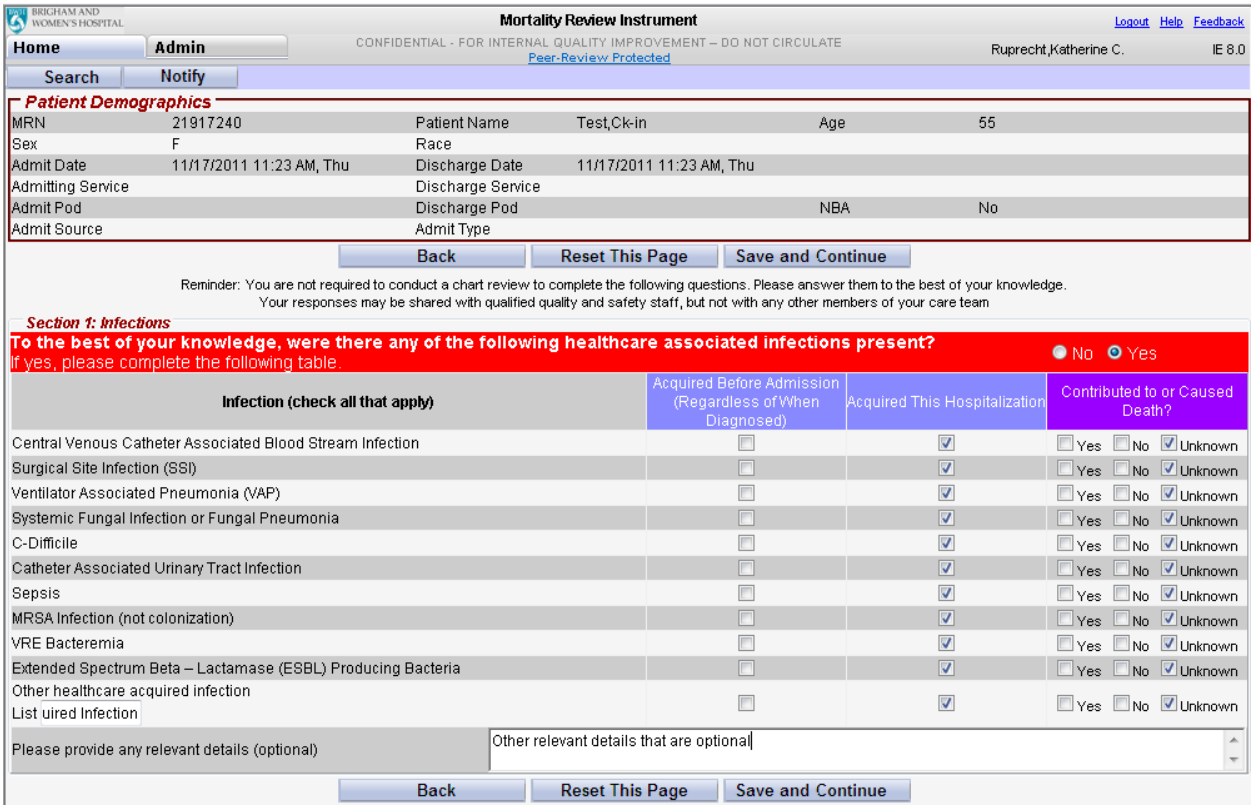
The following screen captures from BWH Mortality Review were aquired 3/21/2012

Section One



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Patient Demographics

MRN	21917240	Patient Name	Test,Ck-in	Age	55
Sex	F	Race			
Admit Date	11/17/2011 11:23 AM, Thu	Discharge Date	11/17/2011 11:23 AM, Thu		
Admitting Service		Discharge Service			
Admit Pod		Discharge Pod		NBA	No
Admit Source		Admit Type			

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Reminder: You are not required to conduct a chart review to complete the following questions. Please answer them to the best of your knowledge.
Your responses may be shared with qualified quality and safety staff, but not with any other members of your care team

Section 1: Infections

To the best of your knowledge, were there any of the following healthcare associated infections present? ○ No ◉ Yes
If yes, please complete the following table.

