



HURON BEHAVIORAL HEALTH PROCEDURE

Procedure #: RR.2.32
Issue Date: 09/2001
Rev. Date: 10/02/23
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Title: Recipient Rights – Reporting of Consumer Deaths Procedure

Prepared By: Recipient Rights Officer

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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 and part-time employees), contract residential providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all consumers served by Huron Behavioral Health.

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.

Procedure:

A. In the Event of a Consumer Death:

1. Any employee or contract provider who learns of a consumer death must immediately notify the following individuals via phone call, email, or in-person conversation:
 - a. Supervisor
 - b. Clinical Director
 - c. Recipient Rights Officer
 - d. Executive Director
2. Upon learning of the death, the employee or contract provider must complete an Incident Report (DCH-0044) within one (1) business day (see also "[Unusual Incident Reporting Procedure](#)" RR.2.37). The Incident Report should be signed by the supervisor and the forwarded to the HBH Recipient Rights Officer.
3. A copy of the incident report should be forwarded to Clinical Director and QI/PI Manager
4. Additionally, within twenty-four (24) hours of learning of a consumer death, the employee or contract provider must complete a Death Report in the Electronic Medical Record (EMR) system.
5. Any death that occurs as a result of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation shall be submitted electronically, within 48 hours, of either the death, or the PIHPs receipt of notification of the death, or the PIHPs receipt of notification that a rights, licensing, and/or police investigation has commenced. The following information is to be included in the submission:
 - a. Name of beneficiary
 - b. Beneficiary ID number (Medicaid, MiChild)
 - c. Consumer Identification Number (CONID) if there is no beneficiary ID number
 - d. Date, time, and place of death (if a licensed foster care facility, include the license number.)
 - e. Preliminary cause of death
 - f. Contact person's name and Email address.
- 6.

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7. The death report must be signed by the Recipient Rights Officer and a copy sent (via EMR) to:
 - a. Clinical Director
 - b. Executive Director
 - c. Quality Improvement/Performance Improvement (QI/PI) Manager
 - d. Supervisor
 - e. Clerical Services
8. The Recipient Rights Officer will review the information and determine if an investigation is warranted due to any suspected rights violation(s) (such as abuse and/or neglect).
9. The Clinical Director will convene the Risk/Sentinel Events Committee (see "[Risk Events/Sentinel Events Committee Procedure](#)" RR.2.49 and "[Critical Incidents and Sentinel 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.
10. The QI/PI Manager 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 any additional reporting requirements (see also "[Critical Incidents and Sentinel Events Policy](#)" RR.1.14). (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 twelve (12) months of discharge from a Michigan Department of Health and Human Services (MDHHS) state facility, the MDHHS Director of Medical Services must also be notified via the PIHP. 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. (NOTE - Deaths resulting from natural causes or from an event/accident which is unrelated to service delivery do not get reported to COA).
11. If a consumer dies while in an HBH facility, the employee who finds the consumer shall immediately call 911 and then follow steps A.1 through A.4. The Clinical Director and Executive Director will determine who will notify the consumer's parent(s), guardian, spouse, significant others, etc.

Definitions / Acronyms:

COA – Council on Accreditation

DHS – Department of Human Services

EMR - Electronic Medical Record

HBH – Huron Behavioral Health

MDHHS – Michigan Department of Health and Human Services (formerly MDCH)

PIHP – Prepaid Inpatient Health Plan

Forms:

Death Report Form (in EMR)

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.

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Reference(s) and/or Legal Authority

MDHHS Contract

[QI.1.23 HBH Record Retention Policy](#)[RR.1.14 Adverse Events Policy](#)[RR.2.49 Risk Events/Sentinel Events Committee Procedure](#)**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 8 th 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".
G	09/19/18	In A.1 added "as soon as possible, but in...", in A.3 added "Clinical Director and".
H	03/05/19	In "Procedure" section A.2 removed 1 st bullet ("Notify Homeowner/Home Manager who will notify the state licensing consultant..."), in A.3 added "supervisor & added "in the Electronic Medical Record (EMR)" & added "(such as abuse or neglect)", removed Death Report Form # (3 places) and replaced with "(in EMR)".
I	06/17/20	Total rewrite of procedure. See Controlled Documentation Manager for complete list of changes and/or previous versions of this procedure.
J	05/14/22	Added reference to RR.2.49 (2 places), made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
K	10/02/23	In "Procedure" section added #5, in #10 changed "within six (6) months" to "within twelve (12) months" & added "via the PIHP".