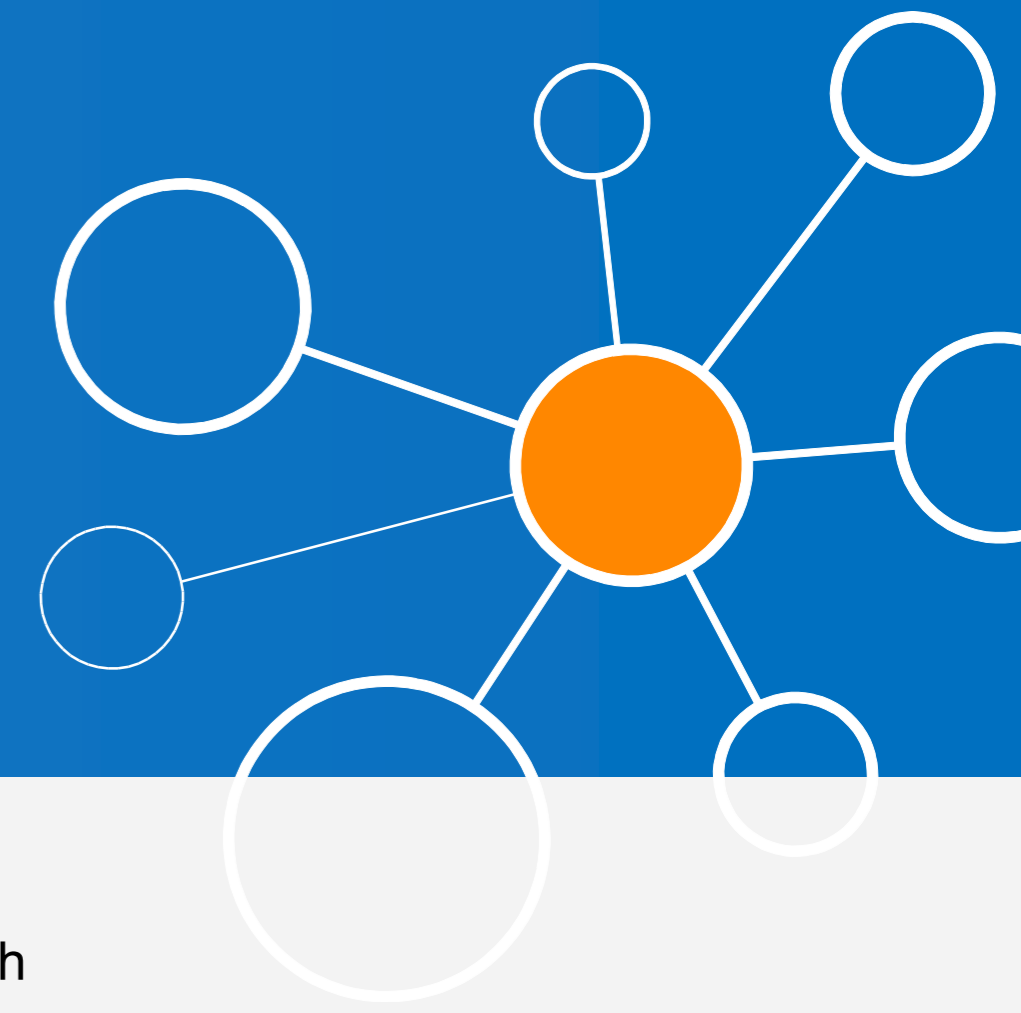


Morbidity and mortality Review Audit and Continual Monitoring and action Monitoring.

