NCIS

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National Coronial Information System Annual Report 2016-17

Contents

1 Director's Foreword 3

2 Financial Reports 4

2.1 Statement of Receipts and Expenditure – NCIS 4

2.2 Explanatory Notes for Statement of Receipts and Expenditure 5

3 Testimonials 6

4 Highlights and Achievements – Uses of Data 7

4.1 NCIS Data Reports 7

4.2 External Publications 7

4.3 Identifying Mortality Trends 7

4.4 Changing Behaviours for Community Benefit 8

5 Highlights and Achievements – Data Collection and Data Quality 8

5.1 Data Collection 8

5.2 Quality Assurance 9

6 Delivery of Reporting 10

6.1 Commonwealth Reporting 10

7 NCIS Business and Strategic Plan 10

7.1 NCIS Business Plan 2016-17 10

7.2 NCIS Strategic Plan 2013-17 10

8 Teaching, Training, Supporting 10

8.1 Support for Coders 10

8.2 NCIS Search Training 11

8.3 Student Placements 11

8.4 Conference Presentations by NCIS staff 11

9 Operational Report 12

9.1 Data Collection 12

9.2 Data Usage – NCIS Searches by Death Investigators 16

9.3 Data Usage – NCIS Searchers by approved third party researchers 16

9.4 Data provision – Data reports prepared by the NCIS 17

9.5 Quality Assurance 18

Appendix 1 NCIS Data Reports 20

Appendix 2 Research and Publications 25

1 Director's Foreword

The 2016-17 financial year was another productive year for the NCIS, with several pleasing outcomes.

We ended the year with a minimal overspend of the operational budget, $1,861, which is a positive result as during the year we required unbudgeted spend on ICT hardware. The revenue earned as User Pays fees increased again in 2016-17, exceeding expectations and this subsidised the increased operational spending.

The Partnership Agreement with the Commonwealth Department of Health was successfully renewed. The agreement secures Commonwealth Funding for the NCIS through to 2020. On finalisation of the Agreement, funding for both the 2015-16 and 2016-17 financial years was transferred. This has resulted in a healthy Trust balance at 30 June 2017 of $860,444.

June 2017 saw the completion of the Strategic Plan 2013-17. Review of the plan has made it clear how far the NCIS Business Unit has evolved in the past four years and how the data is essential to researchers and Coroners as an evidentiary tool. In the review of the Strategic Goals we are made aware of the work and role of the NCIS in the wider context of national data collection and access for the benefit of the community, through safety and death prevention initiatives.

The focus remains on ensuring the quality and completeness of the data contained in the NCIS with continued efforts on our quality assurance program and support of jurisdictional coders. We are also focused on the security of the data and maintaining the integrity of ICT Systems and programs as well as the skill level of the staff who work with those systems.

Once again it is pleasing to note the continuing increase in the number of data reports provided to Coroners and this output has further increased in the 2016-17 year. It is an endorsement for the value of the data and the quality of the work prepared by the NCIS team.

The work of the NCIS would not be possible without the support of the State and Chief Coroners in Australia and New Zealand and their staff. I thank them wholeheartedly for their ongoing support.

I also thank the justice departments of the Australian States and Territories and New Zealand, and the Australian Commonwealth for continued financial support.

I would also like to take this opportunity to thank Dr Eva Saar, who stepped into the role of Manager during Natalie Johnson's parental leave. Eva maintained the smooth running of the NCIS and rose to all challenges presented though out the year.

The preparation of the Annual report has been an opportunity to reflect on the value and variety of work performed by the NCIS and I am pleased to share these activities with you in the *NCIS Annual Report 2016-17*.

Neil Twist

Director, National Coronial Information System
Director, Strategic Planning
Department of Justice and Regulation, Victoria

2 Financial Reports

2.1 Statement of Receipts and Expenditure – NCIS

For the year ended 30 June 2017

	2017 $	2016 $
Opening balance (Cash in bank)	**496,496**	**774,116**
Add Receipts		
Income		
Government Grants - AU	**1,070,764**	**1,143,426**
Government Grants - NZ	**91,609**	**91,609**
User Pays (1)	**215,285**	**168,428**
TOTAL	**1,377,658**	**1,403,463**
Less Expenses		
Professional Services	**-**	**-**
Contractors, consultants and professional service expenses (2)	**29,387**	**4,281**
Depreciation	**65,102**	**15,012**
Employee related expenses	**799,149**	**802,193**
Information technology expenses	**334,774**	**340,701**
Other operating expenses	**-**	**-**
Postage and communication expenses	**534**	**482**
Printing, stationery and other office expenses	**1,587**	**1,103**
Staff training and development expenses (3)	**17,024**	**19,712**
Travel, entertainment and personal expenses	**4,545**	**11,217**
Utilities and services	**127,417**	**125,220**
TOTAL	**1,379,519**	**1,319,921**
Balance for the year	**(1,861)**	**83,542**
Capital Expenditure	**0**	**0**
Accrued Expenses & Accounts Payable (Net)	**3,182**	**-8,296**
Accumulated Depreciation (Net of asset movements)	**-6,905**	**15,012**
Grants Paid in Advance	**-26,000**	**27,000**
Accrued Revenue (4)	**400,000**	**-400,000**
Accounts Receivable (5)	**26,219**	**7,534**
Movement in Employee Provisions (6)	**21,751**	**12,656**
Closing balance (Cash in bank)	**860,444**	**496,496**

2.2 Explanatory Notes for Statement of Receipts and Expenditure

(1) User Pays income includes annual fees from third party researchers and fees from data requests. There has been a continued increase in workload in this area providing increased revenue received in the 2016/17 year compared to 2015/16 year.

(2) The majority of contractor expenditure related to the approved engagement of both an administration support officer and a research/engagement officer for NCIS when required to backfill temporary staff vacancies.

(3) Staff training and development remained steady in 2016/17 compared to the 2015/16 year. The following significant items of training related expenditure in 2016/17 year included: Leadership program, Oracle training for system development, Injury Prevention & Safety conference and the Asia Pacific Coroners Society Conference.

(4) Accrued Revenue reduction relates to revenue or income being received in the 2016/17 year from the Commonwealth Department of Health for the 2015/16 year contribution of $400K. There were delays in the partnership agreement not being finalised in the 2015/16 year, hence the contribution for 2015/16 was received in the 2016/17 year. The 2016/17 contribution from Commonwealth Department of Health was also received in the 2016/17 year.

(5) Accounts Receivable balance has increased slightly from last year. The majority of the debtors relate to current debt that is not yet due. There is continued monitoring of debtor balances ensuring debts are paid and cleared as promptly as possible.

(6) Provisions for employee benefits consist of amounts for annual leave and long service leave accrued by employees. Provisions are recognised when NCIS has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting period, taking into account the risks and uncertainties surrounding the obligation.

2.3 Government Funding Contributions made in 2016 – 17

Agency	Amount contributed $AUD (GST Exclusive)
Commonwealth	550,010
New South Wales	165,008
Victoria	132,808
Queensland	106,991
New Zealand	91,609
Western Australia	51,028
South Australia	38,649
Tasmania	12,540
Australian Capital Territory	8,348
Northern Territory	5,382
TOTAL	**1,162,373**

3 Testimonials

Selected words of appreciation received throughout the 2016-17 financial year are provided below:

Ann Lambino, Registrar, State Coroner's Court of NSW
NCIS reports are a useful tool for Coroners, and those of us who work in the coronial jurisdiction, to identify issues relevant to cases we may be investigating. In a number of cases the NCIS reports have identified trends and/or public safety issues which have resulted in recommendations aimed to prevent future deaths. It is always a pleasure dealing with the NCIS team, they are courteous, professional and highly efficient.

Dr Jennifer Pilgrim, PhD. Senior Research Fellow Head, Drug Harm Prevention Unit
The NCIS is an invaluable resource to my research and has been for over a decade. It remains one of the most unique databases internationally in terms of its content, accessibility, and data quality and has led me to new collaborations with researchers throughout the world. My research, which focuses predominantly on drug-related death and other issues relevant to forensic medicine and public health, relies on high quality medico-legal data, which I have been able to access using NCIS for a range of different studies I have published in recent years. The NCIS staff are always helpful and happy to assist my research staff and PhD students with search techniques and other queries relating to use of the database. The NCIS is a superior resource for forensic and medico-legal research.

Shane Daw ESM, National Coastal Risk & Safety Manager, Surf Life Saving Australia
Surf Life Saving Australia (SLSA) has been fortunate enough to work with the team from NCIS for a number of years. The information we have been able to access and use, in addition to the consultation and support that has been provided by the NCIS staff, has been invaluable for our research. SLSA recognises the information provided by NCIS as the most reliable and comprehensive 'gold standard', enhancing our own information. The support from NCIS staff has at all times provided timely and accurate insights, assistance and advice. This has enabled SLSA to conduct research and analysis into aquatic and drowning deaths that drive the development of evidence-based water safety strategies and initiatives for the future.

Matthew Phillips, Data Manager, LifeSpan, BlackDog Institute, University of NSW
The National Coronial Information System is our focal data source for the LifeSpan suicide prevention project. The portal allows ease of access and when custom extracts are required the team are extremely helpful. Using the data provided by the NCIS, our researchers are empowered to make discoveries and produce powerful reports that allow our regional partners to target their suicide prevention activities.

Nathan Watson, Partnerships Manager New Zealand Mountain Safety Council
The New Zealand Mountain Safety Council (MSC) uses NCIS as a critical component of our Insights data supply partnerships. NCIS provides MSC with a robust and dependable platform for easy access to relevant Coronial records, allowing us to access the information we need through one site, where we know we can trust the data. Our Insights work, which we use to develop prevention focused safety resources, messaging tools, public advice, and most importantly make evidence based decisions, requires mutually beneficial partnerships with a broad range of data suppliers. NCIS was one of those original partners who instantly understood how working together would enable better outcomes. Access to the NCIS database has been immensely helpful, not only through the information we can extract, but it's also paved the way for MSC to access other confidential data sources because having access to NCIS is highly regarded. MSC will continue to use this valuable tool, and the value of NCIS staff, as a critical element of our Insights platform.

Jonathon Vaughan, NCC Innovation and Analysis, Australian Building Codes Board
The National Coronial Information System has provided the Australian Building Codes Board multiple reports over several years. Working with the NCIS has always been a pleasure as they are extremely responsive and committed to meeting our specific data needs. Each report has been of the highest quality, both in terms of data and the structuring of information and the NCIS have the ability to present complex information in simple terms which is highly regarded by our stakeholders. I cannot recommend the NCIS more highly and thank them for their outstanding work.

4 Highlights and Achievements – Uses of Data

4.1 NCIS Data Reports

In 2016-17 the NCIS continued in our mission to provide comprehensive coronial data to those who need it by contributing a range of supporting activities to death investigators, researchers, government organisations, the media and community groups to support death prevention activities.

The NCIS Unit produced **121** research reports at the request of death investigators and external parties. This is a productivity increase of 30% from the previous year.

The majority of reports were focused on deaths related to intentional self-harm, prescription and illicit drugs, as well as vehicle related deaths. Seventy of these reports directly informed coronial investigations. A full list of NCIS data reports is included in Appendix 1.

4.2 External Publications

The NCIS is available for direct access by researchers with ethically approved research projects. At 30 June, 2017, there were **102** active projects utilising NCIS data. Many of these research projects resulted in professional and peer reviewed publications which are often cited by media outlets to inform public discussion.

In 2016-17 there were **61** professional and peer reviewed papers published that utilised NCIS data and **31** distinct media publications. The research covers a range of risk factors in external cause deaths including; environmental factors, areas of employment, engagement with health services, use of alcohol and pharmaceutical substances, self-harm and analysis of the coronial process. A full list of publications is included in Appendix 2.

4.3 Identifying Mortality Trends

In 2016-17, the NCIS produced a number of research reports identifying issues of emerging concern. Areas of concern include; deaths relating to prescription and illicit drug use, child drowning fatalities and fatalities associated with quad bike use. Most notable, were several requests for data on intentional self-harm fatalities of persons employed in specific occupations or residing in specific areas. In the example listed below, the data provided by the NCIS informed policy development and safety guidelines intended to change behaviours and increase community safety.

COAG Health Council

The NCIS produced five separate reports on self-harm among medical and veterinary professions. These reports informed discussions at the Council of Australian Governments (COAG) Health Council[1], where it was agreed in August 2017 to adopt a nationally consistent approach to medical practitioner mental health care.

Australian Human Right Commission

The NCIS provided information about the methods and challenges of national data collection to the Australian Human Rights Commission (AHRC). Information was collected for inclusion in the AHRC publication, *A National System for Domestic and Family Violence Death Review* (December, 2016). The publication recognised the role of the NCIS alongside Coroners and Family Violence Death Review teams in terms of the 'obligation to collect

[1] COAG Health Council Meeting Communique 4 August 2017, http://www.coaghealthcouncil.gov.au/Portals/0/COAG%20Health%20Council%20Communique%20-%204%20August%202017.pdf

data.' The Commonwealth of Australia has commissioned a further report by the AHRC to investigate mechanisms for national data collection and reporting specific to family and domestic violence fatalities.

4.4 Changing Behaviours for Community Benefit

Queensland State Coroner

At the request of the Queensland State Coroner, the NCIS prepared two reports about contact and combat sport related fatalities. The data provided was utilised in reporting to a Queensland parliamentary inquiry into the potential regulation of combat sports.

Australian Competition and Consumer Commission (ACCC)

The ACCC requested a national data report about intentional self-harm fatalities involving helium gas. The data provided by the NCIS was utilised in the development of an application to amend the Poisons Standard, issued by the Therapeutic Goods Administration (TGA), in line with recommendations made by Victorian Coroner Audrey Jamieson.

Department of Health and Human Services (DHHS) Victoria

DHHS Victoria requested information about drug-related fatalities, particularly for Schedule 4 medicines. The data provided by the NCIS will be utilised in the development of a real-time prescription monitoring scheme in Victoria. The Drugs, Poisons and Controlled Substances Amendment *(Real-time Prescription Monitoring)* Bill 2017, was introduced into Parliament in August 2017.

Law Crime and Community Safety Council (LCCSC)

In November 2015 the LCCSC of the Council of Australian Governments requested the NCIS consult with a range of stakeholders in relation to the standardisation of coronial reporting of suicide. The NCIS consulted with Coroners and other stakeholders and prepared a response that was submitted to the LCCSC in October 2016.

