eMRF Death Review Form

Demographics

Name:	**Last Name:**	**Record ID:**	**Date of Birth:**
Death Date:	**Age:**	**Race:**	**Gender:**

Reporting Providers

Reporting Provider	Population	Program Description	Service Category	Report Enter Date

SIS/Waiver

Training Center Discharge: **Residence Name:**	**Waiver:**	**Waitlist:**
Residence:	**Death Location:**	

Diagnoses

1.	2.	3.

Medications

Comments:	**Had Vaccine?:**	**Vaccine Name:**
Scheduled: **PRN:** **Allergies:** **Other:**		

Documents Reviewed

Date of Most Recent Physical: **Most Recent Physical Date:**
Results of Most Recent Physical Available:
Last physical Exam:

Date Range of Most Recent ISP:
Death Certificate:
Screening Noted:
Type:

Progress Notes (Residential Provider):   **Progress Notes (SC/CM):**

Progress Notes (Medical Provider/Nursing):   **Medical Records:**

Licensing Investigation: **45 Day Report:**
Facility Meeting Minutes: **Root Cause Analysis (RCA):**
CHRIS Serious Incident Report:
Interview Warranted:
Progress Notes Comments:
Summary of CHRIS Reports:

End of Life Care

End of Life Care Documented:
Comfort:
Hospice:
Palliative:
End of Life Care Start Date:
End of Life Care Duration:
DNR/DDNR in Place:
DNR/DDNR Date:

Summary of Events

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Death Certificate Completed By: **Edentulous:**
SOE Natural Support System: **Incontinent:**
SOE Medical Provider: **Ambulation:**
Other Support: **Pressure Injury Noted:**
Other Relevant Information: **Communication:**

Adaptive Supportive Equipment:
ISP:
SC/CM Visits
Performed In Accordance With Regulation:
Performed In Accordance With Regulation Comments:

Last Face to Face On Date:
Number Of Residents/Staff:
Method Of Face To Face:
Location Of Face to Face:

EDRS Death Certificate From VDH

Immediate Cause:

OCME Report

Was this case OCME:

Appraisal

Clinical Nurse Reviewer: **Date Appraisal Review Completed by MD/NP:**
Appraisal Review Tier:

Mortality Review Summary

Evidence of maltreatment/abuse/ neglect/OHR violation?:
Provider licensed by DBHDS:
Did Licensing issue a CAP?:
Primary Cause of Death:
Death Expected:
Potentially Preventable:

MRC Review

Beginning Review Date: **Pend Review:**
Final Review Tier: **Review Completed Date:**