

Australasian College
for Emergency Medicine

Management of Mortality Case Summaries

Standard Operation Procedure SOP781

Document review

Timeframe for review: Every three years, or earlier if required.
Document authorisation: Council of Advocacy, Practice and Partnerships
Document implementation: Quality and Patient Safety Committee
Document maintenance: Department of Policy, Research and Partnerships

Revision history

Version	Date	Revisions
v1	Jul-01	Approved by Council of Advocacy, Practice and Partnerships
v2	Feb-23	Document maintenance to acknowledge Aotearoa New Zealand

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1. Purpose

Australian Coroners and the New Zealand Health and Disability Commissioner (HDC) regularly refer their findings to ACEM, including recommendations that aim to increase the safety of emergency department (ED) care by highlighting at-risk medical conditions and management practices. These recommendations should be considered by the Quality and Patient Safety Committee and disseminated as appropriate to inform ED clinical practice, systems issues, emergency management curriculum development, emergency physician training and ongoing professional development.

This document sets out the procedure for the review and summary of coronial and HDC findings and recommendations referred to ACEM to ensure that, where possible, these recommendations are adopted, including communicating coroners' and HDC's findings to College members.

2. Procedure

Coroners' and HDC's findings are received by the Office of CEO and President, and are referred to the Quality and Patient Safety Committee (QPS) for consideration in terms of recommendations specifically addressed to ACEM, as well other learnings that may be applicable to EDs and other hospital-based emergency care services and/or the practice of emergency medicine.

QPS will review the case findings and recommendations, provide directions for dissemination to relevant stakeholders and advise on correspondence back to the relevant coroner's office or the NZ HDC regarding ACEM's response.

2.1 Summary of coronial and HDC cases to be prepared

The QPS will coordinate and oversee the review of cases and the preparation of summary reports (Mortality Case Summaries), based on the following process:

- The Committee Administrator will forward correspondence and the coronial finding to the Chair of QPS.
- The Committee Administrator will call for a minimum of two reviewers, who are to be FACEMs or trainees, to prepare the summary.
- At least one of these reviewers should be a member of the QPS Committee, who will be responsible for overseeing the preparation of the case summary and presenting it to the Committee. The other reviewer should be a FACEM or trainee involved in the mortality case summary reference group.

2.2 Components of the case summary

The reviewers should consider the relevant finding and complete a summary to the following specifications (or other specifications as negotiated):

- Word limit of approximately 800 words
- The structure should follow the Mortality Case Summary Template (adapted from the Clinical Communiqués, available from <https://www.thecommuniques.com/> (noting that these Communiqués are much longer). The preferred heading structure is.
 - Theme
 - Clinical summary
 - Coroner / HDC's comments and recommendations
 - Discussion of Coroner / HDC's findings as it applies to emergency medicine
 - Learnings
 - Resources [optional]
 - Case reference details
 - Case summary author(s)
 - Date of case summary

[See Appendix 1](#)

In addition, professional titles / affiliations can be included as desired for each case summary author, and the date that the mortality case summary was endorsed by the ACEM QPS should appear at the end of the document.

A clear timeline will be provided to the reviewers for preparation of the summary in readiness for inclusion in papers of the next QPS Committee meeting. Note that the College is usually provided with a three-month timeframe for reporting back to the coroner on actions in response to ACEM-specific recommendations arising from a coronial inquest.

The Policy team in consultation with the Chair of QPS will identify additional information that may be required to support QPS to consider the case, the recommendations and proposed next steps, and ensure that this supplementary information is provided to QPS as part of the case summary process.

2.3 Review at QPS meeting

- The coronial / HDC finding will be listed as an agenda item for the QPS meeting.
- The case summary, coroner's / HDC's finding and related correspondence, and any additional information will be included in papers to the QPS.
- QPS will note the case summary, discuss the clinical details, review the findings and recommendations, formally make a decision to accept any recommendations or otherwise, agree on the plan for dissemination to stakeholders and advise on the content of correspondence back to the coroner / HDC where required. The QPS may elect to seek further advice or review from nominated experts prior to finalising the summary.

2.4 Correspondence to the coroner

- If a response by ACEM to the coroner or HDC is required, a member of the Policy team in liaison with the Chair of QPS will prepare the letter based on the agreed actions of the QPS.
- The Chair and President will co-sign the letter, which will be sent via the ACEM CEO's Office.

3. Dissemination of findings

The QPS will determine how recommendations and learnings from coroners' findings will be disseminated to ACEM members. Options include:

- Referral to ACEM's CPD Committee as suitable for CPD cases
- Referral to the Standards and Endorsement Committee to approve development or review of a policy, standard or guideline
- Referral to the Council of Education for inclusion in curriculum, training, the assessment program or online learning modules
- Summary promoted to general membership

3.1 Referral to Continuing Professional Development (CPD) Committee

QPS referral to the CPD Committee recommending inclusion in CPD activities will consist of the following steps:

- Correspondence from QPS Chair to CPD Committee Chair, outlining recommendations
- Return correspondence/decision from CPD Committee to be tabled at next QPS meeting for noting or actioning (as required)

3.2 Referral to the Standards and Endorsement Committee (SEC)

QPS referral to SEC with recommendation/s for clinical policies and standards (review of existing or development of new) will consist of the following steps:

- Correspondence from QPS Chair to SEC Chair, outlining recommendations and rationale, and including a suggested scope for the policy document

- Return correspondence/decision from SEC to be tabled at next QPS meeting for noting or actioning (as required)
- QPS to develop relevant policy document, if requested

3.3 Referral to the Council of Education (COE)

QPS referral to COE with recommendation/s for inclusion in curriculum, assessment or online learning modules will consist of the following steps:

- Correspondence from QPS Chair to COE Chair, outlining recommendations, including a suggested wording for addition to the curriculum and options for consideration, including development of exam questions and/or development of educational material or resources (as appropriate)
- Return correspondence/decision from COE to be tabled at next QPS meeting for noting or actioning (as required)
- QPS will refer the case to the Exams Committee for development of exam questions (Fellowship and Primary) if requested to by COE
- QPS will contribute to the development of educational material, online resources and/or write content for sample exam question/s if requested to by COE

3.4 Summary promoted to general membership

QPS will determine where summary reports and further supporting resources and information should be promoted to the membership via standard communication channels.

Following the recommendation of QPS, the Policy team will work with the Communications team to collate information and promote it to the general membership through appropriate channels as agreed. This may include via channels such as articles in the Your ED magazine, distribution via the General EM Resources page on the Educational Resources site, and inclusion in Faculty Bulletins.

4. Entry into Emergency Medicine Events Register (EMER)

QPS can recommend that cases be submitted into EMER for future analysis, and call for interested FACEM and trainee volunteers to:

- Determine the details from the case/s to be entered
- De-identify all case details as required; and
- Enter the case into EMER.

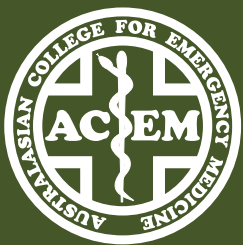
Education and Training will advise on provision of CPD points for this activity.

5. Mortality Case Summary Reference Group (MCS Ref Group)

The QPS will oversee a Mortality Case Summary Reference Group (MCS Ref Group) of ACEM Fellows and Trainees who have registered their interest in contributing to the work. The aim of the MCS Ref Group is to increase the participation, engagement, and dissemination of learnings from coroners' and HDC's cases, by ACEM members.

The process for involving the MCS Ref Group is as follows:

- The Chair of QPS (or other QPS member delegated by the Chair) will be responsible for the communications between QPS and the MCS Ref Group
- When the Committee Administrator calls for reviewers for a Mortality Case Summary, the request will be sent to the MCS Ref Group as well as QPS
- The delegated QPS member will liaise with the Committee Administrator to select the reviewers from the list of members available to contribute at that time
- As a general rule to avoid potential conflicts of interest, members should not review and summarise cases that involve their own health service /s



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