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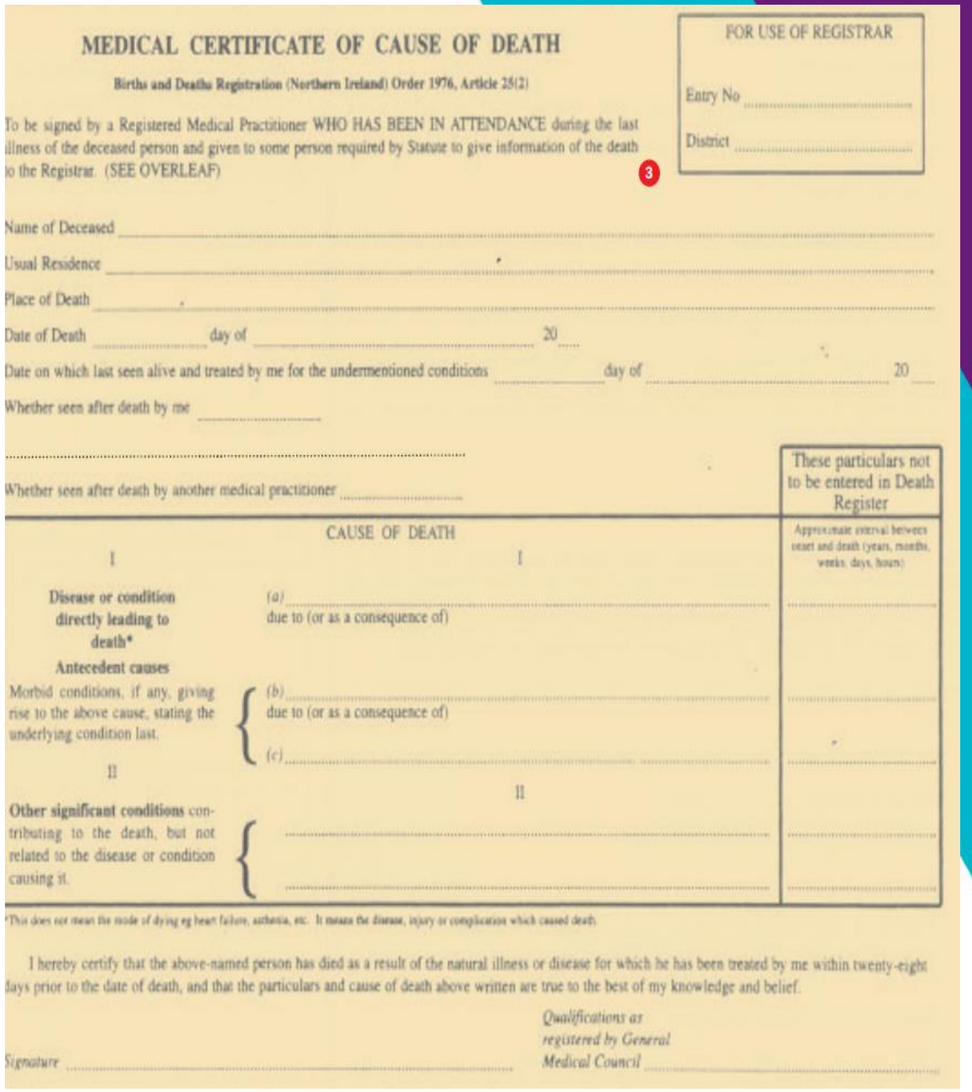
Compassion Through Efficiency: Streamlining End-of-Life Processes at the Mater Hospital

- **Tracey Ashfield** BHSCT Bereavement Coordinator
- **David Orrell** BHSCT Mortuary Manager
- **Danielle Reilly** BHSCT Anatomical Pathology Technician
- **Sr Catriona McEvoy** Ward Manager, Mater Hospital
- **Dr Michelle Craig** Medical Consultant, Mater Hospital
- **Michael McMillan**, BHSCT Deputy Bereavement Coordinator

Working together Excellence Openness & Honesty Compassion

Context

- Emails from Funeral Directors
- Stakeholder engagement event
- Problem across all Trusts in NI
- Trust wide complaints



MEDICAL CERTIFICATE OF CAUSE OF DEATH

Births and Deaths Registration (Northern Ireland) Order 1976, Article 25(2)

FOR USE OF REGISTRAR

Entry No .....

