..\Index.doc

PERSONNEL
(Manual Section)

RECIPIENT RIGHTS:
DEATH REPORTING – POLICY 3802

Approval of Policy	Dated:
Policy Inception Date:	March 8, 2001
Policy Last Reviewed:	June 17, 2024
Last Revision of Policy Approved:	July 28, 2015

_____

•1 POLICY:

In an effort to ensure quality of care to all individuals served, the Agency shall review all deaths of those individuals and report those who, at the time of their deaths, were the responsibility of the Agency and at least one of the following:

1. Living in 24-hour Specialized Residential settings (AR330.1801-09);
2. Living in a Child-Caring Institution;
3. Living in their own homes and receiving Community Living Supports;
4. Receiving Targeted Case Management, ACT, Home-Based, Wraparound or Habilitation Supports Waiver Services; or
5. Death due to suicide.

•2 APPLICATION:

All employees

•3 DEFINITIONS:

"Natural Causes" means deaths occurring as a result of a disease process in which death is one anticipated outcome.

•4 CROSS-REFERENCES:

•5 FORMS AND EXHIBITS:

Administrative Approval of Procedure per:	Dated:
_____	July 28, 2015

•6 PROCEDURE:

Review and Reporting of Deaths of Individuals Served

•6•1 APPLICATION:

All individuals served

•6•2 OUTLINE / NARRATIVE:

The Recipient Rights Officer and the Executive Director shall be contacted by phone by the individual receiving services primary clinician or designee with the following information:

A. Name
B. Time and place of death.
C. Cause of death – if known/circumstances of death.
D. Whether or not an autopsy is being performed.

The Recipient Rights Officer shall maintain a record of all deaths for those individuals served by the Agency in AVATAR. All deaths due to natural causes must be specific to the cause and must be categorized with one of the following: Heart disease, Pneumonia/influenza, Aspiration or Aspiration pneumonia, Lung Disease, Vascular disease, Cancer, Diabetes mellitus, Endocrine disorders, Neurological disorders, Acute bowel disease, Liver disease/cirrhosis, Kidney disease, Infection, including AIDS, Inanition, Complication of treatment, and Unknown or unreported. (See Exhibit B for definitions.)

The supports coordinator shall assure the Rights Office receives an Incident Report within 24 hours for the death of an individual served from a residential setting. For all others, incident reports should be written immediately upon receipt of notice of death and routed to the Rights Office.

For the death of an individual served from a residential setting, the supports coordinator shall submit a thoroughly completed Report of Death form and any supporting documentation, in a timely manner, to the Rights Office. The Report of Death form shall include review of:

A. All assessments of the physical and mental status of the person during the specified time period.
B. The Individual Plan of Service.
C. All physician orders and progress notes (including hospital records) for the specified time period.
D. All nursing notes (including hospital records) for the specified time period.

E. All laboratory and x-ray reports (including hospital records) for the specified time period.
F. Each hospital discharge summary for the specified time period.
G. Detailed description of each pertinent episode which occurred prior to and possibly contributed to the terminal event.
H. Death certificate.

Upon receipt of the completed Incident Report form and Report of Death form, the Recipient Rights Officer shall review the reports, the clinical record, and other available, relevant evidence to determine:

A. Whether the death was attributable to natural causes.
B. Whether the death was expected or unexpected.
C. If unexpected, was the death attributable to suicide, homicide, neglect, or other suspicious cause?
D. Does the record reflect best practices on the part of the staff and providers of services?
E. Does the record and other evidence provide sufficient cause to commence a formal Recipient Rights investigation or referral/coordination with other investigatory or regulatory agencies (Adult Protective Services, AFC Licensing, Department of Community Health, Law Enforcement, or others)?
F. If so, commence a formal Recipient Rights complaint investigation and follow the prescribed process.

The PIHP (Prepaid Inpatient Health Plan) is responsible for submitting reports relative to deaths to the MDHHS (Michigan Department of Health and Human Services).

•6•3 CLARIFICATIONS:

•6•4 CROSS-REFERENCES:

Policy #3825 Incident Reports

•6•5 FORMS AND EXHIBITS:
Exhibit A - Report of Death
Exhibit B - Definitions of Causes of Death