

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES DIVISION POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
44-3		Review of Individual Served Death in Developmental Services Community Services	Upon Approval	1 of 6

## POLICY

It is the policy of Developmental Services (OS) Community Services to review, assess, and act upon deaths of individuals served by the Regional Centers in an accurate and timely manner to identify system factors associated with all deaths to prevent recurrence of unexpected or unexplained deaths and improve the service delivery system.

## PURPOSE

To establish procedures that guide the death review and plan of action process while protecting the privacy rights of individuals served and their families for eliminating or reducing risk of future unusual deaths.

## REFERENCES

**ADSD Policy 44 - 1 Prevention, Recognition and Reporting of Mistreatment of Individuals Receiving Services**

**ADSD Policy 44 - 2 Incident and Serious Occurrence Reporting**

## DEFINITIONS

**Death Review:** A review of an individual's death in which all identifying information regarding the decedent and the provider is available for consideration by the review team. The purpose of the review is to determine the designation of the death as unexpected, unexplained, or expected.

**Event:** A reportable or non-reportable incident or serious occurrence.

**Expected Death:** A death that is natural or a death that is medically determined, based on a death certificate and supporting documentation, to have resulted solely from a diagnosed degenerative condition or similar circumstance or a death that occurs as the result of an undiagnosed condition resulting from an explained condition, such as the aging process.

**Immediately:** As soon as possible during the work shift but not to exceed one (1) hour.

**Incident:** Any actual or alleged event or situation that compromises the health, safety or well-being of an individual served. Acronym for incident report= IR

**Individual Served:** A person who has met eligibility requirements for Developmental Services and has an open case with a Regional Center.

**Qualifying Event:** A death that meets the assessment criteria indicating a death review is necessary.

**Serious Occurrence:** Any actual or alleged event or situation that relates to a significant risk of substantial or serious harm to the safety or well-being of an individual served or staff or liability to the state. Acronym for serious occurrence report = SOR

**Unexpected Death:** A death of an individual served that does not result from natural causes but occurs as the result of an accident, an undiagnosed condition, an untreated condition, suicide, homicide or suspected maltreatment, abuse, or neglect.

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES DIVISION POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
44-3		Review of Individual Served Death in Developmental Services Community Services	Upon Approval	2 of 6

**Unexplained Death:** A death in which the cause of death noted on an individual served' s death certificate is not supported by documentation found in the person's medical history and other documentation on file with the provider or another source.

## PROCEDURE

The death review is a process that occurs for a death of an individual served that meets certain assessment criteria. Documentation generated during the process is confidential. It does not supplant the investigative process. Developmental Services (OS) Quality Assurance staff, Agency/Program Managers and/or the Deputy Administrator may also recommend an investigation of the death to be completed by provider or state staff per ADSD Policy 44 - 1 Prevention, Recognition and Reporting of Mistreatment of Individuals Receiving Services. Recommendations resulting from these reviews will be used to promote performance improvement and measures for OS.

### A. NOTIFICATIONS OF DEATH

1. Upon discovery of an individual's death, the Service Coordinator will immediately verbally notify their supervising Developmental Specialist IV, who will then immediately verbally notify the Agency Manager or designee. The Agency Manager or designee will immediately notify the Deputy Administrator.
  - a. The following information will be reported:
    - 1) Name of individual;
    - 2) Case number;
    - 3) Date of birth;
    - 4 ) Date and time of death;
    - 5) Date of notification of death;
    - 6) Location of individual at time of death;
    - 7) Cause of death as reported (if known);
    - 8) Service Coordinator;
    - 9) Contact name and phone number for questions;
    - 10) Name(s) of guardian(s);
    - 11) If guardian notification was completed;
    - 12) Regional Center services received and current living arrangement:
      - i. Service Coordination Only;
      - ii. Family Support Services (e.g. respite and self-directed family support services, etc.);
      - iii. Jobs and Day Training (JOT);
      - iv. Supported Living Arrangement (SLA);
      - v. Intensive SLA (ISLA);