District .....

To be signed by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the last illness of the deceased person and given to some person required by Statute to give information of the death to the Registrar. (SEE OVERLEAF) 3

Name of Deceased .....

Usual Residence .....

Place of Death .....

Date of Death ..... day of ..... 20 ....

Date on which last seen alive and treated by me for the undermentioned conditions ..... day of ..... 20 ....

Whether seen after death by me .....

Whether seen after death by another medical practitioner .....

These particulars not to be entered in Death Register

CAUSE OF DEATH

I

Disease or condition directly leading to death*

(a) .....

due to (or as a consequence of)

Antecedent causes

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b) .....

due to (or as a consequence of)

(c) .....

II

Other significant conditions contributing to the death, but not related to the disease or condition causing it.

Approximate interval between onset and death (years, months, weeks, days, hours)

*This does not mean the mode of dying eg heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

I hereby certify that the above-named person has died as a result of the natural illness or disease for which he has been treated by me within twenty-eight days prior to the date of death, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature .....

Qualifications as registered by General Medical Council .....

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Trust Wide Formal Complaints

….it was **the following week before the certificate was issued** leading to a delay in funeral arrangements.

…….. failure to follow normal procedure for **forwarding death certificates to the GRO**.

A funeral director was concerned that **a death certificate had not been forwarded**.

A patient had died on Christmas Eve. This led to an **extended delay in completing and forwarding the death certificate.** The complainant was also upset at the **tone and attitude of the staff member** they spoke to when they called the ward - on several occasions - seeking the certificate.

….. the complainant's perception that there had been an **unreasonable delay in issuing a death certificate**

The family had queried **why a change had been made to the Death Certificate** of a patient.

The complaint was focussed on **the delayed issuing of a death certificate**.

…..delay in issuing a death certificate and **a bereaved family having to make some effort to obtain it**. An apology was offered for their experience.

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Medical Certificate of Cause of Death (MCCD) / Death Certificate

Verification of Life Extinct via Ward Doctor

Transfer of deceased to RVH Mortuary

Medical Certificate of Cause of Death (MCCD) issued via Computer System

MCCD downloaded from Computer System and emailed to General Register Office (GRO)

General Register Office (GRO) emails the MCCD to the appropriate local council registry office

