fractured right neck of femur. Mrs Kane's condition deteriorated and she passed away.

3. An inspection and report was prepared by Dr Michael Burke, Senior Forensic Pathologist with the Victorian Institute of Forensic Medicine. He formulated the cause of death and in his report he commented in part:

> "Annie Kane was a 93 year old woman with a past history of congestive cardiac failure and hypertension. According to the circumstances as detailed in the Victoria Police Report of Death, Form No. 83, Annie Kane had been walking outside the nursing home when her "leg gave way". She fell and struck her head. It was uncertain as to whether she had suffered with loss of consciousness. She was taken to hospital where x-rays showed a fractured right neck of femur. There was rapid deterioration overnight and surgery was cancelled. The situation was discussed with the deceased's family and palliative care was instituted.
>
> External examination showed no significant injuries.
>
> CT scan confirmed a fractured right neck of femur. There was a large heart with calcified coronary arteries and evidence of heart failure. There was no subdural haemorrhage or cervical spine injury."

4. A thoughtful statement was received from Mr Terence Kane, the son of Mrs Kane. In his submission he highlighted that his mother had actually fallen away from her fixed alarm, and thus would have had difficulties in obtaining assistance. He stated that this could be a safety issue for other residents who fall in areas where a fixed alarm cannot be easily reached, and suggested the use of mobile alarms which could be fitted to residents and activated anywhere in the facility.

5. The Coroner sought information from the Coroners Prevention Unit (CPU)[1] regarding personal alarms in Supported Residential Services (SRS). The CPU reported:

[1] The Coroners Prevention Unit is a specialist service for coroners created to strengthen their prevention role and provide them with professional assistance on issues pertaining to public heath and safety.

## 1. Supported Residential Services

Supported Residential Services (SRS) are private care facilities that do not receive government funding, but are registered with and regulated by the Victorian Department of Heath.[2] They vary in the nature and extent of care and services they provide, and range in size from very small concerns to large facilities with up to 90 residents.

According to the Department of Health, there were 176 registered SRSs in Victoria as of 11 March 2011.[3] The latest *Supported Residential Services Census* in 2008 identified a total of 4,356 residents living in an SRS, with an average age of 70 years and the most common age group of 80-89 years (28%).[4]

Most residents lived at an SRS on a permanent basis (92%), and 89% had at least one disability. Types of disability ranged from age related frailty (38%), psychiatric (17%), dementia, physical or intellectual disability (14% respectively).

### 1.1. Legislation and legislative reform

SRS are subject to the *Health Services Act 1988* and the Health Services (Supported Residential Services) Regulations 2001. These requirements are regulated and enforced by the Department of Health through prescribed Authorised Officers.

There is a process of legislative reform underway that will produce a series of outcome-based standards for SRS. The *Supported Residential Services (Private Proprietors) Act 2010* received assent by the Victorian Parliament on 24 August 2010. The Act will create the framework for the subsequent development and implementation (through regulations) of Accommodation and Support Standards which will provide the prescriptive detail of requirements. It is not known whether the issue of personal alarms will be featured in these Standards. A Regulatory Impact Statement will be released at the same time as the draft regulations. It is anticipated that the Act and regulations will come into effect by 2012.[5]

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[2] These facilities differ from Residential Aged Care (RAC) facilities which are funded and regulated by the Commonwealth Government and subject to the Aged Care Act 1997 (Commonwealth) and the Residential Aged Care Standards.

[3] http://health.vic.gov.au/srs/ - accessed 17 March 2011

[4] The Social Research Centre. 2008 Supported Residential Services Census. Prepared for the Department of Human Services, SRS & Accommodation Support Unit, March 2009.

[5] http://www.health.vic.gov.au/srs/legreg/review.htm - accessed 17 March 2011.

## 1.2. Resident Alarm Systems in SRS

SRS are required to have fixed alarm buttons installed, in conjunction with an electronic communication system that is sufficient to allow residents to summon assistance. The Department of Health specifically recommend that only staff are issued with portable radio pager call systems.

