

## Appendix 1. Standardised mortality review form

<b>Date of M&amp;M meeting</b>		<b>Case number</b>	
Date of Admission (DOA)		Date of death (DOD)	
Case category	<input type="radio"/> Mortality	<input type="radio"/> Morbidity	
Mode of admission	<input type="radio"/> Emergency admission	<input type="radio"/> Elective admission	
Clinical summary			
Was the death certificate accurate?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Was the patient receiving palliative care?		<input type="checkbox"/> N/A	<input type="checkbox"/> yes <input type="checkbox"/> no
Were they on an end of life care pathway?		<input type="checkbox"/> N/A	<input type="checkbox"/> yes <input type="checkbox"/> no
Were there any issues of care in the treatment of this patient? ( <i>Identify below</i> )		<input type="checkbox"/> yes	<input type="checkbox"/> no
Did any of these issues contribute to, or have an impact on outcome?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If the patient died, was the death avoidable?		<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Identify contributory factors:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Documentation</li> <li><input type="radio"/> Unanticipated complication in procedure</li> <li><input type="radio"/> Delay in diagnosis or diagnosis not suspected</li> <li><input type="radio"/> Delay in procedure</li> <li><input type="radio"/> Delay in clinical review /actions</li> <li><input type="radio"/> Delay in transfer within hospital</li> <li><input type="radio"/> Delay in transfer between hospitals</li> <li><input type="radio"/> Communication issues</li> <li><input type="radio"/> Drug error - prescription</li> <li><input type="radio"/> Drug error – administration</li> <li><input type="radio"/> Failure to rescue deteriorating patient</li> <li><input type="radio"/> Avoidable infection</li> <li><input type="radio"/> Problems following established protocol</li> <li><input type="radio"/> Training issues</li> <li><input type="radio"/> Resource issues (staffing/ bed availability)</li> </ul>		<b>Comments:</b>	
<b>Actions to take forward</b>			

<p><b>Addressed to:</b></p> <ul style="list-style-type: none"> <li>○ Clinical team</li> <li>○ Another clinical team</li> <li>○ Risk &amp; Governance Meeting</li> <li>○ Other Management meeting</li> <li>○ Risk office</li> <li>○ Safety Monitoring Committee</li> <li>○ PCT/GP</li> </ul>	<p><b>Who to take forward</b></p>
<p><b>Impact of issues on outcome</b></p> <ul style="list-style-type: none"> <li>○ No impact</li> <li>○ <b>Green</b></li> <li>○ <b>Amber</b></li> <li>○ <b>Red</b></li> </ul>	<p><b>Adverse Incident</b></p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Already reported</li> <li>○ Serious Adverse Incident investigation underway</li> </ul>