5 Highlights and Achievements – Data Collection and Data Quality

5.1 Data Collection

All data contained on the NCIS is provided by each Coronial Court in Australia and New Zealand. Supplementary data is provided by the Australian Bureau of Statistics (ABS) and Safework Australia

- International Classification of Disease (ICD) coding – ABS
- Work Cover Investigation Number – Safework Australia

The NCIS unit ensure the data is comprehensive, quality assured and nationally consistent. Some of the data quality work undertaken in 2016-17 included:

Incorporation of New Zealand ICD-10 Codes

The New Zealand Ministry of Health (MoH) provided ICD-10 data for New Zealand cases from 2007 to 2015. This was integrated into the NCIS and means all NCIS cases now include an International Classification of Disease – Tenth Revision (ICD-10) code. Provision of ICD-10 coding from the MoH will now occur on an annual basis, in line with all acquisition of supplementary data.

Upgrade of Geocoding Reference Files

Geocoding reference files were upgraded to Australian Statistical Geography Standard (ASGS) bringing the NCIS in line with the ABS geospatial classification system. The residential and incident addresses for all deaths reported to an Australian coroner that are closed on the NCIS are geocoded against ASGS. This equates to a total of over 580 thousand address codes with geospatial coordinates. Geocoding is a valuable tool for

Coroners and researchers when seeking information about fatalities that take place in particular geographic regions.

Family Domestic Violence (FDV) Data Field

The "FDV Related" data field was implemented in 2014 as an initiative to identify fatalities that occur in the context of family and domestic violence. The field was removed from view in July 2017. From discussion with the Australian Domestic and Family Violence Death Review Network, it was determined to be an inappropriate data capture method for such information. At present there is not a national definition of family domestic violence and fatalities that occur in this context are complex by nature. There is no standardisation of language or of coronial reporting, all of which makes it difficult to codify circumstances for data capture. Should the need arise, the NCIS will work collaboratively with subject matter experts to implement appropriate data capture methods.

Alcohol and Drug Codeset Review

In 2015-16 the NCIS conducted a review of the pharmaceutical codeset for drug-related deaths, and its application by coders. Following the review, the NCIS have revised the pharmaceutical codeset and the advice to coders for these cases. The review was conducted in consultation with coders and toxicologists to address some common issues such as pharmaceutical name, commercial name and street name of drugs, drug classes and interpretation of toxicology reports. The revised codeset is will enable more precise data entry and comprehensive search results. The revised codeset will be implemented in 2017-18.

Supplementary data from Births, Deaths and Marriage Registries

In March 2017, the NCIS conducted a comparative study of data from the NCIS and all Australian Registries of Births, Deaths and Marriages (BDM). The objective was to compare the results between the data collections for two data fields: Country of Birth and Indigenous Status.

The study found that for the addition of BDM data would be a valuable supplement to the data already held on the NCIS.

Based on these results the NCIS has lodged an application to source BDM data for inclusion in the NCIS for a more complete dataset for the two fields. The application is currently under review by the registries and a response is due in October 2017.

5.2 Quality Assurance

During 2016-17 the NCIS commenced a project aimed at reducing the total number of closed cases on the NCIS awaiting quality review. Recent initiatives to assure the quality of data held of the NCIS include; the introduction of validation rules; a revised quality assurance program and the availability of online training modules for coders.

At 1 July 2016, there were over 30,000 closed cases awaiting quality review. Additional internal resources were allocated to prioritise case review and an extra 0.6FTE contract resource was employed to assist in reducing the backlog of cases waiting QA review.

At 30 June 2017, the number of closed cases awaiting review has been reduced by over one third to less than 20,000 cases. The objective now is that the backlog of cases awaiting review will be reduced to the Business as Usual level of between 4,500 and 5,500 cases by April 2018. This level is manageable within the substantive resource allocation.

There has been much dedicated attention given to reducing the backlog of cases awaiting review and the results are positive. These results are also provided in Table 11 in the Operational Report. In 2017-18 we will renew our focus on coder training to reduce errors and ensure correct information at the point of data entry.

6 Delivery of Reporting

6.1 Commonwealth Reporting

The NCIS delivered three mortality reports to the Commonwealth Department of Health as required under the partnership agreement held between the Commonwealth of Australia and the NCIS:

- NCIS Drug Mortality Data Report 2014
- NCIS Injury Mortality Data Report 2014
- NCIS Intentional Self-Harm Mortality Report 2014

7 NCIS Business and Strategic Plan

7.1 NCIS Business Plan 2016-17

In 2016-17, the NCIS Business Plan contained 11 work plan items to further the NCIS Goals of; improving data quality, releasing data, identifying early trends and increasing engagement with stakeholders. Ten goals were completed and the final task will be rolled over into the Business Plan for 2017-18. This was a very positive outcome and reflects the dedicated effort by all staff.

7.2 NCIS Strategic Plan 2013-17

June 2017 saw the end of the Strategic Plan cycle. Review of the plan made it clear how far the NCIS Business Unit has evolved in the past four years and the value of the NCIS to external stakeholders. In that time we have delivered on goals to improve data quality and to make data available in ways that best suit stakeholders; either by direct access or request for data reports. We have also focused on the security and integrity of the IT systems that host the NCIS. Areas where we have not delivered were in utilising the NCIS as an early warning system for trend analysis. Attempts to achieve this were unsuccessful due to the timeliness of data submission to the NCIS and it became evident the NCIS is not suited to an early warning system. It is more naturally a tool for evaluation and evidence and this is where focus will be directed for the coming strategic plan.

The NCIS Strategic Plan 2017-2021 has been drafted and will be put forward for approval by the NCIS Board of Management in the December 2017 meeting.

8 Teaching, Training, Supporting

8.1 Support for Coders

The NCIS continued to provide support to Coronial Court staff who code the data that is transferred to the NCIS. To meet the challenge of providing support to coders in many different locations, the NCIS have developed online training modules for coders. In 2016-17, the NCIS created coder training modules specific to New Zealand cases which are available online.

In addition, the NCIS introduced the publication of a quarterly newsletter for coders in an effort to provide regular and consistent information about coding on the NCIS. Newsletters included advice on coding drug and alcohol related cases and how to apply the ‘location’ field in water related cases.

8.2 NCIS Search Training

In recent years the NCIS have increased the frequency and currency of NCIS Search Training. To ensure third party researchers maximise the value of their access to the NCIS, all newly approved researchers are offered search training. This is conducted either in person or remotely over Skype. In 2016-17, the NCIS conducted 18 search training sessions, delivering training to 31 individual researchers.

The NCIS also provided three demonstrations to the Victorian Justice Human Research Ethics Committee (JHREC), the University of Ioannina (Greece) - Department of Forensic Medicine & Toxicology and the Population Health Research Network (PHRN) Centre of Data Linkage at Curtain University.

8.3 Student Placements

During 2016-17, the NCIS hosted three student placements. One student joined us from the Honours Criminology program at the University of Melbourne and two final year Health Information Management (HIM) students from La Trobe University. The students completed the following projects:

- An investigation of the implementation of coronial recommendations made to health related organisations in relation to fatalities of persons under the age of 18 years in Western Australia for the period 2007-2015.
- A review of the data field, Family Domestic Violence (FDV) related.
- A review of the Quality Assurance exemption rules for 'natural' cause deaths.

8.4 Conference Presentations by NCIS staff

The NCIS attended and presented at several conferences throughout the year in an effort to engage with stakeholders and support the work being done in the many areas of death and injury prevention.

- *Challenging the Mental Illness-Violence Nexus, Brisbane, July 2016*
- *The National Suicide Prevention Conference, Canberra, July 2016*
- *Australasian Vital Statistics Interest Group (ASVIG), Canberra, November 2016*
- *Asia Pacific Coroners Society Conference 2016, Perth, November 2016*
- *Police Consultative Group on Missing Persons, Darwin, April 2017*

9 Operational Report

9.1 Data Collection

In 2016-17, there were 22,114 new cases added to the NCIS, bringing the total number of cases contained in the NCIS at 30 June 2017 to 344,536.

Table 1: Total number of cases contained on the NCIS by financial year.

Financial Year	New cases	Total number of cases
2000 - 2001	17,458	17,458
2001 - 2002	18,186	35,644
2002 - 2003	18,313	53,957
2003 - 2004	18,824	72,781
2004 - 2005	19,515	92,296
2005 - 2006	17,943	110,239
2006 - 2007	17,426	127,665
2007 - 2008	21,620	149,285
2008 - 2009	22,566	171,851
2009 - 2010	21,380	193,231
2010 - 2011	20,841	214,072
2011 - 2012	20,664	234,736
2012 - 2013	20,896	255,632
2013 - 2014	21,935	277,657
2014 - 2015	22,545	300,112
2015 - 2016	22,310	322,422
2016 - 2017	22,114	344,536
Total		**344,536**

Each year the total number of cases contained on the NCIS increases, thereby increasing the value of the data to death investigators and researchers. Table 1 is a count of all cases contained in the NCIS – both open and closed cases and shows the number of new cases added within each financial year. On average over 17 years, the total number of deaths reported to a coroner is increasing.

Table 2: Total number of cases on the NCIS by jurisdiction and case type

Jurisdiction	Case Type Natural	Case Type Non-natural	Total Cases on NCIS
NSW	51,735	38,334	90,069
VIC	41,580	42,452	84,032
QLD	21,085	26,119	47,204
SA	31,633	12,402	44,035
WA	13,765	16,893	30,658
TAS	4,165	3,910	8,075
NT	2,302	2,895	5,197
ACT	3,510	1,908	5,418
NZ	17,603	12,245	29,848
Total	**187,378**	**157,158**	**344,536**

Table 2 displays a breakdown of the total number of cases by jurisdiction and by case type – natural cause death and non-natural cause death. At 30 June 2017, 54 per cent of fatalities investigated or under investigation by Coroners were natural cause deaths.

Table 3: Total number of cases on the NCIS by jurisdiction and intent type on completion

INTENT TYPE	JURISDICTION								
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ
Assault	42	1,142	247	732	370	91	866	466	449
Unintentional	944	17,041	1,530	11,349	5,867	1,728	20,247	8,255	6,875
Intentional Self-Harm	601	11,397	761	9,483	3,462	1,138	9,038	4,847	4,346
Legal Intervention	2	51	6	23	12	3	52	9	15
Operations of War, Acts of Terrorism	4	52	6	22	6	1	52	34	9
Complications of Medical or Surgical Care	83	552	37	386	617	188	1,305	156	201
Undetermined Intent	30	481	76	203	447	104	636	162	243
Other Specified Intent	0	23	1	11	7	1	3	7	4
Unlikely To Be Known	100	1,582	174	1,320	928	141	2,374	1,113	577
Total	**1,806**	**32,321**	**2,838**	**23,529**	**11716**	**3,395**	**34,573**	**15,049**	**12,719**

Table 3 shows a breakdown of intent on the total number of closed cases on the NCIS. Please note the total number of cases listed here does not match the total number of cases in Table 2, as not all closed cases contain intent coding and Table 3 displays closed cases only.

Table 4: Total number of cases closed on the NCIS by Jurisdiction and financial year

Jurisdiction	2013-14	2014-15	2015-16	2016-17
ACT	325	326	211	**309**
NSW	6,057	6,262	4,805	**4,453**
NT	327	258	376	**354**
QLD	3,197	2,829	2,589	**2,182**
SA	2,038	2,470	2,173	**1,795**
TAS	445	501	478	**516**
VIC	1,607	3,907	4,016	**9,458**
WA	2,062	2,055	2,047	**2,437**
NZ^	3,149	3,112	3,190	**2,902**
Total	**19,207**	**21,720**	**19,885**	**24,406**

Table 4 shows a 23 per cent increase in the total number of cases closed on the NCIS in the 2016-17 year. In part this is due to the increased number of cases closed on the NCIS by Victoria. The NCIS worked closely with the court to conduct a bulk closure of cases that had been closed by the court but not closed on the NCIS.

9.2 Data Usage – NCIS Searches by Death Investigators

Table 5: Total number of NCIS searches conducted by death investigators by search type and financial year

Type of search[2]	2013-14	2014-15	2015-16	2016-17
Query Design	528	1,365	1,227	**1204**
Coroners Screen	1,039	1,234	959	**276**
Find Case screen	10,653	21,154	27,154	**17,298**
TOTAL	**12,202**	**23,753**	**29,449**	**18,778**

Death investigators are those individuals who directly assist with the investigation of deaths reported to a coroner. They include coroners, coronial clerks, forensic scientists, pathologists and police assisting the coroner. Also included are police members who have access to the NCIS as death investigators such as the Victoria Police Arson Squad and Missing Person Units around Australia. Death investigators utilise the NCIS to assist in the investigation process, such as reviewing circumstances and outcomes in similar cases occurring in any jurisdiction in Australia and New Zealand. Death investigators also utilise the NCIS data report service for a similar purpose.

9.3 Data Usage – NCIS Searchers by approved third party researchers

Table 6: Total Number of NCIS searches conducted by third party users by search type and financial year

Type of search	2013-14	2014-15	2015-16	2016-17
Query Design	2,601	3,983	5,530	**7,756**
Coroners Screen	893	816	482	**419**
Find Case Screen	57,745	90,954	100,049	**91,665**
TOTAL	**61,239**	**95,753**	**106,061**	**99,840**

Third Party users comprise researchers, university departments, policy makers or government departments who have a bona fide involvement in monitoring and preventing injury and death in the community. Ethical approval for the research project is required for access to the NCIS. Table 6 shows that over 99,000 searches of the NCIS were conducted in the last financial year, an overall 6 per cent reduction on the previous year. There was an increase in the use of the 'Query Design' search function. This is a broad search and is more inquisitive in style than the specific 'Find Case' search function.

[2] The three types of searches, Query Design, Coroners Screen and Find Case Screen can be used interchangeably by all users. The Query Design is based on coded data and allows the user to create a specific query on any of the data collected. The Coroners Screen is a broad text based search utilising attached documentation. The Find Case search is a used to identify a specific known case.

Table 7: Total number of new and renewed third party applications for access to NCIS by financial year

External Research Projects	2013-14	2014-15	2015-16	2016-17
New projects	15	28	34	**25**
Renewed projects	8	8	18	**12**
Completed Projects	-	-	21	**13**
Total number of active projects 30 June 2017	**83**	**80**	**86**	**102**

At 30 June 2017, there were 102 active third party research projects utilising NCIS data. Of these 25 were new projects that commenced in the 2016-17 financial year. There were 13 projects completed and 12 renewed in the time frame. All publications produced by researchers accessing the NCIS are listed in Appendix 2.

