

**OPERATIONAL PROCESSES FOR REVIEW OF INDIVIDUAL PATIENT DEATHS
ANNEX F (UPDATED MARCH 2019)**

**Grade 2 – Clinical Case Record Review
Mortality Review Form (CHS In-patient Deaths)**

To be completed in cases where the death has occurred as an in-patient of EPUT

SECTION 1: PERSONAL INFORMATION						
Person Identifier						
Age		Sex <i>(please tick)</i>	Male		Female	
Capacity Stated Was DoLS in place						
In-patient or community patient at time of death? Please specify:						
Coroner's report available and included in review? <i>Please attach if available.</i>			Yes		No	
Cause of death (if known):						
Date of death:						
SECTION 2: BASIC ADMISSION / DISCHARGE INFORMATION						
Place of Admission (Ward)						
Admission date						
Discharge date (if applicable)						
Length of stay (days)						
SECTION 3: DIAGNOSIS INFORMATION						
Diagnosis on admission <i>(based on admission information only)</i>						
Diagnosis at time of death						
Did the initial and discharge diagnosis (if applicable) / diagnosis at point of death match?		Yes		No		
SECTION 4: CLINICAL INFORMATION						
4.1 The person was admitted from:		Tick				
• Home						
• Residential/nursing home						
• Transferred from another hospital environment						
• Other						
		<i>Please specify</i>				
		<i>Please specify</i>				
4.2 Was the initial admission appropriate to the care environment?		Yes		No		

4.3 Was the initial admission planned or an emergency?	Planned		Emergency		
4.4 Reason for admission:					
• Assessment					
• Treatment					
• Palliative/terminal care					
• Rehabilitation					
• Other – <i>please specify</i>					
4.5 What medications was the patient / client on at the time of death? (<i>please attach drug chart</i>)					
Please tick if the patient / client was on any of the high risk medications to the right:	Insulin	Yes		No	
	Low molecular weight heparin (LMWHs)	Yes		No	
	Opioids	Yes		No	
	Anticoagulants	Yes		No	
	Antimicrobials	Yes		No	
	Lithium	Yes		No	
	Valproate	Yes		No	
	Methotrexate	Yes		No	
	Midazolam	Yes		No	
	Paraffin-based skin products	Yes		No	
Phenytoin (injectable)	Yes		No		
4.6 When was the last medication review?	Date:				
4.7 Is there anything of concern identified in your review of the drug regime? (e.g. under / over doses, adverse reactions, contraindications etc.)	Yes		No		
	If yes, please give details:				
(PHYSICAL) HEALTHCARE					
4.8 Was a (physical) healthcare assessment carried out on admission?	Yes		No		
Comments:					
4.9 Please briefly detail (physical) healthcare issues / needs identified:					

4.10 Was there a (physical) healthcare plan in place?	Yes		No	
Comments:				
4.11 Was this (physical) healthcare plan appropriately adhered to and regularly reviewed?	Yes		No	
Comments:				
Date of most recent (physical) healthcare plan review / assessment:				
4.12 Please detail any other information relevant to the patient's (physical) healthcare not covered by the above:				
SECTION 5: REVIEW OF CLINICAL INFORMATION				
Patient Identifier				
In reviewing the clinical records please consider the following questions, taking account of any potential omissions in care ('acts of omission') or actions taken in the provision of care ('acts of commission'):				
5.1 Is there any evidence of a failure to plan (diagnosis/care planning/treatment)?	• Yes			
	• No			
	• Maybe			
Comments to support your answer:				
5.2 Is there any evidence of a failure to communicate (e.g. between doctors and nurses, team, no clear lead physician etc.)?	• Yes			
	• No			
	• Maybe			
Comments to support your answer:				

5.3 Is there any evidence of a failure to identify changes in the person's clinical condition (e.g. physical presentation -heart rate, respiratory rate, blood pressure, consciousness or neurological status/or mental state (delusions/hallucinations/paranoia/depression) or in their level of risk, that would identify an Early Warning Score ?		Yes	
		No	
		Not appropriate	
Comments to support your answer:			
5.4 Was there a specialist medical/psychological opinion sought?		Yes	No*
*If no, should the patient have received a specialist opinion?		Yes♦	No
♦If yes, which?	<ul style="list-style-type: none"> • Pain team • Palliative team • Specialist team • Other – please specify 		
5.5 Was there a recorded MDT discussion on a regular basis, i.e. weekly, bi-weekly etc.?		Yes	No
5.6 Was there a DNACPR in place?		Yes~	No
~Is there are record that this was discussed with Patient / next of kin?		Yes^	No
^If yes, how many days into the admission did this occur?			days
5.7 Was there evidence of an MDT meeting regarding any significant change in care?		Yes	No
Comments to support your answer:			
5.8 Is there any evidence of any adverse event that occurred leading to the person's admission / death? From the UK Trigger Tool adverse events of interest are: <ul style="list-style-type: none"> • Abrupt change in medication • Slips, trips or falls • Gone absent without leave • Insertion of urinary catheter • Unexpected blood labs moving out of range • New behavioural change 		Yes	No
		Maybe	
		Comments to support your answer:	

5.9 Is there any evidence of actions taken in the provision of care that might have contributed to the death?	Yes		No		Maybe	
	Comments to support your answer:					
5.10 For unexpected deaths only - is there any evidence of an inappropriate failure to respond to changes in the person's clinical indicators?	Yes		No		Not applicable	
	Comments:					
SECTION 6: ADDITIONAL INFORMATION						
Family and carer involvement:						
a) Please comment on the quality of family and carer involvement in the patient / client's care:						
b) If possible to ascertain from the records, please comment on the quality of family and carer involvement / support after the death:						
Any additional comments not covered by any of the above:						

