



**SMCW-SUHRC/Committee/39/2025**

**Date- 10<sup>th</sup> Mar, 2025**

**Mortality Review Committee**

**Introduction**

1. Morbidity and Mortality (M&M) meetings, provide a platform for healthcare departments, specialties, and facilities to assess the quality of patient care and identify potential areas for improvement. With a long-standing history and established culture, M&M meetings are vital for leveraging the expertise of clinicians at the point of care. However, as patient care is delivered within complex, interactive systems, clinical reviews must go beyond focusing solely on individual factors. They should aim to understand these systems as a whole, ensuring that recommendations for improvement are comprehensive and effective.

2. In addition to examining adverse clinical events and outcomes, there is an increasing emphasis in M&M meetings on recognizing how resilience within these complex systems can lead to positive outcomes, especially in the face of challenges and uncertainty inherent in healthcare delivery. Moreover, M&Ms serve as a key opportunity for clinical staff to engage with patient safety and quality improvement initiatives. They also provide an important setting for education on these processes and offer a chance for senior staff to model appropriate professional behavior.

**Purpose**

3. To engage the multidisciplinary team in a comprehensive analysis of the systems and processes that contributed to an adverse outcome in patient care, focusing on:

- (a) The overall management plan and the approach taken in each case.
- (b) The accuracy and justification of the final diagnosis.
- (c) An evaluation of whether the final outcome aligns with the nature of the case and expected prognosis.
- (d) The completeness and accuracy of documentation, including death summaries.
- (e) An analysis of any errors in diagnosis, treatment, or judgment.
- (f) The causes of complications and poor outcomes

4. In addition to reviewing deaths and adverse events, the committee may also assess clinical indicators relevant to the service.

5. To evaluate the overall quality of patient care and develop strategies to reduce mortality.



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6. To provide guidance on the review and documentation of existing clinical practices on a periodic basis.
7. To recommend improvements to processes and systems to enhance care delivery.
8. To monitor the implementation and effectiveness of actions taken based on above recommendations.

### **Scope**

9. All in-hospital deaths as identified from Hospital database and further classified as Anticipated or Unforeseen.
10. Review Morbidities as outlined due to complications or sentinel events.
11. Emergency admissions may be excluded from this purview keeping in mind the uncertainty about diagnosis at the time of admission.

### **Composition**

#### **12. The Mortality Review Committee of SMCW & SUHRC shall consist of**

- (a) Professor & HOD, Clinical Department – Chairperson.
- (b) Medical Superintendent, SUHRC - Ex Officio Member.
- (c) 01 x Professor/Associate Professor from each of the Clinical Departments - Member(s).
- (d) 01 x Professor/Associate Professor/Consultant from Critical Care Medicine; ICU; FMT; Microbiology & Biochemistry - Member.
- (e) Head Nursing, SUHRC - Member.
- (f) Quality Head, SUHRC - Observer & Member.
- (g) 01 x Professor/Associate Professor, Clinical Department - Member Secretary.

### **The Mortality Review Process**

13. To compile comprehensive hospital statistics, including details of admissions, surgeries, medical admissions, procedures, obstetrics and gynecology, pediatrics, and other relevant data.
14. Collect and document monthly net and gross death rates.
15. Review and analyze the monthly net and gross death rates, with findings to be presented to the Assembly for further discussion and action.
16. Conduct a thorough cross-review of death cases to identify unforeseen deaths, which will then be presented for evaluation at the Mortality Review Committee (MRC).



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17. Inclusion criteria for cross-review:

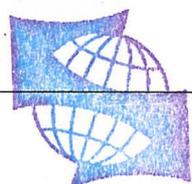
- (a) All in-hospital sentinel events that result in death.
- (b) All deaths occurring within 48 hours of surgical or non-surgical intervention.
- (c) All identified unforeseen deaths.

18. The MRC will provide recommendations for process improvement and corrective actions based on the findings of the cross-review.

19. The MRC will oversee the implementation and closure of corrective and preventive actions to ensure continuous improvement in patient care and safety.

### Roles and Responsibilities

S. No.	Role Name/Title	Belong To Function	Role in Process
(a)	Chairman	Management nominated Senior Clinician	<p>a) To provide recommendations based on agenda points and data analysis presented in the meeting</p> <p>b) To facilitate implementation of action plan wherever required</p>
(b)	Member Secretary	Management nominated Clinician	<p>a) Organization and facilitation of the meeting</p> <p>b) Circulation of agenda and any associated documents to the members</p> <p>c) Ensure that case note reviews are undertaken for deceased patients and reported to the committee using Mortality</p> <p>d) Data scorecard on mortality parameters (net and gross death rate) presented</p> <p>e) Collation of Review findings, learning points and actions for improvement for each mortality meeting</p>



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S. No.	Role Name/Title	Belong To Function	Role in Process
			f) Escalating up any areas of concern at appropriate levels g) Preparation and Circulation of the minutes of the meeting h) Follow up on the Closure issues prior to subsequent meeting
(c)	Member	Medical Superintendent, SUHRC	a) Authenticity of data presented b) Coordination between clinical departments and c) Coordination with MRD
(d)	Members	Clinical and Pre/Para Clinical Departments	(a) To participate in peer review and collectively identify issues in patient care and safety (b) To implement measures to improve patient outcomes
(e)	Member	Head Nursing	To ensure implementation of recommendations of the Committee in nursing department
(f)	Observer Member &	Head Quality	a) To facilitate implementation of recommendations of the Committee b) To ensure with MS that the meeting is held as per schedule and follow up with convener on closure report

### Parameters to be Reviewed

20. The parameters to be reviewed are as under.



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S. No	Parameters	Definition	Reported as
(a)	Anticipated/ Expected Death	i.Cases presenting with severe co-morbidities like Cardiogenic shock, sepsis etc. on whom conservative management/ emergency procedure was done as part of life saving effort. ii.Death was likely outcome of admission	Number
(b)	Unforeseen Death	Cases presenting with low morbidity risk and death was an avoidable complication	Number
(c)	Any delays in – diagnosis, investigations, delivery of care, treatment	Self- explanatory	Number
(d)	Poor communication	Failure to Communicate, such as: clinician to clinician, inadequate documentation, inadequate supervisor, leadership	Number
(e)	Failure to recognize or take appropriate action on 'alerts'	Change in heart rate, change in respiratory rate, change in blood pressure, change in oxygen saturation or change in consciousness or neurological status that was not responded to	Number

### Monthly Morbidity and Mortality (M&M) Meetings

21. The Monthly Morbidity and Mortality (M&M) meeting shall be held on a suitable day in the last week of each month, in the afternoon.

22. Attendance at the meeting is mandatory for all doctors, including faculty members, residents from pre-clinical, para-clinical, and clinical departments, as well as nursing staff. Attendance will be recorded during the meeting.

23. The cases to be presented will be selected by the Mortality Review Committee at least 10 days prior to the meeting.

24. Each mortality meeting will be coordinated and conducted by two faculty moderators, both of whom will hold a rank above Associate Professor.



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25. One moderator will be from a pre-clinical or para-clinical department, and the other will be from a clinical department.
26. Only the moderators are permitted to ask questions to the presenter.
27. Attendees are encouraged to submit their questions to the moderators on a piece of paper during the presentation. No questions will be addressed by the house directly to the presenter.
28. The moderators will conclude the meeting by providing a take-home message.

### Current Composition

S. No.	Name	Specialty	Role
(a)	<b>Brig. (Dr.) Ramakrishnan Narayanaswamy Retd</b>	<b>Professor and HoD, ENT</b>	<b>Chairperson</b>
(b)	Col (Dr.) Allampalam Raman Rajan Retd.	Professor, Pediatrics	Member Secretary
(c)	Dr. Prasad L. Bhanap	Medical Superintendent, SUHRC	Member
(d)	Dr. Veena Purandare	Professor, General Medicine	Member
(e)	Dr. Avishkar Barase	Professor, General Surgery	Member
(f)	Dr. Supriya Jagdale	Associate Professor, Obstetrics & Gynecology	Member
(g)	Dr. Anjali Kher	Professor and HoD, Pediatrics	Member
(h)	Dr. Neeta Gokhale	Professor and HoD, Dermatology	Member
(i)	Col (Dr.) Harpreet Singh Retd.	Professor and HoD, Psychiatry	Member
(j)	Dr. Kanchan Bala Rathore	Associate Professor, Ophthalmology	Member
(k)	Dr. Abhijeet Patil	Professor, Radiology	Member
(l)	Dr. Vivek Kumar	Professor, Critical Care Medicine	Member
(m)	Dr. Chetan Pande	ICU Consultant	Member
(n)	Dr. Jyoti Deshpande	Professor and HoD, Anaesthesia	Member
(o)	Dr. Vivek Dugad	Associate Professor, Pathology	Member
(p)	Dr. Pradeep Gangadhar Dixit	Professor, FMT	Member

S. No.	Name	Specialty	Role
(q)	Dr. Kalpana Angadi	Professor and HoD, Microbiology	Member
(r)	Dr. Sagar Nanaso Salunkhe	Professor, Biochemistry	Member
(s)	Dr. Bharati Deokar Sharma	Professor and HoD, Orthopedics	Member
(t)	Dr. Meenakshi Bhakare	Associate Professor, General Medicine	Member
(u)	Ms. Jessy Bhide	Officiating Nursing Superintendent	Member
(v)	Minakshi Gijare	Quality Head	Observer & Member

### Terms of Reference

29. The **Terms of Reference (ToR)** for the Mortality Review Committee (MRC) and the Monthly Morbidity and Mortality (M&M) meetings generally include the following key elements:

#### 30. Mortality Review Committee (MRC)

(a) **Purpose & Scope:** To review and analyse deaths within a healthcare facility to identify trends, causes, and areas for improvement in patient care.

(b) **Membership:** Multidisciplinary team including healthcare providers, administrators, and sometimes patient representatives.

(c) **Functions:** Review specific cases of mortality, identify systemic issues, and recommend changes to improve patient safety and care quality.

(d) **Confidentiality:** Ensure all discussions and data are kept confidential and secure.

(e) **Reporting:** Regular reports to the hospital administration and relevant authorities with findings and recommendations.

#### 31. Monthly Morbidity and Mortality (M&M) Meetings

(a) **Purpose:** To discuss morbidity and mortality cases in a structured manner to learn from adverse events and improve patient care.

(b) **Participants:** Healthcare providers involved in the care of the patient, selected experts, and sometimes administrative staff.



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- (c) **Review Process:** Detailed review of individual cases, identification of contributing factors, and discussion of potential improvements.
- (d) **Confidentiality:** Similar to the MRC, all discussions are confidential and protected.
- (e) **Action Plan:** Development of action plans to address identified issues and prevent recurrence.
32. **Meeting Frequency:** Monthly. The meetings will be scheduled in the last week of the month and notified by the Member Secretary after ascertaining availability of Chairperson.
33. **Quorum:** A quorum of 60% is necessary for the committee to meet.
34. **Minutes of Meetings (MoM):** The Member Secretary will be responsible for maintaining, uploading in the link of SMCW & SUHRC **Minutes of Meetings (MoM)**, and circulating the MoM in the approved format.
35. **Action Taken Report (ATR):** The member secretary will update, upload in the link of SMCW & SUHRC **Minutes of Meetings (MoM)**, and circulate the ATR before the commencement of the next meeting.
36. No business transaction will be done during the proceedings of the committee meetings.

Place: Pune.



Lt. Col. (Dr.) T. Vijaya Sagar (Retd)  
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**Copy to: -**

Hon'ble Provost, FoMHS | Medical Superintendent, SUHRC | Head Operations, SUHRC | All HODs | All Faculty Members | Head Administration, SUHRC | HR Head, FoMHS | Head Finance, SUHRC | Head Nursing, SUHRC | Head Quality, SUHRC | Head IT, FoMHS | Administrative Officer SMCW | IT Support Team, SMCW | Website Committee | NMC Cell | PA to Dean, SMCW