

Bronx-Lebanon Hospital Center
 Department of Medicine – Mortality Review Worksheet

MR# _____ Date of Adm _____ Date of Death _____
 Admission Diagnosis _____ Location at time of death _____
 Discharge Diagnosis _____
 Reviewer _____ Date of Review _____

1	Was the patient admitted to the ICU/CCU from the ER on admission ?	Yes	No
2	Was the patient transferred to the ICU/CCU at any time during the admission?	Yes	No
3	Was death expected?	Yes	No
4	Was death explained by the primary or secondary diagnosis?	Yes	No
5	Did death occur within 24hrs of admission?	Yes	No
6	Was death related to a procedure?	Yes	No
7	Was the patient "comfort care only" on admission? This does NOT include patients made DNR or comfort care DURING admission	Yes	No
8	Did the Attending Physician document in the medical record on a daily basis or as frequently as needed in correlation to the patient's condition?	Yes	No
9	Was the Attending Physician notified when a significant change/deterioration occurred in the patient's condition?	Yes	No
10	Was a Met Code Called?	Yes	No
11	If "no code" was there appropriate documentation?	Yes	No
12	Was the patient DNR at the time of death?	Yes	No
13	Was the patient formally declared brain dead at the time of death (i.e. was there a specific note by a neurologist)?	Yes	No

Comfort Care is defined as care provided near the end of life to provide comfort both physically and psychologically.

Therefore, patients are only "comfort care" on admission when there is **clear documentation** that the goal of care is palliative, not curative

A patient who is DNR and/or DNI on admission is not necessarily "comfort care".

Please write a summary of the hospital stay on the reverse side

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