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Research playback

What we learned about the prototype version 9 design

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Playback aim

- To share insights collected in the most recent research relating to the usability testing of v9 of the prototype
- Get answers to questions that will allow us to move forward

The sample

11 participants

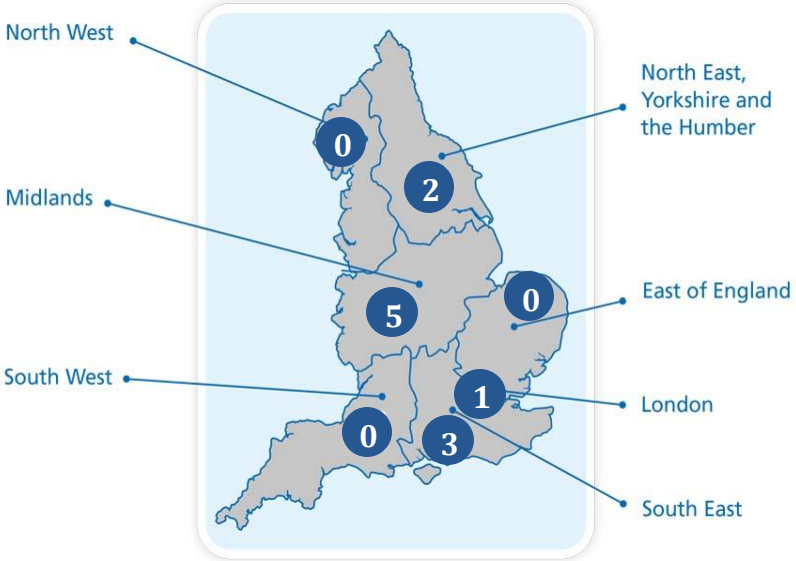
Heterogenous sampling - role, location and setting.

Role

5x ME (dual role)	2x Consultant	1x GP	2x Junior Doctor

Setting (numbers show individuals working across multiple)

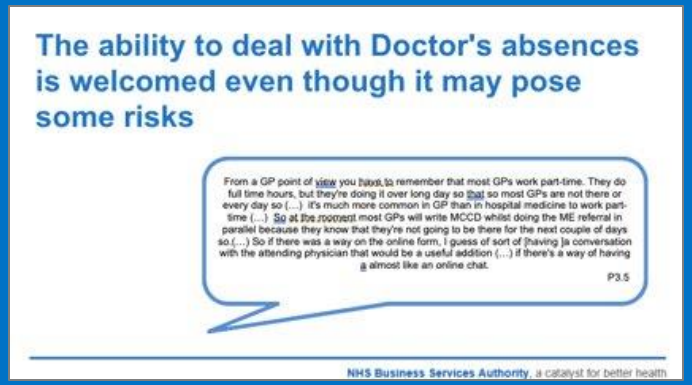
7x NHS Hospital	3x Hospice	4x NHS Community	1x Private Hospital



