



Capital Health

Mortality & Morbidity Committee

(Department/Service/Site)

SUMMARY MEETING NOTES

Date: _____	Chair: _____
_____ Number of Cases Reviewed	_____ Mortality Cases
_____ Cases Open	_____ Morbidity Cases
_____ Cases Closed	_____ Random/Targeted Audit Cases
	_____ Referred from Other Sources

Recommendation #1 (title) _____

Action Plan: _____

Referred to: _____ Bring Forward Date: _____

Case Closed (YYMMDD _____)

Recommendation #2 (title) _____

Action Plan: _____

Referred to: _____ Bring Forward Date: _____

Case Closed (YYMMDD _____)

Recommendation #3 (title) _____

Action Plan: _____

Referred to: _____ Bring Forward Date: _____

Case Closed (YYMMDD _____)

Copy to:

- Department/site Executive
- DMAC-Quality Committee
- Board-Quality Committee