The requirements for SRS to have resident alarm systems are detailed in the *Supported Residential Services Design Guidelines* 2nd Edition.[6]

### 1.2.1. Building Code of Australia

*Reference Clause VIC H101.6*

*Details the general requirements for resident call system buttons including the number and location of call buttons in bathrooms, toilets, bedrooms and other habitable rooms.*

*Buttons in showers, bathrooms and other wet areas must be waterproof.*

### 1.2.2. Health Services Act 1988

*Section 108J - Communication systems in supported residential service.*

*The proprietor of an SRS must ensure that an electronic communications system to enable residents and staff to summon assistance is provided in the service.*

### 1.2.3. Health Services (Supported Residential Services) Regulations 2001

*R.31 - Communications systems in SRS*

*The electronic communication system must:*

- *Enable calls to be made from each bedroom, toilet, shower room and bathroom of the service.*
- *Be operational at all times.*

### 1.2.4. Departmental Expectations

*Enunciator panels with audible alarms that indicate the location of activated call buttons should be prominently displayed in staff and administration areas of the premises as well as in any overnight staff quarters. The audible alarm should be clear and loud enough to attract the attention of relevant staff whether awake or sleeping.*

[6] Supported Residential Services Design Guidelines 2nd Edition, July 2006.
http://www.health.vic.gov.au/srs/downloads/design_guidelines.pdf - accessed 17 March 2011.

1.2.5. Additional Considerations

*Pocket, pendant or wrist type radio pager call systems are recommended for staff only. If such as system is used, it should be for local transmission only and be equipped with its own antenna, amplifier, transmitter, encoder and receivers.*

## 1.3. Application of Personal Alarm Systems

Information published by the Commonwealth Department of Health and Aging (DoHA) promote the use of personal alarm systems for elderly individuals who are living independently at home.[7] These alarm systems either activate the telephone system to alert a responder,[8] or be a simple transmitter arrangement that can alert a nearby neighbour or friend who holds the receiver.

A key feature of these personal alarm systems is that the response to an alarm being activated is directed to the residence of the individual. The alarm system, however is unable to track the individual's specific location, and therefore if the alarm is activated in another setting, such as a shopping centre, the alarm responders will be unable to provide assistance.

### 1.3.1. Potential Limitations of Personal Alarm Systems in SRS

The lack of location information may be a key reason why the use of personal alarm systems have not been adopted in SRS. The activation of a fixed alarm can send an immediate alert to staff with the precise location of the alarm through an enunciator panel. If a resident were to have a portable personal alarm system, the activation of that alarm would indicate that they need assistance, but could not provide a location of the individual to staff, and a search of the entire facility would need to be conducted.

While Geographic Positioning Systems (GPS) have become common, the application of this technology to personal alarm systems may be problematic. Most GPS units are receivers, meaning they detect and triangulate signals from satellites. A GPS-incorporated alarm would require the unit to transmit it's location and another receiver would then need to process the information to make the location available to staff. This process alone would require specialised hardware and software.

[7] http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/Personal+and+medical+alarms?Open&etID=WCMEXT06-WCME-8F25C8 - accessed 17 March 2011

[8] Such as "000"

Furthermore, GPS contain latitude and longitude measurements which can then be related to map data, such as a Melways or Google Maps. In order for such as system to be used in a facility such as an SRS, specialised hardware and software would be required to relate the activation of an alarm and the location of an individual to a spatial reference within the facility itself. The benefits of having such sophisticated location systems within a facility may not compare with the costs of using the existing fixed alarm systems.

The CPU were unable to find any examples of the use of this type of technology in care facilities in Australia. They should not, however, be discounted as a potential preventative measure should the appropriate technological developments enter the marketplace.

6. It is apparent that Mrs Kane unfortunately died from complications of a fractured hip that she sustained following a fall in her supported residential service accommodation.

**RECOMMENDATION:**
Pursuant to Section 72(2) of the **Coroners Act 2008**, I make the following recommendation connected with the death:

The development of residential care standards for SRSs offers the opportunity to encourage a review of personal alert systems, to determine whether viable options exist to have alarms which are fixed to the resident. It is therefore recommended:

*The Department of Health, in the development of the Accommodation and Support Standards of the Supported Residential Services (Private Proprietors) Act, should review the "best practice" arrangements for alarm systems to determine whether alarms which can be fixed or worn by residents should be mandated to reduce the consequences of unwitnessed falls in residential care settings.*

Signature:

Coroners Court of Victoria

Heather Spooner
Coroner

18th July 2011

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