

Mrs Heidi J Connor  
Senior Coroner for Berkshire

21 May 2024

Dear Mrs Connor

**Re: Report to Prevent Future Deaths E Mercer 26.04.2024**

Further to your prevention of Future Deaths Notice following the conclusion of your inquest (10.04.2024) into the death of Ellen Mercer who died on 10th February 2023, we would like to extend our sympathy and condolences to the family and friends of Ms Mercer.


We note this unfortunate incident occurred in the setting of a prolonged stay in an emergency department (ED). As a medical royal college we have been raising concerns nationally for a considerable period of time regarding the adverse consequences of prolonged ED length of stay / ED Crowding. Our own publication highlights the consequences of ED crowding and its negative impact on adverse events, prolonged hospital stays, and increased mortality and morbidity [1]. Delays in assessment and diagnosis are features of crowded emergency departments; the Health Services Investigation Body (HSSIB) have published a series of reports which also highlights the impact of these same factors in patient safety incidents [2].

We note from your Regulation 28: Report to Prevent Future Deaths notice that you identify the delay in a risk assessment for the prevention (as opposed to treatment) of venous thromboembolism (VTE) being a concern and that the timing of the risk assessment may be subject to variation. As a medical royal college we have issued guidance on clinical responsibility for patients who are located in the emergency department but who have been seen by and are under the clinical care of a team other than the emergency medicine team. This guidance states "Once a patient in the ED is seen by a specialty team, then that patient becomes the responsibility of the specialty team" [3]. This guidance was issued to ensure that emergency department doctors are able to prioritise the assessment and treatment of newly arrived patients in a timely fashion. It is not the role of emergency medicine doctors to be undertaking risk assessments that specifically relate to the hospital admission process; this is the role of the admitting specialty doctors, even when the patient is still in the ED. We would however expect emergency department doctors to undertake a VTE risk assessment for those patients who are being admitted for a prolonged period under the care of the ED team to a clinical area such as a Clinical Decision Unit or Observation Ward run solely by the emergency department.

We note your concern around the potential for confusion with regards the timing of the risk assessment however, as described above, these are issues for the admitting specialities and we feel it would be inappropriate to comment further.

Yours sincerely,



  
RCEM Quality in Emergency Care Committee Chair

**References**

[1] [https://rcem.ac.uk/wp-content/uploads/2024/01/RCEM\\_Crowding\\_Guidance\\_Jan\\_2024\\_final.pdf](https://rcem.ac.uk/wp-content/uploads/2024/01/RCEM_Crowding_Guidance_Jan_2024_final.pdf). Accessed 07.05.2024.

[2] <https://www.hssib.org.uk/patient-safety-investigations/harm-caused-by-delays-in-transferring-patients-to-the-right-place-of-care/>. Accessed 07.05.2024.

[3] [https://rcem.ac.uk/wp-content/uploads/2023/10/RCEM\\_Positon\\_Statement\\_Clinical\\_Responsibility\\_for\\_Patients\\_within\\_the\\_Emergency\\_Department.pdf](https://rcem.ac.uk/wp-content/uploads/2023/10/RCEM_Positon_Statement_Clinical_Responsibility_for_Patients_within_the_Emergency_Department.pdf). Accessed 07.05.2024.