Government of Karnataka
SUVARNA AROGYA SURAKSHA TRUST
(Department of Health & Family Welfare)

Death Summary (A brief note)

Hospital Name :

Patient ID :

Scheme : ARK/AB-ARK/JSS

Patient Characteristics :

Name : Age : Sex :

Source of Admission : Emergency or Elective

Length of Admission in days: Date of Admission: / / Date of Death: / /

Clinical Diagnosis (es) on Admission :

Clinical diagnosis(es) on Death :

Progress of the patient during hospitalisation :

Abnormal Investigations :

Haematology

Biochemistry

Radiology

Microbiology

Others

What was the treatment provided?

Were there any clinical errors, omissions, process problems that hindered the process of giving good quality care?

Were there identifiable clinical risks/incidents?

Were there any of the clinical risks/incidents due to:

Delay in diagnosis :

Delay in treatment :

Medical clinical errors :

Nursing clinical errors :

Medication errors :

Process errors :

Please give further details below:

Were all standard protocols followed?

What according to the treating doctor is the cause of death and contributing factors?

Any other remarks :

*** This form to be filled and sent at the time of beneficiaries death (within 48 hrs) intimation to Arogya Karnataka**

MORTALITY AUDIT REPORT

Mortality Audit Committee

The committee comprises of individuals from the hospital that represent the key departments – including management, treating doctors and support departments.

Aims and guidelines for conducting mortality audits

Effectively run clinical audit and peer review processes, incorporating analysis of mortality and morbidity (M&M), contribute to improved patient safety. These guidelines aim to provide practical advice to hospitals on establishing and running M&M/clinical review meetings.

The aim is to ascertain the proportion of patients who died because of 'problems in care', defined as patient harm resulting from healthcare processes including acts of omission (inactions), such as failure to diagnose and treat, or from acts of commission (affirmative actions) such as incorrect treatment or management. **The focus should be on the systems and processes of care and not on individual performance.**

Recommendations arising from individual cases should focus on measures that can prevent similar outcomes or adverse incidents, or that will improve the processes of care provided to hospital patients. These recommendations should not blame individuals but aim at improving the systems.

Areas to be identified for each case

An area of CONCERN is where the clinician believes that areas of care SHOULD have been better.

An ADVERSE EVENT is an unintended injury caused by medical management rather than by disease process, which is sufficiently serious to lead to prolonged hospitalization or to temporary or permanent impairment or disability of the patient at the time of discharge, or which contributes to or causes death

***

DEATH AUDIT REPORT

Section A: General Information:

Patient details					
Name					
Age		**Sex**		**Pre-auth No.**	
DOA		**Date of Surgery**		**DOD**	
Diagnosis					
Treatment given	Surgery / Procedure / Radiotherapy / Chemotherapy / Others (specify)				
hospital name					
Name of Treating Doctor					

Section B: Case summary :

Please provide a summary of the Case in the form of narrative **– including complaints at the time of admission, chronology of events up to death of the patient**

Section C: Case Assessment

Were there any areas of CONCERN or ADVERSE EVENTS in the management of this patient?	Yes	No
a. **A. Was surgery performed?**	Yes	No
b. Were there any Areas of Concern, or Adverse Events in any of the following areas if an operation/procedure was performed or treatment provided?		
Discussion points	**Yes/No**	**N/A**
Pre anestheticcheckup/fitness for surgery/treatment		
Choice of operation		
Timing of operation (too late, too soon, wrong time of day)		
Intra-operative process		
Problems in functioning of OT		
Grade/experience of surgeon deciding		
Grade/experience of surgeon operating		
Post-operative period		
c. Was this patient treated in a critical care unit (ICU or HDU) during this admission?	Yes	No
d. If no, should this patient have been provided critical care in ICU/HDU?	Yes	No
Opinion of the Audit committee regarding overall risk of death		
Minimal ☐ Mild ☐ Moderate ☐ Severe ☐		

If there any areas of CONCERN or ADVERSE EVENTS in the management of this patient:

1. Describe the significant event/s during the course of treatment in the hospital:	
Note any areas of :	
Concern	
Adverse Event	
Note if these areas caused any of the following:	
Made no difference to outcome	
May have contributed to death	
Caused death of patient who would otherwise be expected to survive	

Was the death preventable?
Definitely ☐ Probabl☐ Probably ☐t Definit☐ not I☐n't know

Section D. Investigations done and their reports

Sl. No.	Investigation	Report	Remarks
1			
2			

Section D: Record of cause of death

hospital mortality audit committee review findings:

Primary cause of death	
ICD code	
Secondary cause of death	
ICD Code	
Antecedent cause of death	
ICD code	

FINAL RECOMMENDATIONS (if any) OF THE MORTALITY AUDIT COMMITTEE

1	
2	
3	

Attestation by the Mortality Audit Committee members:

	Name	Designation	Signature
1			
2			
3			

Date:

***