



ACT
Government

**Canberra Health
Services**

FOI19-2



Dear 

Freedom of Information - Notice of Third Party Consultation

I refer to your request submitted under section 30 of the *Freedom of Information Act 2016* (the Act), received by Canberra Health Services on 11 February 2019, in which you seek access to the following:

*"- All correspondence between specialist doctors at Canberra Health Services and the Health Minister Meegan Fitzharris regarding stroke services between September 2018 and today.
- All correspondence between Canberra Hospital doctors or clinicians to the Executive, Medical Imaging, Deputy Director-General, Canberra Health Services, Office of the CEO, Canberra Health Services and/or Office of the Director-General, ACT Health regarding endovascular clot retrieval (ECR) and thrombolysis services between September 2018 and today."*

Authority

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 1 April 2019.

Decision on access

Searches were completed for relevant documents and 25 documents were identified that fall within the scope of your request.

I have included as [Attachment A](#) to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to defer access to one document, document 22, as affected third parties have objected to the disclosure. The third parties may apply for review of my release decision within 20 working days after my decision is published in the ACT Health's disclosure log, or a longer period allowed by the Ombudsman. I will write to you to advise when access is no longer deferred in accordance with Section 38(6)(b) of the Act.

I have decided to grant full access to 12 documents and partial access to 12 documents as the documents identified as relevant to your request contain information that I consider to be information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

- In reaching my access decision, I have taken the following into account:
- the FOI Act, Schedule 1 and Schedule 2;
- the content of the documents that fall within the scope of your request; and the Human Rights Act 2004;

My reasons for deciding to grant partial access to the information in documents 2, 4, 6, 10, 11, 16-21, 24 and 25 of the identified documents, is that the documents contain names and/or email addresses of non-government employees or mobile phone number of government employees.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (a) (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

If the redacted information was released publicly, it could reasonably be expected to prejudice an individual's right to privacy.

Charges

Processing charges are not applicable for this request under Section 107 (1) of the Act.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9831 or e-mail HealthFOI@act.gov.au.

Yours sincerely



Chris Bone
Chief Operations Officer
Canberra Health Services

/ April 2019



FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	"- All correspondence between specialist doctors at Canberra Health Services and the Health Minister Meegan Fitzharris regarding stroke services between September 2018 and today. - All correspondence between Canberra Hospital doctors or clinicians to the Executive, Medical Imaging, Deputy Director-General, Canberra Health Services, Office of the CEO, Canberra Health Services and/or Office of the Director-General, ACT Health regarding endovascular clot retrieval (ECR) and thrombolysis services between September 2018 and today."	FOI19/2

Document No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1 - 2	E-mail	04/02/2019	Full release		Yes
2.	3 - 4	E-mail	01/02/2019	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
3.	5	E-mail	14/01/2019	Full release		Yes
4.	6	E-mail	14/01/2019	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
5.	7	E-mail	28/12/2018	Full release		Yes
6.	8 - 10	E-mail	20/12/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
7.	11 - 13	E-mail	11/12/2018	Full release		Yes
8.	14 - 15	E-mail	07/12/2018	Full release		Yes
9.	16 - 17	E-mail	04/12/2018	Full release		Yes
10.	18 - 20	E-mail	03/12/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
11.	21 - 22	E-mail	02/12/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes

12.	23	E-mail	25/11/2018	Full release		Yes
13.	24	E-mail	22/11/2018	Full release		Yes
14.	25 -26	E-mail	09/11/2018	Full release		Yes
15.	27	E-mail	25/10/2018	Full release		Yes
16.	28	E-mail	25/10/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
17.	29	E-mail	24/10/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
18.	30 - 31	E-mail	24/10/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
19.	32 - 36	E-mail	24/10/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
20.	37 - 38	E-mail	22/10/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
21.	39 - 40	E-mail	22/10/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
22.	41 - 42	Letter to Meegan Fitzharris, Minister for Health and Wellbeing	09/10/2018	deferred	Section 38(6)(b)	deferred
23.	43 - 46	E-mail	02/10/2018	Full release		Yes
24.	47 - 50	E-mail	18/09/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes

25.	51 - 57	E-mail	17/09/2018	Partial release	Schedule 2, 2.2 (a) (ii)	Yes
-----	---------	--------	------------	-----------------	--------------------------	-----

Trevillian, Sarah (Health)

From: Laloo, Shivendra (Health)
Sent: Monday, 4 February 2019 5:46 PM
To: McDonald, Bernadette (Health)
Cc: Bone, Chris (Health)
Subject: RE: Letter from Minister Fitzharris [SEC=UNCLASSIFIED]

Thank You Bernadette.
 That sounds entirely appropriate.
 I did not raise the question earlier of how exactly has the 1.2M/annum govt gesture been spent thus far ?

Regards
 Shivendra

From: McDonald, Bernadette (Health)
Sent: Sunday, 3 February 2019 2:36 PM
To: Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>
Cc: FITZHARRIS <FITZHARRIS@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Re: Letter from Minister Fitzharris

Dear Shivendra,
 Thank you for your points of clarification. It appears that our explanation to the Minister may be the cause of some of the slight inaccuracies.

I feel it would be beneficial for the team, myself and Chris to meet to discuss in more detail.

I am very supportive of developing our collaboration with another health service to ensure as you indicate that we can cover the on call roster etc.

I will ask Olivia my EA to find us a time to meet so we can all have a clear and shared understanding of the way forward.

Kind Regards
 Bernadette

Sent from my iPad

On 3 Feb 2019, at 10:18 am, Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au> wrote:

To all concerned,

Whilst I thank the minister for her time and response, I am afraid that perceptions maybe slightly inaccurate.

Let me explain.

1. While we are a relatively small volume centre, I do not believe that any of the 3 INRs will have any issues getting up to the recommended minimum 15-20 ECRs per annum.
2. Yes ECR is a complex and time-critical procedure, BUT it is generally regarded as perhaps the least so , considering other INR procedures which are higher-risk. This is evident in that large volume centres often have the senior fellow performing the ECR , and at many US/Euro sites IRs having completed limited appropriate training perform the ECR.
3. We are entertaining a collaboration to lessen the burden and provide relief in a 1:3 scenario, and NOT to become a satellite unit of some other jurisdiction. Any such service will in effect cover a max 25% of A/H calls only , and business hours ECR will continuously be provided at TCH , with exceptional circumstances eg. unexpected/longer leave absences and major conferences.

I am happy to discuss further as necessary.

Regards
Shivendra

From: FITZHARRIS
Sent: Friday 1 February 2019 16:47
To: Lalloo, Shivendra (Health)
Subject: Letter from Minister Fitzharris

Good afternoon,

Please find attached a letter from the Minister for Health and Wellbeing.

Kind regards,

Hanna

Hanna Froehlich | Office Manager
Office of Meegan Fitzharris MLA
Member for Yerrabi
Minister for Health and Wellbeing
Minister for Higher Education
Minister for Medical and Health Research
Minister for Transport
Minister for Vocational Education and Skills

P: (02) 6205 0051 | E: fitzharris@act.gov.au

<image001.png>

<image002.jpg>

Trevillian, Sarah (Health)

From: Bone, Chris (Health)
Sent: Friday, 1 February 2019 6:08 AM
To: Morley, Greg (Health)
Subject: Re: Angio Room data for 2018 [SEC=UNCLASSIFIED]

Thanks Greg that is useful
 Chris

Sent from my iPad

On 31 Jan 2019, at 10:58 am, Morley, Greg (Health) <Greg.Morley@act.gov.au> wrote:

Hi Chris

In calendar year 2018 there were 30 Embolic Stroke Interventions in Angio. (Brett – the Stroke Nurse has slightly more cases in his dataset but 30 is the official number for Angio.)

18 cases were in-hours Monday to Friday – 08:00-17:30
 9 cases were out-of-hours Monday to Friday – after a cut-off time of 17:30
 2 cases were on a weekend – both on Sundays
 1 case was on a Public Holiday – 27/12/2018

The average consumables cost, to-date, per Embolic Stroke Intervention: \$9,526.75
 Nursing cost per out-of-hours Embolic Stroke Intervention: minimum nine hours (x 3 Nurses on a minimum call-out of three hours) overtime at time-and-a-half

Hope this helps

greg

From: Bone, Chris (Health)
Sent: Thursday, 31 January 2019 9:51 AM
To: Morley, Greg (Health) <Greg.Morley@act.gov.au>
Subject: RE: Angio Room data for 2018 [SEC=UNCLASSIFIED]

Greg do you have a report on the clot retrieval work in hour and after hours. I am looking at trying to cost by the number of cases the work that would potentially get sent to Sydney. As soon as possible would be appreciated.
 Chris

From: Morley, Greg (Health)
Sent: Friday, 11 January 2019 5:13 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: RE: Angio Room data for 2018 [SEC=UNCLASSIFIED]

Hi Chris

Throughout calendar 2018 there were 237 Angio cases that finished between 17:00 and 08:00

Day of the week	Number of cases between 17:00 and 08:00
Monday	35
Tuesday	41
Wednesday	30
Thursday	46
Friday	64
Saturday	8
Sunday	13

greg

From: Bone, Chris (Health)
Sent: Friday, 11 January 2019 4:26 PM
To: Morley, Greg (Health) <Greg.Morley@act.gov.au>
Subject: RE: Angio Room data for 2018 [SEC=UNCLASSIFIED]

I was interested in the booking detail and the actual usage of each room. The booking are important as they more accurately reflect the availability for any other activity. The actual bookings reflect the daily fluctuations. I would also be interested in the usage from 17:00 hrs to 08:00 hrs. ie oncall activity.

Cheers
Chris

From: Morley, Greg (Health)
Sent: Friday, 11 January 2019 2:49 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Angio Room data for 2018 [SEC=UNCLASSIFIED]

Hi Chris

Now have the Angio Room data for 2018 loaded in a database

Can probably answer most activity questions

Not sure exactly what you'd like to know

greg

Greg Morley
Clinical Nurse Consultant (NUM)
Medical Imaging
Canberra Hospital
Mob: [REDACTED]
Office Phone: (02) 62444333
Page: 50416
greg.morley@act.gov.au

Trevillian, Sarah (Health)

From: Talaulikar, Girish (Health)
Sent: Monday, 14 January 2019 12:14 AM
To: Bone, Chris (Health)
Subject: Fwd: Options re CT images for stroke patients
Attachments: image002.gif

Categories: FOI

Hi Chris,
 Peter had (verbally) assured me this was possible. I have not been able to get a response from him via email confirming same.

