

Improving the Reporting of Inpatient Deaths in an Oncology Department

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Background

After the publication of the Francis report, the trust decided to record and review all inpatient deaths to identify ways to improve patient care. The Morbidity and Mortality Recording System (MMRS) is a computerised recording system developed to manage recording, review by the treating consultant and discussion at regular, departmental mortality meetings. Junior doctors are expected to enter the initial details of all patient deaths on the system, but rarely attend the monthly meetings. Recording across the trust and within the oncology department was low at 40%, limiting the ability to learn from cases.

Methodology

Project aim

(SMART; Specific, Measurable, Achievable, Realistic, Timely)

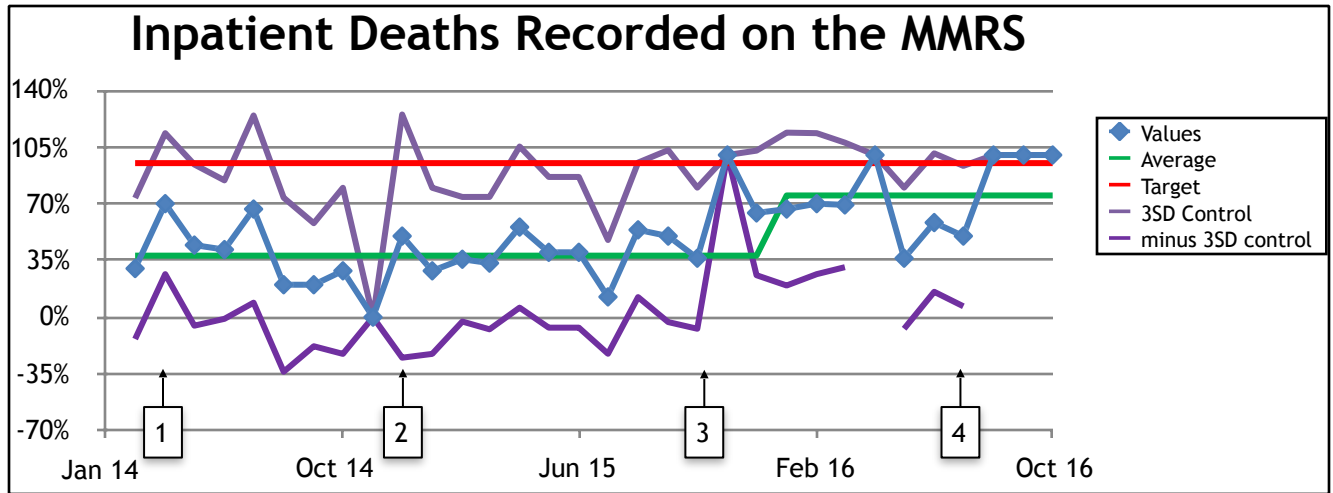
Key Indicator: The percentage of patient deaths recorded on the MMRS in a calendar month

Target: >95%

Timeline: Improve within one year

Baseline Recording: 30%

A list of oncology patients who died as inpatients was collected from the hospital records system and compared to those recorded on the MMRS. Data was collected from January 2014 to October 2016.



Interventions

Methods to improve recording were discussed at the monthly departmental meetings.

No.	Intervention	Impact
1	Reminder email to all doctors on how to complete MMRS records	There was little sustained improvement
2	Email to doctors who had not completed their patient records	There was little sustained improvement
3	Introducing a section in junior doctors' induction on the MMRS	Improvement but not to the desired level
4	Identifying a lead junior doctor for the MMRS project	Sustained improvement

Conclusions

Introducing a lead junior doctor for the MMRS improved recording. The project team benefits from a junior doctor representative, so representation from nursing and senior medical groups is also being sought. Recording is unfortunately manual and IT support would be beneficial.

Next actions

Further junior doctor leads will need to be recruited at each new rotation. This can be undertaken through the clinical supervisor system.