

COMMITTEE DETERMINATION OF PREVENTABILITY

A death is considered preventable if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, community, provider, facility, and/or systems factors.

WAS THIS DEATH PREVENTABLE? YES NO

CHANCE TO ALTER OUTCOME?

GOOD CHANCE SOME CHANCE NO CHANCE UNABLE TO DETERMINE

CRITICAL FACTORS WORKSHEET

What were the critical factors that contributed to this death? Multiple class categories may be assigned to each critical factor.

RECOMMENDATIONS OF THE COMMITTEE

If there was at least some chance that the death could have been averted, what were the specific and feasible actions that, if implemented or altered, might have changed the course of events?

CRITICAL FACTOR	CLASS CATEGORY AND DESCRIPTION OF ISSUE	RECOMMENDATIONS OF THE COMMITTEE	LEVEL OF PREVENTION (SELECT FROM MENU BELOW)	LEVEL OF IMPACT (SELECT FROM MENU BELOW)
PATIENT/FAMILY				
COMMUNITY				
PROVIDER				
FACILITY				
SYSTEM				

CLASS CATEGORY KEY (DEFINITIONS ON PAGE 4)

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Delay • Adherence • Knowledge • Cultural / religious • Environmental • Violence • Mental Health • Substance Abuse • Chronic Disease • Childhood abuse / trauma | <ul style="list-style-type: none"> • Access / financial • Unstable housing • Social Support / isolation • Equipment / technology • Policies / procedures • Communication • Continuity of care / care coordination • Clinical skill / quality of care | <ul style="list-style-type: none"> • Outreach • Enforcement • Referral • Assessment • Legal • Other |
|---|--|---|

PREVENTION

- **PRIMARY**
Prevents the contributing factor before it ever occurs
- **SECONDARY**
Reduces the impact of the contributing factor once it has occurred (i.e. treatment)
- **TERTIARY**
Reduces the impact or progression of an ongoing contributing factor once it has occurred (i.e. management of complications)

EXPECTED IMPACT LEVEL

- **SMALL**
Education/Counseling (Community- and/or provider-based health promotion and education activities)
- **MEDIUM**
Clinical intervention and Coordination of Care across continuum of well-woman visits through obstetrics (protocols, prescriptions)
- **LARGE**
Long-lasting protective intervention (Improve Readiness, Recognition and Response to Obstetric Emergencies / LARC)
- **EXTRA LARGE**
Change in context (Promote environments that support healthy living / Ensure available and accessible services)
- **GIANT**
Address Social Determinants of Health (poverty, inequality, etc.)

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH* PMSS-MM

If more than one is selected, please list them in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

*PREGNANCY-RELATED DEATH: THE DEATH OF A WOMAN DURING PREGNANCY OR WITHIN ONE YEAR OF THE END OF PREGNANCY FROM A PREGNANCY COMPLICATION, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY.

- | | | |
|--|--|--|
| <input type="checkbox"/> 10 Hemorrhage (excludes aneurysms or CVA) | <input type="checkbox"/> 83 Collagen vascular/autoimmune diseases | <input type="checkbox"/> 92.1 Epilepsy/seizure disorder |
| <input type="checkbox"/> 10.1 Hemorrhage – rupture/laceration/
intra-abdominal bleeding | <input type="checkbox"/> 83.1 Systemic lupus erythematosus (SLE) | <input type="checkbox"/> 92.9 Other neurologic diseases/NOS |
| <input type="checkbox"/> 10.2 Placental abruption | <input type="checkbox"/> 83.9 Other collagen vascular diseases/NOS | <input type="checkbox"/> 93 Renal disease |
| <input type="checkbox"/> 10.3 Placenta previa | <input type="checkbox"/> 85 Conditions unique to pregnancy (e.g.
gestational diabetes, hyperemesis, liver
disease of pregnancy) | <input type="checkbox"/> 93.1 Chronic renal failure/End-stage renal
disease (ESRD) |
| <input type="checkbox"/> 10.4 Ruptured ectopic pregnancy | <input type="checkbox"/> 88 Injury | <input type="checkbox"/> 93.9 Other renal disease/NOS |
| <input type="checkbox"/> 10.5 Hemorrhage – uterine atony/ post-partum
hemorrhage | <input type="checkbox"/> 88.1 Intentional (homicide) | <input type="checkbox"/> 95 Cerebrovascular accident (hemorrhage/
thrombosis/aneurysm/ malformation)
not secondary to hypertensive disease |
| <input type="checkbox"/> 10.6 Placenta accreta/increta/percreta | <input type="checkbox"/> 88.2 Unintentional | <input type="checkbox"/> 96 Metabolic/endocrine |
| <input type="checkbox"/> 10.7 Hemorrhage due to retained placenta | <input type="checkbox"/> 88.9 Unknown/NOS | <input type="checkbox"/> 96.1 Obesity |
| <input type="checkbox"/> 10.8 Hemorrhage due to primary DIC | <input type="checkbox"/> 89 Cancer | <input type="checkbox"/> 96.2 Diabetes mellitus |
| <input type="checkbox"/> 10.9 Other hemorrhage/NOS | <input type="checkbox"/> 89.1 Gestational trophoblastic disease (GTN) | <input type="checkbox"/> 96.9 Other metabolic/endocrine disorders |
| <input type="checkbox"/> 20 Infection | <input type="checkbox"/> 89.3 Malignant melanoma | <input type="checkbox"/> 97 Gastrointestinal disorders |
| <input type="checkbox"/> 20.1 Post-partum genital tract (e.g. of the uterus/
pelvis/perineum/necrotizing fasciitis) | <input type="checkbox"/> 89.9 Other malignancies/NOS | <input type="checkbox"/> 97.1 Crohn's disease/ulcerative colitis |
| <input type="checkbox"/> 20.2 Sepsis/septic shock | <input type="checkbox"/> 90 Cardiovascular conditions | <input type="checkbox"/> 97.2 Liver disease/failure/transplant |
| <input type="checkbox"/> 20.4 Chorioamnionitis/antepartum infection | <input type="checkbox"/> 90.1 Coronary artery disease/myocardial
infarction (MI)/atherosclerotic
cardiovascular disease | <input type="checkbox"/> 97.9 Other gastrointestinal diseases/NOS |
| <input type="checkbox"/> 20.5 Non-pelvic infections (e.g. pneumonia, TB,
meningitis, HIV) | <input type="checkbox"/> 90.2 Pulmonary hypertension | <input type="checkbox"/> 100 Mental health conditions |
| <input type="checkbox"/> 20.6 Urinary tract infection | <input type="checkbox"/> 90.3 Valvular heart disease | <input type="checkbox"/> 100.1 Depression |
| <input type="checkbox"/> 20.9 Other infections/NOS | <input type="checkbox"/> 90.4 Vascular aneurysm/dissection | <input type="checkbox"/> 100.9 Other psychiatric conditions/NOS |
| <input type="checkbox"/> 30 Embolism – thrombotic (non-cerebral) | <input type="checkbox"/> 90.5 Hypertensive cardiovascular disease | <input type="checkbox"/> 999 Unknown COD |
| <input type="checkbox"/> 30.9 Other embolism/NOS | <input type="checkbox"/> 90.6 Marfan's syndrome | |
| <input type="checkbox"/> 31 Embolism – amniotic fluid | <input type="checkbox"/> 90.7 Conduction defects/arrhythmias | |
| <input type="checkbox"/> 40 Pre-eclampsia | <input type="checkbox"/> 90.8 Vascular malformations outside head and
coronary arteries | |
| <input type="checkbox"/> 50 Eclampsia | <input type="checkbox"/> 90.9 Other cardiovascular disease, including CHF,
cardiomegaly, cardiac hypertrophy, cardiac
fibrosis, nonacute myocarditis/NOS | |
| <input type="checkbox"/> 60 Chronic hypertension with superimposed
preeclampsia | <input type="checkbox"/> 91 Pulmonary conditions (excludes ARDS-Adult
respiratory distress syndrome) | |
| <input type="checkbox"/> 70 Anesthesia complications | <input type="checkbox"/> 91.1 Chronic lung disease | |
| <input type="checkbox"/> 80 Cardiomyopathy | <input type="checkbox"/> 91.2 Cystic fibrosis | |
| <input type="checkbox"/> 80.1 Post-partum/peripartum cardiomyopathy | <input type="checkbox"/> 91.3 Asthma | |
| <input type="checkbox"/> 80.2 Hypertrophic cardiomyopathy | <input type="checkbox"/> 91.9 Other pulmonary disease/NOS | |
| <input type="checkbox"/> 80.9 Other cardiomyopathy/NOS | <input type="checkbox"/> 92 Neurologic/neurovascular conditions
(excluding CVAs) | |
| <input type="checkbox"/> 82 Hematologic | | |
| <input type="checkbox"/> 82.1 Sickle cell anemia | | |
| <input type="checkbox"/> 82.9 Other hematologic conditions including
thrombophilias/TTP/HUS/NOS | | |

CLASS DESCRIPTIONS

DELAY OR FAILURE TO SEEK CARE

The woman was delayed in seeking or did not access care, treatment or follow-up care/actions (e.g. missed appointment and did not reschedule).

ADHERENCE WITH MEDICAL RECOMMENDATIONS

The woman did not accept medical advice (e.g. refused treatment for religious or other reasons or left the hospital against medical advice).

