

2 December 2020

Marde Bevan  
Coroner's Registrar  
Coroners Court of Victoria  
65 Kavanagh Street  
SOUTHBANK VIC 3006

By email: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Ms Bevan,

**Court ref: COR 2018 006153 – Investigation into the death of Nicola Deleo (Deceased)**

Further to our letter of 8 October 2020, Austin Health provides herein its response to the recommendation made by Coroner Sarah Gebert under s72(2) of the Coroners Act 2008 (Vic) (**the Act**) pursuant to the Finding dated 29 September 2020, concerning the Deceased.

The Recommendation requiring a response from Austin Health is as follows:

*“Austin Health consider amending their ‘Austin Health Outpatient Referral Form’ template (**Referral Form Template**) to include a specific field for allergies (or an alternate measure) to increase the likelihood of the template capturing all essential information when GP clinic patient summaries are imported.”*

The Coroner's Recommendation has been implemented and the revised Referral Form Template went live on Austin Health's website [www.austin.org.au/GP-information/](http://www.austin.org.au/GP-information/) as at 30 November 2020 (i.e., after receipt of the Coroner's Finding).

The revised Referral Form Template (attached) now contains a field for allergies under the heading “Adverse Reactions & Medical Warnings”.

The terminology used in this field is consistent with that used in Austin Health's ‘electronic referral form’ (ERF) which is embedded via the Healthlink e-referral system.

The Referral Form Template wording is consistent with the Statewide wording in Healthlink. Austin Health will communicate this important change to General Practitioners in the Hospital's catchment area, through Austin Health's GP Liaison Officer's regular newsletter. It is anticipated that the next newsletter will be circulated within the next fortnight.

Yours sincerely



Adam Horsburgh  
Chief Executive Officer

# SPECIALIST CLINICS REFERRAL FORM

Email: [gpopreferral@austin.org.au](mailto:gpopreferral@austin.org.au)

Telephone: (03) 9496 2900

Fax: (03) 9496 2097

<p><b>REFERRAL SOURCE / DR STAMP:</b>          Dr          Address:          Phone:          Fax:          Provider No:          Email:          Signature:  <b>DATE OF REFERRAL:</b></p>	<p><b>CLIENT DETAILS:</b>          Name:          Address:          Male/Female          Phone: Home:                      Mobile:          Date of Birth:          Email:          Medicare No:                      /</p>
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<b>UNIT REQUIRED:</b>	<b>HEAD OF UNIT:</b>
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**REASON FOR REFERRAL:**

**REFERRAL VALID FOR:**

<b>CLIENT INFORMATION:</b>			
Is the patient Aboriginal?	Yes or No	Is the patient a veteran?	Yes or No
Is the patient Torres Strait Islander?	Yes or No	DVA No:	
Has the patient attended this hospital?	Yes or No	Transport required?	Yes or No
Austin UR:		Interpreter required?	Yes or No
		If Yes: which language?:	

**CLINICAL URGENCY: Urgent or Routine**

<b>CURRENT MEDICATIONS:</b> Attached: Yes or No	<b>PAST HISTORY:</b> Attached: Yes or No	<b>RECENT INVESTIGATION RESULTS:</b> Attached: Yes or No
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**ADVERSE REACTIONS & MEDICAL WARNINGS:**  
 Attached: Yes or No

**SOCIAL FACTORS IMPACTING CARE:**

Will patient be arriving by ambulance?                      Yes or No

Does person live alone?                                              Yes or No

Does the person have caring responsibilities for others?                      Yes or No

Has the person been receiving community support services                      Yes or No

Please indicate if the patient may require assistance from the below services:

Dietician: Yes or No      Physiotherapy: Yes or No      Social Work: Yes or No      O.T: Yes or No

Other: