

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

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6 March 2012

Zoiee King
Coroner's Registrar
Coroner's Court of Victoria
Level 11
222 Exhibition Street
MELBOURNE VIC 3000



Email: cpuresponses@coronerscourt.vic.gov.au

**Re: Response to Coroner's Recommendation
Report from Inquest into the death of Lee Patricia COLLINGS
Court Ref: 1142/07**

Dear Ms King,

The Australasian College for Emergency Medicine (ACEM) acknowledges the recommendation of the Coroner regarding the maintenance of and access to the electronic records of patients with mental health problems as part of their triage assessment.

In this case, it is our belief that the triage staff carried out their role as required: assessed the patient to the correct Australasian Triage Scale (ATS)^{1,2} category and referred the patient to the appropriate carer.

ACEM agrees that the ability to access timely and updated medical and mental health assessments would be of considerable assistance to all patients presenting to emergency departments (ED). Unfortunately, as it currently stands, the IT systems of many Victorian hospitals are not developed enough to implement the concept of a shared medical record which is accurate and constantly updated, or to contain an "alert" function that triggers a real time alert that a patient has had recent recurrent presentations.

The College also acknowledges the very demanding and stressful nature of triage in many ED. Triage is an assessment to determine a patient's urgency, which is the need for time-critical intervention, and balances speed and thoroughness. There is a risk that additional triage structures or functions may become so complex that by themselves they become a source of delay for patients. As a result, the patient, instead of waiting for medical care, is waiting for triage. Clearly such a system negates many of the advantages of a formal triage system. At present, in order to meet the increasing demands on emergency departments, increasing focus is placed on triage assessments which involve "core triage" work. This increased focus on "core triage" means that less time is available for entering data or initiating the complex assessments that would arise from review of comprehensive patient records. It would be very difficult to add additional requirements for maintenance and

¹ Australasian College for Emergency Medicine Policy on The Australasian Triage Scale
http://www.acem.org.au/media/policies_and_guidelines/P06_Aust_Triage_Scale_-_Nov_2000.pdf

² Forero R & Nugus P (2011) Australasian College for Emergency Medicine Literature Review on the Australasian Triage Scale (ATS), University of NSW http://www.acem.org.au/media/media_releases/2012_-_ACEM_Triage_Literature_Review.pdf

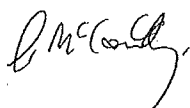
retrieval of electronic patient records at triage without a corresponding allocation of time and resources for triage nurses, and with the unwanted negative effect of slowing the triage process, and thus increasing wait times for other patients.

While confirming its strong support for a system whereby triage nurses, and ED clinical staff in general, are able to rapidly and easily access patient record information to aid their decisions, ACEM acknowledges that such a system requires resources that are provided by local health services. The support of the Department of Health is vital to achieving the level of financial and infrastructure resources required to fully implement the recommendation.

It may be worth noting that other specialist clinical services managing patients potentially at risk of deterioration in the community who would require specific interventions on presentation to any emergency department manage this process by issuing all such patients with an information card to present on arrival at the ED. The card contains brief information alerting staff to relevant guidance to facilitate rapid appropriate care. For example, information may include that the patient has a high risk condition, where to seek further information regarding clinical management, or which on-call team to contact 24/7. This process does not rely on IT systems, and may function in conjunction with them, but has been demonstrated to be useful for at risk patient groups.

Thank you for the opportunity to respond to the findings of this inquest. The Coroner's recommendation highlights the urgent need for improvements in staffing, resources, health system processes and IT to ensure that patient care continues to be improved across all Victorian emergency departments.

Yours sincerely,



DR SALLY MCCARTHY
PRESIDENT



DR SIMON JUDKINS
CHAIR, VICTORIA FACULTY