

Department for Behavioral Health, Developmental and Intellectual Disabilities

Mortality Review Report

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| Name  SSN: |  | Location of Death:  Residence Type: |  | |
| Date of Birth: |  | Provider: |  | |
| Race: |  | Contact: |  | |
| Gender: |  | Phone Number: |  | |
| Date of Death: |  | Admission Date: |  | |
| DNR:  Name of Guardian:  Relationship of Guardian to the Individual: |  | Previous Provider:  Address: |  | |
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| Death Post Discharge: |  |  | |  |
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| Staff Conducting Review**:** |  |  |  | |

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| Axis I |  |
| Axis II |  |
| Axis III |  |

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| Brief Summary of the Circumstances Surrounding the Death (from incident report): |
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| Suspected Cause of Death:  Per Death Certificate: | |  |
| Confirmed at Post-Mortem: | Yes No | |

Manner of Death:

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| Prescribed Medication | Dosage | Frequency | Purpose | Physician |
| Ht:  Wt: |  |  |  |  |
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Potential Drug Interactions

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| Referenced Drugs / Foods | Type of Potential Interaction | Description of Concern |
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| Additional information: | | |

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| Medication Errors Prior to Death (30 Days) |
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| PRN Medications Administered Prior to Death (30 Days) |
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Documented Incidents:

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| Date of Incident | Classification | Description of Incident | |
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| DCBS Status:    Documented Behavior issues: | | |  |
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| Documented Crisis Issues: |
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| Analysis of Staff Notes and other documentation: |

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| Summary of Staff Interviews: |

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| Regulatory Review: |
| Was the Provider in compliance with regulatory requirements?  Yes  No |
| Documentation of Non-Compliance and/or recommendations: |
| |  |  | | --- | --- | | Physician’s Review | | | Likely Cause of Death |  | | |  |  |  |  | | --- | --- | --- | --- | | At the facility/program, the death was: |  | Expected | There was a DNR order or a terminal illness and the cause of death could not be explained by some process unrelated to the known illness. | |  |  | Unexpected | Did not meet the criteria for expected. | |  |  |  |  | | At the time of death, the death was: |  | Expected | A DNR order was filed or a terminal illness was identified and the cause of death could not be explained by some process unrelated to the known illness. | |  |  | Unexpected | Did not meet the criteria for expected. | |  |  |  |  | | The death was: |  | Medically Explained | There was enough information due to the autopsy or the clinical findings to explain the direct and final cause of death in a reasonable way. | |  |  | Probably Medically Explained | There was information suggesting a lethal process, although the direct and final cause of death may not be known. | |  |  | Possibly Medically Explained | There was some information suggesting a lethal process but there is limited certainty. | |  |  | Medically Unexplained | There was no clear information suggesting an illness that might have caused death. | |  |  |  |  | | The death was: |  | Preventable | The death could have been definitively prevented. | |  |  | Probably Preventable | Available information suggested that the death could have been prevented if the cause had been diagnosed treated, or avoided earlier | |  |  | Possibly Preventable | There was some information suggesting that the death may have been preventable but there is limited certainty. | |  |  | Not Preventable but issues needed improvement | The death could not have been prevented but the diagnostic and treatment interventions needed improvement. | |  |  | Not preventable and no need for improvement | The death could not have been prevented and there was no need identified for improvement in the diagnostic and treatment interventions. | |  |  | Unable to determine | There was not enough information to make a judgment. | | | | Other Findings: | | |  | | | Comments: | | |  | | |

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| Documentation was considered by the Mortality Review Committee on |  |
| Recommendations: | |
| Clinical: | |
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| Non-Clinical: | |
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