

POLICY: MORTALITY REVIEW

POLICY STATEMENT: It is the policy of the Division of Disabilities and Rehabilitative Services (DDRS) that the death of each individual with intellectual and developmental disabilities receiving services administered by DDRS undergo review for the purpose of identifying trends, developing recommendations, and affecting improvement in both provider specific and system wide service delivery.

DETAILED POLICY STATEMENT:

Initial notification and reporting:

- A. Upon the provider's discovery of death, the provider shall immediately notify the individual's case manager, when services included a case manager.
- B. The deceased's:
 1. residential services provider; or
 2. in the absence of a residential services provider, the primary service provider, shall provide initial notification of death to the Bureau of Developmental Disabilities (BDDS) District Manager within 24 hours of first knowledge of the death, or no later than the end of the first working day of first knowledge of the death - whichever comes first, utilizing e-mail or phone contact.
- C. The provider conducting the review of the death shall:
 1. include the following information as part of the initial notification:
 - a. the name of the deceased;
 - b. the date, time and place of the individual's death;
 - c. the reporting person's name and contact information;
 - d. any preliminary summary of circumstances surrounding the death available at the time of initial notification.
 2. submit an incident report electronically using the website:
<https://ddrsprovider.fssa.in.gov/IFUR>.
 3. notify Adult Protective Services (APS) if the deceased is an adult, or Child Protective Services (CPS) if the deceased is a child, within 24 hours of first knowledge of the death.

Provider internal review of death:

- A. If an Individual dies, an internal review into the death shall be conducted by the primary services Provider as determined by DDRS.
- B. A Provider conducting a review into the death of an Individual shall:
 1. Notify adult protective services or child protection services, as applicable, upon knowledge of death, but no later than twenty-four (24) hours after the death.
 2. Notify the BDDS representative.
 3. Notify Case manager, if applicable, upon knowledge of death, but no later than twenty-four (24) hours after the death.
 4. Submit an electronic incident report regarding the death.

- C. In conjunction with all providers of services to the deceased individual, collect and review documentation of all events, incidents, and occurrences in the Individual's life for at minimum:
 - 1. the thirty (30) day period immediately before:
 - a. the death of the Individual; and
 - b. if applicable, the hospitalization or placement in a hospice setting or nursing facility in which the Individual's death occurred.
- D. The internal review into the death of an Individual shall include:
 - 1. identification of the Individual involved;
 - 2. the date and time of the death;
 - 3. a statement describing the death including in a time-line format:
 - a. what happened;
 - b. where it happened;
 - c. when it happened; and
 - d. who was involved.
 - 4. A narrative summary description of the internal review and how it was executed.
 - 5. Identification of all Provider staff assigned to work with the Individual.
 - 6. Identification of all involved provider staff present at the time of death.
 - 7. Signed and dated statements from Provider staff assigned and present at the time of death.
- E. In the case of an unexpected death or when otherwise requested, the primary services provider shall also provide a narrative review of the deceased Individual's:
 - 1. treatment records;
 - 2. medication administration records;
 - 3. physician orders;
 - 4. dietary guidelines;
 - 5. nutritional assessments;
 - 6. daily support records;
 - 7. Individualized support plan;
 - 8. risk plans;
 - 9. care plans;
 - 10. staff notes;
 - 11. nursing notes;
 - 12. consultant notes;
 - 13. progress notes;
 - 14. training and treatment flow sheets including but not limited to:
 - a. bowel tracking;
 - b. seizure log;
 - c. input and output record;
 - d. vital sign records;
 - e. risk plans;
 - 15. consumer specific training;
 - 16. assigned staff ratios;
 - 17. hospital & ER admission and discharge summaries; and
 - 18. all other documentation relevant to the services being provided to the Individual at the time of death.

19. A narrative summary of a review of relevant Provider policies and procedures.
 20. A narrative summary of the findings of all record and document review associated with the death.
 21. Copies of all documents pertinent to the review of death.
 22. A statement of specific findings from the internal review.
 23. A description of all corrective actions developed as a result of the internal review, including time frames for completion of each corrective action.
 24. Documentation of implementation of any corrective actions developed as a result of the internal review.
 25. The signature and name and title of the person completing the internal review.
 26. The date the internal review was completed.
- F. No later than thirty (30) days after the Individual's death, the Provider completing the internal review into the death of an Individual shall send to DDRS per the current DDRS directive:
1. a completed notice of an Individual's death on a form prescribed by DDRS; and
 2. an internal review into the death of the Individual as described in this section.
 3. A Provider shall respond to any additional requests for information made by BQIS within ten (10) days of the Provider's receipt of a request.

DDRS notification to provider of needed documentation:

- A. The Bureau of Quality Improvement Services (BQIS), as a representative of DDRS, shall send written notification to the provider requesting specific documentation be sent to an identified address, in an identified format, within identified submission time frames.

Provider submission of requested information:

- A. All providers shall comply with requests from DDRS' representatives for specific data and information in the format requested and within submission timeframes as indicated.

BQIS mortality Review Committee:

- A. The BQIS Director shall appoint membership to a BQIS Mortality Review Committee (MRC) that:
1. includes multiple disciplines from multiple entities, including family members of an individual who is receiving services administered by DDRS, or self advocates who are receiving services administered by DDRS;
 2. reviews information prepared by BQIS following the death of an individual; and
 3. develops recommendations following review and discussion of an individual's death.

Provider response to mortality review committee findings:

- A. Upon being notified of MRC findings and recommendations, a provider shall:
1. implement the recommendations; and
 2. submit documentation confirming implementation of the recommendations; to BQIS within the time frames provided.

DEFINITIONS:

“Adult Protective Services” or “APS” means the program established under IC 12-10-3.

“BDDS” means Bureau of Developmental Disabilities Services as created under IC 12-11-1.1-1.

“BQIS” means Bureau of Quality Improvement Services as created under IC 12-12.5.

“Child Protective Services” or “CPS” refers to child protection services established under IC 31-33.

“DDRS” means the division of disability and rehabilitative services as established by IC 12-9-1-1.

“Primary services provider” means the Residential Habilitation and Support (RHS) provider when the deceased was receiving this service, or when not receiving RHS services, the provider responsible for the most prominent services to the individual as determined by BQIS.

REFERENCES:

460 IAC 6
IC 12-12.5

Approved by: Julia Holloway, Director, DDRS -

