

6002-M MORTALITY REVIEW PROCESS

REVISION DATE: 6/14/23, 11/10/21, 11/29/17, 3/02/15

EFFECTIVE DATE: July 31, 1993

PURPOSE

To set forth the mortality review process and requirements used by the Division of Developmental Disabilities (Division) upon notification of deaths of Members served by the Division. The mortality review process is designed to identify issues and concerns that may have compromised the medical, behavioral, or overall care provided to a Member and trigger corrective action and strategies to mitigate future risk.

DEFINITIONS

1. "Fatal Five" means a group of preventable conditions that are often fatal for people with intellectual and developmental disabilities. They include aspiration, bowel obstruction, dehydration, gastroesophageal reflux, seizures.
2. "Member" means, for purposes of this policy, an individual enrolled with the Division of Developmental Disabilities at the time of death.
3. "Quality of Care Concern" means, for purposes of this policy, an allegation that any aspect of care or treatment, utilization of behavioral health services or utilization of physical health care

services, which caused or could have caused an acute medical or psychiatric condition or an exacerbation of a chronic medical or psychiatric condition, and ultimately caused or contributed to the death of a Member.

4. "Support Coordinator" means an individual assigned as responsible for locating, accessing, and monitoring the provision of services to individuals in conjunction with a clinical team.

POLICY

A. NOTIFICATION

1. The Division may receive notification of a Member's death from various sources including:
 - a. Vendors,
 - b. Family members,
 - c. Support coordinators,
 - d. Health Care Services,
 - e. Subcontracted health plans, and
 - f. Claims data or eligibility files.
2. Upon notification of the death of a Member Division staff shall ensure that an incident report is completed and entered in the

Incident Management System.

3. A triage nurse shall send the incident reports involving a death of a Member to the Chief Medical Officer (CMO) or designee for review.
4. The CMO or designee shall notify the Quality Management Unit (QMU) for investigation if the CMO or designee determine a death should be reviewed as a Quality of Care (QOC) Concern.
5. A QMU investigative nurse shall prepare a monthly mortality tracker spreadsheet that contains information from all deaths in the Incident Management System database since the last reporting period, and includes information collected from other sources relevant to the death such as:
 - a. The deceased Member's service plan,
 - b. Information about the qualifying diagnosis(es) of the deceased Member,
 - c. Identity of the provider of services at the time of death,
 - d. Location of death,
 - e. Any other recent incident reports involving the deceased Member, and

- f. Support Coordinator progress notes.

B. MORTALITY REVIEW COMMITTEE

1. The Division's Mortality Review Committee shall meet monthly to review and discuss deaths of Members served by the Division, and includes:
 - a. Reviewing the monthly mortality tracker spreadsheet;
 - b. Determining unanimously that a death is explained, involved no QOC Concerns, and needs no further investigation;
 - c. Referring cases to the QMU for further investigation if at least one committee member believes it should be a QOC Concern;
 - d. Identifying process or systemic issues surrounding a death;
 - e. Identifying and maintaining aggregate data on cases involving deaths from one of the Fatal Five and deaths related to Covid-19; and
 - f. Making recommendations to develop or revise policies, procedures, and standard work.

2. The MRC shall not review any cases with an incomplete QOC investigation.
3. The QM Nurse Administrator shall forward the MRC meeting minutes to the Quality Management Subcommittee and the Quality Management/Performance Improvement Committee for reporting to Division Executive Leadership, including aggregate data on deaths from one of the Fatal Five and deaths related to COVID-19.
4. The Mortality Review Committee may directly refer cases to the Division's Peer Review Committee, if appropriate.
5. The QM Medical Director shall forward cases identified as peer review to the Nursing Program Administrator for tracking and presentation at the Peer Review Committee.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jun 8, 2023 15:16 PDT\)](#)
Anthony Dekker, D.O.