

**M**onash **U**niversity **N**ational **C**entre for **C**oronial **I**nformation  
**Monash University**

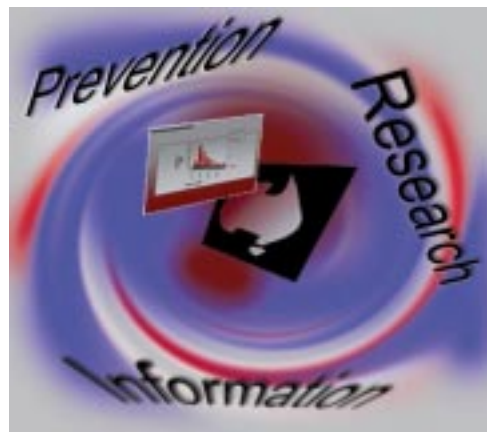
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# **Monash University National Centre for Coronial Information (MUNCCI)**

developing and managing the

*National Coroners Information System (NCIS)*



## **Annual Report 1998-99**



**MONASH UNIVERSITY**

Department of Forensic Medicine  
Department of Epidemiology and Preventative Medicine  
Monash University Accident Research Centre

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## 1. Preface

This is the first annual report of the Monash University National Centre for Coronial Information (MUNCCI). It covers the period 1 July 1998 to 30 June 1999, though there is some reference to background information prior to 1 July 1998<sup>1</sup>. MUNCCI is a consortium of the Victorian Institute of Forensic Medicine (VIFM)/Monash University Department of Forensic Medicine, the Monash University Department of Epidemiology and Preventive Medicine and the Monash University Accident Research Centre (MUARC). It is a research centre of Monash University<sup>2</sup> established specifically to develop and manage the National Coroners Information System (NCIS) on behalf of the Australian Coroners' Society. MUNCCI is located at the Victorian Institute of Forensic Medicine which is co-located with the Victorian State Coroner's Office (jointly known as the Coronial Services Centre).

MUNCCI is required by University policy to submit an annual report detailing an account of its current objectives, research activities and outcomes, a statement of income and expenditure, details of staffing and an account of any teaching and supervision undertaken.<sup>3</sup> This report addresses the first, third and fourth of these. While it is envisaged that MUNCCI will ultimately undertake some general reporting and research, it is premature at this stage as the database does not yet have national coverage.

MUNCCI's success to date in developing and implementing the NCIS is largely due to the support it has had from a number of key people and stakeholder agencies. In particular MUNCCI would like to express its thanks to Margaret Burdeu of the Commonwealth Department of Health and Aged Care. It was Margaret who was instrumental in generating the first funding agreement between DHAC and MUNCCI in June 1998 which enabled substantial NCIS development work to be done. It was also Margaret who conceived the establishment of the National Co-ordination Committee for Coronial Information (NCCCI) as a means of coordinating and liaising with key stakeholder agencies.

MUNCCI would also like to specifically thank Dr Tim Driscoll, of the National Occupational Health and Safety Commission, and Dr James Harrison, of the National Injury Surveillance Unit at Flinders University. Tim and James have provided significant amounts of support and expert guidance to MUNCCI beyond their roles as members of the NCCCI and the MUNCCI Board of Management. In particular they have provided their expertise in reviewing the core data set, identifying quality issues and working towards resolution of coding issues. MUNCCI is grateful for their time, effort and commitment. MUNCCI also appreciates the time and commitment of the members of the NCCCI, the role of which is to develop a national funding and policy framework. The members of this committee and the organisations they represent have invested considerable time and effort to ensure that the NCIS achieves its potential. MUNCCI would not have been able to make the progress it has without such support and commitment.

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<sup>1</sup> In particular see Schedule 1 - Preface to 1997 Business Plan, and Schedule 2 - Preface to 1998-99 Business Plan.

<sup>2</sup> MUNCCI was formally established as a research centre of the University by a decision of the University Council on 9 November 1998. Prior to that date, MUNCCI was informally constituted.

<sup>3</sup> Monash University Education and Research Policies, Part 3, p24

## **2. Executive Summary**

### **Major Achievements**

The plans for this year as set out in the 1998/99 Business Plan were all achieved.

#### **Planning and Communication**

- Produced and distributed Business Plan 1998/99.
- Developed and implemented comprehensive communication strategy including:
  - wide circulation of monthly newsletter;
  - continued direct liaison with stakeholders;
  - presentations made to interested public sector agencies;
  - convened national coronial registrars workshop and held monthly teleconferences with registrars;
  - articles written for local press and stakeholder publications;
  - ministerial briefings provided on a regular basis;
  - web site launched on VIFM home page.

#### **Technical Development**

- NCIS pilot program commenced in the ACT on 1 July 1998.
- Pilot independently evaluated in February 1998 indicating feasibility of NCIS as a remote data entry and retrieval system. A number of recommendations were made to improve the system. These were considered and, where appropriate, implemented by MUNCCI.
- ACT, New South Wales and Victoria brought on-line.
- Developed a local case management system for potential purchase by some coronial jurisdictions – sold to and installed in Tasmania. Interest in purchasing expressed by South Australia, the ACT, and the Northern Territory.
- Developed a range of training materials for NCIS data entry and retrieval and for the local case management system.
- Training provided to contributing agencies as required.
- Provided access to test database (containing artificial data) to interested individuals/agencies.

#### **Policy Development**

- Commissioned independent report on potential of the NCIS to be self-funding.
- Supported establishment of the National Coordination Committee for Coronial Information (NCCCI) and continued to provide executive support throughout the year.
- Commissioned independent report on privacy issues related to NCIS.
- Under the auspices of NCCCI the following tasks were undertaken -
  - Privacy protocols drafted;
  - Ethics paper drafted;
  - National funding strategy developed and endorsed;
  - Quality Assurance Framework for NCIS drafted;
  - Work commenced on liaising with contributing jurisdictions regarding their access rules.
- Commissioned independent security review (internal and external) of NCIS.

- Instructions provided to the NSW Attorney-General's Department regarding draft licence agreement and template funding agreement.
- Provided regular reports to the Standing Committee of Attorneys-General and to Coroners.
- MUARC commissioned to review the NCIS coding structure and draft a coding manual for specified data items.
- National Drug-Related Deaths Module Workshop held in March 1999. This led to consensus regarding the need and feasibility of the module. Work commenced on defining the scope and feasibility of a suicide module.

