

SUBJECT: **Resident Death Mortality Review Process**

No: **C-507**

REVISION DATE: March 22, 2018

EFFECTIVE DATE: March 6, 2013

INTENDED USER(S): Arizona Training Program at Coolidge

Purpose:

1.0 To establish a procedure for action and notification of staff in the event of the death of an individual served by the Division of Developmental Disabilities (DDD) at the Arizona Training Program at Coolidge (ATPC).

Policy:

2.0 Staff at the ATPC will make proper notification when the death of an individual occurs.

3.0 Family and/or guardian will be notified of the death of an individual as soon as possible after the death occurs, but no later than 24 hours after the death.

3.1 Notification should be done in a compassionate manner with individual follow-through assistance as needed.

Procedure:

4.0 A resident's death will be reported to DES/DDD in accordance with Incident Reporting procedures.

4.1 The staff member receiving confirmation of the death of a resident must notify the on-duty Health Services Nurse.

4.2 The Health Services Nurse will immediately notify the family/guardian, Program Administrator (Superintendent), Deputy Program Administrator, Quality Assurance Manager and the ATPC Switchboard.

4.3 The Quality Assurance Manager will make a BAT phone submission, notifying the DES Assistant Director and the DES Director of State Operated Services.

4.2 The Program Administrator (Superintendent) will determine if a report will be made to law enforcement.

5.0 The RN will:

5.1 Complete and submit a Resident Incident Report (RIR) documenting relevant information about the death and submit the form to the Switchboard by the end of the shift during which the death occurred.

5.2 The Quality Assurance Manager will obtain the RIR from the Switchboard and within 24 hours, or the next business day, enter the RIR into the DDD Incident Management System.

5.3 The Quality Assurance Manager will notify the Human Rights Subcommittee of the death within 24 hours of its occurrence or the next business day.

- 6.0 The Program Administrator (Superintendent) in consultation with the family, Qualified Intellectual Disabilities Professional (QIDP)/Support Coordinator, the Director of Nursing, the DDD Chief Medical Director and ATPC Physician determine whether an autopsy is recommended.
 - 6.1 The final authority to approve an autopsy shall be made by a family member or guardian of the deceased person unless the County Medical Examiner is involved.
 - 6.2 When an autopsy is requested, the Program Administrator (Superintendent) will:
 - 6.2.1 Initiate the request;
 - 6.2.2 Contact the family/guardian and
 - 6.2.2.1 Explain that the cost is incurred by ATPC and
 - 6.2.2.2 Document the contact on the RIR; and
 - 6.2.3 Document on the RIR if the family/guardian desires to have a report of the autopsy findings.
 - 6.3 The Director of Nursing, upon receive of the results of the autopsy, will ensure:
 - 6.3.1 The results of an autopsy are placed in the individual's central case record,
 - 6.3.2 The results of the autopsy are reported to the Superintendent and,
 - 6.3.3 If requested, the results of the autopsy are discussed with the family by the Director of Nursing.
 - 6.3.4 If the central case record has been transferred to the DDD Quality Assurance Office, the autopsy results will be forwarded to the DDD Quality Assurance Office.
- 7.0 The ATPC QIDP staff will:
 - 7.1 Contact the family/guardian as soon as possible after the death to offer assistance to the family in making arrangements for burial or cremation;
 - 7.2 Notify staff and concerned others of burial arrangements;
 - 7.3 Discuss the disposition of all personal belongings and funds with the family/guardian and arrange for disposition of the items in accordance with the wishes of the family/guardian; and
 - 7.4 Assure all resident records maintained in the home are forwarded to the Quality Assurance Manager.
- 8.0 The Director of Nursing will obtain medical records from the individual's hospitalization or Emergency Room visit, if relevant, and forward all records maintained in the Health Services Office to the Quality Assurance Manager.
- 9.0 If relevant, the Director of Nursing will notify medical suppliers of a termination of services.

Mortality Review:

- 10.0 The Quality Assurance Manager will complete a mortality review within five (5) working days after the resident's death.
- 10.1 The Quality Assurance Manager will review the mortality information documented in the IMS database and request further information, as necessary.
- 10.2 The Quality Assurance Manager will complete the Mortality Quality Of Care Review Summary and Checklist which includes:
- 10.2.1 PREPARED BY:
 - 10.2.2 DATE REVIEW PREPARED:
 - 10.2.3 CATEGORY OF THE DEATH:
 - 10.2.3.1 Expected or
 - 10.2.3.2 Unexpected
 - 10.2.4 LEVEL:
 - 10.2.4.1 A (These include deaths that are expected and/or anticipated, due to natural causes, such as terminal illness or congenital abnormalities) or
 - 10.2.4.2 B (These include deaths that are not expected and/or are sudden, such as trauma or pneumonia that progresses to respiratory failure. These require a closer inspection into the circumstances surrounding the death and assessment of any systemic issues which should be addressed. Other situations where Level B is indicated include: aspiration, coroner cases, law enforcement/9-1-1 calls, decubitus, methicillin-resistant staphylococcus aureus [MRSA], unexpected circumstances, unusual or suspicious circumstances, and problems with emergency or other medical care).
 - 10.2.5 CONSUMER Name:
 - 10.2.6 DOB:
 - 10.2.7 DOD:
 - 10.2.8 INCIDENT REPORT #:
 - 10.2.9 STAFF INVOLVED: (name of agency-type-staff name)
 - 10.2.10 AGENCY/HOSPITAL:
 - 10.2.11 CHECKLIST:
 - 10.2.11.1 Health Plan review ordered and reviewed (if not done, indicate rationale)
 - 10.2.11.2 Death Certificate
 - 10.2.11.3 Autopsy (if done)
 - 10.2.11.4 PCP and any pertinent specialty care, including behavioral health (6-12 months ordered, received, and reviewed)
 - 10.2.11.5 Order and review applicable EMT and/or ED, urgent care, or admission encounters
 - 10.2.11.6 Medication List – the MARs or medication sheets– if available
 - 10.2.11.7 Review IR (summary and fact-find notes)
 - 10.2.11.8 Review ATPC fact-finding report and any ATPC documents such as medication sheets, appointment notations, etc.

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- 10.2.11.9 Review APS, DCS, and/or Police Reports as applicable
- 10.2.11.10 FACTS IN REVIEW (provide a summary for each of three):
 - 10.2.11.10.1 RELEVANT DIAGNOSIS (diagnosis associated with or contributing to the death):
 - 10.2.11.10.2 HISTORICAL BACKGROUND OF RESIDENT: (where they lived, health status, recent PCP, behavioral health, and specialty care, etc.)
 - 10.2.11.10.3 EVENTS THAT TOOK PLACE RELATED TO INJURY OR DEMISE (a week before death or longer if necessary);
 - 10.2.11.10.4 ANALYSIS & RECOMMENDATIONS: Identify any concerns or lapses identified surrounding the medical care of the resident
- 11.0 The Quality Assurance Manager will forward the resident's central case record to the DDD Chief Medical Officer and notify Records Management of the transfer date.
- 12.0 The Quality Assurance Manager will forward the all of the resident's records to Records Management.

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