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**MORTALITY SCREENING FORM**

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| Patient ID:Patient name:Date of death:Consultant: | Tick as appropriate:* Elective admission that resulted in death
* **Unexpected** death (in hospital)
* Patient had documented learning disability
* Patient had a serious mental illness and/or was detained under the Mental Health Act
* Child death up to 18 years
* None of the above
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| For an **unexpected** death: ‘Given the diagnosis & co-morbidities, would you be surprised if the patient had died during this admission?’ Yes ❑ No ❑ If yes, give reason: |

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| If any **sedative medications** were administered at the **end of life** were they appropriate for this patient? NA ❑ OR Yes ❑No ❑ If no, give reason: |

 Name and grade of doctor completing the form: \_

* Name of consultant/senior doctor case discussed with:

OR tick if not discussed with consultant/senior doctor: ❑

* As far as you are aware did the family or carers have any concerns about the patient’s care

Yes ❑ No ❑

**Brief description of case or attach copy of p2&3 of the cremation form**

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| Cause of death: or attach a copy of p2&3 of the cremation form |
| 1a |
| 1b |
| 1c |
| 2 |
| Referred to coroner |

**Do you have any concerns about the patient’s clinical care during their last admission?**

Yes ❑ No ❑

 (Please refer to the mortality screening points to consider list in the bereavement suite)

**If yes, describe below**

The national guidance on learning from deaths requires us to look at all deaths from two perspectives: the quality of care and avoidability of death.

**Quality of care (please circle one).** Evidence tells us that 10% of deaths may have issues with the quality of care. Care rated as 1, 2 or 3 will trigger a second review by a specialty M&M meeting and a member of the Mortality Surveillance Group.

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

1. Very poor care
2. Poor care which may have contributed to death
3. Adequate care with some care issues identified but not related to death
4. Good care
5. Excellent care despite the outcome

**Avoidability of death (please circle one).** Evidence tells us that in 1-4% of cases, death may be avoidable. Any death with an avoidability rating of 3, 4, 5 or 6 will trigger a second review by a specialty M&M meeting and a member of the Mortality Surveillance Group.

If rated 2, 3, 4, 5, or 6, please give reason:

1. No evidence death was avoidable
2. Slight evidence death was avoidable
3. Possibly avoidable but not very likely, less than 50-50

4. Probably avoidable, more than 50-50

5. Strong evidence of avoidability

6. Definitely avoidable

**Considering the case overall:**

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| Are there any specific learning points you would like to raise? Please detail below: | What actions do you think need to be taken to improve? (Guidelines/teaching etc.) |
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| **Clinical Effectiveness Team** |
| In hospital on-line mortality review form completed?  | Yes ❑ No ❑  |
|  review - specialty Mortality and Morbidity meeting  | Yes ❑ No ❑ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2nd review - by Mortality Surveillance Group  | Yes ❑ No ❑ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feedback to junior doctor - copy of the M&M minutes or review by MSG. | Date sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feedback to junior doctor - mortality bulletin | Date sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |