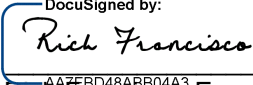




Policy Title: Reporting a Review of Recipient Death	Policy #: 04-021	<u>Review Dates</u>	
Category: Quality Improvement Subject: To ensure that appropriate services were provided to the recipient and that correct reporting procedures were followed by CMH and contracted provider staff.	Prepared by: Name: Shawna Curran Title: Evaluation and Innovation Specialist Compliance Committee Approved by: DocuSigned by:  AA7FBD48AB804A3 Rich Francisco, Executive Director	09/05/2025	
	Effective Date: 11/01/1989	Last Revised Date: 04/06/2018	

I. POLICY

The policy of HealthWest is that all deaths of persons receiving HealthWest services at the time of death be internally reviewed by appropriate clinical, supervisory, and Recipient Rights staff and reported to designated MDHHS representatives.

II. APPLICATION

All HealthWest employees and contracted providers.

III. DEFINITIONS

Death: Expired.

IV. PROCEDURE – ALL DEATHS

1. Primary Therapist/Worker:

1. Notifies their immediate supervisor and completes an Incident Report through Latitude 43 Incident Report Module by the end of scheduled shift, or if unable, within twenty-four (24) hours.
2. Complete and finalize a Discharge Summary in the Electronic Record.
3. Complete SS/DHS Status Change Form ([DSH 3471](#)) to stop benefits and payments.

B. Designated Supervisor:

1. Reviews the Incident Report in Latitude 43 Incident Report Module and, comments/investigates as needed, and signs Incident Report form within twenty-four (24) hour period.
2. If event reported is a sentinel event, and Root Cause Analysis is required (Policy 04-019), supervisor will attend Root Cause Analysis meeting with a member of the Quality Assurance Department. This meeting will be coordinated by the Quality

Assurance Department and an invitation will be sent to supervisor and any other relevant staff person(s).

C. Quality Assurance:

1. Reviews the completed incident report, gathers any additional information needed in regard to the death, and codes the death according to severity and cause.
2. Determines whether the death is immediately reportable to the Lakeshore Regional Entity (LRE), and initiates the proper report if necessary (Policy 04-019).
3. Determines if a Root Cause Analysis is required for the cause of death and initiates the Root Cause Analysis process (Policy 04-024).

D. Recipient Rights Officer/Advisor:

1. Reviews Incident Report, Report of Death, Certificate of Death, and autopsy report when available. Investigates any apparent recipient rights violations.
2. Forwards reports as indicated to Executive Director/Designee, Deputy Director, responsible Program Manager, and PIHP Regulatory Manager.
3. The Recipient Rights Officer/Advisor shall inform the Recipient Rights/Personnel Committee monthly of the total number of recipient deaths.

E. Recipient Death at a HealthWest Service Site:

1. For a HealthWest directly-operated residential facility or contracted HealthWest program location: If recipient death occurs while the recipient is under the direct care of a HealthWest employee, the on-site provider, volunteer, or responsible HealthWest staff must notify Central Dispatch.
2. For Contract Services sites: HealthWest staff that is made aware of a recipient death at a contract service site must assure appropriate notification to Central Dispatch.
3. Supervisory Notification: Responsible HealthWest staff must immediately notify their direct supervisor that Central Dispatch has been called. The supervisory hierarchy will be followed to notify the HealthWest Executive Director/Designee. Staff must complete paperwork as required in Policy 04-019.

V. REFERENCES

Public Mental Health Manual III-001-00110, VI-002-0002T.
HealthWest Policy and Procedure No. 04-019
HealthWest Policy and Procedure No. 04-024.
MDHHS Master Contract