9.4 Data provision – Data reports prepared by the NCIS

Table 8: Total number of data reports prepared by NCIS for external parties and death investigators by financial year

Organisation Type	NCIS Data Reports 2013-14	NCIS Data Reports 2014-15	NCIS Data Reports 2015-16	NCIS Data Reports 2016-17
External parties	42	44	32	**43**
Media organisations	8	5	6	**8**
Death investigators	11	41	55	**70**
TOTAL	**61**	**90**	**93**	**121**

The NCIS provides non-identifying statistical data reports at the request of external parties. This includes government, private and media organisations. In addition, data reports are provided to assist in death investigation at the request of coronial staff.

Throughout 2016-17, the NCIS team compiled **121** data reports for coroners and external parties including - media - an increase of 30 per cent from the previous year. The breakdown is detailed above in Table 8.

Similar to the 2015-16 financial year, there was a substantial increase in reports produced for coronial death investigators in 2016-17. The value of these reports to Coroners is evidenced in a 27 per cent increase in the provision of coronial data reports.

A full list of the report titles is included in Appendix 1.

9.5 Quality Assurance

The NCIS conducts a quality assurance (QA) review of all cases closed on the NCIS. Tables 9 to 11 provide detail about the QA activities conducted throughout 2016-17 and the results of these activities.

Table 9: Total number of cases quality assured by jurisdiction and financial year

Jurisdiction	2014-15	2015-16	2016-17
ACT	259	398	**347**
NSW	4,834	2,757	**6,099**
NT	264	378	**427**
QLD	3,409	7,815	**3,833**
SA	1,290	3,954	**2,109**
TAS	216	557	**520**
VIC	3,235	689	**4,477**
WA	1,454	1,075	**3,386**
NZ^	2,638	2,752	**4,039**
Total	**17,599**	**20,375**	**25,237**

Table 9 displays the total number of cases reviewed for quality by the NCIS. Reflecting efforts to reduce the number of closed cases awaiting review, the total number of cases reviewed increased by 24 per cent on the previous year. At 30 June 2017 there was a backlog of **19,521** cases awaiting quality review, a substantial reduction from the 30,059 at the same time the previous year.

Table 10: Total number of closed cases awaiting QA review by Jurisdiction and financial year.

Jurisdiction	2014-15	2015-16	2016-17
ACT	574	341	**226**
NSW	11,956	6,012	**2,695**
NT	591	492	**293**
QLD	5,970	4,281	**1,931**
SA	4,279	2,268	**1,014**
TAS	977	603	**395**
VIC	4,977	5,194	**5,712**
WA	4,067	2,895	**1,820**
NZ^	18,887	7,973	**5,435**
Total	**52,278**	**30,059**	**19,521**

Table 10 shows the total number of closed cases awaiting quality review for each jurisdiction. In each jurisdiction, except Victoria, there are fewer cases awaiting review than at the same time last year, with New South Wales seeing the greatest reduction in cases awaiting review. In Victoria, the increase in the total number of cases closed on the NCIS has had a flow on effect on the number of cases awaiting review.

Appendix 1 NCIS Data Reports

NCIS Data Reports 2016-17 – Reports for Coroners	
Requesting Party	**Report Title**
SA Coroners Court	Fatalities involving caravans 2000-2016
QLD Court Services	Cases involving Pentobarbitone Toxicity
NSW State Coroners Court	ISH fatalities involving mental health patients 2012-2015 inclusive
Coroners Court of QLD	Reflex Cardiac Arrest-Related Fatalities
NSW State Coroners Court	Synthetic Cannabis Fatalities in NSW, 2010 - 2016
Coroners Court of QLD-Brisbane Coroner	Fatalities associated with Terex Franna Cranes and road deaths involving articulated mobile cranes.
NSW State Coroners Court	DSC Dillon Statistics
NSW State Coroner	Deaths at Tweed Hospital
NSW State Coroner	Deaths at Sydney Adventist Hospital
NSW State Coroner	Deaths in custody- homicides by psychiatrically ill cellmates
NSW State Coroner	Venlafaxine Related ISH deaths amongst people aged 25 or under
Coroners Court of Queensland	ISH deaths of mental health patients in mental health facilities in Australia 2006-2016
Victorian Coroner's Court	Deaths of children from baby hammocks 2000-2016 in Australia excluding VIC
Coroners Court of Queensland	Cases involving Pentobarbitone Toxicity- further breakdown of CR16-26 in Vet surgeries including whether the source of the Pentobarbitone was in tablet or liquid/injectable form
NSW Coroners Court	Deaths as a result of Nembutol 2011-2015 in Australia
NSW Coroners Court	Intentional Self-Harm Deaths of veterans and ex-service personnel in NSW 2000-2016
QLD Coroners Court	Fatalities from contact sports in Australia 2006-2016
WA Coroners Court	Intentional Self-Harm Deaths of members of the Defence Force 2010-2016
QLD Coroners Court	Intentional Self Harm Deaths in Australia where the deceased had contact with the justice system- in particular Queensland Police Service 2006-present
NSW Coroners Court	Non ISH deaths involving trains/railway tracks in NSW particularly if criticisms were made of CCTV/ surveillance footage 2006-2016
QLD Coroners Court	Deaths from injuries sustained from professional and amateur combat sports in QLD 2005 - 2016
NSW Coroners Court	ISH Deaths by Pentobarbitone 2006-2016
NSW Coroners Court	Children under 10 years of age run over by a motor vehicle in driveways including narratives of deaths across Australia 2000-2016
QLD Coroners Court	Intentional Self Harm Deaths in Australia involving ISH of Mental Health Patients
WA Coroners Court	Deaths resulting from alcohol toxicity
QLD Coroners Court	Fatalities resulting from cyclists being struck by trucks in QLD and Australia

NCIS Data Reports 2016-17 – Reports for Coroners	
Requesting Party	**Report Title**
NSW Coroners Court	Fires caused by explosions of lithium-ion polymer batteries in Australia from 2013-2016
WA Coroners Court	Deaths resulting from police pursuits in Australia 2010-2016
Goulburn Local Court	Intentional self-harm fatalities in Goulburn area in the last twelve months
SA Coroners Court	Fatalities involving baby slings in Australia, 2000-2016
NSW Coroners Court	Intentional self-harm fatalities at the Northern Beaches in NSW, 2014-2016
WA Coroners Court	Fatalities resulting from contrast anaphylaxis in WA
NSW Coroners Court	Intentional self-harm fatalities resulting from jumps off cliffs in NSW, 2010-2016
VIC Coroners Court	Deaths involving Miyo baby hammocks
NSW Coroners Court	Coronial Recommendations relating to LPG-installation related deaths
WA Coroners Court	Suicides/suspected suicides in WA from Jan to Feb 2016
ACT Coroners Court	Deaths where the person was a hoarder or refused medical treatment
ACT Coroners Court	Deaths in custody
WA Coroners Court	Deaths involving rock-fishing in Australia, 2004-2016
QLD Coroners Court	Motor vehicle fatalities involving older (65+) drivers
SA Coroners Court	Deaths in freezers/cold storage units in Australia, 2012 - 2017
WA Coroners Court	Drownings of children under the age of five in swimming pools at a private residence in Australia, 2012 - 2017
TAS Coroners Court	Fatalities involving chainsaws in Australia, 2000 - 2017
NSW Coroners Court	Unintentional poisoning from carbon monoxide in Australia, 2000 - 2017
WA Coroners Court	Drowning/immersion deaths in WA, 01/07/2016 - current
WA Coroners Court	Drownings of children under the age of five in swimming pools at a private residence in Australia WITH JURISDICTIONAL AND AGE BREAKDOWN, 2012 - 2017
WA Coroners Court	Pursuit and Intercept-related Fatalities in WA 2010 - 2016 (open cases only)
NSW Coroners Court	Waterskiing deaths in NSW, 2009 - 2017
QLD Coroners Court	ATV / Quad Bike deaths in Australia, 2015 - 2017
NSW Coroners Court	ISH fatalities among doctors in NSW, 2007-2017
QLD Coroners Court	Opioid related deaths in NSW, QLD, TAS & WA, 2010 - 2017
QLD Coroners Court	Opioid-related fatalities in QLD, 2010-2017
NSW Coroners Court	ISH fatalities involving post-natal depression in Australia, 2007-2017
SA Coroners Court	Anaphylaxis fatalities involving latex gloves in Australia, 2000-2017
NT Coroners Court	Drug-related deaths in the NT, 2006-2016
NT Coroners Court	Child deaths aged between 0-2 years in the NT, 2015-2017
SA Coroners Court	ISH fatalities among veterinarians in Australia, 2000-2017
SA Coroners Court	Anaphylaxis fatalities involving children in Australia
SA Coroners Court	ISH fatalities involving a "crocodile roll" in Australia, 2000 - 2017
NT Coroners Court	ISH fatalities in the rear of a police vehicle in Australia, 2000-2017
SA Coroners Court	ISH fatalities among medical students involving drug overdoses in Australia, 2000-2017
NSW Department of Justice	NCIS logins by organisations in NSW, FY2016-17
NSW Department of Justice	NCIS logins by organisations in NSW, FY2015-16
NT Coroners Court	Reportable deaths in the NT by suburb, 2013-2015

