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7 February 2022

Nicole D'Rozario
Coroner's Registrar
Coroners Support Services
Coroner's Court of Victoria
65 Kavanagh Street
Southbank, VIC 3006

cpuresponses@coronerscourt.vic.gov.au

Dear Ms D'Rozario,

Re. Investigation into the death of Peta Hickey - COR 2019 002336

1. We refer to your correspondence dated 22 November 2021 enclosing Coroner McGregor's Finding with inquest into the death of Peta Hickey.
2. Future Medical Imaging Group Pty Ltd (FMIG) is a private company and therefore, in our understanding, not subject to the requirement to respond to recommendations of the Coroner under section 72(3) of the *Coroners Act 2008* (Vic) given it is not a public statutory authority or entity. Nevertheless, in order to support the preventative goals of the Coroner's recommendations, FMIG voluntarily provides the following responses to the three recommendations directed towards FMIG.
 - (i) ***That FMIG stock adrenaline auto-injectors (in addition to vials of adrenaline) as a means to enable the rapid administration of an accurate dose of adrenaline by the correct route.***
3. The Coroner's recommendation has been implemented.
4. By late 2021, FMIG had stocked adrenaline auto-injectors in every room where contrast is administered at all FMIG sites. As was the case prior to the events in question, FMIG continues to stock vials of adrenaline to enable more tailored dosages or means of administering adrenaline.
 - (ii) ***That FMIG revise their consent process to include a consent form for CTCA and other contrast procedures that is clearly identified as a consent form requiring witnessing by an appropriate person (radiographer or radiologist) and which includes specific reference to items in the RANZCR guidelines including radiation risk and alternatives appropriate to their individual circumstances.***
5. The Coroner's recommendation has been implemented.

MOONEE PONDS
347
Ascot Vale Road
TEL: 9348 3500
FAX: 9348 3520

FOOTSCRAY
68-82
Hopkins Street
TEL: 9283 8500
FAX: 9283 8520

ST ALBANS
101-103
Main Road West
TEL: 8312 7200
FAX: 8312 7220

SUNSHINE
Sunshine Plaza
324-328
Hampshire Road
TEL: 9356 5000
FAX: 9356 5020

HAWTHORN
109
Burwood Road
TEL: 9818 9400
FAX: 9818 9420

HOPPERS CROSSING
471
Sayers Road
TEL: 8015 2500
FAX: 8015 2520



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6. As the Coroner acknowledges in the Findings,¹ FMIG had previously taken steps in 2020 to revise the consent information and consent form for patients who were receiving intravenous contrast. A copy of the current information and consent form for the administration of intravenous contrast is **attached** and marked 'Annexure A'. Amongst other things, there is space and a requirement for the form to be clearly witnessed by the practitioner taking the patient's consent.
7. In accordance with the Coroner's recommendation, a separate information and consent form has been developed specifically for the CT Coronary Angiograms (CTCA), as distinct from the contrast part of the procedure. This contains information on alternatives to a CTCA, as well as specific information relevant to the test. A copy of this form is **attached** and marked 'Annexure B'. As noted at the start of that form, it is required to be read and completed in conjunction with the previous 'Consent for administration of intravenous contrast' form. The intention is that both forms are completed together by the patient, and then the radiographer and/or radiologist will review the forms with the patient, ensuring the patient understands the information therein and is able to give informed consent. Providing this is the case and there are no other concerns, the responsible practitioner will witness the contrast form, as noted above.
8. Finally, I would note that we distributed the most recent version (version 4) of these two forms to all supervisors and sites in mid-January 2022 to ensure they had the most up to date versions and to remind them of the requirement for both forms to be completed before proceeding with a CTCA.

(iii) That FMIG review their compliance with the DIAS Practice Accreditation Standards, in particular Standard 2.1.

9. The Coroner's recommendation has been implemented.
10. As the Coroner is aware, the DIAS Practice Accreditation Standards were established for the purposes of ensuring the safety and quality of Medicare-funded diagnostic imaging services. Standard 2.1 relates to the information required to demonstrate a clinical need for a diagnostic imaging service. FMIG concurs with the Coroner's comment that while it relates to Medicare-funded services "...the DIAS is nonetheless a powerful tool for ensuring safety at private diagnostic imaging practices".²
11. As discussed in FMIG's third statement to the Coroner in September 2020,³ FMIG had instituted a monthly audit process shortly after the events in question, to ensure monitoring and compliance with the RANZCR guidelines. We noted therein that a number of referrals were randomly selected and reviewed for their compliance against a series of criteria, with the matter being escalated if the referrals did not meet those requirements.