Infection (check all that apply)	Acquired Before Admission (Regardless of When Diagnosed)	Acquired This Hospitalization	Contributed to or Caused Death?
Central Venous Catheter Associated Blood Stream Infection	☐	☑	☐ Yes ☐ No ☑ Unknown
Surgical Site Infection (SSI)	☐	☑	☐ Yes ☐ No ☑ Unknown
Ventilator Associated Pneumonia (VAP)	☐	☑	☐ Yes ☐ No ☑ Unknown
Systemic Fungal Infection or Fungal Pneumonia	☐	☑	☐ Yes ☐ No ☑ Unknown
C-Difficile	☐	☑	☐ Yes ☐ No ☑ Unknown
Catheter Associated Urinary Tract Infection	☐	☑	☐ Yes ☐ No ☑ Unknown
Sepsis	☐	☑	☐ Yes ☐ No ☑ Unknown
MRSA Infection (not colonization)	☐	☑	☐ Yes ☐ No ☑ Unknown
VRE Bacteremia	☐	☑	☐ Yes ☐ No ☑ Unknown
Extended Spectrum Beta – Lactamase (ESBL) Producing Bacteria	☐	☑	☐ Yes ☐ No ☑ Unknown
Other healthcare acquired infection List uired Infection	☐	☑	☐ Yes ☐ No ☑ Unknown

Please provide any relevant details (optional) | Other relevant details that are optional

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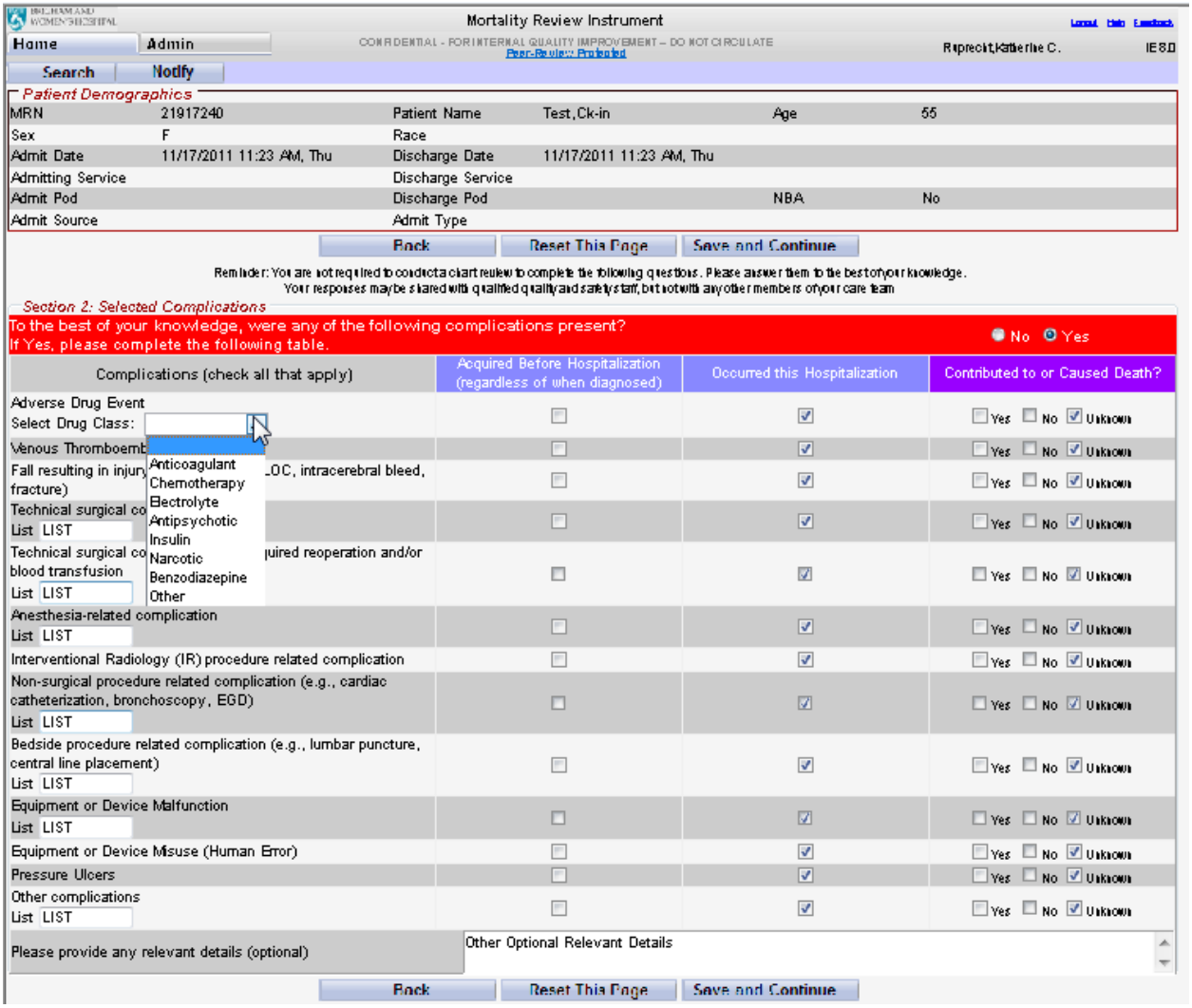
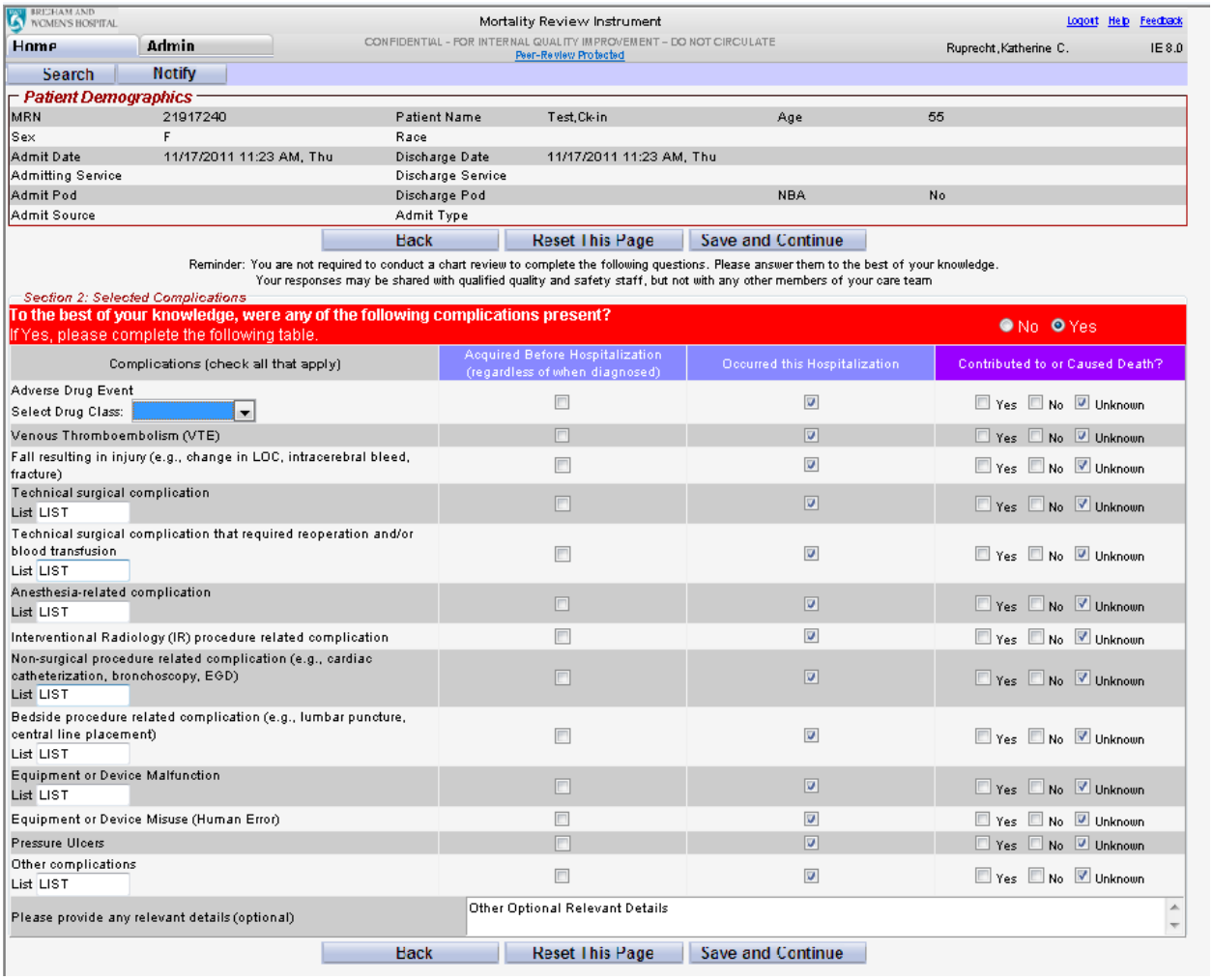
Section Two

With Drop Down Displayed

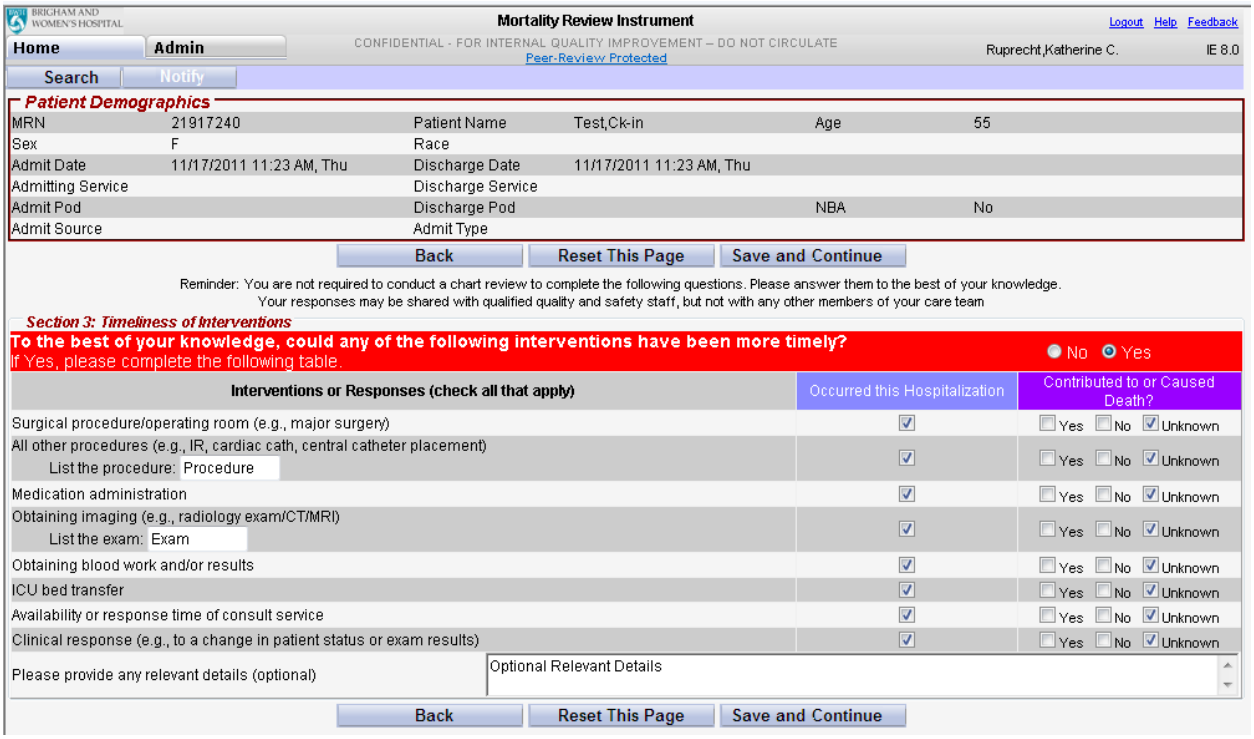


Section Two

Without Drop Down Displayed



Section Three



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Patient Demographics

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Admit Source		Admit Type			

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Reminder: You are not required to conduct a chart review to complete the following questions. Please answer them to the best of your knowledge.
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Section 3: Timeliness of Interventions

To the best of your knowledge, could any of the following interventions have been more timely? ○ No ◉ Yes
If Yes, please complete the following table.

Interventions or Responses (check all that apply)	Occurred this Hospitalization	Contributed to or Caused Death?
Surgical procedure/operating room (e.g., major surgery)	☑	☐ Yes ☐ No ☑ Unknown
All other procedures (e.g., IR, cardiac cath, central catheter placement) List the procedure: Procedure	☑	☐ Yes ☐ No ☑ Unknown
Medication administration	☑	☐ Yes ☐ No ☑ Unknown
Obtaining imaging (e.g., radiology exam/CT/MRI) List the exam: Exam	☑	☐ Yes ☐ No ☑ Unknown
Obtaining blood work and/or results	☑	☐ Yes ☐ No ☑ Unknown
ICU bed transfer	☑	☐ Yes ☐ No ☑ Unknown
Availability or response time of consult service	☑	☐ Yes ☐ No ☑ Unknown
Clinical response (e.g., to a change in patient status or exam results)	☑	☐ Yes ☐ No ☑ Unknown

