

HCMC Morbidity and Mortality Conference M & M Case Form

Resident Name: _____ PGY-1 PGY-2 PGY-3

Date of M & M presentation (if applicable): _____

Patient Initials: _____ Patient MR Number: _____

Date of ED visit: _____

History of Case (Brief summary of ED presentation):

Describe Morbidity and/or Mortality and identify ED error:

Cause:

Identify root cause (and other possibilities):

Root Cause: _____

2. _____

3. _____

4. _____

5. _____

Literature search (known, expected, or unanticipated complication):

Please attach data to completed M & M form.

If error occurred, suggested alternative actions:

Key learning points:

1.

2.

3.

4.

5.
