

MORTALITY REVIEW

Do not copy completed report

Department of Medicine CQI/QA Confidential Patient Care Information
Deliver completed form to C. Thomas Nuzum, CB# 7080, 4152 Bioinformatics Bldg

Division _____

Patient Name _____ MR# _____ Age _____ Sex M F

Date Admitted _____ Transfer from outside hospital Yes No

Death: Date _____ Service _____ Attending _____, MD

Patient was: DNR Yes No DNI Yes No Autopsy Yes No

Summary of events: _____

The events surrounding the patient's death were reviewed at a Division meeting on _____ (Date), paying particular attention to any possible actions or omissions that could have contributed to an untimely death of the patient. We conclude:

___ Death was expected and timely.

___ Death was unexpected but not preventable or modifiable in any important way by any reasonable actions by the UNCH care team.

___ Possibly preventable actions, complications, or omissions may have contributed to the death. Explain (briefly): _____

_____ (continue on back)

Based on this case, the following:

___ Was done: _____ (continue on back)

___ Will be instituted: _____ (continue on back)

___ Is recommended: _____ (continue on back)

We recommend the following topic(s) for departmental educational program(s):

___ This case for CPC

___ Other: _____

Completed By: _____ Pager: _____ Date: _____

Questions: Contact C. Thomas Nuzum, Phone 6-0808, Pager 216-9624, Fax 6-6842, E-Mail tom_nuzum@med.unc.edu or his assistant Steve Kennedy, Phone 6-2514, Pager 216-3703, skennedy@med.unc.edu