

The Hon Ryan Park MP

Minister for Health
Minister for Regional Health
Minister for the Illawarra and the South Coast



Your Ref: 2019/337631

Our Ref: COR25/6

The Hon. Michael Daley, MP
Attorney General
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Coronial inquest into the death of David Freeman

Dear Attorney General

Michael

I write in relation to the findings and recommendations made on 21 February 2025 by Deputy State Coroner Joan Baptie in the inquest into the death of David Freeman.

Mr Freeman died aged 46 years old on 27 October 2019 at Tenterfield Hospital, NSW. He died from a respiratory arrest secondary to an acute exacerbation of bronchial asthma caused by a non-allergic hypersensitivity reaction to aspirin administered in hospital.

The Deputy State Coroner made five recommendations, with four directed to NSW Health. Three are fully supported with actions underway, and one is partially supported with alternative actions in place and underway.

Recommendation 2: To Hunter New England Local Health District:

That the HNELHD rewrite and simplify the pro forma Tenterfield Hospital Business Continuity Plan so that there is a singular set of instructions (if possible, on a single page) providing clear, succinct and unambiguous escalation pathways for nursing staff to follow during a period of business continuity where there is no medical officer on site at Tenterfield Hospital.

The Business Continuity Plan (BCP) is used across HNELHD, including all sites in 28 Rural and Regional Hospital Services hospitals. The BCP informs the Patient Flow Unit (PFU), NSW Ambulance (NSWA,) and virtual care providers. The BCP differentiates local staff response from notification of service enablers and business partners. Local clinicians require operating procedures to direct clinical care in the absence of key on-site clinicians.

HNELHD is updating the BCP to be a single page BCP document, outlining service disruption and implications for the local hospital. Updating the BCP requires extensive consultation with ED clinical streams and clinical governance. HNELHD has completed two meetings with ED nursing and medical leaders, with two additional meetings scheduled to occur before 30 June 2025.

HNELHD advises this recommendation is on track for closure by 31 October 2025.

Recommendation 3: To Hunter New England Local Health District:

That the HNELHD review existing referral pathways and ensure that there are clear pathways for referral to respiratory and other specialists in the treatment of asthma for patients who present repeatedly to Emergency Departments with severe asthma exacerbation and are in receipt of multiple courses of prednisolone.

HNELHD fully supports this recommendation, with actions underway and planned.

The HNELHD *Acute Asthma – Adult Hospital HealthPathway* (the Pathway) exists for the treatment of ED presentations with Acute Asthma. Pathway currently includes information on referral to specialist respiratory services for life-threatening or mild-moderate presentations, presentation for acute asthma within the past 4 weeks, and frequent presentations for acute asthma. It includes recommendations for outpatient referral and follow up on discharge.

The Pathway was last updated 16 March 2023, with a full review due in August 2025. The HNELHD Respiratory Clinical Stream will review the Pathway to ensure alignment with current best practice and emphasis on referral pathways, with specific guidance on patients who would benefit from specialist respiratory input. Consultation with key stakeholders is underway.

Review will include alignment with the existing *Emergency Care and Treatment (ECAT) adult protocol for Shortness of breath with a history of asthma (A2.2)*.

HNELHD advises this recommendation is on track for closure by 31 August 2025.

Recommendation 4: To NSW Health, in relation to the Chest Pain Pathway

That a copy of the findings be sent to NSW Health and that NSW Health consider the evidence of Professor Katelaris recommending amendment of the Chest Pain Pathway to include the following cautions:

CAUTION:

Does the patient have severe asthma?

Does the patient have an aspirin/NSAID sensitivity?

NSW Agency for Clinical Innovation (ACI) are authors of the Pathway for Acute Coronary Syndrome (PACSA), which replaced the Chest Pain Pathway in June 2021. ACI advise they have considered the intent and partially support the coronial recommendation, with alternative actions underway.

