

Case - check one

- Mortality Morbidity
 Random/target Audit
 Referral from other source



Morbidity & Mortality Review
Worksheet

PATIENT identifier for M&M purposes only:			Previous Admission Within 30 Days: Yes No		
			ED ADM: Yes No		
AGE:	SEX: Female Male	ADM DATE:	D/C DATE	LOS:	
ATTENDING PHYSICIAN:			CONSULTANTS		
ADMITTING DIAGNOSIS:					
CAUSE OF DEATH:					
Was Code Blue initiated: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
Any concerns re: Code Procedure? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:					
FINAL DIAGNOSIS:					
DNR (Do Not Resuscitate) Status: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Was discussion with patient/family regarding resuscitative measures documented? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
Did patient have an Advance Directive ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Co-morbid condition was documented Yes <input type="checkbox"/> No <input type="checkbox"/>					
Autopsy Performed Yes <input type="checkbox"/> No <input type="checkbox"/> Autopsy Requested but Refused <input type="checkbox"/>					
<input type="checkbox"/> Expected Mortality <input type="checkbox"/> Unexpected Mortality <input type="checkbox"/> Medical Examiner's Case Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="checkbox"/> Mortality Not Expected On Admission But Expected At Time Of Death					

A. GENERAL SCREENING

✓Yes	No	N/A	Check Appropriate box for each question:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Record lacks a death note by a physician?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was death associated with adverse event or drug reaction?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the diagnostic workup adequate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were abnormal lab, x-ray, other test results or physical findings addressed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would this patient have been suitable for the organ donation program? If "NO", why not? / Comments: If "YES", was this discussed with the next of kin? Comments:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under optimal conditions would this death have been preventable?

B. AUTOPSY SCREENING

✓Yes	No	Check Appropriate box for Autopsy Criteria: (see page2)
<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 diagnostic failure?
<input type="checkbox"/>	<input type="checkbox"/>	Death associated with adverse event or drug reaction?
<input type="checkbox"/>	<input type="checkbox"/>	Death within 48 hours of admission?

C. DISPOSITION OF REVIEW: 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/Division for peer review
<input type="checkbox"/>	<input type="checkbox"/>	Refer to the Morbidity & Mortality meeting

See page 2
definitions

Definitions:

An **adverse event** is an unexpected and undesired incident directly associated with the care provided to the patient, or the environment in which the care was provided, which does, or can be reasonably expected to, negatively affect the patient's physical and/or psychological health and/or quality of life. The harm criterion contained within this definition is underlined. The term adverse event is considered equivalent to the term serious occurrence for the purposes of alignment with other related Capital Health policies.

Harm is death, disease, injury, psychological effects, and/or disability experienced by the patient as a result of the adverse event.

Fatality Investigations Act (2001) Enacted June 2003.

Following must be reported:

- Death as a result of violence, suspected suicide or accident;
- Death as a result of suspected misadventure, negligence or accident on the part of the attending physician or staff;
- Cause of death has not been determined;
- Stillbirth or neonatal death where maternal injury has occurred or is suspected before admission or during delivery;
- Death occurred within ten days of an operative procedure or under initial induction, anesthesia or recovery from anesthesia from the operative procedure;
- Death declared on arrival to an emergency department;
- Death while detained or in custody in a correctional facility;
- Death while an inmate in a hospital or facility;
- Death in the custody of Children's and Family Services;
- Death in the custody of a peace officer or as a result of the use of force by a peace officer while on duty;
- Death of a person committed to a facility who dies when not on the premises or in actual custody;
- Death of a person who has died as a result of disease or ill health; an injury; or a toxic substance introduced into the person that is probably caused or is connected to their occupation or employment.