



7 March 2019

Ms Sanchia Nigli,
Coroner's Registrar,
Coroner's Court of Victoria
65 Kavanagh Street
Southbank VIC 3006

Dear Ms Nigli,

Re: Investigation into the death of Robert Humphreys
Court Ref: COR 2015 004552

Thank you for your letter of 12 December 2018 which was attached to a copy of Coroner Peter White's findings into the inquest of Robert M Humphreys. The finding included a recommendation made under section 72(2) of the *Coroner's Act 2008 (Vic) (the Act)* directed to Cabrini Health.

Coroner's White recommendations

Coroner's White recommendations are set out in paragraphs 308-310 of the Findings namely:

COMMENT

- 308 *Although she appears to have understood her role differently, I am satisfied that at the relevant time Nurse Bowes had a discretion to make a MET call if she believed that a patient review was called for and that she could do so with or without the approval of Mr Cox. I also understand that this can be a difficult responsibility to manage particularly in a case where a potential threat to well-being cannot be measured by a fall or failure in vital signs.*
- 309 *In this situation, and as raised with the parties, I consider that further direction should be provided to Cabrini nursing staff in situations where as here, the threat to the patient is specific to signs which may reflect an unfavourable physiological condition or responses to such a condition but is not one that can be measured or understood by a change in vital signs*

RECOMMENDATION

- 310 *I recommend that the Executive Director of Medical Services and Clinical Governance at Cabrini Health confer with interested parties and provide further direction to nursing staff concerning when and in what circumstances a patient whose presentation following vascular surgery of the kind undertaken by Mr Humphreys, should be made the subject of a discretionary MET call by a member of nursing staff (the **Coroner's Recommendations**).*

Response to the recommendations

Cabrini Health appreciates the importance of the Coroner's Recommendations and notes that it specifically refers to the context of when a *"patient whose presentation following vascular surgery of the kind undertaken by Mr Humphreys, should be made the subject of a discretionary MET call by a member of nursing staff"*.

Dr Peter Lowthian, the Group Director of Medical Services and Clinical Governance (previously the Executive Director) convened a multidisciplinary working review group comprising representatives from nursing (administration, ward staff and education), medical staff, and communications staff and the Clinical Governance Unit to address the Coroner's Recommendations.

The working group reviewed the clinical case of Mr Humphreys and the comments made in the Findings of Coroner White.

In addition, the working group reviewed the Clinical Excellence Commission's (New South Wales) observation charts and the items in the yellow and red zone response items in Standard Adult General Observation (SAGO) Chart.

The working review group is of the view that the Coroner's Recommendations are applicable to all post-operative abdominal surgery cases, and that many of the items are applicable to most acutely ill patients and will have wider utility. Cabrini's new guideline also requires an escalated response to serious concerns of patients or family about clinical deterioration.

The working review group also considered the question of change in and/or abnormal pathology results – for example rising creatinine and a drop in Bicarbonate (HCO₃) in the last 24 hours. The working review group considered that these are beyond the usual nursing staff general scope of practice and skill set, which does not include interpretation of blood results. The working review group considered that it is the responsibility of the medical staff who order and/or are monitoring the patient to assess and respond to changes in pathology results.

The Cabrini Health Guideline developed on Nursing Staff initiated MET Calls

We enclose a copy of Cabrini Health's new guideline entitled 'Nurse Initiated Escalation Guidelines for Clinical Deterioration' (the **new guideline**) that is in the process of being

implemented. Cabrini Health has an implementation plan in place to facilitate the introduction of the new guideline.

The guideline directs that nursing staff will initiate a mandatory MET call in response to observations outside of the trigger ranges.

In addition, the following recommendations are made to nursing staff to assist them in deciding when to call a MET Call where the observations are not in the mauve or yellow zones of the observation chart.

1. Atypical progress for a procedure should reduce the threshold for calling a MET Call. For example, a patient with no bowel function or food intake at 10 days post-operatively.
2. Serious concern is raised by the patient or family – in response to family members raising concerns regarding a patient's clinical deterioration, nursing staff should call a MET Call if the consultant is not available to see the patient.
3. New and/or unexpected findings that demonstrate the need for urgent clinical review should trigger a MET Call. For example:
 - a. Poor peripheral circulation, including mottling.
 - b. Increase in and/or new abdominal distension and discomfort and need for analgesics.
 - c. Increased and/or persistent vomiting.
 - d. Agitation and confusion.
 - e. Sudden decrease in level of consciousness.
 - f. New and/or increased bleeding (e.g. malaena, fresh rectal bleeding, vomiting or via drain tubes).
 - g. Urine output <200mls over 8 hours or <0.5mL/kg/hr.