NCIS Data Reports 2016-17 – Reports For External Parties

REQUESTING PARTY	REPORT TITLE
TAS Coroners Court	ISH fatalities where the deceased was suffering from a terminal illness in TAS, 2000-2017
WA Coroners Court	Fatalities involving fentanyl in Australia, 2012-2017
WA Coroners Court	Motorcycle fatalities in WA, 2012-2017
QLD Coroners Court	Rugby fatalities in Australia, 2006-2017
NSW Coroners Court	Drowning fatalities in public swimming pools in Australia, 2000-2017
Department of Justice and Regulation-Victoria	Fatalities from Homicide in Victoria 2008/09-2014/15 financial year
National Fire Industry Association	Fatalities from house fires in Australia, 2001 - 2013
Southern Community Welfare	Fatalities from ISH in Sutherland Shire 2006-2013
Hunter New England Central Coast PHN	ISH deaths within the Hunter, New England and Central Coast LGAs
RACV	Quad Bike and Off Road Motorcycle deaths in Victoria 2003-2013
RACV	Driveway fatalities in Victoria 2003-2013
Catholic Care NT	Deaths in NT and in particular Tennant Creek, focusing on Intentional Self-Harm Deaths 2008-2013
Unions NSW	Intentional Self-Harm deaths within NSW 2005-2015 and if possible, where the deceased was a recipient/former recipient of workers compensation
Inner East Primary Care Partnership (ASDF Research)	Deaths of people aged 60+ within the Eastern Region of Melbourne
ECU & Parliament of Western Australia	ISH deaths of males over 85 years of age in Australia 2011-2015
NSW Department of Justice	Fatalities from Illicit Drugs listed in the DMTA in Australia 2008-2014
Department of Trade, Business and Innovation, NT Government	Fatalities on ISH deaths in Australia 2000-2015 including ISH deaths by Australian Defence Force members/veterans/ ex-service personnel
Department of Trade, Business and Innovation, NT Government	Fatalities on ISH deaths in Australia 2000-2015 including ISH deaths by Australian Defence Force members/veterans/ ex-service personnel
ECU & Parliament of Western Australia	Re-Release of existing report CR15-26 ISH Deaths in Australia of People aged over 65
Country and Outback Health	ISH Fatalities in Northern Country SA
Australian Building Codes Board	ISH Fatalities Resulting from Jumps/Falls from Non-Residential Buildings in Australia 2006 - 2016
NSW State Insurance Regulatory Authority	Deaths involving paintball guns, 2000 - 2013
Victoria Police	Hunting-related firearm fatalities in Victoria, 2010 – 2013

NCIS Data Reports 2016-17 – Reports For External Parties

REQUESTING PARTY	REPORT TITLE
Australian Building Codes Board	ISH Fatalities Resulting from Jumps/Falls from Non-Residential Buildings in Australia 2006 - 2016 WITHOUT JURISDICTIONAL BREAKDOWN
NSW Department of Justice	Fatalities from Illicit Drugs listed in the DMTA in Australia 2008-2014
Angels Hope	ISH fatalities in TAS for persons aged 12 to 44, 2011-2013
NT Department of Health	ISH fatalities in the NT, 2012-2015
Road Safety Commission WA	Fatalities involving drivers of heavy vehicles and fatigue, 2004-2014
The Salvation Army	ISH fatalities in NSW in 2015
Angels Hope	ISH fatalities in TAS for persons aged 45 to 65, 2011-2013
University of South Australia	ISH fatalities among farming community in Australia, 2004 - 2014
Unharm	Deaths involving MDMA in Australia, 2001 - 2013
Victoria Police	Coronial recommendations involving Victoria Police, 2013-2015
Austin Health	Fatalities involving Schedule 4 drugs in Australia, 2009-2014
SafeWork NSW	Horse related fatalities in NSW, 2000-2016
SafeWork NSW	Quad bike related fatalities in NSW, 2000-2017
Austin Health	Fatalities involving Schedule 4 drugs in Australia, 2009-2014 W
ACCC	ISH fatalities in Australia involving helium
Monash University (DFM)	Child drownings in Australia, 2001-2012
Coordinare - South Eastern NSW PHN	ISH fatalities in NSW, 2012-2015
North Western Melbourne PHN	ISH fatalities in VIC, 2004-2014
State Insurance Regulatory Authority	Quad bike fatalities in NSW and Australia, 2000-2017
Police Federation of Australia	ISH fatalities among police officers, 2006-2016
Country SA PHN	ISH fatalities in country SA, 2007-2015
National Motor Vehicle Theft Reduction Council	Motor vehicle theft-related fatalities in Australia, 2010-2015
Victorian Magistrates Court	Coronial findings relating to fatal assaults where the perpetrator was of Russian or Greek origin
Victoria Police - External Reporting Unit	Drug-related fatalities in the Richmond area, 2011-2016
Department of Health and Human Services	Drug-Related Fatalities in Australia, 2009-2014 (combination of DR17-04 and DR17-15)

NCIS Data Reports 2016-17 - Reports For Media

REQUESTING PARTY	REPORT TITLE
Australian Broadcasting Corporation (ABC)	Police ISH 2000 - 2014
Herald Sun	Gambling related deaths in Australia 2010-2016
ABC - Four Corners	Deaths involving use of herbal and vitamin supplements 2010 - 2016
ABC - Four Corners	Deaths of children under care orders/wards of the state where the child was in a residential care home or facility
The Advertiser, Newscorp (Adelaide)	Intentional Self-Harm deaths in South Australia 2006-2016
ABC - News	ISH fatalities in Australia involving helium or nitrogen gas, 2004-2014
The Australian	ISH fatalities in Australia by occupation, 2011-2014
ABC - Australian Story	ISH Fatalities at Story Bridge, Brisbane, 2001 - 2017

Appendix 2 Research and Publications

Publication Citation	Publication Date
MILNER, A. (2016). Suicide in the Construction Industry. *MATES in Construction, 1.*	**July 2016**
DORAN, C. M., LING, R., MILNER, A., & KINCHIN, I. (2016). The Economic Cost of Suicide and Non-fatal Suicidal Behaviour in the Australian Construction Industry. *International Journal of Mental Health & Psychiatry, 2*(4). doi: 10.4172/2471-4372.1000130	**July 2016**
STUDDERT, D. M. (2016). The modern coroner as injury preventer. *Injury Prevention*. doi: 10.1136/injuryprev-2016-042076	**July 2016**
STUDDERT, D. M., WALTER, S. J., KEMP, C., & SUTHERLAND, G. (2016). Duration of death investigations that proceed to inquest in Australia. *Injury Prevention*, 1-7. doi: 10.1136/injuryprev-2015-041933	**July 2016**
CHAPMAN, S., ALPERS, P., & JONES, M. (2016). Association between Gun Law Reforms and Intentional Firearm Deaths in Australia 1979-2013. *The Journal of the American Medical Association, 316*, 291-299.	**July 2016**
GLASS, D., PIRCHER, S., DEL MONACO, A., VANDER HOORN, S., & SIM, M. (2016). Mortality and cancer incidence in a cohort of male paid Australian firefighters. *Occupational & Environmental Medicine*.	**July 2016**
MCGAIN, F., WELTON, R., SOLLEY, G., & WINKEL, K. (2016). First Fatalities from tick bite anaphylaxis. *The Journal of Allergy and Clinical Immunology: In Practice, 4*(4), 769-770. doi: 10.1016/j.jaip.2015.12.023	**July 2016**
FORTINGTON, L., & FINCH, C. (2016). Death in Community Australian Football: A Ten Year National Insurance Claims Report. *PLoS ONE, 11*(7). doi: 10.1371/journal.pone.0159008	**July 2016**
PEDEN, A., FRANKLIN, R., & LEGGAT, P. (2016). The Hidden Tragedy of Rivers: A Decade of Unintentional Fatal Drowning in Australia. *PLoS ONE, 11*(8). doi: 10.1371/journal.pone.0160709	**August 2016**
SPAKE, L. (2016). *Selecting an appropriate reference sample for juvenile age estimation methods in a forensic context*. (Master's thesis). Simon Fraser University, British Columbia, Canada.	**August 2016**
SCOTT BRAY, R. (2016). Death investigation, coroners' inquests and human rights. *The Routledge International Handbook of Criminology and Human Rights 2017*. ISBN: 978-1-315-67989	**August 2016**

Publication Citation	Publication Date
JIMMIESON, N. L., TUCKER, M. & WALSH, A. (2016). Interaction effects among multiple job demands: An examination of healthcare workers across different contexts. *Anxiety, Stress & Coping*. doi: 10.1080/10615806.2016.1229471	**August 2016**
WILLIS, M., BAKER, A., CUSSEN, T., & PATTERSON, E. (2016). Self-inflicted deaths in Australian prisons. *Trends & Issues in Crime and Criminal Justice, 513*, 1-17.	**August 2016**
CRAMB, S., MENGERSON, K., & BAADE, P. (2016). Spatio-temporal survival of breast and colorectal cancer in Queensland, Australia 2001-2011. *Spatial and Spatio-temporal Epidemiology*.	**September 2016**
MILNER, A. J., MAHEEN, H., BISMARK, M. M., & SPITTAL, M. (2016). Suicide by health professionals: a retrospective mortality study in Australia 2001-2012. *Medical Journal of Australia, 205*(6), 260-265.	**September 2016**
VOJNOVIC, P. (2016). Managing suicide risk for fly-in fly-out resource industry employees. *J Health Safety Environment, 32*(2), 101-112.	**September 2016**
WELTON, R., WILLIAMS, D. J., & LIEW, D. (2016). Injury trends from envenoming in Australia, 2000-2013. *Internal Medicine Journal, 14*(2), 170-176. doi: 10.1111/imj.13297	**October 2016**
PEDEN, A., FRANKLIN, R. C., & LEGGAT, P. (2016). Alcohol and its contributory role in fatal drowning in Australian rivers 2002-2012. *Accident Analysis and Prevention, 98*, 259-265. doi: 10.1016/j.aap.2016.10.009	**October 2016**
ROGERS, J. G. (2016). *Dental hospitalisation of Victorian children and young adults - prevalence, determinants, impacts and policy implications*. (Doctoral thesis). The University of Melbourne, Melbourne, Australia.	**October 2016**
ATSISPEP. (2017). Solutions That Work: What The Evidence And Our People Tell Us. Retrieved from http://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf	**November 2016**
SAN TOO, L., PIRKIS, J., MILNER, A., BUGEJA, L., & SPITTAL, M. J. (2016). Railway suicide clusters: How common are they and what predicts them? *Injury Prevention*. doi:10.1136/injuryprev-2016-042029	**November 2016**
PILGRIM, J. L., DORWARD, R., & DRUMMER, O. H. (2016). Drug-caused deaths in Australian medical practitioners and health-care professionals. *Addiction*. doi: 10.1111/add.13619	**November 2016**
JOHNSON, K. (2016). Substance use mortality in HCPs: how often is it a mistake? *Addiction*.	**November 2016**

Publication Citation	Publication Date
WALSH, R. A., & RYAN. L. (2016). Hospital admissions in the Hunter Region from trees and other falling objects, 2008-2012. *Australian and New Zealand Journal of Public Health*. doi: 10.1111/1753-6405.12614	**November 2016**
LYNEHAM, M., CHAN, A., WILLIS, M., & MCDONALD, H. (2016). Prisoner-on-prisoner homicides in Australia: 1980 to 2011. *Trends & issues in crime and criminal justice, 517*.	**December 2016**
CHURRUCA, K., DRAPER, B., MITCHELL, R. (2016). Varying impact of co-morbid conditions on self-harm resulting in mortality in Australia. *Health Information Management Journal*, 1-10. doi: 10.1177/1833358316686799	**December 2016**
FULLER, G. W., HERNANDEZ, M., PALLOT, D., LECKY, F., STEVENSON, M., & GABBE, B. (2016). Health State Preference Weights for the Glasgow Outcome Scale Following Traumatic Brain Injury: A Systematic Review and Mapping Study. *Value In Health*. doi: 10.1016/j.jval.2016.09.2398	**December 2016**
CASSELL, E., & CLAPPERTON, A. (2002). Preventing injury in sport and active recreation. *Victorian Injury Surveillance & Applied Research System, 51*.	**December 2016**
BELLENGER, E., IBRAHIM, J. E., BUGEJA, L., & KENNEDY, B. (2017). Physical restraint deaths in a 13-year national cohort of nursing home residents. *Age and Ageing, 45*(6). doi: 10.1093/ageing/afw246	**January 2017**
AITKEN, G., MURPHY, B., PILGRIM, J., BUGEJA, L., RANSON, D., & IBRAHIM, J. E. (2017). Frequency of forensic toxicological analysis in external cause deaths among nursing home residents: an analysis of trends. *Forensic Science, Medicine, and Pathology*. doi: 10.1007/s12024-016-9830-9	**January 2017**
DERTADIAN, G., IVERSEN, J., DIXON, T. C., SOTIROPOULOS, K., & MAHER, L. (2017). Pharmaceutical opioid use among oral and intravenous users in Australia: A qualitative comparative study. *International Journal of Drug Policy, 41*, 51-58. doi: 10.1016/j.drugpo.2016.12.007	**January 2017**
PETRASS, L. A., & BLITVICH, J. (2017). Understanding Contributing Factors to Child Drownings in Public Pools in Australia: a Review of National Coronial Records. *International Journal of Aquatic Research and Education, 10*(1). Retrieved from http://scholarworks.bgsu.edu/ijare/vol10/iss1/3	**February 2017**
LILLEY, R., KOOL, B., DAVIE, G., DE GRAAF, B., AMERATUNGA, S. N., REID, P., BRANAS, C. C. (2017). Preventable injury deaths: identifying opportunities to improve timeliness and reach of emergency healthcare services in New Zealand. *Injury Prevention*. doi: 10.1136/injuryprev-2016-042304	**February 2017**