Key findings

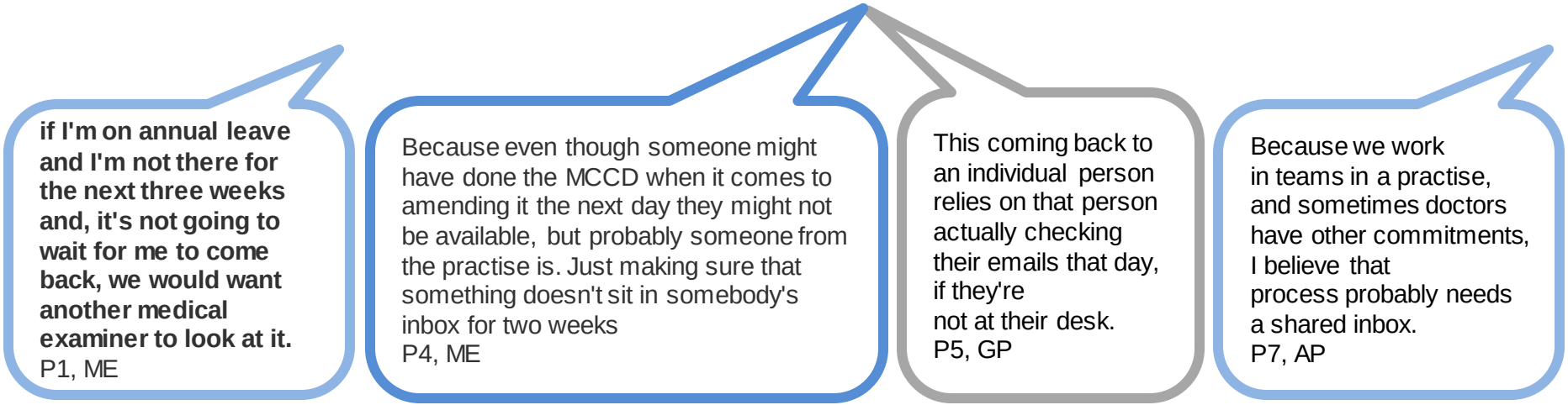
More than 1 person needs access to an MCCD

Previous round of UR



Due to shift patterns, MEs and GPs often work as a team on a single MCCD.

It is common for sign off to be done by a different ME to the one that scrutinised the cause of death. This is why a shared email inbox is currently used.



More than 1 person needs access to an MCCD

MEOs and admin staff need access to the MCCD

Previous round of UR

Since admin staff, MEOs and bereavement officers manage the transfers of the MCCD, they need to be able to see what stage it is at.

I suppose mostly this is sort of dealt with by the bereavement teams.
P1, ME

So the family will phone up and say, can we go ahead and book a registrars appointment? And the hospital bereavement team maybe doesn't know what's happening, what stage things are at.
P4, ME

It's the MEOs who are the glue
P8, ME

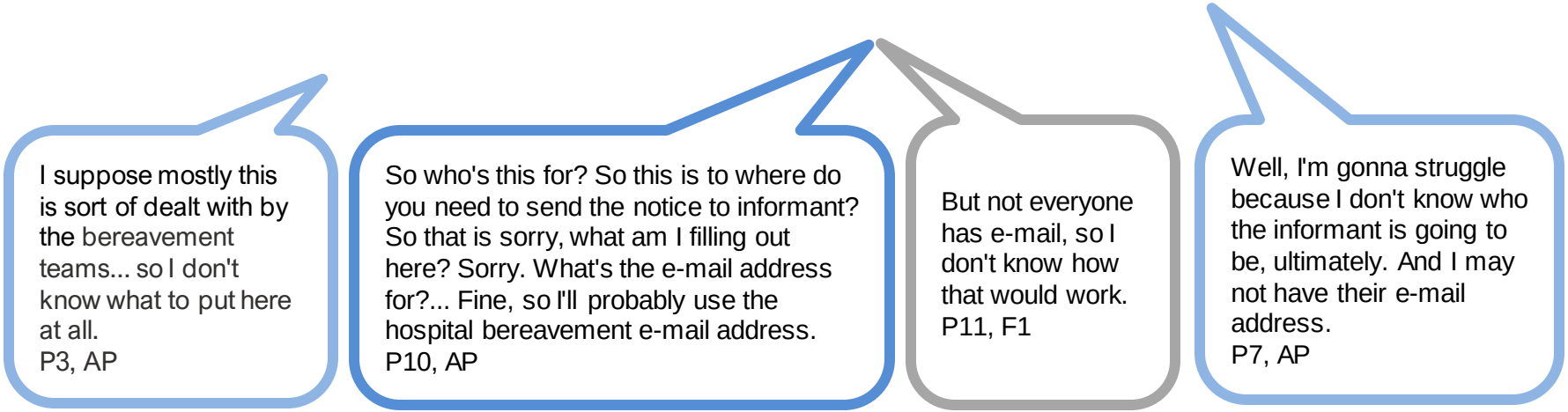
Who does my admin team nag? Do they nag? The medical examiner's office or do they nag me? By copying in admin they can track [the MCCD].
P5, GP

MEOs and admin staff need access to the MCCD

Providing the information within the "notice to informant" is not currently the AP's responsibility

This was evident because they did not know what it was or what to do with it.