Are you able to help please? We need this to go live with the Stroke pathway from the 4th of Feb.

Thanks
 Girish

Sent from my iPad

Begin forwarded message:

From: "Lueck, Christian (Health)" <Christian.Lueck@act.gov.au>
Date: 12 January 2019 at 2:12:53 pm AEDT
To: "Talaulikar, Girish (Health)" <Girish.Talaulikar@act.gov.au>, "O'Halloran, Peter (Health)" <Peter.O'Halloran@act.gov.au>
Subject: RE: Options re CT images for stroke patients



Thanks, Girish.

Peter, I am not sure whether you might have responded directly to Girish. Did you have any thoughts on timeline?

We are keen to get the ECR service up and running on 4th February, but need the IT support (below) in order to do this. If it is at all possible to obtain this before then, the patients would benefit as we will be able to transfer patients for clot retrieval to Sydney out of hours as soon as these are in place.

Thank you very much indeed.

Kind regards, Christian

From: Talaulikar, Girish (Health)
Sent: Tuesday, 8 January 2019 3:25 PM
To: O'Halloran, Peter (Health) <Peter.O'Halloran@act.gov.au>
Cc: Lueck, Christian (Health) <Christian.Lueck@act.gov.au>
Subject: Options re CT images for stroke patients

Hi Peter,
 As discussed last week are you able to send across options (with present system and future upgrade) re viewing CT images off-site (by staff Neurologists at CHS and the Stroke Teams in Sydney)

Regards,
 Girish

Trevillian, Sarah (Health)

From: Lueck, Christian (Health)
Sent: Monday, 14 January 2019 12:16 PM
To: Laloo, Shivendra (Health); Lahoria, Rajat (Health); McColl, Craig; Yash Gawarikar; Mews, Peter (Health); Ram Malhotra
Cc: Garg, Apurv (Health); Ngu, Charles (Health); Bone, Chris (Health); Hollis, Gregory (Health)
Subject: RE:
Categories: FOI

Thanks, Shivu.

In fact, Rajat and Ram have swapped some of the on call so it will, in fact, be Ram Malhotra on from 27th January until 1st February when Craig will take over.

I have copied this email to Ram so that he is aware.

Many thanks.

Kind regards, Christian

From: Laloo, Shivendra (Health)
Sent: Monday, 14 January 2019 10:01 AM
To: Lueck, Christian (Health) <Christian.Lueck@act.gov.au>; Lahoria, Rajat (Health) <Rajat.Lahoria@act.gov.au>; McColl, Craig <Craig.McColl@act.gov.au>; [REDACTED]@calvary-act.com.au>; Mews, Peter (Health) <Peter.Mews@act.gov.au>
Cc: Garg, Apurv (Health) <Apurv.Garg@act.gov.au>; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Hollis, Gregory (Health) <Gregory.Hollis@act.gov.au>
Subject:

Dear All,

Peter Mews and myself are both involved in a compliance workshop at GCUH 30th Jan – 1st Feb, inclusive.

Unfortunately, there will be no ECR available at TCH that Wed-Fri.

I was informed by switchboard that RL and CM are the on call neurologists across those days.

Regards
Shivendra

Trevillian, Sarah (Health)

From: Ngu, Charles (Health)
Sent: Friday, 28 December 2018 9:42 AM
To: Lueck, Christian (Health); Laloo, Shivendra (Health); Bone, Chris (Health)
Cc: Talaulikar, Girish (Health)
Subject: RE: Radiology and stroke [SEC=UNCLASSIFIED]

Categories: FOI

Hello Christian,

Merry Christmas and Happy New Year to you.

As indicated in our last email correspondence, I do not have the details of prior discussion between yourself, Mark, Shiv and/ or anyone else. Specifically and please correct me if I am wrong, there does not appear to be an agreed plan of action?

I did speak with Chris Bone and forwarded your email to him as per his request. I do not know if Chris has had the chance to discuss with Girish since.

I have copied both Chris and Shiv into this email as I want to avoid any 'hearsay'.

Additionally Christian, I hope that any discussion on health service is not prompted or influenced by media reports only.

I will be guided by Chris on how he wishes to progress this discussion.

Regards,

Charles

From: Lueck, Christian (Health)
Sent: Friday, 28 December 2018 12:56 AM
To: Ngu, Charles (Health)
Cc: Talaulikar, Girish (Health)
Subject: Radiology and stroke

Dear Charles,

I hope all is well with you.

I am sorry to bother you during the holiday period, but I thought I should get in touch in view of the recent article in the Canberra Times (<https://www.canberratimes.com.au/national/act/canberrans-missing-out-on-lifesaving-stroke-service-20181219-p50n69.html>).

I wondered if there had been any progress in relation to the radiological issues relating to stroke, in particular the urgent need to be able to upload images to the NSW site so that Sydney ECR centres can see them?

Also, has there been any progress in setting up a formalized pathway for referral of ECR cases to Sydney?

Many thanks.

Kind regards, Christian

Trevillian, Sarah (Health)

From: Talaulikar, Girish (Health)
Sent: Thursday, 20 December 2018 3:29 PM
To: McDonald, Bernadette (Health); Bone, Chris (Health); Wood, Daniel (Health)
Subject: RE: TCH after-hours ECR [SEC=UNCLASSIFIED]

Categories: FOI

The only aspect I can confirm is I have never asked Shiv Laloo to stop providing or continue with after-hours clot retrieval services.

Agree we should get together to get clarity on the issue.

Regards,
 Girish

From: McDonald, Bernadette (Health)
Sent: Thursday, 20 December 2018 8:26 AM
To: Talaulikar, Girish (Health) <Girish.Talaulikar@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Wood, Daniel (Health) <Daniel.Wood@act.gov.au>
Subject: FW: TCH after-hours ECR [SEC=UNCLASSIFIED]

UNCLASSIFIED

Can you all get together and get clarity on this, at a minimum if can we ensure Peter is reimbursed for his hours if he has increased from part time.

Thanks
 Bernadette

Bernadette McDonald
Chief Executive Officer
 Canberra Health Services

Phone: 02 5124 2728 | **Email:** bernadette.mcdonald@act.gov.au
 Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

Care | Excellence | Collaboration | Integrity



ACT
 Government

**Canberra Health
 Services**

From: Wood, Daniel (Health)
Sent: Wednesday, 19 December 2018 4:53 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Mews, Peter (Health) <Peter.Mews@act.gov.au>
Subject: Fwd: TCH after-hours ECR [SEC=UNCLASSIFIED]

Hi Bernadette and Chris

FYI

I was unaware of these issues until this email.

Thanks

Daniel

Sent from my iPhone

Begin forwarded message:

From: "Mews, Peter (Health)" <Peter.Mews@act.gov.au>
Date: 19 December 2018 at 4:44:33 pm AEDT
To: "Lueck, Christian (Health)" <Christian.Lueck@act.gov.au>, "Hughes, Andrew (Health)" <Andrew.Hughes@act.gov.au>, "Das, Chandi (Health)" <Chandi.Das@act.gov.au>, "Lahoria, Rajat (Health)" <Rajat.Lahoria@act.gov.au>, [REDACTED] <[REDACTED]@yahoo.com>, Craig McColl <[REDACTED]@yahoo.com.au>, [REDACTED] <[REDACTED]@calvary-act.com.au>, [REDACTED] <[REDACTED]@calvary-act.com.au>, "Jones, Brett (Health)" <Brett.Jones@act.gov.au>
Cc: "Taulikar, Girish (Health)" <Girish.Taulikar@act.gov.au>, "Hollis, Gregory (Health)" <Gregory.Hollis@act.gov.au>, "Scanlan, Samuel (Health)" <Samuel.Scanlan@act.gov.au>, "Wood, Daniel (Health)" <Daniel.Wood@act.gov.au>, "McDowell, David (Health)" <David.McDowell@act.gov.au>, "Laloo, Shivendra (Health)" <Shivendra.Laloo@act.gov.au>
Subject: TCH after-hours ECR [SEC=UNCLASSIFIED]

Hi all,

Please accept my apologies for the mass email.

Over the last few days (since 15/12/18, to be exact) I have received numerous calls outside usual business hours with regards to acute ischaemic stroke patients, requesting endovascular clot retrieval (ECR). The last call was at 3.26am this morning, when I was not on-call.

Furthermore, my registrar has also received similar such calls.

I would like to clarify that the previous understanding regarding ECR in Canberra has not recently changed.

Whilst I am passionate about ECR, which has become standard of care for acute ischaemic stroke with large vessel occlusion, and argue that TCH needs to offer this service "yesterday", ACT Health has steadfastly refused to engage myself and Dr Laloo with regards to recognising our essential contribution to this service, and discussing appropriate compensation for the onerous burden that provision of this service places on our time and lives. I understand there are ongoing discussions with RPA in Sydney, rather than discuss after-hours service provision with us. This plan is deeply flawed for numerous reasons, but I digress.

As such, there remains no provision for after-hours ECR in Canberra currently, nor for the foreseeable future. There is no roster.

Dr Laloo and I have both generously made ourselves available when we are already rostered "on-call" for our own specialties (Interventional Radiology, Neurosurgery) to be consulted about potential ECR candidates. I understand that Dr Laloo has been advised not to do this by Dr Taulikar; I have had no contact from him and continue to make myself available under this arrangement, which I feel is the least that I can do ethically.

You may not be aware that Dr Laloo is currently on annual leave for this week, and the subsequent two weeks. As Dr Foley is still on extended leave until May 2019, this means that I am the only neurointerventionist in Canberra until 4th of January. Despite being employed part-time by ACT Health, I have agreed to provide a full-time business-hours ECR service during Dr Laloo's absence, without additional remuneration. As I already participate in a 1:4 on-call for neurosurgery, I am not in a position to increase my after-hours ECR service during this time.

I would ask that you do not abuse my generosity, and refrain from asking switchboard to contact me outside of hours when I am not on-call. Doing so places all of us in a very difficult legal and ethical position.

Furthermore, my service as a neurointerventionist for ECR is completely separate from my service as a neurosurgeon, and accordingly my registrars. Under no circumstances should the neurosurgery registrars be contacted about ECR services, during or after-hours.

