Morbidity and Mortality Meeting (PAEDIATRICS) - Report

**CAG**

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Network/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Time: \_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_ hours

Venue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendees** (name & designation)

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1. **Actions from Previous Meeting / Previous Network / District Governance Units Recommendations:**

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| --- | --- | --- | --- |
| Action | Outcome to Date | Person Responsible | Keep on Agenda? |
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1. **Case Reviews (see appendix for cues for presenter)**

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| Essential | Additional |
| SAC1 / RCAsDeaths / coronersSAC 2 / London Protocols / Case Reviews | Cases identified by Clinical NUM or Medical Lead for the department / ward / unitComplaintsDeteriorating patients / near missesEnd of Life Management concerns | IIMS / ims+ SummaryREACH activationReferred from other M&M committeesSepsis / missed casesTransfers to and from higher care services |

1. **Recommendations and Actions from this month’s Case Reviews:**
* Summary of Key Issues Identified from Morbidity & Mortality Reviews (where can we do better)
* Outstanding Issues from other Departments (where they think we can do better)
* Outstanding Issues to other Departments (where we think they can do better)
* Recommendations to Network / District Governance Units for potential clinical changes

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| --- | --- | --- | --- | --- |
| Brief Case Presentation Summary | Recommendation /s | Action Required | Person Responsible | Timeframe |
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1. **Attachments (attach any list of de-identified cases presented to the committee for review)**
2. **Referrals** *(****Includes the cases to be referred to other departments and bodies external to the committee****)*

**Following review, do any cases need to be reclassified as a SAC 1, and then referred to CGU?** (any case determined to be SAC 1 & not previously assessed as such – identify by MRN or IMS id) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Specific Issues -** (any issue which needs to be highlighted to the Network/Facility Patient Safety and Quality Committee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additions to Risk Register** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Notifications to IIMS / ims+** (for those cases / issues not already notified) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reporting - Has the loop been closed (up to executive and down to clinicians)?**

* Escalation to higher authorities (CHASM / SCIDUA / CGU)
* Reporting (please see your LHD guidelines)
* Feedback to clinicians
* Feedback to external sites
* Education / learnings required

**Distribution of M&M / clinical review** **Meeting Report**

1. Copy to all Department members
2. Quarterly summary report of outcomes to Network Director/Facility Manager for inclusion on Network/Facility Patient Safety Quality Committee Agenda

Chair

Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_/ \_\_

Date of next meeting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_