



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### DEATH REVIEWS

**Effective Date:** January 31, 2017

**Policy:** QI-01

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- I. PURPOSE:** To review the cause of death by completing an objective review of the circumstances of the death.
- II. POLICY:** A death review will be completed for the death of a patient due to a:
  - a. non-dementing psychiatric illness,
  - b. new onset of medical problems, or
  - c. a known medical condition if the death was not anticipated when the death occurred while the patient was hospitalized or within 14 days of departure from Montana State Hospital (MSH).

Whenever possible, the assigned physician should have had minimal or no contact with the patient to ensure objectivity of the review.

The death review described in this policy should not be confused with the **review of a serious adverse/significant event**, as addressed in a separate policy, *Serious Adverse Events/Significant Event Review* QI-05. A serious adverse/significant event is defined as a significant occurrence that may indicate a serious problem exists in hospital operations. The death of a patient does not necessarily mean that a serious adverse/significant event has occurred.

- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**

- A. *Medical Director* will assign a physician to conduct a death review within two weeks of the death. Whenever possible, the assigned physician should have had minimal or no contact with the patient to ensure objectivity of the review.
- B. *Physician* assigned to conduct the death review will seek to determine the cause of death by examining the events of the patient's hospitalization, events leading up to the death, the circumstances of the death, and the death itself. If it is determined that the death may have been avoidable, the reviewer will critique the care provided and make recommendations for changes in procedures to reduce or eliminate the likelihood of the same or similar event occurring in the future. Results of the review and recommendations will be included in the Hospital's Quality Improvement process.

- C. *Medical Staff* will review all death reviews during one of its regular meetings and within one month of the completion of the review. Feedback and suggestions may be given to the reviewer during this process.
- D. *President of the Medical Staff* will sign the review as accepted by the Medical Staff.
- E. *Medical Director* will review and sign all accepted death reviews, then send to the Hospital Administrator.
- F. *Hospital Administrator* will review and sign all accepted death reviews.

**V. PROCEDURE:**

- A. Within two weeks of a death, or notification of a death of a current patient, or of a patient who died within 14 days of departure, the Medical Director will assign a physician the task of completing a formal death review if indicated.
- B. No Death review will be necessary if the patient died from a known condition and the patient's death was anticipated due to the severity of their condition.
- C. Reviews will generally follow the format as designated in Attachment A of this policy.
- D. All death reviews will be completed and submitted to the President of the Medical Staff (through the Administrative Assistant to Clinical Services) within 30 days of assignment unless there are extenuating circumstances to prevent completion within this time frame. The Medical Director will determine if an extension will be granted. If an extension is required, the reviewer will provide a written preliminary impression within 30 days of assignment.
- E. The Administrative Assistant to Clinical Services will schedule the review to be presented at the next available Medical Staff Meeting. The case will be discussed and accepted, rejected, or revised at that meeting. Health Information/Transcription services will revise any review, if necessary.
- F. The Medical Director will sign the review and forward to the Hospital Administrator. If acceptable, the Hospital Administrator will sign the review at which point it will be archived as the official review.

**VI. REFERENCES:** None

**VII. COLLABORATED WITH:** Medical Staff, Director of Quality Improvement, and Director of Information Resources.

**VIII. RESCISSIONS:** QI-01, Death Reviews dated June 7, 2012; QI-01, *Death Reviews*, dated May 21, 2009; QI-01 *Death Reviews* dated August 22, 2006; QI-01 *Death Reviews* dated January 7, 2003; Policy QI-03-99-N, *Death Reviews* dated December 1, 1999.

- IX. DISTRIBUTION:** All hospital policy manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director
- XII. ATTACHMENTS:** For internal use only.

Attachment A. Format of the Death Review

Signatures:

Jay Pottenger  
Hospital Administrator

Thomas Gray, MD  
Medical Director