Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that deaths of consumers meeting MDCH Critical Incident Reporting criteria will be reviewed and the findings of the review will be used to maintain or improve the quality of care provided to consumers.

Purpose

To provide standards for the formal review and reporting of the circumstances and conditions related to the death of any consumer who meets Reportable Population Criteria as defined by the Michigan Department of Community Health.

To improve the quality of care for all recipients of services from SCCMHA.

To comply with all requirements of the Michigan Department of Community Health and other regulatory bodies.

Application

This policy applies to all programs of SCCMHA and contract providers.

Death Review/Reportable Population Criteria and Definitions

Reporting is required for CMHSP consumers who, at the time of their deaths, were the responsibility of CMHSP or its contractors/providers and meet the below listed reportable population criteria:

1. Living in 24-hour Specialized Residential settings (per Administrative Rule R330.1801-09) or in Child-Caring Institutions.

2. Living in their homes and receiving Community Living Supports.

3. Receiving Targeted Case Management or Supports Coordination, ACT, Home Based, Children's Case Management, Wraparound, Habilitation Supports Waiver, SED Waiver or Children's Waiver.
4. Suicide (The CMHSP serving the consumer determines, through its death review process, that the consumer's death was a suicide, or the official death report (i.e., coroner's report) indicates that the consumer's death was a suicide).

5. Non Suicide Death (Any death, for consumers who meet reportable population criteria that was not otherwise reported as a suicide).

6. Sentinel Event is any injury or death that occurs from the use of any behavior interventions. For the purpose of the Policy we will consider a sentinel event related to deaths only.

CMHSP/PIHP Death Reporting Requirement

1. SCCMHA must verbally report to the PIHP any death resulting from suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing or police investigation to the PIHP within 24 hours (or the next business day) of the receipt of the death or the notification that a rights, licensing or police investigation has commenced. MSHN staff will complete the electronic report to MDCH within 48 hours of receipt of notification verbally or in writing.

2. Death due to suicide must be reported within 30 days after the end of the month in which the death was determined to be a suicide. If 90 calendar days have elapsed without a determination of the cause of death, then SCCMHA must offer the MSHN a "best judgment" determination of whether or not the death was a suicide and then report to the MSHN as such within 30 days after the end of the month in which the "best judgment" determination was made. The MSHN will then submit this information to MDCH with their mandated monthly reporting. Reporting a death due to suicide applies to individuals actively receiving services at the time of their death and any individual who has received emergency services within 30 days prior to his/her death.

3. All event reporting must include individual level data as to the consumer ID, event date, and event type.

Procedure

1. The consumer's primary clinician will notify his/her Program Director (or designee) in writing (Report of Death Form) within 24 hours of the death of a consumer for whom a review of death is required by this policy, or within 24 hours of being informed of the consumer's death. (To access the "Report of Death" form select the button marked "Death Report" when filling out the Trigger Event form in the Trigger Event Database.) For contract providers, SCCCMH will be notified thru the use of a paper based Critical Incident Reporting form submitted via fax (or hand delivered) in addition to a notification phone call.
2. The Program Supervisor will notify the SCCMHA Medical Records Department Team Lead of the death of the recipient. The SCCMHA Medical Records Team Lead will immediately sequester the recipient’s chart. The Program Supervisor will perform a review of the Report of Death form completed in the Trigger Events Database and submit the original form to central files (Executive Assistant) within 2 business days. It is during this timeframe that the reviewer must determine if the death meets Sentinel Event Criteria. The Executive Assistant will forward a copy of the Report of Death to the Chief Executive Officer (CEO), the Recipient Rights Officer, and the Director of Strategic Services (or designee).

3. If it is determined that the death meets Sentinel Event Criteria then proceed to Step 7 of this policy and procedure.

4. **Natural Cause Death:** Should it be determined that the cause of death was due to "Natural Causes" then the Program Supervisor will complete a Review and Report of Recipient Death. The Review and Report of Recipient Death will include, but is not limited to the following information:
   
a. Name  
   b. Gender  
   c. Date of birth  
   d. Date, time, place of death  
   e. Client diagnoses, medical and psychiatric  
   f. Cause of death  
   g. Recent changes in medical or psychiatric status including notation on most recent hospitalization  
   h. Summary of condition and treatment (programs and services being provided to client) preceding death  
   i. Medications prescribed by SCCMHA within last 30 days  
   j. Autopsy findings, if available and one was authorized by the county medical examiner or by the family of the deceased  
   k. Recommendations  
   l. Signatures (exclude Rights Officer signature)
5. A copy of the Review and Report of Recipient Death will be forwarded to Executive Assistant within 96 hours after the Report of Death form was reviewed. The Executive Assistant will forward a copy of the Review and Report of Recipient Death to the Chief Executive Officer (CEO), the Recipient Rights Officer, and the Director of Strategic Services (or designee).

6. The Director of Strategic Services (or designee) will proceed to Step 9 listed below and report the event to the MSHN thru the Critical Incident Reporting System.

7. **Death by Non Natural Causes and/or Sentinel Event:** Should it be determined that the cause of death was due to any reason other than "Natural Causes" a Death Review Committee will be appointed by the CEO (or designee) within two business days to commence a review of the consumers death. Persons appointed to the Death Review Committee must have the appropriate credentials to review the scope of care.

   a. Members of the Death Review Committee will include but are not limited to the CEO or designee, Strategic Services Director, Program Director (or designee) and representatives of service areas providing services to the consumer, a physician, a registered nurse, and the Recipient Rights Officer.

   b. The Death Review Committee will review the circumstances of the consumer's death, the consumer's Person Centered Plan, and the treatment/services provided. If the probable cause of death was due to any reason other then "Natural Causes", the death review must occur in the form of a Root Cause Analysis (RCA) and contain all elements essential to a RCA investigation.

   c. The product of the Death Review Committee will be a written Review and Report of Recipient Death to the CEO containing the findings of its review and any recommendations resulting from the review.

   d. The Death Review Committee's written Review and Report of Recipient Death will include, but is not limited to the following information:

      i. Name
      ii. Gender
      iii. Date of birth
      iv. Date, time, place of death
      v. Client diagnoses, medical and psychiatric
      vi. Cause of death
vii. Recent changes in medical or psychiatric status including notation on most recent hospitalization

viii. Summary of condition and treatment (programs and services being provided to client) preceding death

ix. Medications prescribed by SCCMHA within last 30 days

x. Autopsy findings, if one was authorized by the county medical examiner or by the family of the deceased

xi. Review Committee Findings
   *RCA format if applicable

xii. Recommendations
    *RCA format if applicable.

xiii. Signatures (exclude Rights Officer signature)

e. The Death Review Committee will submit the original "Review and Report of Recipient Death" to Central files (Executive Assistant) within forty-five (45) days of notification to the agency of a consumer's death. The due date of "Review and Report of Recipient Death", may be extend beyond the forty-five days upon approval by the CEO if it is determined that key components of the review, e.g. Autopsy Report, Police Report, etc. were not available when the Death Review Committee convened.

f. Once completed, the Executive Assistant will forward a copy of the Death Review Committee report to the CEO upon receipt of the report. The CEO will review recommendations and implement a plan of correction as needed.

g. The Executive Assistant will forward a copy of the Death Review Committee report to the Office of Recipient Rights and the Director of Strategic Services (or designee).

h. The Death Review Committee may request that the family of the deceased authorize an autopsy in cases when the county medical examiner has not elected to do so.

8. Upon completion of the "Review and Report of Recipient Death" report the CEO or designee will notify SCCMHA Medical Records that the record needs to be permanently sequestered. The SCCMHA Medical Records department will maintain the recipient's record in sequestered condition.
9. SCCMHA will provide a report as required to Mid-State Health Network (MSHN), MSHN will provide a monthly report of critical events (which include all deaths) to the Department of Community Health (DCH). Upon request from the MDCH, SCCMHA will provide information about specific deaths. This information will be provided consistent with requirements of confidentiality and other guarantees of recipient rights as specified in the Michigan Mental Health Code and Administrative Rules.

References/Legal Authority

1. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Master Contract Attachment P 6.7.1.1., Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Health Plans.

2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Master Contract PIHP Reporting Requirements for Medicaid Specialty Supports and Services Beneficiaries.

3. MDCH Health Guidance on Sentinel Event Reporting.


8. TSG MDCH/PIHP Event Reporting.

Approved by: ________________________________  ____________________

                     Director of MI Services                 Date

__________________________  ____________________

                     Chief Executive Officer             Date
Subject: **Review and Reporting of Recipient Death**

Review/Revision Dates:

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