Healthcare Improvement Scotland | DCRS Death Certification Review Service

NES Bereavement Conference 2021

Hopin Event Wednesday 24 November 2021

NHS SCOTLAND

Healthcare Improvement Scotland | DCRS Death Certification Review Service

DCRS WORKSHOP

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NHS SCOTLAND

Introduction

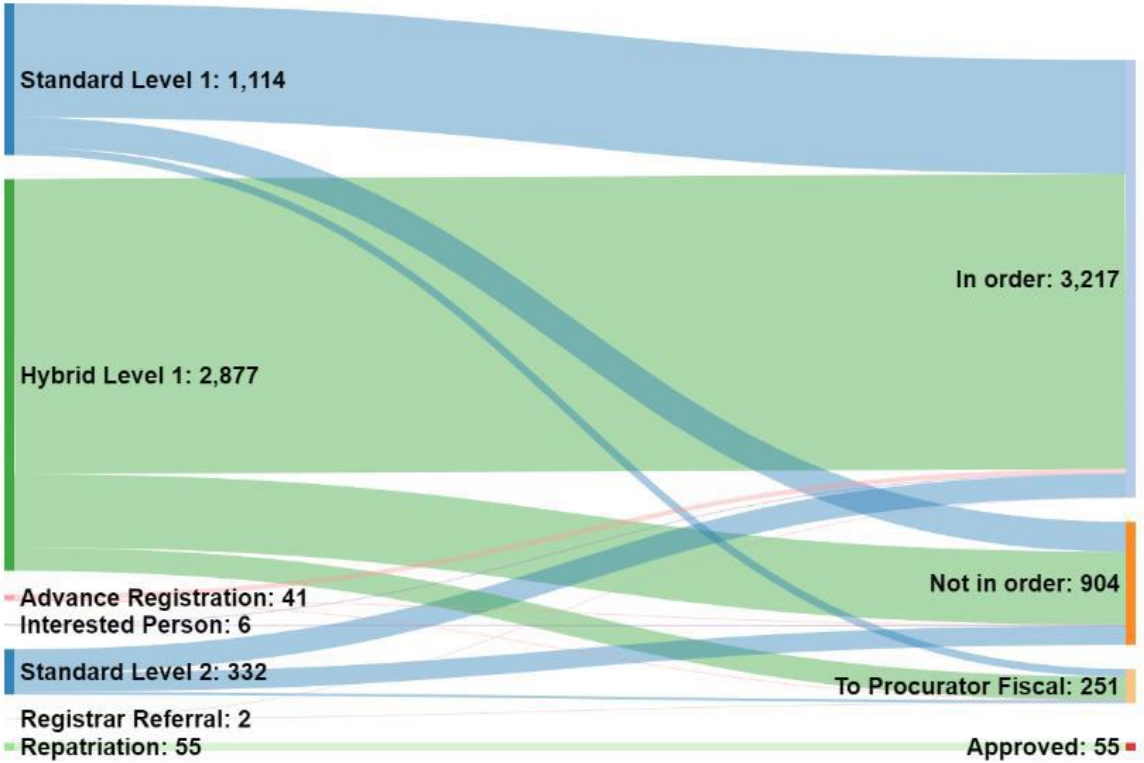
Arrangements for death certification and registration in Scotland changed in 2015.

One of the main changes was the establishment of the Death Certification Review Service which is part of Healthcare Improvement Scotland. The review service checks on the accuracy of a sample of Medical Certificates of Cause of Death (MCCDs). An MCCD is the form a doctor completes when someone has died.

The aims of the Death Certification Review Service are to improve:

- the quality and accuracy of MCCDs
- public health information about causes of death in Scotland, and
- clinical governance in relation to death certification.

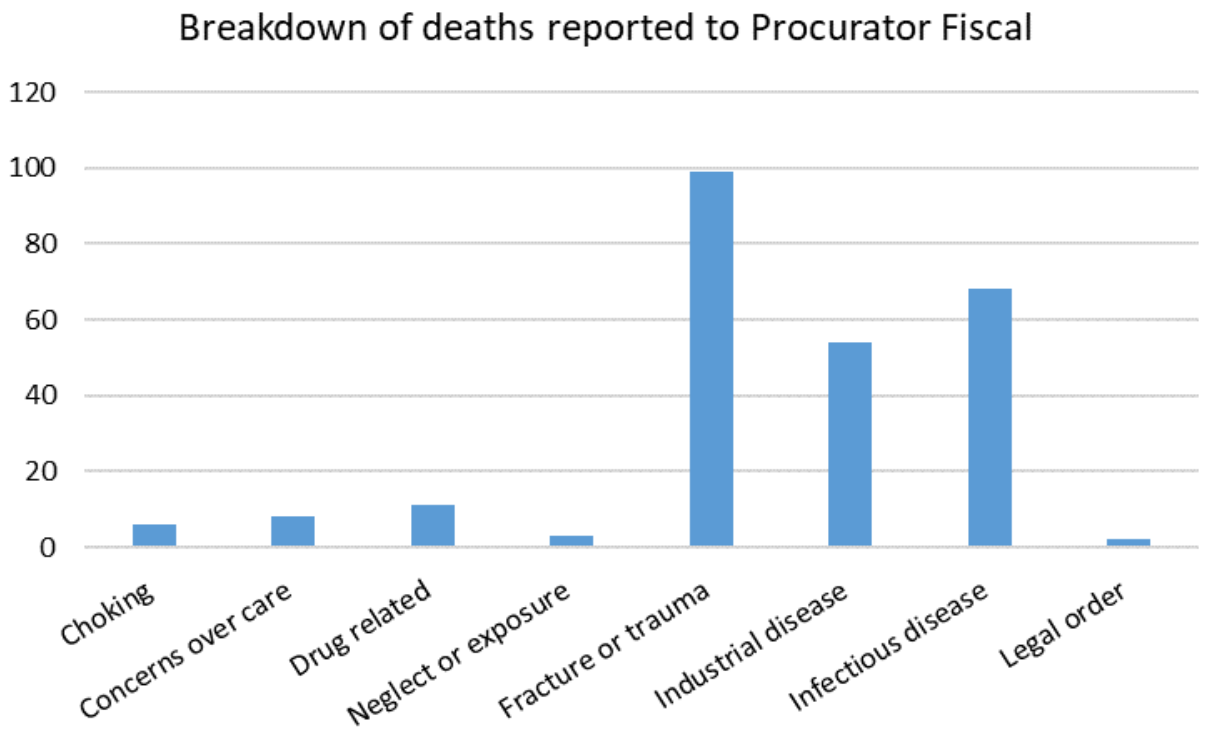

Standard Level 1: 4,444
Standard Level 2: 1,016
Repatriation: 170
Advance Registration: 152
Interested Person: 5
Registrar Referral: 6
In order: 4,289
Not in order: 1,354
To Procurator Fiscal: 150

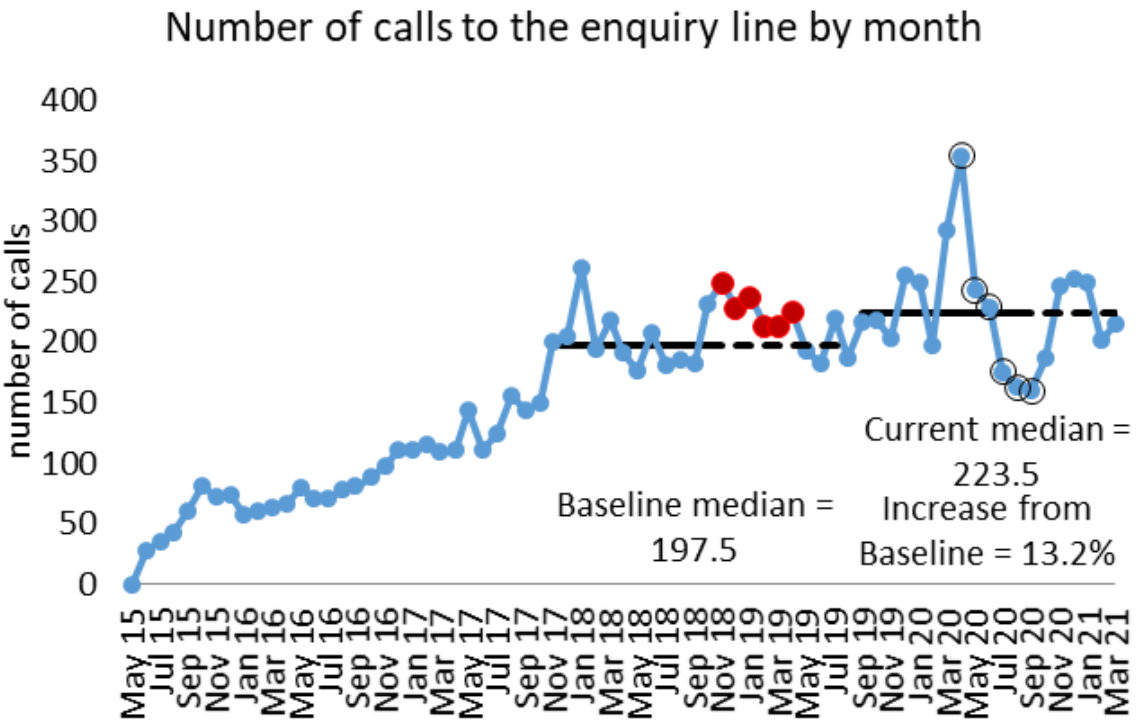

Standard Level 1: 1,114
Hybrid Level 1: 2,877
Advance Registration: 41
Interested Person: 6
Standard Level 2: 332
Registrar Referral: 2
Repatriation: 55
In order: 3,217
Not in order: 904
To Procurator Fiscal: 251
Approved: 55

Top Tips for Doctors

1	If the doctor consider the death to be natural and can determine the cause to the best of their knowledge and belief then they can issue the MCCD.
2	Common causes of sudden death include, but are not limited to, myocardial infarction, pulmonary embolus and stroke.
3	It is permitted to use qualifiers such as 'presumed' or 'probable' in relation to the cause of death.
4	Time of death is: time of last breath if witnessed, or estimated time to the best of that doctor's knowledge and belief if unwitnessed.
5	Cause of death must make sense medically and chronologically. If more than one line, then what is entered on a lower line must have led to the condition in the line above. Intervals likewise should be sequential.
6	A stroke should be given as ischaemic or haemorrhagic and if known, give the anatomical area and side affected.
7	Cancer histology, sites and infectious organisms should be entered. Consider any hazard and risk to public health and decide whether a report to the Procurator Fiscal is necessary.
8	If smoking, alcohol or obesity have significantly contributed to the death e.g. associated with cancer or cirrhosis then they should be included. Use "Previous smoker" rather than "ex-smoker" for clarity and discuss this inclusion with the family to avoid any undue distress.
9	If Covid-19 disease is suspected despite a negative swab, the use of a qualifier is acceptable. The MCCD should be completed to the best of your knowledge and belief.
10	If the disease did not contribute to the death then do not include in the MCCD.

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/dcrs_annual_report_2020-2021.aspx


Breakdown of deaths reported to Procurator Fiscal
120
100
80
60
40
20
0
Choking
Concerns over care
Drug related
Neglect or exposure
Fracture or trauma
Industrial disease
Infectious disease
Legal order


Number of calls to the enquiry line by month
number of calls
400
350
300
250
200
150
100
50
0
Baseline median = 197.5
Current median = 223.5
Increase from Baseline = 13.2%
May 15
Jul 15
Sep 15
Nov 15
Jan 16
Mar 16
May 16
Jul 16
Sep 16
Nov 16
Jan 17
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Mar 21

Advice line

Title	Advice
Date & Time	15/04/2019 11:35
Caller Details	
Telephone Number	01506222222
NHS Board	NHS Forth Valley
Method	Telephone
CHI number	0101341336
Enquiry Description	Would like to discuss cause of death; 85 yr old found in house; nil suspicious. PMH COPD, HTN, Smoker
Category	GP Clinical Advice
Outcome	agreed 1a prob MI Part 2 smoking; HTN; COPD
PF Involvement	Advised does not need to be reported to PF
Advice provided by	Medical Reviewer
Status	Closed

Enquiry Line

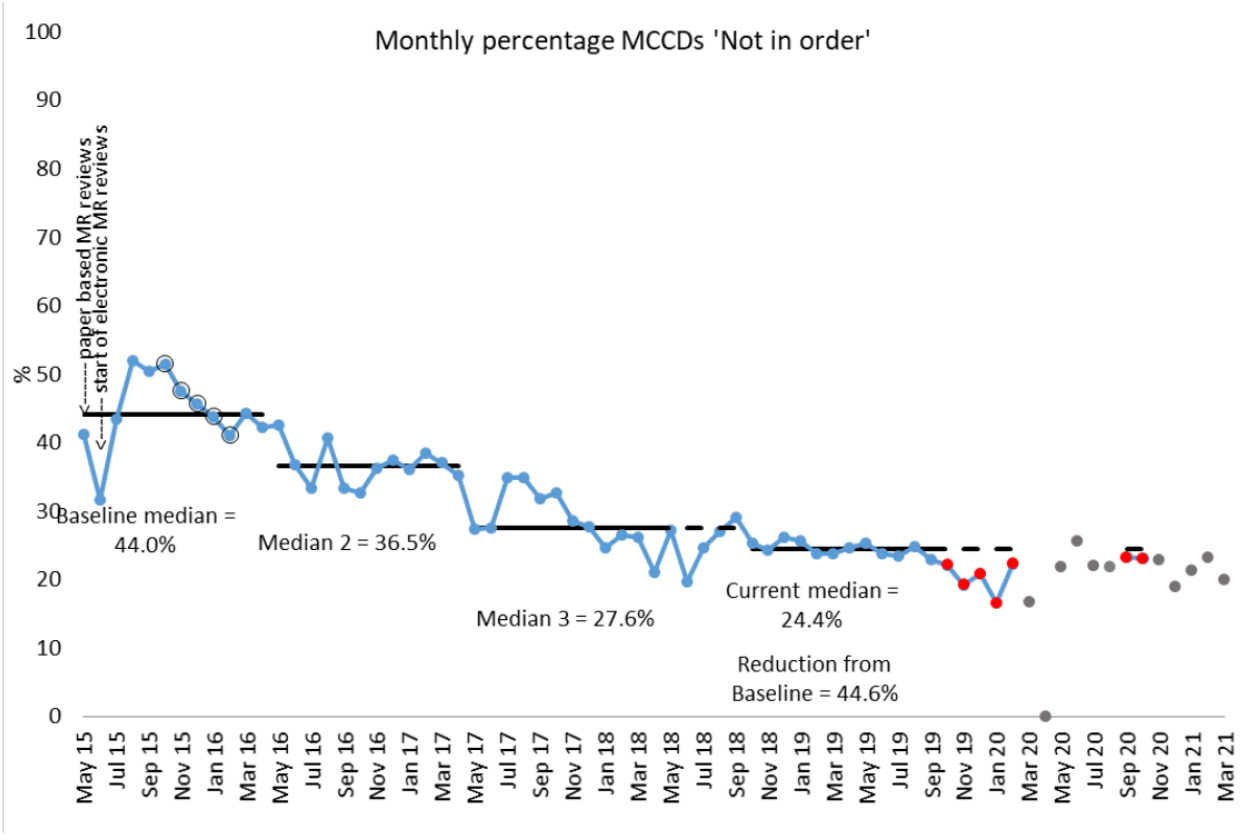
In September 2020, the service carried our a survey seeking feedback from callers to the service. Of the 66 respondents;

- 97% found the service to be helpful
- 82% were from GP practices/Community settings
- 71% had received advice on how to represent a death on the MCCD
- 95% found it easy to get through to the service

Gathering views on the death certification review process

The feedback from our ‘gathering views’ survey highlighted:

- 84% of respondents felt there was no impact on funeral arrangements
- 85% understood the changes that were made to the MCCD
- 60% felt the review process had been a positive experience, and
- 24% felt it was a negative experience, with 40% of those feeling this saying they had not been given any information on the review process


Monthly percentage MCCDs 'Not in order'
%
100
90
80
70
60
50
40
30
20
10
0
<------ paper based MR reviews
<------ start of electronic MR reviews
Baseline median = 44.0%
Median 2 = 36.5%
Median 3 = 27.6%
Current median = 24.4%
Reduction from Baseline = 44.6%
May 15
Jul 15
Sep 15
Nov 15
Jan 16
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Death Certification Review Service

Guidance for doctors completing MCCD for confirmed or suspected cases of COVID-19 in Scotland

