Introduction:
Robust clinical governance requires analysis of patient outcomes during an ICU admission [1]. On one adult ICU weekly mortality meetings are used for this purpose and aid multidisciplinary reflections on individual patient deaths. However, such reviews run the risk of being subjective and fail to acknowledge themes which may relate to preceding or subsequent deaths. This paper describes a new mortality review process in which: a) reviews are structured using the Structured Judgement Review (SJR) framework [2]; and b) themes are generated over an extended period of time to create longitudinal learning from death.

Methods:
The SJR framework has been developed by NHS improvement for the new medical examiner role, looking at inpatient deaths. We adapted this to better suit the ICU creating a novel review structure. This involves explicit judgement comments being recorded, and the use of a scoring system to analyse the quality of care during the patient’s stay with a focus on elements of care delivered on the ICU. Tabulation of this information allows analysis over time, identifying trends across all patients, and in specific subgroups.

Results:
This framework has been rolled out at the St George's Cardiothoracic ICU weekly mortality meetings. Themes that have emerged include parent team ownership, delayed palliative care referrals and inadequate documentation of mental capacity. This will continue as part of a three-month trial and following review of this trial may be extended to other critical care units in the trust.

Conclusion:
This system allows greater insight into patient deaths in a longitudinal fashion and facilitates local identification of problems at an early stage in a way that is not possible within the traditional mortality review format. The nature of the process means that key areas for change can be identified as a routine part of the clinical week.

References: