

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Mortality Review		
POLICY NUMBER DBH Policy 115.1A	DATE OCT 15 2018	TL# 323

Purpose. This policy establishes the procedures for reviewing deaths of individuals receiving services from the Department of Behavioral Health (DBH) and its providers (mental health and substance use disorder services providers). The mortality reviews described in this policy are in addition to any other investigations conducted by DBH or other official entities. This revision addresses electronic submissions of written reports to DBH and changes in Exhibits (see section 13).

Applicability. Applies to the following: Core Services Agencies (CSAs), Substance Use Disorder (SUD) Treatment Providers with a Human Care Agreement, Saint Elizabeth’s Hospital (SEH), Comprehensive Psychiatric Emergency Program (CPEP), Psychiatric Residential Treatment Facilities (PRTFs), Mental Health Community Residential Facilities (MHCRFs) and contracted hospitals.


Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices and providers.


Effective Date. This policy is effective immediately.

Superseded Policies. This policy replaces DBH Policy 115.1A, Mortality Review, dated January 13, 2016.

Distribution. This policy will be posted on the DBH web site in PDF format at www.dbh.dc.gov by clicking “About DBH” (top section), then choosing “Policies and Rules” and following the policy number. The WORD version is available upon request from the Policy Division, emails: keri.nash@dc.gov or ana.veria@dc.gov.

Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.


Tanya A. Royster, M. D.
Director, DBH

<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p style="text-align: center;">DEPARTMENT OF BEHAVIORAL HEALTH</p>	<p>Policy No. 115.1A</p>	<p>Date OCT 15 2018</p>	<p>Page 1</p>
	<p>Supersedes DBH Policy 115.1, Mortality Review, dated January 13, 2016</p>		

Subject: Mortality Review

1. **Purpose.** This policy establishes the procedures for reviewing deaths of individuals receiving services from the Department of Behavioral Health (DBH) and its providers (mental health and substance use disorder services providers). The mortality reviews described in this policy are in addition to any other investigations conducted by DBH or other official entities. This revision addresses electronic submissions of written reports to DBH and changes in Exhibits (see section 13).

2. **Applicability.** Applies to the following: Core Services Agencies (CSAs), Substance Use Disorder (SUD) Treatment Providers with a Human Care Agreement, Saint Elizabeth’s Hospital (SEH), Comprehensive Psychiatric Emergency Program (CPEP), Psychiatric Residential Treatment Facilities (PRTFs), Mental Health Community Residential Facilities (MHCRFs) and contracted hospitals.

3. **Authority.** D.C. Law 2-139, the Department of Behavioral Health Establishment Act of 2013 § 7-1131.01 and 22 DCMR Chapter A34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards, 22 DCMR Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers, and 42 CFR Part II.

4. **Policy.** It is the policy of the Department of Behavioral Health (DBH) that the death of each consumer or client or individual in care (see definitions in section 11) receiving services administered by DBH and its network undergo review for the purpose of identifying trends, developing recommendations, and affecting improvement in both provider specific and system wide service delivery. Mortality reviews shall examine the following: (1) cause of death of individuals and (2) assess the quality of services and treatment provided prior to their deaths.

5. **Procedures.**

5a. Each provider shall:

- (1) Assign responsibility for the completion of an internal written Mortality Review Report (MRR) submitted internally to an individual or committee and to DBH [see 5b (4)].
- (2) Conduct a mortality review of all deaths of consumers regardless of the circumstances (Exhibit 1- flowchart of the mortality review process).
- (3) Ensure that the medical director or other designated physician evaluates the consumer’s treatment history prior to death and identifies any medical care issues at the provider level.

(4) Include the cause of death on the MRR (Exhibit 2) based on reliable report such as clinician, police or family report, autopsy, or death certificate.

(5) Conduct an initial expedited review (see section 11(3) below) for all suicides, homicides, unexpected deaths at SEH or CPEP, deaths of children/youth consumer or other deaths reported as a major unusual incident (see DBH Policy 480.1). Complete and submit the expedited review and report within ten (10) working days from the date of, or notification of death.

(6) Forward the MRR to the organization's CEO (or equivalent) following approval by the responsible medical director/clinical director, prior to submission to DBH as required in Section 6b below.

5b. In addition to the above, providers shall.

(1) Submit MRR to the DBH Division of Incident Management and Investigations (DIMI) within forty five (45) calendar days of death or notification of death, or sooner if an expedited review is warranted as indicated in Section 11 (3). This submission has to be via email at MUI.OA@dc.gov using the DBH Mortality Review Report (MRR) form (Exhibit 2). A convertible PDF link can be accessed by contacting the DIMI.

(2) Note outstanding information in the MRR, if information from autopsy reports, death certificate, or other external sources is pending. Forward the information once received to the DBH DIMI as an addendum to the original MRR, within fifteen (15) days of receipt.

(3) Initiate and maintain a quarterly tracking log (see Exhibit 3) of all performance improvement and corrective action plans or recommendations generated from the MRR. The tracking log will include the date a recommendation was completed or fully implemented. Items must be carried over to the next quarter until completed or fully implemented. Submit an electronic copy of the log to DBH DIMI by the fifth day following the end of each quarter (January 5, April 5, July 5, and October 5).

(4) Submit the name, telephone number and email address of the provider point of contact (POC) and back-up POC responsible for submission to DIMI all required documentation relevant to Mortality reporting and reviews using this email address: MUI.OA@dc.gov

5c. In addition to the above, SEH shall submit the following reports to DBH DIMI:

- (1) SEH Unusual Incident Report and Investigation Findings;
- (2) SEH Serious Event Review Committee Report (if applicable);
- (3) SEH Death Summary Nursing Review;
- (4) SEH Mortality Review Risk Management Incident Summary;
- (5) SEH Recommendation Tracking Report; and
- (6) SEH Discharge Summary.

5d. The MRR from hospital units designated for mental health or SUD treatment that are not under the direct authority of DBH or under contract with DBH, will be addressed as follows:

(1) The DBH Accountability Administration (AA) will collaborate with the DC Department of Health (DOH), the hospitals' licensing agency, regarding the death of patients in hospital units designated for mental health or SUD treatment that are not under the direct authority of DBH or under contract with DBH.

(2) Information gathered from the hospital units shall be included in the DBH Critical Incident and Mortality Review Committee (CIMRC) review process and inform the committee's analysis and response. Unresolved issues and questions about deaths in these hospitals will be relayed to the DOH in order for latter to address these concerns with the hospitals.

6. Specific Responsibilities for Mortality Reviews

6a. The provider shall complete the mortality review for consumers enrolled in their care and not at SEH at the time of death. The referring provider shall submit to DBH a Mortality Review Report (MRR) for consumers who have been transferred to a new provider for less than thirty (30) calendar days, and for consumer who have been transferred, but never seen by the receiving provider.

In situations where a consumer is enrolled in a core service agency (CSA), but receives services from an Assertive Community Team (ACT) or Community-Based Intervention (CBI) provider, the ACT or CBI team must notify the CSA of the consumer's death; conduct the mortality review in collaboration with the CSA; and submit the MRR to DBH DIMI.

6b. SEH shall complete the mortality review and submit the MRR for all consumers hospitalized at SEH at the time of death, including instances where consumers were temporarily transferred from SEH to another medical facility for care and were expected to return to SEH, and notify the respective provider of the consumer's death.

6c. CPEP shall complete the mortality review and submit the MRR for every individual who died while under the care of CPEP and those who died within seventy two (72) hours of discharge from CPEP. The Chief Clinical Director may also direct mortality review by CPEP outside of these mentioned circumstances.

6d. PRTFs shall complete the mortality review and submit the MRR for DBH consumer while under the care of a PRTF.

6e. SUD treatment providers shall complete the mortality review and submit the MRR for DBH consumers who are only enrolled with a SUD treatment provider. If the consumer is also enrolled with a mental health provider or any other care or treatment provider; then, each organization will be responsible for completing its own mortality review and submit the MRR for the DBH consumer.

6f. Providers, PRTFs, Mental Health Community Residence Facilities (MHCRFs), group homes, and any other provider or entity that DBH licenses, certifies or has a contractual relationship with, are required to provide all necessary documentation and information, and to cooperate fully with the CSA or DBH staff in completing the Mortality Review Report.

6g. DBH reserves the right to:

- (1) Initiate a review and investigation by staff at the Department level at any time including through the major unusual incident reporting process.
- (2) Make final determination on responsibility for conducting mortality review, where necessary, in unusual situations where the responsibility is unclear.
- (3) Facilitate and ensure expedited mortality reviews for any situation, at any time, when warranted.

6h. Any person directly involved in the primary care and/or management of care of consumer who dies may not conduct the mortality review for that consumer; however, the person is expected to provide written information to the individual or committee conducting the mortality review.

7. The DBH DIMI, Accountability Administration Specific Responsibilities. The DIMI shall:

7a. Conduct initial review of all provider MRR under the direction of the Director, Accountability Administration (AA), and provide the MRR with comments/recommendations to the DBH Chief Clinical Officer (CCO). The DIMI Director and the CCO will refer reports that need additional review and analysis to the DBH CIMRC.

7b. Track completion of all MRR from providers.

7c. Report the completion status of all Mortality Review Reports including any findings and recommendations to the DBH Director through the AA Director on a quarterly basis.

7d. In collaboration with the Risk Manager, analyze mortality review findings to identify trends in deaths and problems or gaps in consumer care and service delivery, and provide results on a quarterly basis to the DBH Critical Incident and Mortality Review Committee (CIMRC).

8. DBH Critical Incident and Mortality Review Committee (CIMRC).

8a. CIMRC Chairpersons. The DBH DIMI Director and the Risk Manager serve as co-chairs of the CIMRC. The co-Chairs are responsible in ensuring that the committee functions (see section 8c below) are met.

8b. Committee Membership. The CIMRC consists of the following DBH staff:

- (1) Chief Clinical Officer;
- (2) General Counsel;
- (3) Director, Accountability Administration;
- (4) Director, Network Development;
- (5) AA Investigator; and
- (6) Other DBH Behavioral Health Authority representatives, as designated by the DBH

Director.

DBH will appoint a General Medical Officer from among its GMOs.

At the request of the co-Chairs, the SEH Director of Medical Affairs, Director of the Community Services Administration, and Director of CPEP shall serve on the Committee on an ad hoc basis when mortality reviews are related to their area of responsibility.

8c. Committee Functions. The CIMRC shall:

(1) Review all MRR involving suicide, unexpected deaths at Saint Elizabeths Hospital and Comprehensive Psychiatric Emergency Program, death of a child/youth (a person under eighteen (18) years of age; or a person under twenty two (22) years of age who receives special education youth or child welfare services with certain conditions) and other deaths referred by the DBH CCO.

(2) Review and analyze MRR and determine whether the report warrants further investigation for thoroughness and completeness;

(3) Provide and submit a written MRR with all mortality findings, trends, and recommendations to the DBH Director on a quarterly basis, or upon request;

(4) Convey significant findings, trends, and recommendations to the provider; and

(5) Make other recommendations relevant to policies, programs or corrective or improvement measures to appropriate entities.

8d. Timeline. The CIMRC will complete written findings within thirty (30) calendar days after the CIMRC has reviewed and analyzed the occurrence of death.

9. Confidentiality. Information pertaining to mortality reviews is privileged and will be treated as confidential pursuant to the D.C. Mental Health Information Act, the Confidentiality of Drug and Alcohol Abuse Record Regulations, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See also DBH Privacy Manual.

10. Adherence to DBH Mortality Review Policy. Providers shall have written internal policies and procedures related to reporting and reviewing of deaths that adhere to DBH Mortality Review policy. SEH must meet certain mandates that are outside of the DBH CIMRC, and as such, the SEH Mortality Review policy must remain separate but compatible with the DBH policy on Mortality Reviews.

Non-compliance with the requirements of this policy shall result in corrective actions in accordance with DBH regulations and contractual requirements.