KNOWLEDGE - LACK OF KNOWLEDGE REGARDING IMPORTANCE OF EVENT OR OF TREATMENT OR FOLLOW-UP

The woman did not receive adequate education, or lacked knowledge or understanding regarding the significance of a health event (e.g. shortness of breath as a trigger to seek immediate care) or understanding about the need for treatment/follow-up after evaluation for a health event (e.g. needed to keep appointment for psychiatric referral after an ED visit for exacerbation of depression).

CULTURAL, RELIGIOUS, OR LANGUAGE FACTORS

Demonstration that any of these factors was either a barrier to care due to lack of understanding or led to refusal of therapy due to beliefs (or belief systems)

ENVIRONMENTAL FACTORS

Factors related to weather or terrain (e.g. the advent of a sudden storm leads to a motor vehicle accident)

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse other than that perpetrated by intimate partner (eg: family member or stranger) IPV: Physical or emotional abuse perpetrated by the woman's current or former intimate partner

MENTAL HEALTH

The woman carried a diagnosis of a psychiatric disorder. This includes postpartum depression

SUBSTANCE USE -ALCOHOL, ILLICIT DRUGS, PRESCRIPTION ABUSE

Woman's substance abuse directly compromised woman's health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension or woman was more vulnerable to infections or medical conditions) Instances of differential treatment by healthcare professionals or facilities (e.g. clinician bias/judgment affected treatment or

how teams responded to woman's substance abuse) should be appropriately noted in one of the clinical factors in the description of the issue.

SUBSTANCE USE - TOBACCO

Woman's use of tobacco directly compromised the woman's health status (e.g. long-term smoking led to underlying chronic lung disease).

CHRONIC DISEASE

Occurrence of one or more significant pre-existing medical condition(s) (e.g. obesity, cardiovascular disease or diabetes)

CHILDHOOD SEXUAL ABUSE / TRAUMA

Woman experienced rape, molestation, or other sexual exploitation during childhood plus persuasion, inducement or coercion of a child to engage in sexually explicit conduct. Or woman experienced physical or emotional abuse or violence other than that related to sexual abuse during childhood.

UNINSURED/LACK OF ACCESS OR FINANCIAL RESOURCES

Lack or loss of health care insurance or other financial duress that impacted woman's ability to care for herself (e.g. did not seek services because unable to miss work or afford postpartum visits after insurance expired) Barriers to accessing care: Insurance, provider shortage, transportation; System issues as opposed to woman's noncompliance led to lack of care. Examples include lack of insurance, non-eligibility, a provider shortage in woman's geographical area, or lack of public transportation

UNSTABLE HOUSING

Woman lived "on the street" or in a homeless shelter OR lived in transitional or temporary circumstances with family or friends.

SOCIAL SUPPORT/ISOLATION - LACK OF FAMILY/FRIEND SUPPORT SYSTEM

Social support from family, partner, or friends was lacking, inadequate and/or dysfunctional (e.g. domestic violence, no one to rely on to ensure appointments were kept).

INADEQUATE OR UNAVAILABLE EQUIPMENT/ TECHNOLOGY

Equipment was missing, unavailable or not functional, (e.g. absence of blood tubing connector).

LACK OF STANDARDIZED POLICIES/PROCEDURES

The facility lacked basic policies or infrastructure germane to the woman's needs, (e.g. response to high blood pressure or a lack of or outdated policy or protocol).

POOR COMMUNICATION / LACK OF CASE COORDINATION OR MANAGEMENT/ LACK OF CONTINUITY OF CARE (SYSTEM PERSPECTIVE)

Care was fragmented (i.e. uncoordinated or not comprehensive) among or between health care facilities or units, (e.g. records not available between inpatient to outpatient or among units within the hospital, such as Emergency Department and Labor and Delivery)

LACK OF CONTINUITY OF CARE

Care providers did not have access to woman's complete records or did not communicate woman's status sufficiently. Lack of continuity can be between prenatal, labor and delivery, and postpartum providers

CLINICAL SKILL/QUALITY OF CARE

Personnel were not appropriately skilled for the situation or did not exercise clinical judgment consistent with current standards of care, (e.g. error in the preparation or administration of medication or unavailability of translation services).

INADEQUATE COMMUNITY OUTREACH/RESOURCES

Lack of coordination between healthcare system and other outside agencies/ organizations in the geographic/cultural area that work with maternal child health issues

INADEQUATE LAW ENFORCEMENT RESPONSE

Law enforcement response was not in a timely manner or was not appropriate or thorough in scope.

FAILURE TO REFER OR SEEK CONSULTATION

Specialists were not consulted or did not provide care; referrals to specialists were not made.

FAILURE TO SCREEN/INADEQUATE ASSESSMENT OF RISK

Factors placing the woman at risk for a poor clinical outcome were not recognized and the woman was not transferred/ transported to a provider able to give a higher level of care.

LEGAL

Legal considerations that impacted outcome