

Review of Unexpected Deaths, Serious Physical or Psychological Injury

|                     |                           |
|---------------------|---------------------------|
| Date of Incident:   | Reporting Agency/Program: |
| Name of Individual: | Record Number:            |
| DOB:                | Date/Time/Place of Death: |
| Medicaid ID Number: | Foster Care License #:    |

Is the population reportable? (Reference LRP Policy 7.3, VII., G.)  Yes  No

Did the event result in major permanent loss of limb or function?  Yes  No

Should a root cause analysis be conducted?  Yes  No

If yes, who should be involved in that analysis?

Should this event be reported as a sentinel event to?

MDCH  Accreditation  LRP

**INFORMATION SOURCES:**

|  |  |
|--|--|
| <input type="checkbox"/> Incident Report | <input type="checkbox"/> Document Review of:       |
| <input type="checkbox"/> Report of Death | <input type="checkbox"/> Death Certificate         |
| <input type="checkbox"/> Interview with: | <input type="checkbox"/> Medical Examiner's Report |
| <input type="checkbox"/> Interview with: | <input type="checkbox"/> Other:                    |

Diagnoses (Medical & Psychiatric):

Axis I

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Suspected/Stated Cause of Death: \_\_\_\_\_

Summary of Incident:

Summary of Findings, including the basic or causal factors underling variation in performance:

Health Care Professional \_\_\_\_\_

Quality Improvement Department \_\_\_\_\_