MORTALITY DEFINITIONS

MORTALITY WITHOUT OPPORTUNITY FOR IMPROVEMENT
(NON-PREVENTABLE)
An event or complication that is a sequela of a procedure, a disease, an illness, or an injury for which reasonable and appropriate preventable steps had been taken.

Example: A gunshot wound to the head with a GCS of 3 on arrival and subsequent death, posttraumatic pancreatitis, pneumonia, DVT and so on in patients who had appropriate preventative steps taken. Most deaths and morbidities fall into this category.

ANTICIPATED MORTALITY WITH OPPORTUNITY FOR IMPROVEMENT
(PREVENTABLE)
An event or complication that is an expected or unexpected sequela of a procedure, a disease, an illness, or an injury that is likely to have been prevented or substantially ameliorated, had appropriate steps been taken.

Example: A patient admitted with abdominal distention and shock that dies from a ruptured spleen two hours later while waiting for a surgeon. Death as a result of a missed epidural hematoma or esophageal intubation may be preventable. A missed fracture resulting from failure to examine the patient may be a preventable mortality. Preventable mortalities should be very unusual in a mature trauma system.

UNANTICIPATED MORTALITY WITH OPPORTUNITY FOR IMPROVEMENT
(POTENTIALLY (POSSIBLY) PREVENTABLE)
An event or complication that is a sequela of a procedure, a disease, an illness or an injury that has the potential to be prevented or substantially ameliorated.

Example: A potentially preventable mortality may be an elderly trauma patient with a severe head injury who develops a fatal arrhythmia from an electrolyte abnormality. The arrhythmia may not have been preventable, but it is unlikely that the death was; therefore, the death is deemed “potentially preventable”. A patient suffering a preventable morbidity that subsequently expires after being declared DNR by family or advanced directive may be determined to be a potentially preventable mortality. There is no precision in these determinations; these are clinical judgments based upon the best available evidence.