



Department of Health

Secretary

26 SEP 2012



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Judge Jennifer Coate
State Coroner
222 Exhibition Street
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Dear Judge Coate

Re: Inquest into the deaths of: [REDACTED] (COR 2007-1399)
[REDACTED] (COR 2007-1397)
[REDACTED] (COR 2007-1371)
[REDACTED] (COR 2007-1423)

I am writing in relation to your findings into the deaths of the above named delivered on 25 June 2012. The Department of Health ('the Department') wishes to make the following response to the recommendations contained in your findings:

1. *That the Department of Health institutes a clear regime which mandates aged care facilities to report infectious diseases outbreaks in the facility to the Department of Health.*

In the Department's submission, and in Dr Lester's evidence, the Department indicated that it believed that the current voluntary notification system was working well in Victoria and captured a high proportion of outbreaks which occur. I therefore do not consider mandatory reporting will result in greater compliance than under the current voluntary system. I do however, believe there is opportunity to reinforce and strengthen current arrangements within existing mechanisms.

As you are aware, the Commonwealth Government is the regulator of aged care facilities, including setting appropriate standards of resident care and infection control. I am of the view that strengthening the existing Commonwealth accreditation standards is a better option than imposing an additional state regulatory burden on a sector that is already well regulated. This could include a requirement within the accreditation standards that aged care providers report any outbreaks in accordance with any public health guidelines in each of the jurisdictions. The Department believes this approach is entirely consistent with the principles contained within the existing Commonwealth aged care standards, which include compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. By using the mechanism of the accreditation system, the monitoring of compliance with infection control standards and reporting of outbreaks to public health authorities can then be undertaken within existing arrangements through the Aged Care Standards and Accreditation Agency (ACSAA) in consultation with my department if required.

I intend to write to the Secretary of the Commonwealth Department of Health and Ageing seeking her support in relation to the above proposal for strengthening existing and proposed national standards for the aged care sector. The Commonwealth is currently in the process of reviewing the national standards and there is consequently scope for this proposal to be incorporated into the review.

I support the continued reporting of any outbreak of gastrointestinal illness in accordance with our jurisdictional guideline and will work with the Commonwealth government and the sector to continue to promote the notification and subsequent outbreak management support processes in Victoria.

2. *In consultation with the Department of Health and Ageing, the Victorian Department of Health require aged care facilities to have a designated infection control manager.*

I certainly support the importance of ensuring there is responsibility for infection control programs within aged care facilities given the vulnerability of residents to infections. However, as the primary funder and regulator of aged care, any decision to mandate this recommendation falls under the responsibility of the Commonwealth government. I have raised your recommendation in my correspondence referred to above with the Secretary of the Commonwealth Department of Health and Ageing for her consideration.

In the Department's *Guide for the Management and Control of Gastroenteritis Outbreaks in Aged Care, Special Care, Health Care and Residential Care Facilities* (an appendix to the general *Guidelines for the Investigation of Gastrointestinal Illness*), all steps to be taken to manage and control outbreaks are detailed very clearly. In light of your recommendation, it is proposed that the Guidelines be amended to include a very clear statement that an appropriately trained staff member be assigned responsibility for infection prevention programs along with outbreak management should an incident occur. This amendment can be incorporated with other proposed amendments to the 2010 Guidelines due for release later in 2012.

3. *The Department of Health should amend its 2010 Guidelines to insert a requirement that aged care facilities develop a comprehensive document which sets out in detail what must be done in the event of an outbreak.*

The Department of Health *Guidelines for the investigation of gastrointestinal illness*, contain a comprehensive guide specifically for aged care facilities which is an appendix to the general Guidelines and is titled '*Guide for the Management and Control of Gastroenteritis Outbreaks in Aged Care, Special Care, Health Care and Residential Care Facilities*' ('Aged Care Guidelines'). These Aged Care Guidelines have been designed to enable aged care and other similar facilities to develop their own internal policies and procedures in accordance with these guidelines. The Aged Care Guidelines include an "outbreak management checklist" .

Your recommendation that facilities develop their own comprehensive document will be included in the revised *Guidelines for the Investigation of Gastrointestinal Illness*. In order to assist facilities in developing this document, the "outbreak management checklist" will be modified so that facilities can include internal management details specific to their facility and operating protocols.

Over the past few years the Department has undertaken a range of aged care sector building capacity initiatives to improve preparedness and response to public health issues. These include:

- Conducting a state-wide infection control seminar in March 2011 for all residential aged care providers.
- Distribution to aged care facilities of the *Guidelines for the investigation of gastrointestinal illness* with specific information for aged care services to assist them in the process of notification and outbreak management. The guidelines are available at http://www.health.vic.gov.au/ideas/diseases/gas_ill_index
- Advice has been provided to aged care facilities on the role of the Department of Health in collecting and testing faecal specimens to determine the cause of the outbreak.
- The Communicable Diseases after hours telephone message has been altered to be clearer that this number should be used to report urgent notifiable conditions, as opposed to "emergencies".

The Department of Health is committed to and continues to work with the aged care sector on a range of system improvement initiatives including roles and responsibilities and best practice relating to notification and outbreak management and control.

4. *When an outbreak is assessed as possible food or waterborne, the Department of Health should institute an Incident Management Team.*

This recommendation has been instituted and internal protocols have been amended to reflect this approach. A number of staff within the Health Protection Branch of the Department of Health, as well as our regional offices, have in the past two years undertaken specific incident management training including in regard to the Australasian Interagency Incident Management System (AIIMS) and Incident Control Management. Internal systems have been developed to ensure that applicable staff receive regular training and refresher courses appropriate to their role and responsibility.

5. *To ensure statewide understanding and consistency in reporting back test results, the regime of communication of test results to facility management be incorporated into the 2010 Guidelines.*

As proposed in the Joint statement to the Coroner during the inquest, the Department has implemented a clear process for the communication of test results. Whilst individual clinical management remains the responsibility of the treating doctor, the Department has instituted a standard fax/email of laboratory results back to the reporting facility with clear instructions for the facility management to communicate these results to all attending doctors and the placement of the results on the residents file. This is in recognition of the fact that the collection of faecal specimens in an outbreak serves a dual purpose, ie it is used to try to establish the causal pathogen, (and by inference assists in establishing its mode of transmission), and it is used to identify the pathogen in a particular individual, which may have relevance to his/her clinical management. Included in this process is a fax/email back process from the facility to the Department indicating that they have received the results and that all actions have been undertaken in relation to the residents result/s. These changes have been reflected in our internal protocols and will also be documented in the revised *Guidelines for the investigation of gastrointestinal illness*.

6. *The Department of Health, in conjunction with the appropriate Colleges and associations, review the knowledge of general practitioners of the notification requirements and the role of the department in an infectious disease outbreak. This review should be used to inform measures to be undertaken to improve this knowledge.*

Since 2008 the Department has been undertaking "An improving notifications project" aimed at raising awareness amongst doctors of their obligations of notification (which diseases are notifiable and by when) under the *Public Health and Wellbeing Act 2008* and subordinate regulations.

A number of tactics and tools are being used to improve notifications and awareness of notification requirements including:

- Improvements to our website/webform usability
- Work with public and private laboratories to ensure they are aware of their notification requirements and work collaboratively to promote a standard statement on the pathology result form for doctors regarding their need to notify
- The development and distribution of posters and other promotional material to Victorian doctors on notifiable diseases
- Regular articles and "case studies" in newsletters for doctors
- Work with General Practice Victoria and other peak medical bodies to integrate key messages on notifications into existing activities
- Regular interface with medical locum services
- Engagement with universities and post graduate associations regarding notification requirements aimed at medical trainees, interstate and overseas trained doctors and recent graduates.

In addition, where a laboratory notification of a Group A condition has been received, and no corresponding notification from the attending medical practitioner has been received, the Department now sends a letter to the relevant medical practitioner advising of the legal obligation of notification, and the fact that penalties apply for failure to notify.

These responses reflect the importance which the Department places on the effective management of gastrointestinal infection outbreaks in settings such as aged care facilities.

If you have any further queries please contact Rodney Moran, Manager Communicable Disease Prevention & Control on 9096 5133 or Dr Rosemary Lester, Chief Health Officer on 9096 5174.

Yours sincerely



Dr Pradeep Philip
Secretary