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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 | |  | | | | |