



## Department of Health

Secretary

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Ms Claire Coate  
Coroners Registrar  
Coroners Court of Victoria  
Level 11, 222 Exhibition Street  
MELBOURNE VIC 3000



Dear Ms Coate

**Court reference: COR 2010 001571**

Thank you for your letter of 11 June 2014 regarding Coroner Spanos' findings and recommendations to the Department of Health, following the investigation into the death of Mrs Constandia Petzierides.

Consistent with section 72 of the *Coroners Act 2008*, please find attached the Department's response.

Yours sincerely

**Dr Pradeep Philip**  
Secretary

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## **Department of Health (Department) response to the Victorian Coroner's recommendations regarding the investigation into the death of Constandia Petzierides**

The death of Mrs Petzierides has caused sadness and pain for family and friends and the Department thanks the Coroner for her recommendations regarding opportunities to improve detection of the condition aortic dissection that led to Mrs Petzierides' death.

The Coroner's report into the death of Mrs Petzierides includes **Recommendation 2** for the Minister for Health, the Secretary to the Department and/or the Department's Emergency Care Improvement and Innovation Clinical Network (ECIICN).

ECIICN is a clinical network within the Commission for Hospital Improvement of the Department aimed at improving the quality and safety of care in emergency departments by reducing variation in practice. The ECIICN leadership group includes clinical experts in emergency medicine from a range of health services. It is one of eight clinical networks that bring together health professionals, consumers, carers and stakeholder organisations to work on a collaborative basis for clinical service improvement across the full spectrum of healthcare.

### **Recommendation 2**

*That the Minister for Health, the Secretary of the Department and/or the Department's Emergency Care Improvement and Innovation Clinical Network (ECIICN) consider funding research aimed at developing and evaluating a structured clinical tool for risk stratification of patients presenting with chest pain and suspected aortic dissection.*

### **The Coroner's Recommendation 2 has been considered by the Department.**

Given the rarity of the condition (6/100,000) and the diversity of presenting symptoms the Department considers that the development of a clinical tool for risk stratification in dissecting aortic aneurysm would be subject to major clinical sensitive constraints and due to low numbers may take many years to develop.

An alternative and more immediate approach is for the Department to take a lead role in improving awareness and recognition of aortic dissection in emergency departments. This has already commenced and is ongoing:

- At the ECIICN sector wide forum in February 2014 for emergency department clinicians, issues related to the diagnosis of aortic dissection in emergency departments were highlighted by way of a presentation by Professor George Jelinek of the Coroner's Prevention Unit.
- An article on aortic dissection will be included in the Department's *Riskwatch*. The *Riskwatch* newsletter is circulated to health services and aims to improve patient safety by sharing awareness of factors that contribute to adverse events and recommendations made to reduce the likelihood of recurrence.
- An article on aortic dissection will be included in the ECIICN newsletter to emergency department clinicians.
- ECIICN will write to Directors of Emergency Medicine regarding the need to ensure that the importance of considering other serious causes of chest pain (such as aortic dissection and pulmonary embolism) is included in chest pain pathways which focus on ruling out heart attack.

For further information please contact Jan Pannifex, Manager, Emergency Care Improvement and Innovation Clinical Network on 9096 0578.