Mortality & Morbidity formal review template

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| --- | --- |
| Reviewer: | Review Meeting date: |

**Reason for review:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Death**  **(pre-selected)** | **Death**  **(randomly selected)** | **Complaint** | **Untoward incident** |

**Patient details**

|  |  |
| --- | --- |
| Name:  Hospital number:  DOB:  (sticker) | Date of admission to ward: |
| Ward: |
| Date of death/ transfer: |
| Responsible consultant: |

**Description of case:**

**Describe any care quality concern(s), specifying domain where applicable**

|  |  |
| --- | --- |
| Pre-Haematology care | Yes/No |
| Acute management | Yes/ No |
| Ward Management | Yes/No |
| DTU Management | Yes/ No |
| Outpatient management | Yes/ No |
| Diagnosis | Yes/ No |
| Investigations | Yes/No |
| Escalation of care | Yes/No |
| Palliative phase | Yes/No |
| **OUH care priorities**  HCAI Pressure area Nutrition Falls VTE  Mental capacity issues | Yes/No |
| **Departmental priorities**  Within 30 days of Chemotherapy Within 100 days BMT  HTA compliance Jacie Compliance | Yes/No |
| Communication  Family Patient Clinical teams Others | Yes/No |
| Drug/ medication-related | Yes/No |
| Interaction with other services  GP Triage ED ITU Other | Yes/No |
| Haematology team working  Skills Supervision Work-load Nursing-related Handover Other | Yes/No |
| Other | Yes/ No |

**Conclusion**

**For all deaths, complaints and untoward incidents:**

|  |  |
| --- | --- |
| Were any care quality concerns raised? | Yes/No |
| Suboptimal care: but different management would have made NO DIFFERENCE to the outcome. **(Death unavoidable)** | Yes/No |
| Suboptimal care: different management MIGHT have changed the outcome. **(Avoidable death possible)** | Yes/No |
| Suboptimal care: different management WOULD PROBABLY have changed the outcome. **(Avoidable death probable)** | Yes/No |
| Are there departmental learning’s?  If yes please list in action plan. | Yes/No |

**Action plan (to be documented in Clinical Governance minutes and actions table)**

|  |  |  |
| --- | --- | --- |
| Action agreed | Person responsible | Date for completion |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Management of M&M review process and confidentiality:**

1. Haematology Team Leader will receive ward based ‘Screening table (H.66)’ for discussion at the service meeting from both clinical teams electronically.
2. The Screening table is displayed and reviewed at the Service meeting and deaths for formal review (H.74) are allocated to non-treating team or consultant/Senior SpR.
3. The formal reviews (H.74) are received by the Haematology Team Leader from the reviewer, before the day of the Service meeting.
4. The Haematology Team Leader will display the review at the service meeting.
5. The action plan from the review will form part of the meeting minutes and actions.
6. The reviews will be filed electronically with the MOG meeting minutes and action plans but will not be circulated with the minutes of the meeting. The anonymised formal review will cut and pasted into the meeting minutes.
7. Team specific actions will be forwarded t the lead consultant for discussion and management at the team quality meeting. Outcomes fed back to MOG
8. Local learning will be shared at Directorate Clinical Governance, where appropriate this will be escalated to Divisional Clinical Governance.

**Author**: Sandy Hayes, Quality manager Clinical Haematology.

**OUH approval**: Dr Ian Reckless, Assistant Medical Director (Clinical governance)

**Review**

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| --- | --- | --- | --- | --- |
| **Name** | **Revision** | **Date** | **Version** | **Review date** |
| Sandy Hayes, Quality manager | Compliance with OUH ‘Conclusions’ section. Revision of M&M management pathway to include notification forms. | April 2013 | 2.0 | March 2015 |
| Sandy Hayes, Quality manager | Designation change, I Reckless | May 2013 | 2.1 | May 2015 |
| Sandy Hayes, Quality manager | Insertion of mental capacity. Review of process | April 2016 | 2.2 | April 2018 |
| Sandy Hayes, Clinical lead | Update | February 2022 | 2.3 | February 2024 |