



COUNCIL OF OBSTETRIC AND PAEDIATRIC MORTALITY AND MORBIDITY

HILLCREST PRIMARY SCHOOL JUMPING CASTLE INCIDENT

On 16 December 2021, an incident occurred at Hillcrest Primary School in Tasmania's Northwest, involving a jumping castle and an adjacent Zorb ball enclosure. Members of COPMM and its committees acknowledge the loss of six children's lives and severe injury to three more children following this event. The Tasmania Police Northwest Regional Controller, Commander Debbie Williams has since led a multi-agency response and coordination of early recovery activities.

Responsibility for longer-term recovery transferred to the Department of Premier and Cabinet on the 28th January 2022. Recognising the circumstances of the event, and in consultation with local authorities, the Hillcrest Primary School incident was deemed a Level 2 emergency event under the Tasmanian Emergency Management Arrangements (TEMA).

Council is pleased to learn that Dale Webster, Deputy Secretary Community Mental Health and Wellbeing has been appointed as the Mental Health Recovery for the Hillcrest incident. Mr Webster is supported by Dr Aaron Groves as the specialist lead for adult mental health recovery while Professor Brett McDermott is the specialist lead for the child and adolescent mental health recovery. Professor McDermott is working directly with the Department of Education to implement a trauma screening and treatment program for the Hillcrest Primary School community.

SAFER BABY BUNDLE (TASMANIA)

The Safer Baby Bundle (SBB) Implementation Project continues to be progressed as planned. Each Public Maternity Service is busily working on local strategies to ensure each of the five elements are fully embedded into practice. With COPMM's support, Tasmania recently provided Stillbirth CRE with relevant Tasmanian Performance Indicator Data to review how the SBB efforts are impacting on clinical outcomes and to assist with creating national benchmarks for reflection across jurisdictions. Early review of these data continues to suggest that the many quality improvement efforts that have been fundamental for a number of years across Tasmania and more recently with the further push for consistency, continue to be having the desired outcomes and benefits.

Commonwealth funding to support an increase in the uptake of autopsy and investigations following stillbirth has been allocated to an extended program of local training in IMPROVE (Improving Perinatal Mortality Review and Outcomes via Education) as follows:

STAGE 1- IMPROVE Train the Trainer virtual workshop booked for the afternoon of 13 April 2022 (16 Tasmanian multi-disciplinary Health Professionals booked towards becoming credentialed IMPROVE Educators).



STAGE 2- IMPROVE face-to-face workshops coming to Tasmania early June 2022 (1x South [Friday 3rd June in Hobart] and 1x North [Monday 6th June in Launceston]). Opportunity for up to 40 participants per workshop (6 hours). Registration and further details coming soon and will be distributed widely.

Tasmanian future IMPROVE educators will be credentialled during these workshops and then will be able to run ongoing IMPROVE workshops for Tasmanian clinicians, ensuring access for all over time.

COVID@HOME-TASMANIAN UPDATE



Since COVID@ home commenced, the following trends have been noted.

There was a rapid increase in the number of reported paediatric cases since the start of the school term, with the age group 5-11 years particularly impacted with COVID@ home enrolments growing from 6 children per day on February 8th to 29 enrolments per day by 7th March 2022. During the month of February, COVID@ home cared for an average of 28 paediatric (0-16 years) patients per day.

In addition, throughout February COVID@ home provided care for 46 pregnant women. Forty-seven per cent of these women were reported to reside in the South of Tasmania while 22 per cent and 31 percent were found to reside in both the northwest and north of Tasmania, respectively. COVID@ home has developed strong networks with each region of the midwifery acute care settings to provide optimal care for pregnant women. (It is noted that these reported data only represent individuals who chose to enrol in the COVID@ home program).

COVID@ home is a voluntary service available to the Tasmania public when required. The COVID@ home team can be contacted to provide advice and support for anyone who has tested positive to COVID-19 or is caring for someone with COVID-19. Members of the COVID@ home team will assess the individual's situation and needs where the level of care will be influenced by risk factors such as:

- Age
- Vaccination status
- Symptom severity
- Suppressed immune system
- Pregnancy
- Identify as Aboriginal and/or Torres Strait Islander



Once an individual has enrolled in the program, their risk will be assessed as either low, moderate, or high-risk. The level of risk then determines whether the individual requires additional services such as increased number of daily observations and/or virtual health monitoring. COVID@ home currently has up to 300 specialised paediatric at home monitors available for the Tasmanian paediatric population. Unvaccinated or partially vaccinated paediatric patients and women who are pregnant automatically fall into the “moderate risk” group as a precaution.

AUSTRALIA AND NEW ZEALAND CHILD DEATH REVIEW AND PREVENTION GROUP: LATEST CHILD DEATH STATISTICS

The Australia and New Zealand Child Death Review and Prevention Group (ANZCDR&PG) that was established in 2005 and forms a collaboration of all state and territory child death review teams across Australia and New Zealand, has recently released its [latest report](#) detailing Australia and New Zealand Death statistics based on available 2019 jurisdictional data. Some of the key trends from the analysis of child deaths during 2019 include: Infants (children under one year) had the highest rates of child deaths in all jurisdictions, accounting for 60 per cent of all child deaths in Australia.

- Child mortality rates were substantially lower after infancy, with the second highest mortality rates in young people aged 15–17 years.
- Child mortality rates varied between 14.2 and 54.9 per 100,000 population aged 0–17 years.
- Infant mortality rates varied between 2.4 and 6.1 per 1,000 live births.
- Indigenous child mortality rates were two to three times higher than the non-Indigenous child mortality rates.
- Deaths from diseases and morbid conditions accounted for 71.5 per cent of all child deaths.
- Suicide was the leading external cause of death in New South Wales, Victoria, Queensland, and Western Australia.
- Rates of infant deaths from Sudden Infant Death Syndrome (SIDS) and undetermined causes ranged between 0.32 and 0.44 per 1,000 live births.

COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE (TASMANIA)

The Office of the Commissioner for Children and Young People (Tasmania) has highlighted the Commissioner’s recent submission to the Youth Justice Blueprint that includes reference to all supports required to promote a public health approach and push for universal services proportionate to the need targeting the first 1000 days of life. The full submission can be found [here](#).



COMMITTEES OF COPMM

PAEDIATRIC Mortality & Morbidity

This Committee continues to be chaired by Dr Michelle Williams and meetings are held to progress the review and classification of reported statewide paediatric death cases. This year the *Australian and New Zealand Child Death & Prevention Group* (ANZCDRPG) will meet virtually on May 17th and May 19th, 2022.

PERINATAL Mortality & Morbidity

The Committee chaired by Professor Peter Dargaville continues to recommend that Tasmania's private hospitals use PSANZ guidelines to report on perinatal cases to provide COPMM with more comprehensive additional information (including histology and pathology reports etc) on reported stillbirth cases.

Clinicians who are also required to complete the comprehensive National Perinatal Clinical Audit Tool (NPDCAT) for all reported perinatal death cases are advised to access the PSANZ classification code observation checklist to assist with completing this form. All private and public hospital M&M committees are also encouraged to use their respective M&M meetings to assist with the review and classification of reported perinatal death cases. The updated Tasmanian Perinatal Data Collection Form can be accessed via the COPMM's [website](#). Clinicians are requested to use the [Third Edition Version 3.1](#) for classification of all perinatal deaths.

MATERNAL Mortality & Morbidity

This Committee that is chaired by Associate Professor Amanda Dennis will finalise its review and classification of maternal death cases reported in Tasmania in 2020 prior to drafting its report. Progress of the Australian Maternity Outcomes Surveillance System (AMOSS Project) will continue to be tracked and its relevance to Tasmania's reporting assessed etc.

DATA MANAGEMENT

The Data Management Committee's Working Group have met to discuss preparations on its latest COPMM Annual Report based on available audited 2020 data. This report will be tabled in Parliament together with COPMM's Operations Report as part of the Department of Health's Annual 2021-22 Report in October 2022 (dates tbc). The Committee continues to monitor national developments in the Congenital Abnormality Registers as well as a national push to improve data timeliness and in-principle support for earlier supply of mortality data to AIHW.



COUNCIL NEWS

Council's Operations Report and latest Annual Report were both tabled in Parliament on 28th October 2021. Council has sought a 6-month extension to its current term until November 2022 to allow reliable progression of current priority activities to be achieved while the process for formal ministerial appointment of members to the new term continues to be progressed.

Membership for the current term in accordance with the Terms of Reference includes:

- Dr Michelle Williams (Chair- Paediatrician & RACP rep)
- Professor Peter Dargaville (employed in the delivery of Neonatal Services)
- Dr Anagha Jayakar (UTAS rep)
- Associate Professor Amanda Dennis (UTAS Rep)
- Dr Jill Camier (RACGP rep)
- Ms Kate Cuthbertson, Barrister at Law (Council nomination)
- Ms Sue McBeath (ACMTas rep)
- Dr Tania Hingston (RANZCOG rep)
- Dr Scott McKeown (Department of Health Representative) and
- Commissioner for Children and Young People, Ms Leanne McLean.

Please note that the address of Council's [website](#) has changed and continues to archive newsletters, Annual Reports and other relevant resource information including perinatal data collection and National Perinatal Death Clinical Audit Tool forms etc. *Enquiries: To Manager, Dr Jo Jordan; email: jo.jordan@health.tas.gov.au.*

Wishing all Readers good health and safety over the Easter break!