11. Definitions.

(1) Consumer. Individuals receiving community behavioral health services from DBH for mental health services or substance use disorder treatment services. For purposes of this policy, the term “individuals in care” refer to those receiving services at SEH.

(2) Expected/Anticipated Death. A death that is a result of a known and documented terminal illness or other condition(s) with poor prognosis.

(3) Initial Expedited Review. A mortality review for all suicides, homicides, unexpected deaths at SEH or CPEP; deaths of children/youth consumer/client; and other deaths listed in DBH Policy 480.1, Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs). An expedited review must be completed within ten (10) working days from the date of notification.

(4) Mortality Review. Refers to the examination or analysis of the quality of services and treatment provided to consumer/clients who have died while enrolled at DBH. This process seeks to identify potential gaps in care, trends, and develop recommendations to facilitate improvements for the providers and system-wide service delivery.

(5) Provider. Any individual or entity, public or private, that is licensed or certified by the District of Columbia to provide behavioral health services or supports; or any individual or entity, public or private, that has entered into an agreement with DBH to provide behavioral health services or supports.

(6) Unexpected/Unanticipated Death. A death that was not a result of a known and documented terminal illness or condition(s).

12. Inquiries. Questions regarding the contents of this policy should be addressed to the Director, DBH Accountability Administration.

13. Exhibits.


Exhibit 1 - Mortality Review Process

Exhibit 2 – DBH Mortality Review Report (For Use by DBH Providers)

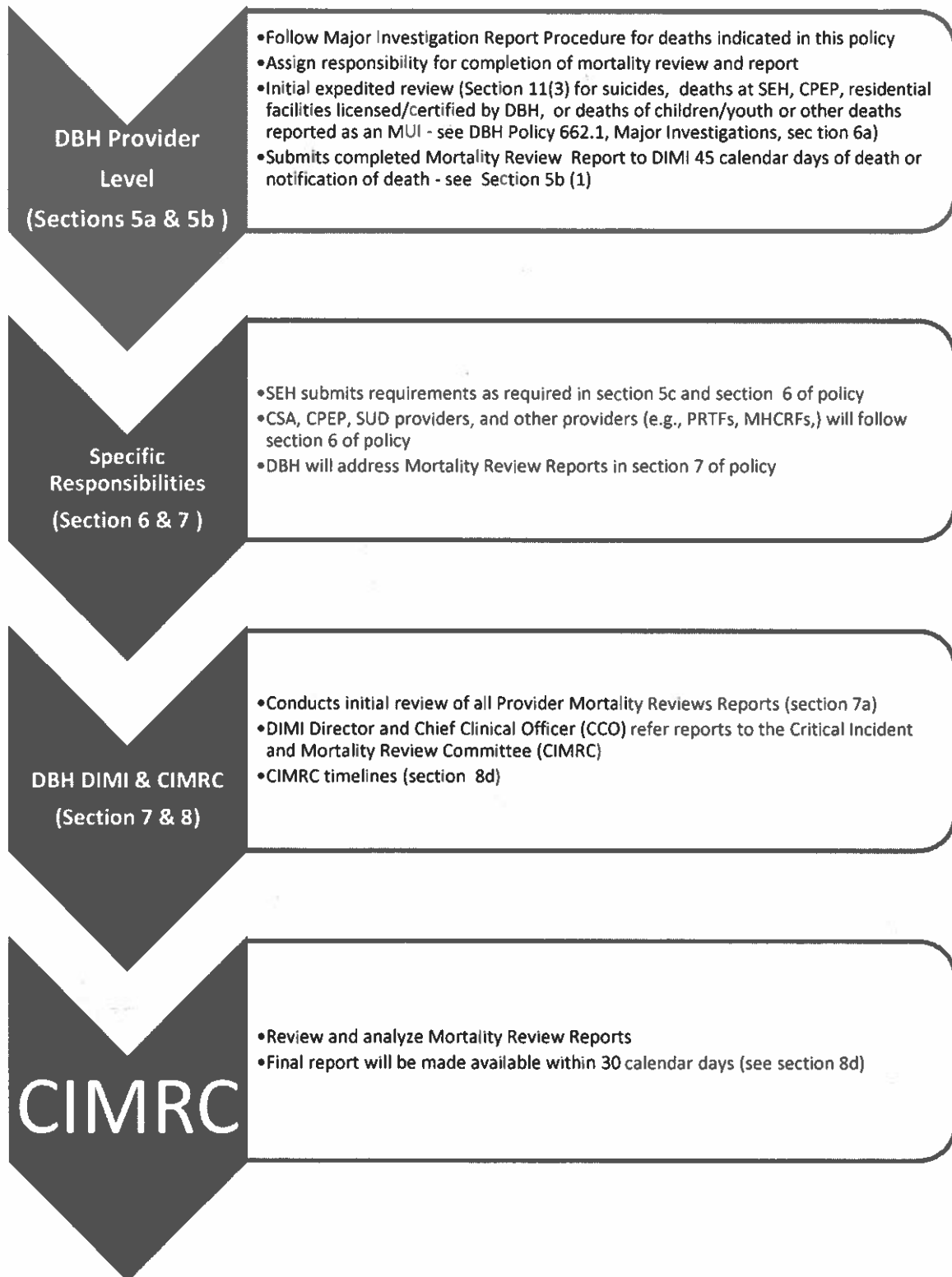
Exhibit 3 – Quarterly Program Tracking Log for Death Reviews

