



Department of Health
Government of Western Australia

OPERATIONAL DIRECTIVE

Enquiries to: Dr Dorothy Jones

Number: OD

Date: July 2008

Supersedes: 0105/08

File No: 06-00682

Subject: WA Review of Mortality Policy

1. Issue

All deaths that occur in public hospitals and licensed private health care facilities in Western Australia are required to be assessed and reviewed in a timely manner in accordance with the WA Review of Mortality (WARM) 2008.

The policy is available at <http://www.safetyandquality.health.wa.gov.au/mortality/>

2. Scope

This policy applies to:

- all deaths that occur in public hospitals and licensed private health care facilities in Western Australia;
- all deaths that occur in the community under the care of Hospital in the Home (HITH) and Rehabilitation in the Home (RITH) services;
- all deaths involving Nursing Home Type category and Care Awaiting Placement patients in Western Australian Government Hospitals;
- all health service employees and contract staff, including both salaried and non-salaried visiting medical practitioners. Participation in the mortality review process in accordance with this policy is a designated quality improvement activity (see Section 3.1 of the policy).

This policy does not apply to Commonwealth funded residential aged care facilities.

3. Responsibility and Accountability

The place of death defines which Area Health Service has operational responsibility under the terms of this policy. When a patient is transferred from one facility to another, the Area Health Service with governance over the place of death retains reporting responsibility and can choose to either engage the transferring agency in the review process or supply the Hospital Executive of the transferring agency with recommendations of any investigation.

All Area Health Services must nominate a senior officer within the organisation as the officer accountable for ensuring the organisation's compliance with this policy.

WARM should be managed at the Area Health Service level with supporting departmental reporting and governance structures. This policy acknowledges that Area Health Services have established systems for mortality review that vary across the health system depending on resources, work practices, and case-mix.

Whilst recognising the above, it is expected that mortality review systems must comply with the **10 minimum standards** identified in the policy in accordance with the implementation guide set out in Appendix 1 of the policy.

4. Key reporting requirements

Area Health Services are required to report the following retrospectively on a quarterly basis to the Director of Office of Safety and Quality in Healthcare:

1. Percentage of total deaths with a completed review within 6 months of the date of death;
2. Percentage of total deaths referred for further investigation [eg potential Health Round Table category 4 and 5 deaths].
3. Percentage of potential HRT category level 4 or level 5 deaths confirmed as preventable and action agreed within three months of the date of death
4. Percentage of recommendations arising from confirmed preventable deaths implemented within 12 months (in accordance with the Sentinel Event Policy)

Hospitals / Area Health Services should refer to Appendix 5 for a proforma for reporting. Reporting proformas may be updated during the implementation phase of this policy. Please refer to the Office of safety and Quality in Healthcare website for the most upto date proforma.

To satisfy requirement 3, Area Health Services must have completed a sentinel event notification form accessible via the Office of Safety and Quality in Healthcare website http://www.safetyandquality.health.wa.gov.au/clinical_incid_man/sentinel_events.cfm

5. Implementation

The updated WARM 2008 policy arises out of the review of the inaugural WARM 2006 policy that became operational in 2007. The inaugural edition may still be used as a guide by hospitals to establish an appropriate mortality review process compliant with WARM 2008 standards.

Please refer to the WARM 2008 policy document for further detail. The Office of Safety and Quality in Health Care (OSQH) is available to provide advice /assistance with respect to the implementation of this policy. For assistance please contact OSQH on 9222 4080.



OPERATIONAL DIRECTIVE / INFORMATION CIRCULAR AUTHORISATION FORM

ESSENTIAL REQUIREMENTS

A completed and signed copy of this form must be included with a paper copy of the document to be issued. ODs must have a file number assigned (obtained from the Health Library). Forward to: Corporate Information Unit, Information Policy and Support, Floor 3 A Block, 189 Royal Street, East Perth WA 6004.

In addition, an electronic copy of the Directive and this Authorisation Form, in Microsoft® Word format, must be emailed to ciu@health.wa.gov.au

Contact the Corporate Information Unit:
Tel: 9222 4339, Fax: 9222 2449, or email: ciu@health.wa.gov.au.

Please ensure all information is provided in full where required.

**CORPORATE INFORMATION
UNIT USE ONLY**

OD/IC _____ / _____

Subject Terms:

1. TITLE AND TYPE OF DOCUMENT (required)

WA Review of Mortality Policy (.2008)

Operational Directive Information Circular

2. CATEGORY (required)

Select which category this form belongs to – tick one box only.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accountability & Audit | <input type="checkbox"/> General Information | <input type="checkbox"/> Occupational Health |
| <input checked="" type="checkbox"/> Clinical | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Program / Technical Bulletins |
| <input type="checkbox"/> Disease Control | <input type="checkbox"/> Industrial | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Disaster Preparedness & Management | |

OTHER – please specify: _____

3. DESCRIPTION / SUMMARY (required)

All deaths that occur in public hospitals and licensed private health care facilities in Western Australia are required to be assessed and reviewed in a timely manner in accordance with the WA Review of Mortality (WARM) 2008.

4. AUDIENCE / APPLICABLE TO (optional)

5. KEY TERMS (See Attachment C)

Incident management ; Governance and service delivery; Clinical and Patient Services Aged care

6. EFFECT PERIOD

Effective/valid from: 01 / 07 / 2008 (required)

Effective/valid to: / / 2010 (required)

Review date: / / 2012 (usually 5 years)

7. SUPERSEDES (where appropriate)

Supersedes OD 0105/08

8. RELATED DOCUMENTS/WEB PAGES (optional)

http://www.safetyandquality.health.wa.gov.au/mortality/

9. FURTHER INFORMATION / ENQUIRIES (required)

Name: Dorothy Jones _____ Phone: 9222 4080 _____

10. MANDATE (where appropriate)

Please indicate if this Operational Directive is required to be issued under any specific legal instrument, eg. Health Act, etc.?

11. RESPONSIBILITY (required)

Please indicate the unit/officer responsible for the issuing of this document.

Officer Name: Dr Dorothy Jones

Officer Position: Director

Section / Unit: Office of Safety and Quality in Healthcare

Signature: _____

Date: / /

12. AUTHORISATION (required)

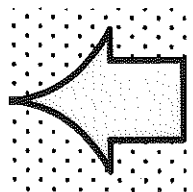
Refer to Delegation of Authority Schedule on HOLII: <http://intranet.health.wa.gov.au/divs/audit/>

Name: Dr Peter Flett

Position: A/ Director General

Signature: 

Date: 9 / 9 / 08



Please note:

The Director General must sign an Operational Directive.

A director can sign an Information Circular.