IN THE CORONERS COURT OF THE NORTHERN TERRITORY

Rel No: D0035/2026
Police No: 26 18050

CORONERS FINDINGS

*Section 34 of the **Coroners Act 1993***

I, Elisabeth Armitage, Coroner, having investigated the death of **an 89 year old Caucasian female** and without holding an inquest, find that she was born on **1 January 1937** and that her **death occurred on 20 February 2026, at Royal Darwin Hospital in the Northern Territory.**

Introduction

According to St John NT, demand growth for ambulance services in the Northern Territory has significantly outpaced funding. As demand has increased response rates have become slower due to insufficient staffing levels to manage demand.[1] These findings describe one experience of ambulance delay on 8 February 2026.

An elderly patient fell at her aged care home and waited for an ambulance response for just over 5 hours. It was the opinion of the forensic pathologist who reviewed her medical records that the 'long lie' of 5 hours caused by the ambulance delay contributed to her death. St John NT does not contest that conclusion.

Following an operational review St John NT advised that this delay was not caused by incorrect prioritisation, but by concurrent emergency demand and the absence of an immediately available, clinically appropriate ambulance resource.

Cause of death

1(a)	Disease or condition leading directly to death:	**Complications following a fall (long lie, rib fractures and iatrogenic pneumothorax) on background of dementia, chronic obstructive lung disease, osteoporosis and frailty**
2	Other significant conditions contributing to death but not related to the condition causing death:	**Artial fibrillation, chronic lymphocytic leukemia**

[1] St John Media Release 29 March 2026 "Ambulance service at critical response level".

In the absence of a post-mortem:

The deceased was an 89-year-old female with significant underlying co-morbidities.

Past medical history:

- Mixed Vascular & Alzheimer Dementia - nursing care placement and had verbal and physical aggressions in the past.
- Atrial fibrillation on anticoagulant apixaban
- Chronic lymphocytic leukaemia
- Osteoporosis
- Multiple low impact fractures - rib fractures Oct 2024, C1 crush fracture Mar 2025
- Recurrent falls
- Subclinical Hyperthyroidism
- Recurrent UTIs
- Completed treatment for scabies + impetigo
- Bilateral cataracts - operated

Comments:

- This was the death of 89-year-old female with multiple significant co-morbidities who had an unwitnessed fall from a standing height and possible long lie on 8/02/2026. There were no suspicious circumstances.
- The deceased due to her advanced age, frailty and multiple co-morbidities had an increased fall risk. The fall resulted in rib fractures which was then complicated by medical efforts to treat the condition (nerve block for pain relief which resulted in a pneumothorax).
- Hence in light of the information provided and review of medical records a reasonable cause of death in the absence of an autopsy is:

  (1a) Complications following a fall (long lie, rib fractures and iatrogenic pneumothorax) on background of dementia, chronic obstructive lung disease, osteoporosis and frailty.
  (2) Atrial fibrillation, chronic lymphocytic leukaemia

Background

The deceased was born in the Netherlands. She was one of seven children and completed her secondary education in The Hague in 1954. Over the course of her life, she had three relationships and 3 children.

She was 89 when she passed away and was residing in a nursing home.

Circumstances and medical assistance at scene

On 8 February 2026, she fell at her Nursing Home. A Registered Nurse heard a bang and screaming at about 1 pm. The nurse immediately entered her room and found her on the floor with a graze to her knee and holding her left rib. She was screaming “help, help.”

She was repeatedly complaining of pain around her ribs and hip. Staff thought she had suffered a fracture as "she was very prone to fractures" and because she was screaming. Her son was notified.

At 2.06pm St John NT were called, and the staff reported "an emergency", however, there were considerable delays in the St John NT response, and an ambulance did not arrive until 7.08pm.

During this period her vital signs were monitored and were largely within her normal parameters. That she was on anticoagulant medication was noted. At 3pm her blood pressure was elevated (186/81 Hg) but within normal limits when rechecked.

She remained sitting on the floor with her back against the wall and her legs straight out in front of her. She was supported with pillows for comfort. She received Tramadol for the pain at 3pm and was later given dinner while she was still sitting on the floor.

She became agitated from sitting on the floor for such a long time and wanted to get up. She was transferred to a wheelchair at about 6.45pm.

Staff reported that during this long delay, St John NT contacted the facility multiple times to request updates on her condition.

When St John NT arrived at 7.08pm she was a bit agitated and verbally disturbed.

At 7.40pm, St John NT paramedics transported her to Palmerston Regional Hospital (PRH), arriving at 7.44pm. A CT scan revealed fractures to ribs 7-11 on the left side along with a small hemothorax.

On 9 February 2026, she was transferred from PRH to Royal Darwin Hospital for further treatment. A nerve block was administered in theatre for pain relief which resulted in an iatrogenic pneumothorax. An intercostal drain was inserted to treat the pneumothorax. However, she developed pneumonia and delirium.

Due to her underlying frailties and background of COPD, her prognosis was considered poor and she was transitioned to palliative care on 17 February 2026.

She passed away on 20 February 2026 at 5.15pm.

St John NT

According to the call log, at 2.06pm she was triaged as a 'priority 1' requiring a 15 minute attendance by an ambulance. There were no ambulance units available. At 2.10pm her classification was changed to 'priority 2', a serious (not life-threatening) condition requiring an ambulance response within 30 minutes.

A call at 5.07pm recorded "nil changes, still on the floor. Still in same position."

