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	Title: Post-Mortem CT Scans	Page: 1 of 3 Effective Date: 08/10/2021

PURPOSE:

To outline the process by which Trauma Services may request Post-Mortem CT Scans for Trauma One victims that expire in the Emergency Department prior to receiving initial trauma CT scans.

POLICY STATEMENT:

Post-Mortem CT Scans may be performed on trauma patients for quality assurance and peer review purposes. Only the attending trauma surgeon may order a Post-Mortem CT Scan after coordination with the CT department. The Post-Mortem CT Scan and subsequent radiology report will be generated and reviewed in accordance with this Policy and will be considered peer review protected materials.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

This Policy applies to WakeMed – Raleigh Campus.

WHO SHOULD READ THIS POLICY:

This Policy shall be read by practitioners and clinicians in the Surgery, Trauma Services, Emergency Services, and Radiology Departments.

PROCEDURES:

- I. **ELIGIBLE CASES:** A Post-Mortem CT Scan may be requested for any trauma patient that expired prior to undergoing a CT scan, if the attending trauma surgeon determines that the information obtained through the Post-Mortem CT Scan would be beneficial for quality assurance or peer review purposes.
 - a. The patient must have an assigned medical record number.

- II. **ORDERING POST-MORTEM CT SCANS:** Trauma Services will call ext. 1153 or 5961 and speak to the CT staff to inform them of the request for a Post-Mortem CT Scan.
 - b. **Coordination With Radiology Department:** The Radiology Department will coordinate the scan with the ordering unit to ensure a scanner may be held so that the post-mortem patient can be brought directly in a scan room.
 - c. **Trauma Surgeon Confirmation:** The Attending Trauma Surgeon will confirm the exam(s) requested and when the scan is to be done.
 - d. **Initiating Orders:** The Trauma Surgeon will initiate an order for the scan(s) so the CT staff will know the patient information and scans to be performed.
 - i. **NOTE:** Orders **cannot** be issued until coordination between the ordering unit and the Radiology Department to ensure the CT is prepared

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to receive the patient.

III. **CONDUCTING POST-MORTEM SCANS:** Because Post-Mortem CT Scan images and reports are created for quality assurance and peer review purposes, they must be maintained separately from EPIC/PACS and other patient treatment information. The CT technologist will therefore enter the patient information manually in the scanner without an ACC number so that the exam is not sent to PACS.

- e. **Image Retention:** The Radiology Department will burn the patient’s exam directly onto a CD from the scanner.
- f. **Interpretation/Report:** Upon completion, the CD with the Post-Mortem CT Scan will be read directly by the reading Radiologist and report created. The report dictation will be transferred from PowerScribe to a .PDF file and labeled as follows: “PEER REVIEW PROTECTED MATERIALS – This document contains confidential information pursuant to N.C.G.S. §§ 131E-76(5) and 131E-95, does not constitute a public record, and is not subject to discovery or use in any civil action.”
- g. **Delivery:** Upon completion of the read by the Radiologist, the Radiology Department will notify Trauma Services, who will send an authorized representative to pick up the CD. The Radiologist’s report will be sent via secure messaging to RaleighTrauma@wakemed.org.

IV. **PEER REVIEW AND QUALITY ASSURANCE:** The Post-Mortem CT Scan images and reports will be reviewed by Trauma Morbidity and Mortality Conference or Trauma Peer Review. Images and reports will be stored on the secure Sharepoint site used by Trauma for Peer Review.

- h. **Record Retention:** Peer-review protected scans and reports will be maintained permanently. See [Compliance Policy 100-05: Record Retention, Preservation, Destruction](#).


V. **DEFINITIONS:**

TERM	DEFINITION
Post-Mortem CT Scan	A computed tomography (“CT”) scan performed on a decedent that may be used to evaluate the individual’s medical condition at the time of death.

THIS POLICY IS CROSS REFERENCED IN:

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I. ASSOCIATED DOCUMENTS

- a. [Compliance Policy 100-05: Record Retention, Preservation, Destruction](#)

II. ADDITIONAL RESOURCES

- a. [WakeMed Professional Practice Evaluation \(PPE\) Policy](#)

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