



# AmbulanceVictoria

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Judge Sara Hinchey  
State Coroner  
Coroners Court of Victoria  
65 Kavanagh Street  
SOUTHBANK VIC 3006

via email: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Judge Hinchey

**Re: COR 2010 3710 - Stephen Liat Kai LIM**

I refer to the inquest into the death of Stephen Liat Kai Lim.

As a result of the inquest, Her Honour Coroner Spanos made one recommendation relating to both Ambulance Victoria and ESTA, as follows:

### ***Recommendation***

*That ESTA and AV consider the circumstances surrounding Mr Lim's death, reflecting in particular on the evidence of Dr Greene, and craft as clear and seamless an arrangement as possible between them to ensure that cases of overdose or poisoning are appropriately prioritised for emergency ambulance response, bearing in mind the occult nature of the pathology, the need for timely specialist toxicological input particularly as to unusual substances, and the risk to public safety inherent in waiting for overt symptoms to present.*

*Whether this is achieved by an amended or a new Standard Operating Procedure or otherwise, is a matter for ESTA and AV to resolve between them but it would be sensible to consult with the Victorian Poisons Information Centre.*

### **Ambulance Victoria's response:**

Both Ambulance Victoria (AV) and ESTA has reflected on Dr Greene's evidence provided at the Inquest, on how calls relating to cases of overdose or poisoning are handled.

<sup>1</sup> Paragraph 83 of the Findings



AV accepts Dr Greene's evidence that neither the Victorian Poisons Information Centre (VPIC) nor AV are sufficiently resourced to operate in a manner which envisages *all* poisonings and overdoses to be referred to VPIC

VPIC has indicated that due to limited resources, it would not be able to resource a priority telephone advice line to guarantee priority advice could be provided to ESTA and AV as needed to manage all poisoning events.

Mr Jeffrey Robinson, Manager of VPIC recently confirmed to AV there has been a significant increase in the use of the dedicated Poisons Information Centre hotline in the Communications Centres since its introduction. Further he is also aware of an increase in the number of on road paramedics contacting VPIC to discuss a patient's presenting condition.

While AV may at times have the resources to provide a "Code 1 Lights and Sirens" response for every reported case involving poisoning or overdose, to do so may adversely impact on our responses to other more likely time critical cases in the community. Further, AV's data suggests most cases involving poisoning or overdose do not require a lights and sirens response. On that basis, AV does not support the proposal, particularly given a number of systemic improvements implemented since the Inquest hearing, as follows:

AV has issued a Work Instruction (WIN/OPS 164), entitled "*Communications: Overdose Poisons and Events*", which outlines the responsibilities of AV Communications Staff when managing overdose and poisons events. It states such events may be referred to an AV Clinician, who will triage and assess the patient's acuity. This will include using resources including VPIC and Chemdata (available through MFB). The Clinician will then determine an appropriate response and (where required), alter the event priority for attendance. A copy of the Work Instruction WIN/OPS/164 is attached.

AV is also aware that on 4 February 2015, ESTA issued a Communications Bulletin (entitled "*Ambulance Call-taking Update – Poisons*") to its staff, directing ESTA call-takers that AV has determined the AV Clinicians will consult with the VPIC and reminding call-takers to ensure all relevant poison information is recorded into event remarks. This will assist the AV Clinician to properly assess these details. These changes will ensure relevant clinical information is obtained to better determine the urgency of an ambulance response, especially where the urgency may not otherwise be evident from the patient's presentation or symptoms.

Recently, the Victorian Minister for Health and Ambulance Services, the Hon Jill Hennessy MP, commissioned the Ambulance Performance and Policy Consultative Committee (APPCC)<sup>1</sup>. One of the components of the APPCC was the Victoria Dispatch Grid Reform (DGR) project, which involved a full review of the event priorities for all ambulance responses in Victoria.

DGR reforms include greater direction in dealing with priority 2 cases, (noting Mr Lim's case was a Priority 2) to provide clarity to ESTA dispatchers and ensure earlier dispatches of ambulances, especially during periods of peak demand. These changes have resulted in improved performance to code 2 cases.

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<sup>1</sup> <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/ambulance-and-nept/consultative-committee>



The DGR reforms also include processes for AV's Referral Service paramedics or nurses conducting 'welfare check' calls to patients (when ambulance demand outstrips ambulance availability) to ensure the patient's clinical needs are reviewed and where necessary, to upgrade the event to a higher response to meet the patient's needs.

