**INTERNAL MORTALITY REVIEW CHECKLIST**

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| --- | --- | --- | --- | --- | --- | --- |
| **Individual’s Name:** |  | | **RID #:** |  | **Waiver Type:** |  |
| **Date of Death:** |  | **Time of Death:** | |  | **Place of Death:** |  |
| **Individual’s Diagnoses** | | | | | | |
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| **INITIAL NOTIFICATION AND REPORTING** | | | | | | | | |
| **TASK** | | | **COMPLETE? (YES OR NO)** | | | **COMPLETED DATE/METHOD** | | |
| BDDS District Manager notified (Procedure Item 1) | | |  | | |  | | |
| Incident Report filed (Procedure Item 2) | | |  | | |  | | |
| APS/CPS notified (Procedure Item 3) | | |  | | |  | | |
| **INTERNAL REVIEW OF DEATH** | | | | | | | | |
| **TASK** | | | | | | | | **COMPLETED DATE** |
| Collect and review 30 days of documentation (Procedure Item 4) | | | | | | | |  |
| Collect signed/dated statements from parties present at time of death (Procedure Item 5) | | | | | | | |  |
| Document the internal review in Sections 1 – 3 below (Procedure Item 5): | | | | | | | |  |
| 1. **Name of all parties present at the time of death:** | | |  | | | | | |
| 1. **Statement describing the death in a timeline format:** | | | | | | | | |
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| 1. **Summary description of the internal review and how it was executed:** | | | | | | | | |
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| **ADDITIONAL DOCUMENTATION (UNEXPECTED DEATH OR OTHERWISE REQUESTED)** | | | | | | | | |
| The following items have been requested/reviewed (Procedure Item 6): | | | | | | | | |
| **ITEM** | | | | | | | **CHECK ITEMS REVIEWED** | |
| Treatment records | | | | | | |  | |
| Medication administration records | | | | | | |  | |
| Physician orders | | | | | | |  | |
| Dietary guidelines | | | | | | |  | |
| Nutritional assessments | | | | | | |  | |
| Daily support records | | | | | | |  | |
| PCISP | | | | | | |  | |
| Risk plans | | | | | | |  | |
| Care plans | | | | | | |  | |
| Staff notes | | | | | | |  | |
| Nursing notes | | | | | | |  | |
| Consultant notes | | | | | | |  | |
| Progress notes | | | | | | |  | |
| Training and treatment flow sheets, including but not limited to bowel tracking, seizure log, input/output records, vital signs record, risk plans | | | | | | |  | |
| Individual specific training | | | | | | |  | |
| Assigned staff ratios | | | | | | |  | |
| Hospital and ER admission and discharge summaries | | | | | | |  | |
| All other documentation relevant to the services being provided to the Individual at the time of death | | | | | | |  | |
| **ADDITIONAL DOCUMENTATION (UNEXPECTED DEATH OR OTHERWISE REQUESTED)** | | | | | | | | |
| Provide additional information in Steps 1 – 5 below (Procedure Item 7): | | | | | | | | |
| 1. **Narrative summary of a review of relevant CMCO policies and procedures:** | | | | | | | | |
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| 1. **Narrative summary of the findings of all record and document review associated with the death:** | | | | | | | | |
|  | | | | | | | | |
| 1. **A statement of specific findings from the internal review:** | | | | | | | | |
|  | | | | | | | | |
| 1. **Corrective actions developed as a result of the internal review, if any, including time frames for completion:** | | | | | | | | |
|  | | | | | | | | |
| 1. **Documentation of implementation of any corrective actions developed as a result of the internal review, if any:** | | | | | | | | |
| **Name:** |  | **Date Completed:** |  | **Signature:** |  | | | |
| **COMPLY WITH DEADLINES** | | | | | | | | |
| The following items have been provided to BDDS within 30 days after Individual’s death (Procedure Item 8): | | | | | | | | |
| **ITEM** | | | | | | | **COMPLETED DATE** | |
| Notification of Individual’s Death Form | | | | | | |  | |
| Internal Mortality Review Report | | | | | | |  | |
| Additional requests for information (within 10 days of receipt of request) | | | | | | |  | |
| **RESPOND TO MORTALITY REVIEW COMMITTEE FINDINGS** | | | | | | | | |
| **ITEM** | | | | | | | | **COMPLETED DATE** |
| Implementation of Mortality Review Committee Findings (Procedure Item 9) | | | | | | | |  |
| Submit Documentation confirming implementation within timeframe provided (Procedure Item 9) | | | | | | | |  |

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Signature Signature

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