



## MORTALITY & MORBIDITY RECORD FORM (HOSPITAL LEVEL)

**Patient Demographics:**

MRN :

Name : \_\_\_\_\_

**Presentation:**

Date of presentation :

Presenter : \_\_\_\_\_

**List of Panelist:**

Chairman :

- Members : 1.  
2.  
3.

**Comment(s):**

**Shortfall (please tick):**

1	Team Factor	Written communication issue
		Verbal communication issue
		Unclear roles and responsibility
		Lack of supervision/ monitoring
		Ineffective leadership & responsibility
		Problem in seeking help
		Staff or colleague response/ support to help
		Others (specify)
2	Individual Staff Factor	Lack of knowledge/experience/ skill Distraction
		Fatigue/ stress
		Lapse of concentration
		Non-compliance to protocol/ policy/ SOP Personal issue
		Unsafe behaviour – assuming, not asking clarification etc Interpersonal issue
		Others (specify)
3	Patient Factor	Miscommunication between patient and staff
		Non-compliance patient
		Patient-patient relationship issue
		Patient-staff relationship issue
		Known risk associated with treatment
		Language barrier
		Social issue
		Complexity of clinical condition
		Pre-existing comorbids
Others (specify):		
4	External Factor	Please specify
5	Task & Technology Factor	Availability and use of protocols/ S.O.P/ guidelines
		Information technology (e.g malfunction, system design)
		Medication related issue (e.g wrong prescription, similar packaging/ sounding names, complicated dosage design)
		Radiotherapy related issue (e.g miscalculation of dose)
		Availability and accuracy of health information
		Task design issue
		Decision making aids
		Others (specify):
		6
Inadequate safety culture/ lack priorities in safety		
Organizational structure issue		
Objectives, policies and standard issue		
Resources constraints (human/ financial)		
Others (specify):		
7	Work & Environmental Factor	Building & design related issues
		Physical environment issue(temperature, lighting, wet floor, holes, storage, housekeeping)
		Noisy, busy surrounding
		Malfunction/ failure of equipment/ maintenance of equipment, functionality, design
		Cluttered surrounding
		Inappropriate allocation of staff (i.e not according to workload/ specialty)
		Heavy workload, inadequate break
		Service delivery- delay, missed, inappropriate
		Unsafe surrounding
Others (specify):		

**Category of Death (for Mortality case):**

1	Undetermined cause of death due to insufficient information		
2	Unexpected death		
	2A	Management was satisfactory	
	2B	Management was substandard	
3	Expected Death		
	3A	Management was satisfactory	
	3B	Management was substandard	

**Agreed action(s) or recommendation:**

List of actions	Individual(s) responsible for implementation

Prepared by: \_\_\_\_\_ (Name/Position) Date: \_\_\_\_\_ (dd/mm/yyyy)