

HIAWATHA BEHAVIORAL HEALTH

Administrative Policy

Chapter: Recipient Rights
Section: Review and Reporting of Death (6.26)

Approved: 5/24/10
Rescinds: 6.26 dated 8/20/07

Review Committee: Recipient Rights Advisory Committee
Review Date: 10/25/11

I. Purpose:

To establish a procedure regarding the reporting and quality improvement review of all deaths of recipients of Hiawatha Behavioral Health Authority services.

II. Policy:

It is the policy of the Hiawatha Behavioral Health Authority to record and monitor, through its Recipient Rights and Quality Improvement systems, deaths of recipients. Recipient deaths that are covered under the Sentinel Event policy are reviewed by the HBH Quality Improvement process. The Sentinel Event Quality Improvement reviews are non-disclosable. Recipient deaths will be reported to the Department of Community Health as stipulated in the DCH/CMHSP contract.

III. Definitions:

- A. Sentinel Event: An unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Serious injury specifically includes loss of limb or function.
- B. Deaths Reportable to the Department of Community Health: All deaths of consumers receiving HBH services at the time of their death who (a) reside in specialized residential settings (per Administrative rule R330.1801-09) or in a child-caring institution; or (b) live in their own homes and receiving Community Living Supports ongoing (one or more times a week) and continuous (for 6 months or longer) assistance with ADL's; or (c) receiving Targeted Case Management, ACT, Home Based, Wraparound or Habilitation Supports Waiver Services; and (d) all suicides of consumers who were active cases known to the CMHSP.

IV. Procedures for Reporting and Reviewing of all Deaths:

- A. All deaths of known recipients (applicants or open cases) will be reported by the primary clinician and/or physician and/or contractor using the Incident Report and HBH Report/Review of Death Form. The report/review of death will be reviewed by the CEO/designee.

- B. The CEO or designee shall ensure that the Recipient's Clinical Case Record held by HBH is secured until any investigation is completed.
- C. Deaths of recipients of services will be reported to the Department of Community Health as stipulated in the DCH/CMHSP contract.
- D. Deaths of recipients residing in residential or inpatient settings shall be reported to the Hiawatha Behavioral Health after hours crisis line as defined in the Board Contract with each contract service provider.
- E. The Primary Clinician and /or Physician and/or Contractor shall provide or ensure:
 - 1. The completion of the Report / Review of Death report form.
 - 2. The provision of an Incident Report to the Hiawatha Behavioral Health Office of Recipient Rights immediately.
 - 3. That a copy of the Certificate of Death is obtained, when possible. It shall be maintained in the closed Clinical Case Record.
 - 4. That a copy of any Police Report is obtained and maintained in the closed Clinical Case Record.
 - 5. That a copy of the autopsy report is requested and placed in the record if obtained.
 - 6. The discharge summary and transition plan is completed and placed in the record.

V. Application:

All programs directly operated and under contract with Hiawatha Behavioral Health

VI. Cross Reference and Legal Authority:

- A. DCH Managed Care Master Contract as amended.
- B. Joint Commission On Accreditation Of Healthcare Organizations – Preventing Adverse Events in Behavioral Health Care
- C. Act 258 of the Public Acts of 1974, as amended, Mental Health Code Section(s) 330.1720, 330.1143a, 330.1748