

State Hospital Mortality Database Abstraction Tool Instructions

TITLE	INSTRUCTIONS
SMH	State Mental Hospital Name abbreviated
Type	Type of facility: indicate C for civil, F for forensic, A21 for Act 21, LTC for Long Term Care.
L Name	Indicate last name of deceased individual.
F Name	Indicate first name of deceased individual.
ID #	Indicate individual's hospital identification number.
Cty/Res	Individual's county of residence.
DOD	Date of death (xx/xx/xxxx)
TOD	Time of death (include AM or PM).
DOB	Date of birth (xx/xx/xxxx)
AGE	No need to enter. Individual's age will be computed automatically.
ADM Date	Date admitted to SMH (xx/xx/xxxx).
LOS	No need to enter. Length of stay will be computed automatically.
Gender	Indicate gender by M (Male) or F (Female).
Race	Indicate race code by number only : 1.White Non-Hispanic 2. Hispanic 3.Black Non-Hispanic 4.Black Hispanic 5.American Indian/Alaskan Native 6.Asian/Pacific Islander 7.Other 9.Unknown. (Please note there is no race code #8.)
Cause 1	Indicate final disease or condition resulting in death.
Cause 2	Indicate other underlying conditions that contributed to death if applicable; otherwise N/A .
Cause 3	Indicate other underlying conditions that contributed to death if applicable; otherwise N/A .
Place of Death	Indicate place of death by State Mental Hospital abbreviation, general hospital name, or other (specify).
Tran Date	Transfer Date: enter date individual was transferred to another facility prior to death. If death occurred at your facility, indicate N/A .
PM Date	Enter date that Post Mortem meeting was conducted.
Medical Dx	Axis III: enter ICD9 Code for the primary medical diagnosis prior to death. Please indicate actual code instead of text.
Psych Dx	Axis I: enter ICD9 Code for the primary psychiatric diagnosis. Please indicate actual code instead of text.
Autopsy	Indicate Y for Yes if autopsy was conducted or is pending; N for No.
Axis II	Axis II: enter ICD code
DNR	Enter Y for Yes if Do Not Resuscitate was indicated; N for No.
Medical AD	Enter Y for Yes if Medical Advance Directive was indicated; N for No.
Min Rec'd	No need to enter. Database administrators will enter date upon receipt of Post Mortem minutes.
Manner	Manner of death: indicate if death was natural, accidental, suicide, or other (specify).
Diabetes	Indicate Y for Yes if diabetes was a current medical condition at time of death; N for No.
Cancer	Indicate Y for Yes if cancer was a current medical condition at time of death; N for No.
Cardiac	Indicate Y for Yes if a cardiac condition was present prior to time of death; N for No.
HTN	Hypertension: indicate Y for Yes if hypertension was current medical condition at time of death; N for No.
Respiratory Condition	Indicate Y for Yes if a respiratory condition was present prior to time of death; N for No.
Tobacco Use Disorder 305.1	Indicate Y for Yes if individual was diagnosed with Tobacco Use Disorder 305.1; N for No.
Obesity	Indicate Y for Yes if obesity was a current medical condition at time of death; N for No.
RCA/FU	Root Cause Analysis was conducted as a follow up to this death. Indicate Y for Yes; N for No.

State Mental Hospital Mortality Database Abstraction Tool

Field	Result
State Mental Hospital Abbreviation	
Facility Type: Civil, Forensic, A21, LTC	
Last Name	
First name	
ID #	
County of Residence	
Date of Death xx/xx/xxxx	
Time of Death (note AM or PM)	
Date of Birth xx/xx/xxxx	
Age	Auto entry
Admission Date to SMH xx/xx/xxxx	
Length of Stay	Auto entry
Gender (Male – Female)	
Race Code (1 – 2 – 3 – 4 – 5 – 6 – 7 – 9)	
Cause 1 (final disease/condition resulting in death)	
Cause 2 (other underlying condition contributing to death; otherwise N/A)	
Cause 3 (other underlying condition contributing to death; otherwise N/A)	
Place of Death (SMH, General Hospital, or Other-specify)	
Transfer to General Hospital Date x/xx/xxxx or N/A	
Post-Mortem Meeting Date xx/xx/xxxx	
Medical Diagnosis – Axis III: ICD9 Code (Primary Medical Diagnosis prior to death)	
Psychiatric Dx – Axis I: ICD9 Code (Primary Psychiatric Diagnosis)	
Axis II: ICD9 Code	
Autopsy: Yes (conducted or pending) or No	
DNR: Yes (Do Not Resuscitate) or No	
Medical Advance Directive: Yes or No	
Minutes Received (Post-Mortem Meeting)	Database administrators will enter date upon receipt
Manner of Death: Natural, Accident, Suicide, Other-specify	
Diabetes: Yes if condition at time of death, or No	
Cancer: Yes if condition at time of death, or No	
Cardiac: Yes if condition at time of death, or No	
HTN: Yes if condition at time of death, or No	
Respiratory Condition: Yes if condition at time of death, or No	
Tobacco Use Disorder 305.1: Yes or No	
Obesity: Yes if condition at time of death, or No	
RCA/FU: Yes or No	