



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: MORTALITY REVIEWS POLICY 7.05

Authority: Chapter 71A RCW

Reference: DSHS Administrative Policy 9.01, *Incident Reporting*
DSHS Administrative Policy 9.03, *Administrative Review - Death of a Residential Client*
DDD Policy 9.10, *Client Autopsy*
DDD Policy 12.01, *Incident Management*

PURPOSE

This policy establishes guidelines for the review of the deaths of individuals who were clients of the Division of Developmental Disabilities (DDD) and were receiving paid services. These reviews are intended to monitor support systems and programmatic operations to ensure reasonable medical, educational, legal, or psychological interventions were being provided prior to deaths. A “reasonable” intervention is one that would have been possible given known circumstances and resources available. The systematic review of deaths described in this policy does not replace procedures conducted by investigative agencies.

SCOPE

This policy applies to all DDD staff and applicable residential providers or nursing agencies.

POLICY

DDD has established a consistent process for review of all deaths of individuals supported by the division, as defined in the *Procedures* section of this policy, in an effort to:

- Identify factors that may have contributed to the deaths; and
- Recommend measures to improve supports and services for persons served by DDD.

PROCEDURES

- A. Deaths of individuals who resided in Residential Habilitation Centers (RHCs) and community Intermediate Care Facilities for the Mentally Retarded (ICF/MRs)
1. RHCs must follow the procedures and requirements of DSHS Administrative Policy 9.03, *Administrative Review – Death of a Residential Client*.
 2. Once complete, the RHC sends a copy of the death report to the Chief, Office of Quality Programs and Services (OQPS).
 3. Community ICF/MRs must send a copy of the death report to the Chief, OQPS.
- B. Deaths of adults and children who received the following services:
- Adults who received services from a certified Supported Living provider or who resided in an Adult Family Home, a Companion Home, or a Group Home; and
 - Children who received residential services, including Licensed Staffed Residential Programs, Family Foster Care, Child Foster Group Care, and the Medically Intensive Children’s Program; and
 - Children who received Children’s Intensive In-home Behavioral Support (CIIBS) waiver services.
1. The Case Resource Manager (CRM) or Social Worker (SW) will file an incident report using the DDD Electronic Incident Reporting (IR) System immediately upon notification of the death and update the IR as new information becomes available.
 2. The residential provider completes [DSHS 10-331, DDD Mortality Review Part 1: Provider Report](#) and sends it to the CRM within fourteen (14) calendar days of the death, except in the following cases:
 - a. If the death occurs while a child is being served under the CIIBS waiver, the CRM completes the report; and
 - b. If the death occurs while a child is being served in the MICP, the nursing agency completes the form.
 3. Within seven (7) calendar days of receipt of the provider’s report, the CRM/SW reviews the report, completes the CRM section at the end of the form, and sends it to the regional Quality Assurance Manager (QAM).

4. Within 21 calendar days of receipt of the report, the QAM reviews the report, completes [DSHS 10-331B, DDD Mortality Review Part 2: Regional Quality Assurance Report](#), and forwards the full report to the OQPS. If the death was unusual or unexplained, refer to Section D of this policy.

C. Deaths of individuals who resided in settings other than those described in Sections A and B above

1. The CRM will file an incident report using the DDD IR System immediately upon notification of the death, and update the IR as new information becomes available.
2. If the death occurs when the client is in the care of a paid individual provider (e.g., Medicaid Personal Care, Alternative Living or respite care provider), the CRM must consult with the Field Services Administrator to determine whether additional follow-up is warranted. The outcome of this consultation and the grounds for the decision on whether or not to request a mortality review should be documented in the DDD IR System.
3. If the death was unusual or unexplained, refer to Section D of this policy.

D. Internal Regional Fact Finding Review

The region may assemble a “mortality review team” to conduct an additional internal fact finding review and make recommendations for follow-up action, as appropriate, in cases where the circumstances of the death were unusual or unexplained. See also DSHS Administrative Policy 9.03, *Administrative Review - Death of a Residential Client*.

1. The fact-finding review may identify issues in three areas:
 - a. Policy and procedures;
 - b. Clinical support practices; and
 - c. Medical practice.

Note: Specific personnel issues must be addressed separately.
2. The regional mortality review team must review its preliminary draft with an Assistant Attorney General (AAG).
3. Upon completion, the regional mortality review team forwards its report and recommendations to the OQPS.
4. Additionally, if the Regional Administrator or designee develops an action plan, a copy of this plan must be sent to the OQPS.

E. DDD Central Office Mortality Review Team

1. For further review of deaths described in A and B above, and in all cases where an additional review was conducted due to unusual or unexplained circumstances, the DDD Mortality Review Team (MRT) appointed by the Division Director will review the information gathered by the regions and submitted to Central Office. The team will include the following members:
 - a. Chief, OQPS;
 - b. Chief, Quality Control and Compliance (QCC);
 - c. Community Residential Services Program Manager;
 - d. Incident Management Program Manager;
 - e. Registered Nurse or Physician;
 - f. Special Investigations Unit Program Manager, and
 - g. Other program managers, when applicable.
2. In conducting its work, the MRT will:
 - a. Review all mortality review reports submitted by the regions;
 - b. Review data from the IR System and identify any trends and/or patterns.
 - c. Make recommendations to the OQPS concerning needed training, policy changes, and other related issues;
 - c. Submit an annual report to DDD executive management; and
 - d. Within 60 calendar days of receipt of the *Regional Mortality Review Report*, complete [DSHS 10-331C, DDD Mortality Review Part 3: Central Office Review](#). The OQPS will forward a copy of the completed report to the appropriate region. Any recommendations and/or required follow up by the region will be documented on the form.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

TITLE:

MORTALITY REVIEWS

POLICY 7.05

SUPERSESSION

DDD Policy 7.05

Issued January 1, 2009

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

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