St John NT advised that a number of priority 1 incidents took precedence over this case. In addition, a number of priority 2 incidents also took precedence as the patients in those other cases were not monitored by a health care professional. St John NT advised that this patient was being monitored by a health care professional with medical observations within normal range and it received no requests for an urgent response.

ST John NT advised that the delay in attending the nursing home was due to limited ambulance availability during the relevant period, with multiple crews already committed to other incidents or off-road.

It was the opinion of the forensic pathologist who carefully reviewed her medical records that the 'long lie' of 5 hours contributed to her death.

ST John NT were afforded an opportunity to consider a draft of these and two other findings and were invited to provide any further evidence or response

By letter dated 31 August 2026 St John advised as follows:

> Thank you for the opportunity to provide further information in relation to the draft findings concerning these three matters.
>
> St John NT acknowledges the seriousness of the forensic pathology findings. In D31/2026, the forensic pathologist concluded that a "long lie" of more than six hours contributed to the patient's death. In D35/2026, the forensic pathologist similarly concluded that a long lie of approximately five hours was a contributing factor in death. In D08/2026, the forensic pathologist concluded that the approximately 1½-hour ambulance delay did not contribute to death because the underlying head injury was unsurvivable.
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> St John NT does not seek to contest those conclusions.
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> Our operational reviews identified that the delays were not caused by incorrect prioritisation, but by concurrent emergency demand and the absence of an immediately available, clinically appropriate ambulance resource. This is consistent with the circumstances recorded in the draft findings.
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> The broader context for these delays is set out in the independent **ORH Demand Causation Analysis**, commissioned by St John NT in 2026. That analysis found that ambulance demand across the Northern Territory increased by **37.7 per cent between 2020 and 2025 and by 61.1 per cent since 2015**. It also found that demand growth has substantially exceeded population growth and that the Northern Territory has the highest ambulance demand rate per capita of any Australian ambulance service.
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> This pressure is routinely evident operationally. St John NT regularly experiences periods of **OPCAP Red and OPCAP White**, representing severe pressure on ambulance availability. These periods and the associated operational risks are routinely reported to the Department of Health through weekly reporting.
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> Following these incidents, the Northern Territory Government provided an additional **$10 million investment** in ambulance services. St John NT is working to apply that investment to improve operational resilience and better align available resources with periods of highest demand. However, the additional investment does not address the full service-capacity gap identified through current demand and utilisation analysis, particularly in Darwin.
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> Within the current funding envelope, St John NT has developed an operational change proposal intended to make the best use of the additional investment available. The proposal includes additional peak-demand ambulance resources, a second Critical Response Unit trial, a low-acuity response capability and dedicated secondary triage clinicians. These measures are intended to improve ambulance availability during peak demand and provide additional clinical options where a conventional emergency ambulance is not immediately available.
>
> These changes remain subject to consultation, workforce availability and final implementation decisions and should not be understood as having removed the underlying capacity risk.

St John NT has not operated under a long-term ambulance services contract with the Northern Territory Government since 2022. Instead, the service has relied on a series of short-term extensions and funding arrangements, at times providing certainty for only three months. This has created significant operational uncertainty and constrained St John NT's ability to undertake long-term workforce planning, recruit and retain staff, invest in additional service capability and plan the future capacity of a critical emergency service.

St John NT is currently working with the Northern Territory Government toward a new long-term service agreement, which is anticipated to be finalised by December 2026. In support of those negotiations, St John NT has developed a broader five-year service delivery model setting out the additional capability considered necessary to better respond to current and projected demand.

Subject to Government agreement and funding, the model would progressively increase emergency ambulance capacity in Darwin and Alice Springs and strengthen secondary clinical triage, Extended Care Paramedic response, lower-acuity transport and Emergency Communications Centre capability.

As part of this work, St John NT is also exploring additional education and clinical guidance to support decision-making for older adults, particularly those who have fallen or are experiencing prolonged waits. Current medical advice is that automatic escalation based on age alone may create significant over-triage without necessarily improving outcomes. St John NT is seeking the supporting evidence for that advice.

Accordingly, our focus is on strengthening clinicians' index of suspicion, clinical judgement and recognition of risk, supported by secondary triage, clinical advice and dispatch oversight. This is particularly relevant where risk changes during a prolonged wait and further clinical reassessment may be required.

The broader future-state capabilities described above are not currently commissioned and remain subject to Northern Territory Government agreement and funding.

Until the required additional capacity is agreed, funded and implemented, the underlying risk identified in these matters remains. Where emergency demand exceeds the number of immediately available, clinically appropriate ambulance resources, patients may continue to experience delayed responses despite correct prioritisation and escalation processes.

The findings in D31/2026 and D35/2026 demonstrate that prolonged ambulance delay can itself become a source of clinical harm, particularly for older and frail patients following a fall.

St John NT is taking steps within its current resources to strengthen clinical oversight and make better use of available capacity. However, materially reducing the underlying system risk will require additional funded capacity and service capability.

St John NT will continue to work with the Department of Health to address that risk.

Comments

Her son expressed his gratitude and sincere thanks to the staff at the Nursing Home. He did not have any concerns about the standard of care received by his mother throughout her time there.

Decision not to hold an inquest

Under section 16(1) of the *Coroners Act 1993* I decided not to hold an inquest because the investigations into the death disclosed the time, place and cause of death, the relevant circumstances concerning the death and I do not consider that the holding of an inquest would elicit any information additional to that disclosed in the investigation to date. The circumstances do not require a mandatory inquest because:

- The deceased was not, immediately before death, a person held in care or custody; and
- The death was not caused or contributed to by injuries sustained while the deceased was held in custody; and
- The identity of the deceased is known.