# **Care review tool for mortality reviews**

**Section 1**

*This section should be completed as soon as is possible.*

*If it is deemed appropriate to complete Section 2, it should be completed within 60 days of selected patients’ deaths.*

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| **Patient identification** **number:** |  | **Gender:** |  |
| **Date of birth (dd/mm/yyyy)** |  | **Age:** |  |
| **Social deprivation index (first 3−4 letters of postcode)** |  | **Ethnicity:**  |  |
| **Date of death** |  | **Time of death:** |  |
| **Location of death** |  |
| **Was the patient identified as being within the last 12 months of life?** |  |
| **Cause of death (if known)** |  |
| **Primary diagnosis, including ICD-10 code** |  |
| **Co-morbidities** |  |
| **Learning disability (if present, this death should be reviewed through the LeDeR process)** |  |
| **Healthcare teams involved in the patient’s care at the time of death** |  |
| **Dates of last admission to a psychiatric hospital (where relevant)** |  |
| **Patient summary (can be completed by the clinical team)** |
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| **Concerns from family members or carers about the patient’s care (please outline concerns, or state if there were no concerns)** |  |
| **Concerns from staff about the patient’s care (please outline concerns, or state if there were no concerns)** |  |
| **Red flags indicating further review where the death is not being investigated by other means (please indicate):**  |
| Family, carers or staff have raised concerns about the care provided  | [ ]  |
| Diagnosis of psychosis or eating disorders during the last episode of care | [ ]  |
| Psychiatric inpatient at time of death, or discharged from inpatient care within the last month  | [ ]  |
| Under Crisis Resolution and Home Treatment Team (or equivalent) at the time of death  | [ ]  |
| Other locally determined criteria for review (please state): …………………… | [ ]  |
| Case selected at random  | [ ]  |

*If a red flag is identified, or it has been agreed this death is for a review of care, please proceed to completion of Section 2.*

Trusts may add additional red flags and should choose an additional random sample of other cases to review.

Time taken to complete Section 1 of this form (minutes): ……………………

Date of completion: ……………………

Name of person completing Section 1: ……………………

Job title of person completing Section 1 ……………………

**Section 2**

Please state the information sources used for the review, including the names of the electronic systems accessed:

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| **2.1. Phase of care: Allocation and initial assessment or review (where relevant)**Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.  |
|  |
| **Please rate the care received by the patient during this phase as:** |
| 5 Excellent care [ ]  | 4 Good care [ ]  | 3 Adequate care [ ]  | 2 Poor care [ ]  | 1 Very poor care [ ]  |
| Section not applicable [ ]  |
| **2.2. Phase of care: Ongoing care (where relevant)*** **Was mental health monitored adequately?**
* **Was physical health monitored adequately?**
* **Please list medication if known and relevant, and comment on medication monitoring where appropriate**

Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.  |
|  |
| Please rate the care received by the patient during this phase as: |
| 5 Excellent care [ ]  | 4 Good care [ ]  | 3 Adequate care [ ]  | 2 Poor care [ ]  | 1 Very poor care [ ]  |
| Section not applicable [ ]  |  |
| **2.3. Phase of care: Psychiatric Inpatients – comment on care during admission (where relevant)**Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice.Please also include any other information that you think is important or relevant.  |
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| **Please rate the care received by the patient during this phase as:** |
| 5 Excellent care [ ]  | 4 Good care [ ]  | 3 Adequate care [ ]  | 2 Poor care [ ]  | 1 Very poor care [ ]  |
| Section not applicable [ ]  |
|  |
| **2.4. Phase of care: End of life care (where relevant)**Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.  |
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| **Please rate the care received by the patient during this phase:** |
| 5 Excellent care [ ]  | 4 Good care [ ]  | 3 Adequate care [ ]  | 2 Poor care [ ]  | 1 Very poor care [x]  |
| Section not applicable [ ]  |  |
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| **2.5. Phase of care: Discharge plan of care (where relevant)**Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice.Please also include any other information that you think is important or relevant.  |
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| **Please rate the care received by the patient during this phase:** |
| 5 Excellent care [ ]  | 4 Good care [ ]  | 3 Adequate care [ ]  | 2 Poor care [ ]  | 1 Very poor care [ ]  |
| Section not applicable [ ]  |
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| **2.6. Other area of care (please specify)**Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice.Please also include any other information that you think is important or relevant.  |
|   |
| Please rate the care received by the patient during this phase as: |
| 5 Excellent care [ ]  | 4 Good care [ ]  | 3 Adequate care [ ]  | 2 Poor care [ ]  | 1 Very poor care [ ]  |
| Section not applicable [ ]  |

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| **2.7. Overall care**Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice.Areas identified where learning could occur, including areas of good practice, should be included in addition to any potential areas of further investigation. Please also include any other information that you think is important or relevant.  |
|  |
| Please rate the care received by the patient during this phase as: |
| 5 Excellent care [ ]  | 4 Good care [ ]  | 3 Adequate care [ ]  | 2 Poor care [ ]  | 1 Very poor care [ ]  |
| Section not applicable [ ]  |

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| **2.8. If care was below an acceptable standard, did it lead to harm?** If yes, please provide details and state an action plan (consider whether a serious incident investigation or another Trust process is required). |
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| **2.9. Was the patient’s death considered more likely than not to have resulted from problems in care delivery or service provision?** If yes, please provide details and state an action plan (consider whether a serious incident investigation is required). |
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| **2.10. If a family member, carer, or staff raised concerns, please outline any feedback provided and state who was responsible for providing this feedback. Please state further action required.** If no feedback was provided, please consider how the outcome of this review should be fed back to the relevant people, considering the duty of candour principle. |
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| **2.11. Were the patient records adequate for the purpose of the review?**  | Yes[ ] No[ ]  |
| **Please outline any difficulties in accessing appropriate information:** |
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Time taken to complete Section 2 of this form (minutes): ……………………

Date of completion: ……………………

Name of person completing Section 2: ……………………

Job title of person completing Section 2: ……………………