




31 January 2024

Rachel Nicol
Coroner's Registrar
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK 3006

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

Dear Ms Nicol,

Investigation into the death of 
COR 2021 006991

I am writing in response to your letter dated 31 October 2023 requesting a written response to the coroner's recommendations directed to Monash Health and arising out of the findings made in relation to  death.

In relation to each of the recommendations Monash Health's response is as follows:

Provide a clinical space with the relevant support staff for Interventional Radiology to review patients and gain informed consent before any procedures.

In the past most interventional patients met their proceduralist on the day of the procedure, and consent was obtained most often either in the procedure room or in a crowded corridor.

Two important events will impact this situation:

1. Monash Heart has largely vacated the Clayton site to Victorian Heart Hospital thereby freeing up space, which has enabled a dedicated Interventional US and CT suite with adjacent dedicated patient wait area previously used as patient wait for Cardiac CT. The space is large and confidential conversations for consent should be possible.
2. Plans to transform Procedural Radiology into a more conventional clinical service are well underway with a planned start date in April 2024. The emphasis will be in three areas:
 - a. Inpatient consultations
 - b. Outpatient clinics and
 - c. Inpatient bed card.

In order to facilitate this, resources have been devoted to the establishment of the clinic and dedicated junior medical staff (intern and non-accredited registrar) will commence in early February 2024. Many patients will have an appropriate assessment and discussion in clinic with preprocedural consent. Inpatients will largely receive consent while being admitted under the Procedural Radiology bed card and those under other bedcards will likely receive consent on planned daily ward rounds. Whilst it is possible some inpatients may not be seen in clinic or not be seen on ward rounds before the scheduled procedure, especially if the case is urgent, the number of patients in this category will be far less than previously.

Provide Interventional Radiology a stand-alone bedcard with associated staff to facilitate all hours in-house, and ward based care.

This will be implemented. A standalone bed card has been discussed and approved by Monash Health Executive, subject to a satisfactory change management process which is underway. As part of this process, a project steering committee has been established with membership from surgical, medical and Women's Health Programs. The steering committee will review and approve artifacts created that will deal with safe, all hours, in-house care. For example a service plan that will detail the frequency of ward rounds and who will attend them will shortly be presented to the steering committee. A detailed plan for referral pathway has already been presented.

Develop and implement a learning module on cognitive bias.

Monash Health accepts the recommendation and has developed the cognitive bias learning module which will be rolled out in the first week of March 2024. The module includes outcomes focussed on the following:

- Defining the concepts, frequency, and consequences of diagnostic errors
- Identifying the factors that impact diagnostic accuracy
- Explaining cognitive biases in clinical practice
- Describing strategies to mitigate cognitive bias and improve diagnostic accuracy
- Applying sound clinical reasoning to case-based scenarios
- Analysing the approach to improving diagnosis at individual and system levels

Thank you for the opportunity to provide this response to the coroner's recommendations.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Peter Ryan', written over a light blue horizontal line.

Peter Ryan
Chief Legal Officer
Monash Health

**Monash Medical
Centre Clayton**
246 Clayton Road
Clayton
Tel: 9594 6666

Moorabbin Hospital
Centre Road
East Bentleigh
Tel: 9928 8111

Kingston Centre
Warrigal Road
Cheltenham
Tel: 9265 1000

Dandenong Hospital
David Street
Dandenong
Tel: 9554 1000

Casey Hospital
Kangan Drive
Berwick
Tel: 8768 1200

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