	Death Reporting			
	Chapter:	Recipient Rights	**Policy #**	5-2-9
	Section:	Recipient Rights in all CMH Settings	**Revision #**	1

I. **PURPOSE:** To establish policy and procedures for reviewing and reporting deaths of service recipients as appropriate.

II. **APPLICATION:** All CMH programs and services operated by the West Michigan Community Mental Health Governing Body.

III. **REQUIRED BY:** Michigan Department of Health & Human Services Contract, Accrediting Bodies and the LRE.

IV. **DEFINITIONS:**

1. Peer Review: A process in which mental health professionals evaluate the clinical competence, quality and appropriateness of care/services provided to the recipients served by WMCMH. The review may focus on an individual event or aggregate data and information on clinical practices. These processes are confidential in accordance with section 748(9) of the Mental Health Code Act 258 of 1974 and are based on criteria established by the facility or community mental health services program itself, the accepted standards of the mental health professions and the MDHHS.

2. Root Cause Analysis (RCA): A process for identifying the most basic or causal factor or factors that underlay the occurrence of a sentinel event.

3. Sentinel Event: A sentinel event is an unexpected occurrence involving death (not due to the natural course of a health condition) or serious physical harm or emotional harm, or the risk thereof to a customer. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

V. **POLICY:** It is the policy of West Michigan Community Mental Health to review deaths of service recipients and report them to MDHHS, accrediting bodies and/or the LRE as appropriate.

VI. **PROCEDURES:**

1. A WMCMH employee, contract employee, or volunteer shall complete a Critical Incident report (CIR) when he/she receives notice of a service recipient's death. The critical incident report shall be completed within 24 hours and submitted to the Quality Assurance Specialist.

2. The Quality Assurance Specialist will route the CIR according to the CIR routing matrix.

3. The Director of NW/QI/QA/Compliance will determine if the death meets sentinel event criteria for reporting to MDHHS, LRE and/or accrediting bodies and will be responsible for all necessary reporting. (See sentinel event policy 2-6-6)

3.1 The LRE and MDHHS will be notified immediately of any death that occurs as a result of suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing or police investigation. This report shall be submitted electronically within 48 hours of either the death of the receipt of notification of the death, or receipt of notification that a rights, licensing and/or police investigation has commenced. This report will be forwarded to QMPMeasures@michigan.gov and will include the following information:

3.1.1 Name of beneficiary
3.1.2 Beneficiary ID number (MCD, ABW or MiChild)
3.1.3 Date, time, and place of death
3.1.4 Preliminary cause of death
3.1.5 Contact person's name and email address

3.2 CARF will be notified (using the CARF Significant Event Form) of any death meeting sentinel event criteria within 30 days of the death.

4. If the death meets MDHHS, LRE and/or accrediting body criteria for a sentinel event, the Director of NW/QI/QA/Compliance will inform the Chief Clinical Officer and a root cause analysis will be initiated according to Sentinel Event policy 2-6-6.

5. In addition to completing the CIR, the Case Holder will request a Certificate of Death from the County Clerk's office and complete the WMCMH Death Report. The Death Certificate will be forwarded to Clerical Clinical Support for placement in the Electronic Health record.

6. The Chief Clinical Officer will be responsible for implementing a special case review after receiving notice of a service recipient's death. The special case review will be conducted at the next meeting of the Clinical Oversight Committee (COC). A written report of findings and recommendations will be submitted to the Recipient Rights Officer and/or risk manager, as appropriate. If results of the review identify systemic or organizational improvement areas, the recommendations from that review will be taken to the Performance Improvement Oversight Committee (PIOC) for review and ongoing monitoring.

   WMCMH declares death reviews, sentinel event reports and/or root cause analysis reports as peer review functions.

   In accordance with the Michigan Mental Health Code 330.1143a, the Administrative Rules R.330.7046, Public Health Code Act 368 of 1968, Section 333.20175 and 333.21515, all records and information obtained during Peer Review functions are confidential and shall be used only for the purposes of reviewing the quality and appropriateness of care for improved practices. All documents created during and as a result of Peer Review functions shall not be public record or available through the Freedom of Information Act (FOIA) and are not subject to Court subpoena. Reports or forms completed as part of a peer review process shall be kept as peer review documents and shall not be kept as part of the recipient's clinical record.

7. The Case Holder will complete and finalize a Discharge Summary document in the Electronic Health Record.

8. On an annual basis (through the Performance Indicator Reporting process), the Recipient Rights Officer will complete an aggregated report of death which will be forwarded to MDHHS.

VII. SUPPORTING DOCUMENTS:

Please refer to the Critical Incident Report Form (WMCMH Form #EC001)

VIII. POLICY/PROCEDURE REVIEW:

REV#	APPROVED BY	Policy/Procedure	DATE
NC	Unknown		02/2015
NC	Unknown		03/2016
NC	Unknown		04/2017
NC	Unknown		08/2017
NC	Unknown		11/2011
1	COC	Title Changes	11/2020
***Board Approval Date**: 02/20/1996*			

IX. CHIEF EXECUTIVE OFFICER ENDORSEMENT:

I have reviewed and approved of policy # _____ Revision # 1.

CEO: Lisa A. Williams Approval Signature:_____