



## **Supporting Information**

### **Supplementary material**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Tarrago (Wangkamahdla) A, Veit-Prince E, Brolan CE. "Simply put: systems failed": lessons from the Coroner's inquest into the rheumatic heart disease Doomadgee cluster. *Med J Aust* 2024; doi: 10.5694/mja2.52350.

## CONSIDER Statement

Guest Editors of the 2024 *Indigenous Health Special Issue* acknowledge the Indigenous expertise that informed the establishment of the CONSolidated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement.

Authors should indicate how they have supported ethical publishing and reporting practices by providing the details of the research practices aligned with this publication in accordance with the CONSIDER statement. The reporting should not exceed two pages. This reporting will be published as online supplementary information. Detailed items can be accessed in the publication:

<https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0815-8>

### Governance

This Perspective piece is part of Work Package 1 of the NHMRC project, “Advancing non-discriminatory, rights-based access to health services for Aboriginal and Torres Strait Islander peoples” (grant ref: 2004327). This is the health and human rights legal/policy work package of that project. The project has human research ethics approval from The University of Queensland (ethics approval number: 2021/HE000196). The Project is called ‘Project 37’ after section 37 of the *Human Rights Act 2019 (Qld)*. Section 37 of that Act states, “Everyone has the right to access health services without discrimination”. Section 37 should be read in conjunction with section 28 of the *Human Rights Act 2019 (Qld)* that protects and promotes the cultural rights of Aboriginal and/or Torres Strait Islander people in what is now known as Queensland. The multidisciplinary research project is led by Professor Maree Toombs (Euralayie/Kooma) and comprises five Chief Investigators (including CIA Toombs) who identify as Aboriginal and/or Torres Strait Islander, and five non-Indigenous Chief Investigators.

In addition to Work Package 1, Project 37 has two other Work Packages. Work Package 2 involved yarning with 10 different communities throughout Queensland about Community’s health service access aspirations, challenges, lived experiences, and understanding of health rights, as well as understandings, benefits and concerns about the growing field of genomics in medicine. Yarning occurred in 2022-23 with over 200 Aboriginal and Torres Strait Islander community members. Work Package 2 held a second round of yarns (in all but one of the 10 locations due to Sorry Business) to share back the emerging findings and obtain guidance from Community as to whether the emerging findings from the yarns appropriately reflected community voice and community’s collective health service access needs, priorities, and concerns. Work Package 3 focuses on ‘futures’ non-discriminatory health access issues around Aboriginal and Torres Strait Islander peoples’ equitable access to genomics medicine that is grounded in Indigenous principles of self-determination, respect, autonomy, and human rights protections.

Work Package 1 is guided by two Aboriginal and Torres Strait Islander Chief Investigators who are legally trained and specialise in Indigenous health and human rights law.

### Prioritization

This paper was prepared further to the strategic guidance from the two Aboriginal and Torres Strait Islander Chief Investigators in Work Package 1. The events that led to the tragic and wholly preventable deaths of the three women in Doomadgee, and the consequent delivery of the Coroner’s findings in mid-2023, compelled Work Package 1 comment in light of our collective expertise in health law and health justice and human rights, and the first author’s close engagement with that case. We are determined that the Coroner’s findings are not swept under the carpet by the State, and thus gave prioritisation to the preparation of this paper for the inaugural Indigenous Special Issue of the Medical Journal of Australia. Work Package 1 considers this a critical contribution to that Special Issue.

### **Relationships (Indigenous stakeholders/participants and Research Team)**

In the Project 37 yarns in ten Queensland locations in 2022-23, research team members heard repeated accounts across the ten locations of Aboriginal and Torres Strait Islander people who presented to emergency departments in Queensland, who felt that their voices were not taken seriously and who were ‘dismissed’ with Panadol – when there was a serious medical concern later found. We also heard of preventable deaths due to lack of timely treatment. It is those voices and lived experiences that further inspired Work Package 1 to prepare this paper.

