



Health & Safety Alert #04-01-05

Actions Needed Following the Death of a Consumer

This Alert has been significantly revised and replaces Alert#: 02-09-18 entitled, *Actions Needed Following the Death of a Consumer*. The major change relates to what information is required if the individual resided in a facility where the Ohio Department of Health (ODH) has jurisdiction, if the person lived at home with their family or if the person died of cancer or were in a hospice program at the time of their death.

All deaths of individuals with Developmental Disabilities in our system will continue to be reviewed; however, the Mortality Review Committee will focus more on those individuals served by the Department of Developmental Disabilities employees. Through this process, we will continue to identify system issues and individual-specific issues that will assist in continuing to improve the care of persons with Developmental Disabilities. Please note that in any situation where abuse/neglect is alleged or concerns are expressed by the family, county board, provider or Department, additional information identified in (D) of this alert will be required.

Following is a listing of what is required to be reported based upon the circumstances outlined:

- A. Individuals whose residence was with entities under the jurisdiction of ODH (Nursing Homes, ICFs/MR not licensed by the Ohio Department of Developmental Disabilities):
 1. Copy of the death certificate.
 2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
 3. Whether the death was expected or unexpected.
 4. Provide reason death was reported to the Department of Developmental Disabilities (DODD). (What services were being provided?).

- B. Cases involving children and adults who live at home and who had access to health care and died in a hospital. (Access to health care is defined as having access to a primary care physician or advanced practice nurse on some recurring basis--at least annually.) Note that there is a statutory requirement (ORC 307.621) for all children less than 18 years of age to be reviewed by local counties.

1. Copy of death certificate.
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected.
4. Enter a narrative on the Incident Tracking System (ITS) regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).

C. Persons who died of cancer or were in a hospice program at the time of death:

1. Copy of death certificate.
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Indicate if DNR order in effect; type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. Enter into the ITS pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings).

D. All other deaths not covered in the above categories:

1. Copy of death certificate.
2. Copy of autopsy (if done).
3. A copy of the Coroner's verdict page or ruling in cases where the Coroner ruled on the cause of death but no autopsy was done.
4. Outcome of law enforcement investigation (when they are involved).
5. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
6. Whether the death was expected or unexpected.
7. Enter on ITS the medical diagnoses prior to death.
8. Enter on ITS the psychiatric diagnoses prior to death.
9. Enter on ITS the medications individual was taking prior to death or hospitalization (if died in a hospital).
10. Enter on ITS pertinent past medical history (e.g., surgeries, recent treatments, illness, and chronic medical problems).
11. Enter on ITS A narrative on the circumstances surrounding the death. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).
12. Name of primary physician.
13. Indicate if DNR order is in effect, type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
14. Enter on ITS a list of services that the person received if unable to answer or provide information relative to number 5 through 13.

Reminder: All deaths of persons with Developmental Disabilities are to be reported to the Coroner by the attending physician, EMS staff and involved law enforcement officers. It is important to ensure that this is done.

For questions or comments regarding the above Alert, please contact the MUI/Registry Unit at (614) 995-3810.