Laura meek—GRS Co-ordinator

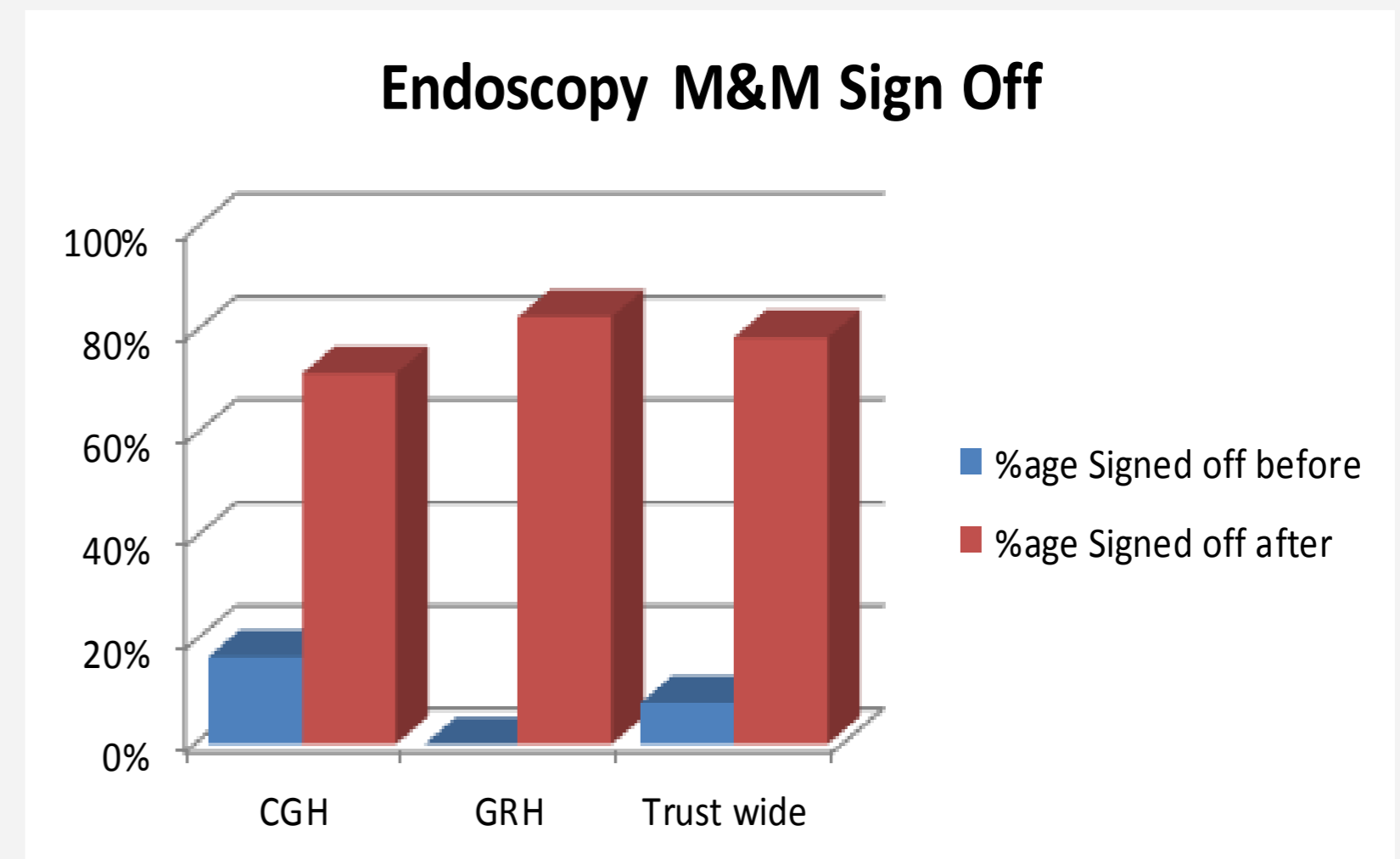


1. Background and requirements:

Post endoscopy mortality is a quality standard for all endoscopy units. It is a guideline from the British society of Gastroenterology BSG (2007). In order to Achieve the quality and safety standards of the Global Rating Scale (GRS) for quality and safety standards. The result of not achieving this standard and quality assurance measure would result in non accreditation from the Joint advisory group (JAG).