For your information, I am on-call today (19/12/18), and 24-28/12/18 inclusive, and am also available during business hours for the remainder of December until the 4th of January when Dr Laloo returns, with the exception that I am not in Canberra this Friday, 21/12/18 and as such there is NO ECR in Canberra on this day, during or outside business hours.

Kind regards

Dr Peter Mews BA BSc(Med)Hons MBBS MMedSc FRACS(Neuro)

Consultant Neurosurgeon/Neurointerventionist
Clinical Lecturer ANU Medical School

Trevillian, Sarah (Health)

From: Talaulikar, Girish (Health)
Sent: Tuesday, 11 December 2018 4:12 PM
To: O'Halloran, Peter (Health)
Cc: Bone, Chris (Health); Lueck, Christian (Health)
Subject: Fwd: Radiology and stroke [SEC=UNCLASSIFIED]

Categories: FOI

Hi Peter,
 Please see request below in relation to remote viewing of CT angio images in stroke patients?
 It is possible to store these in a cloud folder so that it is easy to access - this is needed by Neurologists here and Sydney.

It is critical for us to provide a pathway for best practice care in stroke and this will go a long way towards achieving that.

Happy to discuss further.
 Regards,
 Girish

Sent from my iPad

Begin forwarded message:

From: "Lueck, Christian (Health)" <Christian.Lueck@act.gov.au>
Date: 10 December 2018 at 5:01:10 pm AEDT
To: "Ngu, Charles (Health)" <Charles.Ngu@act.gov.au>
Cc: "Talaulikar, Girish (Health)" <Girish.Talaulikar@act.gov.au>, "Jones, Brett (Health)" <Brett.Jones@act.gov.au>
Subject: RE: Radiology and stroke [SEC=UNCLASSIFIED]

Thanks, Charles.

I am sorry that this wasn't passed on to you but, as you can imagine, it is rather critical! I am most grateful for your help.

By all means, clarify these requests with Shivu Laloo, but they have been being discussed for several years.

1. NCCT/CTA/CTP is standard imaging across the country (internationally!) for stroke. We could get the ED registrar to request the scan for us as the stroke registrar may be off site, but the patient is going to need these as soon as possible (to cut down time to thrombolysis or ECR), so it would make much more sense if the stroke nurse could request them after discussion with the (off-site) stroke fellow. This will prevent unnecessary use of the ED doctors' time.
2. Remote imaging is crucial for all parties concerned. The neurologists need to know whether or not to involve/wake the INR.
3. We are looking at being able to refer to the INR services at RPA, POW and Liverpool
4. The choice is between MiSTAR and RAPID. In the stroke community (neurologists and INRs), RAPID has a universally bad name, and everyone is tending to use MiSTAR wherever possible. I think we should 'go with the flow'.

I hope this helps.

Please let me know if there is any further information I can provide.

Many thanks.

Kind regards, Christian

From: Ngu, Charles (Health)
Sent: Monday, 10 December 2018 1:02 PM
To: Lueck, Christian (Health) <Christian.Lueck@act.gov.au>
Cc: Talaulikar, Girish (Health) <Girish.Talaulikar@act.gov.au>; Jones, Brett (Health) <Brett.Jones@act.gov.au>
Subject: RE: Radiology and stroke [SEC=UNCLASSIFIED]

Greetings Christian,

Mark has been and is still on leave.

I am not privy to his private details other than that.

I also do not have access to his in box and your email comes as news to me.

With that as the starting point and for me as a non INR, I have no update to provide you with. However, I do have the following queries:

1. Would the ED medical team be assessing the patient and then initiate the appropriate imaging referral or are they bypassed?
2. Are the neurologists delegated to make the clot retrieval call for the INRs? If so, is that the consensus?
3. Assuming the IT is sorted and total ignoring the logistics for now, who are the Sydney INRs on board for this service?
4. I assume MiSTAR is the preferred software by all INRs?

Regards,

Charles

From: Lueck, Christian (Health)
Sent: Sunday, 9 December 2018 3:32 PM
To: Ngu, Charles (Health)
Cc: Talaulikar, Girish (Health); Jones, Brett (Health)
Subject: Radiology and stroke

Dear Charles,

I wonder if I could ask you for an update, please? We are keen to introduce registrar on-call cover and ambulance prenotification for acute stroke next February. I wrote to Mark Duggan about this several weeks ago but have not received a reply.

In order for this system to work out of hours, there will need to be a few items in place from the radiological point of view:

1. The ability for the stroke nurse to request CT brain, CT angiography (arch or aorta to circle of Willis), and CT perfusion on suitable patients arriving with acute stroke (after discussion with the on call neurology registrar who may not be on site).
2. Ability of consultant neurologists to access these images remotely

3. Ability to upload the images to the NSW critical review PACS so that interventional neuro-radiologists in Sydney can access the images if we have to discuss a patient for possible clot retrieval and an INR is not available at TCH.
4. Post-processing software to calculate the size of ischaemic stroke core and penumbra automatically, ideally, MiSTAR.

The aim is to start registrar cover on 4th February, 2019, and prenotification as soon as possible after that.

Can you give me an update on the above, please? Will they be ready for February, 2019?

Many thanks.

Kind regards, Christian

Trevillian, Sarah (Health)

From: Bone, Chris (Health)
Sent: Friday, 7 December 2018 7:36 PM
To: Ngu, Charles (Health)
Subject: RE: Notices to send reporting offsite [SEC=UNCLASSIFIED]

Yes i will support.
 Chris

On 7 Dec. 2018 17:47, "Ngu, Charles (Health)" <Charles.Ngu@act.gov.au> wrote:
 Thank you.
 And as discussed, I might have to swap the ED CTs with OP cases instead.

From: Bone, Chris (Health)
Sent: Thursday, 6 December 2018 9:22 AM
To: Ngu, Charles (Health)
Subject: RE: Notices to send reporting offsite [SEC=UNCLASSIFIED]

Charles as discussed and so you have a copy of my decision. If the response is positive from Everlight you have my permission to manage the reporting off site for Dec and Jan.
 Regards
 Chris

From: Ngu, Charles (Health)
Sent: Wednesday, 5 December 2018 11:03 AM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Notices to send reporting offsite [SEC=UNCLASSIFIED]

Hi Chris,

As per earlier discussion, we are short for December and January.
 I am waiting to hear back from Everlight regarding their capacity.
 Assuming the response is positive, can I have your permission to send out the following notices please?
 This is taking into consideration of Shiv doing short notice stroke cases and Mohammad's potential limitation, as well as other unplanned personal leave.

Regards,

Charles

ED medical imaging reporting

Medical Imaging wishes to advise that medical imaging studies performed for ED in December 2018 and January 2019 will be sent to offsite reporting provider, Everlight.

The 24/7 on site Radiology registrar service to review cases when requested remains unchanged.
 The after hour on call Radiologist service remains unchanged.

IP medical imaging reporting

Medical Imaging wishes to advise that CT scans performed for in patients in December 2018 and January 2019 will be sent to offsite reporting provider, Everlight.

The 24/7 on site Radiology registrar service to review cases when requested remains unchanged.
The after hour on call Radiologist service remains unchanged.

Trevillian, Sarah (Health)

From: Ngu, Charles (Health)
Sent: Tuesday, 4 December 2018 6:08 PM
To: Bone, Chris (Health)
Subject: RE: ECR partnership [SEC=UNCLASSIFIED]

Categories: FOI

Thank you Christine.
 We will see Chris at 2pm tomorrow.
 Regards,
 Charles

From: Whittall, Christine (Health) **On Behalf Of** Bone, Chris (Health)
Sent: Tuesday, 4 December 2018 5:04 PM
To: Ngu, Charles (Health)
Subject: RE: ECR partnership [SEC=UNCLASSIFIED]

Hi Charles

No problems, I will cancel this afternoons meeting.

There is another meeting in the diary for 2pm tomorrow, if that works for both you and Shiv?

Kind regards
 Christine

Christine Whittall | Acting Business Manager
 Phone: 5124 42169 | christine.whittall@act.gov.au
 Office of the Deputy Director-General | Canberra Health Services
 PO Box 11, WODEN ACT 2606 | act.gov.au

From: Ngu, Charles (Health)
Sent: Tuesday, 4 December 2018 4:23 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Subject: RE: ECR partnership [SEC=UNCLASSIFIED]

Hi Chris,
 Shiv has got a stroke on now.
 Can we re schedule this for tomorrow?
 Charles

-----Original Appointment-----

From: Bone, Chris (Health)
Sent: Monday, 3 December 2018 5:51 PM
To: Ngu, Charles (Health); Lalloo, Shivendra (Health)

Subject: ECR partnership

When: Tuesday, 4 December 2018 5:30 PM-6:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Radiology

Trevillian, Sarah (Health)

From: Talaulikar, Girish (Health)
Sent: Monday, 3 December 2018 7:18 AM
To: Laloo, Shivendra (Health)
Cc: Bone, Chris (Health)
Subject: Re: Proposed ECR Models [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Categories: FOI

I understand that Shiv.

I am finalizing the stroke pathway for TCH and the Neurologists need clear guidance as to how to manage suitable cases.

We should all work towards achieving Model 3 and you have my full support in that endeavour.

Best wishes,
 Girish

Sent from my iPad

On 2 Dec 2018, at 12:41 pm, Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au> wrote:

"As we speak" I am about to do an ECR on a 62yo !
 That said, I am clearly not advocating Model 2. That would be tantamount to suggesting the status of this hospital be downgraded.

Regards
 Shivendra

From: Talaulikar, Girish (Health)
Sent: Sunday, 2 December 2018 10:31 AM
To: Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Re: Proposed ECR Models [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Thanks Shiv.
 We will go with Model 2 then.

Model 2

Business hours ECR at TCH

Afterhours only refer to Sydney service

I will advise Christian to advise his group accordingly.

Best wishes,
 Girish

Sent from my iPad

On 1 Dec 2018, at 12:03 pm, Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au> wrote:

I can argue that so long as no deal has been agreed with INR, models 1 and 3 can be discounted.

Regards
Shivendra

From: Talaulikar, Girish (Health)
Sent: Friday, 30 November 2018 7:52 PM
To: Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Fwd: Proposed ECR Models [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Shiv,
 We are finalizing the stroke pathway for CHS and would appreciate which of the 3 models you would like us to follow in the interim.