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
44- 3		Review of Individual Served Death in Developmental Services Community Services	Upon Approval	3 of 6

- vi. Family Home;
  - vii. Intermediate Care Facility (ICF); and/or
  - viii. Skilled Nursing Facility (SNF).
2. The Service Coordinator will complete a Serious Occurrence Report (SOR) within 24 hours of discovery of death per ADSD Policy 44 - 2 Incident and Serious Occurrence Reporting.
  3. The Service Coordinator will gather all paper documents maintained for the individual's record in their office and will forward their paper record to the designated Regional Center department for safekeeping within 24 hours of the discovery of death.
  4. The Service Coordinator will inform the Regional Center Psychiatric Nurse III (PN III), or Psychiatric Nurse II (PN II) for regions without a PN II I, of the death within 48 hours of the discovery of death.

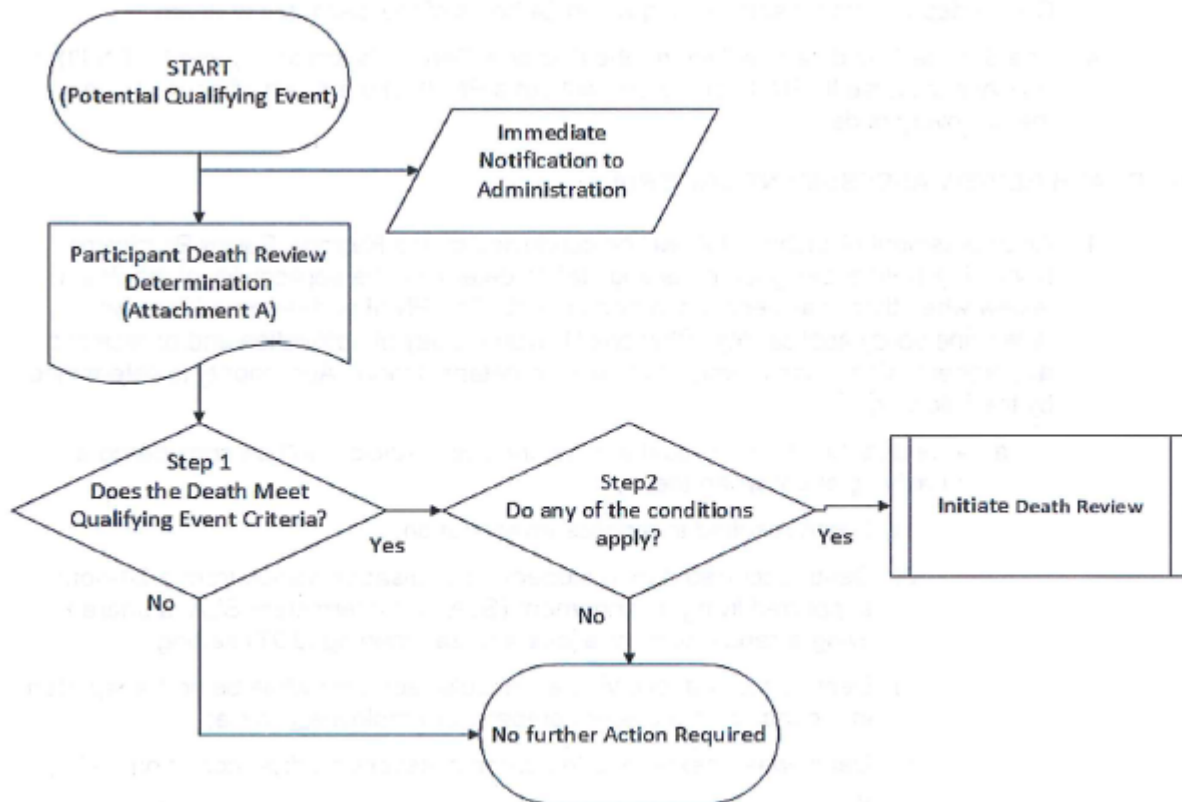
**B. DEATH REVIEW ASSESSMENT CRITERIA**

1. An assessment (Attachment A) will be conducted by the Regional Center Psychiatric Nurse III (PN III) or designated nursing staff to determine the applicability of the death review when there has been a qualifying event. The PN III or designated staff will determine policy applicability within one (1) working day of notification and/or receipt of all pertinent information in which to make the determination. Applicability is determined by the following:
  - a. The death of the individual served, including suicide, will be considered a qualifying event when the:
    - 1) Death resulted in a police investigation;
    - 2) Death occurred during elopement or disappearance from a 24-hour supported living arrangement (SLA), an intermittent SLA, a shared living arrangement, or a jobs and day training (JOT) setting;
    - 3) Death occurred following a vehicular accident while being transported in a contracted provider company or employee vehicle;
    - 4) Death was unexpected (no chronic, severe medical conditions, etc.); or
    - 5) Death was unexplained.
  - b. If there was a qualifying event and any of the following conditions apply, the criteria for a death review is met:
    - 1) The individual served was:
      - i. Living in a 24-hour SLA;
      - ii. Living in their own home receiving intermittent SLA;
      - iii. Living in a shared living arrangement; or
      - iv. Participating in JOT services at the time of death.

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES DIVISION POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
44- 3		Review of Individual Served Death in Developmental Services Community Services	Upon Approval	4 of 6

2. If the death results in an investigation by law enforcement, assessment may be postponed until the investigation is concluded so as not to interfere with the law enforcement process and to obtain documents needed upon conclusion of the investigation.

