



Department of Health

Secretary

50 Lonsdale Street
Melbourne
Victoria 3000
GPO Box 4541
Melbourne
Victoria 3001
Telephone: 1300 253 942
Facsimile: 1300 253 964
www.health.vic.gov.au
DX 210311



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17 JAN 2013

Mr Mark Roberts
Coroner's Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Mr Roberts

Court reference: COR 2006 002298

I am writing in response to your letter dated 9 October 2012 regarding the six coronial recommendations made by the coroner, three of which were directed to the Department of Health (the department).

The department provides the following comments and response in relation to recommendations 2, 3 and 4.

Considerable changes have been made to the Victorian health system's capacity to manage critically ill patients such as McDonald since his death in 2006. This includes the establishment of Adult Retrieval Victoria (ARV), whose role is to enhance coordination of access to critical care beds across the state as well as the commissioning of an additional forty-five fully funded intensive care beds into the Victorian health care system since 2006.

Recommendation 2

The purpose of the Intensive Care Advisory Committee (ICAC) is to review relevant issues and provide advice to the department on intensive care services for adults and children in Victoria pertaining to: (i) utilisation and capacity; and (ii) the interface between intensive care services and other critical care services. Since 2008, Adult Retrieval Victoria (ARV) has overseen the State's ICU bed capacity and had authority to place time-critical patients in hospitals where definitive care can be provided. ICAC has been fully briefed on the role and operation of ARV.

Recommendation 3

The Cardiac Clinical Network (CCN), as a clinical advisory committee works with the department and Victorian health services to build capacity and support evidence based care and appropriate pathways of care for patients within and between health services. Its role is distinct from the role of the ARV and ICAC.

ICAC as an advisory committee to the department does not provide any services, clinical or otherwise. ARV is funded by the department to manage the transfer of critically ill patients to a destination where definitive treatment can be obtained. ARV's service is available 24 hours a day, to both public and private providers.

Recommendation 4

With regard to emergency transfer of patients from stand-alone regional PCI units to a tertiary cardiothoracic unit, the department has been informed that all stand-alone regional PCI units in Victoria have written arrangements with tertiary cardiothoracic units. This includes back-up arrangements to ensure that patients requiring emergency cardiac surgery have ready and timely access to cardiothoracic surgery. ARV has a role where capacity issues affect these arrangements.

If you require further information please contact Ms Theresa Williamson, Acting Manager, Quality and Safety Programs on telephone 9096 7258.

Yours sincerely



Dr Pradeep Philip
Secretary