

Your Hospital Mortality Review Worksheet

QA #

PATIENT NAME:		MRN:		ER ADM: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AGE:	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	ADM DATE:	D/C DATE:	LOS:	
ATTENDING PHYSICIAN:			CONSULTANTS:		
ADMITTING DIAGNOSIS:					
FINAL DIAGNOSIS:					
CAUSE OF DEATH (As noted on Death Certificate)					
DNR Status: <input type="checkbox"/> Do Not Resuscitate <input type="checkbox"/> No Do Not Resuscitate					
<input type="checkbox"/> Co-morbid condition was documented <input type="checkbox"/> No co-morbid conditions documented					
<input type="checkbox"/> Autopsy Performed <input type="checkbox"/> No Autopsy Performed					
<input type="checkbox"/> Expected Mortality <input type="checkbox"/> Unexpected Mortality <input type="checkbox"/> Mortality Not Expected On Admission But Expected At Time Of Death					
<input type="checkbox"/> Patient had an Advance Directive <input type="checkbox"/> Patient did not have an Advance Directive					

A. GENERAL SCREENING (Non-Physician Reviewer):

✓ Yes	No	N/A	Check appropriate box for each question:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chart lacks a copy of the patient's Advance Directive?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Resuscitate order lacking (Date Do Not Resuscitate initiated: _____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Record lacks a death note by physician?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did patient have a known terminal illness upon admission?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was death associated with drug reaction or adverse event?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any quality issues identified?

B. AUTOPSY SCREENING: (Non-Physician Reviewer)

✓ Yes	No	Check appropriate box for each autopsy criteria:
<input type="checkbox"/>	<input type="checkbox"/>	Patient under 50 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	Death within 48 hours of a surgical or invasive procedure, including radiology?
<input type="checkbox"/>	<input type="checkbox"/>	Death associated with drug reaction?
<input type="checkbox"/>	<input type="checkbox"/>	Death associated with adverse event?
<input type="checkbox"/>	<input type="checkbox"/>	Death within 48 hours of admission (for patient receiving outpatient care)?
<input type="checkbox"/>	<input type="checkbox"/>	Admission diagnosis suggests death was not expected?

C. CONCLUSION: (Non-Physician Reviewer)

✓ Yes	No	Check appropriate box for response:
<input type="checkbox"/>	<input type="checkbox"/>	Variations noted during the screening process?
Additional Comments:		

D. DISPOSITION OF CASES: (Non-Physician Reviewer)

Based on the above screening:

✓ Yes	No	Check appropriate box for response:
<input type="checkbox"/>	<input type="checkbox"/>	No further review necessary
<input type="checkbox"/>	<input type="checkbox"/>	Refer to the Department of Medicine for peer review
<input type="checkbox"/>	<input type="checkbox"/>	Refer to the Department of Surgery for peer review
<input type="checkbox"/>	<input type="checkbox"/>	Refer to the Department of Emergency Medicine for peer review

Non-Physician
Reviewer: _____

Date Reviewed: _____

E. PHYSICIAN REVIEW COMMENTS:

E. CASE REVIEW OUTCOME

Standard Of Care Level Assigned:

Please assign a Standard of Care Level from the Evaluation Key below by circling the appropriate number:	
Standard of Care Level Key:	
0	Care cannot be evaluated from chart documentation
1	Acceptable Medical Care
2	Acceptable medical care although complication(s) developed
3	Medical Care/Event which had or could have had an adverse effect on the patient's well being, but was not life threatening.
4	Medical care which resulted in temporary loss of major physical function of the patient.
5	Medical care which resulted in a life-threatening situation, permanent loss to the patient of a major physical function, or which resulted in the patient's death.

Recommendations /Action Taken:

Physician Reviewer: _____

Date: _____