morbidity & mortality Record

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| Case presentation | | | | | | |
| **Case presenter:** |  | | **Minutes by:** | |  | |
| The patient | | | | | | |
| **Patient Initials:** |  | | **Hospital No:** | |  | |
| **D.O.B:** |  | | **Age:** | |  | |
| Background: | | | | | | |
| **Date of admission:** | |  | | **Date of operation:** | |  |
| **Diagnosis:** | |  | | | | |
| **MDT decision:** | | *(if applicable)* | | | | |
| **Date of incident or death:** | |  | | | | |
| **Brief summary of events that occurred:** | |  | | | | |
| **Was a clinical incident form/investigation made?** | |  | | | | |
| Analysis: | | | | | | |
| **Categorisation of contributing factors as agreed by M&M group:** | | | | | | |
| Human factors | | | Patient factors | | | |
| System factors | | | Insufficient data | | | |
| Other: | | | | | | |
| Any additional comments: | | | | | | |
| Standard of care grading by M&M team | | | | | | |
| Choose an item. | | | | | | |
| Preventable harm (Yes/No): | | | | | | |
| Further investigation required (Yes/No) : | | | | | | |
| Is the formal duty of candour being triggered (Yes/No): | | | | | | |
| Any additional comments: | | | | | | |
| Agreed actions | | | | | | |
| **List of actions** | | | **Individual(s) responsible for implementation** | | | |
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