

**IN THE MATTER** of the Coroner's Act 2008

*and*

the death of **MD FAKRUL ALAM SOZON – COR 2020 005571**

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**RESPONSE BY WESTERN HEALTH**

**THE RECOMMENDATION**

Pursuant to section 72(3) of the *Coroner's Act 2008* (Vic), Western Health hereby responds to the following recommendation made by Coroner Audrey Jamieson on 14 August 2023:

***“With the aim of preventing like deaths and promoting public health and safety, I recommend that Western Health develop a formal internal training and credentialing system regarding the use of bedside ultrasound for ascitic taps so that the technology can be used by clinicians other than trained radiology staff where necessary and appropriate.”***

**STATEMENT OF ACTION IN RELATION TO RECOMMENDATION**

1. Western Health does not accept the Coroner's recommendation at this time. Western Health acknowledges the benefits of a formal internal training and credentialing system for bedside ultrasound in ascitic taps, however we express reservations about accepting the recommendation due to the following challenges:
  - a. The rotation schedules of Hospital Medical Officers (HMO): At Western Health, HMOs rotate through various specialties including gastroenterology on a 12 week rotation. Implementing an ultrasound training program for three new HMOs every 12 weeks is not feasible within the current framework. The limited time available for training and credentialing, along with the need for continuous coverage of essential healthcare services, creates a significant constraint in pursuing this initiative.

- b. Credentialing and accreditation: The use of bedside ultrasound for ascitic taps is not currently “gold-standard” practice. Healthcare practices can vary significantly across different regions and institutions, and the absence of a state-wide or nationwide consensus on this matter presents a significant challenge. In Victoria, most public hospitals do not use bedside ultrasound for ascitic taps. Therefore, there is no current protocol for training HMOs in the use of bedside ultrasound for ascitic taps. Without a standardised approach or best practices established at a broader level, implementing such a program within Western Health may lead to inconsistencies and potential difficulties in ensuring uniformity in training and practice.
2. We greatly value the Coroner’s input in improving our healthcare services. This decision is not a reflection of the merit of your suggestion but rather a result of the current circumstances and resource constraints. Given the current absence of a state-wide or nationwide framework for this specific procedure, it is advisable to exercise caution and await developments in the field to ensure that any internal program we establish aligns with best practice. Given the complexity of, and the intensive resources required by the proposed recommendation, along with the absence of an existing framework for credentialing and accreditation outside of radiology, it would be prudent to defer this recommendation until the logistical challenges associated with it can be thoroughly assessed and addressed.
  3. To improve the safety of our procedure, the Western health policy is now that if patients require an ultrasound for ascitic tap to identify fluid, they must be referred to the Radiology department and that the procedure be performed by Radiologists, who are fully qualified and accredited to safely perform the ultrasound and the ascitic tap under ultrasound guidance.



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Dr Abi Arul  
Chief Medical Officer  
Western Health

16 November 2023