### **Funding**

- Approximately 50% funding required for 1999/00 secured.

### **Plans for 1999/00**

- Bring remaining jurisdictions on-line.
- Continue to support purchasers of the local case management system.
- Develop Business Plan 1999-2002.
- Continue to develop and implement communication strategy.
- Publish annual reports.
- Ongoing reporting to coroners and Standing Committee of Attorneys-General.
- Finalise licensing arrangements between MUNCCI and each contributing jurisdiction.
- Finalise access agreements with each of the contributing jurisdictions.
- Complete coding review and manual.
- Commence QA assessment of core data set.
- Progress development of drug-related deaths module.
- Continue to work with the Commonwealth Department of Health and Aged Care in exploring the feasibility of suicide module.
- Continue to support the work of the NCCCI.

### 3. Background

The idea for the development of a national database of coronial information has been discussed among Australian coroners for over ten years. Coroners often relied on ad hoc conversations or their annual conferences to exchange ideas or information on deaths and fatal hazards. What was needed was a systematic way of collecting and retrieving this information on demand.

In 1991 the Royal Commission into Aboriginal Deaths in Custody recommended that a national coronial record keeping system be established<sup>4</sup>.

The Australian Coroners' Society (ACS) was formed in 1991. In 1993 the ACS issued the following statement:

“The Australian Coroners' Society:

- a. Regards as essential to efficient coronership, a computerised process with database to enable the results of coroners' investigations to be nationally accessible;
- b. Recognises that a needs analysis and feasibility study is required to effect the above objective, and
- c. Resolves that endorsement be sought from each state and territory government.”

In 1994 the ACS engaged the National Injury Surveillance Unit (at Flinders University in South Australia), supported by Worksafe (now the National Occupational Health and Safety Commission), to undertake a feasibility study into the development of a national database for coronial information<sup>5</sup>. The study found that the current coronial systems did not provide the quality of information or an efficient means of access to information which is required by both coroners and major users of the data. The study made a number of recommendations, including “that coroners and administrative personnel from each jurisdiction develop plans for computerised administrative systems that include at least a common core of information which can support a national coronial information system. This may include cooperative development of systems or merging into a single system.”<sup>6</sup>

In 1996 Drummond Research P/L was engaged by the ACS to report on the implementation aspects of developing a national database. The aim of the report was to recommend a way forward to develop an “integrated, timely, effective, and efficient information system using data generated by the coronial system as a means of contributing to the development of effective and efficient injury prevention and public health initiatives.”<sup>7</sup> The report highlighted the key data areas in terms of stakeholder needs and public policy priorities. It also identified strategic issues to be addressed to

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<sup>4</sup> Royal Commission into Aboriginal Deaths in Custody, National Report Volume 1, p.180, recommendation 40.

<sup>5</sup> Moller, J (1994) Coronial Information Systems: Needs and Feasibility Study, National Injury Surveillance Unit, Flinders Adelaide

<sup>6</sup> *ibid* p.ii

<sup>7</sup> Alan E Drummond, Drummond Research Pty Ltd, The National Coronial Information System: Structure, Issues, Priorities and Processes, August 1996, page 1

ensure the success of the database. Part B of the report set out the implementation issues for both contributing jurisdictions and MUNCCI.

After Drummond's report was submitted to the ACS, MUNCCI began to examine the technical issues of developing the NCIS. It formed a coding committee and a technical committee to design the proposed database. In September 1997, at a special meeting in Canberra of the ACS, MUNCCI submitted a proposal to develop and manage the National Coroners Information System (NCIS). The substance of the submission was contained in MUNCCI's first business plan (dated September 1997) which set out the proposed scope of the NCIS. The plan envisaged a national approach to identify trends in preventable death and injury in Australia by harnessing comprehensive and up to date coronial data. This data would better inform coronial investigations and public health and safety policy development.

In March 1997 the Standing Committee of Attorneys-General gave their in principle support to the development of the NCIS. Subsequently, endorsement was sought and obtained from other relevant Ministerial Councils – health, consumer affairs, transport, labour, and police.

### **MUNCCI's Role**

MUNCCI's role is to develop the technical features of the NCIS, manage the resolution of key policy and funding issues which underpin the NCIS, and ultimately manage third party access to the data in accordance with the access rules specified by individual jurisdictions. The policy and funding issues are being resolved through the National Co-ordination Committee for Coronial Information (NCCCI).

In February 1998 MUNCCI began the technical development of the NCIS. On 1 July 1998 a pilot program was implemented in the ACT. Between July and November of that year, the functioning of the NCIS in the ACT was monitored and work began on bringing New South Wales on-line. In February 1999, Victoria was brought on-line. For further details of the implementation process, see part 7, Technical Development.

During the past year MUNCCI also took on the task of developing a local case management system for use by those jurisdictions that either did not have an electronic case management tool, or whose system required updating in order to meet the requirements of the NCIS core data set (see part 7).

### **Vision**

*To develop and maintain a high quality information service for coroners, which will also be of assistance to policy makers and researchers in the field of public health and safety, to benefit the Australian community by contributing to a reduction in preventable death and injury.*

## 4. Board of Management

The Board's functions are to:

1. Develop and approve strategic directions for the MUNCCL.
2. Monitor the implementation and operation of the National Coroners Information System.
3. Provide advice and support necessary for the Centre to discharge its responsibilities to the University, State and Territory coroners and key stakeholders.
4. Oversee the provision by the Centre of services provided in accordance with agreements made with user agencies.
5. Receive and approve the Centre's budget statements.
6. Receive and approve the Centre's annual reports to the University.
7. Ensure the timely and effective completion of the work program of the Centre.
8. Play an active role in ensuring effective communication between the Centre and the University, State and Territory coroners (including the Australian Coroners' Society) and key stakeholders.

**Chairperson:** Professor Nick Saunders, Dean of Medicine.

### **Members:**

Prof Stephen Cordner	Director VIFM
Assoc Prof Olaf Drummer (from February 1999)	Head Scientific Services VIFM
Dr James Harrison	Director of the Research Centre for Injury Studies Flinders University (incorporating the National Injury Surveillance Unit)
Graeme Johnstone	State Coroner of Victoria (representing the Australian Coroners' Society)
Jessica Lightfoot	Project Manager
Prof John McNeil	Head of the Department of Epidemiology and Preventive Medicine
Prof Joan Ozanne-Smith	Chair of Injury Prevention, MUARC
Assoc Prof David Ranson	Deputy Director VIFM
Vicky Winship (to May 1999)	VIFM Manager of External Projects/NCIS Technical Manager

## **Project Team**

The project commenced in 1997 with Vicky Winship as the Technical Manager and Kath Ettershank providing project management. After Kath's departure in February 1998, Helen McKelvie commenced as Manager, Program Development. Helen provided project management until July 1998.

