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10th May 2023

Ms Sofia Hajdari Coroners Registrar Coroners Court of Victoria

### By email: cpuresponses@coronerscourt.vic.gov.au

Dear Registrar,

## Investigation into the death of Paige Dent Coroners Reference: 2018 005030

I refer to your letter dated 10 January 2023, to which I am writing in reply. Thank you for extending the time available to do so.

I am instructed to provide Monash Health's written response to the Court's recommendations pursuant to section 72(4) of the *Coroners Act 2008* (Vic). This response is provided following consultation with relevant programs within Monash Health, including both Mental Health and the Emergency Department (ED) in relation to recommendations made in the Court's findings delivered on 22 December 2022.

### **Response to Coroner's Recommendations:**

### 92. Pursuant to section 72(2) of the Act, I make the following recommendations:

a. That Monash Health formulate a policy for formally documenting enquiries in relation to accessing high and low dependency beds for patients subject to an Inpatient Treatment Order who present to the hospital's emergency department, in accordance with the following stepped proecss of elimination some of which is outlined in the Chief Psychiatrist's Access to Beds Guide:

## *i.* At first instance, clinicans should provide active treatment of the patient in the emergency department to reduce the patient's frustration and agitation that may ultimately cause them to abscond.

I am instructed that Monash Health has implemented a policy which provides that patients who present to the ED requiring mental health admission are to be treated as if they had been admitted to a Mental Health ward. This includes the patient being reviewed by a Consultant Psychiatrist within 24 hours of the decision to admit by the ED Psychiatry Services team, and then reviewed 24 hourly while they await inpatient transfer (mirroring the Consultant Psychiatrist review within 24 hours of admission).

This aims to ensure that care goals are developed and any challenges that emerge from delays to inpatient transfer are addressed in a timely manner.

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- *ii.* Source an in-area (within the Monash Health Mental Health network) high dependency unit bed.
- *iii.* If unavailable, source an out-of-area (outside of the Monash Health Mental Health network, but within the Victorian Public Mental Health network) high dependency unit bed.

I am advised that currently, whenever Monash Health has a patient requiring a mental health admission and there are no available beds across any of our sites (which include Monash Medical Centre, Kingston Centre, Dandenong Hospital and Casey Hospital), the first thing that the Mental Health Bed Coordinator (this role is rostered on 7 days a week between 0800-1700 hours) and Emergency Psychiatric Service clinicians (who assist out of hours) do, is to search the Victorian Department of Health REACH inpatient bed mental health website. I am advised that the search almost always shows that the system has no free capacity, and all beds (both low and high dependency) are occupied. On other occasions the information on the database is incorrect as it eventuates that a bed that is shown as available is in fact not available.

At Monash Health, between 1 January 2023 and 3 April 2023, there were 183 patients requiring mental health beds who exceeded 24 hour stays in an ED due to lack of inpatient mental health beds across the State.

## iv. If unavailable, source an in-area low dependency unit bed.

### v. If unavailable, source an out of-area low dependency unit bed.

Monash Health's response is that patients requiring high dependency care cannot be safely admitted into low dependency beds for the following reasons:

- High dependency Unit (HDU) beds facilitate more intensive observation (including nursing ratios), treatment and safety, security including ease of access to seclusion area;
- The additional observation, treatment and security provided in HDU provides occupational violence and aggression safety mechanisms for not only the patient, but for other patients and staff;
- Low dependency Unit (LDU) staffing ratios and the physical environment are not designed to safely accommodate a patient requiring high dependency level of care;
- Admitting high dependency patients into LDU would pose a heightened risk of occupational violence and aggression for LDU patients and staff; and
- Implementing a policy whereby a patient assessed as requiring a high dependency level of care into a LDU would also have workforce and industrial implications given the risks to occupational health and safety that would require state-wide considerations.

# vi. If unavailable, and as a last resort in the absence of suitable high and low dependency unit beds, situate the patient in the ED with a continuous patient observer, positioned the furthest away from exits.

I am instructed that with regard to the provision of a continuous patient observer (CPO), in the Monash Health procedure, the need to consider a CPO along with other measures to reduce the risk of absconding would be usual practice for those awaiting high dependency beds but not for those awaiting low dependency beds, as it is not necessarily indicated for the latter.

In relation to the recommendation that patients be positioned the furthest away from exits, the Monash Health procedure has prioritised where these patients are placed in the Emergency

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Department according to triage category and clinical urgency. I am advised that Monash Health clinicians consider positioning mental health patients furthest away from an exit could lead to placing patients in a more isolated area that could further exacerbate ability or intent to self-harm and increase Monash Health's risk of managing occupational violence and aggression.

The challenges faced by Monash Health in admitting mental health patients are unfortunately a systemic, state-wide problem. As noted in the findings, the Department of Health and Chief Psychiatrist have guidelines for bed access, which are implemented and followed at Monash Health.

Please do not hesitate to contact me if the Court requires any further information or if I may be of further assistance.

Yours sincerely,

Peter Ryan Chief Legal Officer

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