

## Administrative Policy No. 09.03

<b>Subject:</b>	Administrative Review – Death of a Residential Client
<b>Information Contact:</b>	Director, Division of Developmental Disabilities MS 45310, (360) 725-3461
<b>Authorizing Source:</b>	Chapters 26.44, 68.50, 70.124, and 74.34 RCW
<b>Reference:</b>	Administrative Policy 2.08, Media Relations Administrative Policy 9.01, Incident Reporting
<b>Effective Date:</b>	August 1, 1989
<b>Revised:</b>	August 3, 2009
<b>Approved By:</b>	<u>Original signed by Kathleen Brockman</u> Chief Administrative Office

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### Purpose

This policy establishes a quality assurance review process to be implemented upon the death of a client served by the Department of Social and Health Services (DSHS) in state-operated residential or treatment facilities, state hospitals, and state institutions.

### Scope

This policy applies to DSHS divisions providing services in state-operated residential or treatment facilities, state hospitals, or state institutions.

### Definitions

**Residential Client** means a person residing in a residential or treatment facility, state hospital, or state institution operated by the Department of Social and Health Services.

**Division** means the Division of Developmental Disabilities, the Mental Health Division, the Special Commitment Center, and the Divisions of Institutional Programs and Community Programs in the Juvenile Rehabilitation Administration

**Independent Review Process** means contracting with a qualified individual or agency external to and independent of DSHS (e.g., University of Washington, Veterans Administration Hospital,

or Washington State Medical Association) to conduct an independent review of the causes and circumstances surrounding the death of a client.

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

### Policy

- A. Division Directors must establish and implement procedures for reviewing, investigating, and documenting the specific events and situation surrounding the death of a client. The Division Directors must ensure such procedures include:
1. Timely reporting of a death to the appropriate department personnel using the reporting procedures in Administrative Policy 2.08 Media Relations, and Administrative Policy 9.01 Incident Reporting, and as required by section B below.
    - a. If a client's death appears to be unexpected, and the event occurs between 8:00 a.m. and 5:00 p.m., a verbal report to the respective Assistant Secretary, Chief Risk Officer, Communications Director, Chief of Staff, and the Secretary's office must be done within two hours of becoming aware of the incident. If the incident occurs after normal business hours, the event must be reported to the offices listed above by 9:00 a.m. the next business day.
    - b. The verbal report must be followed by a written incident report from the office of the Chief Executive Officer/Division Director/Superintendent as soon as possible, but no later than 24 hours after the verbal report to the officers listed in "a" above.
  2. A thorough internal review of the circumstances surrounding a client's death conducted under the direction of the Chief Executive Officer, Superintendent, or other appointing authority. The internal review must include:
    - a. A comprehensive description and chronology of the background events and apparent cause of death;
    - b. An evaluation, completed by a physician other than the client's attending physician, of the medical, health care, and emergency services provided to the client on the premises where the residential services were provided;
    - c. Copies of the available records of any acute care hospital or community health care provider related to the death; and
    - d. A determination and notation of whether death was unexpected on the administrative incident report.
  3. A process for maintaining accurate and complete records of the death investigation while protecting the confidentiality of all records, as appropriate.

4. A report to the Division Director **within 30 days** of the death and subsequent follow-up reports as needed until the final report is submitted. Submit the final report to the Secretary and the Chief of Staff/Assistant Secretary within 30 days of the receipt by the Division Director.
- B. Upon receiving a report of an apparent unexpected death of a client, Chief Executive Officers/Division Directors/Superintendents must take immediate action to notify their Assistant Secretary or designee, and must follow the requirements of Administrative Policies 2.08 and 9.01. Additionally, Division Directors must establish procedures to ensure the following actions are taken:
1. Immediately report a death to the appropriate law enforcement agency and to Adult Protective Services (APS), Child Protective Services (CPS), or the Aging and Disability Services Administration (ADSA) Complaint Resolution Unit (CRU), as appropriate, when there is reasonable cause to believe that either criminal or inferior, negligent, or abusive treatment caused or was a factor in the death. The report may be made in person or by telephone and must be documented.
  2. If the client's death appears to be unexpected, and the event occurs between 8:00 a.m. and 5:00 p.m., a verbal report to the respective Assistant Secretary, Chief Risk Officer, Communications Director, Chief of Staff and the Secretary's office must be made within two hours of becoming aware of the incident. If the incident occurs after normal business hours, the event must be reported to the offices listed above by 9:00 a.m. the next business day.  
  
The verbal report must be followed by a written incident report from the Division Director's office as soon as possible, but no later than 24 hours after the verbal report to the offices listed above.
  3. Initiate an independent review process **within one working day** following notification of an unexpected death of a client. The qualifications of the independent review contractor and the nature and contents of the report must be in accordance with the statement of work in the contract negotiated by the department and the contractor.  
  
**Note:** The independent review must not take precedence over investigations being conducted by APS, CPS CRU, or law enforcement.
  4. The independent review contractor must submit a report to the Secretary **within 30 days** of the beginning of the contracted review process. If the contracted review process cannot be completed within the stated timeline, follow-up reports must occur according to the contract specifications.
- C. Division Directors must initiate corrective action when warranted and ensure that corrective action includes:

1. Identifying immediate remedial measures necessary to prevent reoccurrence of circumstances that may have contributed to the death; and
  2. Evaluating the recommendations resulting from the investigations or independent review, and implementing final remedial measures as indicated.
- D. The Operations Review and Consultation (ORC) office in the Management Services Administration must review compliance with these procedures during the applicable audits.

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