The staff composition during 1998/99 was as follows:

- Vicky Winship was the Technical Manager for the project until her departure in May 1999;
- Jessica Lightfoot commenced as Project Manager in July 1998;
- Jenny Neame commenced as Training Officer in July 1998;
- Adam Bate commenced as a Programmer/Data Analyst in August 1998;
- Jarrod Boxall commenced as a Programmer in March 1999;
- Helen McKelvie continued to support the project in a part-time capacity during the year;
- Eleanor Neiger provided support to Helen McKelvie in preparing for the National Drug-Related Deaths Workshop.

## **5. Establishment Costs and Funding**

The Victorian Institute of Forensic Medicine has provided infrastructure and intellectual support for the NCIS project since 1996. It will continue to do so.

During 1997/98 capital funding was received from the Victorian Department of Justice (\$165,000) and Monash University (\$165,000).

In June 1998 the Commonwealth Department of Health and Family Services (now Health and Aged Care) provided \$355,000 development funding for the 1998/99 financial year.

During 1998/99 additional capital funding was provided by the National Occupational Health and Safety Commission (\$20,000) and the Federal Office of Road Safety (\$20,000).

## **6. National Co-ordination Committee for Coronial Information (NCCCI)**

The role of the National Co-ordination Committee for Coronial Information (NCCCI) is to develop a national policy and funding framework for the NCIS. Membership of the NCCCI comprises representatives of the following bodies or agencies:

- State/Chief Coroners
- Standing Committee of Attorneys-General
- Australian Health Ministers' Advisory Council
- Standing Committee of Officials on Consumer Affairs
- Police Ministers' Council
- Occupational Health and Safety Administrators' Group
- National Occupational Health and Safety Commission
- Federal Office of Road Safety
- Australian Bureau of Statistics
- Australian Institute of Health and Welfare
- Registries of Births, Deaths and Marriages
- National Centre for Injury Studies, Flinders University
- MUNCCI

The Chair of the NCCCI is Professor Dennis Else, Chair of the National Occupational Health and Safety Commission.

The NCCCI held its inaugural meeting on 12 October 1998. It subsequently met 3 times to 30 June 1999: 25 November 1998, 12 March 1999, and 7 May 1999. At its inaugural meeting it resolved to establish four sub-committees to undertake its substantive work: Governance and Funding; Intellectual Property/Rights to Access; Privacy Ethics and Security; and Quality Assurance.

An organisation chart setting out the relationships between MUNCCI, coroners, the NCCCI and its subcommittees is in Schedule 3 to this report.

### **Sub-committees**

#### **Governance and Funding**

In respect of governance, the sub-committee's task was to develop a statement outlining the NCCCI's function, both in the long and short terms, and the NCCCI's relationship to coroners, the Standing Committee of Attorneys-General and MUNCCI. The Committee acknowledges that the governance statement will be a living document responsive to changes in the policy climate nationally. A copy of the Governance Statement is in Schedule 4.

At its meeting on 12 October 1998, the NCCCI agreed that the NCIS required security of funding for the next three financial years in the sum of \$500,000 per annum (CPI indexed) in order for the database to be developed to its full potential. At its 12 March 1999 meeting, the NCCCI considered a funding paper developed by the sub-committee outlining proposed strategies to secure this funding on a whole of government basis. The NCCCI endorsed option A in the paper – a 50% contribution by the Commonwealth and

the remaining 50% provided by States and Territories on a per capita basis. It was considered that this arrangement was consistent with a number of other existing Commonwealth/State/Territory cost sharing arrangements.<sup>8</sup>

It is intended that funding be provided to MUNCCI for the next three financial years as set out in the table below.

<b>Funding of NCIS for 1999/2000 to 2001/2002 (Based on 50% contribution by the Commonwealth and CPI adjusted)</b>			
Option A			
<b>Jurisdiction</b>	<b>1999/2000</b>	<b>2000/2001</b>	<b>2001/2002</b>
Commonwealth	250,000	257,500	265,000
New South Wales	84,552	87,089	89,700
Victoria	61,802	63,656	65,500
Queensland	46,310	47,700	49,100
South Australia	20,048	20,650	21,250
Western Australia	24,241	24,968	25,700
Tasmania	6,411	6,603	6,800
ACT	4,193	4,318	4,400
NT	2,443	2,516	2,550
<b>Total</b>	<b>\$500,000</b>	<b>\$515,000</b>	<b>\$530,000</b>

### *Intellectual Property/Rights to Access*

The role of this sub-committee is to identify issues regarding ownership of coronial data and to identify the various regimes governing access to coronial data in each State and Territory. Ultimately the sub-committee will draw on this information to develop template licence and access provisions to be included in agreements between each jurisdiction and MUNCCI.

Each State and Territory is considering the scope and content of its access regime to be managed on their behalf by MUNCCI. MUNCCI is not authorised to grant any third party access to the NCIS until such time as the rules have been determined by each jurisdiction in respect of their data. A draft licence agreement is being prepared by the New South Wales Attorney-General's Department. Once a final draft is made available, the sub-committee will circulate the draft to each of the State and Territory working groups for consideration.

### *Privacy, Ethics and Security*

The role of this sub-committee is threefold: (1) to oversee the development of privacy protocols; (2) to consider models for the establishment of an ethics approval process for research applications; and (3) to oversee the development of security policies applicable to the database to ensure that the highest appropriate level of security is implemented.

<sup>8</sup> This paper was submitted to SCAG at their July 1999 meeting.

The sub-committee prepared draft privacy protocols and an ethics paper to be submitted to the Standing Committee of Attorneys-General at their July 1999 meeting. These papers will also be considered by State/Chief coroners at a meeting on 12 October 1999.