Implementation of the Guideline

To facilitate the introduction of the new guideline, Cabrini Health has developed an implementation program which includes:

- Development of a stand-alone eLearning package emphasising the changes, rationale and key messages.
- The new chart and changes will be in the Patient Deterioration and Advanced Life Support (ALS) courses on Cabrini's eLearning platform with an emphasis on escalation due to nurse concern.
- Graduate Nurse Study Day 1 (March 13th, 20th and 28th) topic is recognising and responding to deterioration so the changes will be communicated at this forum.
- Education will ensure there is representation of the changes in tutorials for the Transition to Specialty Practice and Postgraduate programs.
- Utilise the Clinical Support Nurse roles to communicate the changes via usual bedside education encounters, outside of the graduate support period.

- Development of a downloadable labelled pictorial resource available from the intranet.
- Communicate the changes via the Cabrini Health Bulletin (Nursing and Medicine), Nurse Leader day and Directors of Nursing Leadership Committee (DONLC).
- Cabrini's education department will support graduate nurses commencing this year. During this time they will be working closely with graduate nurses.
- Cabrini Health will evaluate the chart, the impact of the new guideline and escalation compliance 6 months after its implementation.

I trust that Cabrini Health has adequately responded to Coroner White's Recommendations. If there are any questions which arise, please let me know.

Yours sincerely,



Dr Peter Lowthian
Group Director Medical Services and Clinical Governance
Cabrini Health

email: plowthian@cabrini.com.au

TITLE	Nurse Initiated Escalation Guideline for Clinical Deterioration
TARGET AUDIENCE	All staff
SCOPE	Malvern, Brighton and Rehabilitation

PURPOSE

- To guide nursing staff in escalating care when vital signs do not meet the mandatory MET criteria according to the Observation and Response Chart, however staff are concerned with the patient's clinical condition
- To ensure that nursing staff respond to concerns about clinical deterioration raised by a patient and/or their family

NOTE: Nursing staff will initiate a mandatory MET call in response to vital signs being outside of the trigger ranges on the relevant Adult Observation and Response Chart.

DEFINITIONS

(MET) - Medical Emergency Team: The Medical Emergency Team (MET) provides rapid clinical assessment and treatment to adult patients with physiological deterioration or other serious concern. This is to facilitate an immediate response from qualified medical, nursing and support personnel

GUIDELINE

- Nursing staff may escalate care when there are concerns about the patient's clinical condition, despite the patient's vital signs not being in the purple or orange zones of the Observation and Response Chart
- The following procedures are followed to escalate care:
 - [Medical Emergency Team \(MET\) - Malvern](#)
 - [Medical Emergency Team \(MET\) - Brighton](#)
 - [Transfer of Deteriorating Patient from Rehabilitation'](#)
- Circumstances for nurse initiated escalation of care may include but are not limited to:
 - progress that is atypical for the usual post-presentation recovery
 - where concern is raised by the patient and/or their family regarding clinical deterioration and the Medical Officer is not available to see the patient
 - New, unexpected findings that demonstrate the need for urgent clinical review, for example:
 - Poor peripheral circulation, including mottling
 - Increase in or new abdominal distension and discomfort and need for analgesics
 - Increased or persistent vomiting
 - Agitation and confusion
 - Sudden decrease in level of consciousness
 - New or increased bleeding (e.g. malaena, fresh rectal bleeding, vomiting or via drain tubes)
 - Urine output < 50mls over 4 hours or < 0.5mL/kg/hr for 2 consecutive hours

EVALUATION

Cabrini Health will evaluate; the chart, impact of the change and escalation compliance 6 months after the implementation

REFERENCES and ASSOCIATED DOCUMENTS

Cabrini Health Policies Procedures and Protocols

[Medical Emergency Team \(MET\) - Malvern](#)

[Medical Emergency Team \(MET\) - Brighton](#)

[Transfer of Deteriorating Patient from Rehabilitation](#)

[Observation and Response Chart - Adult](#)

[Call and Respond Early for Patient Safety \(CARE\)](#)

Key Legislation and Standards

[National Safety and Quality Health Service Standards](#)

References

Clinical Excellence Commission (CEC) 2013. Safer Systems Better Care— Quality Systems Between The Flags NSW Health Observation Charts- SAGO. Sydney: CEC.

https://www.slhd.nsw.gov.au/btf/pdfs/charts/SAGO/Revised_SAGO_Chart.pdf (28th February 2019, date last accessed)

Executive Sponsor	Group Director Medical Services and Clinical Governance	
Content Approved By:	Clinical Policy Committee	Date: 1st March 2019
Authorised to Publish By:	Group Director Medical Services and Clinical Governance	Date: 1st March 2019