MinterEllison.

26 October 2022

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Attention: Olivia Collard Coroner's Registrar Coroner's Support Services Coroners Court of Victoria 65 Kavanagh Street SOUTHBANK VIC 3006

Dear Ms Collard

Investigation into the death of Your reference: COR 2019 000738

We refer to Coroner Ryan's Finding made on 25 July 2022 and to your letter dated 26 July 2022.

In response to your request that the Victoria Clinic (the **Clinic**) provide a written response to Coroner Ryan's recommendation, the Clinic says as follows:

(a) on page 17 of his Finding, Coroner Ryan recommended:

'The Victoria Clinic and the Healthscope National Mental Health Committee review the Risk Assessment and Observation Levels – Patient (Policy 9.07) in relation to the visual observation requirements to ensure it reflects contemporary practice, including expected engagement with a patient' (the **recommendation**);

(b) the recommendation has been implemented by the Clinic and Healthscope.

Policy 9.07 was presented to Healthscope's National Mental Health Committee (**NMHC**) and a small working party (including senior and junior staff members) was convened to review Policy 9.07 in light of the recommendation.

After a number of meetings and a review of contemporary practice, the working party made amendments to Policy 9.07 and presented the final amended version to the NMHC for its review on 13 October 2022. The working party requested that the NMHC provide any additional feedback or suggested amendments within seven days. The Chair of the NMHC confirmed on 20 October 2022 that it had no additional feedback or suggested amendments to make.

The final amended version of Policy 9.07 will be presented to Healthscope's National Medical Governance Committee (**NMGC**) at its next meeting on 8 December 2022 to be ratified following which it will be issued to, and implemented at, all applicable Healthscope sites;

- (c) in addition to the review and amendment of Policy 9.07, Healthscope will implement training and education sessions for its staff specifically relating to the update of this policy. These training and education sessions will be arranged to occur after the NMGC has ratified the amendments to Policy 9.07;
- (d) subject to ratification by the NMGC, Policy 9.07 has been amended as follows:

- (i) the title of the policy is to include the word 'Engagement', i.e. 'Risk Assessment, Engagement and Observation Levels – Patient';
- (ii) the phrase 'Nursing Staff' is to be substituted with 'Mental Health Clinician' throughout the document;
- (iii) there is to be inclusion of the need to perform and document a mental state examination (**MSE**) on page 2 as follows:

'When a patient declines or displays resistance to attend 1:1 therapy, group program and/or treatment a clinical risk assessment and MSE should be completed, documented in the medical record and communicated to the treatment team';

(iv) there is to be inclusion of a section on page 3 entitled, 'Engagement and Interaction'.

This section describes methods of engagement and interaction with patients as therapeutic tools used to monitor issues of risk. It also reiterates that when a patient declines or displays resistance to attend 1:1 therapy, group program and/or treatment, a clinical risk assessment and MSE should be completed, documented in the medical record and communicated to the treatment team; and

(iv) the risk assessments of patients must be communicated to all members of the care team including nursing, medical, and allied health staff, as outlined on page 5.

A copy of the draft amended version of Policy 9.07 is enclosed. It is anticipated that this draft will be ratified by the NMHC.

Please do not hesitate to contact us if the Coroner has any questions arising from the Clinic's response.

Yours faithfully **MinterEllison**

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OUR REF: IZB LMR 1356663 YOUR REF: COR 2019 000738

Enclosure: Draft amended policy 9.07, 'Risk Assessment, Engagement and Observation Levels - Patient'