

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

**POLICY & PROCEDURE MANUAL**

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**PERSONNEL**  
(Manual Section)

**RECIPIENT RIGHTS:  
DEATH REPORTING**  
(Subject)

Approval of Policy

Dated:

Policy Inception Date:  
Last Revision of Policy Approved:

March 8, 2001

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:**

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**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.

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- 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

**Northeast Michigan Community Mental Health Authority**

**REPORT OF DEATH**

Deceased's Name \_\_\_\_\_ Case No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date and Time of Death: \_\_\_\_\_

Autopsy Requested:  Yes  No

Autopsy Performed:  Yes  No

Reason autopsy not performed: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Expected Death:

Unexpected Death:

Relevant past medical history supporting medical diagnoses:

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Previous medical and surgical treatment:

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Recent changes in medical status:

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Any unusual circumstances surrounding death: Was the resident in restraint or seclusion? \_\_\_\_\_ If accidental death include type of accident and how it occurred. If suicide, include indication of need for precautions, precautionary measures taken, and method used by the resident.

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Summary of medical condition and treatment immediately preceding death (including any life support measures taken). If transferred to a general hospital include date and time:

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Laboratory tests, EKGS, and X-rays supporting medical diagnoses:

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Diagnoses:

- A. Psychiatric \_\_\_\_\_
  - B. Developmental \_\_\_\_\_
  - C. Medical \_\_\_\_\_
- \_\_\_\_\_

Type of diet prescribed \_\_\_\_\_ Justification \_\_\_\_\_

Medications: (Dose, route, and time administered)

- A. Last 30 days \_\_\_\_\_
- \_\_\_\_\_
- B. Last 24 hours \_\_\_\_\_
- \_\_\_\_\_
- C. Last Blood levels of psychotropic drugs, if applicable \_\_\_\_\_
- \_\_\_\_\_

Tentative cause of death: \_\_\_\_\_

\_\_\_\_\_

Preliminary autopsy report: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_

Supports Coord/Primary Clinician

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature

## Definitions of Causes of Death

**Heart disease** means any acute, chronic, or congenital condition of the muscle, valves, or covering of the heart unless such condition is directly related to another disease or condition listed below. Examples are myocardial infarction, pericarditis, myocarditis, valvular disease, congenital heart disease, congestive failure, and cardiac arrest not otherwise explained.

Note: Cardiac arrest is the mechanism of death for all causes; therefore, this category should not be used whenever an underlying condition has been identified.

**Pneumonia/influenza** means any inflammatory process of the lungs not due to aspiration.

**Aspiration** means either asphyxia or pneumonia resulting from the inhalation of foreign material into the respiratory tract. This can be food, stomach contents, or a foreign body.

**Lung disease** means any acute or chronic, non-infectious process of the lung or respiratory tract. Examples are COPD, pulmonary fibrosis, asthma, obstructive airway disease, and spontaneous pneumothorax.

**Vascular disease** means any obstruction of or bleeding from a major blood vessel into a vital organ unless related to Diabetes mellitus or cirrhosis. Examples are stroke, aneurism, CVA, pulmonary embolus, hypertension, atherosclerotic heart disease (ASHD).

**Cancer** means either primary or metastatic carcinoma, sarcoma, lymphoma, or leukemia.

**Diabetes mellitus** includes any complication or condition due to hyperglycemia. This diagnosis, if present, takes preeminence over any other natural cause of death.

**Endocrine disorders** includes inborn errors of metabolism and glycogen storage diseases, as well as diseases of the hypothalamus, pituitary, or other endocrine gland. Examples are Diabetes insipidus, Grave's Disease, Cushing's Disease, Addison's Disease, or San Fillipo's Disease.

**Neurological disorders** means any disease or condition of the brain or spinal cord such as complications of seizures, Huntington's Disease, metachromatic leukodystrophy, neurofibromatosis, amyotrophic lateral sclerosis. In the case of a dementia such as Alzheimer's Disease, cite the actual cause of death, e.g., pneumonia.

**Acute bowel disease** means any inflammatory or mechanical condition of the gastrointestinal tract or peritoneal cavity. Examples are bowel obstruction, perforation, strangulation, volvulus, ruptured appendix, peritonitis, and pancreatitis, GI bleeding. Do not use this category if related to cirrhosis.

**Liver disease / cirrhosis** means hepatic failure associated with either an infectious, toxic, or degenerative process of the liver and includes acute esophageal bleeding associated with cirrhosis.

**Kidney disease** means renal failure of all causes except that due to diabetes, hypertension, or trauma.

**Infection** means an overwhelming systemic infectious process such as meningitis, AIDS, sepsis, or septic shock; but does not include pneumonia, influenza, or hepatitis.

**Inanition** means the chronic debilitation and general systems failure associated with complex multiple disabilities, especially cerebral palsy and profound mental retardation.

\***Complication of treatment** means an unexpected, untoward reaction to medication or anesthesia, complication of a surgical procedure, or failure of technological support equipment. Examples are neuroleptic malignant syndrome, cardiac arrest during surgery, misplaced feeding tubes, plugged tracheotomy tubes.