Managing sudden death in the heart attack centre

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Aims

The focus around death in the NHS has been on end-of-life care which is a Care Quality Commission (CQC) core care standard and resulted in the development of the compassionate care pathway. Approximately 15 patients each month die *en route* to Barts Heart Centre or within 12 hours of arrival. The centre has the largest number of sudden deaths in Barts Health NHS Trust, the largest NHS trust in the UK. The majority of these present as sudden cardiac arrests (whether or not attributable to a cardiac event) or cardiogenic shock. It was recognised that a bespoke service was required to meet the needs of bereaved families and to address the additional stresses experienced by frontline staff members in this context.

Methods

A multidisciplinary standard operating procedure was developed to address the following key areas:

- timely completion of coroners' referrals and death summaries
- emotional support for front-line staff
- a bereavement clinic to provide a forum for families to meet with the clinical team
- provision of written information suitable for the diverse multicultural population of the city / north-east London
- improving the quality of death certification by junior doctors.

Input was invited from front-line staff, bereavement officers, end-of-life/palliative teams, religious leaders and the public. A survey of junior doctors was conducted to gauge their understanding of death certification processes and additional training was provided to address gaps in their knowledge.

Results

Acknowledging the difficulty in measuring satisfaction of bereaved families, indirect measures identified were: a reduction in the number of formal complaints and serious incidents received in relation to sudden deaths in the centre. Improvement in the turnaround time for discharge summaries for deceased patients and coroners' referrals was measured directly by data collected on existing electronic systems. Quality of death certificates was measured by a reduction in queries raised by the Coroner's Office and indirectly by an improvement in test scores for juniors completing a knowledge-based assessment after a teaching intervention.

Conclusion

Managing sudden death in hospital is a relatively unstudied area where much of the focus has traditionally been on expected deaths covered by existing national and local end-of-life protocols. Further development of a service to address the needs of families and staff in the event of sudden death may be applicable to other primary percutaneous coronary intervention (PPCI) centres in addition to emergency departments and other acute clinical settings. ■

Conflict of interest statement

None.

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