



Royal College  
of Physicians

National Mortality Case  
Record Review Programme

# Using the structured judgement review method Data collection form (England version)

Supported by:



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## National Mortality Case Record Review Programme: Structured case note review data collection

Please enter the following.

Age at death (years):

Sex: M/F

First 3/4 digits of the patient's postcode:

Day of admission:

Time of admission:

Day of death:

Time of death:

Number of days between admission and death:

Month cluster during which the patient died:

Dec/Jan/Feb

Mar/Apr/May

Jun/Jul/Aug

Sept/Oct/Nov

Specialty team at time of death: 1 – Surgical, 2 – Medical

Type of admission: 1 – Emergency, 2 – Elective, 3 – Day case

Recorded cause of death:

### Risk factors

Did the patient have a learning disability?

1. No indication of a learning disability – proceed with this review.
2. Yes – clear or possible indications from the case records of a learning disability. Action: after your review, please refer the case to the hospital's clinical governance group to link with the Learning Disability Mortality Review Programme.

## Structured case note review data collection

Phase of care: **Admission and initial management (approximately the first 24 hours)**

Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice (for example, your professional standards or your professional perspective). If there is any other information that you think is important or relevant that you wish to comment on then please do so.

Please rate the care received by the patient during this phase.

**1 = very poor care    2 = poor care    3 = adequate care    4 = good care    5 = Excellent care**

Please circle only one score.

Phase of care: **Ongoing care**

Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice (for example, your professional standards or your professional perspective). If there is any other information that you think is important or relevant that you wish to comment on then please do so.

Please rate the care received by the patient during this phase.

**1 = very poor care    2 = poor care    3 = adequate care    4 = good care    5 = Excellent care**

Please circle only one score.

Phase of care: **Care during a procedure (excluding IV cannulation)**

Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice (for example, your professional standards or your professional perspective). If there is any other information that you think is important or relevant that you wish to comment on then please do so.

Please rate the care received by the patient during this phase.

**1 = very poor care    2 = poor care    3 = adequate care    4 = good care    5 = Excellent care**

Please circle only one score.

Phase of care: **Perioperative care**

Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice (for example, your professional standards or your professional perspective). If there is any other information that you think is important or relevant that you wish to comment on then please do so.

Please rate the care received by the patient during this phase.

**1 = very poor care    2 = poor care    3 = adequate care    4 = good care    5 = Excellent care**

Please circle only one score.

Phase of care: **End-of-life care**

Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice (for example, your professional standards or your professional perspective). If there is any other information that you think is important or relevant that you wish to comment on then please do so.

Please rate the care received by the patient during this phase.

**1 = very poor care    2 = poor care    3 = adequate care    4 = good care    5 = Excellent care**

Please circle only one score.

## Implicit structured case note review data collection sheet

Phase of care: **Overall assessment**

Please record your explicit judgements about the quality of care the patient received overall and whether it was in accordance with current good practice (for example, your professional standards). If there is any other information that you think is important or relevant that you wish to comment on then please do so.

Please rate the care received by the patient during this overall phase.

**1 = very poor care    2 = poor care    3 = adequate care    4 = good care    5 = Excellent care**

Please circle only one score.

Please rate the quality of the patient record.

**1 = very poor care    2 = poor care    3 = adequate care    4 = good care    5 = Excellent care**

Please circle only one score.



## Assessment of problems in healthcare

In this section, the reviewer is asked to comment on whether one or more specific types of problem(s) were identified and, if so, to indicate whether any led to harm.

**Were there any problems with the care of the patient? (Please tick)**

**No**  (please stop here)    **Yes**  (please continue below)

If you did identify problems, please identify which problem type(s) from the selection below and indicate whether it led to any harm. Please tick all that relate to the case.

### Problem types

1. **Problem in assessment, investigation or diagnosis** (*including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls*) **Yes**   
**Did the problem lead to harm?** No  Probably  Yes
2. **Problem with medication / IV fluids / electrolytes / oxygen** (*other than anaesthetic*) **Yes**   
**Did the problem lead to harm?** No  Probably  Yes
3. **Problem related to treatment and management plan** (*including prevention of pressure ulcers, falls, VTE*) **Yes**   
**Did the problem lead to harm?** No  Probably  Yes
4. **Problem with infection control** **Yes**   
**Did the problem lead to harm?** No  Probably  Yes
5. **Problem related to operation / invasive procedure** (*other than infection control*) **Yes**   
**Did the problem lead to harm?** No  Probably  Yes
6. **Problem in clinical monitoring** (*including failure to plan, to undertake, or to recognise and respond to changes*) **Yes**   
**Did the problem lead to harm?** No  Probably  Yes
7. **Problem in resuscitation following a cardiac or respiratory arrest** (*including cardiopulmonary resuscitation (CPR)*) **Yes**   
**Did the problem lead to harm?** No  Probably  Yes
8. **Problem of any other type not fitting the categories above** **Yes**   
**Did the problem lead to harm?** No  Probably  Yes

Adapted from Hogan H, Zipfel R, Neuberger J, Hutchings A, Darzi A, Black N. Avoidability of hospital deaths and association with hospital-wide mortality ratios: retrospective case record review and regression analysis. *BMJ* 2015;351:h3239. DOI: 10.1136/bmj.h3239

## Avoidability of death judgement score (only at second-stage reviews)

We are interested in your view on the avoidability of death in this case. Please choose from the following scale.

**Score 1** Definitely avoidable

**Score 2** Strong evidence of avoidability

**Score 3** Probably avoidable (more than 50:50)

**Score 4** Possibly avoidable but not very likely (less than 50:50)

**Score 5** Slight evidence of avoidability

**Score 6** Definitely not avoidable

Please explain your reasons for your judgement of the level of avoidability of death in this case, including anything particular that you have identified.

Please note that this data collection sheet is subject to change following conclusion of the pilot phase of the programme.