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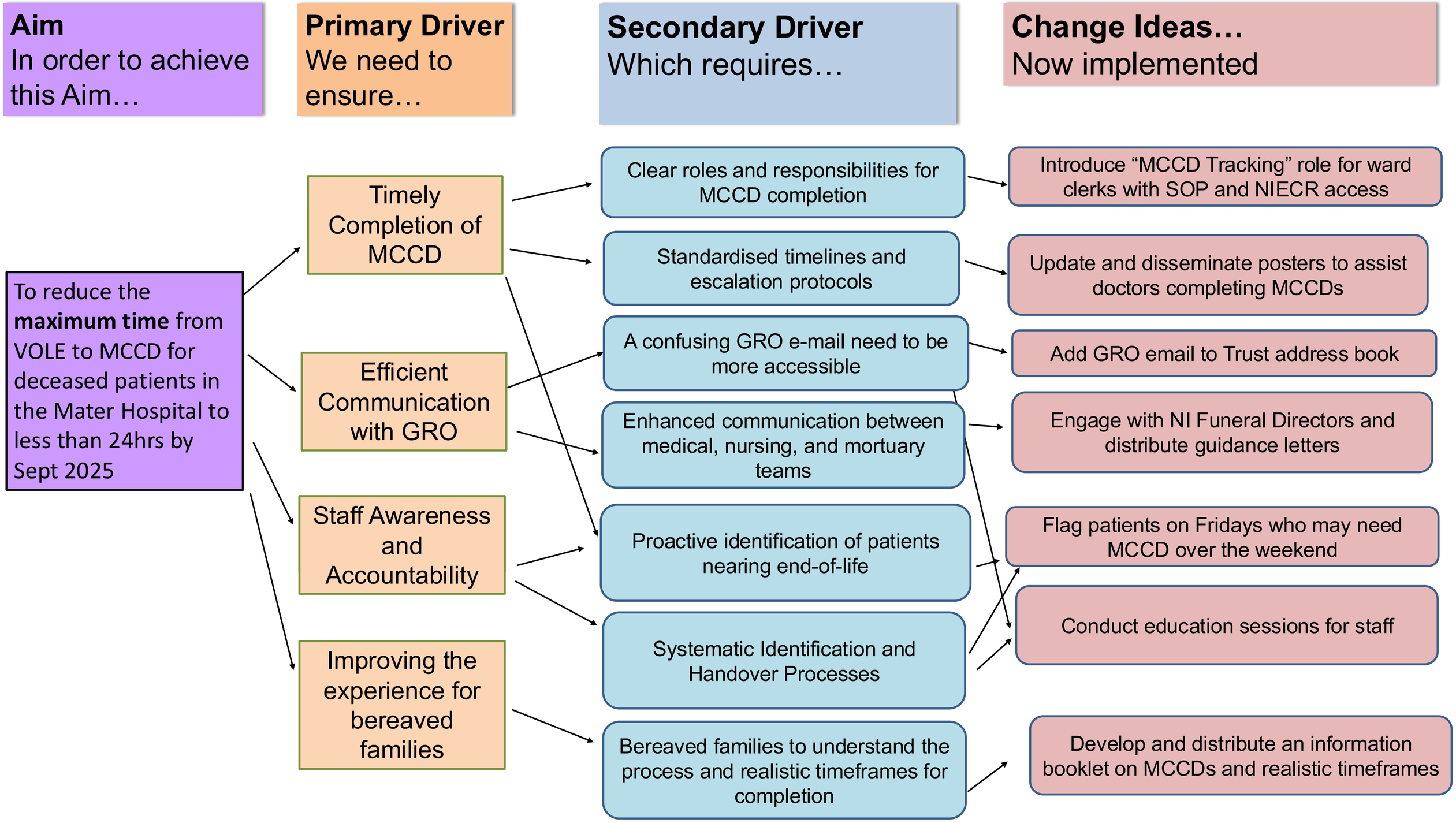
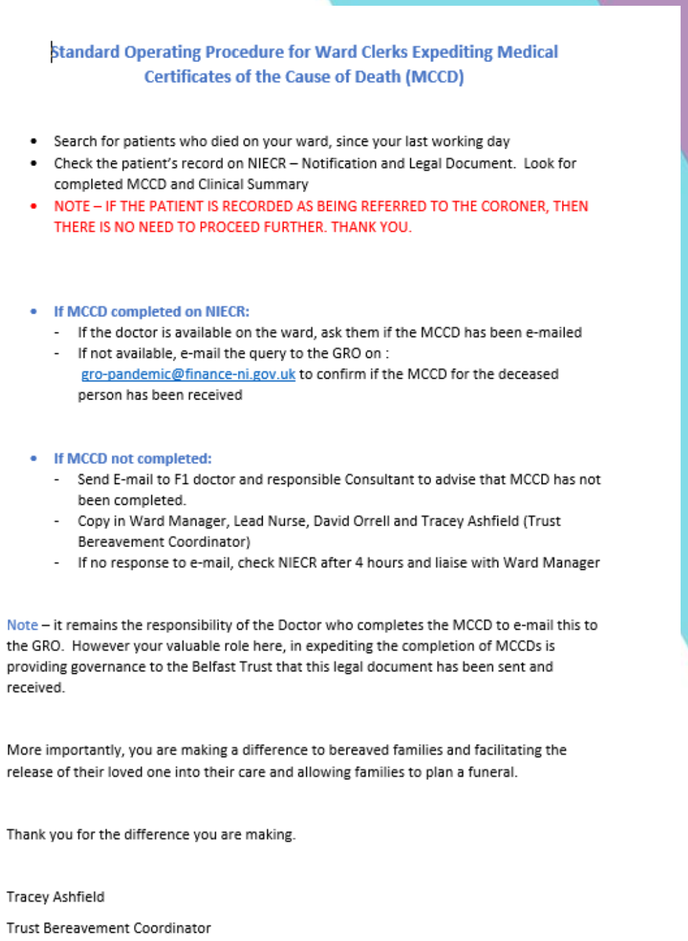
A complex problem…..

