



22 June 2018

Your ref: 1292/14

Ms Rosalinda Fogliani
State Coroner
Coroner's Court of Western Australia
Level 10, Central Law Courts
501 Hay Street
PERTH WA 6000

Dear Ms Fogliani

Inquest into the Death of June Valerie Lobban

I refer to the Deputy State Coroner's findings following the inquest into the circumstances surrounding the death of June Lobban. Set out below is the action taken by St John of God Murdoch Hospital (SJGMH) in response to the recommendations made by the Deputy State Coroner.

Recommendation No. 1

"SJOG Murdoch ensure the SKG Radiologists contact the appropriate consultant under whom a patient is admitted where there is a serious radiological result requiring urgent attention."

Action taken:

SJGMH has been working with SKG Radiology (SKG) to strengthen processes surrounding the notification of serious radiological results. SKG reviewed their 'Reporting the Results' policy in October 2017 and confirmed that it aligns with the Royal Australian and New Zealand College of Radiologists' guidelines in regard to urgent, unexpected and incidental findings, which requires urgent findings to be conveyed directly to the referrer.

Monitoring of adherence to the SKG 'Reporting the Results' policy is undertaken by SJGMH through routine audit of clinical records with findings communicated back through to SKG staff.

Each consultant who practises at SJGMH is referred to as a Visiting Medical Officer (VMO). A VMO is not employed by SJGMH. Each VMO is an accredited medical practitioner who has independent practising rights, specialist credentials and who is authorised to provide health care services within SJGMH.

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In order for a VMO to practise at SJGMH, he or she must obtain accreditation – a formal process which assesses the VMO’s qualifications and expertise. It is a requirement of the accreditation and reaccreditation process at SJGMH that VMOs nominate an alternative accredited VMO who can be contacted in the event that they are uncontactable for any period of time, for example, if in theatre. The alternative VMO must be a VMO working within the same specialty, with an appropriate scope of practice and with current accreditation at SJGMH. All VMOs are required to confirm the contact details of their nominated alternative VMO at accreditation and reaccreditation.

In May 2014, when June Lobban was a patient at SJGMH, SKG were not aware that an alternative VMO contact to Mrs Lobban’s treating neurosurgeon was available. A process has now been established whereby SKG can obtain the contact number of the nominated alternative VMO through SJGMH’s Duty Manager to inform them of serious radiological results that require urgent attention at any time of day.

A formal executive on-call roster has been established at SJGMH enabling any concerns regarding inability to contact a VMO to be escalated to a rostered member of the executive team 24 hours a day, 7 days a week via the SJGMH Duty Manager.

The requirement to contact the appropriate consultant where there is a serious radiological result requiring urgent attention has been reinforced through the SKG Clinical Standards Committee. When the treating consultant cannot be immediately contacted, the nominated alternative VMO, Resident Medical Officer or Nurse in charge will be contacted while attempts continue to contact the treating consultant.

Further improvements are currently being explored including the integration of SKG’s systems to SJGMH’s internal systems. Also, a VMO mobile device app (Doctor Connect) has been deployed at SJGMH and this enables VMOs to view radiological results directly from their mobile phone or tablet device.

Recommendation No. 2

“Where the overnight care of a patient has required intensive intervention the clinical nurse manager should ensure that patient receives appropriate medical review the following morning if observations have not warranted a medical review earlier.”

Action taken:

The importance of a high quality handover and of alerting medical staff to events over night has been highlighted at the SJGMH Communicating for Safety Committee and at the Patient Safety and Clinical Quality Committee and to nursing staff. The Nurse Manager role underwent a significant review in



mid-2017 and it now entails a greater focus on clinical care and clinical support. Nurse managers are now responsible for co-ordinating the morning shift and therefore, they receive a full handover of all patients directly from night shift nursing staff which enables escalation of care and prioritisation for medical review for those patients who have required intensive intervention overnight.

A patient's increasing pain as an indicator of potential clinical deterioration has been recognised and discussed at length at the SJGMH Acute Deterioration Committee and Patient Safety and Clinical Quality Committee.

A review of the NSW Clinical Excellence Commission's 'Between the Flags' program has also occurred following receipt of the Deputy State Coroner's recommendation and SJGMH has revised its adult observation and response chart (ORC) to reflect a graded response to pain which aligns with the recommendations from the NSW Clinical Excellence Commission.

The ORC is designed to track changes in key observations over time and trigger action when predetermined thresholds are met. Escalation of care must occur when the patient's observations meet escalation criteria. The nature of the actions required is defined by the relevant colour-coded trigger zone on the ORC. The ORC contains four different colour codes against which observations are recorded. The different colour codes correspond to four different sets of response criteria and actions required if the observations fall within that colour code. The four different sets of actions required are: increased surveillance, senior nurse and/or junior medical review, clinical review and emergency call/code blue.

The revised ORC now requires increased surveillance following two consecutive pain scores between 5-7. The action required to be taken for increased surveillance is that a nurse must inform a senior nurse and/or the shift coordinator and also repeat observation/s in 1 hour and then increase frequency of observation based on patient condition (a minimum of 4 hourly).

Also, the revised ORC now requires a clinical review for two consecutive pain scores between 8-10. The action required to be taken for clinical review is that a nurse must immediately request medical review and note on the back of the chart, admitting specialty medical review must occur within 30 minutes, the nurse must inform the shift coordinator and the nurse must increase the frequency of observations to at least every 15 minutes until medical review has occurred.

Consultation with key stakeholders has occurred and the revised ORC has been reviewed by the SJGMH Documentation Committee and SJGMH Acute Deterioration Committee. The revised ORC has been in use at SJGMH since May 2018, with compliance audited as part of the routine hospital audit schedule.



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These changes to the ORC will help to facilitate early medical review for patients experiencing moderate to severe pain. They will also enhance the effectiveness of the recognition and response system at SJGMH so that there is an improved system to escalate the level of care required when there is an unexpected deterioration in the health status of a patient.

SJGMH is committed to excellence in clinical care and has implemented the recommendations from the Deputy State Coroner through the actions outlined above. Through improved processes of clinical review, benchmarking and quality improvement, SJGMH strives to provide safe and effective clinical care to its patients.

Yours sincerely



Dr Shane Kelly

Group Chief Executive Officer
St John of God Health Care

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