

16 June 2023

BY EMAIL [REDACTED]

Anna Pejnovic
Coroner's Solicitor
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Dear Ms Pejnovic

Investigation into the death of Christine Stephen
Your reference: COR 2017 005661

We refer to Her Honour Coroner Jamieson's Finding without inquest, in particular the recommendation that:

'In the interests of promoting public health and safety and with the aim of preventing similar deaths, I recommend that Healthscope consider developing a suitable rigorous and reliable technology-based alternative to an electronic patient monitoring system in a manner that is consistent with the Medical Board of Australia's guidelines on telehealth consultations'.

(the recommendation).

In the course of considering Her Honour's recommendation, Healthscope has reviewed an advance copy of the enclosed Medical Board's 'Guidelines: Telehealth Consultations with patients', which are to become effective on 1 September 2023 (**the Guidelines**).

The Guidelines state:

- (a) the term *'telehealth consultations refers to consultations that use technology as an alternative to in-person consultations between a patient and a medical practitioner. It can include video, internet or telephone consultations, transmitting digital images and/or data and prescribing medications.'* (our emphasis);
- (b) *'telehealth can be used to provide triage, diagnosis, treatment and preventative health services';*
- (c) *'whilst the term 'telehealth' is commonly used to refer to a range of health services, for the purposes of these guidelines we do not include:*

...

when an opinion is provided by one doctor to another ...

remote patient monitoring...'; and

- (d) during a telehealth consultation, a medical practitioner should ensure that the patient understands the process involved in the telehealth consultation, and is comfortable using the technology.

Healthscope's understanding is therefore that the Guidelines are:

- (a) intended to address a consultation between a patient and a medical practitioner, as opposed to a discussion between a patient care provider (such as a registered nurse or medical practitioner) and a medical practitioner with respect to a patient;

- (b) not intended to apply to consultations between a patient and a medical practitioner in an acute care setting (such as an intensive care unit). Such patients are often seriously ill, or ventilated, and, therefore, unlikely to be in a position to adequately communicate with the medical practitioner;
- (c) not intended to address remote patient monitoring as a telehealth service; and
- (d) not intended to address different modes of communication between a patient care provider and a medical practitioner.

After thoroughly considering the recommendation, Healthscope's respectful position is that it is unable to implement a technology based alternative to an electronic patient monitoring system in an acute, intensive care setting, in a manner which complies with the Guidelines.

Healthscope otherwise refers to its enclosed letter of 13 February 2023 and confirms that as consequence of Ms Stephen's death:

- (a) an ICU Mortality and Morbidity Review took place, which provided an opportunity for Hospital Executive, senior clinicians and Visiting Medical Officers (**VMOs**) to review Holmesglen Private Hospital's ICU processes pertaining to after-hours consultant notification by onsite staff. Healthscope understands that this review resulted in the following actions being taken to support ICU staff with escalation to consultants:
 - (i) the introduction of a mandatory calling criteria for consultant notification. For example, it is mandatory for the hospital's staff to notify ICU consultants about a change in support modality (such as the commencement of non-invasive ventilation or intubation);
 - (ii) reinforcement to VMOs of the importance of a patient's treating ICU consultant being notified prior to communication with consultants from other speciality areas in order to obtain clarity about the expected plan for the patient's treatment;
 - (iii) where there is a deviation from the treating intensivist's plan, staff are required to communicate this back to the patient's treating intensivist; and
 - (iv) empowering nursing staff to call the patient's treating specialist if needed (within the notification criteria).

Further, Healthscope understands that the ICU onboarding manual for fellows was updated to clarify expectations pertaining to escalating changes in patient condition to ICU consultants; and

- (b) in 2021, Healthscope developed a new policy entitled 'Chain of Command – Nursing and Midwifery Staff' with a view to addressing a number of administrative, clinical or other patient safety issues by empowering its nursing and midwifery staff to present an issue of concern through lines of authority until a resolution is achieved.

As previously noted, Healthscope has found that the implementation of the abovementioned actions has improved the communication and escalation of clinical concerns by the hospital's clinical care team to the intensivists and consultants at the Holmesglen Private Hospital.

Healthscope would be pleased to provide Her Honour with any further information which may be of assistance.

Yours faithfully

MinterEllison

Minter Ellison

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Partner: Lisa Ridd [REDACTED]

OUR REF: LVA LMR 1258559

Enclosure: Guidelines: Telehealth consultations with patients
Letter to the Coroner – 13 February 2023

Copy to: Team7@courts.vic.gov.au

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