Please provide any relevant details (optional): Optional Relevant Details

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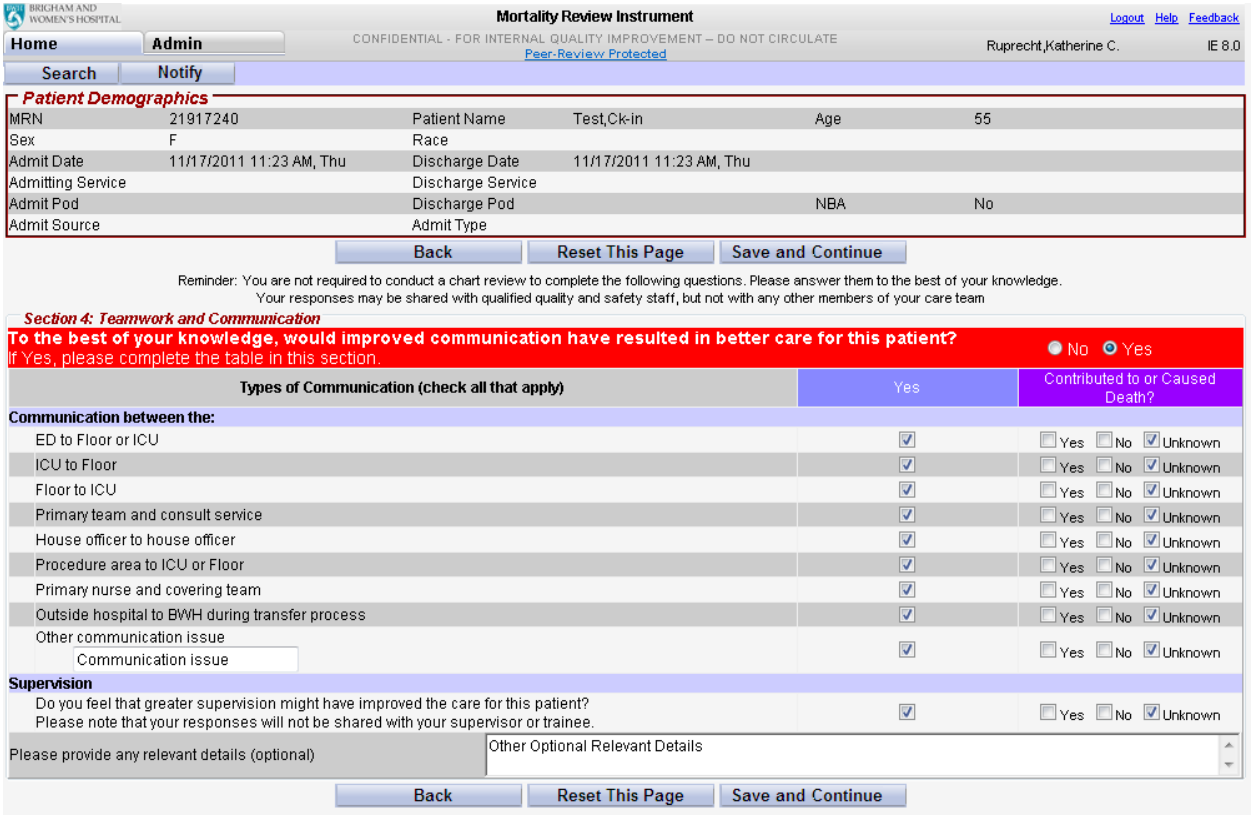
Section Four



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Reminder: You are not required to conduct a chart review to complete the following questions. Please answer them to the best of your knowledge.
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Section 4: Teamwork and Communication

To the best of your knowledge, would improved communication have resulted in better care for this patient? ○ No ◉ Yes
If Yes, please complete the table in this section.

Types of Communication (check all that apply)	Yes	Contributed to or Caused Death?
Communication between the:		
ED to Floor or ICU	☑	☐ Yes ☐ No ☑ Unknown
ICU to Floor	☑	☐ Yes ☐ No ☑ Unknown
Floor to ICU	☑	☐ Yes ☐ No ☑ Unknown
Primary team and consult service	☑	☐ Yes ☐ No ☑ Unknown
House officer to house officer	☑	☐ Yes ☐ No ☑ Unknown
Procedure area to ICU or Floor	☑	☐ Yes ☐ No ☑ Unknown
Primary nurse and covering team	☑	☐ Yes ☐ No ☑ Unknown
Outside hospital to BWH during transfer process	☑	☐ Yes ☐ No ☑ Unknown
Other communication issue: Communication issue	☑	☐ Yes ☐ No ☑ Unknown
Supervision		
Do you feel that greater supervision might have improved the care for this patient? Please note that your responses will not be shared with your supervisor or trainee.	☑	☐ Yes ☐ No ☑ Unknown

