the women's
the royal women's hospital

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30th November 2017

Ali Frazer
Coroner's Registrar
Coroner's Court of Victoria
65 Kavanagh St
SOUTHBANK 3006

Private & Confidential

Court re: COR 2015 005713

Dear Dr Frazer,

RE: Investigation into the death of Tara S Love

Please find below the written response from the Royal Women's Hospital to the recommendations made by Deputy State Coroner Iain West from the Finding without Inquest into the death of Tara S Love on the 9th November 2015.

Recommendations

1. *That the RWH improve its documentation follow up and discharge documentation. This is due to the fact that there was no medical documentation or discharge information for Ms Love's presentation on the 8th June 2015.*

   Response - The Coroner's recommendation will be implemented.
   Tara was admitted on the 8th of June 2015 as a "Lodger" with her baby as the patient. Tara's baby was admitted due to significant weight loss (>10% of birth weight) of the baby. The record of admission is in the baby's medical history and there are some notes in the Women's Alcohol and Drug Service progress notes. We will review the policy on mothers admitted with their infants and ensure there is appropriate documentation.

2. *That the RWH clearly document non-obstetric medical issues on discharge documentation. Further, that non-obstetric medical issues have a clear follow up discharge plan.*

   Response - The Coroner's recommendation will be implemented.
   There was clear documentation in the medical record from Post Natal Care in The Home midwife that patient was aware of GP follow up 1 week post discharge to monitor BP, however this was not included in the discharge summary. We will communicate to all staff to ensure that the information on non-obstetric medical issues is included in the discharge documentation and there is a clear plan for follow up.

3. *That the RWH develop and implement a hospital wide ECG policy. This should include a specific section related to ECG review and reporting as well as the following;*

Response - The Coroner's recommendation cannot be implemented.
The Royal Women's hospital does not believe that a specific policy on ECGs would be helpful to clinicians. We have liaised with other major hospitals (The Alfred, Royal Melbourne Hospital, Mercy Hospitals) and these services do not have a policy specifically on ECGs.

i. *All ECGs be reviewed and signed, including date and time of review by a medical officer.*

Response - The Coroner's recommendation will be implemented.
If an ECG is conducted as part of the clinical assessment for screening, for example prior to theatre, Anaesthetists are looking for any specific problems. These ECGs should be read in real-time and signed and dated by the medical officer as part of routine result acknowledgement. If an ECG is ordered for an admitted patient, these ECGs are reviewed by an appropriately qualified clinician and signed with date and time.

ii. *In the Women's Emergency Centre, ECGs are the responsibility of the Doctor managing the patient at that time.*

Response - The Coroner's recommendation will be implemented
As is current practice the ECG is the responsibility of the doctor treating the patient. This is in-line with all other diagnostic tests. The orientation for new Doctors in the Women's Emergency Centre includes information on the requirement for ECG and the interpretation of the results.

iii. *If a patient is admitted into the RWH, the ECGs are the responsibility of the treating team.*

Response - The Coroner's recommendation will be implemented.
As above, if an ECG is ordered for an admitted patient, these ECGs are reviewed by the appropriate treating clinician and signed with date and time.

iv. *All ECGs are to be formally reported by a cardiology registrar or above.*

Response - The Coroner's recommendation cannot be implemented.

The Royal Women's Hospital does not employ cardiology registrars or have a cardiology unit. It is within the scope of practice of Senior Emergency Physicians and Anaesthetists to review ECGs.

v. *Review of the formal cardiology report is the responsibility of either the Doctor or the medical team (as noted in points i and ii)*

Response - The Coroner's recommendation will be implemented.

Any ECG which is requested for an admitted patient is then formally reported by the Physicians. If there are any concerns regarding ECG interpretation in the Women's Emergency Centre, clinicians are instructed to liaise with Royal Melbourne Hospital Emergency Department. All pathology reports should be reviewed and signed with date and time. Anaesthetic Registrar / Emergency Registrar are currently responsible for reviewing ECGs. Obstetric/Gynaecology Registrar to refer to Anaesthetic Registrar. All ward requested ECGs go for reporting.

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vi. *Referral for further investigation for any detected ECG abnormalities.*

Response - The Coroner's recommendation will be implemented.
Any patients with results that are clinically significant are referred to an appropriate specialist, usually at Royal Melbourne Hospital (RMH). There is an agreement with RMH that specialists are available for consultation for Women's patients.

4. *That the RWH widely promote and distribute the ECG policy and change in practice to all staff members.*

Response - An alternative to the Coroner's recommendation will be implemented.

The RWH will not be implementing a hospital wide ECG policy however we will provide information to all staff regarding the appropriate review and acknowledgement of results.

Summary

In the unfortunate case of Tara Love, the patient's heart condition was not diagnosed. External review of the ECG's by a leading Cardiologist/Electrophysiologist concluded "*that in the presence of significant hypopotassaemia it would have been impossible to diagnose congenital long-QT syndrome*".

Yours sincerely

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