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## Hospital sepsis death: Aishwarya's parents say Mark McGowan still hasn't fixed staffing crisis

The seven-year-old died of sepsis hours after presenting to the ED at Perth Children's Hospital







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Save



Aswath Chavittupara and Prasitha Sasidharan, parents of Aishwarya Aswath. Photo: AAP.

The parents of Aishwarya Aswath, the seven-year-old who died of sepsis within hours of presenting to an underpressure ED, have called for improvements in hospital staffing to prevent a repeat tragedy.

Aishwarya waited more than 90 minutes before being formally assessed by a doctor, in a case that triggered a political firestorm with nursing staff subsequently referred to AHPRA for alleged failures in care.

In findings delivered on Friday, Deputy State Coroner Sarah Linton found there was a "small possibility" that she may have a set of proper treatment had been initiated when she arrived at the hospital.

But she made five key recommendations, including the implementation of nurse-to-patient ratios and a standalone resuscitation team at Perth Children's Hospital where Aishwarya was treated.

"While there were acknowledged individual failings on the night by staff to do more, or to follow procedure, I am sympathetic to the ongoing pressures they faced," the coroner wrote.

"The alarm that patient safety would be compromised had been sounded and the staff were left to carry on as best they could until some help arrived.

"In those circumstances, while I have no doubt that each of these staff members has reflected upon their conduct and wishes they had made different choices on the night, I do not make any individual adverse comment against any of them."

In the weeks after Aishwarya's death on Easter Saturday in 2021, Premier Mark McGowan insisted the hospital was not understaffed that night because it had its full rostered complement – a claim the coroner said although "technically correct" failed to acknowledge that the roster had been inadequate to deal with demand.

Aishwarya's parents, Aswath Chavittupara and mother Prasitha Sasidharan fronted the media for the first time on Monday, saying the state government still needed to address hospital staffing issues "ASAP".

"The issue about staffing is not new," Mr Chavittupara told reporters.

"If we look back over two years now, the staffing issue was there.

"How are we going to shape our health system for the future [when] we're still struggling to overcome challenges which were there five years ago?"

In her findings, the coroner made no individual adverse comment against the staff members involved in Aishwarya's treatment.

But she noted there were multiple opportunities where clinicians could have escalated her care, including when a junior nurse observed Aishwarya to be grunting in pain with an elevated heart rate, respiratory rate and temperature.

The coroner also said it appeared that all but one of the AHPRA referrals made after Aishwarya's death had been resolved with no further action taken.

"No registered health practitioners are subject to any ongoing conditions on their registration in connection with Aishwarya's death and the one pending matter is anticipated to be resolved once this coronial inquiry is completed," she wrote.

Asked whether the position of director-general of WA Health, Dr David Russell-Weisz's remained viable, Mr Chavittupara said it could be time to consider a change in leadership.

"Sometimes when we look at changing the game, we try to find a new captain," Mr Chavittupara said.

"And I think it's time for people who've got the power to know they need to look into that direction," he said.

But WA Premier Mr McGowan later ruled out the removal of Mr Russell-Weisz, saying it would not be a productive change.

## Read more:

- 'Slim chance' doctors could have saved seven-year-old Aishwarya from sepsis death: inquest
- Earlier treatment may not have saved Aishwarya, doctor tells inquest

More information: Coroner's Court of WA; 22 February 2023

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**Dr Michael Copeman** Medical Practitioner Palm Beach, NSW

Children with bacteraemia (the precursor to sepsis) often don't look much different to children with (usually self-limiting) viral illnesses. From 3% to 10% of children with fever have (clinically inapparent) bacteraemia (if blood culture or PCR for bacterial DNA is done early) – but often it may not progress to sepsis (as the immune system kicks in). Only a blanket policy of IV antibiotics/fluids on arrival at hospital would reduce the number of patients who progress to clinical sepsis. But, policies of antibiotic stewardship – aiming to reduce antibiotic resistance, and lessen risks of anaphylaxis – have ruled out this... Read more »

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