

6 July 2016

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Mr Josh Munro
Coroner's Registrar
Coroners Court of Victoria
65 Kavanagh Street
Southbank VIC 3006

Dear Mr Munro

COR 2011 1081 Ms Michelle Griffin

Austin Health refers to the Finding into Death of Ms Michelle Griffin dated 1 April 2016 (the **Finding**) and the recommendation (**Recommendation 4**) made in relation to the Victorian Respiratory Support Service (VRSS). The response to Recommendation 4 is set out below.

4. With the aim of preventing deaths in similar circumstances, I recommend that the VRSS be provided with information of the circumstances of Ms Griffin's death to enable an informed internal review of their policies and procedures. Focus points for the VRSS review should include:

a. The risks and benefits of providing clients with main and back-up NIVs of identical versus alternative brands

VRSS agrees that the provision of ventilators of the same type is desirable. In the majority of cases the backup ventilator provided to a client is the same as the one in day to day use. When a ventilator is no longer required by a client it is serviced and re-used if appropriate. The reason for this is that ventilators are expensive and are paid for by public funding. On average, the manufacturers of ventilators change the design of ventilators every three years. It is not possible having regard to current funding limits to discard functioning ventilators. This means that from time to time, the backup ventilator provided to a client is not the same as the one they use on a daily basis. In these circumstances training is provided with the new device. If a client or carer is experiencing problems they are able to contact the 24 hour phone service provided by VRSS.

b. Consideration for the provision of an anchoring device (such as wheel-based vertical pole) to clients, to reduce the risk of NIVs tipping or being damaged. This would be of greatest benefit for clients with separate NIV and humidifier devices, such as the ones supplied to Ms Griffin.

The number of clients with separate NIV and humidification devices is continuously declining as all new Bi-level ventilators (which make up the majority of ventilators used by VRSS) have integrated humidifiers. For clients using a wheel chair modifications are made to secure the ventilator to the chair. The view of VRSS staff is that the use of devices such as wheel-based vertical poles to anchor ventilators is unsafe as these devices present a trip hazard. This is particularly so having regard to the level of disability of some clients. In this case, issues around the transfer of the client and manual handling more generally appear to have been involved.

c. The feasibility of including a manual airway resuscitation device as a further safety measure for the main and back-up NIVs, such as a bag-valve-mask kit or resuscitation mask.

All VRSS clients who have tracheostomies are provided with a manual resuscitation device.

The issue of providing manual resuscitation devices to clients without tracheostomies is less straight forward and a range of factors are considered when assessing if a manual resuscitation device is appropriate. These factors include any wishes of the client expressed during the process of Advance Care Planning and the capacity of carers to administer manual ventilation in emergency situations.

General Comments

Austin Health also wishes to address the comments in paragraph 27 of the Finding in relation to the 'reliance' by VRSS on the 'train the trainer' method.

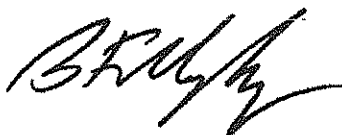
VRSS is not funded for and does not provide carers for ongoing home care. The VRSS service is set up primarily to provide detailed client assessment services, equipment, initial training and support services by phone or by visiting clinicians. In this case, where professional paid carers are used, it is the responsibility of the service which provides carers to ensure they are adequately trained. This is the nature of the scheme which has been established in Victoria.

VRSS is committed to the goal of ensuring that clients who are wholly or partly dependent on ventilators receive a high standard of care. When VRSS became aware of the concerns regarding the care of Ms Griffin it considered the issue of training capability. The course referred to in paragraph 21 of the Finding was developed by VRSS outreach nursing staff and is now being provided by a Registered Training Organisation (RTO), Skills Training Australia. This is the first and only certificate course available in Australia for this purpose.

VRSS recommends that all carers regardless of whether they are family members or paid professional carers undergo *direct* training. VRSS Outreach offers seminars twice yearly which are widely advertised through care agencies.

VRSS has been recognised as a leader in the provision of services and its Director, Dr Howard has been asked by the New Zealand Health Department to advise on setting up a service in New Zealand. Dr Howard and other VRSS staff are also regularly asked to consult interstate in regard to the conduct of community based ventilation services.

Yours sincerely



Dr Brendan Murphy
Chief Executive Officer