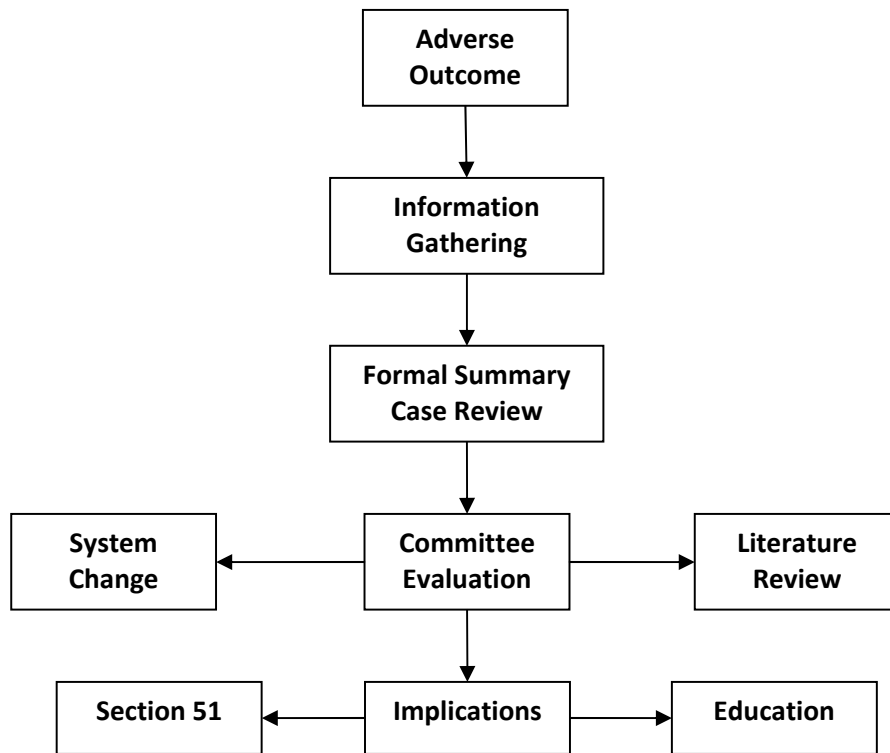


Specially Requested Chart Review

OBJECTIVE: To determine the cause and manner of adverse outcomes by recognizing risk factors, and summarizing data to identify quality improvement changes or implications for change in systems policy, education, and procedure.



Review	
Name of Reporter: _____	Date of Review: _____
Name of Reviewer: _____	Signature: _____
Basis of Review (adverse outcome): 	

BCWH Specially Requested Chart Review

Basic Information

Patient Name: _____ DOB: _____
Last First *dd/mm/yyyy*

Chart #: _____ Date of Adverse Outcome: _____
dd/mm/yyyy

Department Involved: SCN Maternity Prenatal Program Fetal Monitoring
 Assessment Room Other:

History

Prenatal History:

Time of Arrival: _____ Condition Upon Arrival:

Assessment Note:

Course of Events in Hospital:

History (cont'd...)

Course of Events in Hospital (cont'd...):

Condition Upon Discharge:

Findings

Pathological Finding:

Cause of Adverse Event:

Issues, Problems Identified, and Implications:

Recommendations and Follow-up Suggestions:

BCWH Specially Requested Chart Review

Follow-up		
Recommendations:	Quality Improvement Changes Involved:	
1.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____
2.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____
3.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____

*Department of Midwifery Quality Improvement and Assurance Committee reviews
are protected under Section 51 of the British Columbia Evidence Act*