- **Doctor Availability**: Certifying doctors may be off-duty, especially on weekends or holidays.
- **Family Expectations**: Limited public understanding of legal requirements leads to pressure on staff.
- **Funeral Director Pressure**: Frequent ward visits and requests for MCCDs disrupt workflow.
- **Nursing Burden**: Nurses manage calls, visits, and follow-ups with doctors, diverting time from care.
- **Medical Disruption**: Doctors are interrupted; consultants may be unaware of outstanding MCCDs.
- **No Standard Timelines**: Lack of agreed timeframes for MCCD completion across all days.
- **Documentation Issues**: Inaccurate MCCD completion and delay in email of completed MCCDs to the GRO.
- **Lack of Confirmation**: No read receipts from GRO; unclear email addresses cause uncertainty


Aim
In order to achieve this Aim…
Primary Driver
We need to ensure…
Secondary Driver
Which requires…
Change Ideas…
Now implemented
To reduce the maximum time from VOLE to MCCD for deceased patients in the Mater Hospital to less than 24hrs by Sept 2025
Timely Completion of MCCD
Efficient Communication with GRO
Staff Awareness and Accountability
Improving the experience for bereaved families
Clear roles and responsibilities for MCCD completion
Standardised timelines and escalation protocols
A confusing GRO e-mail need to be more accessible
Enhanced communication between medical, nursing, and mortuary teams
Proactive identification of patients nearing end-of-life
Systematic Identification and Handover Processes
Bereaved families to understand the process and realistic timeframes for completion
Introduce “MCCD Tracking” role for ward clerks with SOP and NIECR access
Update and disseminate posters to assist doctors completing MCCDs
Add GRO email to Trust address book
Engage with NI Funeral Directors and distribute guidance letters
Flag patients on Fridays who may need MCCD over the weekend
Conduct education sessions for staff
Develop and distribute an information booklet on MCCDs and realistic timeframes

“MCCD Tracking” role for Ward Clerks

- Collaboration with Administrative Manager and team
- Access and training in Computer System
- Standard Operating Procedure
- PDSA cycles of change
- Updates to SOP
- Added governance – layers of support
- Improves communication with medical, nursing and mortuary team
- E-mail communication with GRO



Standard Operating Procedure for Ward Clerks Expediting Medical Certificates of the Cause of Death (MCCD)

- Search for patients who died on your ward, since your last working day
- Check the patient’s record on NIECR – Notification and Legal Document. Look for completed MCCD and Clinical Summary
- NOTE – IF THE PATIENT IS RECORDED AS BEING REFERRED TO THE CORONER, THEN THERE IS NO NEED TO PROCEED FURTHER. THANK YOU.

- **If MCCD completed on NIECR:**
  - If the doctor is available on the ward, ask them if the MCCD has been e-mailed
  - If not available, e-mail the query to the GRO on : gro-pandemic@finance-ni.gov.uk to confirm if the MCCD for the deceased person has been received

- **If MCCD not completed:**
  - Send E-mail to F1 doctor and responsible Consultant to advise that MCCD has not been completed.
  - Copy in Ward Manager, Lead Nurse, David Orrell and Tracey Ashfield (Trust Bereavement Coordinator)
  - If no response to e-mail, check NIECR after 4 hours and liaise with Ward Manager

Note – it remains the responsibility of the Doctor who completes the MCCD to e-mail this to the GRO. However your valuable role here, in expediting the completion of MCCDs is providing governance to the Belfast Trust that this legal document has been sent and received.

More importantly, you are making a difference to bereaved families and facilitating the release of their loved one into their care and allowing families to plan a funeral.

Thank you for the difference you are making.