- The preferred terminology is: COVID-19 Disease
- If the disease is suspected but not confirmed, you may write: Presumed COVID-19 disease
- Put any co-morbidities that have contributed to the death in Part 2 of the MCCD
- Tick YES to the DH1 hazard box, as COVID-19 is a notifiable disease
- There is a suspension on the requirement to report COVID-19 deaths to the Procurator Fiscal. Thus, deaths from COVID-19 do **NOT** currently need to be reported to the Procurator Fiscal (unless there would be another reason for reporting the death to the Procurator Fiscal based on their guidelines).
- This requirement to report for another reason includes any death due to COVID-19 or presumed COVID-19 in the following situations:

  (a) where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted, or

  (b) where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation. Whilst not exhaustive, this may include deaths of care home workers, frontline NHS staff, emergency services personnel and public transport workers
- Tick the extra information box if you have outstanding results (for example, virology) which may change the MCCD at a later date. Otherwise, leave this box blank

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/covid-19_useful_information.aspx

CROWN OFFICE
& PROCURATOR
FISCAL SERVICE
SCOTLAND'S PROSECUTION SERVICE

SARAH MOBSBY
PROCURATOR FISCAL DEPUTE
SCOTTISH FATALITIES INVESTIGATION UNIT

REPORTING DEATHS TO THE PROCURATOR FISCAL

WHAT IS THE ROLE OF THE PROCURATOR FISCAL ?

- Public prosecutor in Scotland
- Investigates, prosecutes and disrupts crime, including seizing the proceeds of crime
- Also Investigates sudden, unexpected, suspicious, accidental and unexplained deaths and deaths giving rise to public anxiety occurring in Scotland

- SFIU is the specialist unit within Crown Office and Procurator Fiscal Service ('COPFS') who has responsibility for receiving reports of all deaths which must be reported

- Guidance for doctors on reporting deaths to the PF can be found in the following document which can be found on the COPFS website: **copfs.gov.uk** or **sad.scot.nhs.uk**

"*Reporting deaths to the Procurator Fiscal: Information and guidance for medical Practitioners 2015*"

DEATHS THAT SHOULD BE REPORTED TO THE PROCURATOR FISCAL

UNNATURAL DEATHS (POLICE WILL USUALLY REPORT)

- Suspicious deaths
- Drug related deaths
- Deliberate self harm
- Death in custody
- Accidental deaths (including from falls)
- Accident in course of employment
- Deaths of children from overlaying or suffocation

NATURAL CAUSE DEATHS

DEATHS WHICH ARE DUE TO NATURAL CAUSES AND OCCUR IN CERTAIN CIRCUMSTANCES;

- Death due to natural causes where the cause of death cannot be established
- Deaths as a result of neglect/ fault
- Deaths due to industrial diseases
- Deaths due to a notifiable infectious disease
- Deaths of children – if circumstances fall into any of above but also if perinatal, SUDI, on child protection register or in care

NATURAL CAUSE DEATHS…… CONT'D

- Deaths where there is concern about care –
    - NOK concerns/complaint
    - Possible fault
    - Medical staff concern
    - Equipment failure
    - During an operation/procedure
    - Likelihood of an adverse event review
    - Where there are issues of public safety
    - Complaint made by NOK **after** issue of death certificate
    - Withdrawal of life sustaining treatment – PVS

NATURAL CAUSE DEATHS - CONTINUED

- Subject to compulsory treatment under mental health legislation
- Any other death where the circumstances surrounding the death may cause public anxiety

WHO SHOULD REPORT THE DEATH AND WHEN IT SHOULD BE REPORTED

- Doctor with the most detailed knowledge of the deceased should ideally report the death
- Death should be reported as soon as possible after occurrence **and before any steps are taken to issue a death certificate**
- During office hours – unless urgent… eg organ donation – contact on call PF via police

COMMON MISCONCEPTIONS

Where the death does not fall into any of the categories, it is **not** reportable just because one or more of the following applies:

- The death occurred within 24 hours of admission to hospital
- The deceased was terminally ill but died earlier than expected
- The deceased had a recent operation
- The deceased had not been seen by a GP for some time
- There is a lack of absolute certainty as to cause of death

ACTIONS WHICH THE PF MAY TAKE

- Accept the death certificate offered and take no further action
- Suggest discussion with death cert review team and come back to us
- Consent to hospital PM
- Request a police report
- Instruct a PF post mortem

POST MORTEM EXAMINATION

- PF decides on nature and extent of examination
- No requirement for next of kin consent
- Full post mortem examination
- External post mortem examination only – 'View and Grant'

Case Scenario

COVID-19 Death in longterm hospital care

Scenarios

Scenario 3 Mabel

Mabel was an 88 year-old lady who was an in-patient in a long term NHS care ward. She had advanced mixed Alzheimer's and vascular dementia. She required hoisting for all care. She developed a fever of 38.2 degrees centigrade and a mild cough. She was breathless with oxygen saturations on air of 88%.

Sadly, she deteriorated rapidly and died the next afternoon. There were three other proven COVID-19 cases in the ward. The COVID swab that was taken from her was accidentally mislaid.

A suggested sequence

1a	Suspected COVID-19 disease	2 days
Part 2	Mixed Alzheimer's and vascular dementia	5 years

Clinical Reasoning

In this case, the certifying doctor judges that COVID-19 was the most likely direct cause of death due to the clinical features and other cases in the ward. Without a swab to confirm the diagnosis, they use a qualifier (Suspected / Probable etc.) to convey that this is their best clinical judgement of the cause of death.

They judge that her dementia is a contributor to the death in Part 2.

Procurator Fiscal

As this is suspected case of nosocomial COVID-19 contracted as part of an outbreak in a ward, it is a cause for public anxiety and should be reported to the PF.*

DH1 Hazard

As an acute suspected case of COVID-19, the DH1 box should be ticked "yes".

*A case of nosocomial infection by itself is not a reason to report to the PF unless any of the additional categories in section 3 of the COPFS guidance to medical practitioners are present.

https://www.sad.scot.nhs.uk/covid-19/after-a-death-including-information-on-death-certification/

Case Scenario

Sudden death in the community

Situation

- You are a senior doctor in city practice
- Patient death over weekend
- Notified by OOH service
- Sudden death at home
- Can you complete MCCD?

- 90 year old female
- Lived alone
- Package of care. Carers 4x / day
- Found dead in bed by son 09:30, 30/9/2019
- SAS PLE
- Police attended and confirmed no suspicious circumstances

- PMH
  - Stroke 2000 and 2010
  - Atrial fibrillation – 6 years (on Rivarixaban)
  - Breast cancer 2004 (treated)
  - Osteoporosis – 12 years
  - Hearing impairment (cochlear implant)
  - Possible vascular dementia – 3 months (under investigation)

- What is TOD?
  - Best estimate based on information available to you
  - Time patient passed away NOT time of verification
  - 09:30, 30/9/2019

- Can I complete the MCCD?
  - Do you believe the death to be NATURAL?
  - Do you believe you can complete the MCCD TO THE BEST OF YOUR KNOWLEDGE AND BELIEF?

- What is the COD?
  - Sudden death (most likely)
    - Myocardial infarction
    - Pulmonary embolus
    - Stroke

- Do I need to report to PF?
- In this case
- Unnatural
  - Suspicious – no
  - Drug-related – possible if COD secondary to ICH on a black triangle drug (Rivaroxaban)
  - Accidental – found in bed so fall / trauma unlikely / take history from staff / relatives to confirm
  - Employment – n/a
  - Children overlay / suffocation – n/a
  - Suicide – n/a

- Natural
  - Any death due to natural causes where COD cannot be identified by medical practitioner to best of his / her knowledge and belief
  - In this case:
    - No imaging ie. CT / MRI
    - But
      - No Hx trauma / obvious injury / falls
      - PMH cerebrovascular infarctions and possible vascular dementia
      - Stroke secondary to infarction most likely
      - Do not report to PF
    - NB if in doubt discuss with DCRS / PF first

- Based on above information, what do you consider COD to be?
  - 1c. Presumed stroke – 1 day
  - 1b. Cerebrovascular disease – 19 years
  - Part 2.
  - Atrial fibrillation on anticoagulation – 6 years
    Possible vascular dementia – 3 months

- Any issues with completing the Hazards Box?
  - DH2 Yes
  - Cochlear implant – battery powered or pressurised implant

Keep in touch

www.healthcareimprovementscotland.org/deathcertification
his.dcrs@nhs.scot
0300 123 1898

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ANY QUESTIONS??