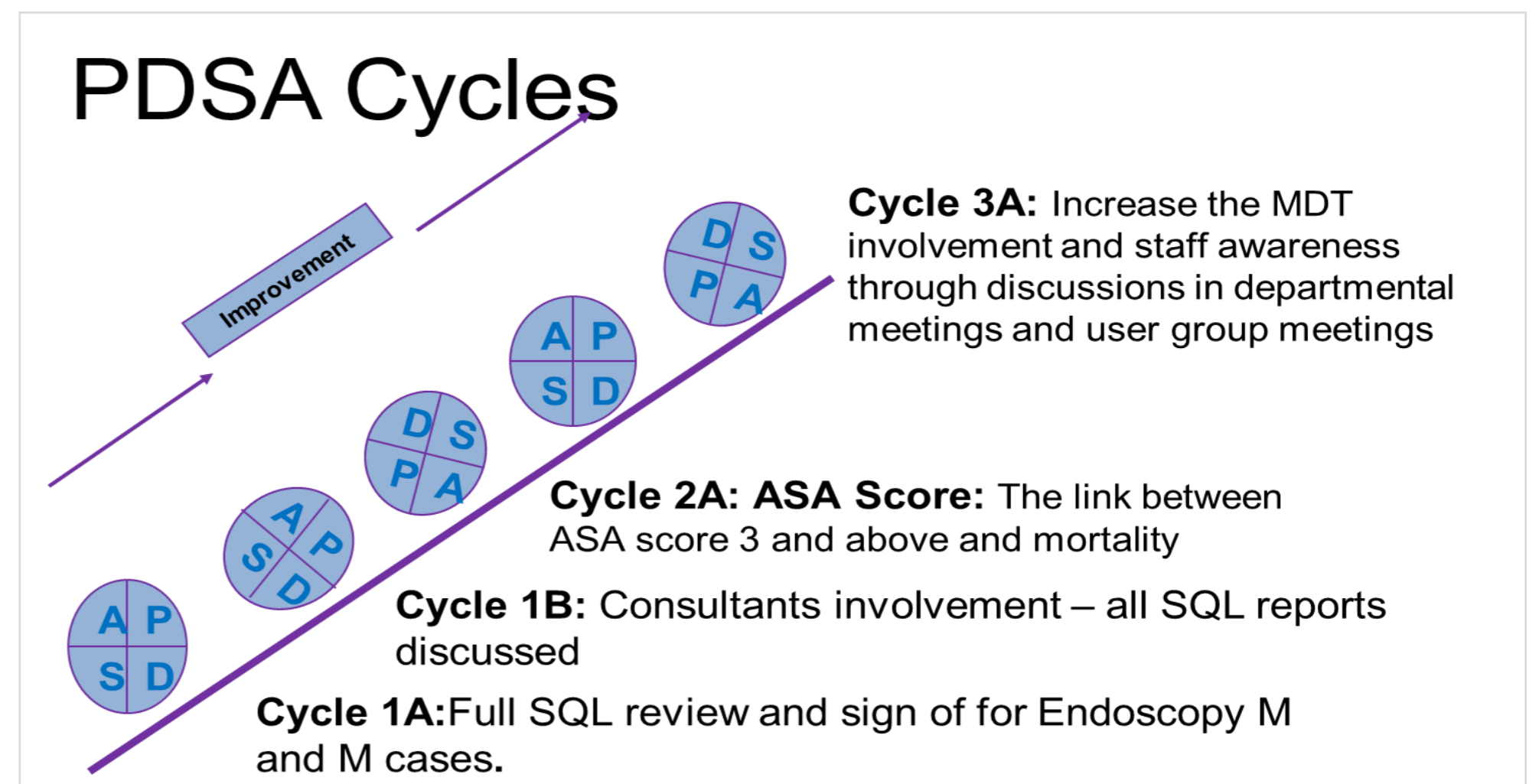
2. British endoscopy units are encouraged to audit 30-day mortality as part of their quality assurance program. However, the National Health Service (NHS) lacks a validated system for routinely linking specific procedures to subsequent death. Hence, expected levels of mortality for unselected patients requiring endoscopy procedures such as ERCP's are poorly defined.

Pre and Post SQL sign off and review, 12 month data:



5. Endoscopy Process for M and M:

Patients who have died within 30 days of their endoscopy are captured through SQL scope and Trak-care. All medical notes are reviewed by the GRS Coordinator and entered onto an EXCEL data collection sheet. A pre – governance meeting takes place with the clinical leads to identify cases that need discussion at governance, a presentation is completed for each of these cases. Surgical M and M leads have been advised to contact the endoscopy leads when they are reviewing surgical patients that have undergone an endoscopy procedure.



Barriers:

- Notes Request: Since the launch of track-care , clinical notes retrieval is lengthy.
- Upload request and phone calls still required to receive medical notes.
- Notes can take over 8 weeks to be received – patient safety issue.
- Time for M and M meetings with essential stakeholders, overcome by emails and one to one meetings.
- Motivation from team members: From current meetings and discussions clinical

leads happy with the new process and documentation of M and M.

What Next?

- Presentation to JAG Showing developments and improvements.
- To provide evidence off surgical M and M meetings and linking this to endoscopy.
- Discuss in departmental meetings with the nursing staff – filtering information through the department effectively.
- Upload onto the medical division share point.