


<p><b>Name of Policy:</b> <u><a href="#">Morbidity and Mortality Review</a></u></p> <p><b>Policy Number:</b> 3364-87-06</p> <p><b>Approving Officer:</b> Chief of Staff Chief Medical Officer</p> <p><b>Responsible Agent:</b> Chief Medical Officer</p> <p><b>Scope:</b> All University of Toledo Campuses</p>	 <p><b>Effective Date:</b> 05/01/2022</p> <p><b>Initial Effective date:</b> 03/14/01</p>
<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

(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 inpatient and emergency department patient deaths will be identified by the UTMC registration data base. The patient-specific information will be entered into the Patient Safety Mortality Module with a non-physician review summary. Those patients meeting criteria for “expected mortality” do not require a physician review unless a quality of care issue is identified. Those patients with “expected mortality” include those presenting with hospice, DNRCC, DNRCC-A without intubation, Stage IV cancer, end stage HIV, end stage COPD, end stage CHF [EF<10%], end stage dementia, and severe liver disease [varices/DIC] upon admission, poor prognosis as noted by MD at the time of admission, death on arrival to ED, trauma that expires on arrival, cardiac arrest out in the field with unknown downtime, cardiac arrests expired in ED, and at the discretion of the Quality RN in consultation with the Quality Director. All other cases will be forwarded for further physician review. Physicians will receive email notification to complete a Case Review.
- (2) The Chief Medical Officer will review all mortality Case Review Outcomes that do not meet “acceptable medical care” as designated with a level one or two by the physician reviewer. Should the reviewer or the Chief Medical Officer determine that care was not appropriate, then the case will be referred for evaluation to the Peer Review Committee and/or the Standard of Care Committee.

<p>Approved by:</p> <p><u>/s/</u> _____ Andrew Casabianca, M.D. Chief of Staff</p> <p><u>/s/</u> _____ Richard. P. Swaine, CPA Chief Executive Officer - UTMC</p> <p><u>/s/</u> _____ Date</p> <p><i>Review/Revision Completed by: Chief Medical Officer Medical Executive Committee</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>MS-006 Morbidity and Mortality Review</i></li></ul> <p><b>Review/Revision Date:</b> 01/21/04 09/13/06 07/21/09 08/22/12 03/26/14 03/01/17 05/01/20 08/29/22</p> <p><b>Next review date:</b> 05/01/25</p>
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