Approved By:

**Tanya A. Royster, MD
Director, DBH**

 (Signature) 10/15/2018 (Date)

SDDBH MORTALITY REVIEW FLOW CHART





Department of Behavioral Health Mortality Review Report (MRR)

Consumer Background Information				
Consumer/Client Name (Last, First, Middle)		DOB: Click here to enter a date.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> iCams <input type="checkbox"/> Avatar <input type="checkbox"/> Data Wits <input type="checkbox"/> INCEDO <input type="checkbox"/> Other #:
Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian (Not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Pacific				
Consumer Residential Address at Time of Death:		Assigned Community Support Worker:	CSW Telephone #:	
Death Details				
Date of Death: Click here to enter a date.	Location of Death:		Has Death been Reported to the Medical Examiner (OCME) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reported to OCME:
<input type="checkbox"/> House/Apt <input type="checkbox"/> CRF <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> PRTF <input type="checkbox"/> St. Elizabeth's <input type="checkbox"/> Other			Law Enforcement Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Agency Name:	
Facility Name: <input type="checkbox"/> N/A				
Address:		Telephone#:	Contact Name/ Title:	
Point of Contact/Title:	Telephone #	E-mail:	Telephone:	E-mail:
Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input type="checkbox"/> Unexpected <input type="checkbox"/> Expected/Medical Illness <input type="checkbox"/> Unknown <input type="checkbox"/> Coronary Heart Disease <input type="checkbox"/> Stroke/Cerebrovascular <input type="checkbox"/> Renal Failure <input type="checkbox"/> Lower Respiratory Infections <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Alzheimer / Dementia Complications <input type="checkbox"/> Cancer <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other:				
Suspicious Death <input type="checkbox"/> Yes <input type="checkbox"/> No Awaiting Medical Examiner Report <input type="checkbox"/> Yes <input type="checkbox"/> No Date Requested:				
Suicide: <input type="checkbox"/> Yes <input type="checkbox"/> No		Homicide: <input type="checkbox"/> Yes <input type="checkbox"/> No		Physical Restraint or Seclusion: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Evidence of Suicidal Thoughts (Past 30 days)		<input type="checkbox"/> Gun Shot		<input type="checkbox"/> Consumer died while in restraints
<input type="checkbox"/> Suicidal Threats or Statements (Past 30 days)		<input type="checkbox"/> Stabbing		<input type="checkbox"/> Consumer died while in seclusion
<input type="checkbox"/> Suicide Attempts within past year		<input type="checkbox"/> Physical Assault		<input type="checkbox"/> Consumer sustained injuries
<input type="checkbox"/> Give away personal possessions (Past 30 days)		<input type="checkbox"/> Asphyxiation		<input type="checkbox"/> Consumer found in prone position
<input type="checkbox"/> Found in Position indicating suicide		<input type="checkbox"/> Other:		<input type="checkbox"/> Consumer died while in presence of staff

