



Medical Leader	<input type="checkbox"/>
Medical Expert	•
Communicator	•
Advocate	•
Scholar	
Professional	
Collaborator	
Manager	•

Mortality Review

2014 Day2 – Q5 (Choice)

You are the DMS/Chief Medical Advisor of a major regional hospital.

As part of a quality improvement process, you recently organised and initiated a month long review of all hospital deaths because you want to have evidence of proper investigation and follow up taking place. There were 59 deaths identified during the month, the majority occurring in ED, ICU and the general medical wards.

The two senior and very experienced nurses who were seconded to carry out this review noted that there were a number of instances where drug prescribing did not meet your institutional protocols, such as changes to medication being written as corrections rather than itemised separately as a new request, and no information recorded about allergies. They did not investigate this further as it was outside their remit.

They also noted a number of instances where handwriting was illegible, documents were not signed or the name of the signatory was not clearly written.

The mortality review had identified a number of issues of non-compliance with legal requirements and or organisational policy.

Your pharmacy staff last year carried out an intensive hospital wide initiative to promote good prescribing which you recall had been vigorously supported by the Department of Medicine's senior medical staff.

This is a most disappointing finding and raises a number of worrying questions in your mind.

How do you proceed?



Censor's Notes

Mortality Review

2014 Day2 – Q5 (Choice)

Specific issues:

- Legal compliance
- Compliance with organisational policies → organisation risk, legal and reputational
- Risks of poor patient care
- Lack of or ineffectual routine audit of compliance
- Organisational culture – SMO – clinical leadership and standard setting, RMO, Clinical teamwork

Specific actions:

- Data is incomplete, initiate wider review, establish regular audit
- Consult with pharmacy service, review outcome of previous year's initiative
- Brief CEO, enlist CEO's support in highlighting organisational risk
- Review penalties for non-compliance with legal and organisational requirements with HR
- Urgent discussion of findings with clinical leaders, medical, nursing, allied health
- Review literature, look for benchmarks, contact colleagues in other comparable organisations
- Review orientation process for all clinical staff

RACMA COMPETENCIES:

- Leadership – to change and support a more effective culture
- Medical expert – identification of professional issues, patient risk, governance processes
- Manager – performance issues
- Collaborator – multidisciplinary approach
- Advocacy/Professional – providing and supporting the best possible patient care