HSU feedback to FASS re: non-coronial autopsies being transferred to Lidcombe

Extra FMT resourcing required

The minimum requirement is one additional FMT (Forensic Mortuary Technician) at least one day per week.

Although it is proposed the non-coronial autopsies will occur one day per fortnight, FMT workload will be increased/affected in other areas and on other days as well (such as admissions of these bodies, storage and management, allocations, histology and so on). FMT's have already been completing non-coronial casework (for e.g. CJD cases, brain and spinal cord donations) for an extended period of time and this has never been properly resourced. Staffing resources need to reflect this additional workload.

Singular FMT caseload consideration

The current maximum caseload for a single FMT is the equivalent of two autopsies per day. If more than two non-coronial autopsies are required on the designated day (which is a likely given all non-coronial cases in NSW will be done one day per fortnight), more than one FMT would be required to be removed from coronial casework. The maximum caseload needs to remain the same for FMTs, and staffing resources need to be increased to a point that more than two full non-coronial autopsies in a day could be managed.

FASS have indicated that there are only about 40 to 50 non-coronial autopsies per year. However, that may increase with their transfer to Forensic Medicine Sydney. As per the proposal, it is currently difficult for hospitals to provide non-coronial autopsy services and many cases may not be autopsied as a result of this. With the transfer of the service to Forensic Medicine Sydney, where it is no longer a burden to the hospitals, the requests for autopsies may increase.

If numbers increase, is there a contingency plan? What is the contingency plan?

Processes aligned

Non-coronial autopsies must be aligned with existing processes.

For example, the histology from a non-coronial autopsy needs to be managed under the same process for the histology from the coronial cases (i.e. packaged the same, sent at the same time, sent to the same lab and so on). If there is a need for new or different processes (for e.g. histo sent to alternative labs) then further staffing, resources and training will required.

Timing of work

Confirmation should be sought that the pathologist will be coming on a set day. This day needs to be known well in advance to allow for appropriate FMT allocation, and also need to align with the day/s that the 'extra' FMT resources are on site. For example, if the 'extra' FMT resources are on site Wednesdays only, this would be the only day non-coronial autopsies should be completed.

Storage

In line with timeframes, consideration needs to be given to the storage of bodies awaiting non-coronial autopsy. If bodies are to be stored at Forensic Medicine Sydney, they could be waiting in storage for up to two weeks (based on the 'once per fortnight' proposal).

This will be an additional aspect for FMTs to manage and will impact Forensic Medicine Sydney's storage capacity. It may also have an impact on the quality of the autopsy if it is not done until two weeks after death.

One way to assist would be to not admit/deliver bodies to Forensic Medicine Sydney until the day prior to their autopsy. This would ensure adequate FMTs are available to admit bodies and reduce the impact of their storage.

What is the proposed process for families?

FMTs receive family member phone calls and if families know their loved ones are being taken to Lidcombe morgue, they are likely to call us.

Who will be liaising with the families/next of kin? This work should not fall on FMTs/Forensic Medicine Sydney. Families should be updated and contacted by the appropriate people.

Training on non-coronial admission procedures

Stipulation of the expectations and processes need to be made clear in a written procedure. A procedure needs to be written outlining the workflow from notification of a non-coronial autopsy to be completed, through admission, storage, examination and release, and everything in between. FMTs also need to be trained in following this procedure.