### Quality Assurance

The role of this sub-committee is to define the scope of quality assurance issues relevant to the successful operation of the NCIS and to propose ways in which satisfactory quality may be achieved and maintained. At the March 1999 meeting of the NCCCI the sub-committee tabled a Quality Assurance Framework document to govern the QA strategy of the NCIS.

In February 1999 MUNCCI engaged MUARC to review the NCIS coding structure and draft a coding manual for the NCIS. The sub-committee has been engaged in providing comment on the review process. The manual is for eventual use by coroners' registrars/clerks.

## **7. Technical Development – Core Data Set**

### **Pilot Database**

A pilot project commenced in the ACT on 1 July 1998. The ACT coronial office began entering core data items directly into the NCIS via the Internet, in effect using the NCIS as a case management tool (the ACT does not have an electronic case management system that could be interfaced with NCIS). An independent evaluation of the ACT pilot was carried out by Suzanne Blogg (Director, Masters of Applied Epidemiology (Indigenous Health) Program, ANU)). The evaluation report was submitted in February 1999 and its recommendations have been considered. In summary, the report found that the NCIS is feasible as a remote data entry and retrieval system via the Internet. It found that the technical and training support given by MUNCCI meets user needs but that there is a need for dedicated resources at the local office level.

### **Bringing a Jurisdiction On-line**

Bringing a jurisdiction on-line means a jurisdiction is either entering their data directly into the NCIS via the Internet or is transferring their data electronically from their case management system to the NCIS. Where a jurisdiction is brought on-line, its data is stored centrally at MUNCCI. It is accessible only by authorised staff at the jurisdiction's coronial office and staff of MUNCCI. There is no sharing of data amongst jurisdictions or to third parties and there will be no such sharing until the ownership and access issues identified have been resolved to the satisfaction of coroners and Ministers. It will be a matter for each jurisdiction to specify to MUNCCI its access rules. MUNCCI's role will be to manage the access arrangements to third parties in accordance with the rules specified by each jurisdiction.

### **Local Case Management System**

After bringing New South Wales and Victoria on-line (see below), it became apparent that remaining jurisdictions either had no electronic case management system or had a

less than optimal one. Therefore, in April 1999, MUNCCI began to develop a case management system (CMS) for use by those jurisdictions. As development of case management technology for use by coronial offices is not a core function of MUNCCI, work proceeded on developing a base model on the understanding that jurisdictions interested in using the CMS would purchase it at cost, including installation support and training, from MUNCCI. The cost to purchasing jurisdictions was allocated on a per capita basis. Commitments to purchase have been made by Tasmania, South Australia, ACT and the Northern Territory. While the ACT is already on-line, they are currently entering data directly onto the NCIS via the Internet. On occasions, Internet times can be slow. Use of the CMS will contribute to improved efficiency at the local level. The process for bringing these jurisdictions on-line will be greatly simplified by use of the CMS. The purchase agreement includes provision for ongoing maintenance by MUNCCI.

### **On-line Implementation**

#### **ACT**

The ACT came on-line on 1 July 1998 as the pilot jurisdiction. The ACT coronial office has been entering data on all cases created since that date via the Internet. Approximately 290 cases have been entered. The interface and database remained stable. The ACT will transfer to the CMS some time in late 1999.

#### **New South Wales**

New South Wales has been on-line since 1 November 1998. The transfer of case information from the NSW database to the NCIS is operating on a nightly basis and is functioning correctly. The system is being used regularly by the NSW staff to enter case information. Over 3,300 New South Wales cases have been entered into the system. This includes the attachment of a number of core reports (police investigation, toxicology, pathology and coroners' findings).

#### **Victoria**

Upload of Victorian information to the NCIS began in late January 1999. Over 1600 cases have been transferred to the NCIS since that time. Victoria intends to retrospectively enter cases reported from 1 January 1999. A dedicated NCIS data entry officer, funded by the State government, began work in the State Coroner's Office in June 1999.

#### **Tasmania**

MUNCCI is in the process of bringing Tasmania on-line with the CMS. A number of interface issues require resolution. MUNCCI has and will continue to provide technical support for implementing the CMS and establishing the link between the CMS and the NCIS. MUNCCI has also provided, at no cost to Tasmania, training to coronial staff for both the CMS and the NCIS. Further training may be provided if required.

#### **South Australia**

It is proposed to bring South Australia on-line with the CMS during July/August 1999. South Australia intends to back date data entry to 1 July 1999. MUNCCI will provide

technical support for implementing the CMS and establishing the link between the CMS and the NCIS. MUNCCI will also provide, at no cost to South Australia, training to coronial staff for both the CMS and the NCIS.

### Northern Territory

It is proposed to bring the Northern Territory on-line with the CMS after South Australia. MUNCCI will provide technical support for implementing the CMS and establishing the link between the CMS and the NCIS. MUNCCI will also provide, at no cost to the NT, training to coronial staff for both the CMS and the NCIS.

### Western Australia

Western Australia (WA) currently has no electronic case management system. While Western Australia has indicated it is interested in purchasing the CMS, it is not in a position to make a commitment at this stage. Their readiness to come on-line will be assessed during July and August 1999.

### Queensland

As Queensland does not yet have a centralised coronial system, it is not yet in a position to indicate whether or not it will contribute data to the NCIS.

## **Security**

In early June 1999, MUNCCI commissioned an independent security review of the NCIS. The review was conducted by the Fulcrum Consulting Group. The purpose of the review was to assess the security of the NCIS both externally (via the Internet) and internally. The NCIS is located at the Victorian Institute of Forensic Medicine (VIFM) and, for reasons of cost, shares some of VIFM's IT infrastructure. The review found that the Internet security features were sound but that there were a number of aspects which should be addressed if the NCIS is to operate as a fully independent system. A number of minor recommendations made by Fulcrum were implemented immediately. A number of other recommendations require a cost/benefit analysis to be performed and this analysis will be done by MUNCCI in the first half of 1999/2000.

## **8. Module Development**

### **Drug-Related Deaths**

The development funding provided by the Commonwealth Department of Health and Aged Care (DHAC) included provision for investigating the feasibility of a specialist module on drug-related deaths. The feasibility study was to be conducted in two stages. Stage 1 involved the preparation of two papers: one to identify the drug-related data items currently collected, analysed and reported on; and the other to identify the data items ideally wanted by potential users of the module. These papers were completed in early 1999.

Stage 2 involved the conduct of a national workshop involving producers and users of drug-related deaths data to further clarify what a specialist drug-related deaths module

should look like and to identify the obstacles to its developments. The workshop was held on 18 and 19 March 1999 in Melbourne and was attended by over 50 representatives of agencies that produce relevant information, and those that will use it once it is accessible via the database - coroners, coroners' registrars/clerks, police, toxicologists, pathologists, representatives of health departments, drug and alcohol research organisations and other key stakeholders.

The aims of the workshop were to:

- Secure participation from key agencies who produce and use drug-related death data – toxicology laboratory managers, pathologists, coroners, registrars/clerks, police and other stakeholders.
- Facilitate understanding of the NCIS in general, and the coronial and scientific processes for producing information on drug-related deaths, in particular:
  - the 'factual' or opinion-based nature of the information;
  - the timeframes within which the processes occur; and
  - the differences between jurisdictions.
- Define the information required by drug-related deaths module stakeholders that can feasibly be provided on a national basis, including prioritising and coding opinion-based information.
- Identify solutions and resources required in each state/territory to remove obstacles to defined information being included on the database.
- Generate support for on-going development of the drug-related deaths module amongst participants.

The workshop made significant progress in defining the data that can feasibly be provided on a national basis. Participants also identified obstacles to standardising collection and reporting of data and strategies to overcome the obstacles. The workshop indicated substantial commitment on the part of professionals involved in producing drug-related deaths data.

There was consensus at the workshop that nationally standardised procedures and reports for coroners' investigations are crucial to developing a drug-related deaths module and that such a module would be valuable as a tool for defining and helping to resolve Australia's drug problems. The workshop revealed that the service organisations represented are prepared to cooperate and collaborate to develop standardised approaches to:

- the collection of initial scene and case demographic information by police (ensuring that a maximum number of risk factors are accounted for);
- post-mortem procedures and reports;
- toxicology testing and reporting; and
- case classification and coding.

Where it was considered that standardisation would not be possible, it was agreed that the database must give an appropriate indication to ensure that researchers and policy makers are able to make informed judgments about how the information can and should be used.

The workshop made significant progress towards defining the information that can feasibly be provided on a national basis. The participants also identified ways in which the major obstacles to standardising collection and reporting of the relevant information may be overcome in each of the jurisdictions. While to a substantial degree these solutions relate to the professional commitment of the individuals involved in producing the relevant death investigation information, it was agreed that this commitment will only bear fruit with the provision of adequate resources to make the required changes.

Participants from each of the disciplines represented at the workshop volunteered to coordinate the on-going consultation and cooperative work towards a more standardised approach to producing data on deaths involving drugs. A follow-up workshop to consolidate the work that will take place over the ensuing 12 months is planned for mid 2000.

On 22 May 1999 the feasibility report "Developing a Drugs Module for the National Coroners Information System" was submitted by MUNCCI to DHAC. The report included a write up of the National Workshop held in Melbourne on 18 and 19 March 1999 and a copy of the stakeholder analysis undertaken by Dr Graham Scott of the Monash University Accident Research Centre.

Should the appropriate funding be made available, it is proposed that a dedicated project officer be appointed to further define the scope of the module.

### **Suicides**

In March 1997 a workshop was held at the Coronial Services Centre in Melbourne to discuss data needs in relation to suicides. The aims of the workshop were to:

- Provide background information on the NCIS;
- Describe a 2 stage development process for the suicide priority area;
- Establish operational definitions for the identification of possible suicide cases, at the time of initial notification and upon completion of the investigation;
- Identify and prioritise core data needs for such cases;
- Note items that may be part of a more detailed study.

It is intended that a further workshop be held during 1999/2000 to investigate the feasibility of a suicide module. Attendees will include representatives of DHAC, State and Territory health agencies, ABS, and research organisations to identify additional suicide data items sought and to discuss impediments (such as definitional issues) and resource implications. MUNCCI will then be in a position to design and cost the module.

### **Work-Related Deaths**

During the year discussions were conducted with the National Occupational Health and Safety Commission (NOHSC) on the development of a work-related deaths module. NOHSC will liaise with State and Territory occupational health and safety agencies to identify the information required for the module, any impediments to collecting this data, and the means to overcome the impediments. MUNCCI will then be in a position to design and cost the module.

## **9. Communication Strategy**

In August 1998 MUNCCI circulated the first issue of its monthly newsletter, *MUNCCI Talk*, to stakeholders. The newsletter is distributed electronically to over 100 interested people across the public sector, academic institutions and research organisations. It is also sent to people in New Zealand and England.

Over the course of the 1998/99 year, a number of presentations on the NCIS were made, including presentations to the following:

- Australian Coroners' Society Conference 1998
- Victorian Attorney-General's Office
- Victorian Institute of Occupational Health and Safety
- Standing Committee of Attorneys-General
- Commonwealth Department of Health and Aged Care
- Australian Institute of Health and Welfare
- Queensland Department of Justice
- Australian Bureau of Statistics
- National Working Group on Water Safety Issues
- 6<sup>th</sup> National Conference on Suicide Prevention
- National Aboriginal and Torres Strait Islander Road Safety Workshop
- Tasmanian public sector agencies

## 10. Financial Summary

NCIS funding is independently audited as part of the Victorian Institute of Forensic Medicine's audited accounts. Funding and expenditure is set out below.

### **1997/98 Financial year**

Department of Justice, Victoria	165,000	
Monash University	165,000	<b>330,000.00</b>
Expenditure		<b><u>305,602.65</u></b>
<b>Balance</b>		<b>24,397.35</b>

### **Funding 1998/99**

Department of Health and Aged Care	235,000.00	
Department of Health and Aged Care	70,000.00	
Department of Health and Aged Care	50,000.00	
Federal Office of Road Safety	20,000.00	
National Occupational Health and Safety Commission	20,000.00	<b>395,000.00</b>

### **Expenditure**

Travel/accommodation	29,840.85	
Hardware	42,552.50	
Software	5,280.00	
Salaries	213,186.36	
Computing – other	12,400.00	
Consultants	39,092.00	
Office requisites	17,194.00	
Training	22,148.00	<b><u>381,693.71</u></b>
<b>Balance</b>		<b>37,703.64</b>

