7th August 2013

Ms Kate Doherty
Coroner's Registrar
Coroner's Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000



Dear Ms Doherty,

RE: INVESTIGATIONS INTO THE DEATHS OF CAMELINA (LINA) R SIRIANNI, KAREN WILKINSON, GURPAL SANDHU AND JOVO VRANJESEVIC (COURT REFERENCES COR 2007 000067, COR 2007 000125, COR 2007 000126, COR 2007 000149)

Thank you for your letter dated 7 May 2013 to Ms J. Harrison of this office, providing a copy of the above inquest findings and the recommendation made by the coroner under the *Coroners Act 2008* (Vic).

DonateLife Victoria has considered the findings and the recommendation made by the Coroner. I attach DonateLife Victoria's response.

[redacted]

Yours sincerely,

Helen Opdam
Victorian Medical Director of Organ and Tissue Donation
DonateLife Victoria

www.donatelife.gov.au

DonateLife
ABN 50 169 561 394

Level 2
19–21 Argyle Place South
CARLTON VIC 3053

Telephone +61 3 8317 7400
Facsimile +61 3 9349 2730

DONATELIFE VICTORIA – RESPONSE TO CORONER'S RECOMMENDATION

The DonateLife Victoria response refers to the recommendation made by Coroner Jamieson on 7 May 2013:

Recommendation 1: Inter and intra hospital communication post transplant

a) To improve on intra and inter hospital communication and minimise the risk of adverse outcomes, **I recommend** that DonateLife be authorised by the hospitals performing transplant surgery to extend their liaison role in the post transplant period to accept responsibility for intra and inter hospital communication regarding the progress and/or usual/unusual symptoms and/or complications of donor organ recipients in circumstances where there are more than one recipient of organs from one donor.

b) AND having regard to the evidence of Mr Michele who stated:
...the average length of stay would be seven days, that if there are significant issues about a week after transplant, that (sic) we should be sure to communicate with the other teams.
I recommend that DonateLife commence this liaison with the transplant teams seven days post operatively and continue with this intra and inter hospital communication every 48 hours thereafter until the discharge of the recipients.

c) AND to facilitate this intra and inter hospital liaison and communication in circumstances where the *sage* physician is consider more appropriate than the transplant coordinator, **I recommend** that on the occasion of each recipient organ transplant procedure the hospital nominate who is to be the designated contact person for DonateLife to communicate/liaise with.

We wish to advise that DonateLife Victoria has already implemented a number of processes and initiatives that address much of Recommendation 1:

1. **Donation case follow up process**: Since 2006, a number of actions have been undertaken to review and strengthen the systems that are in place to ensure a systematic, structured and consistent process to support the recognition of adverse events. The follow up by DonateLife Victoria of all transplant recipients (of solid organs) occurs at seven (7) days post transplant. In our communications specific information is sought and there is an escalation process in place for information which is identified as an unexpected post-operative recovery or possible donor derived illness.
   In addition, notification to DonateLife Victoria by the transplant unit of an unwell recipient can occur days, months or years following a transplant. DonateLife Victoria provides staff availability to receive such calls 24 hours a day, seven days a week (including on call availability of senior management staff and medical consultants for advice regarding further actions).
   DonateLife Victoria undertakes the responsibility for prompt dissemination of information between the relevant transplant units and ongoing timely communication and follow up as required if there is any possibility of donor derived disease.

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2. **Implementation of the Electronic Donor Record**: This national initiative will enhance communication between the donation and transplantation teams, including the provision of referral data, medico-social history, family consent to aid both timely decision making regarding risk and decrease the chance of omitted information or misinformation as all relevant information will be presented electronically. The improvements to communication will provide increased safety measures in organ donation. The system is currently progressing well through it final trial stages and is expected to be functional towards the end of this year.

3. **Donation and Transplant Group Liaison**: Work is being undertaken to formalise the long standing Victorian Committee that facilitates decision making and mutual understanding amongst key stakeholders in the Victorian transplantation/donation sector (the Victorian and Tasmanian Transplantation Advisory Committee, VTTAC). The function and terms of reference for this group are currently being revised, along with the evolution of a number of organ specific sub-working groups. The joint participation of clinicians from the donation agency and transplant units on the broader committee and smaller working groups will assist in improving processes across the donation-transplantation spectrum.

The Organ and Tissue Authority (OTA) is the Australian Government statutory body created in 2009 that coordinates the national reform agenda to implement a world's best practice approach to organ and tissue donation for transplantation. As part of this role, the OTA oversees the Australian wide network including DonateLife Victoria. Through a number of national committees and working groups DonateLife Victoria provides input into the implementation of the national program and strategies to improve all aspects of donation and transplantation. This includes the initial stages of developing a vigilance and surveillance framework to improve the safety of donation and transplantation processes, including around adverse event detection, reporting and communication.

Please don't hesitate to contact me should you wish discuss any aspect of this response in more detail.

Yours sincerely,



Helen Opdam
Victorian Medical Director of Organ and Tissue Donation
DonateLife Victoria
[redacted]