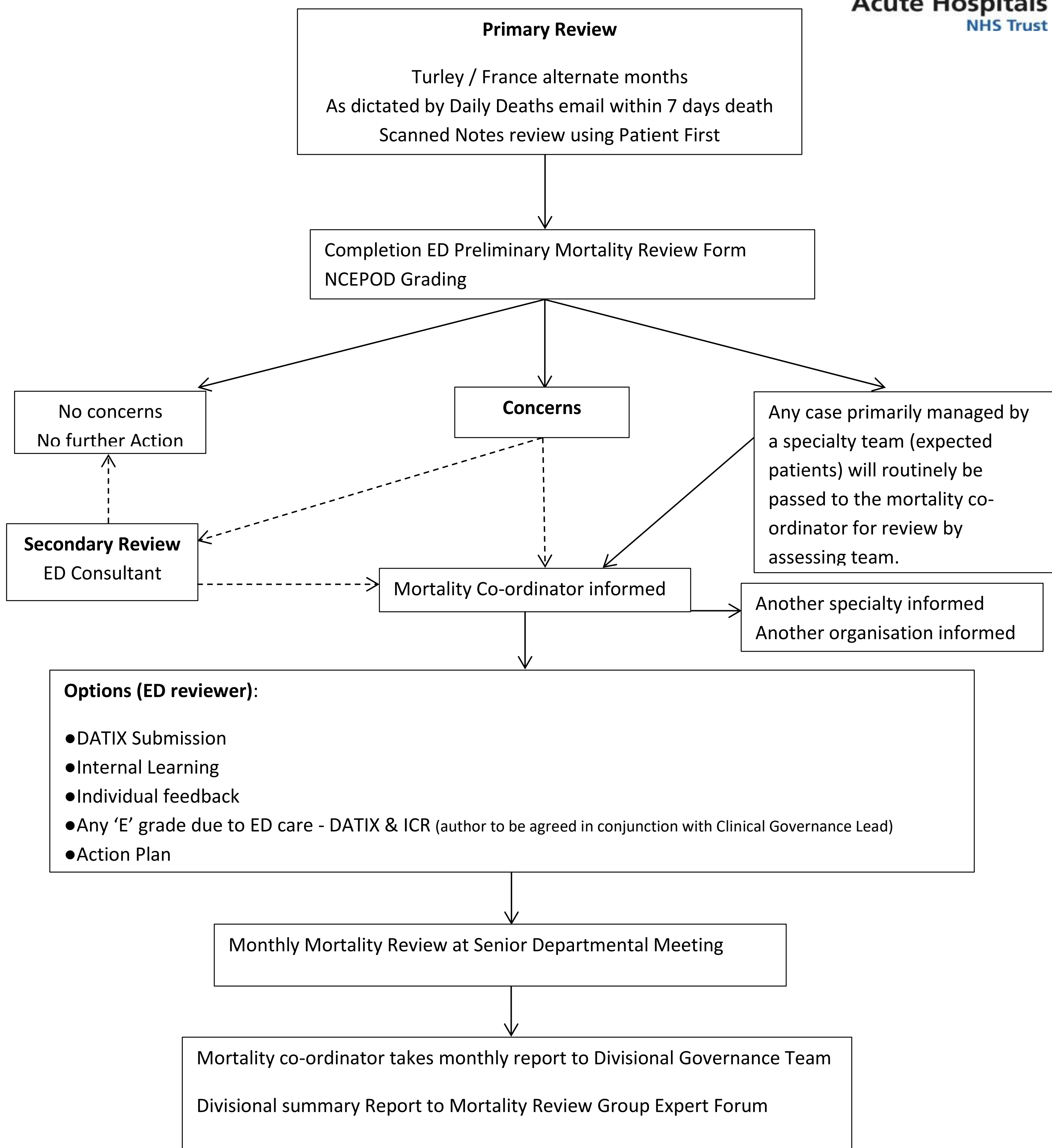
## Emergency Medicine Standard Operating Procedures

## WRH Emergency Department Mortality Review Process Standard Operating Policy

| Written by | Dr James France, Consultant Emergency |
|---|---|
| **Approved by** | |
| **Date of Approval** | |
| **Date of next review**<br>This is the most current document and is to be used until a revised version is available | |

### Aim and scope of Standard Operating Procedure

### Target Staff Categories


Primary Review
Turley / France alternate months
As dictated by Daily Deaths email within 7 days death
Scanned Notes review using Patient First
Completion ED Preliminary Mortality Review Form
NCEPOD Grading
No concerns
No further Action
Concerns
Any case primarily managed by a specialty team (expected patients) will routinely be passed to the mortality co-ordinator for review by assessing team.
Secondary Review
ED Consultant
Mortality Co-ordinator informed
Another specialty informed
Another organisation informed
Options (ED reviewer):
●DATIX Submission
●Internal Learning
●Individual feedback
●Any 'E' grade due to ED care - DATIX & ICR (author to be agreed in conjunction with Clinical Governance Lead)
●Action Plan
Monthly Mortality Review at Senior Departmental Meeting
Mortality co-ordinator takes monthly report to Divisional Governance Team
Divisional summary Report to Mortality Review Group Expert Forum

