

**DHR – Division of MHDDAD
Confidential Medical Staff Peer Review
MORTALITY REVIEW SUMMARY**

Client Name:

Chart #:

Unit:

Date/Time of Death:

Birth Date:

Admission Date:

Clinical Reviewer(s):

Client last examined by Physician @: _____ on _____
(time) (date)

Brief summary of the circumstances leading to death - including cause of death from Death Certificate and any significant contributing factors:

CLINICAL RISK MANAGEMENT REVIEW SUMMARY

Primary Issues Identified:

Proposed Actions:

Clinical Director

Date

Attachments: Copy of Medical Staff Peer Review – Mortality Review

Client: _____ Chart# _____

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Clinical Reviewer: _____

| Indicator | Yes | No | NA | Unknown |
|---|------------|-----------|-----------|----------------|
| 1. Given the medical history, was the death 'expected' or 'anticipated'? | | | | |
| 2. Did death occur within 48 hours of admission? | | | | |
| 3. Was the Coroner notified? | | | | |
| 4. Was a Coroner's investigation conducted? | | | | |
| 5. Was a valid "DNR" order in the record? | | | | |
| 6. Was an autopsy done? | | | | |
| For items 7 – 19, unless otherwise noted, explain all <u>NO</u> responses in "Comments" on page 4. Attach additional sheets as needed. | | | | |
| <i>Were the following appropriate and indicated measures available or provided in a manner and timeframe appropriate to the clinical situation:</i> | | | | |
| 7. Diagnostic (assessments, tests, procedures)? | | | | |
| 8. Therapeutic (medications, treatments, pain management) ? | | | | |
| 9. Supportive (precautions, nursing care, personal care, emotional support)? | | | | |
| 10. Monitoring/Supervision/Observation (Vital Signs, nursing progress notes, physician orders and progress notes)? | | | | |
| 11. Emergency/Life Saving/Code Response? | | | | |
| <i>Was there documentation in the medical record that critical client information was available in a manner and timeframe appropriate to the clinical situation, and/or that expected or indicated communications (written, or verbal) occurred, and were of sufficient quantity and quality:</i> | | | | |
| 12. All ordered client information (test, x-ray, or procedure results, transfer information)? | | | | |
| 13. Communications between medical staff and client/family? | | | | |
| 14. Communications between and among health care providers (on-campus, off-campus)? | | | | |
| 15. Medical Staff entries? | | | | |
| 16. Other Clinical Staff entries? | | | | |
| <i>If death was not expected or anticipated:</i> | | | | |
| 17. Were changes in client's condition identified prior to death? | | | | |
| 18. Was physician notified of changes in condition in a timely and appropriate manner? | | | | |
| 19. Once apprised of deterioration in client's condition, did the physician respond to these changes in an appropriate and timely manner? | | | | |
| <i>If the death was associated with Suicide, Homicide, Rape, Assault, or Accident, answer the following items. If death was not associated with one of the above, skip to next section and check here. <input type="checkbox"/></i> | | | | |
| 20. Was a special level of observation ordered by the physician? | | | | |
| 21. If a special level of observation was ordered by the physician, was it appropriate to the client's clinical condition? | | | | |
| 22. If a special level of observation was ordered by the physician, was it ordered in a timely manner? | | | | |
| 23. If a special level of observation was ordered by the physician, was it implemented in an appropriate manner? | | | | |
| 24. Did some aspect of the physical environment contribute to the circumstances leading to death? | | | | |

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|---|------------|-----------|-----------|----------------|
| <i>If the death was associated with the use of Manual Personal Holds, Restraints, Seclusion or medical protective safety devices, answer the following items. If death was not associated with one of the above, skip to next section and check here. <input type="checkbox"/></i> | | | | |
| 25. If seclusion or restraint (including manual personal holds) or medical protective safety devices was ordered by the physician, was it appropriate to the client’s clinical condition? | | | | |
| 26. If seclusion or restraint (including manual personal holds) or medical protective safety devices was ordered by the physician, was it implemented and monitored appropriately? | | | | |
| 27. If seclusion or restraint (including manual personal holds) or medical protective safety devices was ordered by the physician, did it contribute to the death? | | | | |
| 28. Was the client physically managed or manipulated in any way that may have compromised respiration or other vital function? | | | | |
| <i>If the death was associated with Medication Error, Adverse Drug Reaction, or Transfusion of Blood or Blood Products, answer the following items. If death was not associated with one of the above, skip to next section and check here. <input type="checkbox"/></i> | | | | |
| 29. Did death follow a Medication Error or Adverse Drug Reaction? (If yes, list name of implicated medication in “Comments”) | | | | |
| 30. Did death follow a transfusion of blood or blood products? (If yes, list indication for transfusion in “Comments”) | | | | |
| 31. Was there documentation in medical record that appropriate client identification measures were followed? | | | | |
| 32. Was implicated medication/blood product appropriately labeled? | | | | |
| 33. Was implicated medication/blood product appropriately controlled? | | | | |
| 34. Did some aspect (presence, absence, malfunction) of medical equipment contribute to the circumstances leading to death? | | | | |
| <i>If the death was associated with a Medical/Surgical Procedure and/or Anesthesia/Sedation, answer the following questions. If death was not associated with one of the above, skip to next section and check here. <input type="checkbox"/></i> | | | | |
| 35. Did death follow a medical/surgical procedure? (If yes, list name, date and location of procedure in “Comments”) | | | | |
| 36. Did death follow an Anesthesia/Sedation? (If yes, list name, date, location and indication for anesthesia/sedation in “Comments”) | | | | |
| 37. Was ‘medical clearance’ performed prior to procedure? (Explain either response in “Comments”) | | | | |

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|--|-----|----|----|---------|
| <i>If death was associated with Acute Illness/Exacerbation of Chronic Condition or Terminal Illness, answer the following questions. If death was not associated with one of the above, skip to next section and check here.</i> <input type="checkbox"/> | | | | |
| 38. Was there evidence of infection within 2 weeks of death? (If yes, list name, location and treatment of infection in "Comments") | | | | |
| 39. Did some aspect (presence, absence, malfunction) of medical equipment contribute to the circumstances leading to death? | | | | |
| 40. Did the client have a nosocomial infection at the time of death or contributing to death? | | | | |
| 41. If 40 is yes, has the case been referred to the Infection Control Committee and the Office of Chief Medical Officer to determine if the case represents a sentinel event? | | | | |
| For items 35 - 42, explain any <u>YES</u> response in "Comments" on page 4. | | | | |
| <i>Did the following contribute adversely to the circumstances leading to death:</i> | | | | |
| 42. Staffing levels? | | | | |
| 43. Staff competency? | | | | |
| 44. Staff supervision? | | | | |
| 45. Current practices, procedures, policies? | | | | |
| 46. Absence of practices, procedures, policies? | | | | |
| 47. Having completed this peer review, would you recommend further review or analysis? | | | | |