Tracey Ashfield

Trust Bereavement Coordinator

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Measures of the process for QI

Quantitative Data

- **Median Time** from verification of life extinct to provision of MCCD
- **Maximum Time** from verification of life extinct to provision of MCCD

Qualitative Data

- Ward Manager experience
- Ward Clerk Bereavement Tracker Progress Survey
- Funeral Directors experience

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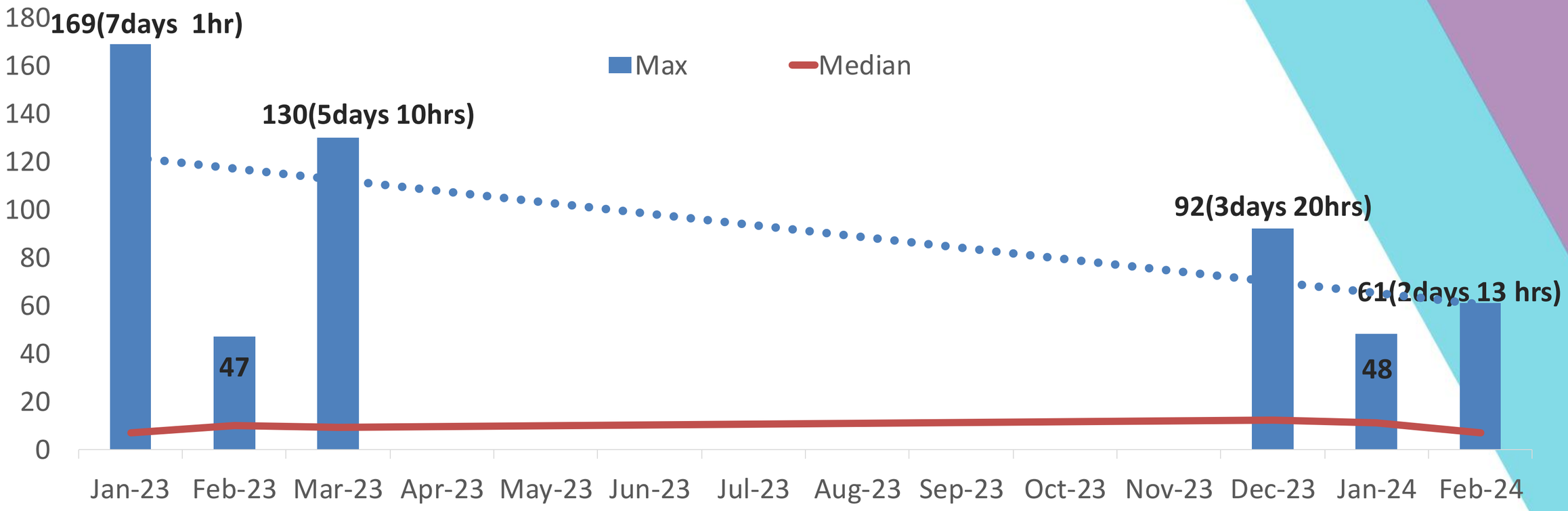
Initial Data 23/24 “what was the reality of the situation?”

Median and Maximum Time from Verification of Life extinct to MCCD



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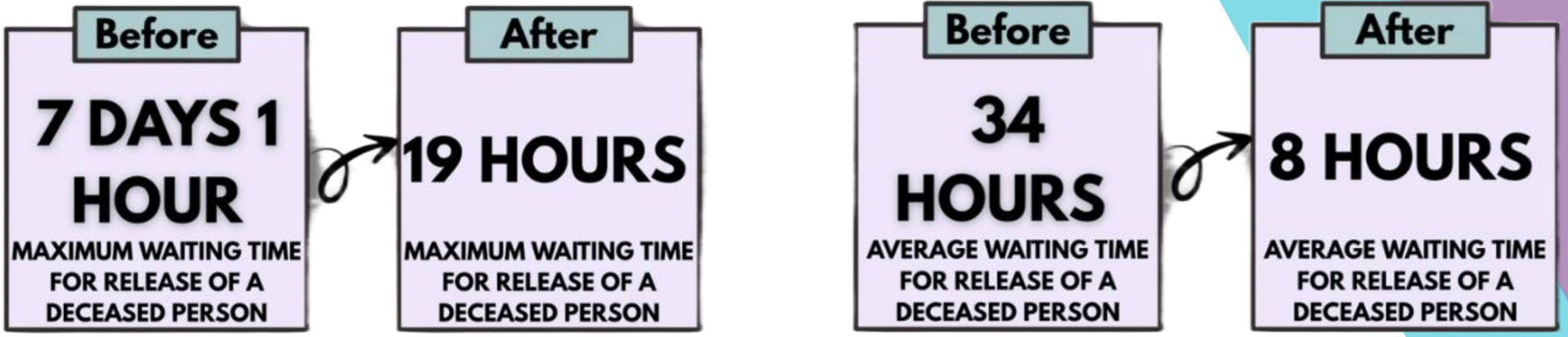

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Qualitative Data

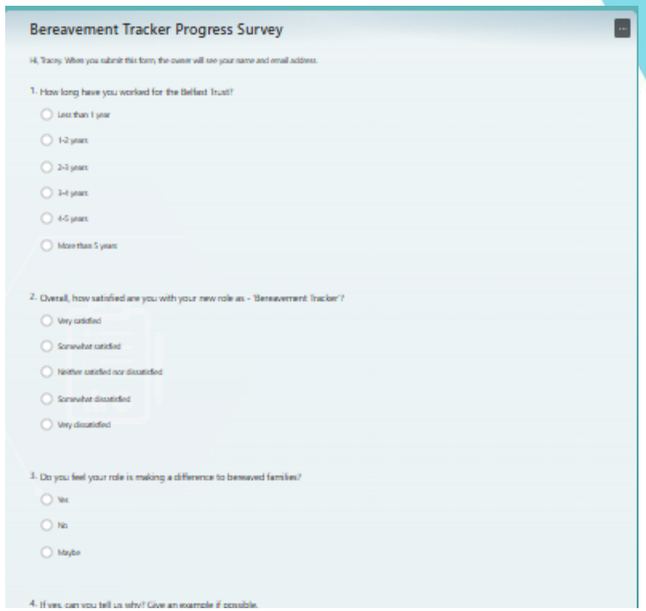
Ward Manager Feedback:

“We’re no longer receiving calls from undertakers or families. Communication has improved, and the process is smoother for staff and families alike.”

“There’s increased awareness among staff of the impact delays have on families. The ward clerk’s role has added value and improved team communication”.

Ward Clerk MS Forms Survey Results:

- 100% agree delays cause unnecessary grief
- 100% agree the new role helps families
- 100% feel they are making a difference
- 100% are satisfied with their new role



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Qualitative Data

Chairman of the National Association of Funeral Directors Feedback

''The turnaround time has certainly improved"

''The process is smoother and quicker with fewer delays"

"Belfast Trust is a leading light"

Chairman of the National Association of Funeral Directors

Thank you to the project team and other valued contributors

QI Project Team

- Dr Michelle Craig – Acute Medicine Consultant, Mater Hospital
- Tracey Ashfield – Trust Bereavement Coordinator
- David Orrell – Belfast Trust Mortuary Manager
- Stephen Larkin – Chairman of the National Association of Funeral Directors
- Sister Catrina McEvoy – Ward Manager, Mater Hospital
- Michael McMillan – Deputy Bereavement Coordinator
- Veena Coulter/John Marley – Administration Manager

Other Valued Contributors

- Dr Mark Cross – Deputy Medical Director
- Allison McCrea / Louise Macdonald – Senior Nurse for Patient Experience and Governance
- Glen Baxter – North Down Funeral Directors
- Philip Boyle - Service Manager, Corporate Standards & Risk, Risk & Governance Department
- Colette Taylor – Information Manager Patient Safety & Clinical Governance (PSCG) service
- Beena Tharun – Lead Nurse, Mater Hospital
- Dr Cathy Patterson - Medical Consultant
- Richard Dixon – Senior Complaints Manager