


<p>Name of Policy: <u>Morbidity and Mortality Review</u></p> <p>Policy Number: 3364-87-06</p> <p>Approving Officer: Chief of Staff Medical Director</p> <p>Responsible Agent: Medical Director</p> <p>Scope: All University of Toledo Campuses</p>	 <p>Effective date: 03/14/01</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
<input type="checkbox"/>	<input type="checkbox"/>

(A) Policy statement

It is the policy of the University of Toledo Medical Center and its Medical Staff that all deaths in the hospital and all unusual or unexpected adverse outcomes of procedure or care be reviewed by the medical staff.

(B) Purpose of policy

The medical staff is responsible for assuring that high quality care is rendered to all patients and that unusual or adverse outcomes are reviewed in the context of the community standard of care.

(C) Procedure

- (1) All deaths on inpatients and emergency department patients will be identified by the Health Information Management Department database. The chart and completed non-physician review summary form will be forwarded to the appropriate clinical department for mortality/morbidity peer review by individuals not involved in the care of the patient. The mortality review worksheet will be completed by a physician reviewer and forwarded to the Medical Director.
- (2) The Medical Director will initially review all mortality review worksheets returned from clinical departments. Should the reviewer or the Medical Director identify potential or obvious deviation from the community standard of care by a member of the medical staff, the case will be referred for evaluation.
- (3) If the Medical Director or evaluation determines that the standard of care in the community has been breached by a member of the medical staff, a recommendation for modification, suspension, or termination of privileges will be forwarded to the Credentials Committee, for recommendation to the Medical Staff Executive Committee.
- (4) The Medical Staff Executive Committee will review recommendations presented

and will determine whether modification, suspension, or termination of privileges for the medical staff member is appropriate. The medical staff member may appeal this decision as specified by Article III, Sections J, K, L, and M of the Medical Staff Bylaws. Termination of privileges will require approval of the Board of Trustees of the Medical College of Ohio. When the Medical Staff Executive Committee determines that removal of privileges is appropriate, a recommendation will be forwarded to the Board of Trustees for approval.

<p>Approved by:</p> <p>_____</p> <p>Christopher K. Lynn, M.D. Chief of Staff</p> <p>_____</p> <p>Ronald McGinnis, M.D. Medical Director</p> <p>_____</p> <p>Date</p> <p><i>Review/Revision Completed by: Medical Executive Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>MS-006 Morbidity and Mortality Review</i> <p>Review/Revision Date: 01/21/04 09/13/06</p> <p>Next review date: 09/13/09</p>
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