

Severe Maternal Morbidity (SMM) Case Review Worksheet – Month/Year: _____

Demographic/Prenatal Information:			
Patient ID:		Admission Date:	
Patient DOB:	Patient Age:	Discharge Date:	
Patient R/E:		Total LOS (days):	PP LOS (days):
Patient BMI:		Discharge Disposition:	
Month PNC Began:		Number of PNC Visits:	

Delivery Information:		
Delivery Date:		Gestational Age:
Method of Delivery:		# Prior Live Births: Plurality:
Indication for CS (if applicable):		Prior C/S: Prior Uterine Surgery: Yes No Yes No
Delivering Provider:		Labor Care Provider:
Transfer in? Yes No		Type of Anesthesia (if applicable):
Transferring Hospital (if applicable):		Spontaneous, Induced, or No Labor:

SMM Information:			
SMM Complication(s):			
SMM Risk Score:		SMM Underlying Cause:	
ICU Admission? Yes No		Massive RBC Transfusion? Yes No	
RBCs:	FFP:	Plt Pack:	Cryo:
ICD-10 Diagnosis Codes:			
ICD-10 Procedure Codes:			
SMM Case Review Comments:			

Date generated:

*All pre-populated values are based on hospital data submissions to the MDC. For CA hospitals, some fields come from birth certificate data.
 *While many fields can be edited, only those shaded green will overwrite existing MDC data upon re-upload of the form to the MDC. Any other grey fillable fields will also need to be edited directly within the MDC interface.
 *This PDF can only be reuploaded to the MDC if it is filled out electronically. The form cannot be printed, scanned, and then reuploaded.
 *Maternal ICD-10 codes will be starred if they indicate a Severe Maternal Morbidity. Any conditions present on admission will be noted with (POA).

Patient ID:	Discharge Date:
--------------------	------------------------

Review:	
Was the case reviewed by committee? Yes	No
Was the case debriefed during the hospitalization? Yes	No
Were all SMM complication(s) present on admission? Yes	No
If yes, did the SMM complication(s) present on admission get worse during the hospitalization? Yes	No

Which, if any, issues impacted the SMM? Please check ALL that apply in this case:	
<i>Communication Issues</i>	<i>Patient Factors and Other Barriers to Care</i>
RN communication/handoff issues MD/CNM communication/handoff issues Other teamwork issues (e.g. not following chain of communication)	Poor staff-patient interactions (e.g. arguments, refusal of care, leaving AMA, bias) Other barriers to care (e.g. language) Social determinants of health (e.g. access, transportation)
<i>Missed Opportunities</i>	<i>Delays in Care</i>
Missed risk factors/warning signs Unit protocol(s) not followed Missed opportunities in prenatal care Other system issues (e.g. pharmacy, transport, lab)	Delayed or wrong diagnosis Delayed or wrong treatment Delay in calling for assistance/consult Delayed transfer to higher level of care
<i>No opportunities for improvement</i>	

Review Committee Analysis:		
If anything, what could have been done differently to improve the care?		
Was there an opportunity to alter the outcome? (<i>this goes beyond whether the standard of care was met</i>)		
Strong	Possible	None
If there was a possibility to alter the outcome, was it related to... (<i>select all that apply</i>)		
Provider	System/Process	Patient
Even if the outcome was not likely to have been altered, were system improvement opportunities identified?		
What was done well and could be reinforced/acknowledged?		
Recommendations for improvements and plan for implementation?		

Review Information:	
Individual Completing Form:	
Date Form Completed:	
Action Steps:	Referred for RCA Coding Issue: Discuss with coding team Documentation Issue: Discuss with provider System Issue: QI team to develop action plan Provider Issue: Dept leader to work with provider Nursing Issue: Nursing leader to work with nurse(s) QI update communication shared with the unit Other: