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27 December 2012

Ms Kate Doherty
Coroners Registrar
Coroners Court of Victoria
Level 11
222 Exhibition Street
MELBOURNE 3000

Dear Ms Doherty

Response to Coroner's Recommendations
Court Reference: COR 2007 000595
Investigation into the death of HOLLY B SOUTH

The Royal Children's Hospital (RCH) refers to the recommendations made by Coroner Jamieson on 26 September 2012 and after careful consideration makes the following response.

Recommendation 1

That the RCH's Department of Cardiology/Cardiac Surgery Unit and Ambulance Victoria meet to discuss the management of children with complex cardiac conditions by Ambulance Paramedics in circumstances where they are or may be at risk of developing dehydration or cyanosis.

This recommendation was implemented following receipt of the Coroner's findings.

A meeting was held on 7 November 2012 at the Royal Children's Hospital to discuss the recommendations. In attendance for the RCH was the Director of Cardiology, the Director of Cardiac Intensive Care, the Clinical Director of the Emergency Department, the Director of Emergency Retrieval and Referral Services and the Medicolegal Physician. A senior Medical Officer and the Manager of Operational Quality & Improvement attended on behalf of Ambulance Victoria.

The RCH and Ambulance Victoria discussed 'the card', including how this could be reworded to include the role of paramedics, and how information could be shared between these two organisations to best facilitate safe and timely transportation of children with complex cardiac disorders. The outcome of those discussions is reflected in the RCH's responses to the Coroner's recommendations, outlined below.

Recommendation 2

In the event that it is agreed between the RCH and Ambulance Victoria that there is a proactive role to be played by Ambulance Paramedics, I recommend that a memorandum of understanding between the two organisations be implemented.

A variant to the recommendation has been implemented for further consideration by the Coroner.

Ambulance Victoria and the RCH have a longstanding and positive working relationship. Our two organisations have a collaborative approach to the emergency management of all children as demonstrated by the RCH's involvement in Ambulance Victoria's clinical practice development and regular liaison meetings between Ambulance Victoria and the Emergency Department, as well as 'ad hoc' interaction as needed to facilitate holistic care. Both services remain committed to fostering this ongoing relationship.

In order to enhance the effectiveness of 'the card' the RCH and Ambulance Victoria discussed possible modifications to 'the card' and reached an understanding as what changes would be made. Both parties considered 'the card' in effect to be a memorandum of understanding between the two organisations. 'The card' was considered to be the most efficient and cost effective way to communicate the agreed expectations on how to approach the management of children with these complex cardiac conditions.

Recommendation 3

That consideration be given to amending "the card" to include "Guidelines for Ambulance Paramedics".

This recommendation has been implemented following receipt of the Coroner's findings.

“The card” has been modified, and now advises parents to show the card to ‘any ambulance paramedic, nurse or doctor you see for any reason’. The card has also been retitled – ‘Guidelines for clinical staff’ - to be more inclusive.

A number of other minor changes were made opportunistically to “the card” including:

- inclusion of the Victorian Paediatric Emergency Transport System (PETS) 1300 telephone number;
- advice that the child should be taken to the nearest hospital; and
- the addition of advice regarding the use of intraosseous access in an emergency situation or when IV access is not possible.

Once finalised and reprinted, the revised card will be forwarded to Ambulance Victoria for circulation to paramedics, making them aware that ‘the card’ exists and they may be presented with it by a family member. The importance of contacting the clinician for advice, particularly if considering the need for IV access, will be emphasized.

Recommendation 4

That an alert be placed on the RCH's EDIS by the Department of Cardiology/Cardiac Surgery Unit for all children with complex cardiac conditions whose parents have been issued with “the card”. This will act as a back-up alert to “the card” and assist those families that present with a sick child without the card in their possession.

This recommendation has been implemented.

As part of the preparation for discharge following a shunt procedure, each parent/carer is provided with a copy of ‘the card’ which they are advised to carry with them at all times until the child’s next procedure. Discharge planning and education is conducted by the cardiac care managers, who document in the child’s medical record that ‘the card’ has been provided and who maintain a database of all card recipients.

The cardiac care managers also request an ‘alert’ be placed onto the Emergency Department system for all children with shunts managed by the RCH. This includes a standard alert:

“This patient is at risk of shunt blockage. Dehydration and desaturation should be treated aggressively. Suggest early Cardiology consult.”

The usefulness of this alert is limited to children presenting to the RCH Emergency Department only. This was one of the major drivers for the development of 'the card', recognising that children with shunts may present to any hospital or health service, many of which won't have experience caring for this high risk group of patients.

Ambulance Victoria advised the RCH that it would welcome receipt of these alerts for children with shunts. It was agreed that the cardiac care managers will incorporate emailing the same alert to ambulance services into the discharge planning process. Ambulance Victoria provided the RCH with the appropriate contacts, including for interstate ambulance services, as such information is not shared across state borders. Many children travel from interstate to the RCH for cardiac services, particularly from South Australia, Tasmania and New South Wales.

Ambulance Victoria indicated that it will use the information provided to create a "Location of Interest" for each child, making the information available to paramedics at the scene. This alert is linked to the home address of the child only, which limits its usefulness as a reliable source of information for paramedics called to attend elsewhere. This will be highlighted with families to ensure an unrealistic expectation isn't created that ambulance services will always have access to this information about their child.

The importance of parents/carers alerting ambulance services to their child's cardiac condition when calling was highlighted in the discussion with Ambulance Victoria. 'How to call' cards will be provided by Ambulance Victoria for inclusion in the discharge education process, to ensure parents/carers are aware they need to tell the operator their child has a heart condition when they call, and/or advise they have a 'cardiac card'.

Recommendation 5

To ensure the success and longevity of "the card" as a medical management tool, I recommend that RCH provide appropriate training to all ED staff on the expected activation and implementation of the guidelines contained in "the card".

The Coroner's recommendation has been considered.

The RCH is aware of the need to ensure that staff, particularly in the Emergency Department, are aware that 'the card' exists and may be presented to them by parents/carers. The Emergency Department conducts an orientation program for all new staff, in which they are made aware that the parents/carers of children with many complex conditions carry cards, such as these, or other

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written advice/directions, provided by their treating team to facilitate timely implementation of appropriate care. The department also conducts a weekly education program for all the junior medical staff and where appropriate, the role of alerts cards is highlighted.

Another important function of 'the card' is to assist organisations *other than* the RCH when presented with a child with a shunt, recognising they may not be familiar with the risks faced by this group of patients. 'The card' also contains important advice for parents and carers of children with shunts. The discharge process includes educating parents/carers about the importance of carrying 'the card' with them at all times, especially when travelling, and showing it to any health providers they engage. This education is the key to successful use of 'the card'.

Please contact me if you require any additional information.

Yours sincerely



Dr Peter McDougall
Chief Medical Officer
Executive Director Medical Services and Clinical Governance