

INSTRUCTION FOR COMPLETING
DIHS Detainee Mortality Review Form
DIHS QMD 006

In accordance with DIHS policy, a death of any detainee who is in the custody of INS or in the care of DIHS will have a mortality review performed. The instructions of how to fill out the mortality review form are as follows:

Detainee Label: The following information needs to be placed in this area: detainee's name, alien number, date of birth, and country of origin. If a label is available with all the above information, please place the label in this area.

Date of review: This is the date that the material record and all other pertinent material was reviewed with regards to the death of a detainee.

Detention Facility: This is the principle detention facility where the detainee was located prior to their death.

Reviewer: Name and title of the person doing the mortality review.

Date of Death: The actual day the detainee died. This is not the date the reviewer became aware of the death, but the actual date of death recorded on the death certificate.

Place of Death: Please check the appropriate box.

Name of Hospital or Jail: If the patient died in a hospital or jail, please write the name of the facility on this line.

Nature of Death: Please check the most appropriate box. An acute natural death is one in which there was no evidence that the death was eminent. An example of such a type of death would be a detainee who died of a massive heart attack when there was no evidence to suggest that the individual had heart disease. A chronic natural death would be one where there is evidence of a particular disease and that every possible medical treatment was given and the patient was at the end of their disease process. Examples of this would be chronic renal failure, congestive heart failure, and end stage cancer or AIDS.

Causes of Death: List the principle causes of the patient's death. This can usually be found on the death certificate if it is available.

Date of camp arrival: This would be the date that the detainee arrived at either the SPC, jail, or contract facility. If the individual were being cared for at a contract long-term care facility, it would be the date that they arrived at that facility.

Status: Please check the box that most appropriately describes the detainee when they first arrived at the facility on the date indicated in "Date of camp arrival".

Significant Medical/Psychiatric conditions identified on arrival: Please list all pertinent medical and psychiatric conditions first identified when the detainee first arrived at the facility.

Initial screening history and physical examination forms completed, signed, and dated in the chart: Please check the most appropriate box and if the response is “No”, please give an explanation.

Patient had been diagnosed, treated, and followed appropriately: Please check the most appropriate box and if the response is “No”, please give an explanation.

Death Certificate in record: Please check the most appropriate response for this and the next two items (Autopsy performed and results in the chart).

Was the patient admitted to the Short Stay Unit (infirmary): Please check the most appropriate response and indicate the working diagnosis of the patient when first admitted to the short stay unit (infirmary).

Were all diagnostic services and treatments prior to the death appropriate: Please check the most appropriate box and if the response is “No”, please give an explanation.

Was the death expected: Please check the most appropriate box. If the answer was “Yes”, was the patient offered an advance directive prior to his death? Please check the most appropriate response.

Was the death related to a medical emergency: Please check the most appropriate box.

Was the response to the medical emergency notification timely on the part of the: Please check the most appropriate response to all the medical staff involved in the emergency. If a particular health care provider was not part of the emergency check “NA”.

CPR used: Please check the most appropriate box.

ACLS used: Please check the most appropriate box. If the response is “Yes”, please list the protocols used during ACLS.

Please describe any problems encountered during the medical emergency: This would include anything encountered from the moment the medical emergency was first discovered until the emergency was over.

Type of admission: Please check the most appropriate box. Also indicate the diagnosis upon admission to the hospital and whether the prognosis was poor, good, or unknown at the time of admission.

Upon review of the record or discharge summary, was the treatment timely and appropriate: Please check the most appropriate box and if the response is “No”, please give an explanation.

Documentation in medical record reviewed by: Please check the most appropriate box

Was the documentation found to be within acceptable limits: Please check the most appropriate box and if the response is “No”, please give an explanation.

Did patient receive appropriate and adequate health care consistent with community standards during his/her detention in the INS/DIHS: Please check the most appropriate box and if the response is “No”, please give an explanation.

Recommendations: If the reviewer has any recommendations with regards to the outcome of the patient being reviewed or the processes in place for review, please provide them in this section.

Signature: The reviewer must sign and date at the bottom of page three.

PLEASE NOTE: The remainder of the document will be completed by the Medical Director of the Division, the Division’s Medical Record consultant, an independent reviewer and the DIHS National Performance Improvement Committee.