

20th February 2017

The Coroner's Office

Coroners Court of Victoria

Dear Sir / Madam,

**Re: Investigation into the death of Hugo E Gardiner**

Court ref: COR 2015 006472

I am writing on behalf of the four specialist paediatricians at the Albury-Wodonga Paediatric group who provide specialist paediatric medical services to Albury-Wodonga Health.

I am writing **in reference to the Coroner's recommendation number (1)** directed to the Mt Beauty Medical Centre, Alpine Health and local Mt. Beauty doctors.

- (1) "That the *Mt Beauty Practice Protocol for seeking paediatric advice when caring for an unwell child* be amended to include the **use of visual "face time calling"** when the GP contacts the Paediatric Registrar to discuss the presentation of an unwell child".

Although this recommendation is directed at local Mt Beauty medical services, the recommendation has significant implications for the Paediatric specialist unit in Albury-Wodonga who are the providers of advice to the outlying smaller rural and regional units including Mt. Beauty. In this context, we provide the following information for consideration.

(1) Background:

- (a) The Albury-Wodonga Health Paediatric unit includes four (4) consultant paediatricians, four (4) paediatric registrars and one (1) paediatric surgeon who provide 24-hour on-call advice to surrounding smaller medical units and general practitioners. The "catchment" extends into southern NSW as far as Deniliquin and south towards Wangaratta and Shepparton, covering a population of approx. 200,000.
- (b) In addition to Mt. Beauty, Albury-Wodonga Health routinely receives referrals and transfers from other level 1 medical service providers such as Deniliquin, Corowa and Corryong.

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- (c) The on-call paediatrician and paediatric registrars have responsibilities across two (2) hospital sites, separated by approx. 10 km (Albury and Wodonga campuses) together with outpatient clinic services at the Albury-Wodonga Paediatric Group.
  - (d) Calls are taken by the paediatrician or registrar in a wide variety of locations including during ward rounds, when in the emergency department, in outpatient consultations, when driving between campuses and from home.
  - (e) Calls requesting paediatric advice from the paediatric unit in Albury-Wodonga are for *non-life threatening* presentations only. *Emergency advice in life threatening situations* is obtained via emergency services including "000" and PIPER (Paediatric, Neonatal and Perinatal Emergency Calls) service based at the Royal Children's Hospital, Victoria.
- (2) Standard practice covering "advice calls" to specialist services in Victoria.
- (a) The Standard practice in Victoria covering technical receipt of specialist advice is currently via voice-only calls. We are not aware of any paediatric unit that routinely utilises video-calling for "advice calls". (Note: this is distinct from planned video tele-health consultations or video conference calls in an outpatient setting).
  - (b) The Royal Children's Hospital and Monash Children's Hospitals provide voice-only calling when advice is sought e.g. GP or general paediatrician calls to an RCH paediatric specialist or Emergency department. On a case, by case basis, images may be requested e.g. "X-rays", rash, or video (e.g. of a suspected seizure) but the majority of calls are voice-only.
  - (c) This practice extends to provision of emergency retrieval advice. The Victorian "PIPER" service for very unwell babies and infants provides voice-only advice, not video calling.
  - (d) We are not aware of any regional paediatric specialist unit in Victoria that provides routine "face calling" rather than voice-only for advice calls.
- (3) Specific hurdles to providing video "Face time" calls for paediatric specialist advice to Mt Beauty medical services.
- (a) As calls are taken in a wide variety of locations, this necessitates calls being taken on a mobile phone and precludes "desktop" video calling solutions.
  - (b) The telecommunications technology in Albury-Wodonga does not, at this time, support reliable video calling via mobile devices:

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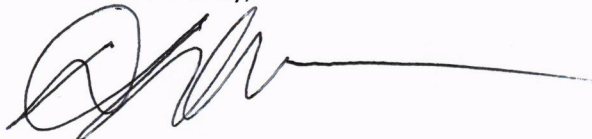


- (c) The mobile reception in Albury-Wodonga is “patchy” and is particularly poor in the Emergency departments and hospital wards (Special care nursery). Voice calling is possible, but the bandwidth would not permit reliable video calling e.g. Skype, Facetime etc.
- (d) As calls are “routed” via the hospital switchboards, the parties involved would need to take the voice call, then arrange video connection (if possible). Even if there were sufficient bandwidth, this would provide a delay in responding to the request for advice and the additional time taken would likely impact provision of care to other patients.

(4) Conclusion.

- (a) Standard practice covering “advice calls” remains voice-only across the state, including calls to tertiary paediatric services and tertiary emergency calls.
- (b) The paediatricians who provide the advice “at the end of the phone” to Mt. Beauty and other regional / rural units do not feel that there exists, at this time, the technological capability and local resources capacity to provide routine video calling (Face time) to the Mt Beauty Medical Centre and other smaller units in the Albury-Wodonga Health catchment.
- (c) We support the *Mt Beauty Practice Protocol for seeking paediatric advice when caring for an unwell child* (attached).

Yours sincerely,



Dr David Christie, MBBS, FRACP (Paeds), on behalf of the Albury-Wodonga Paediatric Group.

cc. Dr Laura Zagorski, Mt Beauty Medical Centre

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