Bereavement administration

Author(s): Hywel Roberts
Internal reviewer: Caroline Burford
External reviewer:
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All patients who die on critical care require the following paperwork to be completed in a timely fashion:

1. **Death certificate (MCCD)** or **Electronic coroners' referal**
2. **Hospital "level 1" mortality form**

Some patients may also require a **Cremation Form.**

**** Patients who die with Covid19 must also have the electronic notification form on the patient's Welsh Clinical Portal record completed so that PHW can add the death to the daily figures ****

For expedited (religious) burials please discuss with the duty consultant immediately after the patient has died. All practical efforts must be made to facilitate these often deeply held religious beliefs. Our responsibility is to liase with the next of kin and issue them with the required death certificate as soon as possible after death. Funeral directors undertaking expedited burials have their own arrangements to "register" such deaths and we are unable to help with this. Issuing expedited paperwork requires some extra "out of hours" work on our part but such should be achievable even on the weekend as long as a coroners referral or cremation form is not needed. Repatriation of a body abroad is also not be achievable over the weekend as this would require the support of the beravement office and the Mortuary.

Keeping track and ensuring that all paperwork is done in a timely fashion is a challenge and requires an organised standard approach – outlined below:

1. The patient's death must be **verified** and the time recorded. (see separate death Verification SOP)
2. **Immediately following death a sticker and addressograph must be placed on the appropriate page of the desk diary** in the trainee's office. This sticker will form the "checklist" to make sure that everything has been completed. If you notice that the supply of stickers is running low please ask Gaynor or Laura to print out more.
3. Immediately following death the patient's **medical notes must all be placed in the large clear box in the trainee's office. The trainee or ACCP verifying death must bring these notes out of the unit with appropriate infection control measures (careful hand hygeine while handling notes from "red " IP&C areas for 72 hours).**
4. Trainees **must discuss with the appropriate consultant** before the end of their shift about whether the patient requires a **death certificate (formally known as the Medical Certification of the Causes of Death – MCCD) or a coroner's referal**.

Best practice is to discuss this at the time palliative care is initated for any patient. At the latest this discussion must take place at the end of shift handover. **Wherever possible the required paperwork should be completed by the team on duty when the patient died.** This is especially important for patients who are admitted and die very soon afterwards as the staff on the next shift may not have seen them. Completing all paperwork while still "on shift" greatly reduces the likelyhood of being called at home about problems.

5. **Death certificates** (the MCCD) can be issued once the wording has been agreed with a consultant. The forms are in the big orange books in the trainee's office. Tear off and place the completed form in the patient's notes, making sure to complete the "counter stub". Death certificates can usually only be issued by a doctor who saw the patient alive during the last 14 days of their life. (Note: This requirment was changed temporarily by the provisions of the Coronavirus ACT in April 2020 – see Coroners Referral SOP or https://gov.wales/sites/default/files/publications/2020-04/coronavirus-act--excess-death-provisions-information-and-guidance-for-medical-practitioners_0.pdf). If you notice the orange book is getting close to empty please give the cardboard "tear off" to one of the admin staff so they can order a replacement before the old one runs out.
6. **Coroner's referal** – referrals to the coroner are completed electronically and should be emailed from the CC trainee's generic email account. Indications for and further information on how to do this are covered in the separate SOP for Coroner's referals. The medical notes for patients referred to the coroner should be kept in the trainees' office until a decision is received. This is so that a death certificate can be issued immediately if that is the coroner's decision.
7. **Complete a UHB "level 1" mortality form**. This is a paper form and blank copies are kept in the orange envelope in the trainee's office. Once completed place it in the medical notes.
8. **Only complete a cremation form if requested**. These are time consuming and must be completed by someone who has seen the patient - ideally the person who verified the death and issued the death certificate . You should receive a cheque in the internal mail for this work. You will also need to discuss the case with the pathologist who is issuing the second part. They will ask you for another doctor who can corroborate your account. Please be certain that you have checked for the prescence of pacemakers, ICDs or other implants. You do not need to remove them yourself but you MUST make sure that the mortuary know about them. Since Covid it is no longer reuired to see the body after death (mortuary visiting has ceased).
9. **Make sure that you "tick" everything that has been done on the sticker in the diary and "strike through" the whole thing when everything is completed**.
10. **When all is completed please hand the notes, with the enclosed paperwork, to one of the admin staff or the receptionist on C3 link ITU to check and take to the Beravement office**. Incomplete paperwork (e.g. missing stage form) will be returned to the doctor. "Out of hours" please leave the notes in the big clear box for the next day's daily nominated trainee to check / send.
11. **Role of the "Daily Beravement Coordinator".** Each "working day" one trainee (CT1 or more senior) should have a "star" next to their name on the whiteboard rota. Please note that ACCPs are not allowed to undertake this role by law. The beravement coordinator's role is to "troubleshoot" any problems with beravement paperwork. This takes priority over all clinical duties except life-threatening emergencies. They should:
    a. **Check the diary / box and see what has been completed and what is outstanding**

b. **Check the trainee's generic email account for any actions and to make sure that all recent coroners referrals have been sent. This should be done at the begining, middle and end of each working day.**
c. **Liase with appropriate colleagues regarding uncompleted paperwork or problems.**
d. **Give any completed notes and paperwork to the C3 link receptionist or admin staff as soon as they are dealt with**
e. **Be available for any problems from admin staff, coroner, police or beravement office**
f. **Escalate any problems to the duty consultants in a timely fashion**
g. **Identify cases for CC M&M**
h. **Bring any problems to the 1pm "Spotlight" MDT round for discussion**
i. **Liase with speciality teams when complex diagnoses or medico-legal issues are involved.** It is often appropriate to "hand over" the management of such cases to the speciality "parent" team. (e.g. haematology are very keen to complete the paperwork for their patients with haematological malignancy). Oversight of the "parent" teams should be maintained to ensure that they have completed all of the required paperwork in a timely fashion. The notes should be retained on critical care until all is completed.

Auditable standards:

1. **% of deaths registered within 5 calendar days –** target 100% - legal requirement
2. **% of deaths that require coroners referal that are referred** – target 100% - legal requirement
3. **% of deaths that have had a death certificate or coroners referal completed by 1pm on the next working day** – target 100% - unit standard
4. **% of CC patients who have had a "level 1" mortality form completed –** target 100% - Health Board standard