

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: DEATH OF A CLIENT 17.04.03

AUTHORITY WAC 246-840-830 *Determination and pronouncement of death by a licensed registered nurse.*

REFERENCE DSHS Administrative Policy 9.03 *Administrative Review - Death of a Residential Client.*
DDA Policy 7.05 *Mortality Reviews.*
DDA Policy 9.10 *Client Autopsy.*
DDA Policy 12.01 *Incident Reporting and Management for DDA Employees.*
DDA Policy 12.02 *RHC Incident Investigations.*
DDA Policy 17.03.01 *Supporting End-of-Life Decisions in Residential Habilitation Centers*

DEFINITIONS

Electronic Death Registration System (EDRS) is a web-based application for filing death records in Washington State.

Expected death is when a client has a POLST prior to a hospitalization or acute illness and decline in health has been addressed.

Outside review is when circumstances are such that an investigation is required from an entity outside of the facility, such as local law enforcement, Washington State Patrol, or Northwest Autopsy.

Palliative care plan means the care plan developed by the interdisciplinary team to carry out all elements described in DDA Policy 17.01, *Supporting End-of-Life Decisions in Residential Habilitation Centers*.

Physician Orders for Life-Sustaining Treatment (POLST) means a portable medical order form that allows a person with a serious illness or frailty to summarize their wishes regarding life-sustaining treatment.

Unexpected death means a death not resulting from a diagnosed terminal illness or other debilitating or deteriorating illness or condition where death is expected.

PURPOSE

This policy establishes the process for employees to follow after the death of a Residential Habilitation Center (RHC) client.

SCOPE

This policy applies to the death of any client currently admitted to an RHC.

POLICY

- A. Following the death of a client, a medical provider must declare the person deceased.
- B. A registered nurse may declare a client deceased if:
 - 1. The client's death was expected; and
 - 2. The client had a palliative care plan or a physician order for life-sustaining treatment (POLST) that states "do not resuscitate."
- C. Immediately following a client's death, a medical provider, the medical director, and the superintendent or designee, must determine if:
 - 1. An autopsy is needed; and
 - 2. Outside review or an investigation is necessary.
- D. For investigation processes and instruction on handling property and evidence, see DDA Policy 12.02, *RHC Incident Investigations*.
- E. No more than one hour after a client's death, the superintendent or designee must:
 - 1. Call the deputy assistant secretary or designee if the death was unexpected; or
 - 2. Email the deputy assistant secretary or designee if the death was unexpected.
- F. Mortality review is completed per DDA Policy 7.05, *Mortality Review*.

PROCEDURE

Following the death of a client, the RHC must:

- A. Follow all facility emergent and non-emergent procedures.

- B. Complete charting as required for each discipline.
- C. Complete an incident report as required under DDA Policy 12.01, *Incident Reporting and Management for DDA Employees*.
- D. Complete an investigation as required under DDA Policy 12.02, *RHC Incident Investigations*.
- E. Contact the client's primary medical provider or the RHC medical director for further instructions.
- F. Ensure medical personnel notify the client's family or guardian and follow up with them as necessary.
- G. Notify the county medical examiner.
- H. Notify the funeral home for appropriate removal of remains and provide a copy of the client's burial plan if the client has one.
- I. Notify local law enforcement if criminal activity is suspected.
- J. As directed, provide postmortem care.
- K. Complete the notification checklist. See Attachment A, *Death Notification Checklist for RHC Staff*, and Attachment B, *Death Notification Checklist for Medical Providers*.
- L. Ensure the physician completes a death record for the client in the Electronic Death Registration System (EDRS).

SUPERSESSION

RHC Standard Operating Procedure 104.1, *Death of Client*
Issued September 15, 2018

Approved: _____



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: September 15, 2018¹

¹ This document was a standard operating procedure that was reissued as a DDA policy without substantive changes.

ATTACHMENT A
DEATH NOTIFICATION CHECKLIST FOR RHC STAFF

Client's Name: _____

If a client dies in a hospital, complete steps 2-6 below and initiate notifications under DSHS Administrative Policy 9.01.

	TIME	DATE
1. Notify the on-duty, on-call medical provider		
2. Notify the Superintendent or designee		
3. Notify the HPA, PCC, or NF Social Worker		
4. Notify the PAT Director		
5. Notify members of the client's IDT (Can be done via email)		
6. Contact the funeral home to request removal of the body as soon as possible. NOTE: Do not move the body until authorized to do so by the medical provider.		
7. Remind the medical provider to notify the medical examiner of the client's death and verify the legal surrogate's preferred funeral home.		
8. Give the <i>Disposition of Remains</i> form to the funeral home director for signature. Forward a signed copy of the form to Records for filing in the client's record.		

Signature: _____

Date checklist was completed: _____

ATTACHMENT B
DEATH NOTIFICATION CHECKLIST FOR MEDICAL PROVIDERS

FORWARD COMPLETED CHECKLIST TO RECORDS

ATTACHMENT B
DEATH NOTIFICATION CHECKLIST FOR MEDICAL PROVIDERS

Client's Name: _____

This form is intended for use when a client dies on campus. If a client dies in a hospital, the hospital is responsible for handling the client's death. If you are notified of a client death in a hospital, notify the Duty Office or nursing staff, who will notify the appropriate facility staff.

	TIME	DATE
1. Make pronouncement of death		
2. Determine if autopsy is required under DDA Policy 9.10		
3. Notify the county medical examiner's office and verify whether the death is under the coroner's jurisdiction under RCW 68.50.010. For a death that occurs after hours, follow directions on the recording at the coroner's office. (Regular hours are Monday-Friday from 8:00 a.m.-5:00 p.m. Office is closed weekends and holidays.)		
4. Inform the legal surrogate of the client's death		
Obtain consent for an autopsy under RCW 68.50.101, if appropriate		
Does the legal surrogate desire autopsy information? Yes or No		
Document autopsy information in the client's chart		
Verify the legal surrogate's preferred funeral home		
5. Notify the residential services coordinator or nurse of the client's death. Tell them the preferred funeral home and give them clearance to move the body.		
6. Complete and sign the death certificate		
7. Send the signed death certificate to the medical records office		
8. Write a death summary in the client's chart		

Signature: _____

Date checklist was completed: _____

ATTACHMENT B
DEATH NOTIFICATION CHECKLIST FOR MEDICAL PROVIDERS

FORWARD COMPLETED CHECKLIST TO RECORDS