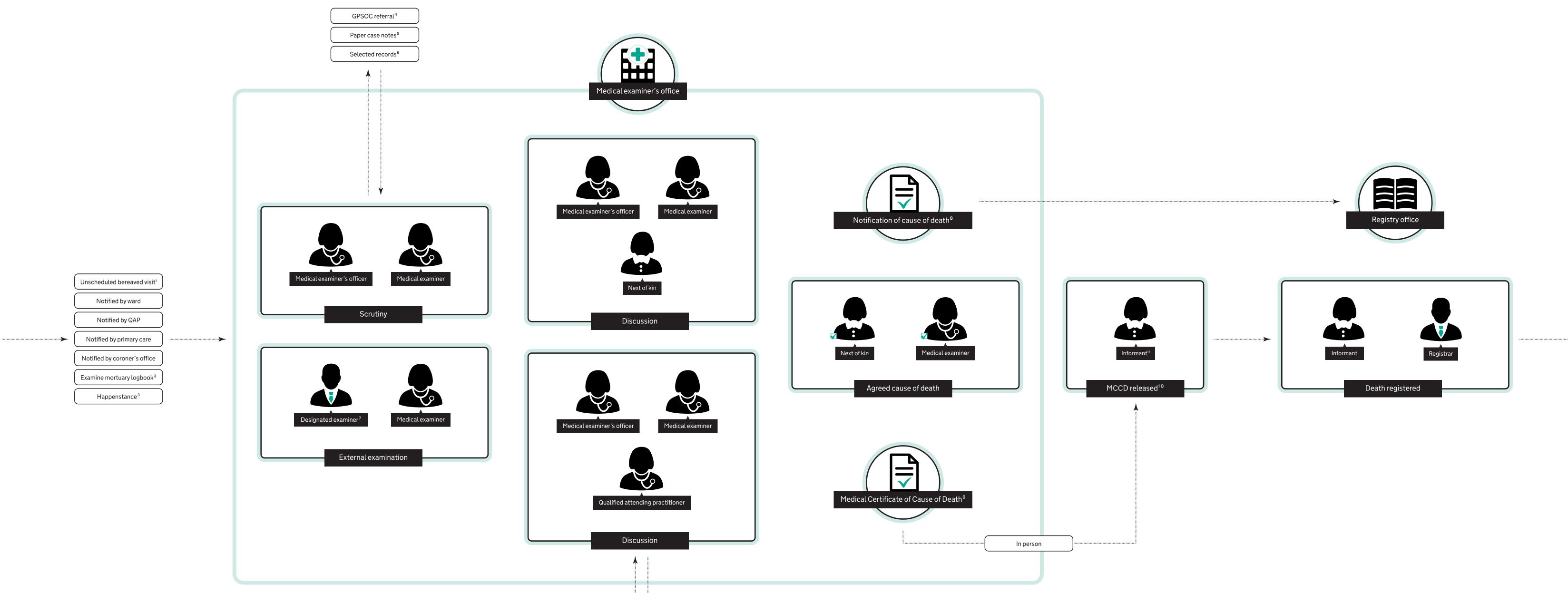
Medical Examiner's Office

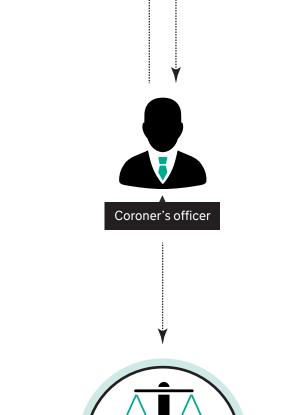
Workflow model



Notes

- 1: The Gloucester medical examiner's office is embedded in bereavement services. Occaisionally bereaved people turn up direct from the ward having misunderstood instructions about making an appoinment.
- 2: Gloucester MEOs check with the mortuary, which has the definitive list of deaths in the hospital.
- Meaning MEOs actively work to make themselves know to ward staff etc. so that they're kept as informed as possible.
- 4: If a medical examiner's office is able to have GPSOCs installed, primary care is sometimes able to hand over full records by "referring" the deceased.
- 5: In the secondary care setting, patient records are largely still paper based, so the medical examiner's office needs to physically locate them
- 6: In the pilot implementations, primary care providers send in selected records that explain the cause of death for the ME to review. MEOs are careful to specify that full record access may still be required.

- 7: An ME can delegate an external examination to another person (not necessarily medically trained).
- 8: The medical examiner's office notifies the registrar of the death and its cause. In the pilots this takes the form of the ME2(A) notification form. Currently this is sent physically with the informant (Gloucester) or by fax (Sheffield). Trials have been done with PDF via NHS Mail.
- 9: Along with the notification, the Medical Certificate of Cause of Death is the output of the medical examiner process. At the moment the certificate is protected stationery, filled out by hand and given to the informant.
- 10: An MCCD is released to the informant in person. This is usually done by the bereavement service or the deceased's GP.
- 11: The "informant" is the person who fulfill's the practitioner's responsibility to notify the General Register Office of a death.



Coroner's office