

9 December 2022

Ms Sheean Werkmeister
Coroner's Registrar
Coroner's Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Dear Ms Werkmeister

Investigation into the death of Ruth McKenna

We refer to your letter dated 22 August 2022 enclosing Coroner Peterson's Finding without Inquest into the death of Ruth McKenna (Finding).

We appreciate the opportunity to report on the lessons learnt from Ms McKenna's death and on the improvements that have been put in place at Goulburn Valley (GV) Health to reduce the risk of similar events in the future.

We note that the Finding includes recommendations directed to GV Health and we can advise that actions have been taken in response to each of those recommendations.

The details of the actions taken in relation to each finding are as follows:

- a) Considers a review of its policies and procedures to ensure that patients are not placed on the waiting list for surgery until final sign off of all investigations requested during the pre-anaesthetic consultation.**

As part of the implementation of the recommendations derived from GV Health's own investigation of Ms McKenna's death (as outlined in paragraph 113 of the Finding), GV Health's Surgical Governance Committee approved revisions to the health service's standard work practice (SWP) for pre-admission clinic criteria & pre-operative testing.

Under the SWP, patients requiring a pre-admission clinic anaesthetic (PACA) assessment must not be booked for surgery before it is documented they are cleared to proceed by an anaesthetist. It should be noted that not all patients require a PACA assessment – in line with accepted clinical practice, the standard work practice identifies that patients are booked for a PACA assessment and other pre-operative testing based on the risk associated with the procedure and their comorbidities.

If a patient is not cleared at time of the PACA assessment because the anaesthetist identifies that further investigations are required, another appointment is booked for a “homework” pre-admission review. During this appointment (which the patient does not attend) results from those further investigations are reviewed by an anaesthetist with findings documented in PACA notes as an addendum. Once the patient is cleared to proceed by an anaesthetist and this is documented in the medical record, the patient is contacted and booked for surgery.

It should be noted that GV Health has interpreted the reference in this recommendation to placement of patients “on the waiting list for surgery” as a reference to booking of patients for surgery. Patients are referred to the waiting list and then are assessed based on the SWP as to their need for pre-admission clinic and pre-operative testing. The outcome of this determines the next step. If a PAC review and testing are required then the patient will not be booked for theatre until cleared to proceed by an anaesthetist.

b) Work with echocardiography services to streamline assessments for patients with reduced exercise tolerance and possible underlying cardiac problems.

Since 2018, specialist cardiology services supporting the pre-admission clinic at GV Health have evolved considerably. These changes are outlined below:

- Specialist Cardiology reviews

An onsite cardiologist was appointed in July 2022 to replace previous arrangements which consisted of visiting medical officer (VMO) cardiologists. There is now increased availability of appointments for on-site cardiology review.

In addition, multiple subspecialty cardiology clinics provided by visiting medical officers from St Vincent's Hospital Melbourne are now in place.

- Coordination of pre-admission clinic cardiology referrals and investigation requests

A cardiac nurse coordinator has been appointed who receives pre-admission clinic referrals and discusses them with the onsite cardiologist, liaises with GV Health's Clinical Diagnostic Unit to organise urgent echocardiograms or other cardiac investigations and expedites clinical reviews in GV Health's Specialist Consulting Suites.

- Echocardiography Services

An onsite cardiac sonographer has been appointed and the echocardiography service has been expanded to a 5-day per week service. Access to stress echocardiography has also been improved.

Further streamlining of referral processes for cardiac investigations and specialist cardiology review continues to be a particular area of focus for the cardiology unit and the pre-admission clinic.

- c) **Review the system of communication between the pre-anaesthetic clinic and surgical teams to ensure surgeons are apprised of the outcome of PAC review, management plans and (where necessary) requests for further investigations and the outcome of same, in advance of the surgery date.**

The implementation work noted in response to recommendation (a) also resulted in changes to the system of communication between the pre-admission clinic and surgical teams.

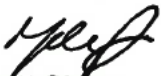
As of April 2022, the theatre list for all surgeries conducted at GV Health include direct hyperlinks to the PACA assessments and notes as well as the full clinical record and pathology results (whereas historically surgical staff were able to access this information by locating it in the patient's electronic clinical record). The theatre list can be accessed by the relevant surgeons and their teams prior to the scheduled surgery.

If a patient is determined to be unsuitable for surgery following PACA assessment, a letter is sent to the surgeon who requested surgery advising of this decision. On other occasions, the anaesthetist may request that the patient is reviewed again by the relevant surgeon if there is concern about whether the requested procedure represents the best treatment option or if there may be a non-surgical alternative for high risk patients.

We extend our sincere condolences to Ms McKenna's family and friends.

Please do not hesitate to contact me by email [REDACTED] should you have any queries in relation to this matter.

Yours sincerely



Matt Sharp
Chief Executive