Implementation of the DGR was rolled out in several stages over the past 15 months, with the final stage implemented on 11 October 2016. As a result of these changes, all requests for an emergency ambulance (including cases relating to overdose or poisoning) are appropriately prioritised for an emergency ambulance response. This ensures AV is able to provide a better service for all patients. We are also confident these recent changes mitigate the risks identified in Mr Lim's case.

I trust the response satisfactorily addresses Her Honour's recommendation. I acknowledge the comments were made to assist Ambulance Victoria perform at the highest level in its service to the community.

Yours sincerely



**Assoc. Prof TONY WALKER ASM**  
**Chief Executive Officer**

cc: I. Patrick, General Manager, Clinical & Community Services  
M. Pitruzzello, A/General Manager, Operational Services  
C. Grant, Manager Professional Standards

enc: Ambulance Victoria WIN/OPS/164 - Communications: Overdose Poisons and Events





# Work Instruction

<b>Work Instruction</b>	Communications: Overdose and Poisons Events	<b>Document No.</b>	WIN/OPS/164
<b>Date First Created</b>	31 August 2012	<b>Version</b>	3.0
<b>Authorisation</b>	General Manager Operational Services	<b>Department</b>	Communications & Referral
<b>Applicable to</b>	All of AV Communications	<b>Date Approved</b>	30 <sup>th</sup> June 2016

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## 1. Purpose

To outline the responsibilities of AV Communications Staff when managing overdose and poisons events.

## 2. Instructions

Events categorised as Poisons/Overdose are likely to be coded using AMPDS Card 23, however could also appear under other event categories depending on the primary presenting problem and the information provided during the call taking stage.

### 2.1 Events referred to the Clinician at AV staffed SECC's

- 2.1.1 Events may be referred to the Clinician where the calltaking process or staff have identified a need for Clinician action / review
- 2.1.2 Clinician will triage and assess patient acuity
- 2.1.3 Clinician should use resources such as the Victorian Poisons Information Centre, Chemdata (available from the MFB at THOSECC or CFA at BalSECC) and eMIMMs to assist with information gathering and decision making. AV staff have priority phone access to the Poisons Information Centre. This priority line can be accessed by calling 9496 4430 or using the speed dial information located within the communications centres.
- 2.1.4 Clinician will then determine the appropriate response, enter relevant CAD remarks including any information obtained from the above sources and alter the event priority (where required) as per WIN/OPS/072 Altering Event Priority.

### 2.2 Events identified by the Clinician at AV staffed SECC's

- 2.2.1 The Clinician may identify events that require further investigation to ensure an appropriate AV response occurs
- 2.2.2 Actions taken by the Clinician can include gathering more information from the call taker, or contacting the patient or the person requesting ambulance attendance to further assess the patient's acuity



- 2.2.3 As per 2.1.3 above the Clinician should also use additional information sources as needed
- 2.2.4 The Clinician will then determine the appropriate response and alter the event priority (where required) as per WIN/OPS/072 Altering Event Priority
- 2.2.5 For priority 2 responses the Clinician should consider attaching a "Do Not Divert Without Reference to Clinician" remark from the CAD drop down box pick list.
- 2.2.6 For events where the Clinician pseudo-unit has been dispatched, this must be pre-empted as soon as possible to prevent a situation occurring where the responding resource is diverted and as the Clinician unit is still attached the case cannot be placed back in the pending queue.

### 3. Related Documents

WIN/OPS/013 Adult Retrieval Victoria (ARV) Liaison  
 WIN/OPS/072 Altering Event Priority  
 WIN/OPS/076 Communications: Inter-Hospital Transfers (Clinician)

### 4. Work Instruction Review

This document has been Risk Rated as Medium, and therefore will be reviewed and updated according to its review period by the Communications & Referral Department

### 5. Document Management

The TRIM file reference for this document is WIN/OPS/164

### 6. Definitions

Term	Definition
AV staffed SECC's	THoSECC – Tally Ho State Emergency Communication Centre (Burwood East)
	BalSECC Ballarat State Emergency Communications Centre (Ballarat)
Clinician	AV Communications Clinician, Clinician trained CSO or Clinician trained MICA Paramedic
DM	Duty Manager

