Corporate Services
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27 December 2023

Mikaela Meggetto
Registrar
Coroners Court of Victoria
65 Kavanagh Street
Southbank

By email: cpuresponses@coronerscourt.vic.gov.au

Dear Ms Meggetto,

Abdurrahman Coskun
Coroners Reference 2018 000597

I am instructed to write in response to your letter dated 17 October 2023 requesting a written response to the Court's recommendations made under section 72(2) of the *Coroners Act 2008* (Vic).

Monash Health recognises the importance of communication as a key safety and quality issue. We are committed to ensuring that there is effective communication between clinicians, patients, carers and families, multidisciplinary teams, and across the health service organisation, to support continuous, coordinated and safe care for patients as outlined in the *National Safety and Quality Health Service (NSQHS) Standard 6 – Communicating for Safety*. It is also recognised that the period of transfer and discharge of a patient to an accepting practitioner is a critical, high-risk time in the patient's recovery journey.

I am instructed that the coroner's Recommendation 1 is fully supported and has been implemented. The recommended intervention was implemented prior to the coroner's finding, and policies have since been developed and updated regularly. In line with the NSQHS Communicating for Safety Standard, the Monash Health Crisis Assessment and Treatment Team (CATT)/Acute Crisis Intervention Service (ACIS) have since reviewed their process for communicating critical clinical information on discharge to the accepting practitioner to ensure it includes:

a. a detailed and current medication list including details of commencement date and date of dose changes;
b. suggested frequency of monitoring the patient's mental state; and

c. clear indications of when a patient requires re-referral to a specialist mental health service and information on how to re-engage.

To expand further on the improvements to practices relevant to the coroner`s recommendation, I make reference to a number of Monash Health policies, procedures and clinical guidelines:

a. A detailed and current medication list including details of commencement date and date of dose changes:

The Clinical Communication at Discharge Procedure (dated 25/09/2018 and reviewed 9/06/2023 – see attached Addendum A) outlines that the Electronic Medical Record (EMR) Patient Discharge Information is to be completed by the most appropriate multidisciplinary team member before the patient is discharged home. The essential elements of the medicines list and an explanation of any changes made to therapy, the rationale for these changes and any adverse drug reactions to be suspected during the episode of care are included in the EMR Discharge Medication List section of the EMR Medical Discharge Summary contained within the same document. The procedure provides for the requirement that there be clear instructions for ongoing care and follow up requirements in line with the coroner`s recommendations.

In addition to the expectations for the relevant medical staff to ensure a detailed and current medication list, this procedure makes provisions for the unit pharmacist to be closely involved in confirming the accuracy of this medication list.

Furthermore, a current and comprehensive medication list is provided to all patients with information pertaining to any changes made to their regular medicines at discharge as per PROMPT procedure entitled Medication Counselling (dated 15/10/2013, reviewed 14/01/2021 – see attached Addendum B).

b. Suggested frequency of monitoring the patient's mental state

The Mental Health Medical Review procedure (dated 13/06/2017, reviewed 18/08/2023 – see attached Addendum C) clearly stipulates the required frequency of monitoring a patient's mental state. Acutely admitted patients of the Mental Health Program require a medical review within 24 hours of admission, and daily by a registrar thereafter. Patients transferred to Continuing Care Teams in the community are required to be reviewed by a medical officer within a week of discharge from hospital, thereafter monthly by the registrar, and three-monthly by the consultant psychiatrist. These patients in the community must be reviewed weekly by the case manager or other relevant clinician. The requirement for frequent monitoring of risks is further expanded on in the documents entitled Mental Health Clinical Risk Assessment Screen (dated 02/07/2012, reviewed 18/08/2021 – see attached Addendum D) and Consultant Led Clinical Care: A Framework for Consultant presence and senior decision making for safe and high-quality care (dated 03/01/2023 – see attached Addendum E).

c. clear indications of when a patient requires re-referral to a specialist mental health service and information on how to re-engage.

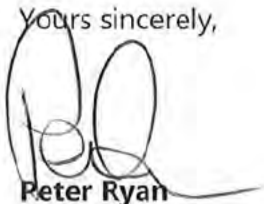
The Acute Community Intervention Service (ACIS) has developed an information booklet for consumers about their service (see attached Addendum F). The booklet has sections clearly detailing the pathways and contact details required to re-engage with the service after discharge. There are also procedures outlining pathways in which to access services within the Monash Health Mental Health Program [see attached Clinical Handover Forms Mental Health Access – dated 09/12/2011 reviewed 16/10/2023, Addendum G; Mental Health Implementation Tool – dated 06/10/2014 reviewed 16/10/2023, Addendum H; Clinical Handover Patient Discharge or Transfer (Mental Health) – dated 29/07/2017 reviewed 14/10/2020, Addendum I; and Dandenong ACIS Information Booklet last reviewed on 25/05/2021].

Monash Health aims to have clear, documented processes for structured clinical handover to effectively communicate about health care of patients and thereby reduce communication errors, systems to effectively communicate critical information and risks to the appropriate person(s) when they emerge or change, and to document essential information in the healthcare record to ensure that relevant, accurate, complete and up-to-date information about the patient's care is documented.

Where clinical procedure was not followed in this case, the findings have been communicated to the clinical teams involved in Mr Coskun's care.

Thank you for the opportunity to respond to the coroner's recommendations.

Yours sincerely,



Peter Ryan
Chief Legal Officer
Monash Health

Addendum list:
A – Clinical Communication at Discharge
B – Medications Counselling
C - Mental Health Medical Review
D - Mental Health Clinical Risk Assessment Screen

Monash Health

E - Consultant Led Clinical Care: A Framework for Consultant presence and senior decision making for safe and high-quality care
F – Dandenong ACIS Information Booklet
G- Clinical Handover Forms Mental Health Access
H- Mental Health Access Implementation Tool
I - Clinical Handover Patient Discharge or Transfer (Mental Health)