I am aware we are all working towards Model 3 but that is presently not feasible.

Thanks
Girish

Sent from my iPad

Begin forwarded message:

From: "Jones, Brett (Health)" <Brett.Jones@act.gov.au>
Date: 30 November 2018 at 6:17:52 pm AEDT
To: "Talaulikar, Girish (Health)" <Girish.Talaulikar@act.gov.au>, "Lueck, Christian (Health)" <Christian.Lueck@act.gov.au>
Subject: Proposed ECR Models [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Girish,

Following on from the discussions yesterday, Christian and I have put together the following 3 models for discussion with radiology (please see attached).

In Summary:

Model 1
 Business hours ECR at TCH
 After hours first call local INR, if not available refer to Sydney service

Model 2
 Business hours ECR at TCH
 Afterhours only refer to Sydney service

Model 3
 ECR available at TCH 24/7

Happy to discuss.

Regards

Brett

Brett Jones

Stroke Liaison Nurse, Stroke Unit, Canberra Hospital

Ph: +6125124141 | M: [REDACTED] | E: brett.jones@act.gov.au

Stroke Unit, Canberra Hospital

PO Box 11, Woden ACT 2606, Australia

Trevillian, Sarah (Health)

From: Talaulikar, Girish (Health)
Sent: Sunday, 2 December 2018 10:31 AM
To: Laloo, Shivendra (Health)
Cc: Bone, Chris (Health)
Subject: Re: Proposed ECR Models [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Categories: FOI

Thanks Shiv.
 We will go with Model 2 then.

Model 2

Business hours ECR at TCH

Afterhours only refer to Sydney service

I will advise Christian to advise his group accordingly.

Best wishes,
 Girish

Sent from my iPad

On 1 Dec 2018, at 12:03 pm, Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au> wrote:

I can argue that so long as no deal has been agreed with INR, models 1 and 3 can be discounted.

Regards
 Shivendra

From: Talaulikar, Girish (Health)
Sent: Friday, 30 November 2018 7:52 PM
To: Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Fwd: Proposed ECR Models [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Shiv,
 We are finalizing the stroke pathway for CHS and would appreciate which of the 3 models you would like us to follow in the interim.

I am aware we are all working towards Model 3 but that is presently not feasible.

Thanks
 Girish

Sent from my iPad

Begin forwarded message:

From: "Jones, Brett (Health)" <Brett.Jones@act.gov.au>
Date: 30 November 2018 at 6:17:52 pm AEDT
To: "Taulikar, Girish (Health)" <Girish.Taulikar@act.gov.au>, "Lueck, Christian (Health)" <Christian.Lueck@act.gov.au>
Subject: Proposed ECR Models [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Girish,

Following on from the discussions yesterday, Christian and I have put together the following 3 models for discussion with radiology (please see attached).

In Summary:

Model 1

Business hours ECR at TCH

After hours first call local INR, if not available refer to Sydney service

Model 2

Business hours ECR at TCH

Afterhours only refer to Sydney service

Model 3

ECR available at TCH 24/7

Happy to discuss.

Regards

Brett

Brett Jones

Stroke Liaison Nurse, Stroke Unit, Canberra Hospital

Ph: +6125124141 | M: [REDACTED] | E: brett.jones@act.gov.au

Stroke Unit, Canberra Hospital

PO Box 11, Woden ACT 2606, Australia

Trevillian, Sarah (Health)

From: Ngu, Charles (Health)
Sent: Monday, 26 November 2018 8:55 AM
To: Bone, Chris (Health); Lalloo, Shivendra (Health)
Subject: Clot Retrieval and IR [SEC=UNCLASSIFIED]

Categories: FOI

Good morning Chris,

-Shiv has had initial discussion with a RPA radiologist – potential coverage subject to logistics, costs etc arrangement and agreement.

Do you have info on those requirements? I think we should meet with RPA to discuss so we can understand what their requirements are. I also think we should plan a calendar so can reasonably predict the weeks they would need to assist. This is a necessity for the continued safe delivery of IR and ECR so the cost will have to be borne by us. It would be useful if we can quantify it in some way so I can create a reasonable projection going forward.

Shiv will plan the IR call roster for 2019 and look into the separate clot retrieval cover roster.

We will have the number of cases when we do a 3 or 6 months review.

Otherwise we might get an idea from the cases that Shiv and Peter Mews did in the last few months.

I will suggest for you and Shiv to set up an official meeting ASAP with RPA to progress this discussion.

-Potential IR weekend FIFO coverage for a Sydney IR radiologist.

Require details of terms and condition for this to progress.

Could you get HR to provide the info? We could use the same principles as with Lois ie we pay accommodation & travel and the locum rate. Happy to discuss.

We will require the call to start on Friday pm and finish Mon am.

So we'll offer to cover travel, accommodation and \$3000 a day x 3 = \$9000.

Shiv will liase with the person.

Regards,

Charles

Trevillian, Sarah (Health)

From: Bone, Chris (Health)
Sent: Thursday, 22 November 2018 6:24 AM
To: Ngu, Charles (Health)
Subject: RE: Issues for your perusal [SEC=UNCLASSIFIED]

Categories: FOI

Charles see my comments below. I am happy to discuss.
 Chris

From: Ngu, Charles (Health)
Sent: Wednesday, 21 November 2018 11:38 AM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Cc: Ngu, Charles (Health) <Charles.Ngu@act.gov.au>
Subject: Issues for your perusal [SEC=UNCLASSIFIED]

Good morning Chris,

-Apurv and Daya are working on a response to the Breast screen question.
 That would partly be based on our new staff specialists' breast imaging credentials and Breast screen connection.

One particular related issue is Chat's VMO appointment with Breast screen (and others').
 I understand that HR might have a solution along the line of Breast screen paying ACT Health to have Chat working at Breast screen, thereby bypassing the VMO vs staff issue.
 I wonder if you could facilitate that with ? Stephen Linton the HR person to progress this arrangement?
 That will help to strengthen our collaboration with Breast screen. Ok I will see what I can do. I will speak with Yvonne Epping from breast screen first to see what time she requires.

-I am organising the 2019 roster.
 There are some upstanding leave applications submitted months previously that are yet to be dealt with.
 There is considerable grievance associated with this.
 I am trying to manage this and will require Everlight to cover the workload.
 You have previously authorised me to deal with this, so this is a FYI. Can we discuss also when we catch up please?

-Shiv has had initial discussion with a RPA radiologist – potential coverage subject to logistics, costs etc arrangement and agreement.
 Do you have info on those requirements? I think we should meet with RPA to discuss so we can understand what their requirements are. I also think we should plan a calendar so can reasonably predict the weeks they would need to assist. This is a necessity for the continued safe delivery of IR and ECR so the cost will have to be borne by us. It would be useful if we can quantify it in some way so I can create a reasonable projection going forward.

-Potential IR weekend FIFO coverage for a Sydney IR radiologist.
 Require details of terms and condition for this to progress.
 Could you get HR to provide the info? We could use the same principles as with Lois ie we pay accommodation & travel and the locum rate. Happy to discuss.

Regards,

Charles

Trevillian, Sarah (Health)

From: Ngu, Charles (Health)
Sent: Friday, 9 November 2018 9:15 AM
To: Bone, Chris (Health)
Subject: RE: Update on MI [SEC=UNCLASSIFIED]

Hello again Chris,

1. Shiv has agreed to cover me for next week.

He has to catch a flight to Melbourne on next Friday afternoon but that should be OK. Kate Saunder is aware.

2. Tarun Jain is already working for us as a locum. He can potentially offer us another day subject to provision of a long term VMO contract (? 2 years +).

Askash Mahajan is another potential locum again subject to provision of a long term VMO contract.

Could you please advise if we could offer these contracts, and if so how we could progress in a timely manner to secure their commitment ASAP?

3. Christian Luek inquired about MRI research scans in recent emails (I will send them in separate email to you). I have consulted with Sam Wilson the MRI chief and we could offer our support. I understand that the charge is about \$295 per scan. I will respond positively to Christian if you agree.

Cheers,

Charles

From: Ngu, Charles (Health)
Sent: Friday, 9 November 2018 8:20 AM
To: Bone, Chris (Health); Ngu, Charles (Health)
Subject: Update on MI [SEC=UNCLASSIFIED]

Good morning Chris,

Just updating you with the following:

1. For most of November, December and January, we will still have to send IP CT off site and possibly ED CT as well subject to unplanned leave and stroke cases.
2. There are radiologist leave requests for January (some submitted a while back but yet to be decided upon and others more recently). I recommend that these be approved to prevent more angst. With your authorisation, I am happy to sign the leave forms.
3. Nuclear medicine Fellow. I am confused as to whether there is definite separate funding for this position, as distinct from the radiology registrar NM rotation.
4. Shiv has yet to get back to me re: coverage as acting for next week. I will get back to you this morning on that.

Regards,

Charles

Trevillian, Sarah (Health)

From: Laloo, Shivendra (Health)
Sent: Thursday, 25 October 2018 10:47 AM
To: Lueck, Christian (Health)
Cc: Duggan, Mark (Health); Jones, Brett (Health); Talaulikar, Girish (Health); Bone, Chris (Health); McDonald, Bernadette (Health); Dugdale, Paul (Health); Ngu, Charles (Health)
Subject: RE: Referral to NSW for INR [SEC=UNCLASSIFIED]

Dear Christian,

It is disappointing that we have to consider interim solutions over a fully resourced 24/7 service.

I raise the RPA question, only because of historical INR arrangements.

Nonetheless, we should tread very carefully with any agreed arrangements .

Regards
 Shivendra

From: Lueck, Christian (Health)
Sent: Thursday, 25 October 2018 9:57 AM
To: Laloo, Shivendra (Health) <Shivendra.Laloo@act.gov.au>
Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Jones, Brett (Health) <Brett.Jones@act.gov.au>; Talaulikar, Girish (Health) <Girish.Talaulikar@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Ngu, Charles (Health) <Charles.Ngu@act.gov.au>
Subject: Referral to NSW for INR

Dear Shivendra,

There was another patient yesterday evening who was first discussed with us from Goulburn at about 5:00 pm. Canberra was not in a position to offer INR out of hours so it was suggested that the referring doctor in Goulburn discuss the case directly with one of the Sydney hospitals (I imagine Liverpool, but I do not know for certain).

We have now had four cases of acute stroke (3 from NSW, incidentally) who needed clot retrieval this week. Only two of these were 'in hours' (and therefore managed here at TCH).

Further to previous correspondence, I think it is important that the neurologists are aware of the back-up plans for situations in which INR cannot be offered here in Canberra. You mentioned a previous arrangement with RPA. Is this something that should be formalised? Granted that clot removal is time-critical, I am sure that everyone will agree that the neurologists have to be in a position to refer patients to the most appropriate service as soon as possible.

I am not quite sure who should be negotiating with RPA regarding provision of a back-up service, but I think this needs to be established as soon as possible. Is this something that you and Mark can organise? Please let me know if there is something I can do to help.

Kind regards, Christian

Trevillian, Sarah (Health)

From: Duggan, Mark (Health)
Sent: Thursday, 25 October 2018 10:08 AM
To: Lueck, Christian (Health)
Cc: Lalloo, Shivendra (Health); Jones, Brett (Health); Talaulikar, Girish (Health); Bone, Chris (Health); McDonald, Bernadette (Health); Dugdale, Paul (Health); Ngu, Charles (Health)
Subject: Re: Referral to NSW for INR

Hi Christian,

Thank you for the email and thoughts. Dr Ngu and I will discuss with Chris as a starting point and come back to this group.

I have copied Dr Ngu in this email in his capacity as Clinical Director, Medical Imaging.

Thank you,

Mark.

Mark Duggan
Director Medical Imaging
Mobile: [REDACTED]

Sent from my iPad

On 25 Oct 2018, at 9:57 am, Lueck, Christian (Health) <Christian.Lueck@act.gov.au> wrote:

Dear Shivendra,

There was another patient yesterday evening who was first discussed with us from Goulburn at about 5:00 pm. Canberra was not in a position to offer INR out of hours so it was suggested that the referring doctor in Goulburn discuss the case directly with one of the Sydney hospitals (I imagine Liverpool, but I do not know for certain).

We have now had four cases of acute stroke (3 from NSW, incidentally) who needed clot retrieval this week. Only two of these were 'in hours' (and therefore managed here at TCH).

Further to previous correspondence, I think it is important that the neurologists are aware of the back-up plans for situations in which INR cannot be offered here in Canberra. You mentioned a previous arrangement with RPA. Is this something that should be formalised? Granted that clot removal is time-critical, I am sure that everyone will agree that the neurologists have to be in a position to refer patients to the most appropriate service as soon as possible.

I am not quite sure who should be negotiating with RPA regarding provision of a back-up service, but I think this needs to be established as soon as possible. Is this something that you and Mark can organise? Please let me know if there is something I can do to help.

Kind regards, Christian

Trevillian, Sarah (Health)

From: Lalloo, Shivendra (Health)
Sent: Wednesday, 24 October 2018 8:22 PM
To: [REDACTED]@health.nsw.gov.au
Cc: Lueck, Christian (Health); Bone, Chris (Health); McDonald, Bernadette (Health)

Categories: FOI

Good Evening [REDACTED],

We have not met or conversed, but I am the senior INR in Canberra.
Before we go anywhere, I would like evidence of this document that [REDACTED] speaks of purporting that TCH provides a 24/7 ECR service. If it exists it is fake news and the lesser of evils, if it doesn't then we potentially have a private entity seeking to expand it's influence.
Please make this elusive document available.

Regards
Shivendra

Trevillian, Sarah (Health)

From: Lueck, Christian (Health)
Sent: Wednesday, 24 October 2018 6:30 PM
To: Laloo, Shivendra (Health); Talaulikar, Girish (Health); Dugdale, Paul (Health)
Cc: Duggan, Mark (Health); Bone, Chris (Health); McDonald, Bernadette (Health); Ngu, Charles (Health); Mews, Peter (Health)
Subject: RE: Canberra to Sydney ECR [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Categories: FOI

Thanks, Shivendra,

I'm afraid I don't know where that comment came from. To my knowledge we have never advertised that we have a 24/7 service or that we are fully-funded to deliver the service. Neither statement is correct.

I think Liverpool was contacted simply because it is the nearest geographically. The neurologists are not aware of any formal referral arrangement so we were not in a position to advise ICU any differently. However, if you think we should be (re)forging links with RPA rather than Liverpool while we wait for the service in Canberra to be developed, I would be very happy to discuss this.

Please let me know.

Many thanks.

Kind regards, Christian

From: Laloo, Shivendra (Health)
Sent: Wednesday, 24 October 2018 5:11 PM
To: Lueck, Christian (Health); Talaulikar, Girish (Health); Dugdale, Paul (Health)
Cc: Duggan, Mark (Health); Bone, Chris (Health); McDonald, Bernadette (Health); Ngu, Charles (Health); Mews, Peter (Health)
Subject: RE: Canberra to Sydney ECR [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Dear Christian,

Can you comment on this perception of TCH providing 24/7 ECR .
 Is it fake news or does the document JW is referring to, really exist?
 RPA was the historical liaison for INR before I and the Peters came along !Is there any reason that Liverpool/POW is specifically involved, before we're fully resourced and up 24/7.?

Regards
 Shivendra

From: Lueck, Christian (Health)
Sent: Monday 22 October 2018 12:51
To: Talaulikar, Girish (Health); Dugdale, Paul (Health); Laloo, Shivendra (Health)
Cc: Duggan, Mark (Health); Bone, Chris (Health); McDonald, Bernadette (Health); Ngu, Charles (Health)
Subject: FW: Canberra to Sydney ECR [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Dear All,
 As discussed in the previous email.
 Kind regards, Christian

From: Jones, Brett (Health)
Sent: Monday, 22 October 2018 12:32 PM
To: Lueck, Christian (Health) <Christian.Lueck@act.gov.au>
Subject: FW: Canberra to Sydney ECR [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Need to read these too

From: [REDACTED]@health.nsw.gov.au]
Sent: Monday, 22 October 2018 10:14 AM
To: Jones, Brett (Health) <Brett.Jones@act.gov.au>
Subject: Canberra to Sydney ECR

Hi Brett

Please find attached as an FYI , I received a number of emails from INR at Sydney hospital in relation to a patient transfer. I have written back which is attached. I am wondering from your perspective will the incident be documented via your incident system as well

I am booking flight to come on the 9ths
 Speak soon
 Regards

[REDACTED] Stroke Network
 Acute Care | Agency for Clinical Innovation
 Level 4, 67 Albert Avenue, Chatswood NSW 2067
 PO Box 699, Chatswood NSW 2057
 Tel (02) 9464 4614 | Fax (02) 9464 4728
 [REDACTED]@health.nsw.gov.au | @nswaci | www.aci.health.nsw.gov.au | [REDACTED]



I acknowledge the traditional owners of the land I work on as the first people of this country.

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Trevillian, Sarah (Health)

From: McDonald, Bernadette (Health)
Sent: Wednesday, 24 October 2018 5:09 PM
To: Bone, Chris (Health)
Subject: FW: INR/stroke service at Canberra Hospital

Chris, can you brief me on this.
 Thanks
 Bernadette

Bernadette McDonald
Chief Executive Officer
 Canberra Health Services

Phone: 02 5124 2728 | **Email:** bernadette.Mcdonald@act.gov.au
 Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

Care | Excellence | Collaboration | Integrity



From: Lueck, Christian (Health)
Sent: Monday, 22 October 2018 12:50 PM
To: Talaulikar, Girish (Health) <Girish.Talaulikar@act.gov.au>; Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Subject: INR/stroke service at Canberra Hospital

Dear All,

[I am sorry. I hit 'send' too early on the last email.]

Below is an email trail relating to a patient transferred from TCH to Liverpool for clot retrieval.

I think this is likely to be the first of many strokes presenting out of hours who would potentially benefit from clot retrieval. At this point, our options are either to refer them to a service which can offer this treatment (which would probably incur a cost), or to leave them untreated (which would not be compatible with state-of-the-art, evidence-based, treatment).

We really do need to progress the issue of a 24-hour stroke service here at the Canberra Hospital.

I am sending another email with further information attached.

I would be more than happy to discuss.

Kind regards, Christian

From: Lueck, Christian (Health)
Sent: Monday, 22 October 2018 12:45 PM
To: Talaulikar, Girish (Health) <Girish.Talaulikar@act.gov.au>; Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: FW: Canberra [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

From: Jones, Brett (Health)
Sent: Monday, 22 October 2018 12:31 PM
To: Lueck, Christian (Health) <Christian.Lueck@act.gov.au>
Subject: FW: Canberra [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

FYI

From: [REDACTED]@unsw.edu.au]
Sent: Monday, 22 October 2018 10:25 AM
To: [REDACTED]@health.nsw.gov.au>
Cc: [REDACTED]@health.nsw.gov.au; [REDACTED]@sydney.edu.au; [REDACTED]
[REDACTED]@health.nsw.gov.au; Jones, Brett (Health)
<Brett.Jones@act.gov.au>
Subject: Re: Canberra

Thanks [REDACTED]

As I said, we are happy to provide this service, but would respectfully request additional funding to do so - I would anticipate 30-50 additional cases per year as a result.

I would also like to arrange an urgent meeting - either face to face to telco - with the main stakeholders in Canberra so we can align protocols and ensure the delays we saw last night are avoided in future.

On Mon, 22 Oct 2018 at 10:21, [REDACTED] (Agency for Clinical Innovation)
[REDACTED]@health.nsw.gov.au> wrote:

Hi [REDACTED]

Thank you for escalating it locally

I have copied in Brett Jones Stroke Liaison Nurse Division of Medicine who may be able to provide more information on the workforce.

Regards

[REDACTED] Stroke Network
Acute Care | Agency for Clinical Innovation
Level 4, 67 Albert Avenue, Chatswood NSW 2067

PO Box 699, Chatswood NSW 2057
Tel (02) 9464 4614 | Fax (02) 9464 4728
[redacted]@health.nsw.gov.au | @nswaci | www.aci.health.nsw.gov.au | [redacted]



I acknowledge the traditional owners of the land I work on as the first people of this country.

From: [redacted]@unsw.edu.au]
Sent: Monday, 22 October 2018 10:14 AM
To: [redacted] (Agency for Clinical Innovation) <[redacted]@health.nsw.gov.au>
Cc: [redacted] (Agency for Clinical Innovation) <[redacted]@health.nsw.gov.au>; [redacted]
[redacted]@sydney.edu.au>; [redacted]@health.nsw.gov.au>; [redacted]
(South Eastern Sydney LHD) <[redacted]@health.nsw.gov.au>
Subject: Re: Canberra

Thanks for that [redacted].

