## SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

### CLINICAL POLICY

**NUMBER: RR047** 

NAME: DEATH REPORTS FOR ACTIVE CASES

INITIAL APPROVAL DATE: 07/26/1994 BY: Sanilac CMH Board

(LAST) REVISION DATE: 06/16/2020 BY: Recipient Rights Officer

(LAST) REVIEW DATE: 06/20/2023 BY: Recipient Rights Advisory Committee

DISCONTINUED DATE: NA REPLACED BY: NA

## I. PURPOSE

To assure that Sanilac CMH is reviewing all information related to the death of an individual who is receiving services that had an open, active case at the time of their death and who met the criteria as outlined in the "Application" section of this policy.

# II. APPLICATION

Populations: All Programs:

- Persons served by CMH living in 24 hour specialized residential settings or Child Caring Institutions;
- Those served living in their own homes receiving ongoing (one or more times per week) and continuous (6 months or longer) in-home assistance with activities of daily living; and
- Persons receiving Targeted Case Management; Habilitation Supports Waiver;
  Supports Coordination (this would include programs such as Home Based services;
  ACT; Wraparound; SED Waiver, or Child Waiver Services.)

### III. POLICY

It is the policy of Sanilac County Community Mental Health Authority that a Report of Death be completed according to the following procedures for individuals receiving services who, at the time of their death:

- A. Was receiving Mental Health services, or
- Who received an emergent service within the last 30 calendar days and committed suicide.

# IV. DEFINITIONS

# V. STANDARDS

**A.** Any staff receiving information regarding the death of an individual meeting the above criteria will advise Administration within 24 hours during regularly scheduled working hours, unless the death occurs on a site for which Sanilac County Community Mental Health Authority has supervisory or clinical responsibility. In this latter case, Administration should be informed immediately by phone and the Incident Report form must be completed before the end of the workday.

In cases where a Recipient Rights violation is apparent or suspected, the Recipient Rights Officer is to be notified immediately by the primary staff responsible for the individual receiving services.

- B. The Chief Executive Officer, the Executive Administrative Assistant and the Recipient Rights Officer of Sanilac County Community Mental Health Authority shall be notified immediately of an individual's death. The Executive Administrative Assistant will immediately make notation of the death in the individual's electronic (OASIS) record.
- C. The primary staff (therapist, case manager, support coordinator, etc.) responsible for the individual receiving services is to complete the Report of Death form as soon as pertinent information (i.e. Manner of Death; Cause of Death; Date of Death) on the Death Certificate is available, but no later than 60 days from the date of death. The primary staff will contact the County Clerk, and/or physician performing the autopsy, and/or other individuals as needed, to complete the report. A copy of the death certificate is not required but may be requested by Administration for clarification.
- **D.** The Death Report form shall be completed in the individual's electronic record (OASIS). When all the necessary information is completed on the report, the primary staff will sign the form. The primary staff will need to specify the Recipient Rights Officer, the appropriate Supervisor, the Medical Director, the Chief Clinical Officer and the Chief Executive Officer before signing the document. When staff specify the need for these signatures, each Chief and Supervisor will receive notification that the Death Report has been completed and will need their signature.
- **E.** The Recipient Rights Officer will review all Reports of Death to monitor any corrective action that may be required and shall record these events in the MDCH/PIHP Event Reporting System according to guidelines. (See RR012 Event Reporting System)
- **F.** Whenever necessary, appropriate action will be taken by the Chief Executive Officer to correct any problems or deficiencies discovered through the review process.

## VI. ATTACHMENTS

**OASIS Death Report Procedure** 

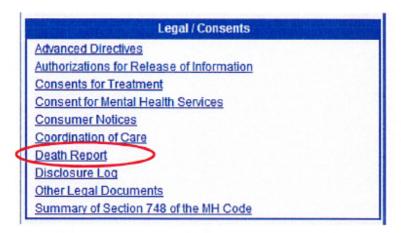
### VII. REFERENCES

Event Reporting System - Policy RR012

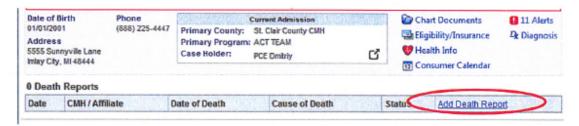
# Death Report

The new Death Report replaces the paper version (Death Report Regional from 1033).

To access the Death Report - select the correct individual as the form is located under the Consumer Chart under Legal/Consents:

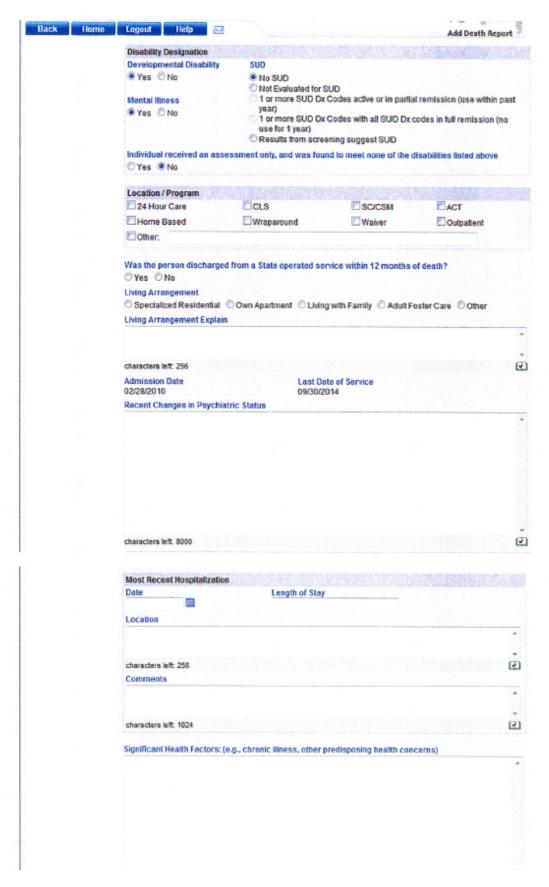


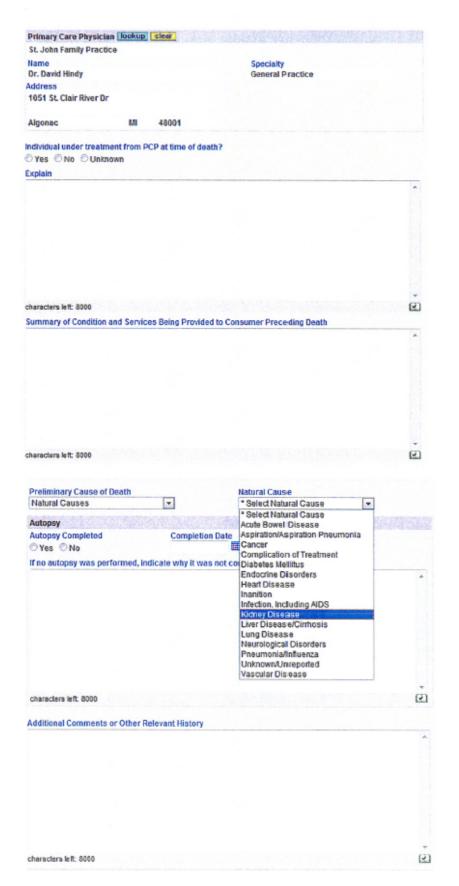
Select "Add Death Report"

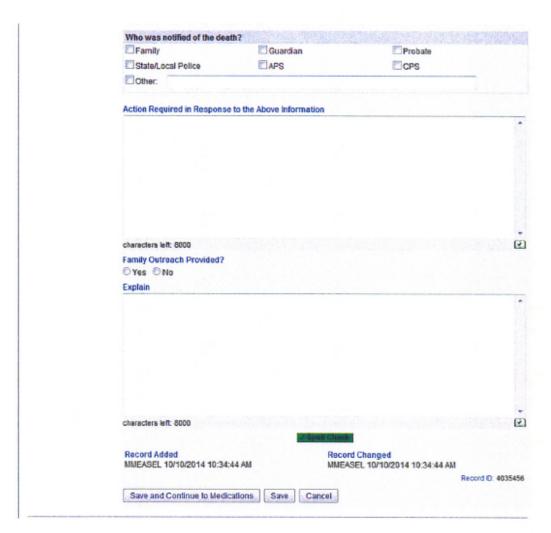


Index #1 - Death Report has many narrative sections, plus pre-fills information from demographics.







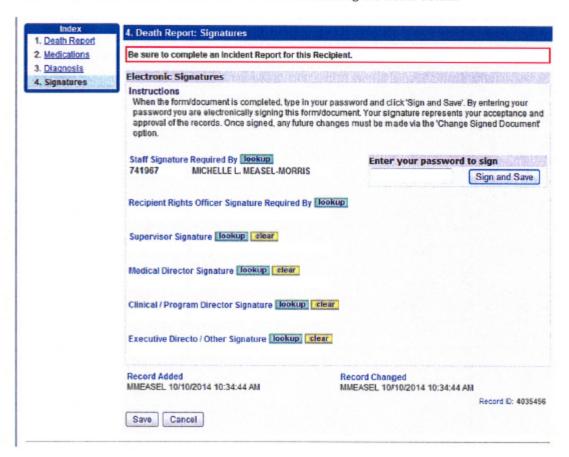


Many fields are pre-filled to save time writing everything out. Medications and Diagnosis are separate screens with no need to add additional information. The Diagnosis page will pull the more recent diagnosis, so if this is not correct, use the Diagnosis Update Form to change the diagnosis before filling out the Death Report.



The last page is the signature page.

A reminder to "complete an Incident Report" is shown at the top. Incident Reports are kept separate from the Consumer Chart but also must be filled out detailing the death details.



Staff will need to specify Recipient Rights Officer, the appropriate Supervisor, Medical Director, Chief Clinical Officer and Chief Executive Officer before signing the document. When staff specifies the signatures of directors, each director will receive a notification that the death report was completed.

<sup>\*\*</sup>The Executive Administrative Assistant must be notified of any deaths.