



Capital Health

Mortality & Morbidity Committee

_____ (Department/Service/site)

Agenda

_____date

_____location

1. Review recommendations from previous meeting
 - i) recommendation #1 follow-up by _____
 - ii) recommendation #2 follow-up by _____
 - iii) etc

2. New cases, presented by M&M chair or designate
 - #1
 - #2
 - #3
 - #etc.

3. Next meeting