Could you possibly clarify what exactly the workforce issue is?

If it is INR workforce, we have - on many occasions - offered to float/rotate one of our team down there as an exchange (ie. we go down, they come up) in order to increase their exposure to decent case loads and high-volume protocols, as well as to provide them with some relief, but this has not been accepted. However, the offer remains open.

In the meantime, I will notify our GMs that this is now expected of us.

Regards

[redacted]



On Mon, 22 Oct 2018 at 10:08, [REDACTED] (Agency for Clinical Innovation)
 <[REDACTED]@health.nsw.gov.au> wrote:

Dear [REDACTED]

Thank you for your emails, I will escalate your concerns within the ACI.

Please can I encourage you to formally submitted the incident through your IMM system and discuss with your hospital management, to highlight the delays in treatment putting the patient at risk .

In addition I would also suggest you raise with your CE that you are being requested to provide a cross jurisdictional service to Canberra, and to your knowledge no formalised processes are in place.

There appears to be need for discussion at a system level to clarify the level of service that Canberra can offer and understand what agreements currently are in place with NSW.

I had a brief conversation last week with Brett Jones Stroke Liaison Nurse Division of Medicine CNC - who confirmed the service is currently only business hours due to workforce and I have scheduled to go to Canberra on the 9th November.

Regards

[REDACTED], Stroke Network
 Acute Care | Agency for Clinical Innovation
 Level 4, 67 Albert Avenue, Chatswood NSW 2067
 PO Box 699, Chatswood NSW 2057
 Tel (02) 9464 4614 | Fax (02) 9464 4728
 [REDACTED]@health.nsw.gov.au | @nswaci | www.aci.health.nsw.gov.au | [REDACTED]

I acknowledge the traditional owners of the land I work on as the first people of this country.

-----Original Message-----

From: [REDACTED]@unsw.edu.au]

Sent: Monday, 22 October 2018 12:53 AM

To: [REDACTED] (Agency for Clinical Innovation) <[REDACTED]@health.nsw.gov.au>

Subject: Canberra

[REDACTED]

I would like to know why I am being called at 1am to take a stroke from Canberra Hospital. They advertise themselves as offering a 24/7/365 service but apparently they are refusing to treat a patient tonight whom I will have to accept at POW or Liverpool. Can this please be escalated/investigated?

Regards

[REDACTED]

Sent from my iPhone

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Whittall, Christine (Health)

From: Lueck, Christian (Health)
Sent: Monday, 22 October 2018 12:52 PM
To: Talaulikar, Girish (Health); Dugdale, Paul (Health); Lalloo, Shivendra (Health)
Cc: Duggan, Mark (Health); Bone, Chris (Health); McDonald, Bernadette (Health); Ngu, Charles (Health)
Subject: FW: Canberra to Sydney ECR [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Attachments: Acute stroke - clot retrievals; Canberra; Canberra; RE: Canberra

Dear All,
 As discussed in the previous email.
 Kind regards, Christian

From: Jones, Brett (Health)
Sent: Monday, 22 October 2018 12:32 PM
To: Lueck, Christian (Health) <Christian.Lueck@act.gov.au>
Subject: FW: Canberra to Sydney ECR [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Need to read these too

From: [REDACTED] (Agency for Clinical Innovation) [REDACTED]@health.nsw.gov.au]
Sent: Monday, 22 October 2018 10:14 AM
To: Jones, Brett (Health) <Brett.Jones@act.gov.au>
Subject: Canberra to Sydney ECR

Hi Brett

Please find attached as an FYI , I received a number of emails from INR at Sydney hospital in relation to a patient transfer. I have written back which is attached. I am wondering from your perspective will the incident be documented via your incident system as well

I am booking flight to come on the 9ths
 Speak soon
 Regards

[REDACTED] Stroke Network
 Acute Care | Agency for Clinical Innovation
 Level 4, 67 Albert Avenue, Chatswood NSW 2067
 PO Box 699, Chatswood NSW 2057
 Tel (02) 9464 4614 | Fax (02) 9464 4728
 [REDACTED]@health.nsw.gov.au | @nswaci | www.aci.health.nsw.gov.au | [REDACTED]



AGENCY FOR
**CLINICAL
 INNOVATION**

I acknowledge the traditional owners of the land I work on as the first people of this country.

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Trevillian, Sarah (Health)

From: Bone, Chris (Health)
Sent: Monday, 22 October 2018 11:47 AM
To: Fletcher, Jeffery (Health)
Subject: RE: Neuro-interventional Operational Steering Committee [SEC=UNCLASSIFIED]

This is a broad NI operational-group and clot retrieval is only one part of the groups interest? Is my understanding correct?

Cheers
 Chris

From: Fletcher, Jeffery (Health)
Sent: Friday, 19 October 2018 4:36 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: Neuro-interventional Operational Steering Committee [SEC=UNCLASSIFIED]
Importance: High

Gday Chris

I have sent emails previously to Christian, Shiv and the guy in Calvary about joining this group but have had no takers
 I will flick you Shiv's response

May be worth you sitting on initially until there is an ACT plan?

Vanessa is great to work with and very keen to engage ACT in as much as possible

Cheers

Jeff

From: [REDACTED] (Ministry of Health) [REDACTED]@health.nsw.gov.au]
Sent: Friday, 19 October 2018 3:39 PM
To: Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>
Cc: [REDACTED] (Ministry of Health) [REDACTED]@health.nsw.gov.au>
Subject: NI Operational Steering Committee

Hi Jeff

How are you.

We are still really keen to have a rep from ACT phone into our NI Operational meeting. Would be really useful to have updates on the ECR service development in Canberra.

Do you think this would be possible?

Many thanks

Vanessa

[REDACTED] | Specialty Service and Technology Evaluation | **Health System Planning and Investment Branch**
 NSW Ministry of Health, Locked Mail Bag 961, North Sydney, NSW 2059
 Tel 02 9391 9952 | Mobile [REDACTED] | Fax 02 9391 9928 | [REDACTED]@health.nsw.gov.au
www.health.nsw.gov.au

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Trevillian, Sarah (Health)

From: Laloo, Shivendra (Health)
Sent: Tuesday, 2 October 2018 8:54 PM
To: Fletcher, Jeffery (Health)
Cc: Bone, Chris (Health); McNaught, Caroline (Health)
Subject: FW: scan_melissa devries_2018-09-28-08-56-04.pdf
Attachments: scan_melissa devries_2018-09-28-08-56-04.pdf

Hi Jeff,

Here in Canberra, we do a few things a little different in IR compared with many other national centres. Percutaneous acute thrombectomy and thrombolysis is one of those things.

In other units, a patient presenting acutely with a lower limb embolus will typically get an infusion catheter inserted into the affected artery and urokinase infused over several hours if not overnight usually in an HDU setting and serial angiography to confirm recanalisation OR alternatively open surgical embolectomy. We favour a more aggressive percutaneous approach using rapid permeation of the clot with UK ahead of aspiration thrombectomy. This strategy has served us well, affords quicker reperfusion and tissue salvage, less onerous nursing/HDU care, mostly avoids open surgery, and is probably more cost-effective.

The problem of acutely thrombosed native/grafted common/external iliac arteries is a different challenge, given the attendant risk of run-off embolisation in the process of clot lysis. We have somewhat awkward IR solutions for this, which often fail, necessitating a second procedure to deal with complicating distal emboli. We have talked over the years about the need for an arterial sheath with a balloon, but no suitable device has been available in the Australian market for peripheral work (we do have a such a device for cerebral application, but it is too long and cumbersome for the iliacs!).

I have had discussions with Tokai Medical, a Japanese Manufacturer at various conferences, who have what we have been seeking, but they do not have a distributor in the Australian market. Culpan Medical, one of our INR vendors, has kindly arranged through commercial network a few samples (all sterile packed, and short device version text all in Japanese) for us to try free of charge. If we are satisfied with the concept then Culpan Medical will arrange a limited consignment just for Canberra (I again remind that others do not use this strategy). The samples have SAS forms for completion to evaluate efficacy. The tool is NOT an implant.

Given the above, there is no TGA documentation to fwd to Caroline. I hope we can present this bespoke request to HTAC for fair consideration.

For what it is worth, I have handled the product and consider it entirely suitable.

Regards
 Shivendra

From: Devries, Melissa (Health)
Sent: Friday 28 September 2018 09:03
To: Laloo, Shivendra (Health)
Subject: scan_melissa devries_2018-09-28-08-56-04.pdf

Melissa Devries
 Office Manager

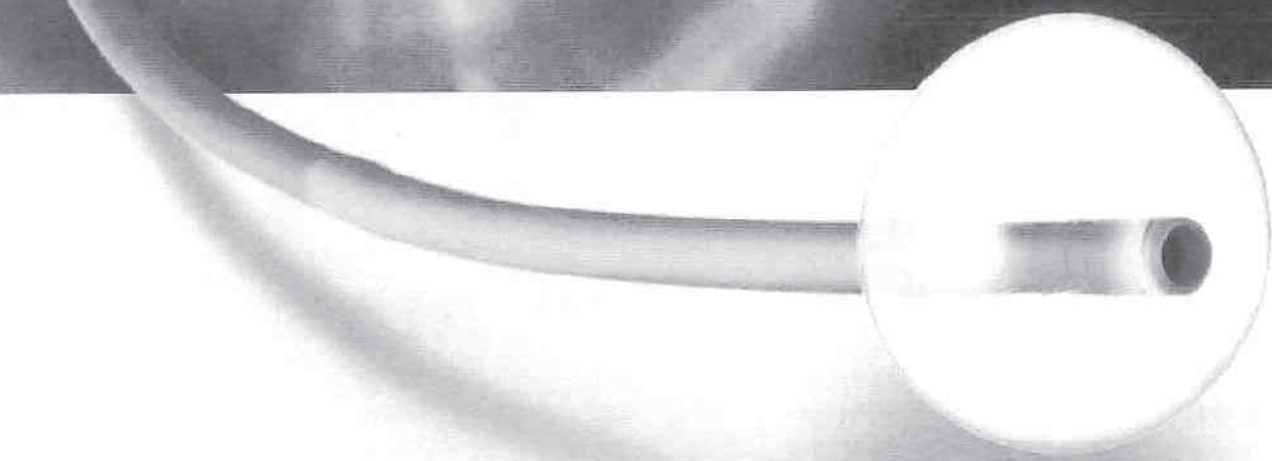
Medical Imaging
 Building 12, Level 2
Phone: 02 6244 2528
Fax: 02 6244 4909
E-mail: Melissa.Devries@act.gov.au

