ST VINCENT'S HOSPITAL MELBOURNE

St Vincent's Hospital Melbourne
41 Victoria Parade Fitzroy VIC 3065
PO Box 2900 Fitzroy VIC 3065
03 9231 2211
www.svhm.org.au

22 May 2026

Dear Registry

Response of St Vincent's Hospital Melbourne to the Recommendations of Coroner Therese McCarthy in the Coronial Findings dated 12 February 2026 in the Investigation into the Death of Oscar Hector Ortiz (COR 2019 001585)

St Vincent's Hospital Melbourne (the Hospital) acknowledges receipt of the Finding into Death without Inquest dated 12 February 2026 (**Findings**) and the recommendations made by Coroner McCarthy pursuant to section 72(2) of the *Coroners Act 2008* (Vic) (**the Act**).

The Hospital extends its sincere condolences to the family of Mr Oscar Ortiz.

The Hospital takes the Coroner's recommendations seriously and provides the following response in accordance with section 72(3)–(5) of the Act.

RESPONSE TO RECOMMENDATION (i) — Review of compliance with medication safety standard, Australian Commission of Safety and Quality in Health Care Standards

The Coroner recommended that the Hospital review the performance of the Hospital to ensure compliance with the Medication Safety Standard, Australian Quality and Safety in Health Care Standards (**NSQHS Standards**).

The Hospital notes the Coroner's comments at paragraph 85 of the Finding, which identify the following specific NSQHS Medication Safety Standard actions as relevant to the circumstances of Mr Ortiz's care:

(a) obtaining and recording a Best Possible Medication History (Action 4.05);

(b) reconciliation of new prescriptions against a patient's Best Possible Medication History and treatment plan (Action 4.06);

(c) medication review processes based on clinical need (Action 4.10);

(d) provision of medication information and associated risks to patients (Action 4.11); and

(e) communication of current medications at transitions of care and on discharge, including documentation of the basis for any changes (Action 4.12).

The Hospital is currently undertaking the following steps in response to the recommendation:

1. The Hospital has undertaken an in-depth case review of Mr Ortiz's management following receipt of the Coroner's Findings at a Cardiology Morbidity and Mortality meeting held in March 2026. The in-depth case review considered that the following clinical guidance should be adopted in relation to antithrombotic/antiplatelet therapy in patients requiring anticoagulation with concomitant antiplatelet therapy post-percutaneous coronary intervention (**PCI**):

    a. Triple therapy should be limited to 1 week by default, with extension up to 4 weeks in select cases where ischaemic risk is high.

    b. The cardiology interventional team should indicate clearly in the Angiogram Report when PCI is complex / high ischaemic risk, where extended triple therapy is felt to be preferred.

    c. This should be followed by dual therapy (direct-acting oral anticoagulant (**DOAC**) and Clopidogrel (antiplatelet therapy)) for 12 months. It was acknowledged that current Cardiac Society of Australia and New Zealand 2025 Guidelines allow consideration of 6 months of dual therapy in uncomplicated case. However, for consistency of practice of 12 months was felt to be the more appropriate default approach with earlier deescalation based on individual clinical assessment.

    d. At 12 months Clopidogrel (antiplatelet therapy) should be ceased, with continuation of novel oral anticoagulant monotherapy thereafter.

2. The Hospital is progressing the introduction of specific guidelines which provides clinical directions on the use of antiplatelet agents for patients prescribed a DOCA, which will also include review and adoption of the current Australian Cardiovascular Therapeutic Guidelines (Therapeutic Guidelines).

3. The Hospital is currently reviewing policies and procedures applicable to different clinical settings, to ensure the Hospital's guidance to clinicians in relation to the concurrent prescription of anticoagulant and antiplatelet medications reflects contemporary best practice across all relevant clinical settings, including outpatient cardiology care. For example, the Hospital is currently submitting for endorsement revisions to the *'Cardiology Periprocedural Antithrombotic Management Guideline'* which implements the findings of the in-depth case review and includes guidance regarding:

    - The use of triple therapy post percutaneous coronary intervention, including recommended duration and preferred combinations of medication; and

    - A recommendation against combining antiplatelet therapy with a DOAC in patients with stable coronary artery disease, consistent with current Therapeutic Guidelines and current evidence, acknowledging that this may sit slightly beyond the traditional peri procedural scope.

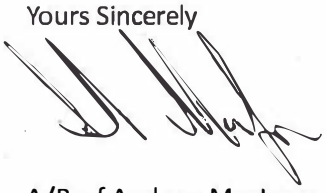
4. The Medicines Information Team (a part of the Pharmacy Department at the Hospital) continue to provide training to junior medical staff pertaining to the importance of medication

reconciliation, obtaining the best possible medication history and referencing of a patient's Medication Management Plan.

5. The Hospital are currently developing the introduction of a formalised Antithrombotic Management section of patient discharge summaries to clarify and improve communication on management of anticoagulants and antiplatelet agents at discharge to other health care providers. This will be applicable to all inpatient and outpatient discharges.

The Hospital reiterates its commitment to the safe and effective management of medications for all patients and welcomes the opportunity to respond to the Coroner's recommendations. The Hospital trusts that the steps outlined above demonstrate its commitment to continuous improvement in medication safety.

Yours Sincerely



A/Prof Andrew MacIsaac