

31 August 2020

Mikaela Meggetto Coroner's Registrar Coroners Court of Victoria

By email to: cpuresponses@coronerscourt.vic.gov.au

Dear Registrar

COR 2016 2020

Investigation into the death of

I refer to the letter dated 28 May 2020 enclosing the Finding, without inquest, into the death of outline below Eastern Health's response to the Coroner's recommendations.

Recommendation 1

In the interests of promoting public health and safety and preventing like deaths, I recommend that Eastern Health review the communication processes both within the emergency department and between emergency department staff and mental health staff to improve the accessibility and reliability of clinical information used by clinicians to make decisions about patients leaving the emergency department while waiting for a mental health assessment.

Mental Health Program 131 Thames Street Box Hill VIC 3128

PO Box 94, Box Hill Vic 3128 1300 342 255

www.easternhealth.org.au

Statewide Services

Turning Point

03 8413 8413

Spectrum

03 8833 3050

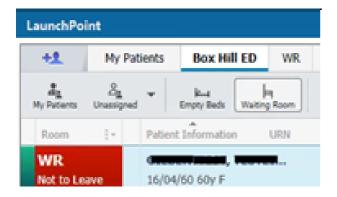
Fax 03 9895 4055

ABN 68 223 819 017

Tel

Eastern Health's response

Since early August 2020, a system upgrade has been made to Electronic Medical Record (EMR), which serves as the main electronic documentation platform for all Eastern Health emergency departments (including the on-site mental health clinicians). When clinically indicated, a highly visible "Not to Leave" alert (red section in screenshot below) can now be placed on the EMR front page "LaunchPoint" against the relevant patients, irrespective of whether they have been seen by mental health clinicians, or their legal status under the Mental Health Act. The alert is in addition to the usual clinical documentation.



Recommendation 2

Angliss

Hospital

In the interests of promoting public health and safety and preventing like deaths, I recommend that the Victoria Network of Smokefree Healthcare Services and Eastern Health develop and promote a guideline specific to the assessment, prevention and management of withdrawal symptoms from nicotine in patients while in an emergency department.

Eastern Health 1300 342 253					
Box Hill	Healesville Hospital	Maroondah	Peter James	Wantirna	Yarra Ranges
Hospital	and Yarra Valley Health	Hospital	Centre	Health	Health

Eastern Health 1200 242 255

Eastern Health's response

Please see enclosed guidelines pertaining to this recommendation - "Tobacco Free Health Service Guideline" and "Nicotine Replacement Therapy Guideline". Over the last few years, the assessment and management of nicotine dependence have been standard practice in all settings across Eastern Health, including the emergency departments.

Recommendation 3

In the interests of promoting public health and safety and preventing like deaths, I recommend that Eastern Health review the systems for follow up of patients who leave the emergency department while waiting for a comprehensive mental health assessment, to ensure that they are in line with recommendations from the Department of Health and Human Services and the Chief Psychiatrist.

Eastern Health's response

As a result of this recommendation, an additional step to the existing practice guideline (Eastern Health Policy Number 227 - Missing or Absconded Patient or Resident Procedure) has been proposed (pending approval):

"Patients in Emergency Department who have been referred to Mental Health but not seen before absconding require an additional follow-up contact from Psychiatric Triage the next day".

Taking into consideration of the changeability of mental state and risk, this means that all patients who leave the Emergency Departments before being seen will receive at least a telephone contact the next day, regardless of the circumstances and the immediate risk assessment at the time. This would allow for a range of clinical responses to be considered depending on the outcome of that contact (e.g. emergency service response; referrals for assertive outreach or to existing health care providers; contact with nominated persons/next of kin).

Accordingly, I can confirm that the Coroner's Recommendations arising from the investigation into death have been addressed by Eastern Health.

Yours sincerely,

Associate Professor Paul Katz

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Executive Clinical Director Mental Health

Associate Professor

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Attachments

- 1. Tobacco Free Health Service Guideline (1888)
- 2. Nicotine replacement therapy guideline (286)
- 3. Missing or Absconded Patient or Resident Procedure (227)

____ Statewide Services ____ Spectrum Turning Point 03 8833 3050 03 8413 8413

Yarra Ranges

Health