Diagnostic/ Medical Information (Attach a copy of the consumer's most recent IRP/IPC)

Date of Most recent ICD-10-CM Diagnosis:

Provide narrative account as needed on above ICD-10-CM diagnosis:

Current Medications (Please use additional pages as necessary)

Medication Name	Dosage	Frequency	Date of Doctor's/Nurse	Describe responses to medications and identify any possible drug reactions
			Click here to enter a date	
			Click here to enter a date	
			Click here to enter a date	
			Click here to enter a date	
			Click here to enter a date	

Primary Care Physician's Name and Clinics

Physicians Name:	Telephone:	Address:

Most Recent Physical Exam in Your Records Yes No

Please provide date of last physical examination and lab findings.	Date: Click here to enter a date

Are these findings consistent with ICD-10-CM Diagnosis above? Yes No (Please Explain)

Date and Results of any diagnostic studies within the past 180 days.	
(lab, x-ray, medical procedures that relate to the last physical exam, current medications, or current medical conditions):	Date(s)
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.

Psychiatric History

Provide a brief summary of consumer's psychiatric history, including history of suicidal ideation/gestures/attempts, substance abuse, and other high risk behaviors that may have contributed to the consumer's death:

Please indicate name of the consumer's treating psychiatrist and the date and time when consumer was last seen by the psychiatrist:

Please indicate the date of hospitalizations or emergency room visits within the last year and visits to the Comprehensive Psychiatric Emergency Program (CPEP) for the six month period prior to the death:

Source Information
Note all sources of information, including the consumer's clinical record(s), consumer's roommates, family, treatment team, etc.:

Death Notification
Details of how the family was notified of the death:
Provide date/time/details of how consumer's family or significant other was notified of death: <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Other
Date: Click here to
Provide date/details of how this facility/agency was notified of death:
Assistance offered to the family? (Specify):

Additional Information:

Signature of person completing review:	Title:	Date: Click here to enter a date.
Signature of provider's Medical Director:	Title:	Date: Click here to enter a date.
Signature of CEO/Senior Executive:	Title:	Date: Click here to enter a date.

Department of Behavioral Health
Accountability Administration

QUARTERLY TRACKING LOG FOR MORTALITY REVIEWS

Agency/Facility Name:		Date Submitted:	
Prepared by (Print):	Phone #	Approved by:	Phone #
	E-mail:		E-mail:

Must be submitted to the Office of Accountability's Division of Incident Management and Investigation (DIMI) on the 5th day following the end of each quarter (Jan. 5, April 5, July 5 and October 5)



Consumer's Name:	Consumer's ID #:	Consumer's Date of Birth: Click here to enter a date.	Date of Death: Click here to enter a date.	Mortality Review Submitted by:	Date Completed: Click here to enter a date.
Performance Improvement(s) and CAP or RCA recommendations and corresponding recommendation # from the Morality Review Report or RCA:					

Identify specific actions taken to implement recommendations:					
Click here to enter a date.					

Consumer's Name:	Consumer's ID #:	Consumer's Date of Birth: Click here to enter a date.	Date of Death: Click here to enter a date.	Mortality Review Submitted by:	Date Completed: Click here to enter a date.
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Performance Improvement(s) and CAP or RCA recommendations and corresponding recommendation # from the Morality Review Report or RCA:			
Identify specific actions taken to implement recommendations:			Date recommendations were completed : Click here to enter a date.
Consumer's Name:	Consumer's ID #:	Consumer's Date of Birth: Click here to enter a date.	Date of Death: Click here to enter a date.
		Mortality Review Submitted by:	Date Completed: Click here to enter a date.
Performance Improvement(s) and CAP or RCA recommendations and corresponding recommendation # from the Morality Review Report or RCA:			
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