### **Methodologies**

This is a Perspective piece, whose first author is as an Aboriginal woman and is written with an Indigenous lens. Avelina was Counsel for Gidgee Healing in the Coronial Inquest of focus in this Perspective. In preparing this paper, the authors sought Aboriginal and/or Torres Strait Islander leadership and guidance from a number of individuals involved in the Coronial Inquest, as well as legal guidance.

### **Participation**

This is a Perspective piece, whose first author is as an Aboriginal woman, and Counsel for Gidgee Healing in the Coronial Inquest of focus in this article. In preparing this paper, the authors sought Aboriginal and/or Torres Strait Islander leadership and guidance from a number of individuals involved in the Coronial Inquest, as well as legal guidance. The Perspective on the Coronial Inquest findings are the authors views alone and should not be attributed to any other person or organisation. The paper honours the repeated accounts of participants who privileged Project 37 with their time, voice and lived experience by yarning with the research team; of those many, many participants who spoke of institutional racism and inability to access timely, quality and lifesaving health services.

### **Capacity**

### **Analysis and interpretation**

The paper is grounded in Aboriginal and Torres Strait Islander peoples’ human right to health, the right to self-determination and Truth-Telling principles.

### **Dissemination**

Project 37 findings are being collated and dissemination will actively begin in 2024. Work Package 1 has already led preparation of two published papers:

1. Creamer S, Toombs M, Tarrago A, et al. More than Black Printed Words on White Paper: Intergenerational Health Justice for Aboriginal and Torres Strait Islander Peoples. In B Bennett and I Freckelton (eds). *Australian public health law: contemporary issues and challenges*. Alexandria, NSW: Federation Press, 2023.
2. Toombs M, Curtis C, Brolan CE. Supporting Indigenous health equity strategic planning: a Queensland perspective. *Med J Aust* 2023;218(1):5-8.

In 2024, Project 37 will also be releasing a Policy Brief Series, as well as peer-reviewed papers in due course. This paper's First Author has also prepared a legal brief that will be made publicly available in 2024 about the complexity, confusion, and deficiencies of health service complaints processes for Aboriginal and Torres Strait Islander people in Queensland. An overview of that brief was presented and yarned through with interested colleagues from Aboriginal and Torres Strait Islander Community Controlled Health Services, Queensland Health, and other Indigenous and policy stakeholders online and in person at an event held at the Queensland Aboriginal and Islander Health Council (QAIHC) in March 2024.

Figure 1. Map of Doomadgee



Map data ©2024 Google

**Table 1. Summary of recommendations made by the Queensland Coroner and Office<sup>1</sup> of the Health Ombudsman (OHO).<sup>2,3</sup> Text in bold is added by the authors.**

Theme	Relevant Recommendations		
	Coroner's Inquiry Recommendations <sup>1</sup>	OHO – Report into Doomadgee Hospital Recommendations <sup>2</sup>	OHO – Report into Gidgee Healing Recommendations <sup>3</sup>
Cultural training, including training specific to Doomadgee community	North West Hospital and Health Service (NWHHS) consider lessons from this inquest, and how they may apply to other communities in the NWHHS district, including ongoing training in areas of cultural training and competency and training in <b>'Sad News Sorry Business'</b> .	Seek, record and review <b>feedback from community</b> regarding the Queensland Health (QH) guideline <b>'Sad News, Sorry Business'</b> to: a. Support the development of a <b>Doomadgee-specific culturally safe local guideline</b> . b. Include training on the guideline in <b>mandatory orientation for all Doomadgee Health staff</b> .	
	QH, NWHHS and Gidgee Healing (GH) co-design with Doomadgee community a program for ensuring all staff have appropriate <b>cultural safety training</b> , with an understanding of cultural matters <b>specifically relevant to the Doomadgee community</b>	Doomadgee Health <b>develop orientation packages and materials that support culturally safe and responsive practice</b> including: a. <b>Engaging with the community</b> to ensure the <b>material highlights local community needs, cultural values, beliefs and practices</b> to strengthen relationships with Doomadgee community. b. Orientation is part of <b>mandatory education for completion by all staff</b> in first month of employment.	GH <b>develop orientation packages and materials that support culturally safe and responsive practice</b> a. <b>Engage with community</b> to ensure <b>orientation material highlights local community needs, cultural values, beliefs and practices</b> to strengthen relationships with Doomadgee community. Orientation is part of <b>mandatory education for completion by all staff</b> in first month of employment. Orientation <b>provides information on health issues specific to Doomadgee community</b> (e.g. ARF and RHD).
Measure racism and implement improvements to build relationships and cultural safety	Engage a <b>restorative expert</b> to assist <b>repairing the relationship</b> between clinicians and all stakeholders in health services in the provision of care in Doomadgee.  Engage a <b>cultural leader/restorative expert</b> to facilitate a process to restore the trust and	Seek and evaluate <b>feedback from community as a measure of cultural safety</b> across service delivery, and work with community to <b>develop and implement improvements to enhance cultural safety</b> .	Seek and evaluate <b>feedback from community as a measure of cultural safety</b> across service delivery, and work with community to <b>develop and implement improvements to enhance cultural safety</b> .

