

**Case Review Form**

**CONFIDENTIAL – DO NOT FILE OR LEAVE IN MEDICAL RECORDS**

AMBULATORY CARE NETWORK ♦ DEPARTMENT OF HEALTH SERVICES ♦ COUNTY OF LOS ANGELES

**PATIENT'S MRN # (REQUIRED)**

\_\_\_\_\_

**INVOLVED PRACTITIONER(S)  
(REQUIRED)**

EMPLOYEE # OR CONTRACTOR #

\_\_\_\_\_

**Reason(s) for the review:**

**Synopsis of the case:**

**Committee's Conclusion(s):**

- **What was done correctly? What was not done correctly? Was the adverse outcome preventable?**
- **What individual and/or systemic factors contributed to the adverse outcome?**
- **What are the opportunities to improve the delivery of health care in similar situations?**

**Provider Categories (summary of the conclusion of Provider management):**

**Category 0** \_\_\_ The practitioner's clinical practice/treatment was appropriate.

**Category 1** \_\_\_ The practitioner's clinical practice/treatment was questionable, but it was not clearly inappropriate.

**Category 2** \_\_\_ The practitioner's clinical practice/treatment was clearly inappropriate and had low probability of causing patient harm.

**Category 3** \_\_\_ The practitioner's clinical practice/treatment was clearly inappropriate and had high probability of causing patient harm.

**Category N/A** \_\_\_ The practitioner's clinical care was not the reason for the review. The case may have been reviewed because of a discrete question not related to the practitioner's clinical care or for data monitoring purposes.

Note: If the practitioner's clinical care was appropriate, assign Category 0, not Category N/A.

**Systems Codes Assignment:**

**Category A** \_\_\_ No systems contribution to any deficiencies in the provided health care.

**Category B** \_\_\_ There was a minor systems contribution to the deficiencies in the provided health care.

**Category C** \_\_\_ There was a major systems contribution to the deficiencies in the provided health care.

**RECOMMENDATIONS/ACTIONS:**

\_\_\_ None: The care was appropriate. (If not clear, indicate why the care was appropriate.)

\_\_\_ Insufficient information to make recommendations or take actions: Additional information, input from other staff members, autopsy findings, etc. will be sought and presented at a future meeting.

\_\_\_ Coaching of the involved practitioner(s) or other staff to address human error or at-risk behavior.

\_\_\_ Disciplinary action for behavior that was deemed reckless in accordance with the DHS Policy on Safe and Just Culture.

\_\_\_ Referral to another committee or unit.

\_\_\_ Referral to the HCG Medical Director.

\_\_\_ Development of a new policy or revision of an existing policy.

\_\_\_ Referral to the Peer Review Oversight Committee (PROC).

\_\_\_ Other (please specify).

**DO NOT FILE OR LEAVE IN MEDICAL RECORDS**