



Hôpital général juif
Jewish General Hospital

DEPARTMENT OF MEDICINE - DIVISION OF HEMATOLOGY-ONCOLOGY
Tel: 514-340-8207 FAX: 514-340-8733

Hematology Morbidity and Mortality

Date:		ID:	
Type: <input type="checkbox"/> morbidity <input type="checkbox"/> mortality		Date of death:	
Diagnosis (path, IP, cyto, molecular):			
Disease stage (if applicable):			
Prognostic Scoring system (if applicable):			
Admission: <input type="checkbox"/> emergency <input type="checkbox"/> elective		Case discussed in tumor board: <input type="checkbox"/> yes <input type="checkbox"/> no	
Reason for Admission:			
Was code status discussed?		<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no
Were they on an end of life care pathway?		<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no
Were there any issues of care in the treatment of this patient (identify below)		<input type="checkbox"/> yes	<input type="checkbox"/> no
Did any of these issues contribute or have an impact on outcome?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If the patient died, was the death avoidable?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Identify contributory factors <input type="checkbox"/> Documentation <input type="checkbox"/> Unanticipated complication in procedure <input type="checkbox"/> Delay in diagnosis or diagnosis not suspected <input type="checkbox"/> Delay in procedure <input type="checkbox"/> Delay in clinical review / actions <input type="checkbox"/> Delay in transfer within hospital <input type="checkbox"/> Delay in transfer between hospital <input type="checkbox"/> Communication issues <input type="checkbox"/> Drug error – prescription <input type="checkbox"/> Drug error – administration		Comments:	

<ul style="list-style-type: none"><input type="checkbox"/> Failure to rescue deteriorating patient<input type="checkbox"/> Avoidable infection<input type="checkbox"/> Problems following established protocol<input type="checkbox"/> Training issues<input type="checkbox"/> Resource issues (staffing/ bed availability)	
<p>Actions to take forward:</p>	
<p>Addressed to:</p> <ul style="list-style-type: none"><input type="checkbox"/> 4Main<input type="checkbox"/> 7NW<input type="checkbox"/> 7W<input type="checkbox"/> 8E/7E<input type="checkbox"/> CRU<input type="checkbox"/> ER<input type="checkbox"/> Pharmacy<input type="checkbox"/> Apheresis<input type="checkbox"/> Laboratory<input type="checkbox"/> Multidisciplinary Meeting<input type="checkbox"/> Medical executive committee	