There was also the concern that email is not a common way of communicating with the next of kin.



Providing the information within the "notice to informant" is not currently the AP's responsibility

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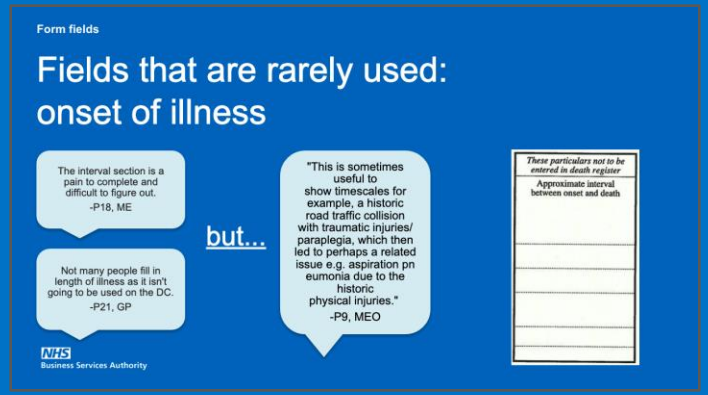
The "time between onset and death" question is rarely completed and is not always knowable

Previous round of UR



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When they've been in the community and they were seen by the out of hours last week and you haven't got access to [their] notes, and then they were seen by one of your specialist nurses, four days ago, and they don't examine. When did the pneumonia start? You just don't know. But you know that it's killed them
P2, AP [24.22]

we've been told don't worry about that...And certainly within the hospice, I've been there seven years and we've never filled that bit in. 'Cause often it's very difficult to work out really.
P9, AP

Very rarely do people fill out time between onset and death.
And [I don't know] whether they're necessary or not?
P6, ME

So I just couldn't fill it in if I wanted to...[explains no access]... So no, I've never. I've never completed the time between onset and death.
P3, AP [25.57]

This is new.
P7, GP

"time between onset and death"

MEs do not think they can be accountable for implants as they may not have access to this information

Feedback was mixed so we are checking with the ME working group to see if this assumption is correct.

MEs

No, I think it's slightly more complicated. I think we'd have to contact the electrophysiological service and they would have to get information on that implant because it may not necessarily have been put in this trust.
P1, ME

But that's not always very clearly identified within the electronic record. So it might be a patient whose pacemaker has been recorded, but sometimes we have to chase around a bit if it's got nothing to do with why they died
P9, ME

APs

you generally know their history and you know what they've had done to them and you will probably in life examine them and can feel the **pacemaker** or see the scar down their hip for the **fixion nail**....And if you haven't taken it out, it's still in situ.
P2, AP

Depends a little bit on **what is defined as an implant**. 'Cause you know things like **stents or grafts** could be considered an implant.. But in terms of access to the **information of minor implants that might be dealt with by GP practise [contraceptive devices], no, I probably wouldn't have access to that.** Things more like **pacemakers** or **joint replacements** or other **metal work** or **cochlear implants** or **brain stimulators**, I would have access to pretty easily.
P3, AP

MEs do not think they can be accountable for implants as they may not have access to this information

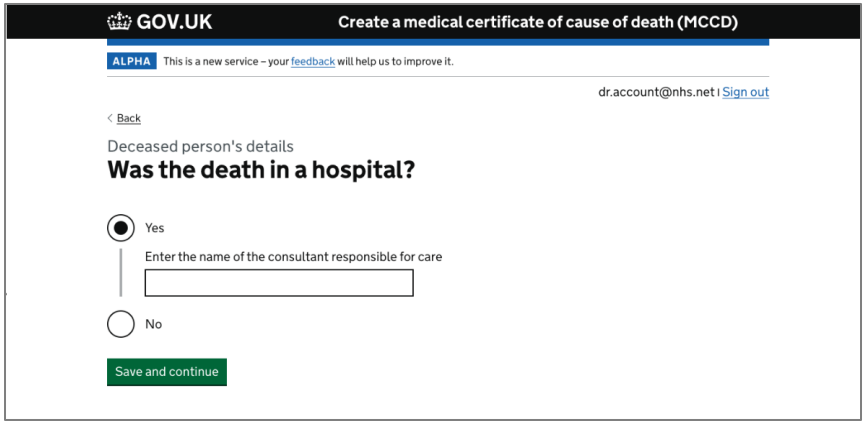
Also....

Is everyone aware of the controversy of adding the implants question may cause with GPs?

> You know the administration for cremation purposes, then you know that that is still work and that needs to be financed.
> P7, GP

"Was the death in a hospital?" will cause issues for hospices due to their definition

Now this is unique to hospices. We are an institutional bedded unit with doctors and nurses. Are we a hospital? No, we're a Hospice. But we look like a hospital...so this will cause hospices a problem. P2, AP

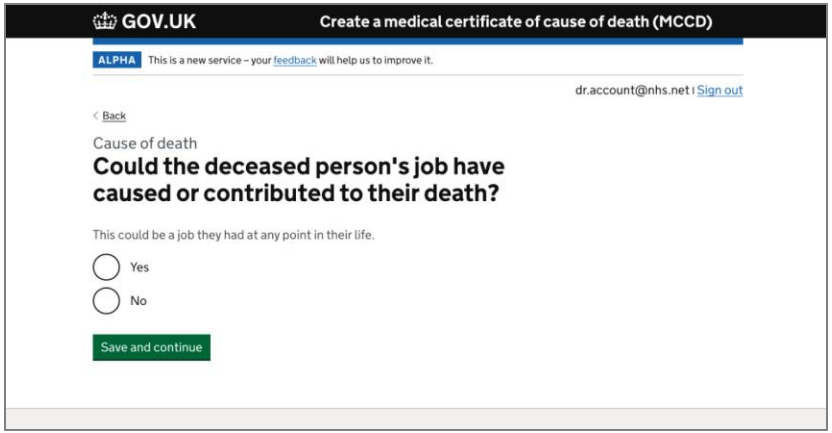


"Was the death in a hospital?" will cause issues for hospices due to their definition

Should all deaths where employment was a factor be referred to a coroner?

I'm surprised that when I press yes, it didn't give me a prompt to say "Are you sure you can complete this certificate or do you have to refer to the coroner?"...You shouldn't let us proceed.
P2, AP

If someone's death was caused by their employment, I'm referring to coroner. I've always found it totally redundant box to be ticking because...if I'm going to be doing that the patients usually gone for an inquest anyway and we're not doing an MCCD.
P8, AP

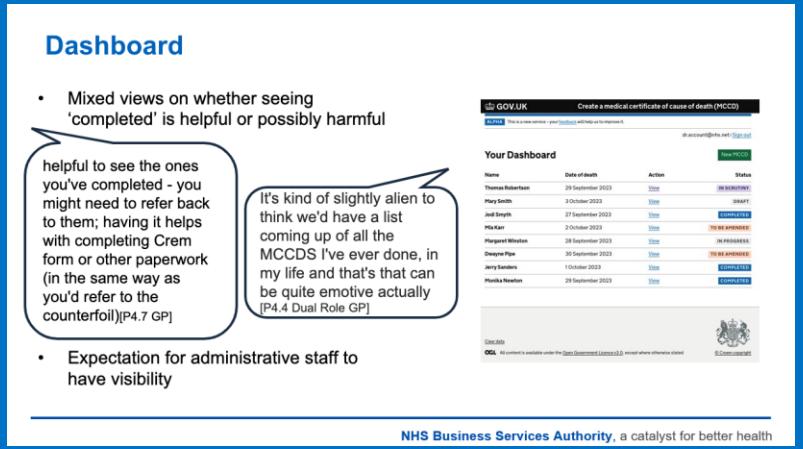


Should all deaths where employment was a factor be referred to a coroner? (both)

APs and MEs would like to keep a copy of the full MCCD with their records

Assumption 4:
Attending Practitioners want to keep a record of completed MCCDs

Previous round of UR



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Well what we would like is to have an **e-mail sent back to us with a copy of the completed MCCD with the date and time** it's been sent on...[but] potentially limited for space to store them
P6, ME

From a workflow processes audit trail, all the stuff that I'm looking at counter foils for. I need something and as I say I **either need an integrated form...or download PDF to upload to the records**.
P5, GP

It would be useful to be able to **search** for it [historic MCCD] whether you want it there forever, because it gets in the way after you've done too many. But it would be useful to be able to search all certificates done by your practise, but I think it's probably an **admin function** for the [whole] practise, not my own individual [MCCDs] necessarily.
P5, GP

Continued: APs and MEs would like to keep a copy of the full MCCD with their records

Continued: APs and MEs look back at records of MCCDs for information about:

a couple of coroner's cases that have come up we've had to go back to find historic information on the MCCD
P6, ME

So to look at **the wording used** and to check whether it's gone through before.
P9, AP

Occasionally I would have looked at it maybe just to find out **who did the MCCD.**
P4, ME

So it is something we actually look at quite a lot as a practise, in particular to understand A number of different things. One is what's **the gap between the person dying and us producing certificates**. So we don't really want it to be too long. And if all the certificates are being produced at 5 days, there's some issues with the way that it's working and it could be that the digital is the solution. We also look to see **which member of staff is completing it**...and what we often find is that actually there are two or three people who seem to do a lot of palliative care....Looking at **have people [patients] been recognised as palliative?**
P5, GP

MEs want to see the reason for rejection when they are viewing a previously scrutinised MCCD

Assumption 2:
The new MCCD will need to allow for **amendments**.

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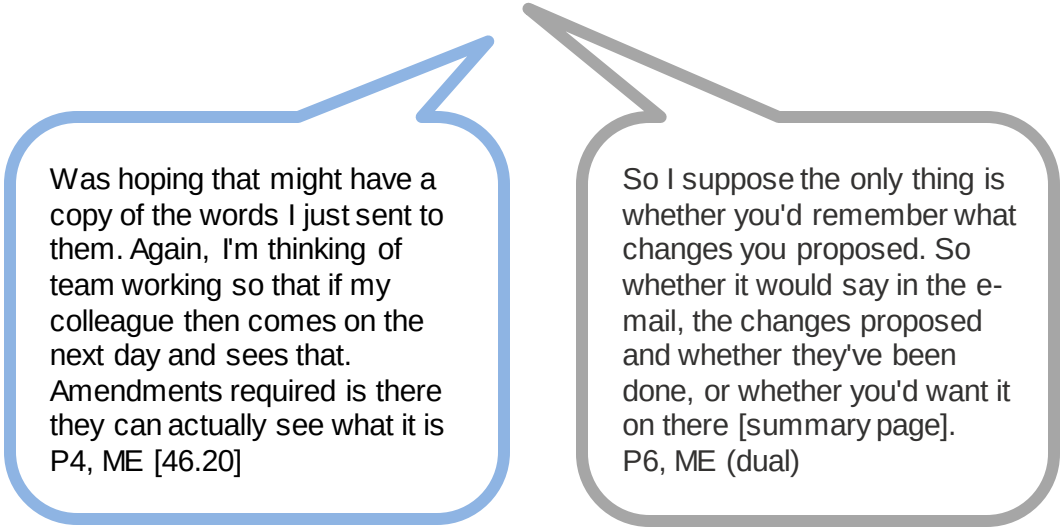

MEs want to see the reason for rejection when they are viewing a previously scrutinised MCCD

Any questions?

Carry on the conversation:

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