## Appendix 1- ED Preliminary Mortality Review

15.02.2016

### WRH ED Preliminary Mortality (adult) REVIEW

Consultant Reviewer ◻ Turley ◻ France ◻ Williams ◻ Levett ◻ Walton ◻ Hodson

Date of Review

| | Date | Time (24hr clock) |
|---|---|---|
| Attendance | | |
| Death | | |

Name
Age
D.O.B
Hosp number
NHS number
ED Episode number

ED Re-attendance within 7 days ◻ No ◻ Yes ---- ◻ AGH ED ◻ WRH ED ◻ Kidd MIU
Attendance within 7 days discharge ◻ No ◻ DK ◻ Yes ---- ◻ AGH Hosp ◻ WRH Hosp ◻ other Hosp

| Triage Category | Elapsed time To Triage (mins) | Elapsed time To See Doctor (mins) | Elapsed time To Referral (mins) | Elapsed time Specialty to See (mins) |
|---|---|---|---|---|
| 1 Immediate Resuscitation<br>2 Very Urgent (10 mins)<br>3 Urgent (60 mins)<br>4 Standard (120 mins)<br>5 Non Urgent | | | N/A | N/A |

Consultant at time of Death ◻ Turley ◻ France ◻ Williams ◻ Levett ◻ Walton ◻ Hodson
◻ Other

ED – Assessor (tick all that apply) ◻ SHO ◻ MG junior ◻ MG-senior ◻ Cons
◻ Locum ◻ Permanent

Specialty at time of Death ◻ ED ◻ Med ◻ Surg ◻T&O ◻ Paeds ◻ ICU ◻ Other
Specialty – Assessor (tick all that apply) ◻ SHO ◻ MG junior ◻ MG-senior ◻ Cons

Did the patient fall into any of these categories ?
◻ Out of hospital cardiac arrest
◻ Known Palliative Care Patient / Expected Death
◻ Multiple trauma patient
◻ None of these

Did the patient have a DNAR in place prior to arrival ◻ Yes ◻ No

Was a NEVER EVENT involved ? ◻ Yes ◻ No

| Notes |
|---|
| |

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**Do you have any concerns about the Pre-hospital care ?** (eg. delays, treatment, appropriateness of attendance)
□ No □ Yes

Regarding the ED management at triage (eg. assessment, time to triage), **Do you have any concerns about the triage process ?**
□ No □ Yes

**Do you have any concerns regarding the ED assessment** (history, examination etc.) ?
□No □ Yes

Regarding the ED management plan (eg. investigations, treatments, time to treatment, review of investigations, appropriateness and timeliness of referral to specialty team etc.), **Do you have any concerns about the management plan ?**
□ No □ Yes

**Regarding the ED management were any of the following procedures undertaken ?**
□ None of these □ CPR □ Procedural Sedation □ Drug Intubation □ Blood Transfusion
□ Chest Drain □ Thoracotomy □ Central Line □ NIV

Regarding the ED management, **Was adequate monitoring undertaken ?** (was there a plan, was it followed, was NEWS score calculated, was score escalated appropriately)
□ Yes □ No □ N/A

Regarding the ED management of the case, **Was there adequate Senior involvement ?** (were abnormal NEWS acted upon, was the case discussed with a senior doctor if appropriate, was care escalated appropriately)
□ Yes □ No

Regarding the ED management, **if the death was expected, was adequate preparation made for this in the ED given the circumstances ?** (eg. DNAR considered, End-of-life care plan considered, ceiling of care documented in notes, appropriate senior discussion taken place, discussion with patient and relatives if available)
□ Yes □ No □ N/A

Regarding **ANY aspect** of care provided by **any other clinical team** within the ED, **Do you have any concerns**
□ No □ Yes

**Was the Case been reported to the Coroner ?** □ Yes □ No

**Is the case subject to a Clinical Incident report (DATIX) or Complaint** □ Yes □ No
**Do you think a formal Clinical Incident (DATIX) needs to be raised ?** □ No □ Yes – please submit one

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**Any other comments ?**
□ No □ Yes

Notes

## What is your overall assessment of the care delivered ?

□ **Good practice:** A standard that you would accept from yourself, your trainees and your institution
□ **Room for improvement:** Aspects of clinical care that could have been better
□ **Room for improvement:** Aspects of organisational care that could have been better
□ **Room for improvement:** Aspects of both clinical and organisational care that could have been better
□ **Less than satisfactory:** Several aspects of clinical and/or organisational care that were well below that you would accept from yourself, your trainees and your institution
□ **Insufficient data:** Insufficient information in the case notes to assess the quality of care.

## ED Mortality Co-ordinator informed ?

□ No □ Yes

**Have you identified any Key LEARNING Points or Action Points or Messages to disseminate or Action Plans ?**
(Departmental, Trustwide)
□ No □ Yes

**UPDATES** (use reverse side if necessary)