SECTION 7: OVERALL ASSESSMENT OF CARE					
7.1 Phase of care: Admission and initial management (approximately the first 24 hours)	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase (please circle only one score)	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
7.2 Phase of care: Ongoing care	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase (please circle only one score)	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
7.3 Phase of care: Inpatient – comment on care during admission (where relevant)	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase (please circle only one score)	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					

7.4 Phase of care: End of life care (where relevant)	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase (please circle only one score)	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
7.5 Phase of care: Discharge plan of care (where relevant)	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase (please circle only one score)	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
7.6 Other area of care (please specify)	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase (please circle only one score)	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
7.7 Overall care	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Areas identified where learning could occur, including areas of good practice, should be included in addition to any potential areas of further investigation. Please also include any other information that you think is important or relevant.				

Please rate the care received by the patient (please circle only one score)	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
7.8 Please rate the quality of the patient record	1 = very poor	2 = poor	3 = adequate	4 = good	5 = excellent
7.9 Were the patient records adequate for the purpose of the review? (please tick as appropriate)	Yes		No		
7.10 Please outline any difficulties in accessing appropriate information:					
SECTION 8: CATEGORISING WHETHER THE DEATH WAS “DUE TO A PROBLEM IN CARE”					
National definition - <i>“Death due to a problem in care: A death that has been clinically assessed using a recognised methodology of case record/note review and determined more likely than not to have resulted from problems in healthcare and therefore to have been potentially avoidable”.</i>					
8.1 If care was below an acceptable standard, did it lead to harm? (please tick as appropriate)	Yes				
	No				
	Requires further investigation to determine				
<p>If answered “yes” to the question above, please provide details and state an action plan (consider whether a serious incident investigation or another Trust process is required) and complete the remainder of section 8.</p> <div style="height: 150px;"></div>					
<p>If answered “no” to the question above, the death will be categorised as “6 - Death definitely less likely than not to be due to problems in care provided by EPUT” and you should move to question 8.4 of this form.</p>					
<p>If answered “requires further investigation to determine” to the question above, please move to section 9 of this form and recommend to the Mortality Review Sub-Committee which level of further investigation is required under the Adverse Incident Policy.</p>					

8.2 Was the patient's death considered more likely than not to have resulted from problems in care delivery or service provision? <i>(please tick as appropriate)</i>	Yes	No
<p>If yes, please provide details and state an action plan (consider whether a serious incident investigation is required).</p>		
<p>8.3 After consideration of the clinical details of the patient's management, to what degree do you consider that healthcare management (acts or omissions) caused or contributed to the patient's death? (please circle only one option below as appropriate)</p>		
<p>1 - Death definitely more likely than not to be due to problems in care provided by EPUT. 2 - Strong evidence – i.e. significantly more than 50:50 – that death more likely than not to be due to problems in care provided by EPUT. 3 - Probably likely – i.e. more than 50:50 – that death due to problems in care provided by EPUT. 4 - Not very likely – i.e. less than 50:50 – that death due to problems in care provided by EPUT. 5 - Slight evidence – i.e. significantly less than 50:50 – that death could be due to problems in care provided by EPUT. 6 - Death definitely less likely than not to be due to problems in care provided by EPUT.</p>		
<p>Please note, any deaths scored 1, 2 or 3 on the above scale should also be referred for more detailed investigation under the Trust's Adverse Incident Policy as a Critical or Serious Incident. Please recommend the level of investigation in Section 9 below (in accordance with the definitions contained in the Adverse Incident Policy).</p>		
<p>8.4 If a family member, carer or staff raised concerns, please outline any feedback provided and state who was responsible for providing this feedback. Please state further action required. If no feedback was provided, please consider how the outcome of this review should be fed back to the relevant people, considering the duty of candour principle.</p>		

SECTION 9: LESSONS LEARNT			
<p>9.1 On the basis of your review, please detail any actions that could be taken to improve the current system / prevent or minimise a reoccurrence of this incident.</p>			
<p>9.2 Please detail any areas of good practice identified in your review, including any that could be shared across the Trust.</p>			
<p>9.3 Please detail any issues which you consider need further detailed investigation?</p>			
SECTION 10: RECOMMENDATIONS			
<p>In view of the entire findings of your review, what do you now recommend in respect of the above case? <i>Please tick as appropriate.</i></p>			
<p>Refer lessons learnt to MRSC and close record.</p>	<input type="checkbox"/>	<p>Refer death for a Grade 3 investigation (Critical Incident Review).</p>	<input type="checkbox"/>
		<p>Refer death for a Grade 4 investigation (Full RCA and SI investigation).</p>	<input type="checkbox"/>
<p>Additional comments if appropriate:</p>			

Review completed by:

Name: Job title:

Signature:

Date review completed:

Time taken to complete this form (minutes):

Section for completion by Clinical Review Panel scrutinising review:

Patient Identifier:

Date review scrutinised:

Are you satisfied that a robust Clinical Case Record Review has been undertaken? Y/N

Do you concur with the conclusions and recommendations detailed in sections 7 – 10 of the review? Y/N

Please give brief details of evidence to support your decisions:

Please detail action recommended:

Signed by Clinical Review Panel members:

Name: **Job title:**

Signature:

Name: **Job title:**

Signature:

Name: **Job title:**

Signature: