****

**Mortality Structured Judgement Review (SJR) Proforma (V1.0)**

Please complete the patient’s details below using your clinical judgement. This form should be reviewed by a senior nurse or senior doctor e.g. SpR or above.

|  |
| --- |
| **Case-notes reviewed**  |
| Patient Name: | Hosp No:Age / DoB: |
| Date of admission:Admission diagnosis:Date of Death:  | Please print your name: Job title: Contact number: Date of review:  |
| **Expectation of death** |
| Was this patient expected to die at admission?Was this patient expected to die subsequently? | Yes 🞏Yes 🞏 | No 🞏No 🞏 |
| **Brief Case Summary/Synopsis** |
| MCCD 1a Cause of death: Coroners Case :Yes 🞏 / No 🞏 |
| Elective Admission 🞏 | Emergency Admission 🞏 |
| **Admitted from:** |
| Own Home 🞏 | Residential/Nursing/Care Home🞏 | Other 🞏 |
| Warden/Sheltered Accommodation 🞏 | Other Hospital 🞏 | Unable to tell 🞏 |  |

|  |
| --- |
| **Phase of Care 1: On Admission (first 24hrs) –** *Brief description* |
|  |
| **Care during this phase was** Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |

|  |
| --- |
| **During the first 24hrs of Admission, was -**  |
| Was the patient seen by consultant within 14 hrs of admission | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Was patient death anticipated within 24hrs of admission | Yes 🞏 | No 🞏 | Unable to tell 🞏 |

|  |
| --- |
| **Phase of Care 2: On-going care –** *Brief description* |
|  |
| **Care during this phase was** Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |

|  |
| --- |
| **During Admission, did any of the following occur?** *(tick all that apply)* |
| Sepsis | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| AKI | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Hospital Acquired Infection (Pneumonia, Covid, C-Diff, etc) | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| In-patient Fall | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Inappropriate ward transfers | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Unexpected return to Theatre | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Signs of deterioration that were not acted upon | Yes 🞏 | No 🞏 | Unable to tell 🞏 |

|  |
| --- |
| **Phase of Care 3: Care during a procedure –** *Brief description or tick here if No procedure was undertaken* 🞏 |
|  |
| **Care during this phase was** Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |

|  |
| --- |
| **Phase of Care 4: Peri-Operative Care –** *Brief description or tick here if No procedure was undertaken* 🞏 |
|   |
| **Care during this phase was** Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |

|  |
| --- |
| **Phase of Care 5: End of Life Care –** *Brief description*  |
|  |
| **Care during this phase was** Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |

|  |
| --- |
| **During End of Life, was there -** *(tick all that apply)* |
| Regular Consultant Review | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| A Personalised Care Plan to support the patient’s death | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| RESPECT form completed | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Discussions with family/carers regarding deterioration | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Evidence that Patient’s End of Life wishes were followed | Yes 🞏 | No 🞏 | Unable to tell 🞏 |

|  |
| --- |
| **Assessment of Problems in Care**  |
| Were there any problems with the care of the patient? | Yes 🞏 | Please continue below : **Problem types** *then OAoC* |
| No 🞏 | Please continue directly to *Overall Assessment of Care* |

|  |
| --- |
| **Problem type(s)** *(tick/select an answer* ***only*** *for those that occurred)* **If this problem occurred did it lead to harm?** |
| 1. Assessment, investigation or diagnosis [incl risk of pressure ulcer, falls, VTE]
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |
| 1. Medication / IV fluids / electrolytes / oxygen
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |
| 1. Treatment and management plan [incl prevention of pressure ulcer, falls, VTE]
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |
| 1. Infection control management
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |
| 1. Operation / invasive procedure
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |
| 1. Clinical monitoring [incl failure to recognise / respond to changes]
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |
| 1. Resuscitation following a cardiac or respiratory arrest
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |
| 1. Other problem not fitting in the categories above
 |  Yes 🞏 |  No 🞏 |  Probably 🞏 |

|  |
| --- |
| **Overall Assessment of Care** *[in accordance with good practice] –**Brief description*  |
|  |
| **Care overall was** Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |

|  |
| --- |
| **Documentation**  |
| Standard of Documentation was | Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |
| Order of the Case-notes were | Very Poor-1 Poor-2 Adequate-3 Good-4 Excellent-5 |

|  |  |  |
| --- | --- | --- |
| **Was death considered to be >50% chance avoidable?** | Yes 🞏 | No 🞏 |

|  |
| --- |
| Please list learning points / changes in practice/ good practice for sharing / any other actions eg resulting from M&M discussion: |
| 123Above includes learning relevant to other specialties: Y / N |

|  |
| --- |
| **Outcome from Structured Judgement Review** |
| 1. **No further action required** (overall score is 3 or above and no problems in care identified which probably or did lead to harm)
 | 🞏 |
| 1. **Case to be discussed/presented** at Speciality M&M for Shared Learning
 | 🞏 |
|  **Please record date and outcome of M&M Discussion below:** |  |
| 1. **Escalation to Higher Level Review** (overall score is less than 3 or problems in care identified which probably or did lead to harm)
 | 🞏 |

|  |
| --- |
| **Higher Level Review *(To be completed by Trust Mortality Lead or nominated Clinician)*** |
|  |
| **Outcome from Higher Level Review** |
| 1. No further action required
 | 🞏 |
| 1. Case to be discussed/presented at Trust Mortality Group for shared Learning
 | 🞏 |
| 1. Escalation to Incident/Investigation
 | 🞏 |
| 1. Other outcome (as specified above)
 | 🞏 |
| **Higher Level Review Completed by:** | **Date of Review:**  |

This template was first adopted by Great Western Hospital, Swindon and modified for use at SFT, Feb 2022. Version 1.0 approved for use: March 2022, modified February 2023.

RCP guidance for Reviewers:

<https://www.rcplondon.ac.uk/sites/default/files/media/Documents/NMCRR%20guide%20England_0.pdf>