Title: Recipient Rights – Reporting of Consumer Deaths Procedure

Prepared By: Recipient Rights Officer

Purpose:

To define the protocol for employees to follow when reporting the death of a consumer.

Scope:

This procedure applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH) and all consumers served by Huron Behavioral Health, who are living in specialized residential homes, contracted homes, or their own residence and who are receiving on-going services/assistance from HBH staff.

Information:

It is the policy of HBH to report the death of a consumer in a prompt manner to assure compliance with applicable state and/or local laws, rules, and regulations as well as contractual and accreditation requirements.

This procedure is divided into 3 sections:

Section A - specifically for deaths that occur while a consumer is attending an HBH program

Section B- for all other deaths of consumers receiving ongoing services, other than HBH consumers residing in a nursing home

Section C – for all deaths of HBH consumers residing in a nursing home.

Procedure:

A - For deaths that occur while attending an HBH Program:

1. The staff who finds the consumer will immediately notify the program supervisor and complete an Incident Report Form (DCH-0044).
2. The program supervisor will then notify the Clinical Director, the Executive Director, and the Recipient Rights Officer. (Note: telephone or e-mail messages may be left.)
   - Notify the Homeowner/Home Manager who will notify the state licensing consultant (Department of Human Services/DHS).
   - If the incident occurs at a contract home, the Homeowner/Home Manager should notify the individual's primary worker.
3. The primary worker will determine who will notify parent(s), guardian, spouse, significant others, etc. and will then assure that the guidelines for reporting and reviewing deaths is followed by completing a "Death Report Form" (form # 90-089) within twenty-four (24) hours of the death. The report is submitted to the Recipient Rights Officer who will review the information and determine if an investigation is warranted due to any suspected rights violation(s). The report will be forwarded to the Clinical Director and the Executive Director for review and distribution.
4. When necessary, the Clinical Director will convene the Adverse Events Committee (see "Adverse Events Policy" RR.1.14) to conduct a death review by investigating the circumstances and information surrounding the death. The Sentinel Events Committee will generate a 90-338 Adverse Event Root Cause Analysis Form and add any necessary additional information to the Death Review Report.
5. The Recipient Rights Officer will compile all of the necessary documentation, (completed Death Report, Death Certificate, medical review, administrative review, autopsy report, etc. as available), and any other

relevant material and forward the information to the Pre-paid Inpatient Health Plan (PIHP) and the HBH Performance Improvement/Quality Improvement (PI/QI) Manager for reporting requirements (see also RR.1.14 "Adverse Events Policy"). (If reports are not available when sending the Death Report they may be sent separately as soon as they are available.) If a consumer dies within six (6) months of discharge from a MDHHS state facility, the MDHHS Director of Medical Services must also be notified. The council on Accreditation (COA) is also to be notified within ten (10) days of the death when the consumer death occurs while the consumer is under HBH's regular/periodic care and the death is related to the delivery of service. (Deaths resulting from natural causes or from an event/accident which is unrelated to service delivery are not reported to COA).

B. For all other consumer deaths (consumers receiving ongoing services other than HBH consumers residing in a nursing home)

1. The Primary Worker will:
    a. Immediately contact the Clinical Program Director, the Executive Director, and the Recipient Rights Officer. (Note: telephone or e-mail messages may be left.)
    b. Complete the "Death Report Form" (90-089) within twenty-four (24) hours of the death. The report will be submitted to the Executive Director or designee who will review, sign, and forward to the Recipient Rights Officer for distribution.
    c. Complete an incident report (DCH-0044) and forward to the Recipient Rights Officer.
2. Follow steps A.4 & A.5 above.

C. For deaths of HBH consumers residing in a nursing home

1. The Primary Worker will complete the "Death Report Form" (form # 90-089) within twenty-four (24) hours of the death. The report will be submitted to the Clinical Director who will review, sign, and forward to the Recipient Rights Officer for distribution, and a copy is also forwarded to the Executive Director. The Sentinel Events Committee will convene if the HBH consumer is receiving medication prescribed directly by HBH's psychiatrist, or is receiving ongoing services, or when deemed necessary/appropriate by HBH staff.
2. Follow A.4 & A.5 above.

Definitions / Acronyms:

COA – Council On Accreditation
DHS – Department of Human Services (previously Family Independence Agency/FIA)
DMH – Department of Mental Health (this has been renamed to MDCH – Michigan Department of Community Health)
HBH – Huron Behavioral Health
MDHHS – Michigan Department of Health and Human Services (formerly MDCH)
PIHP – Prepaid Inpatient Health Plan

Forms:

90-089 Death Report Form
Incident Report Form (DCH-0044)
COA Self-Reporting Form
90-338 Adverse Event Root Cause Analysis Form

Records:

Records of consumer deaths are retained in the consumer's case record in accordance with the HBH Record Retention Policy (QI.1.23) and records of deaths are also retained by the Recipient Rights Officer.

Reference(s) and/or Legal Authority

MDHHS Contract
QI.1.23 HBH Record Retention Policy
RR.1.14 Adverse Events Policy

Change History:

Change Letter	Date of Change(s)	Changes
A	05/19/03	Reformatted and brought into new documentation system with minimal changes to content.
B	08/05/03	Section 1. - added item "D", added "will compile all necessary documentation" in "F", added "(for consultation)" in Section 2.B. to comply with DCH Recipient Rights audit POC
C	06/12/06	Changed "FIA" to "DHS", changed "Associate Director of Clinical Programs" to "appropriate Clinical Director", added COA death reporting requirements, reworded section I C.3 to combine with old #3 & 4, added the last two sentences in I.F.,
D	04/02/13	Reviewed and revised to comply with 8th edition COA standards – changes "Sentinel Events" to "Adverse Events" (2 places), reformatted numbering, added hyperlinks, in A.5 changed "MDCH" to "PIHP", added "PIHP" to "Acronym" section.
E	05/18/16	Changed "MDCH" to "MDHHS" (5 places), reworded section A.1 and combined multiple points, made numerous additional grammatical/wording changes/corrections throughout document without changing sentence content.
F	02/16/17	Changed form # from "DMH-2550" to "DCH-0044" (3 places), in A.2 & A.3 added "Executive Director", in B.1 added "the Executive Director" and removed "If the Clinical Director is unavailable, contact the Executive Director", in C.1 added "and a copy is also forwarded to the Executive Director".