¹ At [618].

² At [492](b).

³ AM3-15 – Statement of Geraldine Reddan (3), para [12].

MOONEE PONDS	FOOTSCRAY	ST ALBANS	SUNSHINE	HAWTHORN	HOPPERS CROSSING
347	68-82	101-103	Sunshine Plaza	109	471
Ascot Vale Road	Hopkins Street	Main Road West	324-328	Burwood Road	Sayers Road
			Hampshire Road		2
TEL: 9348 3500	TEL: 9283 8500	TEL: 8312 7200	TEL: 9356 5000	TEL: 9818 9400	TEL: 8015 2500
FAX: 9348 3520	FAX: 9283 8520	FAX: 8312 7220	FAX: 9356 5020	FAX: 9818 9420	FAX: 8015 2520



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12. The criteria in the RANZCR Guidelines⁴ are broadly those upon which FMIG has established its audit process. The RANZCR guidelines for appropriate imaging requests are much more extensive and specific than the DIAS Standard 2.1. For this reason, FMIG is confident that its audit process is appropriately ensuring compliance with DIAS Practice Accreditation Standard 2.1. A review of this audit process was tabled at a recent meeting of the FMIG Directors on 16 December 2021, in which all referrals audited in the previous six months were found to be compliant with the criteria against which they are evaluated.
13. Finally, we once again wish to take this opportunity to communicate our sincere condolences to Ms Hickey's family for their loss.
14. We hope that the above information is valuable and supports the Court's preventative functions. Please do not hesitate to contact us if you require any further information.

Yours sincerely,

On behalf of FMIG
Geraldine Reddan
Chief Administrative Officer

⁴ The Royal Australian and New Zealand College of Radiologists, *Standards of Practice for Clinical Radiology*, 2020, v.11.2, at 5.3.

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CONSENT FOR ADMINISTRATION OF INTRAVENOUS CONTRAST

Patient Information

Your doctor has asked the radiologist to perform an x-ray examination which may require the injection of an iodine-based contrast agent (x-ray dye). This medication is usually administered intravenously (injection into a vein) through a fine cannula (plastic tube). This allows your organs to be seen more clearly.

Overall, an x-ray examination with an iodine-based contrast is a relatively safe examination. Your doctor believes this to be an important diagnostic test in your medical management.

The injection is often but not always associated with a warm feeling in the face, neck and pelvis. This usually lasts for a minute or two and then settles back to normal. You may experience a metallic taste in the mouth. You may also experience contrast leakage from the vein. Rarely nausea, chills and sweating may occur, usually at the time of the procedure. These symptoms, by themselves, are not allergic reactions.

Occasionally, (one change per 1000 injections) mild allergic reactions such as rash, hives or sneezing can occur as a delayed reaction, most often within 30 minutes and usually do not require treatment and settle rapidly. Less commonly, some patients may experience a delayed reaction to their CT injection after they leave the department, between 1 hour to 1 week. These reactions are almost always related to the skin i.e. hives, mild rashes and/or itch. Symptoms usually settle without needing treatment, but if symptoms persist, see your doctor.

Rarely, more severe reactions can occur including asthma, shock and circulatory disturbance. FMIG has equipment and medications available to begin immediate treatment of serious reactions.

Having asthma and/or allergy to another drug, food or insect bite causes a very minor, but usually insignificant increase in the risk of an allergies reaction to intravenous contrast medium. If you have had intravenous contrast before without any adverse response, the chance of having a reaction to a subsequent injection is reduced, but not zero.

It is important to fill in all the questions on the next page so the Radiologist can decide whether you are suitable for the contrast injection. Please feel free to speak with our Radiographers or Radiologist regarding any further questions or information you require before proceeding with your x-ray examination.



