

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued: **07/21**

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I. **APPLICATION:**

- SCCCMA Board
- SCCCMA Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. **POLICY STATEMENT:**

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board that all deaths of recipients will be reported and reviewed by the Office of Recipient Rights and/or the Behavior Treatment Plan Review Committee according to established standards and procedures. Death reporting is not required for recipients open to OBRA PASARR services, unless a death was unexpected, meaning by suicide, homicide, or involved an apparent or suspected violation of the recipient's rights.

III. **DEFINITIONS:**

- A. **Chronically Ill:** Means a recipient who, because of long-term serious illness or illnesses, is likely to pass away as a result of their long-term serious illness/illnesses.
- B. **Critically Ill:** Means a recipient whose death is imminent.
- C. **Expected Death:** Means a death due to a recognizable disease, with the illness previously classified as chronic, serious, or critical.
- D. **Facility:** Means a residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability that is either a state facility or a licensed facility.
- E. **Natural Causes:** Refers to deaths occurring as a result of a disease process in which death is one anticipated outcome.
- F. **Recipient:** Means an individual who receives mental health services, either in person or through telemedicine, from the Department of Health and Human Services, a community mental health services program, or a facility or from a provider that is under contract with the Department or a community mental health services program.

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- G. Resident: Means an individual who receives services in a facility.
- H. Seriously Ill: Means the condition of a recipient, who because of illness or injury is rendered more susceptible to death.
- I. Unexpected Death: Means any accidental or violent death; any death that occurs under suspicious circumstances; any death of a recipient whose condition was not classified chronically ill, critically ill, or seriously ill, or whose condition was so classified but their death was due to some other condition; any death of a recipient when medical attention was not received during the 48-hours prior to their death, unless the attending physician is able to determine accurately the cause of death; and any death of a recipient that meets additional criteria established by the county medical examiner.

IV. STANDARDS:

A. Reporting requirements:

1. All deaths of recipients classified as a suicide by the Behavior Treatment Plan Review Committee or an official Certificate of Death/Autopsy must be reported.
 2. All deaths of recipients classified as non-suicide deaths (natural causes) by the Behavior Treatment Plan Review Committee or an official Certificate of Death /Autopsy must be reported.
 3. All non-suicide deaths of recipients who were living in a 24-hour Specialized Residential setting or in a Child-Caring Institution, or were receiving Community Living Supports, Supports Coordination, Targeted Case Management, ACT services, Home-Based services, Wraparound services, Habilitation Supports Waiver Services, Serious Emotional Disturbance (SED) Waiver Services, or Children's Waiver services must be reported as a Critical Incident in OASIS (SCCCMHA electronic health record system).
- B. A Lethal Case Review will be conducted by the Behavior Treatment Plan Review Committee for all reported deaths of recipients, except those determined to be expected deaths (See Definitions). Lethal Case Reviews will also be conducted for recipients discharged from a state operated service within one year of the date of their death.
- C. The Behavior Treatment Plan Review Committee will utilize the results of each Lethal Case Review to examine the quality of care provided throughout the community mental health system, and will make recommendations to the SCCCMHA Leadership Team for systems improvement, as appropriate.

V. PROCEDURES:

A. Direct-Operated/Provider Organizations

Staff Member

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1. Provides immediate notification of a recipient's death to their supervisor/designee and the recipient's case holder.
2. Completes an Incident Report in accordance with SCCCMHA administrative procedure #05-001-0040.

Supervisor/Designee

3. Provides immediate notification of a recipient's death to the recipient's parent, guardian, and/or next of kin.
4. Provides immediate notification of a recipient's death to the SCCCMHA Medical Director/designee.
5. Provides notification of a recipient's death to the SCCCMHA Program Director, SCCCMHA Recipient Rights Director, and the Contract Agency Director as soon as possible, but no later than the next business day.
6. Reviews Incident Reports in accordance with SCCCMHA policy #05-001-0040.

Group Home Corporation Director/Adult Foster Care Home Operator

7. Submits a written report to the Department of Licensing and Regulatory Affairs (LARA) within 48-hours of the death of a resident.

Case Holder

8. Completes a Death Report electronically in OASIS within 24-hours of the notification of a recipient's death.
9. Completes form #313, Behavior Treatment Plan Review Committee (BTPRC) Referral Form, within 48-hours of the notification of a recipient's death, and forwards the completed form to their supervisor.

Supervisor

10. Reviews and electronically signs Death Report in OASIS within 48-hours of notification of a recipient's death.
11. Reviews form #313 for completeness and accuracy, signs form, and forwards the signed form to the SCCCMHA Program Director.

SCCCMHA Program Director

12. Reviews and electronically signs Death Report in OASIS within 48-hours of notification of a recipient's death.

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13. Reviews form #313 for completeness and accuracy, signs form, and forwards the signed form to the BTPRC Chairperson.

Medical Director

14. Reviews and electronically signs Death Report in OASIS within 72-hours of notification of a recipient's death.

Recipient Rights Director

15. Reviews and electronically signs Death Report in OASIS within 72-hours of notification of a recipient's death.
16. Reviews and electronically signs Incident Report in OASIS in accordance with SCCCMHA administrative procedure #05-001-0040.
17. Determines if the death of a recipient involved apparent or suspected abuse and/or neglect, and if other parties (law enforcement, Licensing and Regulatory Affairs (LARA), and/or the Department of Health and Human Services) should be contacted.
18. Submits all reportable deaths to the Michigan Department of Health and Human Services in accordance with their Event Reporting system.
19. Notifies Region 10 PIHP and MDHHS via electronic communication within 40-hours of the following events:
- a. Any death that occurs as a result of suspected staff member action or inaction.
 - (1) The notice to Region 10 PIHP and MDHHS shall take place within 40-hours of the death of a recipient or SCCCMHA's receipt of/notification of the death of a recipient.
 - b. Any death that is the subject of a recipient rights, LARA, and/or law enforcement investigation.
 - (1) The notice to Region 10 PIHP and MDHHS shall take place within 40-hours of SCCCMHA's receipt of/notification that a recipient rights, LARA, and/or law enforcement investigation has commenced.

Executive Director/Recipient Rights Director

20. Reviews unexpected deaths of recipients to determine if a Recipient Rights investigation is warranted.

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Executive Director/Medical Director/Designee

21. Determines if an autopsy should be requested when an unexpected death of a recipient occurs.

Medical Director/Designee

22. Notifies the County Medical Examiner of lethal cases, autopsy requests, and requests for Blood Alcohol Level analysis and/or urine drug screens, as applicable.

Medical Director's Office/Behavior Treatment Plan Review Committee

23. Conducts Lethal Case Reviews. Reports summary findings to the Region 10 PIHP Utilization Management Committee in accordance with SCCCMHA administrative procedure #02-003-0025.

VI. REFERENCES:

- A. MDHHS/PIHP Master Contracts, Attachment P7.7.1.1
- B. Licensing and Regulatory Affairs Administrative Rules for Adult Foster Care, R 400.14311
- C. Licensing and Regulatory Affairs Administrative Rules for Child Caring Institutions, R 400.4167
- D. Michigan Mental Health Code, MCL 330.1100b-c

VII. EXHIBITS:

- A. Michigan Mission Based Performance Indicators System Data Report - Definitions of Causes of Death

VIII. REVISION HISTORY:

Dates issued: 11/04; 09/07; 11/09; 08/11; 01/14; 01/15; 1/16; 01/17; 01/18; 01/19; 05/19; 7/20; 05/21.

MICHIGAN MISSION BASED PERFORMANCE INDICATOR SYSTEM, 2.0
DATA REPORT

Attachment A: 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, 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, 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, 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.