Please provide any relevant details (optional): Other Optional Relevant Details

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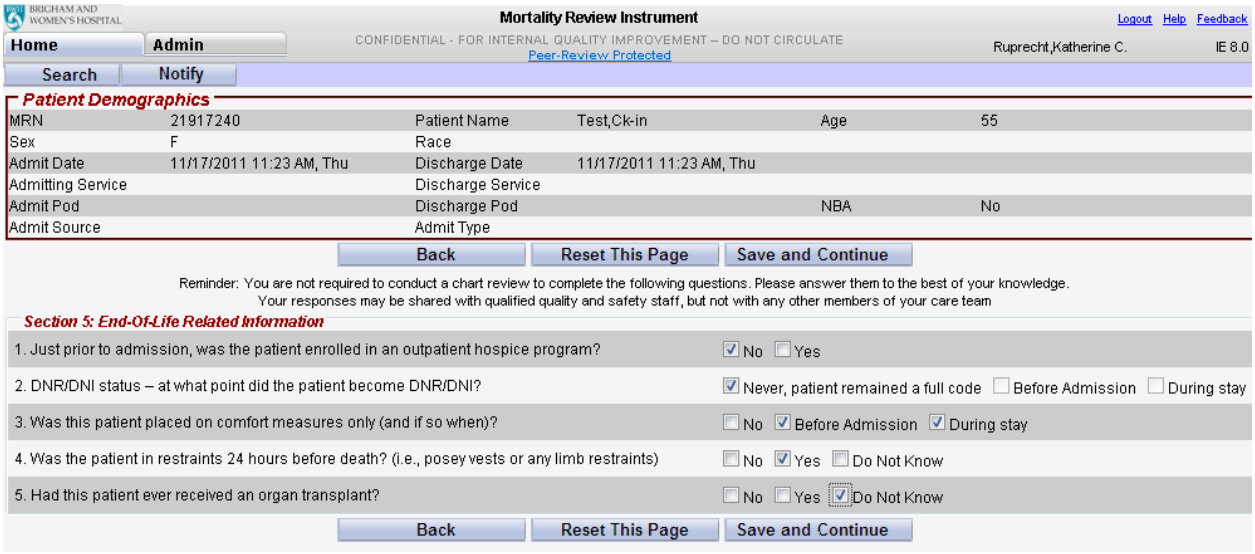
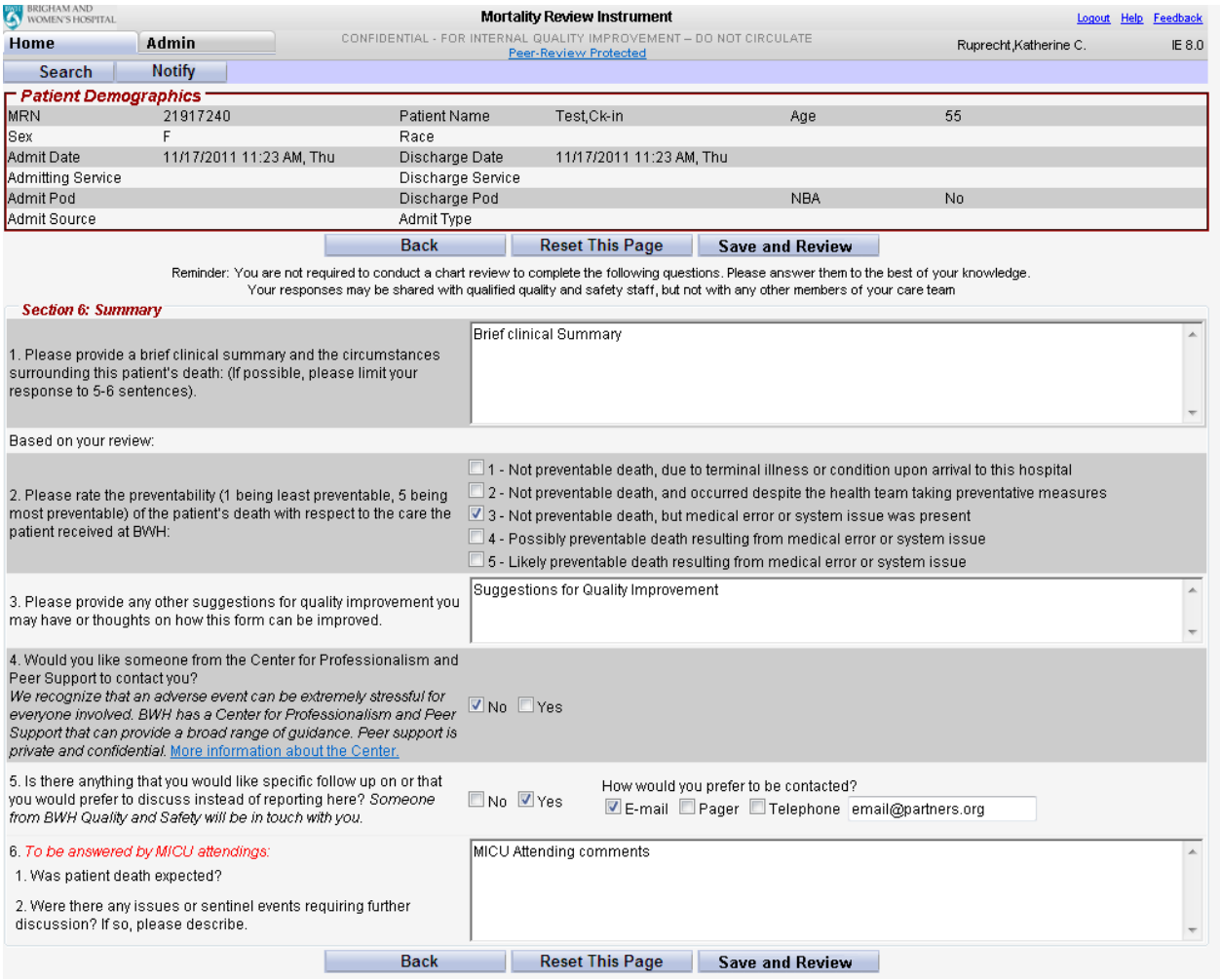
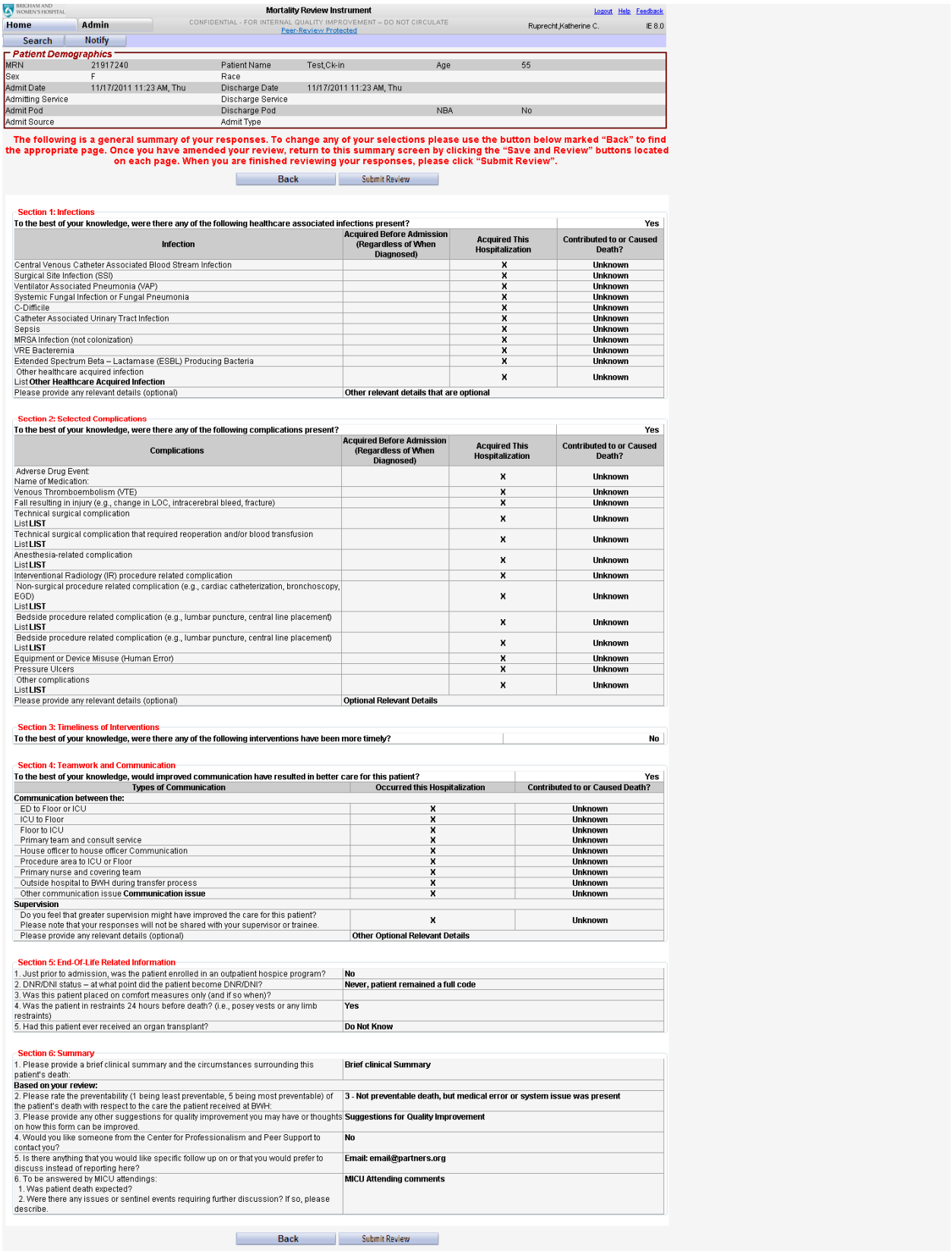
Section Five



