

Appendix Table 1: Stakeholders Involved in Development of Mortality Review Instrument

Quality Assurance/Risk Management Committee
Residency Program Directors
Department and Divisional Quality Directors
Care Improvement Council (Reports to Hospital Board)
Quality Leadership Council
Nursing Leadership
ICU Leadership
Oncology Leadership
Front-line Clinicians (Attendings, Residents, and Physician Assistants)

Appendix Table 2: Categories of Inquiry of System-Level Events in Mortality Review Questionnaire

Category	Examples	
Healthcare Associated Infections	Central Venous Catheter Associated Blood Stream Infection	Clostridium difficile
	Surgical Site Infection	Extended Spectrum Beta Lactamase (ESBL) Producing Bacterial Infection
	Systemic Fungal Infection or Fungal Pneumonia	Sepsis
	Urinary Catheter Associated Infection	Methicillin Resistant Staphylococcus Aureus (MRSA) Infection
	Vancomycin Resistant Enterococcus (VRE) Bacteremia	Ventilator Associated Pneumonia (VAP)
Common Hospital Associated Complications	Venous Thromboembolism (VTE)	Surgical injury to organ or vessel requiring reoperation and/or blood transfusion
	Adverse Drug Event	IR procedure related complication
	Fall resulting in injury	Pressure ulcers
Delays in Obtaining or Responding to Tests or Procedures	Surgical or invasive procedure	Drawing blood work
	Bedside procedure (e.g. lumbar puncture or CVC placement)	ICU bed availability
	Medication administration	Availability of consult service
Barriers to Communication Between Clinical Teams	Communication between the ED and the floor or ICU	Communication between procedure area to ICU or floor
	Communication between the ICU and the floor	Communication between nursing and the covering team
	Communication between the primary team and consult service	Communication from an outside hospital to BWH when a patient is transferred
End of Life Related Wishes, Clinical Assessment of Overall Preventability of Death	Code status	Overall preventability of the death
	Extent and burden of disease	

Appendix Table 3: Common Suggestions for Improvement Provided by Clinicians

Comment Category	Number of Suggestions
Improve access to palliative care services and increase training in end of life discussions with patients and families	37
Positive comment (good teamwork, effective communication, excellent end of life care, etc.)	26
Improve outside hospital transfer process when accepting patients from other institutions	7
Specific additional equipment (additional portable ultrasound, magnet for deactivation of ICD, code cards for operation of elevators during emergency, latex-free central venous catheters)	4