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**M&M Mortality Review Proforma (for non-ME/ non-SII/ non-PSIRF/ non-LeDeR cases)**

Please complete the patient’s details below using your clinical judgement

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| **Case-notes reviewed:**  |
| Patient initials: Gender: | Hospital No: Date of Birth/Age: |
| Date of Death: Date of review:Date of admission:Admission diagnosis: | Please print your name:Job title: Contact number: Admitting consultant initials: Subsequent main consultant (if relevant):  |
| **Brief Case Summary/Synopsis** |
| MCCD 1a Cause of death:Coroner’s case: Y/NDelayed discharge: Y/N |
| Elective Admission 🞏 | Emergency Admission 🞏 |

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| **Was this death:** |
|  Raised by ME, or otherwise formally triggered:  Yes 🞏 No 🞏 |  Unexpected or >50% avoidable: Yes 🞏 No 🞏 |
| If Yes please use **SJR** proforma If No please complete following Sections  | If Yes please use **SJR** proforma If No please complete following Sections  |

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

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| **During End of Life, was there -**  |
| 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 type(s), tick only for any that occurred,** then go to Care sections |
| **No** 🞏 | Please **omit** section below and proceed to the following Care sections |

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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
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Medication/IV fluids/electrolytes/oxygen/VTE prophylaxis omission
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Treatment and management plan
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Infection control management
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Operation/invasive procedure
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Clinical monitoring
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Resuscitation following a cardiac or respiratory arrest
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Other problem not fitting in the category above
 | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |

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| **Care during a procedure *tick here* 🞏 *if no procedure was undertaken*** |
| Care was: Less than adequate -1, 2 Adequate-3 Good-4 Excellent-5If < 3 please give details**:** |

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| **Peri-Operative Care *tick here* 🞏 *if no procedure was undertaken*** |
| Care overall was: Less than adequate -1, 2 Adequate-3 Good-4 Excellent-5If 1 or 2 please give details**:**  |

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| **Overall Assessment of Care (OAoC)**  |
| Care overall was: Less than adequate -1, 2 Adequate-3 Good-4 Excellent-5If 1 or 2 please give details**:** |

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

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| **Outcome from Review** |
| **No further action required** (Overall score (OAoC) is 3 or above and no problems identified in care which probably or actually led to harm) | 🞏 |
| **Escalation to Higher Level Review** (Overall score (OAoC) is less than 3 or problems identified in care which probably or actually led to harm ) \*\* | 🞏 |

\*\* Notify Clinical Audit Facilitator: d.decastro@nhs.net

Sign-off by CG/M&M lead:

Name:

Title:

Date:

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

Shared mortality email inbox for advice: sft.mortality@nhs.net

Risk Team for advice: shc-tr.Riskmanagement@nhs.net Safeguarding team for advice: shc-tr.Safeguardingsft@nhs.net

Link to RCP Structured Judgement Review (SJR) guidance:

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