

### 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:	Please print your name: Job title: Contact number:
Date of Death:	Date of review:

Expectation of death		
Was this patient expected to die at admission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was this patient expected to die subsequently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Brief Case Summary/Synopsis		
<p>MCCD 1a Cause of death: Coroners Case :    Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p style="text-align: center;"> <input type="checkbox"/> Elective Admission                      <input type="checkbox"/> Emergency Admission         </p>		
Admitted from:		
Own Home <input type="checkbox"/>	Residential/Nursing/Care Home <input type="checkbox"/>	Other <input type="checkbox"/>
Warden/Sheltered Accommodation <input type="checkbox"/>	Other Hospital <input type="checkbox"/>	Unable to tell <input type="checkbox"/>

Phase of Care 1: On Admission (first 24hrs) – Brief description	
<b>Care during this phase was</b>	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 <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
Was patient death anticipated within 24hrs of admission	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>

Phase of Care 2: On-going care – Brief description	
<b>Care during this phase was</b>	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 <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
AKI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
Hospital Acquired Infection (Pneumonia, Covid, C-Diff, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
In-patient Fall	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
Inappropriate ward transfers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
Unexpected return to Theatre	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
Signs of deterioration that were not acted upon	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>

<b>Phase of Care 3: Care during a procedure – Brief description or tick here if No procedure was undertaken</b> <input type="checkbox"/>					
<b>Care during this phase was</b>	Very Poor-1	Poor-2	Adequate-3	Good-4	Excellent-5

<b>Phase of Care 4: Peri-Operative Care – Brief description or tick here if No procedure was undertaken</b> <input type="checkbox"/>					
<b>Care during this phase was</b>	Very Poor-1	Poor-2	Adequate-3	Good-4	Excellent-5

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

<b>During End of Life, was there - (tick all that apply)</b>			
Regular Consultant Review	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
A Personalised Care Plan to support the patient's death	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
RESPECT form completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
Discussions with family/carers regarding deterioration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>
Evidence that Patient's End of Life wishes were followed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to tell <input type="checkbox"/>

<b>Assessment of Problems in Care</b>		
Were there any problems with the care of the patient?	Yes <input type="checkbox"/>	Please continue below : <b>Problem types</b> then <b>OAOc</b>
	No <input type="checkbox"/>	Please continue directly to <b>Overall Assessment of Care</b>

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

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

<b>Documentation</b>					
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

<b>Was death considered to be &gt;50% chance avoidable?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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

**Outcome from Structured Judgement Review**

- |  |                          |
|--|--------------------------|
| 1. <b>No further action required</b> (overall score is 3 or above and no problems in care identified which probably or did lead to harm)     | <input type="checkbox"/> |
| 2. <b>Case to be discussed/presented</b> at Speciality M&M for Shared Learning   | <input type="checkbox"/> |
| <b>Please record date and outcome of M&amp;M Discussion below:</b>   |                          |
| 3. <b>Escalation to Higher Level Review</b> (overall score is less than 3 or problems in care identified which probably or did lead to harm) | <input type="checkbox"/> |

**Higher Level Review (To be completed by Trust Mortality Lead or nominated Clinician)**

**Outcome from Higher Level Review**

- |  |                          |
|--|--------------------------|
| 1. No further action required  | <input type="checkbox"/> |
| 2. Case to be discussed/presented at Trust Mortality Group for shared Learning | <input type="checkbox"/> |
| 3. Escalation to Incident/Investigation  | <input type="checkbox"/> |
| 4. Other outcome (as specified above)  | <input type="checkbox"/> |

**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](https://www.rcplondon.ac.uk/sites/default/files/media/Documents/NMCRR%20guide%20England_0.pdf)