Publication Citation	Publication Date
MCINTOSH, A., FORTINGTON, L., PATTON, D., & FINCH, C. (2017). Using National Coronial Data to Identify Priorities for Preventing Death in Sport/Recreation. *British Journal of Sports Medicine, 51*(4), 360. doi: 10.1136/bjsports-2016-097372.192	**February 2017**
MCINTOSH, A., FORTINGTON, L., PATTON, D., & FINCH, C. (2017). Extreme Sports, Extreme Risks: Fatalities in Extreme Sports in Australia. *British Journal of Sports Medicine, 51*(4), 360. doi: 10.1136/bjsports-2016-097372.193	**February 2017**
BECK, B., SMITH, K., MERCIER, E., & CAMERON, P. (2017). Clinical review of prehospital trauma deaths - The missing piece of the puzzle. *Injury, 48*(2). doi: 10.1016/j.injury.2017.02.024	**February 2017**
MCINTOSH, A. FORTINGTON, L., PATTON, D., & FINCH, C. (2017). Deaths in Organised Sports in Australia: A Case Series Review of the National Coronial Information System. *British Journal of Sports Medicine, 51*(4), 360-361. doi: 10.1136/bjsports-2016-097372.194	**February 2017**
BYARD, R. W. (2017). Issues with suicide databases in forensic research. *Forensic Science, Medicine and Pathology*. doi: 10.1007/s12024-017-9859-4	**March 2017**
BANKS, J. (2017). Gambling, Problem Gambling, Crime and the Criminal Justice System. *Gambling, Crime and Society*, 63-109. doi: 10.1057/978-1-137-57994-2_3	**February 2017**
AUSTIN, A. E., VAN DEN HEUVEL, C., & BYARD, R. W. (2017). Differences in local and national database recordings of deaths from suicide. *Forensic Science, Medicine, and Pathology*. doi: 10.1007/s12024-017-9853-x	**March 2017**
WELTON, R., LIEW, D., & BRAITBERG, G. (2017). Incidence of fatal snake bite in Australia: A coronial based retrospective study (2000-2016). *Toxicon*. doi: 10.1016/j.toxicon.2017.03.008	**March 2017**
MARTIN, W. (2017). The coronial jurisdiction: Lessons for living. *Brief, 44*(2), 42-48. Retrieved from <http://search.informit.com.au/documentSummary;dn=680101895149897;res=IELAPA>	**March 2017**
MILNER, A., SAN TOO, L., & SPITTAL, M. J. (2017). Cluster Suicides Among Unemployed Persons in Australia Over the Period 2001-2013. *Social Indicators Research*, 1-13. doi: 10.1007/s11205-017-1604-6	**March 2017**

Publication Citation	Publication Date
KINCHIN, I., & DORAN, C. M. (2017). The Economic Cost of Suicide and Non-Fatal Suicide Behaviour in the Australian Workforce and the Potential Impact of a Workplace Suicide Prevention Strategy. *International Journal of Environmental Research and Public Health, 14*(4), 347. doi: 10.3390/ijerph14040347	**March 2017**
MILNER, A., WITT, K., MAHEEN, H., & LAMONTAGNE, A. D. (2017). Access to means of suicide, occupation and the risk of suicide: a national study over 12 years of coronial data. *BMC Psychiatry, 17*(125). doi: 10.1186/s12888-017-1288-0	**April 2017**
GLASS, D. C., DEL MONACO, A., PIRCHER, S., VANDER HOORN, S., & SIM, M. R. (2017). Mortality and cancer incidence among male volunteer Australian firefighters. *Occupational & Environmental Medicine.* doi: 10.1136/oemed-2016-104088	**April 2017**
STAFFORD, J., & BREEN, C. (2017). Australian Trends in Ecstasy and Related Drug Markets 2016: Findings from the Ecstasy and Related Drugs Reporting System (EDRS). *Australian Drug Trends, 172*.	**April 2017**
MITCHELL, R., CURTIS, K., & FOSTER, K. (2017). A 10-year review of the characteristics and health outcomes of injury-related hospitalisations of children in Australia. Retrieved from http://www.paediatricinjuryoutcomes.org.au/wp-content/uploads/2017/06/Australian-child-injury-report_FINAL-070617.pdf	**May 2017**
LOWER, T., ROLFE, M., & MONAGHAN, N. (2017). Trends and Patterns in Unintentional Injury Fatalities in Australian Agriculture. *Journal of Agricultural Safety and Health, 23*(2), 139-151. doi: 10.13031/jash.12091	**May 2017**
FRANKLIN, R. C., HEARN, J. H., & PEDEN, A. E. (2017). Drowning fatalities in childhood: the role of pre-existing medical conditions. *Archives of Disease in Childhood*. doi: 10.1136/archdischild-2017-312684	**May 2017**
MCDERMOTT, K. M., BREARLEY, M. B., HUDSON, S. M., WARD, L., & READ, D. J. (2017). Characteristics of trauma mortality in the Northern Territory, Australia. *Injury Epidemiology, 4*(1). doi: 10.1186/s40621-017-0111-1	**May 2017**
MANUEL, J., CROWE, M., INDER, M., & HENAGHAN, M. (2017). Suicide prevention in mental health services: A qualitative analysis of coroners' reports. *International Journal of Mental Health Nursing*. doi: 10.1111/inm.12349	**May 2017**
KOO, Y., KOLVES, K., & DE LEO, D. (2017). Suicide in older adults: Differences between the young-old, middle-old, and oldest old. *International Psychogeriatrics*, 1-10. doi: 10.1017/S1041610217000618	**May 2017**

Publication Citation	Publication Date
PEDEN, A. E., FRANKLIN, R. C., LEGGAT, P., & AITKEN, P. (2017). Causal Pathways of Flood Related River Drowning Deaths in Australia. *PLOS Current Disasters, 1*. doi: 10.1371/currents.dis.001072490b201118f0f689c0fbe7d437	**May 2017**
IBRAHIM, J. E., BUGEJA, L., WILLOUGHBY, M., BEVAN, M., KIPSAINA, C., YOUNG, C., RANSON, D. L. (2017). Premature deaths of nursing home residents: an epidemiological analysis. *The Medical Journal of Australia*. doi: 10.5694/mja16.00873	**May 2017**
JENKINS, B., READ, D. J., MCDERMOTT, K., & WARD, L. M. (2017). In the Drink: A Review of Morbidity and Mortality Associated with Water-Related Activities in the Top End region, Northern Territory, Australia. *Prehospital and Disaster Medicine, 32*(1). doi: doi:10.1017/S1049023X17006628	**May 2017**
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