

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Dover, Delaware**

Title: Mortality Review Committee

Approved By: 
Division Director

Written/Revised By: DDDS Policy Committee

Date of Origin: May 02, 2003

Revision Date: September 2012

I. PURPOSE

To establish a review mechanism that responds to emerging health and systems issues, as identified via the death review and analysis process.

II. POLICY

Deaths of individuals receiving funded residential services via the Community Services Program or Stockley Center and deaths of individuals who were receiving Family Support services from the Division of Developmental Disabilities Services (DDDS), at the time of death, shall be reported and reviewed in accordance with this policy.

III. APPLICATION

All individuals who receive funded residential services or Family Support Services
All DDDS Employees
All DDDS Contractors

IV. DEFINITIONS

- A. Mortality Review Committee - A diverse group of individuals appointed by the Director of the DDDS for the purpose of reviewing Death Review Reports of persons as identified in Section II of this policy and completing mortality trending reports. The membership of the Mortality Review Committee (MRC) shall minimally be composed of the following persons:
1. DDDS Nursing Administrator (Chairperson)
 2. Stockley Center Director of Nursing (Alternate Chair)
 3. Community Services Nurse representative
 4. Office of Quality Management Designee
 5. Case Management/Residential Services representative from either Stockley Center (SC) or Community Services (CS)
 6. Division Director's PM #46 Designee
 7. Disabilities Law Program representative
 8. Division of Long Term Care Residents Protection representative.
- B. Quorum Membership - This shall include the MRC Chairperson at least one (1) non-DDDS member and two (2) MRC members who are employed by the DDDS.

V. STANDARDS

- A. Death Review Reports shall be prepared by a nurse with experience in the field of developmental disabilities and employed by the DDDS, for decedents who had lived in a DDDS funded residential site immediately prior to his/her death.
- B. Death Review Reports shall:
 - be completed within 30 calendar days of the death;
 - submitted to the HIM Director upon completion and disseminated to the Executive Director of Stockley Center (for SC residents) or Division Director, as applicable;
 - reviewed by the Executive Director of Stockley Center, as applicable, and submitted to the Division Director within 5 working days of receipt of the document;
 - submitted by the Division Director to the MRC Chair/Designee upon his/her review.
- C. Death Notification Reports shall:
 - be prepared by the FSS within 10 working days of learning of an individual's death and submitted to the DDDS Mortality Chair;
- D. The Health Information Management (HIM) Department shall request a copy of the decedent's death certificate upon receiving the Change of Status notification. A copy of the death certificate shall be subsequently forwarded to the MRC chair upon its receipt by HIM.
- E. The MRC Chairperson shall convene the committee at his/her discretion. MRC meetings may only be conducted if there is a quorum of membership present.
- F. The MRC shall document comments/recommendations on each reviewed Death Review Report and it shall be signed by each reviewing member. The MRC review shall include elements such as emerging issues, trends or needs and recommendations for systemic improvements/changes.
- G. The MRC Chair shall forward the original reviewed Death Review report to Health Information Management (HIM) Department.
- H. The MRC Chair shall prepare and forward a memo to the Executive Director of Stockley Center or Director of Community Services delineating recommendations, observations and other pertinent information (trends, needs) as identified at each MRC meeting.
- I. The MRC Chair shall prepare and forward a memo to the Executive Director of Stockley Center or Director of Community Services, as applicable, to report identified systemic issues. The memo shall be copied to the Division Director.
- J. The Director of the Health Information Management (HIM) Department shall maintain mortality data for all individuals who had been funded by or served by the DDDS (Stockley, CS, Family Support) and provide it to the MRC chair as requested. The data shall be used for analyzing trends or systemic issues.
- K. Mortality data maintained by HIM shall minimally include the individual deceased's name, date of birth, date of death, age at the time of death, gender, location of death, residence at the time of death,

STANDARDS (cont.)

cause of death, date of review by the MRC, whether an autopsy was completed and whether the Office of the Medical Examiner was contacted.

- L. The MRC Chair shall be responsible for coordinating the completion of an annual mortality report, on a fiscal year basis, and submit such to the Division Director and Risk Management Committee. The report shall minimally include the rate of death of waiver participants by age, gender, and cause of death; natural or medicological, compared to DDDS baseline established during 2001-2007, an analysis of trends and mortality data to previous fiscal years, comparison of data to statewide and national data, as well as description of systemic changes implemented.
- M. The annual mortality report shall be shared with the DHSS Secretary, stakeholders and other DHSS committees, as appropriate. The report shall also be posted on the DDDS website.
- N. Any MRC member who is not an employee of the Department of Health and Social Services shall sign a confidentiality agreement, on an annual basis. The chairperson of the MRC shall be responsible for ensuring that the confidentiality agreement(s) is/are completed annually and for maintaining the document.
- O. Section II of the Death Review Report is a quality performance improvement tool and is peer protected. The review section of this report shall not be disclosed.

VI. PROCEDURES

<u>Responsibility</u>	<u>Action</u>
For SC or CS Residentially Funded	
Community Services Case Manager Executive Director of Stockley Center	1. Reports death of an individual via a Change of Status (COS) (Community Services) or via e-mail (Stockley Ctr).
Nurse assigned to complete Death Review Report	2. Completes a Death Review Report within 30 calendar days of the death. An extension may be requested of the MRC Chair if an autopsy report is not available and critical to the outcome of the Death Review Report.
HIM Director	3. Submits completed Death Review Report to the HIM Director.
Executive Director of Stockley Center or Division Director	4. Submits Death Review Report to the Executive Director of Stockley Center or Division Director, as applicable.
	5. Reviews Death Review Report, enters comments, if applicable, and signs document.

- | | |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Executive Director of Stockley Center | 6. Sends reviewed Death Review Report to Division Director within 5 working of receipt. |
| Division Director | 7. Reviews Death Review Report and documents comments and recommendations, if applicable, onto the Death Review Report.
8. Forwards reviewed report to the MRC Chairperson/Designee. |

For Family Support Services Funded

- | | |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Family Support Specialist | 9. Completes Death Notification Report and submits to DDDS Mortality Review Committee Chairperson within 10 working days of learning of the death. |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

Mortality Review Committee

- | | |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality Review Committee Chair | 10. The MRC Chair shall document the committee's comments and/or recommendations or "no recommendations offered" on the Death Review Report.
11. Forwards the completed Death Review Report to the Health Information Management Department (original).
12. Prepares and forwards a memo to the Executive Dir. of Stockley Center or Community Services Regional Program Director, as applicable. The memo shall delineate recommendations, observations & other pertinent information (trends, needs), following the review of Death Reports.
13. Prepare and forward a memo to the Executive Director of Stockley Center or Director of Community Services, as applicable, to report identified systemic issues. The memo shall be copied to the Division Director. |
| Executive Director of Stockley Center | 14. Provides notification to MRC Chair |

Applicable Regional Program Director

relative to the outcome of the recommendations. Notifications sent by RPD shall be copied to the Director of Community Services.

15. Ensures that case specific requests for additional information are provided to the MRC Chair in a timely manner.

VII. SYNOPSIS

This policy replaces the Mortality Reporting and Review policy dated 12/14/06. As the reporting component is included in Death of an Individual (CS/ASP) or Death Policy (SC) policy, all references to reporting were excluded from this policy. This revised policy includes a more comprehensive review of deaths within the Division as a means of identifying and responding to health related trends.

VIII. REFERENCES

- A. DDDS Performance Measures

IX. EXHIBITS

- A. Death Review Report
- B. Death Notification Report



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

DEATH REVIEW REPORT

Name:

Residence:

Date of Birth:

Place of Death:

Date of Death:

Provider Agency:

Gender:

Natural or Unnatural Death:

Summary of Individual's Recent Medical History (*generally covering a one-year period of time*):

Review of Screening Procedures as Recommended by the American Medical Association:

Current Medical and Mental Health Diagnosis:

Evaluation of Compliance With Medical Treatments Prior to Death:

Review of Medical and Mental Health Treatments in the 3 months preceding his/her death:

Narrative of Events 72 hours Prior to Death (*to include a summary of the individual's life in the 72 hours prior to death and summary of the terminal event; both pre-hospital and hospital care*):

Postmortem Results:

Were law enforcement officials or the Medical Examiner's Office Notified of the Death (*if so, when and by whom*):

Summary of Medical Examiner's Involvement:

Summary of Law Enforcement's Involvement:

Summary of Family Involvement:

Signature and Title of Report Preparer

Date of Report

Section II- Death Review Report

This section is a quality performance improvement tool and is peer protected. **THIS SECTION IS NOT TO BE DISCLOSED.**

Death Review Report Reviews

*Review Comments and
Recommendations:* _____

Signature of SC Executive Director

Date of Review

*Review Comments and
Recommendations:* _____

Signature of the Director of DDDS

Date of Review

*Review Comments and
Recommendations:* _____

Signature of MRC Chairperson/ Date of Review

Signature of MRC Member/ Date of Review



**Division of Developmental Disabilities Services
Family Support Unit**

Death Notification Report

NAME: _____ MCI #: _____
DATE OF DEATH: _____ DATE OF BIRTH: _____
PLACE OF DEATH: _____ GENDER: _____
REPORTED CAUSE OF DEATH: _____

WAS AN AUTOPSY COMPLETED: YES NO

CAUSE OF DEATH CONFIRMED BY DEATH CERTIFICATE: _____

SUPPORT/SERVICES OFFERED TO INDIVIDUAL AND/OR FAMILY PRIOR TO THE DEATH:

SUPPORT/SERVICES PROVIDED TO FAMILY FOLLOWING THE DEATH: _____

Completed by: _____
Family Support Specialist

Date: _____

Reviewed by : _____
Mortality Review Committee Chairperson

Date: _____
Presented to MRC