

HCP/CDDO Policy

Regarding: Death Reports

Final Revisions and Approval Date: May 17, 2001

Implementation Date: July 1, 2001

Policy Language:

The CDDO must promptly report to the Quality Enhancement Coordinator assigned to the catchment area, any death of a person described below in the CDDO Death Report Protocol. In a timely manner, the CDDO must provide information related to the death to HCP/CSS using the CDDO Death Report Protocol. On a case-by-case basis, some information required by the protocol may be withheld on advice of counsel.

Protocol

The purpose of this process is only to gather objective and consistent data regarding the death of people with developmental disabilities to:

1. Compare mortality rates with the population of those without developmental disabilities; and
2. Analyze any trends that appear from the data.

The purpose of this process is not to investigate or determine the manner of death or any responsibility for the death. Only a coroner or attending physician's determination as to the manner of death should be reported. This process is not a substitute for any internal quality assurance or risk management activity. Quality assurance or risk management activities conducted by the Community Developmental Disability Organization (CDDO) may:

1. Recognize instances of good care giver performance related to the death event or circumstances surrounding the death;
2. Make suggestions which may be suitable for additional care giver training, planning or consideration of additional options; or
3. Address any issue, concern or suggestion raised by the person's family or guardian.

The CDDO has an obligation, separate from this process, to identify such issues and work with the involved community services provider(s) to improve services or modify current service delivery systems, or both, when necessary.

The death report protocol is a locally-driven process, managed by the CDDO in the manner it deems most appropriate and applicable to the circumstances regarding the death to be reviewed. The CDDO has discretion to complete the death report in accordance with the circumstances involved. The CDDO should ensure that all community services providers, or others involved in providing services to persons defined in paragraph 1 below, are aware of the expectation that the CDDO be immediately informed of any applicable death. The CDDO should provide the name and phone number of their representative(s) to be contacted, and a description of the information that will be requested. The CDDO is expected to diligently and timely pursue the information or documentation necessary and relevant to conduct this review, but if something is not reasonably accessible the CDDO should so indicate on a written attachment to the “CDDO’s Death Report” form.

The CDDO should develop a procedure which results in the following expectations being addressed:

1. ***Deaths to be reviewed:*** The deaths that must be reviewed by the CDDO include the following:

Any person who receives any community-based service.

Any person who receives HCBS/MR or MH&DD funding for services, including people who receive services in an ICF/MR, are self directing their care, are participating in the self determination project, or are receiving supportive home care or supported family living services or funding.

Other deaths, including those which occur in state hospitals, are not required to be reviewed.

2. ***Confidentiality:*** Persons involved in the review process should honor the privacy and confidentiality of those who are impacted by the death event, including the person’s family, guardian, supporters, service providers and anyone else involved, to the extent reasonable and appropriate to the circumstances and consistent with carrying out the review.

3. ***Notification:*** The CDDO should ensure, in cooperation with community service providers, that appropriate notification of the death is (or has been) promptly made to at least the following: The person’s family or guardian; a designee of the CDDO; any community service provider involved in serving the person; the Mental Health and Developmental Disabilities Quality Enhancement Coordinator responsible for monitoring the services in the CDDO’s area; Adult Protective Services, Child Protective Services, or the Kansas Department of Health and Environment when there is any reasonable suspicion that abuse, neglect or exploitation may be involved in the death event or circumstances surrounding the death; and law enforcement authorities and/or the coroner when the death is unexplained or there is any reasonable suspicion that criminal activity may be involved in the death event or circumstances surrounding the death.

4. ***Review agent:*** An agent of the CDDO should be prepared to collect and report information in accordance with this protocol involving any applicable death. This agent must not

include the following: Any representative of MH&DD Services, Adult Protective Services, Child Protective Services, or the Kansas Department of Health and Environment; and, any family member/guardian or service provider immediately involved in the life of the deceased person.

5. **Timeliness of review:** The CDDO's Death Report should be completed within the following time frames: If no autopsy is being conducted, a *final* report should be completed within 20 working days from the date of death; if an autopsy is being conducted, an *initial* report should also be completed within 20 working days from the date of death. A *final* report must be submitted within 10 working days from the receipt of the autopsy report.

6. **Documentation:** Upon completion of the "CDDO's Death Report," a copy of either the initial or final summary report alone, with no other material or attachments (unless a written explanation of missing data or DNR presence/usage is necessarily attached), should be sent to the Quality Enhancement Administrator at MH&DD Services. The original of the report, together with any related documentation, should be maintained by the CDDO.

Report Instructions

1. Print the name of the CDDO responsible for preparing the report.
2. Indicate, with an "X" whether this is an "initial" report (waiting on an autopsy report) or a "final" report (an autopsy report has been received or no autopsy is expected to be performed).
3. Print the deceased person's Social Security number (9 digits) in the boxes provided. Please ensure that it is the correct number and that no digits are transposed.
- 4.-6. Print the full last name, first name, and middle initial of the deceased person. Please do not use nicknames.
7. Place an "X" to the left of the **one** place which best describes where the person died. If you mark "Other" please indicate where the death occurred. (Refer to the definitions on page 5.)
8. If the person died in a hospital, skilled nursing facility, or hospice facility, please place an "X" to the left of the period of time the person was in such a facility. If the person did not die in a medical facility, skip Question 8.
9. Enter the three digit code from page 6 for the county in which the person died.
10. Enter the date the person was last seen by a physician: two digits for the month, two digits for the day, and four digits for the year (e.g., 07181998). If the person was seen by more than one physician, please indicate the date he or she was seen by the physician most closely related to the cause of death. For example, if the person died because of a heart attack and he or she was seen by a cardiologist and a neurologist, enter the date he or she was last seen by the cardiologist. If the manner of death was not determined,

record the date the person was last seen by his or her primary physician.

11. Place an "X" to the left of the **one** category which best describes the manner of the person's death as determined by the coroner or attending physician.
12. Indicate whether an autopsy took place. If it did not, mark "N" and skip Question 13.
13. If an autopsy occurred, please enter the date: two digits for the month, two digits for the day, and four digits for the year (e.g., 09181998).
14. Enter the date of death: two digits for the month, two digits for the day, and four digits for the year (e.g., 09151998).
15. Indicate, with an "X", the day of the week on which the person died.
16. Indicate, with an "X", the period of time during which the person died.
17. Indicate whether the person had a "Do Not Resuscitate" order in existence at the time of his or her death. If the answer is "yes", include as an attachment to the report a description as to when the DNR was signed and by whom, if other than the person. Also indicate whether the DNR was utilized at the time of the person's death.
18. If the person was provided services by any of the four kind of agencies listed, place an "X" to the left of each kind of agency applicable.
19. Indicate, with an "X", whether any of the entities listed conducted an investigation of the death. If none, leave blank.
20. List up to three ICD-10 codes for any **acute** (lasting a short time) medical diagnoses indicated in the person's medical record immediately prior to his or her death.
21. List up to three ICD-10 codes for any **chronic** (marked by long duration or frequent recurrence over a long time) medical diagnoses indicated in the person's medical record.

The person completing this form should sign his or her name, list his or her title, and provide the date the form was completed.

Definitions

<u>Own home:</u>	the personal residence of the person who died or his or her family with whom he or she was residing (not a provider controlled home)
<u>Provider controlled home:</u>	any residence that is to any extent owned, leased, or made available by contract to be operated by a provider, any individual who is employed by a provider, or any individual who serves as a board member for a provider; any residence that is to any extent owned, leased, or made available by contract to be operated by a corporation which is in any way owned or controlled by an individual who is employed by a provider or any individual who serves as a board member for a provider
<u>Community work:</u>	any activities involving work or leading to work which take place in the community and not in a provider controlled site
<u>Provider controlled work:</u>	any activities involving work or leading to work which take place in any building or structure or any portion of building or structure that is to any extent owned, leased, or made available by contract to be operated by a provider, any individual who is employed by a provider, or any individual who serves as a board member for a provider; or that is to any extent owned, leased, or made available by contract to be operated by a corporation which is in any way owned or controlled by an individual who is employed by a provider or any individual who serves as a board member for a provider
<u>Hospital:</u>	a facility licensed to provide medical and surgical care and treatment for the sick and injured
<u>Skilled nursing facility:</u>	a licensed nursing facility in which 24 hour a day skilled nursing care services are performed by or under the immediate supervision of a registered professional nurse and additional licensed nursing personnel
<u>Hospice:</u>	a licensed facility or program designed to provide services to support the physical and emotional needs of the terminally ill
<u>ICF/MR:</u>	a facility, funded by Medicaid, which provides 24-hour supervision and continuous active treatment to persons with mental retardation or related conditions

COUNTY CODES

<u>CODE</u>	<u>COUNTY</u>	<u>CODE</u>	<u>COUNTY</u>	<u>CODE</u>	<u>COUNTY</u>
001	Allen	039	Harper	077	Rawlins
002	Anderson	040	Harvey	078	Reno
003	Atchison	041	Haskell	079	Republic
004	Barber	042	Hodgeman	080	Rice
005	Barton	043	Jackson	081	Riley
006	Bourbon	044	Jefferson	082	Rooks
007	Brown	045	Jewell	083	Rush
008	Butler	046	Johnson	084	Russell
009	Chase	047	Kearney	085	Saline
010	Chautauqua	048	Kingman	086	Scott
011	Cherokee	049	Kiowa	087	Sedgwick
012	Cheyenne	050	Labette	088	Seward
013	Clark	051	Lane	089	Shawnee
014	Clay	052	Leavenworth	090	Sheridan
015	Cloud	053	Lincoln	091	Sherman
016	Coffey	054	Linn	092	Smith
017	Comanche	055	Logan	093	Stafford
018	Cowley	056	Lyon	094	Stanton
019	Crawford	057	Marion	095	Stevens
020	Decatur	058	Marshall	096	Sumner
021	Dickinson	059	McPherson	097	Thomas
022	Doniphan	060	Meade	098	Trego
023	Douglas	061	Miami	099	Wabaunsee
024	Edwards	062	Mitchell	100	Wallace
025	Elk	063	Montgomery	101	Washington
026	Ellis	064	Morris	102	Wichita
027	Ellsworth	065	Morton	103	Wilson
028	Finney	066	Nemaha	104	Woodson
029	Ford	067	Neosho	105	Wyandotte
030	Franklin	068	Ness		
031	Geary	069	Norton		
032	Gove	070	Osage		
033	Graham	071	Osborne		
034	Grant	072	Ottawa		
035	Gray	073	Pawnee		
036	Greeley	074	Phillips		
037	Greenwood	075	Pottawatomie		
038	Hamilton	076	Pratt		
