

2. Case Reviews (see appendix for cues for presenter)

Essential	Additional	
SAC1 / RCAs Deaths / coroners SAC 2 / London Protocols / Case Reviews	Cases identified by Clinical NUM or Medical Lead for the department / ward / unit Complaints Deteriorating patients / near misses End of Life Management concerns	IIMS / ims+ Summary REACH activation Referred from other M&M committees Sepsis / missed cases Transfers to and from higher care services

3. 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

Brief Case Presentation Summary	Recommendation /s	Action Required	Person Responsible	Timeframe

Attachments (attach any list of de-identified cases presented to the committee for review)

Delete all in section 3

5. 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)

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

Additions to Risk Register

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

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 _____