Section Six



Summary



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Admit Pod		Discharge Pod		NBA	No
Admit Source		Admit Type			

The following is a general summary of your responses. To change any of your selections please use the button below marked "Back" to find the appropriate page. Once you have amended your review, return to this summary screen by clicking the "Save and Review" buttons located on each page. When you are finished reviewing your responses, please click "Submit Review".

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Section 1: Infections

To the best of your knowledge, were there any of the following healthcare associated infections present? **Yes**

Infection	Acquired Before Admission (Regardless of When Diagnosed)	Acquired This Hospitalization	Contributed to or Caused Death?
Central Venous Catheter Associated Blood Stream Infection		X	Unknown
Surgical Site Infection (SSI)		X	Unknown
Ventilator Associated Pneumonia (VAP)		X	Unknown
Systemic Fungal Infection or Fungal Pneumonia		X	Unknown
C-Difficile		X	Unknown
Catheter Associated Urinary Tract Infection		X	Unknown
Sepsis		X	Unknown
MRSA Infection (not colonization)		X	Unknown
VRE Bacteremia		X	Unknown
Extended Spectrum Beta – Lactamase (ESBL) Producing Bacteria		X	Unknown
Other healthcare acquired infection List **Other Healthcare Acquired Infection**		X	Unknown
Please provide any relevant details (optional)	**Other relevant details that are optional**		

Section 2: Selected Complications

To the best of your knowledge, were there any of the following complications present? **Yes**

Complications	Acquired Before Admission (Regardless of When Diagnosed)	Acquired This Hospitalization	Contributed to or Caused Death?
Adverse Drug Event: Name of Medication:		X	Unknown
Venous Thromboembolism (VTE)		X	Unknown
Fall resulting in injury (e.g., change in LOC, intracerebral bleed, fracture)		X	Unknown
Technical surgical complication List **LIST**		X	Unknown
Technical surgical complication that required reoperation and/or blood transfusion List **LIST**		X	Unknown
Anesthesia-related complication List **LIST**		X	Unknown
Interventional Radiology (IR) procedure related complication		X	Unknown
Non-surgical procedure related complication (e.g., cardiac catheterization, bronchoscopy, EGD) List **LIST**		X	Unknown
Bedside procedure related complication (e.g., lumbar puncture, central line placement) List **LIST**		X	Unknown
Bedside procedure related complication (e.g., lumbar puncture, central line placement) List **LIST**		X	Unknown
Equipment or Device Misuse (Human Error)		X	Unknown
Pressure Ulcers		X	Unknown
Other complications List **LIST**		X	Unknown
Please provide any relevant details (optional)	**Optional Relevant Details**		

Section 3: Timeliness of Interventions

To the best of your knowledge, were there any of the following interventions have been more timely?	**No**

Section 4: Teamwork and Communication

To the best of your knowledge, would improved communication have resulted in better care for this patient? **Yes**

Types of Communication	Occurred this Hospitalization	Contributed to or Caused Death?
Communication between the:		
ED to Floor or ICU	X	Unknown
ICU to Floor	X	Unknown
Floor to ICU	X	Unknown
Primary team and consult service	X	Unknown
House officer to house officer Communication	X	Unknown
Procedure area to ICU or Floor	X	Unknown
Primary nurse and covering team	X	Unknown
Outside hospital to BWH during transfer process	X	Unknown
Other communication issue **Communication issue**	X	Unknown
Supervision		
Do you feel that greater supervision might have improved the care for this patient? Please note that your responses will not be shared with your supervisor or trainee.	X	Unknown
Please provide any relevant details (optional)	**Other Optional Relevant Details**	

Section 5: End-Of-Life Related Information

1. Just prior to admission, was the patient enrolled in an outpatient hospice program?	**No**
2. DNR/DNI status – at what point did the patient become DNR/DNI?	**Never, patient remained a full code**
3. Was this patient placed on comfort measures only (and if so when)?	
4. Was the patient in restraints 24 hours before death? (i.e., posey vests or any limb restraints)	**Yes**
5. Had this patient ever received an organ transplant?	**Do Not Know**

Section 6: Summary

1. Please provide a brief clinical summary and the circumstances surrounding this patient's death:	**Brief clinical Summary**
Based on your review:	
2. Please rate the preventability (1 being least preventable, 5 being most preventable) of the patient's death with respect to the care the patient received at BWH:	**3 - Not preventable death, but medical error or system issue was present**
3. Please provide any other suggestions for quality improvement you may have or thoughts on how this form can be improved.	**Suggestions for Quality Improvement**
4. Would you like someone from the Center for Professionalism and Peer Support to contact you?	**No**
5. Is there anything that you would like specific follow up on or that you would prefer to discuss instead of reporting here?	**Email: email@partners.org**
6. To be answered by MICU attendings: 1. Was patient death expected? 2. Were there any issues or sentinel events requiring further discussion? If so, please describe.	**MICU Attending comments**

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