**INTERNAL MORTALITY REVIEW PROCEDURE**

**Initial Notification and Reporting**

Initial notification should be by email or telephone to the BDDS's District Manager within twenty-four (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. Initial notification shall include:

* The name of the deceased.
* The date, time, and place of the individual’s death.
* The reporting person’s name and contact information.
* Any preliminary summary of circumstances surrounding the death available at the time of initial notification.

**1.**

**PROVIDE INITIAL NOTIFICATION OF DEATH**

**2.**

**SUBMIT AN INCIDENT REPORT**

The incident report should be submitted electronically using the IFUR website by clicking [HERE](https://ddrsprovider.fssa.in.gov/IFUR/).

**3.**

**NOTIFY APS OR CPS AS APPLICABLE**

APS or CPS should be notified within twenty-four (24) hours of first knowledge of the death.

**Internal Review of Death**

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 least the thirty (30) day period immediately before:

* the death of the individual; and
* if applicable, the hospitalization or placement in a hospice setting or nursing facility in which the individual's death occurred.

**4.**

**COLLECT AND REVIEW DOCUMENTATION**

In the case of an **unexpected death, or when otherwise requested**, the CMCO shall also provide:

* A narrative review of the deceased Individual’s:
  + 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 and output record
    - 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.

**6.**

**ADDITIONAL DOCUMENTATION REQUIREMENTS**

The internal review into the death of an Individual must include:

* Identification of the Individual involved.
* The date and time of death.
* A statement describing the death including in a timeline format:
  + What happened
  + Where it happened
  + When it happened
  + Who was involved
* A narrative summary description of the internal review and how it was executed.
* Identification of all involved CMCO staff present at the time of death, if applicable.
* Signed and dated statements from CMCO staff present at the time of death, if applicable.

**5.**

**DOCUMENT THE INTERNAL REVIEW**

Upon being notified of Mortality Review Committee findings, the CMCO shall:

* Implement the recommendations.
* Submit documentation confirming implementation of the recommendations to BQIS within the timeframes provided.
* The CMCO shall provide the following to BDDS within thirty (30) days after the Individual’s death:
  + A completed Notification of Individual’s Death form, which can be accessed [HERE](https://netorg164942-my.sharepoint.com/:b:/g/personal/anoblitt_connections-in_com/EcRYhtd6wBhHrutDTB2VFk8B_z7NRjme21OOpDJOIUzI6w?e=DIkOgd).
  + The Internal Mortality Review report for review by the BQIS Mortality Review Committee.
* The CMCO shall respond to any additional requests for information made by BQIS within ten (10) days of the CMCO’s receipt of the request.

**8.**

**COMPLY WITH DEADLINES**

In the case of an **unexpected death, or when otherwise requested**, the CMCO shall also provide:

* A narrative summary of a review of relevant CMCO policies and procedures.
* A narrative summary of the findings of all record and document review associated with the death.
* Copies of all documents pertinent to the review of death.
* A statement of specific findings from the internal review.
* A description of all corrective actions developed as a result of the internal review, if any, including time frames for completion of each corrective action.
* Documentation of implementation of any corrective actions developed as a result of the internal review, if any.
* The signature and name and title of the person completing the internal review.
* The date the internal review was completed.

**7.**

**ADDITIONAL DOCUMENTATION REQUIREMENTS**

**9.**

**RESPOND TO MORTALITY REVIEW COMMITTEE FINDINGS**