	<p>relationship between Doomadgee community and healthcare providers.</p> <p>QH, the NWHHS and GH consider adopting/adapting a risk matrix, such as the <b>Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services</b> (Marrie, A. and Murrie, H. 2014).</p> <p>QH, NWHHS and GH consider whether any improvements could be made with respect to the <b>recording of clinical notes so as to avoid implicit negative cultural and racial connotations.</b></p>	<p><b>Jointly engage with clinical staff and community leaders</b> to explore what would make local health services more welcoming for patients and Doomadgee a place staff enjoy working and want to stay.</p>	
	<p>Coroners Court Qld apply allocated funding to the recruitment of a <b>cultural capability officer.</b></p>		
<p>Involve the community on the provision of healthcare</p>	<p>The <b>community</b>, through a <b>community liaison officer</b>, consider <b>developing a model for the provision of community support to local health services</b>, including <b>cultural training immersion</b>, and the development of a <b>group of community members</b> who can attend GH or the Hospital and Health Service (HHS) to assist with patient management <b>in times of acute illness/patient dying</b> [e.g. ‘guardian angel service’]</p> <p><b>Identify and train community members in CPR</b> to develop greater capacity within the community</p> <p>QH with the First Nations community consider whether <b>Ryan’s Rule needs to be adapted to ensure it is culturally appropriate</b> for First Nations, then adapt and promote accordingly.</p>	<p>Review the use of <b>Indigenous Health Workers</b> and explore the feasibility of an expanded role where they provide a <b>link between clinical staff and family members</b> when a <b>seriously ill patient</b> is being treated at hospital.</p> <p><b>Explore with Doomadgee community how individuals and families may be supported</b> when they are receiving treatment at hospital for serious illness.</p>	
		<p><b>Review the accessibility of Doomadgee Health</b> , with particular focus on after hours accessibility, by:</p> <ol style="list-style-type: none"> <li>a. Seeking <b>community feedback.</b></li> <li>b. Reviewing security measures at Doomadgee Health.</li> </ol>	

		<p>c. <b>Engage with community</b> to explain the security measures and improve awareness of accessibility of DH.</p>	
		<p>Doomadgee Health, GH and other community health service providers develop and <b>implement a framework for community consultation</b>. This process must seek input from community representatives.</p>	<p>GH, local HHS and community health service providers <b>develop and implement a framework for community consultation</b>. This process must seek input from community representatives.</p>
<p>Improve record keeping, data collection and information sharing between healthcare providers</p>	<p>NWHHS <b>review discharge plan process</b> to ensure a discharge plan is sent to the relevant receiving primary care provider and local hospital.</p> <p>NWHHS ensure Doomadgee Health doctors have <b>timely access to electronic medical records</b>.</p>	<p>Review:</p> <p>a. How staff know to <b>access and use various relevant record systems</b></p> <p>b. The <b>effectiveness of the use of triggers/alerts</b> in the patient information systems used.</p> <p>c. A <b>random sample of recent clinical records, evaluate them</b> against the NWHHS 'Procedure for Clinical Documentation in Patient Records', develop action plan for identified deficiencies.</p> <p><b>Consider case reviews of patients</b> who frequently present with similar systems/complex needs.</p> <p>Doomadgee Health and GH promote <b>improved communication</b> between service providers, through <b>review of any existing communication pathways, identifying and implementing any improvements for information sharing</b> as patients move between health services. <b>Where consent is given, all health services must have access to current patient information.</b></p> <p><b>Review existing communication pathways</b> between GH and NWHHS.</p>	<p>GH with local HHS to <b>review existing communication pathways</b>, identify and implement improvements for information sharing. <b>Where consent is given, all health services must have access to current patient information.</b></p> <p><b>Ensure robust data collection</b> that accurately reflects service provision to enhance accountability mechanisms and guide future planning.</p>



<p>Undertake health service mapping and partnership to improve collaboration between healthcare providers</p>	<p>QH, NWHHS and GH consider <b>engaging an expert</b> to work with the community to <b>assess and map the healthcare services</b> in Doomadgee and <b>propose a model of care</b> which will effectively meet the community's needs.</p> <p>QH consider project <b>guidelines for the agreed future roll out of an ACCHO</b> in a community which is currently only being serviced by a HHS.</p>	<p>Doomadgee Health and GH partner to ensure effective collaboration, coordination and integration of care. Including:  QH and GH develop working principles for a <b>local service partnership agreement</b>, formalised through a <b>local service agreement</b>, formal representation in <b>governance structures and regular meetings</b> with defined <b>reporting processes</b>.  Creation of a <b>local service agreement</b> which includes <b>documentation of service delivery responsibilities and expected outcomes</b> for each service and how they work together. This agreement should include development and consultation with GH and other community health service providers and implement <b>framework for community consultation</b>. Must <b>seek input from community representatives</b>. This committee should be tasked with: (A) developing terms of reference, a meeting schedule, recording and distribution of minutes and action items; (B) <b>consultation regarding culturally safe healthcare design, delivery and evaluation</b>; and (C) <b>monitor and evaluate progress of agreed outcomes</b>.</p>	<p>GH <b>partner with secondary and tertiary health service providers</b> to ensure effective collaboration, coordination and integration of care. This requires:  a. Developing working principles for a <b>local service partnership agreement</b>, formalised through a <b>local service agreement</b>, formal representation in <b>governance structures and regular meetings</b> with defined <b>reporting processes</b>.</p> <p>GH develop and document <b>internal and external escalation processes</b>, which include:  a. <b>Service level agreements</b> which articulate escalation processes with other service providers.  b. Priorities and strategic direction for service provision and service transition plans.  c. Processes for internal escalation  d. Mechanisms for making information available to the community regarding what healthcare services are available – ensuring this process includes <b>community consultation and community feedback</b>.</p>
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<p>Address staffing and recruitment in healthcare services</p>	<p>Community consider appointing an independent community member as a <b>Community Liaison Officer</b> to act as independent conduit between the local Health Council and Health Service Providers, and <b>assist in recruitment of local people</b> to work with Health Service Providers.</p> <p>NWHHS <b>review Doomadgee Health doctor coverage and rostering practices</b> to ensure appropriate medical coverage.</p>	<p>Doomadgee Health include a <b>local Aboriginal community member on staff selection panels</b> for higher grade positions.</p>	<p>GH create coordinated, targeted <b>recruitment and retention strategy</b>.</p> <p>Prioritise recruitment of a child health nurse to Doomadgee.</p>
<p>Prevention and early detection of ARF and RHD</p>	<p>QH <b>determine the most effective approach to identify ARF and RHD</b> in Doomadgee and other high risk First Nation communities</p> <p>QH through the RHD Register and relevant HHSs <b>identify strategies to encourage clinicians working in prevalent communities to adopt a high-risk index of suspicion</b> when treating patients in these communities.</p>	<p>Doomadgee Health continues <b>increasing awareness</b> and knowledge of ARF and RHD <b>among all clinical staff</b> who currently, or will, work in locations with a high prevalence of ARF and RHD through:</p> <ul style="list-style-type: none"> <li>a. Introductory session in the <b>orientation program</b> on ARF and RHD</li> <li>b. Clinical staff complete the <b>healthcare professional modules</b> by RHD Australia as mandatory part of clinical orientation</li> <li>c. <b>Annual schedule of staff and patient education</b> through Queensland RHD Registry Office</li> </ul> <p>Provide clinical staff <b>access to tools to assist detect ARF and RHD</b> by making the RHD Australia 'Guidelines and Diagnosis Calculator' (App) available on NWHHS devices.</p> <p>Develop and implement <b>protocols for the conducting of early detection/screening</b></p>	

		<p><b>programs, and ongoing management</b> of identified patients in the NWHHS, including:</p> <p>a. <b>Screening team member visit the community</b> before and after the screening to work with GH and Doomadgee Health to educate staff and set up systems for follow up.</p>	
<p>Improve collaboration across healthcare services in management of RHD patients</p>	<p>Consider streamlining the management of RHD patients by the <b>introduction of a Nurse Navigator role</b> based in Doomadgee.</p>	<p>Appoint a <b>local coordinator</b> responsible for ensuring:</p> <ul style="list-style-type: none"> <li>(i) clinical debrief is held with the screening team to share diagnosis and prioritise actions;</li> <li>(ii) screening results provided to GH and NWHHS;</li> <li>(iii) screening results are entered into system notes;</li> <li>(iv) ongoing education provided to patients and families with confirmed diagnosis;</li> <li>(v) education to clinical staff;</li> <li>(vi) patients with RHD have someone nominated to coordinate their care and management plans, and records are held at Doomadgee Health and GH;</li> <li>(vii) a care plan is compiled with clear responsibilities allocated to health services.</li> </ul>	
	<p>Community consider developing a <b>local RHD action plan</b> in consultation with the local school, Doomadgee Health and GH.</p> <p>QH request the <b>RHD Register and Control program clarify the purpose and function of the Program</b>, and propose ways of ensuring the purpose and function of the Program is explained to (a) <b>clinicians</b>; and (b) <b>patients and their families</b>.</p>	<p>Establish consistent <b>approach to applying the national ARF and RHD guidelines</b>, including clarifying and articulating who will coordinate care.</p>	

<p>Address the social determinants of health</p>	<p>QH consult with Doomadgee Shire Council and <b>provide funding and support</b> for training and employing a further <b>environmental health officer</b> to address the <b>primordial risks</b> associated with RHD and other communicable diseases.</p> <p>QH consider a project with other government stakeholders to <b>build a laundromat and showering facilities</b>, or, in the short-term, approach an organisation (e.g. Orange Sky) to provide a laundry/shower truck for Doomadgee.</p>		
<p>Other</p>			<p>Development of <b>GH's risk register</b> to include and align with RACGP Standards.</p> <p><b>GH complete accreditation</b> under the appropriate standards for primary healthcare clinics in 2023.</p>

## References

- 1 Coroners Court of Queensland. Inquest into the death of: Yvette Michelle Wilma Booth, Adele Estelle Sandy, Shakaya George ("RHD Doomadgee Cluster"). Cairns: Queensland Courts, 2023. [https://www.courts.qld.gov.au/\\_\\_data/assets/pdf\\_file/0006/770109/cif-booth-sandy-george-20230630.pdf](https://www.courts.qld.gov.au/__data/assets/pdf_file/0006/770109/cif-booth-sandy-george-20230630.pdf) (viewed Dec 2023).
- 2 Office of the Health Ombudsman. Systemic investigation into the health care provided to Miss Sandy at Doomadgee Rural Hospital. Brisbane: Office of the Health Ombudsman, 2023. <https://www.oho.qld.gov.au/reports/investigation-report-systemic-investigation-into-the-health-care-provided-to-miss-sandy-at-doomadgee-rural-hospital> (viewed Dec 2023).
- 3 Office of the Health Ombudsman. Systemic investigation into service provision at Gidgee Healing. Brisbane: Office of the Health Ombudsman, 2023. <https://www.oho.qld.gov.au/reports/investigation-report-systemic-investigation-into-service-provision-at-gidgee-healing#:~:text=This%20report%20details%20the%20findings,2021%20that%20identified%20issues%20of> (viewed Dec 2023).