Care | Excellence | Collaboration | Integrity



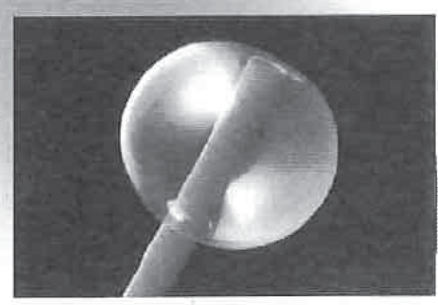
Balloon Guide Catheter OPTIMO

OPTIMO B
that is ide



Tipless during balloon expansion

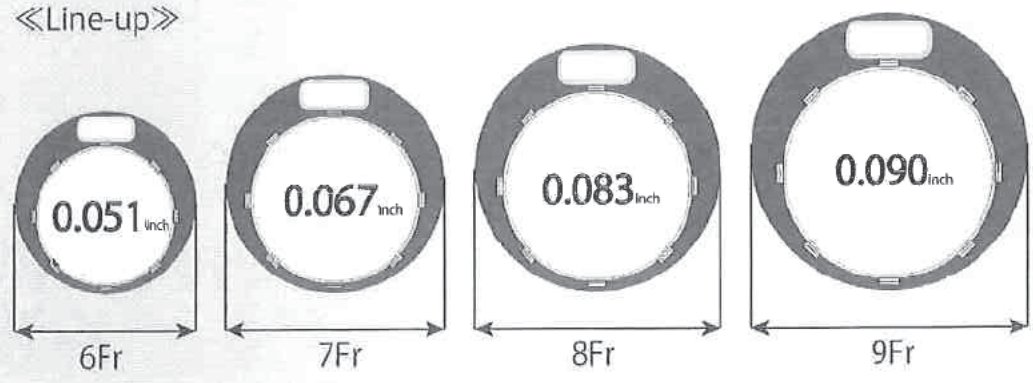
Tipless balloon structure reduces risks of vessel dissection and other problems that stress vascular wall



Dual Lumen Design

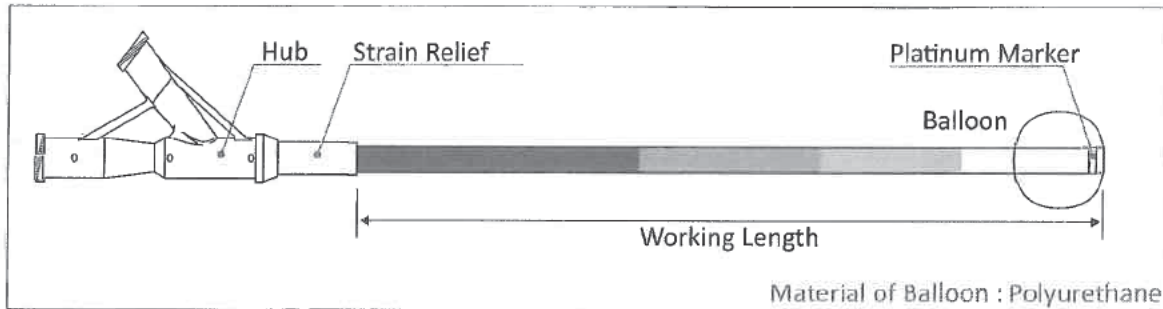
Dual lumen structure offers maximum main lumen diameter
Large inner lumen facilitates angiography with intravascular devices inserted.

«Line-up»



Balloon Guide Catheter OPTIMO

OPTIMO Specification



OPTIMO Line Up

Product No.	Outer Diameter	Inner Diameter	Max. Sheath	Working Length	Shape
BG651L	6Fr	0.051inch	6Fr	100cm	Straight
BG767L	7Fr	0.067inch	7Fr	100cm	
BG883E	8Fr	0.083inch	8Fr	85cm	
BG883N	8Fr	0.083inch	8Fr	95cm	
BG883S	8Fr	0.083inch	8Fr	90cm	
BG990E	9Fr	0.090inch	9Fr	85cm	
BG990N	9Fr	0.090inch	9Fr	95cm	
BG990S	9Fr	0.090inch	9Fr	90cm	

Compliance Chart

Liquid Injection Rate	0.1cc	0.2cc	0.3cc	0.4cc	0.5cc	0.6cc	0.7cc	0.8cc	0.9cc	1.0cc
Optimo 6Fr	4.8mm	6.7mm	8.0mm	-	-	-	-	-	-	-
Optimo 7Fr	5.1mm	6.9mm	8.0mm	8.9mm	10.0mm	-	-	-	-	-
Optimo 8Fr	5.0mm	6.7mm	7.8mm	8.7mm	9.4mm	10.0mm	10.5mm	10.9mm	11.4mm	12.0mm
Optimo 9Fr	6.1mm	7.6mm	8.5mm	9.3mm	9.9mm	10.5mm	11.0mm	11.5mm	11.9mm	-

Balloon expansion size for reference

Maximum balloon expansion size

Only available in limited markets. CE marking Pending.
Please refer to the insert for complete instructions, contraindications, warnings and precautions.
Any information on this catalog including models and specifications may change without prior notice.

 TOKAI MEDICAL PRODUCTS

1485 TARAGA, KASUGA-CITY, AICHI
486-0808 JAPAN

www.tokaimedpro.co.jp/en/

TMP-1706218-01

Trevillian, Sarah (Health)

From: Bone, Chris (Health)
Sent: Tuesday, 18 September 2018 6:07 PM
To: Duggan, Mark (Health)
Subject: Re: Current status of ECR [SEC=UNCLASSIFIED]

I will follow up

Sent from my iPad

Chris Bone
 Deputy Director General
 Canberra Hospital and Health Services | ACT Health Directorate

Level 2, Building 24, Canberra Hospital

Phone: 02 61747354

E-mail: chris.bone@act.gov.au

care excellence collaboration integrity



On 18 Sep 2018, at 5:37 pm, Duggan, Mark (Health) <Mark.Duggan@act.gov.au> wrote:

Ok not sure what he means by “project”

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 18 Sep 2018, at 5:36 pm, Bone, Chris (Health) <Chris.Bone@act.gov.au> wrote:

Probably just data gathering by Girish
 Chris

Sent from my iPad

Chris Bone
 Deputy Director General
 Canberra Hospital and Health Services | ACT Health Directorate

Level 2, Building 24, Canberra Hospital

Phone: 02 61747354

E-mail: chris.bone@act.gov.au

care excellence collaboration integrity



On 18 Sep 2018, at 3:52 pm, Duggan, Mark (Health)
<Mark.Duggan@act.gov.au> wrote:

Can we slow this down please as we seem to be getting ahead of ourselves....unless I have missed something?

Mark Duggan
Director Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254
Mobile: [REDACTED]

From: Talaulikar, Girish (Health)
Sent: Tuesday, 18 September 2018 3:45 PM
To: Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: Re: Current status of ECR [SEC=UNCLASSIFIED]

Thanks Shiv. I suggest you flag the out of hours work as a risk and we address that asap.

It forms the backbone of an effective stroke pathway. Are you comfortable leading the project? I will see if I can get some administrative assistance to help with it.

Regards,
Girish

Sent from my iPad

On 18 Sep 2018, at 3:15 pm, Lalloo, Shivendra (Health)
<Shivendra.Lalloo@act.gov.au> wrote:

Hi Girish,

Briefly **my** appraisal is as ff.

Weekday office hours ECR somewhat resourced. I must confess that that we are able to get the necessary done albeit ad hoc at times.

I suspect up to a third of clot retrievals have been performed out of hours, not resourced (therefore different legal implications both public and practitioner), and often the result of the consequence of the INR feeling a sense of moral/ethical obligation under duress, given it is the standard of care. Sometimes this has been outside of them actually being on call. So in effect, ACT Health has been spared any potential public backlash.

I think I have an idea of the dollar investment required, and clearly a deal has to be agreed with the INRs, if we are to offer a 24/7 service.

Regards
Shivendra

From: Talaulikar, Girish (Health)
Sent: Tuesday, 18 September 2018 1:39 PM
To: Duggan, Mark (Health)
<Mark.Duggan@act.gov.au>; Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Subject: Fwd: Current status of ECR

Hi Mark and Shiv,
Are you able to advise re:
1. The current ECR pathway

2. Hours of operation for ECR.

Thanks
Girish

Sent from my iPad

Begin forwarded message:

From: "Das, Chandi (Health)"
<Chandi.Das@act.gov.au>
Date: 10 September 2018 at
12:07:36 am AEST
To: "Lueck, Christian (Health)"
<Christian.Lueck@act.gov.au>, "Talaulikar, Girish (Health)"
<Girish.Talaulikar@act.gov.au>
Cc: "Hughes, Andrew (Health)"
<Andrew.Hughes@act.gov.au>, [REDACTED]
[REDACTED][@yahoo.com](mailto:[REDACTED]@yahoo.com)
.au>, "Lahoria, Rajat (Health)"
<Rajat.Lahoria@act.gov.au>, [REDACTED]
[REDACTED][@yahoo.com](mailto:[REDACTED]@yahoo.com)"
[REDACTED][@yahoo.com](mailto:[REDACTED]@yahoo.com)>
Subject: FW: Current status of ECR

Dear Girish,

Apologies; missed including you in the email loop below.

I had also tried ringing you on Thursday night; went to voicemail.

Perhaps I should have tried the 'executive on call' after that.

Kind regards, Chandi

From: Das, Chandi (Health)
Sent: Monday 10 September 2018 00:01
To: Lueck, Christian (Health); Hughes, Andrew (Health); Craig McColl; Lahoria, Rajat (Health); [REDACTED]@yahoo.com
Subject: Current status of ECR

Dear Girish and Christian,

Christian, as you know, in my last week on call' on Thursday the 6th of September, there were 3 ECRs - one from Wagga, one from ACT and a 3rd from Calvary (late at night). Besides, significantly putting pressure on the 'on call' neurologist, it is also potentially 'unsafe' for the patients as we currently do not have the necessary resources to offer out of hours ECR. The extra pressure also impacts our ability to see other patients.

