Health Care Consumers' Association Inc
100 Maitland Street, Hackett ACT 2602
Phone: 02 6230 7800
Fax: 02 6230 7833
Email: adminofficer@hcca.org.au
ABN: 59698548902

HCCA Feedback on the 'When Death Occurs' Policy and Standard Operating Procedures

Submitted 13 June 2013

Contact: Darlene Cox
Executive Director
darlenecox@hcca.org.au
02 6230 7800

HCCA Feedback on the 'When Death Occurs' Policy and Standard Operating Procedures

Background

The **Health Care Consumers' Association (HCCA) of the ACT** was incorporated in 1978 and exists to provide a voice for consumers on local health issues. We now provide opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

Introduction

HCCA welcomes the opportunity to provide feedback on the 'When Death Occurs' Policy and associated Standard Operating Procedures (SOPs):

- SOP: When Death Occurs;
- SOP: When Death Occurs – Ritual Washing; and
- SOP: When Death Occurs – Coronial Matters

We welcome the efforts the Quality and Safety Unit to create more streamlined SOPs relating to the care of the deceased and the emphasis placed on providing respectful care for the deceased and their family. The death of a loved one is understandably a highly distressing event, making it essential that ACT Health staff do all that is necessary to support the family and ensure that the process of transferring the body runs as smoothly as possible.

Our comments below are based on consultation with consumers who have had experiences relevant to this policy as well as our own research.

In this instance, we believe it would be appropriate to refer to 'patients' instead of 'consumers'. This policy specifically relates to consumers who are currently under the care of ACT Health staff, and so are considered to be patients. Consumer is a general term we use to refer to all individuals who access health services across their life span.

The 'Deceased Persons Checklist' is referred to in each of the documents, and will be very important for determining the correct course of action when a death occurs. We suggest that this be included in an appendix at the back of each of the SOPs and the policy document.

Policy

Policy Statement

The term 'consideration' in the second sentence is too vague. ACT Health staff need to ensure that cultural and religious preferences after death are respected unless there is a good reason for why this cannot occur.

We are surprised that this policy states that DonateLife ACT need to be contacted after death. Surely DonateLife would need to be notified prior to death occurring whenever possible for the organ donation process to be effective? This might fit better within an end of life care policy.

Purpose

This statement could be amended to include something along the lines of 'to provide respectful, quality care to the deceased and their family'.

Roles and Responsibilities

It is unclear who is responsible for liaising with Mortuary staff. Often it is the transition between different staff areas that causes the most problems. Clear role delineation and effective communication are essential. Section 9 of the When Death Occurs SOP indicates that this may be the responsibility of the unit nurse.

Medical Officers cannot complete the Cause of Death form if the Office of the Coroner is involved. This is clearly explained in the SOPs, but it should also be included in this section.

Evaluation

We suggest that the outcome measure could be reworded to read "all deaths *are* managed…" to be clear that this is the standard against which performance will be measured.

'Ongoing liaison with the Office of the Coroner as required' is quite vague. It would be good to replace this point with the one used in the SOP for Coronial Matters. This is a better indicator of how this will actually contribute to the evaluation process.

SOP: When Death Occurs

Scope

This SOP also includes information about the transfer of the deceased to the Mortuary, safe handling of deceased persons diagnosed with infectious diseases or receiving treatment with radioactive substances. We would like to see this information included in the scope, along with reference to the care of the deceased and their family. These are important aspects of the SOP, all of which should also be emphasised in the scope..

Procedure

In **section 2**, it needs to be explicitly stated that if there *is* a Medical Officer in attendance when a death occurs, it is their responsibility to pronounce death.

When notifying the next of kin, staff must ask whether they would like to view the body. If they do wish to view the body, it is important that they are aware when the

body is scheduled to be moved to the mortuary so that they can make the necessary travel arrangements. This needs to be included in **Section 5**.

Section 6 states that the "MO should give consideration to completing a Certificate of Medical Attendant Form". This language is vague and confusing. We suggest the paragraph could begin "If the family wishes for the body of the deceased to be cremated, the MO will need to complete and sign a Certificate of Medical Attendant form…". We understand that this may depend of whether the death is considered to be a coronial matter.

At the end of **section 7**, clarification is required as to whether deaths in 'community settings' refers only to patients who were currently receiving care or anyone on the Community (ACC) Nursing List. For instance, would renal patients receiving care at home fall within the scope of this SOP if they died in their homes when a community nurse was not present?

Section 10 describes special circumstances such as when the deceased had an infectious disease or had been undergoing radioactive treatment. It may be worth flagging these circumstances in **Section 8** (care of the deceased and their family) so that staff are aware that they may also determine whether cultural and religious preferences can be respected.

Section 10 a) states that staff must contact the ACT ambulance if they believe there are any signs of life. We support this procedure, but note that it contradicts the instructions in the Coronial Matters SOP. Immediately after death, a staff member may not be able to ascertain whether the death needs to be a coronial matter. It needs to be made clear in both SOPs that the staff member should contact the ACT Ambulance if there are any signs of life, even if they suspect the death may be a coronial matter.

It is unclear why expected deaths are only mentioned with regard to community settings. 500 people die in ACT hospitals every year, and many of these deaths would be expected.

At the end of **Section 10 e)**, staff in community settings are simply advised to ask the family if they know about any precautions to be taken regarding possible radiation. This does not seem stringent enough, particularly in comparison with the guidelines for acute care settings. To ensure the safety of all staff and consumers, we strongly recommend that the staff consult directly with the treating MPE to determine whether radiation levels may pose a risk to those coming into contact with the deceased.

We are pleased to see the Flowchart that has been included in **Attachment B**. This will be very useful for front line staff and clearly conveys the procedure to be followed. For the steps taken if the death is considered a coronial matter, it would be good to include 'the MO informs the next of kin that the deceased is being referred to the Office of the Coroner and what this will mean'.

SOP: When Death Occurs – Coronial Matters

Purpose

The second paragraph in this section could be made clearer. It is important to convey that the ACT Health MO must *always* complete the Deceased Person's Checklist and that if the answer is 'yes' to *any* of the five questions, a referral must be made to the Office of the Coroner.

Scope

The way the scope is presented makes it appear as though this SOP primarily applies to staff working within correctional facilities. We suggest providing more detail on what it means to be 'caring for a consumer', e.g. in both acute and community health care settings. The SOP is particularly relevant for those staff, as it will be their *responsibility to make a referral to the Office of the Coroner.*

Procedure

We are unsure why **Section 1** has been included in this SOP, as surely DonateLife ACT will not have access to bodies that have been referred to the Coroner. Even if it is necessary to notify DonateLife of every death, the information about filling out forms to facilitate organ donation is irrelevant.

When notifying the next of kin that the death has been referred to the Office of the Coroner, it will also be important to explain that ritual washing procedures will not be able to take place and why this needs to be the case. This may be distressing to some families, so it will be essential that all communication is conducted in a sensitive manner (as it says in the SOP). This could be included in either **Section 2** or **Section 5**.

The note at the end of **Section 7** needs to explain that 'this information' refers to information requested by ACT Policing.

We welcome the inclusion of **Section 8**. Release of information to the public. HCCA has long advocated for increased public reporting as consumers have a right to know what is happening in their health system.

SOP: When Death Occurs – Ritual Washing

Scope

Based on the information contained in the Policy and other SOPs, it seems as though this policy should also exclude deceased persons who had an infectious disease listed in List B and possibly some deceased persons who had recently been undergoing treatment with radioactive substances.

We note that this SOP is only applicable to deaths occurring at the Canberra Hospital. This is not the impression given in the other SOPs, so it is important to clarify this. It could be explained that for deaths occurring in other health and community settings, ritual washing procedures will need to be organised by a funeral director or the family.

Procedure

The first paragraph refers to burial occurring the day after death. We assume this is meant to refer to the rituals conducted prior to burial.

References

It might be useful to look at some other resources to ensure that this SOP will meet the needs of consumers of all religions. This type of information would also be useful to front line staff, as it may facilitate better communication following death.

We are happy to discuss our submission with you further,

Darlene Cox

Executive Director