

QUALITY IMPROVEMENT SURGERY CASE REVIEW

Patient #: _____ OR/Procedure Room: _____ Physician: _____

Pt. Age/Sex: ____/____ Date of Service: _____ D/C Date: _____

Reason for Review: _____

Diagnosis: _____

Procedure(s): _____

Quality Level (check one): ☐ 1. Predictable event within standard of care.
☐ 2. Unpredictable event within standard of care.
☐ 3. Marginal deviation from standard of care.
☐ 4. Significant deviation from standard of care.

Comments: _____

Patient Management of complication appropriate? ☐ Yes ☐ No ☐ NA

ACTION: ☐ Med. Director to send letter to MD
☐ Med. Director to discuss with MD
☐ System/process should be reviewed/revised
☐ Present at department meeting
☐ List action required from attending MD
☐ Other: _____

Screener/Date: _____ / _____

Date Action Completed: _____