## **Schedule 1 - Preface to First Business Plan (September 1997)**

*The potential for coronial information to identify trends in preventable injury and death was identified almost 100 years ago by William Brend. In Australia, commencing in Victoria in 1985, coroners have increasingly embraced this potential as, arguably, their raison d'être. Certainly, if the results of coronial investigations are not informing public health and safety strategies then big opportunities are being missed. The national approach envisaged in this Business Plan will take Australia to the forefront internationally in death and injury prevention by releasing the massive potential captured by coronial findings for the benefit of Australians.*

*This Business Plan owes its existence to the efforts, freely given, of many people. Graeme Johnstone, Victoria's State Coroner since 1995, and the Australian Coroners' Society deserve to be congratulated for their enthusiasm in pursuing the goal of a national approach to coronial information. Important, in the early stages of turning ideas into reality was the work of Jerry Moller (National Injury Surveillance Unit of the Australian Institute of Health) and Alan Drummond, whose publications are referred to in this Plan. More recently, critical contributions have been made by Vicky Winship, Gavin Reichel, Geoff Southwell, Danny Davis, David Tilson, Peter Vulcan, Joan Ozanne-Smith, John McNeil, Olaf Drummer, James Harrison, John Alexander and Tim Driscoll.*

*Through the whole history of this exercise, David Ranson has been a source of ideas and a ready participant in any discussion about its progress. Monash University, through the intervention of its Dean of Medicine, Bob Porter, its General Manager, Peter Wade and its Deputy Vice-Chancellor, Peter Darvall, had the vision to see the possibilities and has agreed to underwrite the capital costs associated with the project. In this the University has been joined by the Victorian Government's Department of Justice and it is important that the contribution of both be recognised and applauded. No individual has put more work into this project, however, than Kathy Ettershank. It is she who has arranged the meetings, taken and circulated minutes, badgered people to produce documents, written most of them herself and finally put together this business plan; to her a big thanks.*

*Finally, I think I know why this idea has progressed in Australia but not elsewhere. Only in Australia was there the foresight to collocate a Coroner's Office and a Forensic Pathology institution; to ensure that the former had to consider issues of public health and safety, and to ensure that the latter had the closest possible links with a major university, in this case, Monash. Monash has the internationally recognised Department of Epidemiology and Preventive Medicine, its own Accident Research Centre and the only academic Department of Forensic Medicine in Australasia. These links allow the culture of research to thrive in an environment of service provision for the benefit of the community. Should this business plan bear fruit, then the policy makers with that foresight can feel justly proud.*

STEPHEN M CORDNER, MA MB BS BMedSc DipCrim DMJ FRCPath FRCPA  
Professor of Forensic Medicine  
Monash University

Director  
Victorian Institute of Forensic Medicine

On behalf of the Monash University National Centre for Coronial Information

## **Schedule 2 - Preface to Second Business Plan (1998/99)**

*The rationale behind the establishment of the NCIS is that coronial information has the potential to inform coroners, policy makers and researchers about the causes of preventable death and injury in Australia. The lack of a national database of such information impedes awareness among coroners, policy makers and researchers of the extent and types of risks of injury and death which are present in our community which therefore hampers their ability to contribute to risk reduction.*

This is the second business plan produced by the informally constituted Monash University National Centre for Coronial Information (MUNCCI), a proposed research centre of Monash University (formalisation of the establishment of MUNCCI is currently before the Board of the Faculty of Medicine). The first plan was produced in September 1997 and was presented to the Australian Coroners' Society as part of a submission to manage the development and operation of the National Coroners Information System (NCIS). As a result of that submission, the Australian Coroners' Society endorsed MUNCCI as the management agency for the development and operation of the NCIS for a period of five years.

The 1997 business plan focussed primarily on the needs of coroners in the development of the NCIS. This second plan maintains a clear focus on coroners as the information source for the database and as its main users, and more explicitly acknowledges the significant interests of policy makers and researchers in coronial information, and their role as paying users contributing to the goal of the NCIS being self-funding within three years of its development phase. This acknowledgment is reflected in a slight amendment to the MUNCCI vision statement, and in modifications to the budget projections which indicate the broad focus of the NCIS.

This second business plan outlines the progress to date in the development of the NCIS and the planning strategy for the next twelve months. Under the plan, MUNCCI's role is to develop the necessary information capacities to underpin the NCIS, provide support to jurisdictions as they come 'on-line' (including training and help desk functions) maintain effective communication with key stakeholders and interested parties, and assist in the resolution of policy and funding issues. The MUNCCI Board of Management will continue to oversee the project team, particularly in relation to technical and finance issues.

The other major development since the first business plan was produced is the acknowledgment of a need for national input on policy and funding issues for the NCIS. A committee was proposed with broad representation from relevant federal and state government portfolios and key public sector agencies with an interest in coronial functions, coronial data, and public health and safety strategies. The response has been the establishment of the National Co-ordination Committee for Coronial Information (NCCCI). The primary role of the NCCCI will be to develop a national policy and funding framework for the NCIS. It will meet for the first time in October 1998 (details of membership are discussed in section 8.3 of the Business Plan). The MUNCCI project team will be providing secretariat support to the NCCCI, in addition to its other planned tasks.

I would like to thank all those agencies and individuals who continue to support the development of this valuable and exciting project - in particular, Monash University, the Victorian Department of Justice and the Commonwealth Department of Health and Family Services for their financial contributions and on-going interest in the management of the project; the members of the Australian Coroners' Society and their staff, without whose support and enthusiasm the NCIS would not be possible; and to the MUNCCI project team for their commitment and hard work. In particular, it is important that I acknowledge the enthusiasm and tireless assistance provided by Margaret Burdeu of the Commonwealth Department of Health and Family Services without whom the project would not have progressed beyond the first business plan. Helen McKelvie admirably and without fuss filled the gap left by Kathy Ettershank whose departure was occasioned by a substantial promotion. Finally, the advent of Jessica Lightfoot as Project Manager has continued the high level of commitment and performance by those responsible on a daily basis for the development and success of MUNCCI.