### C. ASSESSMENT CRITERIA FLOW CHART



### D. DEATH REVIEW

1. In the event of a death that meets applicability criteria (Step 2), the Regional Center Psychiatric Nurse III (PN III) or designee will assign the death review to a Regional Center Nurse.
2. In conducting the death review, the following documents will be gathered as soon as possible:
  - a. Incident Report(s) relevant to the death;
  - b. Serious Occurrence Report(s) relevant to the death;

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
<b>44-3</b>		Review of Individual Served Death in Developmental Services Community Services	Upon Approval	5 of 6

- c. Behavioral Intervention Committee or Human Rights Committee information relevant to the death, as applicable;
  - d. Individual record, including medical and psychological information;
  - e. Provider medication administration information, as applicable;
  - f. Police report related to the death, as applicable;
  - g. Medical records of treatment pertaining to the death, as available;
  - h. Death certificate; and
  - i. Autopsy report, as applicable.
3. All information and media related to a death review will be securely stored by the reviewer when not in use.
  4. If information requested from an outside source, such as the death certificate or hospital medical records, has not yet arrived prior to the completion of the report, the pending information will be noted in the findings and the report will be submitted to OS Quality Assurance. The report can be amended if the requested information is received prior to closure of the SOR.
  5. Upon completion of the death review, the report and all information will be forwarded to DSQuality Assurance.
  6. OS Quality Assurance will share the report with the Regional Center Manager and review report recommendations to promote performance improvement.
    - a. If applicable based on the report recommendations, OS Quality Assurance will develop a Plan of Improvement (POI) for needed Regional Center improvements or request a POI from the contract provider. Follow-up will be conducted as needed until POI closure.

**E. STAFF TRAINING**



1. The PN III or designee will provide ongoing training for OS staff on the death review process.

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES DIVISION POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
44- 3		Review of Individual Served Death in Developmental Services Community Services	Upon Approval	6 of 6

**ATTACHMENTS (CLICK BELOW)**

Attachment A - Death Review Determination Assessment Tool

Attachment B - Death Review Form

Approved By		
Title	Signature	Date
Deputy Administrator		1/29/19
Division Administrator or Designee		1/29/19
Document History		
Revision	Date	Change