

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Reporting of Death/Case Closure Procedure

MANUAL: Recipient Rights

ORIGINAL EFFECTIVE DATE: 6/6/97

REVIEWED/REVISED ON DATE: 7/13/17

REVISIONS TO POLICY STATEMENT: YES NO

PAGE: 1 of 2

SECTION: Rights

BOARD APPROVAL DATE: 11/25/13

CURRENT EFFECTIVE DATE: 8/1/17

OTHER REVISIONS: YES NO

APPLIES TO:

All Northpointe personnel and contract service personnel.

POLICY

It is the policy of Northpointe to report all service recipient deaths and to complete a Review of Death form (QI.140) on all active Northpointe service recipients, or former Northpointe service recipients who pass away within six months of discharge from Northpointe services. This policy does not prevent disclosure of individual case records pursuant to the Michigan Mental Health Code, Sec. 748(9).

PURPOSE

The purpose of this policy is to report all deaths and to provide a process to assess the probable cause of the contributing factors to an untimely death through relevant discussion for the purpose of improving the quality of care delivered by Northpointe.

This policy also addresses the need to sequester the chart following the death of a service recipient.

DEFINITIONS:

Unexpected Death - a death by suicide, homicide, an unknown medical condition, was accidental or was suspicious for possible abuse or neglect.

Sequester - Sequestering the chart, allows those users who have access to the EMR, to view/print all current documentation, create new documentation, e-file any necessary documentation received, add information to individual's demographics, and close the case utilizing the EMR's Discharge Summary. Users will not have the ability to change current documentation.

PROCEDURES

A. EMPLOYEES

- a) Any Northpointe employee must inform their immediate supervisor, the Recipient Rights Office and the Medical Records manager as soon as they are aware of the death of a service recipient.
- b) The above employee will complete an Unusual Incident Report in ELMER, or if the employee does not have ELMER permissions, they will complete the paper form (rr.100). If completed in ELMER it will follow the normal routing procedure. If a paper forms must be completed then employee will send via email or fax to the Recipient Rights Office, the employees' immediate supervisor, the Home Manager if deceased was a resident in a NBHS facility, the Clinical Care Manager, and the Quality Improvement Manager.
- c) If the service recipient resides in a licensed residential facility, group home staff must inform the guardian and the licensing authority within no more than 24 hours of notice of death of the individual.

B. SUPERVISORY REVIEW:

- a) A written Review of Death by the Clinical Site Supervisor or designee shall be conducted within 48 business hours utilizing NBHS form QI.140 for all deaths of an active service recipient or former Northpointe service recipient known to have passed away within six months of discharge.
- b) The Clinical supervisor must also notify the Northpointe Medical Director of all deaths by routing the Review of Death form to them.

C. CLINICAL SITE SUPERVISOR

In the event of a death the Clinical Site Supervisor will offer to arrange a debriefing for staff involved with the Medical Director or designee as soon as possible.

D. MEDICAL RECORDS

- a) Upon notification of a service recipient's death the medical records manager will sequester both the electronic and paper charts, if both exist. If the service recipient has a paper record, it will be removed from the storage area and sequestered in a separate cabinet. Once sequestered, the paper chart may only leave the designated area for the death review process. The primary clinician may look at the paper record

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within the confines of the Records office.

- b) The Medical Records Manager will enter the date of death into the Demographic section of ELMER for all service recipient deaths immediately upon notification of the death.
- c) Medical Records manager will release a chart from sequester when notified by the Rights Department that it is appropriate to do so.

E. RIGHTS OFFICE REVIEW:

- a) The Rights Officer shall review the incident report and the Review of Death Report and conduct any necessary investigations related to the rights of the individual.
- b) The Rights Officer will complete their section of the Review of Death form and forward a copy to the Medical Director.
- c) The Rights Officer will inform the Medical Records manager if there is a need to continue to sequester the chart or if it is appropriate to release the chart from sequester.

F. MEDICAL DIRECTOR REVIEW:

- a) The Medical Director will sign off on all death reports and determine if a quality assurance peer review will be conducted with medical staff.
- b) If a quality assurance peer review is requested, a peer review will be held at the next regularly scheduled practitioners meeting.
- c) Once the Medical Director (or designee) reviews and signs the Death Review he will return the completed death review form to the Recipient Rights office.

G. ACCESS TO THE RECORD:

- a) Anyone needing access to the **paper** chart may do so in one of the following ways:
 - i. may review only in the presence of a medical records specialist and/or,
 - ii. for the purpose of a rights investigation whereby the Rights Officer may make copies of documents from the chart and clearly mark "COPY" and/or;
 - iii. for the purpose of a rights investigation or peer review, may sign out the chart and provide a written statement to medical records stating that nothing in the chart had been removed or altered in anyway while in their possession at the time the chart is returned to medical records.
- b) A Death Review Log (cl.166) will be maintained by medical records when a paper chart of a deceased individual is reviewed and will include: who saw the record and when. The paper chart must not be altered in any way.

The Recipient Rights Officer shall report deaths by populations, age and cause of death in accordance with the Michigan Department of Health and Human Services reporting requirements.

H. QUALITY IMPROVEMENT MANAGER

- a) Review all deaths and make a determination if the death is a Critical Incident, Sentinel Event or Immediately reportable event.
- b) Input the type of death determination into the incident report in ELMER and in the MDCH Event Notification section in ELMER, all deaths are considered Critical Incidents and the MDCH Event Notification tab is where these are documented in ELMER.
- c) Complete a root-cause analysis on all deaths determined to be a Sentinel Event (see Event Reporting and Notification Policy).
- d) A Root cause analysis may be completed, even if not a Sentinel Event, if quality improvement efforts are possible.

CROSS REFERENCE

Event Reporting and Notification Policy

MDHHS PIHP contract reporting requirements P.7.7.1.1

RR.001 – Unusual Incident Report form

QI.140 Review of Death form

CL.166 Death Review Log