

SMH Mortality Review Meeting Guidelines

Summary Information (to be provided prior to the Post-Mortem Review meeting):

1. Identifying data: Name, medical record number, facility and unit, date of birth, admission date, age upon admission, date of death, time of death, age upon death, length of stay, race.
2. Diagnoses: Axis I, Axis II, Axis III (indicate primary diagnosis in each category if applicable).
3. Current medications: Dosage, indications for use (or attach current medication administration record).
4. Laboratory/x-ray/consultations: Recent, relevant findings.
5. Reason for admission to the facility.
6. Condition upon admission.
7. Course of hospitalization at facility: Psychiatric, medical, nursing, social and rehabilitation services.
8. Circumstances leading to death: Timeline of events, include general hospital treatment/transfer information as applicable.
9. Cause of death: As per the certificate of death; immediate and contributing causes; were the causes being treated/addressed prior to the death; and was there anything that may have prevented the death.
10. Place of death.
11. Resuscitation status.
12. Medical advance directive status: Was the person given an opportunity to complete an advance directive; was a medical advance directive completed; and was the advance directive relevant to the death.
13. Next of kin notification.
14. Autopsy.
15. Psychological autopsy in all cases involving a death by suicide.

Post-Mortem Review Meeting Protocol and Agenda:

Protocol:

- One meeting is to be held with all participating individuals/agencies;
- Provide copies of the draft post-mortem summary to all participating individuals prior to the actual meeting.

Agenda:

- Role call.
- Review of post-mortem summary to be led by the Chief Medical Executive and Chief Medical Officer.
- Active participation by the treatment team members.
- Open discussion, with review of the following as applicable:
 1. Literature review findings;
 2. Chart review findings (including issues requiring follow-up);
 3. Incident report history;
 4. Notification matrix review (see Attachment I);
 5. Recommendations (including staff education needs, equipment needs, policy review and revisions).