

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i> <i>Report and Review of Recipient Death</i>
Department: Recipient Rights Author: Shane Ray	Local Policy Number (if used)
Regional Operations Committee Approval Date 4/16/2020	Implementation Date 5/15/2020

I. PURPOSE

The purpose of this policy is to establish guidelines for the reporting and review of all recipient deaths

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
6/4/10	1.0	Full policy revision
5/31/13	1.1	Template updated
1/13/17	1.2	Template Updated
2/13/20	1.3	3-year review No Content Changes

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the CMHPSM that all recipient deaths are reviewed for quality of care and recipient rights issues.

V. DEFINITIONS

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

VI. STANDARDS

A. All recipient deaths shall be reviewed for quality of care and recipient rights issues.

B. Data regarding recipient deaths shall be reported to the Michigan Department of Health and Human Services in compliance with their reporting requirements.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1778(1)
MDHHS Medicaid Contract	X	
CMHPSM Policy: <u>Confidentiality and Access to Consumer Records</u>	X	
CMHPSM Policy: <u>Office of Recipient Rights</u>	X	
CMHPSM Policy: <u>Critical Incident, Sentinel Event, and Risk Event</u>	X	

IX. PROCEDURES

WHO	DOES WHAT
Any staff notified of a recipient death	<ol style="list-style-type: none"> 1) Secures as much information as available regarding the circumstances of the death. 2) Verbally reports death to immediate supervisor, assigned clinical staff, and Office of Recipient Rights, no later than the next business day. 3) Completes an Incident Report by the end of shift.
Assigned Clinical Staff	<ol style="list-style-type: none"> 1) Ensures the following: <ol style="list-style-type: none"> a) Notification of death to Office of Recipient Rights, Clinical Supervisor, and Department Head, no later than the next business day. b) Completion of an Incident Report. 2) Ensures completion of the Report of Death form. Forwards a copy of the completed form to supervisor for review. 3) Ensures that a final copy of the Report of Death form is forwarded to the Office of Recipient Rights and filed in the recipient's medical record.

	<ul style="list-style-type: none"> 4) Ensures that the recipient's medical record is complete, up-to-date, and closed. 5) Ensures notification of guardian/next of kin as appropriate, and in compliance with confidentiality standards.
Clinical Supervisor/Designee	<ul style="list-style-type: none"> 1) Ensures notification of death to Department Head and Office of Recipient Rights, no later than the next business day. 2) Ensures the following: <ul style="list-style-type: none"> a) Incident Report has been accurately completed. b) Report of Death has been accurately completed, filed in the medical record, and forwarded to the Office of Recipient Rights. c) Recipient's medical record is complete, up-to-date, and closed. d) Notification of next of kin, in compliance with confidentiality standards. 3) Consults with the CMH Director to determine if any additional action is necessary, including Adverse Event or Sentinel Event review.
Local CMH Director	<ul style="list-style-type: none"> 1) Determines if any additional action is necessary, including Adverse Event or Sentinel Event Review. 2) Coordinates, or designates coordination, of additional action as appropriate.
Recipient Rights Officer	<ul style="list-style-type: none"> 1) Conducts and documents a review of all recipient deaths, including review of the medical record and Report of Death form. 2) Forwards copy of the Recipient Rights death review to: <ul style="list-style-type: none"> a) CMH Director b) Department Head c) Medical Director

	<p>3) In the event that staff action/lack of action may have contributed to the recipient's death, or if there is an appearance of a lapse in quality of care, conducts an investigation in compliance with CMHPSM Policy: <u>Office of Recipient Rights</u>.</p> <p>4) In the event that an investigation is completed in response to a recipient's death, the Investigative Report shall take the place of the Recipient Rights death review. A copy of the report shall be forwarded to:</p> <ul style="list-style-type: none"> a) CMH Director b) Department Head c) Medical Director
Designated PIHP Staff	<p>1) Ensures accurate reporting of deaths to the Michigan Department of Health and Human Services, in compliance with their data reporting requirements.</p>