# Quarterly/Periodic report template

The M&M quarterly/periodic report is designed to be a comprehensive report outlining departmental M&M activities throughout the preceding quarter. For smaller health services, and/or departments that have a lighter case load, these quarterly reports could be adapted to Bi-annual, or Annual reports.

It is intended to provide information on unit performance to higher governance committees, executive, and/or the Board, with specific monitoring of emerging trends in systems issues contributing to patient harm.

The quarterly/periodic report is designed to detail the most commonly occurring systems issues identified per system ‘layer’, using the Systems-focused case review tool. With continued use of the case review tool over the reporting period, recurring ‘themes’ or issues will be identified that health services can use to populate this report. It is recommended that gross numbers of the top three reported issues are recorded according to systems layers and collated in table/excel format. This can be translated into a graphical representation over time.

The remainder of the report summarises the following:

* Summary of key issues over the reporting period
* Any outstanding issues referred from and to other departments
* Any recommendations, or identified barriers to implementation or recommendations that require escalation to higher governance committees for clinical practice or systems-based change
* Any actions departments have implemented from previous governance committee recommendations
* Any identified high-risk issues for the organisation, and suggested mitigation strategies

The monitoring, review, and evaluation of this information, particularly if applied across multiple departments, can provide health services with invaluable information on broader trends across the health service, and could identify areas for widespread improvement projects requiring cross-departmental collaboration.

# M&M periodic report, (insert unit details here)

## Date from: \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_

OFFICIAL

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| Cases reviewed: |  |
| Outstanding cases: |  |
| Coroner’s referrals: |  |
| Cases referred to other units; |  |

## Trend of systems-related adverse events

## Current Quarter Breakdown: Systems Trends

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | No. |  |  | No. |
| External, regulations, Government factors | e.g. regulations, funding, links with external health services and colleges |  | Work environment factors | e.g. staffing, workload and shift patterns, design of equipment and environment |  |
|  |  |  |  |
|  |  |  |  |
| Organisation & management factors | e.g. financial resources and constraints, organisational structure, policies and standards, safety culture |  | Team factors | e.g. communications, supervision, team structure, leadership |  |
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| **Task, Task complexity & Technology factors** | e.g. Task design and clarity, availability and use of protocols, decision-making aids |  | Individual Staff factors | e.g. knowledge & skills, competence, physical and mental health |  |
|  |  |  |  |
|  |  |  |  |
| Patient factors | e.g. condition (complexity & seriousness), language & communication, social factors |  | Social & cultural factors | e.g. race, cultural background, gender, disability, age, sexuality, socioeconomic status |  |
|  |  |  |  |
|  |  | **USER INFORMATION:**  Over time, recurrent themes from each system will be developed. Please insert your health service’s top 3 per system to monitor trends over time. |  |

## Current quarter breakdown: issues, recommendations and action summary

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| Summary of key issues identified at M&M review |
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| Outstanding issues referred FROM other departments | Outstanding issues referred TO other departments |
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| Recommendations/barriers to implementation needing escalation to operational governance committee for clinical practice/systems-based changes |
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| Actions from previous operational governance committee recommendations |
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| Identified high-risk issues for organisation | Mitigation strategies |
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| Name of clinician completing report: | | |
| **Print**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Designation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Date**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | |