



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

DEATH REVIEWS

Effective Date: June 7, 2012

Policy #: QI-01

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- I. PURPOSE:** To review the cause of death by completing an objective review of the circumstances of the death.
- II. POLICY:** A death review will be completed for the death of a patient due to a:
- psychiatric illness,
 - new onset of medical problems, or
 - a known medical condition if the death was not anticipated when the death occurred while the patient was hospitalized or within 30 days of discharge.

Whenever possible, the assigned physician should have had minimal or no contact with the patient to ensure objectivity of the review.

The death review described in this policy should not be confused with the **review of a serious adverse/significant event**, as addressed in a separate policy, *Serious Adverse Events/Significant Event Review #QI-05*. A serious adverse/significant event is defined as a significant occurrence that may indicate a serious problem exists in hospital operations. The death of a patient does not necessarily mean that a serious adverse/significant event has occurred.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- Medical Director will assign a physician to conduct a death review within two weeks of the death. Whenever possible, the assigned physician should have had minimal or no contact with the patient to ensure objectivity of the review.
- Physician assigned to conduct the death review will seek to determine the cause of death by examining the events of the patient's hospitalization, events leading up to the death, the circumstances of the death, and the death itself. If it is determined that the death may have been avoidable, the reviewer will critique the care provided and make recommendations for changes in procedures to reduce or eliminate the likelihood of the same or similar event occurring in the future. Results of the review and recommendations will be included in the Hospital's Quality Improvement process.

- C. Medical Staff will review all death reviews during one of its regular meetings and within one month of the completion of the review. Feedback and suggestions may be given to the reviewer during this process.
- D. President of the Medical Staff will sign the review as accepted by the Medical Staff.
- E. Medical Director will review and sign all accepted death reviews, then send to the Hospital Administrator.
- F. Hospital Administrator will review and sign all accepted death reviews.

V. PROCEDURE:

- A. Within two weeks of a death, or notification of a death of a current patient, or of a patient who has been discharged within the last 30 days, the Medical Director will assign a physician the task of completing a formal death review if indicated.
- B. No Death review will be necessary if the patient died from a known condition and the patient's death was anticipated due to the severity of their condition.
- C. Reviews will generally follow the format as designated in Attachment A of this policy.
- D. All death reviews will be completed and submitted to the President of the Medical Staff (through the Administrative Assistant to Clinical Services) within 30 days of assignment unless there are extenuating circumstances to prevent completion within this time frame. The Medical Director will determine if an extension will be granted.
- E. The Administrative Assistant to Clinical Services will schedule the review to be presented at the next available Medical Staff Meeting. The case will be discussed and accepted, rejected, or revised at that meeting. Health Information/Transcription services will revise any review, if necessary.
- F. The Medical Director will sign the review and forward to the Hospital Administrator. If acceptable, the Hospital Administrator will sign the review at which point it will be archived as the official review.

VI. REFERENCES: None

VII. COLLABORATED WITH: Medical Staff, Director of Quality Improvement, and Director of Information Resources.

MONTANA STATE HOSPITAL
DEATH REVIEW

date

Identifying Information:

Patient Name:

County of Commitment:

MSH No.:

Date of Birth:

Date of Admission:

Date of Death:

Commitment Status at Death:

Leave Status (if applicable):

History of Present Illness:

Psychiatric History:

Drug and Alcohol History:

Family History:

Medical History:

Pertinent Social History:

- | | |
|-----------------------------|---------------------|
| 1. Social/Education history | 4. Military history |
| 2. Work history | 5. Criminal history |
| 3. Marital history/children | 6. Living situation |

Significant Medical and/or Physical Findings:

Laboratory, X-ray & Other Consultation Findings:

Admission Mental Status Examination: From Psych Eval

Course in the Hospital:

Final Diagnoses:

Axis I:
Axis II:
Axis III:
Axis IV:
Axis V: GAF =

Discharge Plan:

Circumstances of Death: This includes a summary of the terminal events and the cause of death as can best be determined from information gathered.

Conclusion and Recommendations: This section includes the questions that arise in the reviewer's mind and his/her recommendations. These should be relevant to the: 1) care and/or outcome of the specific patient and 2) recommendations for process improvement.

Signatures:

Physician preparing report
Medical Staff President

Medical Director
Hospital Administrator