Clinical experts consulted to inform this response have noted the importance of balancing the risk and benefit of aspirin administration. Aspirin is a foundational medication for patients with acute coronary syndrome and subsequent secondary prevention, supported by high-level evidence for its efficacy and generally associated with a low risk profile. Severe reactions are rare, however potentially catastrophic. Risk mitigation strategies must include explicit guidance to avoid misclassification of reactions and ensure timely initiation of appropriate therapies.

ACI note inclusion of a specific aspirin reaction caution may risk the unintended consequence of delay to appropriate therapy and risk the need for future changes based on other drug reactions. In addition, it is noted the responsibility of recognising and documenting allergies is comprehensively outlined in NSW Health Medication Handling policy directive (PD2022_032).

ACI Emergency Care Assessment and Treatment (ECAT) Protocols have been implemented in 155 Emergency Departments in NSW in 2024. The protocols support initiation of care for patients with a range of common ED presentations, including management of severe asthma and anaphylaxis.

Revision of the current NSW PACSA has been initiated in response to the recently released Australian Acute Coronary Syndrome (ACS) Guideline 2025. ACI advises this recommendation is on track for completion by December 2025.

ACI will review impacted NSW Health policies and procedures, including the Nurse Administered Thrombolysis for ST Elevation Myocardial Infarction (STEMI) (PD2022_055), during the PACSA pathway revision and implementation.

NSW Ambulance will engage with ACI during the PACSA revision, to comprehensively assess impacts of any proposed changes on NSW Ambulance procedures, protocols and clinical guidelines including call-taker procedure and protocols, e.g. Acute Coronary Syndrome protocol.

While the PACSA is under review, ACI will work to increase clinician awareness of the risk of hypersensitivity reactions and aspirin.

Recommendation 5: To NSW Health, in relation to systemic issues of resourcing:

A copy of these findings be sent to the NSW Minister for Regional Health and to NSW Health.

In The Deputy Secretary, Rural and Regional Health, provided advice on current or planned actions in relation to system issues of workforce resourcing across rural and regional NSW Health settings. The NSW Regional Health Strategic Plan 2022-32 outlines a number of priorities to strengthen the regional health workforce. Targeted initiatives include:

- NSW Rural Doctors Network Rural Resident Medical Officer Cadetship program
- Rural Preferential Recruitment Program, supporting junior doctors working their first two years in a rural location
- NSW Rural Generalist Single Employer Pathway program trains and retains appropriately skilled rural generalist practitioners
- NSW Rural Generalist Training Program, a statewide program for junior doctors wanting to combine a career in rural general practice with advanced skills able to support hospital or acute care services in rural communities. There are 62 rural generalist positions available in 2025.

Local health districts, including HNELHD, are working hard to recruit health professionals through a range of strategies, including:

- Incentivising hard-to-fill, critical roles in hospitals and health facilities with an \$883 million investment targeted at recruiting and retaining staff in regional, rural and remote areas
- Rural Health Workforce Incentive Scheme provides incentive payments for hard to fill positions
- Tertiary study subsidies and scholarships and regional health career scholarships
- Rural postgraduate midwifery student strategy, to address midwifery workforce deficits
- Delivering new accommodation for regional health workers through \$200.1 million in funding from the 2024-25 NSW Budget
- *Nursing and Midwifery Workforce Modelling to 2040* project, led by Workforce Planning and Talent Development branch, NSW Ministry of Health, to establish indicative workforce requirements to 2040 for NSW Health
- NSW Health training and development of rural nurse practitioners

I trust that this response confirms NSW Health's commitment to a process of continuous improvement and delivering safe and high-quality care to all patients of the NSW health system.

For more information, please contact Joanne Edwards, Executive Director, System Management Branch, NSW Ministry of Health at moh-systemmanagementbranch@health.nsw.gov.au.

Yours sincerely



Ryan Park MP
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CC: NSW Coroner's Court

Encl. Coroner's report – *Inquest into the death of David Freeman*