

ALICE
WILKIE

D 779

OPERATION ROCHESTER

Report summarising screening assessment of first 61 cases analysed

This report is compiled from the annotations made during the initial screening of each case. No subsequent editing or amendment is included in this report. However, it should be noted that only the first 20 cases were screened truly blind. In assessing the first 20, I applied the same standards as I would to my own practice, ie that of an experienced medical practitioner in the specialty of palliative medicine. It is my personal belief that excellent clinical practice, ie the best possible decision making given the clinical information available and the patient's preferences, should be the same in all settings, whether specialist or generalist.

However, during the conference after the screening of the first 20 cases it was made clear to me that I was setting an unrealistically high standard for practice in a rehabilitation/continuing care setting. My assessments of all subsequent cases were influenced, therefore, by the views of the other members of the clinical team. There will not be complete consistency in my assessments between the first 20 cases and the subsequent ones.

The screening matrix used for scoring in all cases was as follows:

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B				
Unexplained By Illness C				

In each case the screening assessment was made contemporaneously with the study of that case record. It was not made retrospectively at a later date from my handwritten notes, although they informed my judgement by summarising the important points I abstracted when going through each record.

The following table brings together the assessment notes made on each patient and my own screening assessment score, prior to discussion with other members of the clinical team.

SSX

BJC/52	Wilkie, Alice 113	<h1>Code A</h1>	82
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**OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM**

Patient Identification

Alice WILKIE

Code A

Code A

Exhibit number

BJC/52

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Code A	Could belong here	
Unexplained By Illness C				

General Comments

Code A

Final Score:

Screeners Name: R E Ferner

Date Of Screening:

Signature

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

AWi 1 **Code A** Code A

Exhibit number

BJC52

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Code A	Could belong here	
Unexplained By Illness C				

General Comments

Code A

Final Score:

Screeners Name: R E Ferner

Date Of Screening:

Signature

PL

BJC/52
ALICE WILKIE
82

Code A

No grading

D1334

U/17

ALICE WILKIE
BJC52

Code A

D 1094

Alice Wilkie

Date of Birth: **Code A** Age: 82
Date of admission to GWMH: **6th August 1998**
Date and time of Death: **18.30 hours on 21st August 1998**
Cause of Death:
Post Mortem:
Length of Stay: **16 days**

Mrs Wilkie's past medical history:-
Dementia

Code A

6th A

17th

21st

Code A

Code A

Code A

Code A

