UCSF DEPARTMENT OF SURGERY
QUALITY IMPROVEMENT CASE REVIEW REPORT

Service Breast Surgery

Patient Name	**MR#**	**DOB**
Operation(s) Performed	**Preoperative Diagnosis**	
Date(s) of Operation(s)	**Attending Surgeons(s)**	**MD#(s)**
Date(s) of Occurrence(s)	**Housestaff Surgeon(s)**	**MD#(s)**

To be completed by housestaff/attending

Part I

Occurrence(s): *select all that apply*

- ☐ Death
- ☐ Lasting organ failure
- ☐ Unplanned return to OR
- ☐ Unplanned readmission
- ☐ Unplanned ICU care
- ☐ Surgical site infection
- ☐ Deep infection
- ☐ Sepsis/ septic shock
- ☐ Urinary tract infection
- ☐ Wound disruption
- ☐ Bleeding/ transfusion
- ☐ Deep vein thrombosis
- ☐ Pulmonary embolism
- ☐ Pneumonia
- ☐ Respiratory failure/ intubation
- ☐ Acute renal failure
- ☐ Cardiac arrest/ CPR
- ☐ Myocardial infarction

Service specific occurrence(s): *select all that apply*

- ☐ Skin necrosis/ flap loss
- ☐ Lymphedema
- ☐ Seroma
- ☐ Incomplete resection
- ☐ Nerve injury
- ☐ Other:

Narrative of Case:

_____
_____
_____
_____
_____

Occurrence related to: *select all that apply*

- ☐ Diagnosis
- ☐ Surgical technique
- ☐ Other:
- ☐ Underlying disease
- ☐ Abnormal anatomy
- ☐ Equipment malfunction
- ☐ Systems problem
- ☐ Management

Form completed by:	*date:*
Signature of attending	*date:*

To be completed by Section QI Chief

Part II

Service Action Plan: ☐ No further action ☐ Systems review ☐ Root cause analysis ☐ Other:

Narrative of Plan:

_____
_____
_____
_____
_____
_____

Date of review by Section QI Committee:		
Signature of Section QI Chief		*date*

To be completed by Dept QI

Part III

QI COMMITTEE REVIEW *Date of review*

Discussion: Physician issue(s) ☐ yes ☐ no Systems failure ☐ yes ☐ no
Complication management appropriate ☐ yes ☐ no

Narrative of Plan:

_____
_____
_____
_____
_____

Action: ☐ No Action ☐ Peer review ☐ Refer to other service ☐ RCA ☐ Systems review ☐ Other:

Signature of QI Chair/date	

7/30/07