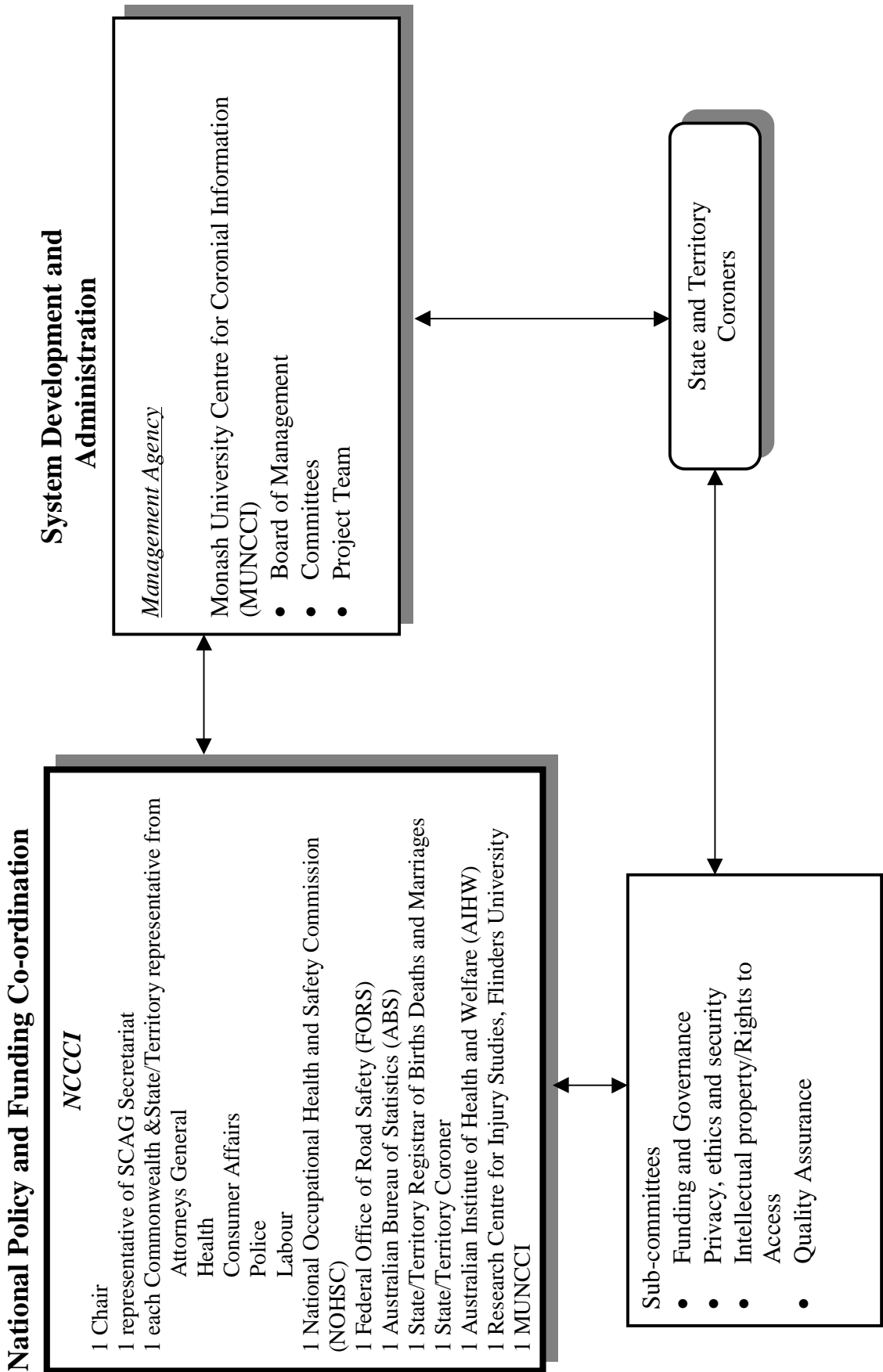
With the establishment of the National Co-ordination Committee for Coronial Information, a dedicated project team, and the support of coroners and other key stakeholders, MUNCCI has every opportunity to bring the plans outlined in this document to fruition and thereby to ultimately contribute to the reduction of preventable death and injury in Australia.

***Stephen M Cordner MA MB BS BMedSc DipCrim DMJ FRCPath FRCPA***  
**Professor of Forensic Medicine**  
**Monash University**

**Director**  
**Victorian Institute of Forensic Medicine**

On behalf of the Monash University National Centre for Coronial Information

### Schedule 3 - NCCCI Organisation Chart



## **Schedule 4 - NCCCI Governance Statement**

### **NATIONAL CORONERS INFORMATION SYSTEM**

#### **GOVERNANCE STATEMENT**

##### **National Coroners Information System (NCIS)**

The idea for the establishment of a national coronial database has been discussed in a number of forums within Australia for many years. In 1994 the Australian Coroners' Society endorsed the recommendation of the Australian Institute of Health and Welfare that a national coronial database be established. It was not until 1997 that extensive discussions came to fruition with the formation of the Monash University National Centre for Coronial Information.

The NCIS, when fully operational, will be a national database of coronial information which will replace the currently fragmented record keeping system between jurisdictions. In some jurisdictions records are stored manually and dispersed within the jurisdiction.

The benefit of the NCIS will lie in its capacity to provide comprehensive and up to date data about causes of preventable death and trends in preventable death. The identification of similar cases will assist coroners in investigating cases before them. Knowledge and understanding of trends and risk factors in violent and unnatural deaths will inform policy makers in developing strategies to reduce the incidence of preventable death and injury.

##### **Monash University Centre for Coronial Information (MUNCCI)**

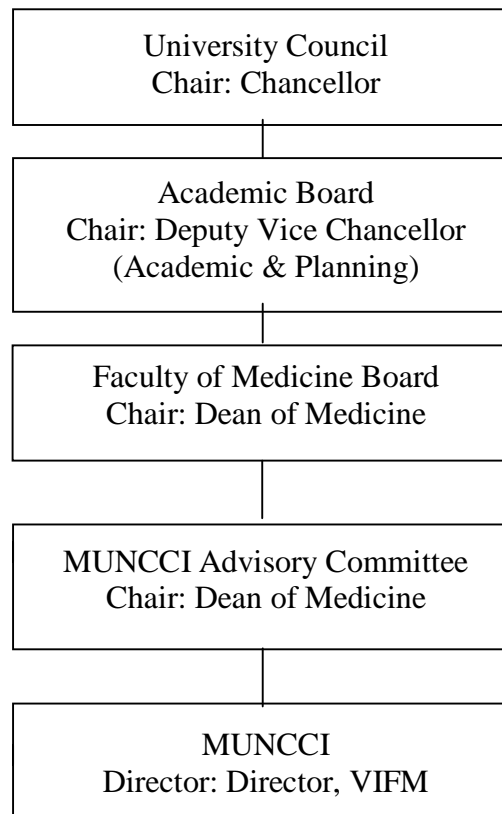
The Monash University Centre for Coronial Information (MUNCCI) is a Centre wholly established by Monash University and represents an intra University consortium of the Department of Forensic Medicine, Department of Epidemiology and Preventive Medicine and the Monash University Accident Research Centre. MUNCCI received initial support and funding from Monash University and the Victorian Department of Justice and in 1998 received additional developmental funding from the Commonwealth Department of Health and Family Services.

##### **Administration and Financial Accountability**

The MUNCCI is a research centre of Monash University located within the Faculty of Medicine. MUNCCI is responsible to the Faculty Board and ultimately to the Council of Monash University.

MUNCCI was established specifically to develop and manage the NCIS and was unanimously endorsed in September 1997 by the Australian Coroners' Society to do so on their behalf.

MUNCCI's formal administration and financial accountability is as follows:



Authority to enter into contracts for and on behalf of MUNCCI is vested in the Vice Chancellor and/or the General Manager of the University (in accordance with appropriate delegations).

The Australian Coroners' Society is a principal stakeholder in the development, maintenance and accessibility of the database. Accordingly, MUNCCI is required to liaise with coroners and their staff on an ongoing administrative basis.

#### **National Co-ordination Committee for Coronial Information**

As a result of the need to co-ordinate the development of NCIS and the involvement of the diverse range of stakeholders and interested parties a decision was made to establish a National Co-ordination Committee for Coronial Information (NCCCI).

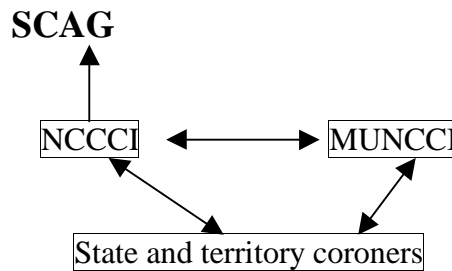
The NCCCI, chaired by Prof. Denis Else, is representative of a range of public sector and stakeholder agencies. It comprises representatives of the following:

- 1 representative of SCAG Secretariat
- 1 Commonwealth & 1 State/Territory representative from -
  - Attorneys General
  - Health
  - Consumer Affairs
  - Police
  - Occupational Health and Safety Administrators
- 1 National Occupational Health and Safety Commission
- 1 Federal Office of Road Safety
- 1 Australian Bureau of Statistics
- 1 State/Territory Registrar of Births, Deaths and Marriages

- 1 State and Territory Coroner
- 1 Australian Institute of Health and Welfare
- 1 Monash University National Centre for Coronial Information

The role of the NCCCI is to develop and oversee the broad national policy and funding framework for the NCIS.

Where appropriate, matters are to be referred to the Standing Committee of Attorneys-General (SCAG) for decision. The relationship between SCAG, NCCCI, MUNCCI and coroners is set out in the following diagram:



### **Policy Development**

Whilst it is expected that MUNCCI will put forward proposals for policy development it is expected that the NCCCI, being representative of the stakeholders of the NCIS, will be the principal policy making body for NCIS. It will be the NCCCI which settles such issues as the expansion of the database, access and security arrangements, and the funding framework.

Initially issues to be settled by the NCCCI will include strategies to achieve a national funding framework; information privacy implications; consideration of cost modelling options to achieve self-funding; intellectual property in the data; and inter data compatibility and quality assurance issues.

In addressing these funding and policy issues the NCCCI has established working groups with expertise beyond the membership of the NCCCI to develop draft proposals for consideration by the NCCCI.

In the longer term it is expected that the NCCCI will be the principal forum for discussion and agreement on modifications of significance to the database or the administrative or policy arrangements which have been settled in the establishment of MUNCCI.

### **Funding Arrangements**

Whilst it will be the role of the NCCCI to develop the national policy and funding framework to ensure the NCIS has sufficient resources for development and maintenance of the database, there are some funding arrangements already in place.

#### Establishment/ Development funding

In 1997 the NCIS project received establishment funding of \$165,000 from Monash University and a matching contribution from the Victorian Department of Justice.

The Victorian Institute of Forensic Medicine has provided ongoing support in the form of executive services, office space, staffing and infrastructure.

In June 1998 development funding of \$355,000 was provided by the Commonwealth Department of Health and Family Services (DHFS). The development funding has enabled the appointment of a full-time Project Manager to the MUNCCI project team, and the engagement of consultants to provide specialist advice. The DHFS funding has been provided to:

- support a proportion of the operational costs for the first year of the system's development;
- develop policies and protocols in relation to use of the data (privacy, ethics, intellectual property);
- develop a costing model for future use of the NCIS, with a view to it being self-funding after 3 years;
- investigate the viability of specialist modules on drug-related deaths and those involving intentional self-harm.

*Final arrangements for ongoing funding for the NCIS are being developed by the Funding and Governance Sub-committee.*

### **Provision and Access to Data**

The source of data for the NCIS will be coroners' files. This includes: the coroner's finding, the police report, the autopsy report, and supporting forensic medical reports (such as toxicology). Transcripts of inquests will not be included on the database.

The database will contain both coded and noncoded data. There will be a facility to search full text data using particular words or expressions.

The NCIS core data will include: case demographics; cause of death details; incident information; date of incident; location; textual information such as police reports, autopsy reports, toxicology reports; coronial findings; investigation information (types of investigations undertaken, for example engineering reports); and data entry information (who entered the data).

Additional specialist modules will complement the core data set. These modules will involve further development of the database and therefore additional resources. Modules for suicide and drug related deaths are already being developed alongside the core data with the help of targeted funding from DHFS. Other specialist modules envisaged include firearms and road traffic deaths.

### Access/Security Arrangements

There are significant Government issues relating to access to and security of the database which are currently being finalised.

The database will be maintained at a central location at MUNCCI. Data entry will mainly be undertaken locally by coronial jurisdictions. Retrieval will be decentralised via the Internet with firewall security to prevent unauthorised access.

Access rules applicable to the coronial data of each state and territory will need to be specified to MUNCCI. MUNCCI's role will then be to facilitate access to the database in accordance with the access rules applicable to each jurisdiction. Jurisdictions will therefore need to facilitate resolution of these access issues.