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**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.

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| **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 🞏 | | |  |

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| **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 |

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| --- | --- | --- | --- |
| **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 🞏 |

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

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| **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 🞏 |

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

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

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

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| **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 🞏 |

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| **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* |

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| **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 🞏 |

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| **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 |

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| **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 |

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

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| Please list learning points / changes in practice/ good practice for sharing / any other actions eg resulting from M&M discussion: |
| 1  2  3  Above includes learning relevant to other specialties: Y / N |

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| **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) | 🞏 |

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| **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>