CONSENT FOR ADMINISTRATION OF INTRAVENOUS CONTRAST

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Your current weight (Please estimate if unsure)	
_____ KG	
YES	NO
Do you have any allergies? (Food, Tablets, Medications, other) If yes, please list:	
Have you had any Nuclear Medicine scan in the last 7 days?	
Have you previously had an injection of x-ray dye?	
If yes, did you have a reaction or feel unwell afterwards?	
Have you had any previous operations?	
If yes to any of the above, please provide details	

Do you have any of the following conditions?		
	YES	NO
Asthma?		
Any Heart Disease?		
Kidney Disease?		
Thyroid Disease?		
Diabetes?		

Females Only:		
Are you Pregnant?	YES	NO
Are you Breast Feeding?	YES	NO
PATHOLOGY RESULTS:		
Date:	_____	
eGFR (>60)	_____	
Creatinine (40-110)	_____	

If you have diabetes, what is your medication? Please tick (✓)

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Metformin | <input type="checkbox"/> Diabex | <input type="checkbox"/> Diaformin | <input type="checkbox"/> Glucohexal |
| <input type="checkbox"/> Glucomet | <input type="checkbox"/> Glucophage | <input type="checkbox"/> Novomet | <input type="checkbox"/> Glucovance |

If you have Heart Disease and/or Blood Pressure conditions, are you on medications? Beta-Blockers

- Acebutolol Bisoprolol Nadolol Propanolol Atenolol Metoprolol Nebivolol Other.....

You may be on Beta-Blockers for other reasons, such as glaucoma, anxiety, hyperthyroidism

- Pindolol Oxprenolol Nadolol Timolol Penbutolol Propanolol Sotalol Tertalol Other.....

Emergency Contact: Name and Phone Number _____

I have accurately completed the questionnaire, and I have also read and understood the above information and give consent to have an intravenous contrast injection.

PRINT NAME: _____ SIGNATURE: _____ DATE: __/__/__

WITNESS OF CONSENT NAME: _____ WITNESS SIGNATURE: _____

Date Given	Contrast Label	Dose	Time Given	Radiologist's Comments
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CT CORONARY ANGIOGRAM ADDITIONAL INFORMATION & QUESTIONS

This form is to be filled out in conjunction with Consent for Administration of Intravenous Contrast form

CT Coronary Angiogram is a study predominantly of the blood vessels supplying the heart. Other non-invasive Options / Alternatives to CT Coronary angiogram in coronary heart disease assessment include the following. Your referring doctor can make the decision based on your clinical circumstances.

- Treadmill ECG stress test
- Pharmacological stress test
- CT coronary calcium score
- Stress radionuclide myocardial perfusion
- Stress echocardiography

Your heart rate and blood pressure will be monitored during the test. A small cannula will be placed in your arm for an injection of iodine-based contrast agent (x-ray dye). Please read patient information on the consent for administration of intravenous contrast form.

While you are on the CT table, ECG leads are connected to your chest to monitor your heart rhythm. Unless contraindicated, you will be given Glyceryl trinitrate or GTN spray under your tongue, which dilates the blood vessels in your heart for better visualisation of your vessels. This may produce a mild headache which will disappear when the medication wears off. To lower your heart rate for optimised scan, we may give you additional medication such as metoprolol or ivabradine in tablet form or metoprolol intravenously. Please advise if you have any known adverse reactions or contraindications to the above-named medications.

It is important to fill out the questionnaire below so the Radiologist can decide your suitability for the test.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	Yes	No
Do you smoke?		
Have you ever had any heart surgery?		
Do you have any of the following? Please circle		
Stent Coronary artery bypass graft		
Valve Replacement Pacemaker		
Other heart surgery Defibrillator		
Do you have Phaeochromocytoma?		
Do you have Glaucoma?		



Other relevant surgery – Please give details:

.....

Please give details of any other relevant medical history

.....

Are you taking any of the following medication? Please tick (v)

- Norvasc Plendil Adalat Cardizem Dilzem Isoptin Cartia XT

Are you currently taking Viagra or similar medication? Yes No

What other medications are you currently taking?.....

.....

.....

.....

What is your height?..... What is your weight?

Your referral will indicate whether or not this study is eligible for Medicare bulk billing, you will be advised of this prior to the scan, if it is not eligible for bulk billing there will be an out-of-pocket fee of \$800.00 to pay, this cannot be claimed under Medicare

I am aware of and agree to pay the fee of \$..... for this procedure

Print Name:

Signature:

Date: