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| **North West Congenital Heart Disease Mortality Reporting Form** |
| ***Network Use Only*** |
| NWCHDN Reference Number |  |
| *(Please note all patient identifiable information to be removed prior to sending copy to Network)* |
| 1. **Demographic Information**
 |
| 1a. | Trust Responsible for Patient | Click or tap here to enter text. | Consultant  | Click or tap here to enter text. |
| 1b. | Name Click or tap here to enter text. | DOB: Click or tap to enter a date. | Gender: Choose an item. | Date of Death  |
| 1c. | Age Category | Neonate [ ]  | Paediatric [ ]  | Adult [ ]  |
| 1d. | Place of Death | Hospital [ ] Provide details Click or tap here to enter text.  | Home [ ]  | Other [ ] Please state Click or tap here to enter text. |
| 1e. | Antenatal Diagnosis? | Yes [ ]  No [ ]  |
| 1. **Post-mortem/Inquest Information**
 |
| 2a. | Was the death discussed with the Coroner’s Office? | Yes [ ]  No [ ] Comments: Click or tap here to enter text. |
| 2b. | Was a Post-Mortem Examination performed? | Yes [ ]  No [ ]  |
| 2c. | Was a Coroner’s Inquest Required?  | Yes [ ]  No [ ]  Not required [ ] Date performed: Click or tap to enter a date.Comments: Click or tap here to enter text. |
| 2d. | Has a death certificate been completed? | Yes [ ]  No [ ] If no, please provide further details and actions taken:Click or tap here to enter text. |
| 2e. | Has the case been discussed at local M&M? | Yes [ ]  No [ ] Where Click or tap here to enter text.Date: Click or tap to enter a date. |
| 2f. | Cause of death (as recorded on Medical Certificate) | a. | 1a. |
|  |  | b. | 1b. |
|  |  | c. | 1c. |
|  |  | d. |  |
|  |  | e. |  |
| 1. **Medical History and Details of Death**
 |
| 3a. | Other Named Consultants/Surgeons Involved | 1. |
|  |  | 2. |
|  |  | 3. |
|  |  | 4. |
|  |  | 5. |
| 3b. | Measurements | Height: Click or tap here to enter text. |
|  |  | Weight: Click or tap here to enter text. |
| 3c. | Medical Diagnosis | 1. | 6.  |
|  |  | 2. | 7. |
|  |  | 3. | 8. |
|  |  | 4. | 9. |
|  |  | 5. | 10. |
| 3d. | Surgical Interventional History | 1. | 6.  |
|  |  | 2. | 7. |
|  |  | 3. | 8. |
|  |  | 4.  | 9. |
|  |  | 5.  | 10. |
| 3e. | Medication | 1. | 6.  |
|  |  | 2. | 7. |
|  |  | 3. | 8. |
|  |  | 4. | 9. |
|  |  | 5. | 10. |
| 3f. | Background History |  |
| 3g. | Provide brief history of events leading to death |  |
| 3h. | Were there any other important findings?  |  |
| 1. **Family Support**
 |
| 4a. | Was the death expected? *(if No go to 4e)* | Yes [ ]  No [ ]  |
| 4b. | Was a palliative care referral made | Yes [ ]  No [ ] Choose an item. |
| 4c. | Did the family/patient discuss preferred place of death  | Yes [ ]  No [ ] Comments: Click or tap here to enter text. |
| 4d. | Was the patient on appropriate end of life care pathway? | Yes [ ]  No [ ]  |
| 4e. | Was the death explainable given the patient’s condition(s)?  | Yes [ ]  No [ ] Please give further detail: Click or tap here to enter text. |
| 4f. | Additional Important Clinical/Social Factors |  |
| 4g. | Were there any communication issues? |  |
| 1. **Conclusion**
 |
| 5a. | *Please tick whichever description best matches the outcome* | The care provided was less than adequate and different management would reasonably be requested to have altered the outcome |[ ]
| 5b. |  | The care provided was less than adequate and different management may have altered the outcome |[ ]
| 5c. |  | The care provided was less than adequate and different management would not reasonably be requested to have altered the outcome |[ ]
| 5d. |  | Adequate or above standard care was provided |[ ]
| 1. **Recommendations**
 |  | Room for Improvement (Yes/No) |
| 6a. | Example of good practice | Provide details: Click or tap here to enter text. |
| 6b. | Adequate or standard practice | Provide details: Click or tap here to enter text. |
| 6c. | Aspects of clinical care could have been better | Provide details: Click or tap here to enter text. |
| 6d. | Aspects of organisational care could have been better | Provide details: Click or tap here to enter text. |
| 6e.  | Provide a summary of lessons learnt  | Provide details: Click or tap here to enter text. |
| 6f. | Any actions agreed against this case | Yes [ ]  No [ ] *(please note, all unexpected deaths must have a commentary of findings and agreed actions).*Click or tap here to enter text. |
| 6g. | Action Plan | Plan: |
|  |  | Time frame of Action Plan: |
|  |  | Lead for Action Plan: |
| 1. **Details of person completing proforma**
 |
| Name |  |
| GMC Number |  |
| Grade |  |
| Trust |  |
| Contact Number |  |
| Signature |  |
| Date |  |