

Title

Postmortem procedures & Cardiac devices

Reference Number: RDF2304-24

Date of Response: 22/02/24

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

To garner a comprehensive understanding of the practices and data surrounding patients with cardiac devices, we kindly request the following information:

	<i>Questions</i>	Northern Service answer	Eastern Service answer
Q1	<i>How many patients pass through your morgue each year?</i>	1500	<i>Approximately 2500 per year</i>
Q2	<i>Approximately what proportion of these have a cardiac implantable device in situ? (PPM, ICD, ILR)</i>	Approximately 5 – 10%	<i>Approximately 15 - 20%</i>
Q3	<i>Does the hospital morgue also take deaths from the community, or is it for inpatients only?</i>	Yes	Yes
Q4	<i>Is there a cardiac physiology department on site at your hospital?</i>	Yes	Yes
Q5	<i>If a patient has a cardiac device in situ, is it routine practice for a device check to be undertaken after death?</i>	Only at the request of a Pathologist should they feel it necessary, and only then if the patient is having a post-mortem under the authority of the Coroner.	As per Northern service response.

Q6a	<i>If yes, is the information regarding rhythm/therapies at the time of death routinely added to the patient's notes/hospital record?</i>	No, not at present. Information on deceased patients cannot be added to their electronic record.	Not applicable
Q6b	<i>If yes, is the information regarding rhythm/therapies at the time of death routinely passed on to the clinical team?</i>	Not applicable	Not applicable
Q7	<i>If no and this is not routine practice, are there ever exceptions to this i.e., occasions where a post-death device check is requested by the Clinical Team?.</i>	It can be done but it is not routine	Yes
Q8	<i>If yes, please elaborate (for example, how often or under what circumstances this occurs).</i>	Not applicable	Rarely requested, most likely if device is already under a 'Field safety alert' list.