Girish, it is my understanding that the current official position: ECR is available only in routine hours, Monday to Friday (40 hours per week). Presumably, the 'on call' neurologist is under no (legal) obligation to accept patients / organise ECR outside these hours. Could you clarify that this is correct?

I am copying this to all the neurologists who do 'on call' at TCH, so they do not feel pressured into accepting patients for out of hours ECR.

Many thanks.

Kind regards,

Chandi

Trevillian, Sarah (Health)

From: Bone, Chris (Health)
Sent: Monday, 17 September 2018 1:21 PM
To: Lalloo, Shivendra (Health); Duggan, Mark (Health)
Cc: Fletcher, Jeffery (Health)
Subject: RE: [SEC=UNCLASSIFIED]

Categories: FOI

Thanks Shiv I believe these issues may well arise but with enough messages from me I am making sure that the individuals are not employed with an expectation of access to the angio suite.

Regards
 Chris

From: Lalloo, Shivendra (Health)
Sent: Monday, 17 September 2018 12:32 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Cc: Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>
Subject: RE: [SEC=UNCLASSIFIED]

That clarity is reassuring, Chris.
 I still do believe there is going to be "right to practise" and "clinical" pressures to bear, before 3rd suite commissioned.

Thanks
 Shivendra

From: Bone, Chris (Health)
Sent: Monday, 17 September 2018 8:27 AM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>
Subject: RE: [SEC=UNCLASSIFIED]

They are recruiting but I reinforced the message last week the surgical division that there is no increased access to the IR suite in the short to intermediate term. Any increased activity would be negotiated with the IR team when we develop a 3rd angio suite.

Chris

From: Duggan, Mark (Health)
Sent: Monday, 17 September 2018 6:27 AM
To: Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>
Subject: Re: [SEC=UNCLASSIFIED]

Hi Shiv,

While I won't make comment on recruitment as this is not appropriate or my role I have spoken with Chris following your email and can confirm my view that until additional capacity is available by way of a 3rd Angio suite there will be no change to access to the medical imaging Angio suite.

Happy to discuss in person.

Cheers,

Mark.

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 14 Sep 2018, at 8:50 am, Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au> wrote:

Au contraire, Mark
 When AJ came on board, we were told that "ACT Health had not gone to market".
 We cannot wait for paperwork....we will be having three endovascular surgeons come Feb 2019....of
 that I have no doubt.
 I remain very concerned.

Regards
 Shivendra

From: Duggan, Mark (Health)
Sent: Friday, 14 September 2018 6:22 AM
To: Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>
Subject: Re: [SEC=UNCLASSIFIED]

Hi Shiv,

Thanks for the email, I think the first step in this conversation is to confirm if any new endovascular surgeons have been appointed. I will speak with Chris and Jeff to get confirmation.

Mark

Mark Duggan
 Director Medical Imaging
 Mobile: [REDACTED]

Sent from my iPhone

On 13 Sep 2018, at 9:37 pm, Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au> wrote:

Dear All,

Since my e-mail on Valentine's day this year, matters have developed. None more pivotal than reliable word of the next endovascular surgeon commencing Feb 2019, for all intent and purpose. There will thus be 3 dual-trained vascular surgeons seeking access to the angio suite on a VMO contractual basis. If WN's arrangement is the benchmark to any new requests, then we are doomed, unless a the 3rd angio unit is commissioned with haste.

Eroding further into existing IRs already suboptimal angio time (by national standards), is going to be met with issues of diminishing skills-set, and justification to remain on the poorly subsided on-call roster .

We need to sort out this operational matter with utmost urgency, given that very little happens come Dec/Jan.

A buffer might be to strike an arrangement for the new incumbents with NCPH or Calvary angio, as mooted previously.

Perhaps a meeting should be arranged ASAP.

Regards
Shivendra

From: Laloo, Shivendra (Health)
Sent: Thursday 15 March 2018 21:26
To: Bone, Chris (Health); Duggan, Mark (Health)
Cc: Berry, Stuart (Health); Fletcher, Jeffery (Health)
Subject: RE: [SEC=UNCLASSIFIED]

Dear All,

I believe there is an underutilised hybrid suite, at Calvary Hospital. If this is the case, then new vascular surgery appointees should perhaps be able to access angio time to treat their patients at this ACT Health facility, without the staff-specialists currently employed at TCH having to give-up even more of their ever diminishing angio time. There maybe issues pertaining to enforced change in practise without adequate prior consultation, skills maintenance and credentialing etc. etc. , and the last thing anyone wants is for the union and fair work to get involved. IRs should be having 1.5-2days/week depending on the breadth of their individual skills.

The promise of a third suite at TCH is a long way off, and word has it that there will be another vascular surgeon appointed before the year is out ? Add 24/7 stroke to the mix and the wheels will start to fall off.

Regards
Shivendra

From: Fletcher, Jeffery (Health)
Sent: Friday 16 February 2018 02:33
To: Laloo, Shivendra (Health); Bone, Chris (Health); Duggan, Mark (Health)
Cc: Berry, Stuart (Health)
Subject: RE: [SEC=UNCLASSIFIED]

I will talk to Chris with an overarching view of the system and interrelationships
Cheers
Jeff

From: Laloo, Shivendra (Health)
Sent: Thursday, 15 February 2018 5:07 AM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>
Subject: RE: [SEC=UNCLASSIFIED]

Dear Chris,

At least for our part, MI are lead to believe that the new vascular colleague (locum or otherwise) will be seeking access to the angio suite as an operator. Either way absolute clarification will be most valued. I thought that Jeff's involvement was necessary, as there will be an impact on the various specialists maintaining skills, credentialing etc.

Regards
Shivendra

From: Berry, Stuart (Health)
Sent: Thursday 15 February 2018 20:25
To: Bone, Chris (Health); Duggan, Mark (Health); Lalloo, Shivendra (Health)
Cc: Fletcher, Jeffery (Health); Berry, Stuart (Health)
Subject: RE: [SEC=UNCLASSIFIED]

Hi

Shiv and I have talked on this today and earlier in the year. The issues identified need to be clarified with a written result for reference.

Kind regards
Stuart

From: Bone, Chris (Health)
Sent: Thursday, 15 February 2018 2:50 PM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>
Subject: RE: [SEC=UNCLASSIFIED]

I am not sure Jeff needs to be involved as it is an operational issue not a professional or a credentialing issue.

We have not gone to the market to advertise for a position so a meeting with Brian Ashman and Daniel would be the first approach and maybe with our current vascular surgeon.

I have discussed the IR requirements with them in the past and again today just to keep it foremost in their minds.

With our current resources all parties need to be very clear on the facilities and human resource limitations and the expectations of each of the craft groups in relation to each person expected scope of practice within the confines of the resources.

I would not be expecting in the immediate future for there to be any change in access to the IR Suite sessions.

Cheers
Chris

From: Duggan, Mark (Health)
Sent: Thursday, 15 February 2018 8:18 AM
To: Lalloo, Shivendra (Health) <Shivendra.Lalloo@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject: RE: [SEC=UNCLASSIFIED]

Dear Shiv,

Thank you for the email setting out concerns and thoughts.

I would like to set up a meeting with the key stakeholders for this discussion to take place so that these matters can be worked through. Jeff is away until the week after next and will discuss setting this meeting up on his return.

Kind Regards,

Mark.

Mark Duggan
Director Medical Imaging
Mobile: [REDACTED]

From: Lalloo, Shivendra (Health)
Sent: Wednesday, 14 February 2018 7:09 PM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Cc: Berry, Stuart (Health) <Stuart.Berry@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>
Subject:

Dear Mark,

The need for direct engagement with IR , ahead of any new vascular surgical appointment was highlighted in November last year. Matters have snowballed since and we now find ourselves having to expedite a workable plan.

1. The next 6 months of working two suites with increased pressure on the full spectrum of services provided by the MI angio suite , simultaneously accomodating the new vascular surgical (NVS) appointee
 - a. Estimating the degree of 'migration' of SB's work from IR to NVS in the suite, and planning for this.
 - b. IR should have knowledge of/input into any NVS contractual concession with respect to MI angio suite access. At present IR believe

- that one session (half day) fortnightly is a limit to what can be accommodated.
- c. Making provision for the (unlikely but must be discussed) scenario whereby the NVS works at a very different rate and level of ability with respect to the full range of vascular cases.
 - d. In the case of the above, determining where the responsibility lies, in getting the NVS up to speed. Is it solely with VS ? – eg. if necessary initially doubling up two surgeons on WN's time in the suite.
 - e. All operators in the MI angio suite submit to regular M/M audit
 - f. Expectation that NVS be able to cancel elective/non-urgent procedures in favour of green cases, with the same degree of flexibility as currently practised by IR of the day
 - g. Elective EVARs be performed in usual angio session, instead of other routine case, given that GA is now routinely available. IR question the need for the theatre entourage to be present in the angio suite. Preferred anaesthetist could potentially be co-ordinated, as these are booked cases.
 - h. Expectation that NVS reciprocate after hours by performing urgent peripheral vascular interventions (when on VS call). IR will continue to do the after hours vascular cases when DH is on call.
2. In the subsequent 1-2 years during which two new VS appointees will occupy fixed positions , smooth operation will be untenable without an adequately staffed third angio suite in MI (incl. additional tech, angio nurses and double rostering of IRs).

- a. Print out a proposed roster for IRs, PM, WN, and the two new Vascular appointees using a 3 suite model.
 - b. Estimate the degree of continued 'migration' of vascular work from IR, plus the expansion of VS work by both new appointees from IR to VS in the suite, and planning for this.
 - c. A formal estimation and plan for increasing interventional oncology (ablation, TACE, SIRTEX etc); Portacath insertion, Prostate embolization and bariatric embolization.
3. A five-year plan which incorporates a possible step-down of Prof. Hardman with a third NVS appointee.
 - a. Print out a proposed roster for IRs, PM, WN, and the three NVS appointees using a 3 suite model.

Mark, I am happy to explain further any of these points of recommendation. I have NOT assumed that VS have no intention to shift there angio work elsewhere e.g. theatres.

The IR group has a wealth of experience, remain committed to working in a collegial environment, and maybe called upon for opinion/assistance as needed.

Regards
Shivendra