

Our Ref: SVP:SFB:1150187

24 July 2025

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Coroner's Registrar
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Dear Registrar

## Investigation into the death of Alan Stewart COR 2018 004070

We refer to your letter dated 13 August 2024, enclosing a copy of Coroner Paul Lawrie's Finding with inquest into the death of Alan Stewart. We also refer to our letter of 29 August 2024, and your response of 22 October 2024.

Melbourne Health appreciates the opportunity to respond to the Coroner's recommendations and provide the following update.

Recommendation 1 - That Melbourne Health review its written patient discharge information with the aim of:

- (a) removing ambiguity concerning the appropriate emergency action to be taken in the event of serious symptoms such as breathing difficulties;
- (b) including complete symptoms of significant internal haemorrhage among the group of serious symptoms requiring emergency action; and
- (c) emphasising the significance of the post operative period when considering any symptoms.

In relation to recommendation 1(a), the Discharge Information Sheet in place at the time of Mr Stewart's death is no longer in use.

In 2020, Melbourne Health instituted a new clinical record system called EPIC which contains an electronic medical record (**EMR**) for each patient.

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Since then, the 3 West Day Procedure Unit which oversees all day-procedure colonoscopies, has utilised a document called an After Visit Summary (**AVS**) in place of the Discharge Information Sheet, for all its colonoscopy patients. The AVS is generated through EPIC. A copy of the standard information provided to patients on discharge via the AVS is enclosed at **Appendix A**. The fields on the example form are automatically populated when the form is generated on EPIC.

In relation to recommendation 1(b), Melbourne Health has undertaken further discussions and sought clinical input from key medical staff involved in performing colonoscopies, in order to consider the recommendation. Having done so, Melbourne Health is concerned that expanding the complications already listed in the AVS, to include "dizziness, weakness and fatigue" (on the basis that are the suite of symptoms associated with significant internal haemorrhage according to the report of Dr Vickers) carries the risk that post operative patients will both worry, and return to the Hospital, unnecessarily. As an example, we note that dizziness is also a symptom of sedation and / or anaesthetic. The clinical input from staff is that the listed complications sufficiently cover those which warrant further investigation in the ED.

To address the balance of recommendation 1, Melbourne Health proposes to make the following changes to the AVS (shown tracked):

## What if I experience complications When should I seek further medical attention?

If <u>in the 48 hours after your procedure you experience any of the following symptoms your require emergency assistance</u>, call 000 or attend the Emergency Department. If you are concerned about any of the symptoms below, contact your local Doctor, or after hours GP service

- <u>Difficulty breathing</u>
- Severe pain which is not relieved by your prescribed medication
- Unrelieved vomiting and / or nausea
- Fever, sweat or chills with a temperature greater than 38 degrees
- · Excessive redness, tenderness, and/or swelling around your wound or procedure site
- · Heavy or ongoing bleeding from the wound or site
- Difficulty breathing

Recommendation 2 - That Melbourne Health review its patient discharge procedures to ensure a record is kept of the discharge information provided to the patient.

We can confirm that Melbourne Health has reviewed its patient discharge procedures to ensure a record is kept of the discharge information provided to each patient. The AVS is generated from EPIC and is routinely printed and given to each patient post procedure. It is also uploaded onto the patient's Health Hub on the Melbourne Health - Health Hub Portal which the patient can access.

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Yours sincerely

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