

20 October 2022

Aisha Warsame
Coroners Prevention Unit
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VICTORIA 3006

cpuresponses@coronerscourt.vic.gov.au

Dear Ms Warsame,

Coroners Court of Victoria Finding into Death of Robert Burns COR 2018 003819

Firstly on behalf of South West Healthcare (SWH), I convey my sincere condolences to Mr Burn's family for their loss.

SWH accept the recommendations made by her Honour, Deputy State Coroner, Jacqui Hawkins. The details of implementation for each of the recommendations are set out in the attached document.

Please note that any recommendations made from a root cause analysis, in depth case review or by the Coroners Court of Victoria implementation are monitored by the SWH Clinical Governance Committee and the Quality and Clinical Risk Committee, a Board committee, on a monthly basis.

Yours Sincerely



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Executive Director Medical Services

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**Recommendation 1**

Conduct a review of their approach to both the deteriorating and 'not progressing' post-operative colorectal surgical patient with a view to reliably and consistently applying the recommendations of the Victorian Surgical Consultative Council.

The *Adult Deteriorating Patient* and the *MET CALL (Rapid Response) – Adults* policies outline the escalation of care requirements for the adult patient whose condition is deteriorating. For patient having bowel surgery the General Surgery pathway - Bowel Resection guides staff in the expected patient milestones and outcomes. This pathway is currently under review by the Clinical Director General Surgery.

The ICU Registrar, a new position for SWH, commenced in 2021. This position is based in the ICU and is involved with the care of all admitted patients to the ICU.

Recommendation 2

Implement multi-disciplinary consultant ward rounds or management meetings in ICU, particularly with regards to unstable or deteriorating patients with multiple potential problems who are failing to respond to treatment as expected.

The General Medicine teams, including the Consultant Physicians meet at 7.30am each morning for a case conference and clinical handover of all general medicine and ICU patients. This commenced in 2019. This handover is attended by the ICU Register who is involved in care for all patients in ICU.

Recommendation 3

Implement a policy of surgical 'peer review' of deteriorating or non-progressing patients.

The Quality and Clinical Governance Policy outlines the requirements for clinical practice review across SWH, including peer and mortality reviews and audit. The Morbidity and Mortality Review Committee in 2020 introduced craft group presentations to highlight case reviews and incidents. In 2018, SWH commenced an annual surgical audit whereby each surgical craft group presents their surgical outcomes, patient deaths and cases of interest. Presentation of case reviews and outcomes are presented to peers.

Recommendation 4

Implement a policy whereby failed attempts by junior medical staff to transfer a patient to a higher level of care are escalated to a consultant to ensure timely transfer by discussion between peers at the sending and receiving hospital.

The current *Patient Transfer* Policy states that a Consultant or Register must discuss time critical transfers with senior medical staff at the receiving hospital.

Recommendation 5

Implement a policy of direct surgeon to surgeon communication when a complicated and/or deteriorating patient is in need of transfer for care by another surgeon at another hospital.

The current *Patient Transfer* Policy states that a Consultant or Register must discuss time critical transfers with senior medical staff at the receiving hospital.

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