

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> Mortality Review		
<b>POLICY NUMBER</b> 115.1A	<b>DATE</b> FEB 04 2013	<b>TL#</b> 183

**Purpose.** This policy establishes the procedures for reviewing deaths of individuals receiving services from the Department of Mental Health (DMH) and its providers. The mortality reviews described in this policy are in addition to any other investigations conducted by DMH or other official entities. The changes in this policy are:

- a. a uniform timeline for all expedited mortality reviews (see Sections 4e and 6 (5));
- b. deletion of "root cause analysis";
- c. revised responsibilities of the DMH Critical Incident Mortality Review Committee and relevant timelines;
- d. removal of the "30 day after discharge requirement for mortality review";
- e. added section on mortality review reports from hospital units designated for mental health treatment which are not under the direct authority of DMH or under contract with DMH; and
- f. revised Mortality Review Report (see Exhibit 1 - DMH Mortality Review Form 22) which has changes in "cause of death", description of circumstances of death, and more details on notification of death.

**Applicability.** Applies to the following: core services agencies (CSAs), Saint Elizabeths Hospital (SEH), Mental Health Services Division (MHSD), Comprehensive Psychiatric Emergency Program (CPEP), Psychiatric Residential Treatment Facilities (PRTFs), and contracted hospitals.

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate MHA offices.

**Implementation Plans.** A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH and DMH contractors must ensure that staff is informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the DMH Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.


**ACTION**

REMOVE AND DESTROY

INSERT

DMH Policy 115.1 Mortality Review

DMH Policy 115.1A Mortality  
Review

  
\_\_\_\_\_  
Stephen T. Baron  
Director, DMH

**Subject: Mortality Review**

1. **Purpose.** This policy establishes the procedures for reviewing deaths of individuals receiving services from the Department of Mental Health (DMH) and its providers. The mortality reviews described in this policy are in addition to any other investigations conducted by DMH or other official entities. The changes in this policy are:

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- f. revised Mortality Review Report (see Exhibit 1 - DMH Mortality Review Form 22) which has changes in "cause of death", description of circumstances of death, and more details on notification of death.

2. **Applicability.** Applies to the following: core services agencies (CSAs), Saint Elizabeths Hospital (SEH), Comprehensive Psychiatric Emergency Program (CPEP), Psychiatric Residential Treatment Facilities (PRTFs), and contracted hospitals.

3. **Authority.** D.C. Law 2-139, the Department of Mental Health Establishment Amendment Act of 2001 § 7-1131.01 and 22 DCMR Chapter A34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards.

4. **Definitions.**

4a. **Consumer.** A person who seeks or receives mental health services or mental health supports funded or regulated by DMH.

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

4c. **Expected/Anticipated Death.** A death that is a result of a known and documented terminal illness or condition.

4d. **Unexpected/Unanticipated Death.** A death that was not a result of a known and documented terminal illness or condition.

4e. **Initial Expedited Review.** A mortality review for all suicides, unexpected deaths at SEH or CPEP, deaths of children/youth consumers, and other deaths listed in DMH Policy 480.1C, 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 (section 6a (5)).

4f. Psychiatric Residential Treatment Facility (PRTF). A psychiatric facility that (1) is not a hospital; and (2) is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the state in which it is located; and (3) provides inpatient psychiatric services for individuals under the age of twenty-two (22) and meets the requirements set forth in §§ 441.151 through 441.182 of Title 42 of the Code of Federal Regulations, and is enrolled by the District of Columbia Department of Health Care Finance (DHCF) to participate in the Medicaid program.

4g. Provider. In this policy, refers to an organization certified by DMH to provide Mental Health Rehabilitation Services (MHRS) including CSAs, sub-providers, and specialty providers.

5. Policy. Mortality reviews shall be conducted to review the cause of consumer deaths and assess the quality of services and treatment provided prior to their deaths; and to identify trends, and develop recommendations for improvements for the providers and system-wide service delivery.

6. Mortality Review Procedures.

6a. Each provider shall:

(1) Assign responsibility for the mortality review and completion of a mortality review report to an individual or committee.

(2) Conduct a mortality review of all consumer deaths above, regardless of the circumstances of the death. See Exhibit 2 for flowchart of the mortality review process.

(3) Ensure, in all cases, that, as part of the mortality review, the medical director or other designated physician evaluates the care of the deceased consumer to determine the adequacy of the treatment (e.g., psychiatric care, nursing, lab and pharmacy services) and identify any medical care issues at the provider level.

(4) Include the cause of death on the Mortality Review Report, and whether the finding was based upon clinical judgment, autopsy finding, or death certificate.

(5) Conduct an expedited review for all suicides, unexpected deaths at SEH or CPEP, and deaths of children/youth consumers. Complete and submit the expedited review and report within ten (10) working days from the date of notification.

(6) Forward the Mortality Review Report to the responsible CEO (or equivalent) following approval by the responsible medical director/clinical director, prior to submission to DMH as required in Section 6b below.

6b. Reports to DMH. Each provider shall:

(1) Submit Mortality Review Reports to the DMH Division of Quality Improvement (DQI) within forty-five (45) calendar days of a death or notification of death [or sooner if an expedited review is warranted as indicated in Section 6a (5) above].

(2) Note outstanding information in the Mortality Review Report if information from autopsy reports, death certificate, or other external sources is pending. Forward the additional information once received, to the DMH DQI as an addendum to the original Mortality Review Report.

(3) Initiate and maintain a quarterly tracking log (Exhibit 3) of all performance improvement and corrective action plan or recommendations generated from a mortality review report. 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. Forward a copy of the log to DMH DQI by the 5<sup>th</sup> day following the end of each quarter (January 5, April 5, July 5, and October 5).

6c. In addition to the above, SEH shall submit the following reports to DMH:

- (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.

6d. Mortality Review Reports from hospital units designated for mental health treatment which are not under the direct authority of DMH or under contract with DMH will be addressed as follows:

(1) The DMH Office of Accountability (OA) 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 treatment which are not under the direct authority of DMH or under contract with DMH.

(2) Gathered information from the hospital units will be included in the DMH 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 which, in turn, will address these concerns with the hospitals.

## **7. Specific Responsibilities for Mortality Reviews**

7a. The responsible CSA shall complete the mortality review for consumers who are enrolled with the CSA and not at SEH at the time of death. The referring CSA shall complete a mortality review for consumers who have been transferred to a new CSA for less than thirty (30) calendar days, and for consumers who have been transferred, but never seen by the receiving CSA.

In situations where a consumer is enrolled in a CSA, but receives services from an ACT or 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 Mortality Review Report through the CSA.

The CSA is ultimately responsible for ensuring that the mortality review is completed and that all requirements of this policy are met, and that the report is submitted to the DMH DQI within the required timeframes as indicated in this policy.



7b. SEH shall complete the mortality review 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 CSA of the consumer's death.

7c. CPEP shall complete the mortality review for every individual who dies 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, as needed.

7d. PRTFs shall complete the mortality review for DMH consumers while under the care of a PRTF.

7e. Providers, PRTFs, Community Residential Facilities (CRFs), group homes, and any other provider or entity that DMH 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 DMH staff in completing the Mortality Review Report.

DMH 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 reviews for any situation, at any time when warranted.

7f. Any person directly involved in the primary care and/or management of a consumer who dies may not conduct the mortality review for that consumer; however, the person is expected to provide information to the individual or committee conducting the mortality review.

8. **The DMH Division of Quality Improvement, Office of Accountability** shall:

8a. Conduct initial review of all provider Mortality Review Reports under the direction of the DQI Director, and provide the Mortality Review Reports with comments/recommendations to the DMH Chief Clinical Officer (CCO). The DQI Director and the CCO will refer reports that need additional review and analysis to the DMH CIMRC, through the DQI Director.

8b. Track the completion of mortality reviews for all deaths.

8c. Report the completion status of all mortality reviews including findings and recommendations to the DMH Director through the OA Director on a quarterly basis.

8d. Analyze mortality review findings to identify trends in deaths and problems or gaps in consumer care and service delivery, and provide results to the DMH CIMRC quarterly.

9. **DMH Critical Incident and Mortality Review Committee (CIMRC)**.

9a. CIMRC Chairperson. The DMH DQI Director serves as the Chairperson, and the Risk Manager serves as co-chair.

9b. Committee Membership. The CIMRC consists of the following DMH staff:

- (1) Chief Clinical Officer;
- (2) General Counsel;
- (3) Deputy Director, OA;
- (4) General Medical Officer;
- (5) Director, Provider Relations;
- (6) OA Investigator; and
- (7) other DMH Mental Health Authority representatives, as designated by the DMH Director.

At the request of the Chairperson, the SEH Director of Medical Affairs, Director of Adult Services, Director of Child and Youth Services, and Director of CPEP shall serve on the Committee on an ad hoc basis when mortality reviews are related to their area of responsibility.

9c. Committee Function. The CIMRC shall:

- (1) Review all Mortality Review Reports involving suicide, unexpected deaths at SEH and CPEP, death of a child/youth (a person under 18 years of age, or a person under 22 years of age and receiving special education youth or child welfare services with certain conditions) and other deaths referred by the DMH CCO. Also see Section 9a above;
- (2) Review and analyze mortality review reports for thoroughness and completeness of recommendations; and for analysis towards quality of services;
- (3) Report in writing mortality review findings, trends, and recommendations to the DMH Director, quarterly, or upon request;
- (4) Convey significant findings, trends, and recommendations to the provider; and
- (5) Make other recommendations relevant to policies, programs or corrective/improvement measures to the appropriate DMH leadership.

9d. Timelines. The CIMRC will review and analyze Mortality Review Reports within thirty (30) calendar days of referral to the committee to determine:

- (1) if further investigation/review by the provider (secondary review) is necessary and if improvement plans are adequate, and/or
- (2) if further DMH-level review is recommended by the committee.
- (3) The final CIMRC written findings will be made available within another thirty (30) calendar days after the CIMRC has reviewed and analyzed the death (see 10d above).

10. 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 DMH Policy 645.1 DMH Privacy Policies and Procedures.

11. Adherence to DMH Mortality Review Policy. Providers shall have internal policies and procedures related to reporting and reviewing of deaths; however, internal policies and procedures

must adhere to the DMH policy. SEH must meet certain mandates that are outside of the DMH CIMRC, and as such, the SEH Mortality Review policy must remain separate but compatible with the DMH policy on Mortality Reviews.

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

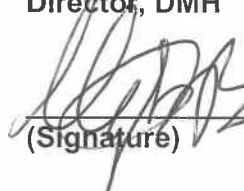
12. **Inquiries.** Questions regarding the contents of this policy should be addressed to the DMH DQI Director.

13. **Exhibits.**

- 1 – DMH Mortality Review Report (For Use by Mental Health Providers)
- 2 – Mortality Review Process
- 3 – Quarterly Program Tracking Log for Death Reviews

**Approved By:**

**Stephen T. Baron**  
**Director, DMH**

 \_\_\_\_\_  
(Signature) 2-4-13  
\_\_\_\_\_  
(Date)

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Department of Mental Health  
 Division of Quality Improvement  
 DMH Form # 22

**DMH Policy 115.1A**  
 Exhibit 1 Sec. 1 f



**DMH Mortality Review Report**  
 For use by Mental Health Providers

Fax the form to the Office of Accountability, Division of Quality Improvement at: **(202) 673 – 2191** or email to **MUI.OA@dc.gov**, *within 45 calendar days of a death or notification of death.*

**SECTION 1. Background Information**

**1A. Consumer Background Information**

Name – Consumer (Last, First, MI) _____ eCura Number _____		Birthdate: <u>  </u> / <u>  </u> / <u>  </u>
Consumer Address: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
		<u>DATE OF DEATH</u> <u>  </u> / <u>  </u> / <u>  </u>
Ethnicity (Check One below) <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> White (not Hispanic ) <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban )		Has this death been reported to the Medical Examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No

**1B. Core Service Agency(if applicable)**

Name of Core Services Agency (CSA): \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Name of Lead CSA Community Support Worker/Clinical Manager/Social Worker: \_\_\_\_\_

Telephone # : \_\_\_\_\_

**1C. Sub-Providers/Specialty Providers (if applicable)**

Sub-providers: \_\_\_\_\_ Specialty Providers: \_\_\_\_\_

Types of Service (circle below):

ACT CBI IDT MST Crisis/Emer Day Srvc Comm/Sup C/S Grp Med/Somatic Counseling  
 Diagnostic/Assess MH Clubhs Supp Ind Livng Supp Employ FFT



Consumer Name: \_\_\_\_\_

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**SECTION 2. Manner of Death** (Please describe circumstances of death and check the applicable box in the area below. Refer to the last page of form if additional space is needed).

**2A Manner of death: Check ALL that apply (Must be completed by Medical Director/Staff)**

- Natural       Homicide       Suicide       Accidental       Unknown  
 Unexpected       Expected

**2B Cause of death (specify):**

Check ALL that apply. If Unknown at this time, indicate Unknown, If Preliminary, Check Preliminary:

- |   |   |
|---|---|
| <input type="checkbox"/> Coronary heart disease                             | <input type="checkbox"/> Complications due to Diabetes mellitus |
| <input type="checkbox"/> Stroke and other cerebrovascular diseases          | <input type="checkbox"/> Complications due to HIV/AIDS          |
| <input type="checkbox"/> Renal Failure                                      | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Lower respiratory infections                       | <input type="checkbox"/> Unknown                                |
| <input type="checkbox"/> Chronic obstructive pulmonary disease              | Preliminary _____   |
| <input type="checkbox"/> Complications due to Alzheimer and other dementias |   |
| <input type="checkbox"/> Cancer (specify type): _____                       |   |

**2C. Description of Circumstances.**

Describe in concise narrative form the circumstances surrounding the death. Focus on the current physical/ medical and psychiatric conditions that are believed to have contributed to the death. Please include any physical complaints or any unusual behavior exhibited by the consumer during the past month. Include information if individual in care was suffering from a terminal illness or had a chronic condition and the death involved natural course of an illness or disease. If applicable, also include any outreach service provided and date of last contact with consumer and attach last psychiatric note:

**Date of Last Contact:**

**Type of Contact:**

Consumer Name: \_\_\_\_\_

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**SECTION 3. Location of Death**

Home / Apartment     CRF     SEH     Nursing Home     PRTF

Other Hospital (specify) \_\_\_\_\_ .  Other (Specify) \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. #: \_\_\_\_\_ email: \_\_\_\_\_

Name of Point of Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Tel. #: \_\_\_\_\_ email: \_\_\_\_\_

**SECTION 4. Law Enforcement Involvement**

Indicate which law enforcement agency was involved, if any: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**SECTION 5. For suspicious death, please complete all of the following:**

Awaiting information from Medical Examiner     YES     NO

**SUICIDE     YES     NO (If yes continue below)**

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Was there evidence that the consumer was having suicidal thoughts during the last month?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the consumer make any suicide threats or statements during the last month?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the consumer make a suicide attempt in the past year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the consumer give away personal possessions within the last month?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the consumer found in a position or circumstance which might indicate the death was due to suicide? | <input type="checkbox"/> | <input type="checkbox"/> |

Specify circumstances:

hanging     drowning     drug overdose     gunshot     jumping     other (Specify below)

**HOMICIDE     YES     NO (If yes continue below)**

1. Where did this happen? \_\_\_\_\_

2. Specify circumstances of homicide:

asphyxiation     gunshot     stabbing     beating     other (Specify below)

**PHYSICAL RESTRAINTS AND SECLUSION**

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Did the consumer die while in restraint or seclusion? (If yes, continue below)       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the restraint/seclusion have a direct relationship on the consumer's death?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the consumer sustain any injury while in restraint or seclusion?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the consumer in a prone (face down) position when a physical restraint was used? | <input type="checkbox"/> | <input type="checkbox"/> |

Consumer Name: \_\_\_\_\_

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Please provide additional narrative, if the consumer died while in restraint or seclusion.

**SECTION 6. Diagnostic/Medical Information**

Please attach a copy of the consumer's most recent IRP/IPC.

**6A. Psychiatric / Medical Diagnostic Information**

Date of Most recent

DSM IV Diagnosis

AXIS	Type	Code	Disorder	Category
Axis I	Clinical Syndromes			
Axis II	Developmental Disorders and Personality Disorders			
Axis III	Physical Conditions			
Axis IV	Severity of Psychosocial Stressors			
Axis V	Highest Level of Functioning			
Comments:				

**6B. Give narrative account as needed on above Axis I through Axis V (e.g. HIV status, intellectual disability, substance abuse, co-occurring disorders).**

(Specify if Co-occurring disorder was active problem at time of death)

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**6C. Current Psychiatric Medications**

Medication Name	Dosage	Frequency & Length of time on medication	Date of Doctor's /APRN's <sup>1</sup> most recent order	Describe responses to medications and identify any possible drug reactions

**6D. Other Medications**

Medication Name	Dosage	Frequency & Length of time on medication	Date of Doctor's /APRN's most recent order	Describe responses to medications and identify any possible drug reactions

**6E. Psychiatric History**

1. 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.
  
2. Please indicate name of the consumer's treating psychiatrist and the date and time when consumer was last seen by the psychiatrist:
  
3. 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:

<sup>1</sup> APRN means Advanced Practice Psychiatric Nurse

Consumer Name: \_\_\_\_\_

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6F. Primary Care Physician's Name and clinic(s) name(s)	Telephone # and Address

Is there a copy of the most recent physical exam in your record?  YES  NO If yes, please give date of last physical examination and lab findings. Are these findings consistent with Axis III above? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 7. Sources of Information:**

7A. Note all sources of information, including the consumer's clinical record(s), consumer's roommates, family, treatment team, etc.

7B. Additional pertinent data and/or circumstances.

**SECTION 8. Notification of Death:**

8A. Details of how the family and the agency were notified of the death: Provide date/time/details of how consumer's family or significant other was notified of death.

Provide date/details of how this facility/agency was notified of death

Assistance offered to the family? (Specify)



**SECTION 9. Performance Improvement Findings:**

**9A. Record Review for Compliance with MHRS Standards (To be completed by DMH)**

Determine provider compliance with the following MHRS standards, as applicable:

(1) Access to Care. Time between assignment in eCura and time seen by psychiatrist

Compliant  Not Compliant

(2) Quality of Care

Compliant  Not Compliant

(3) Fragmentation of Care. Was consumer hospitalized within the last year; if so are recent hospital records in chart?

Compliant  Not Compliant

(4) MHRS IRP/IPC 3408.5(d) (6) shall include a plan for addressing any medical problems.

Compliant  Not Compliant

(5) MHRS Policy and Procedures 3410.14 (b) and (c) MHRS provider shall establish and adhere to Policy and Procedures governing communication with consumers primary care providers.

Compliant  Not Compliant

(6) MHRS Clinical Record Documentation 3410.16. (c) (6). The clinical record shall contain at minimum Pertinent Medical Information.

Compliant  Not Compliant

(7) MHRS Quality Improvement Plan 3410.27(d) Coordination of care across Behavioral Health treatment and Primary Care Treatment Settings.

Compliant  Not Compliant

(8) MHRS Medication/Somatic 3416.1 Medication/Somatic Treatment Services are medical interventions (including Physical Examinations).

Compliant  Not Compliant

Consumer Name: \_\_\_\_\_

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**9B. Clinical Record Review**

Evaluate overall sufficiency of clinical record documentation (assessment, progress note, IRP/IPC, etc.) Please note timeliness and content quality, including legibility.

**9C. Findings / Deficiencies / Opportunities to Improve Care**

Note clinical findings, identified problems / deficiencies and opportunities to improve care.

**9D. Corrective Action Plan (CAP) / Plan of Improvement**, including actions to be taken, responsible person(s) and time frame (number each recommendation).

Recommendation #1:

Recommendation #2:

Recommendation #3:

**10. SIGNATURES** (must include at least the following three (3) signatures)

1. Name and signature of person completing this review

Name	Signature	Title	Date

2. Name and signature of provider's medical director (or contract medical director) reviewing this report.

Name	Signature	Title	Date

3. Name and signature of CEO/senior executive.

Name	Signature	Title	Date

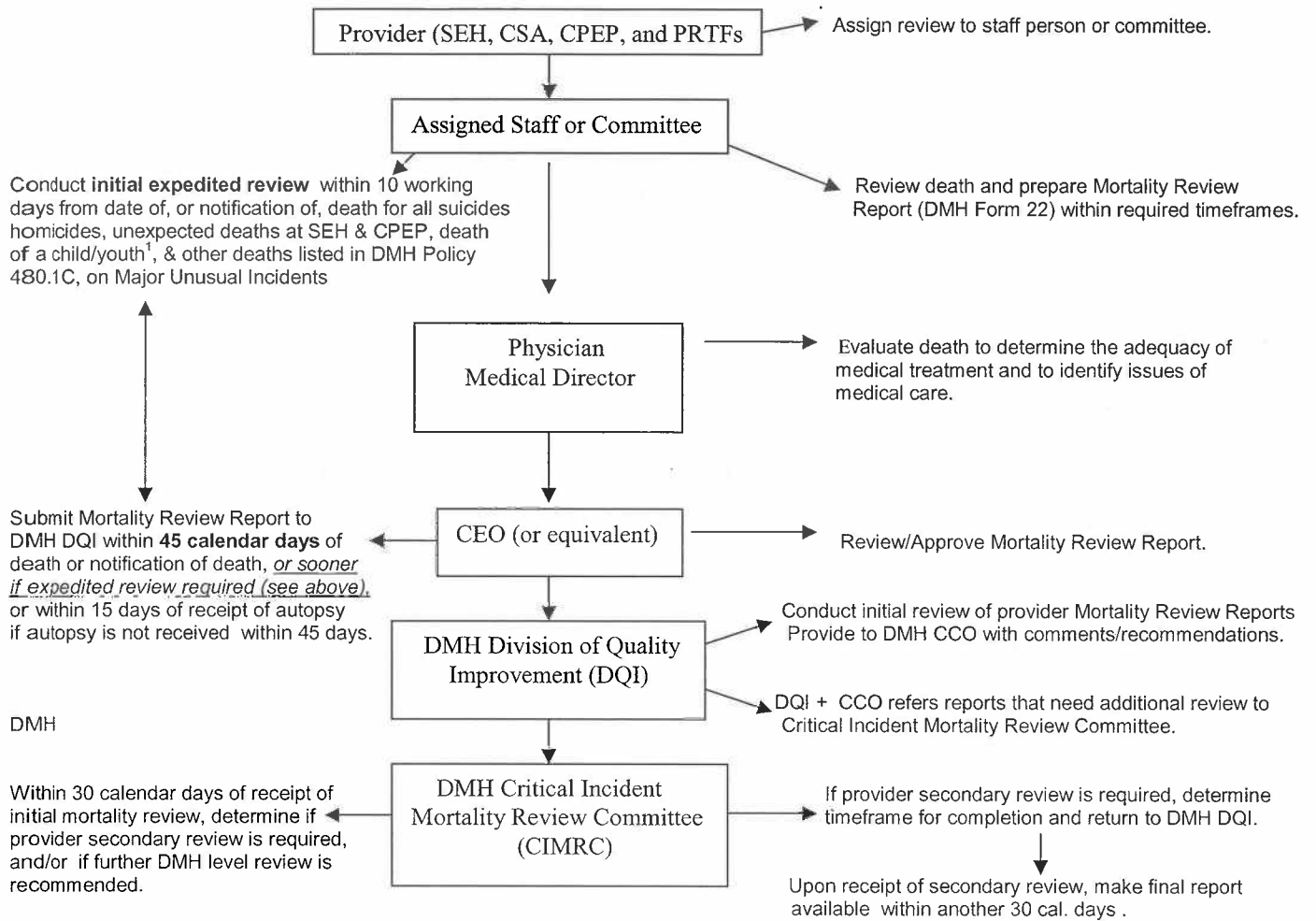
**Other signature(s) (if required internally)**

Name	Signature	Title	Date

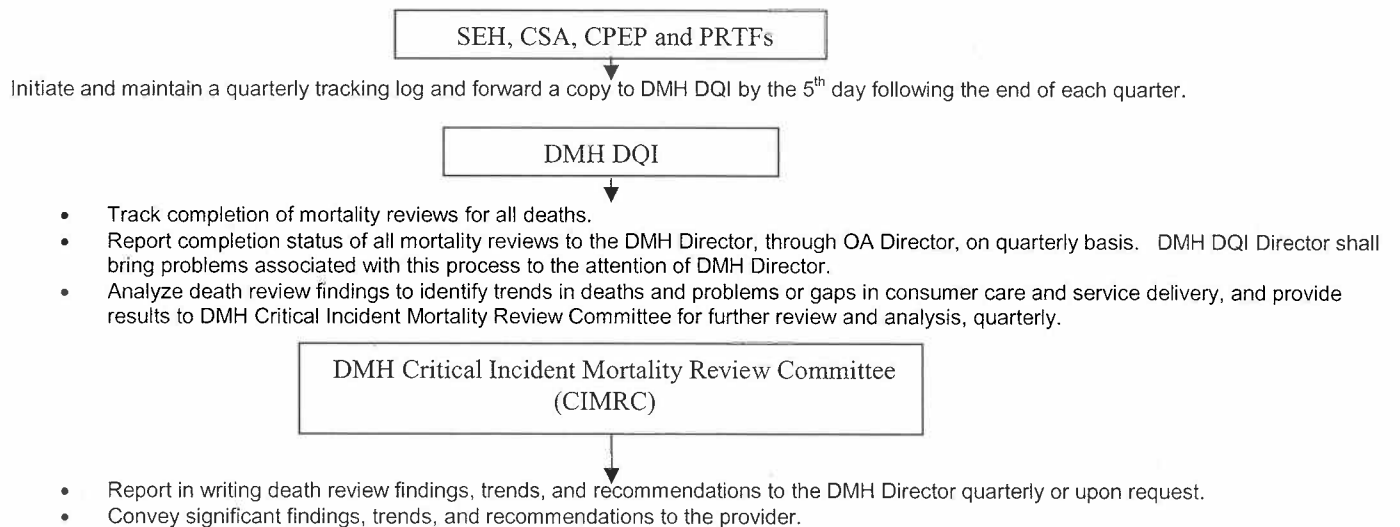
Name	Signature	Title	Date

**PLEASE ATTACH ANY OTHER RELEVANT INFORMATION**

**Mortality Review Process Begins**



**Tracking and Monitoring**



<sup>1</sup> Child/youth – a person under 18 years of age, or a person under 22 years of age and receiving special education youth or child welfare services with certain conditions.

# QUARTERLY PROGRAM TRACKING LOG FOR DEATH REVIEWS

**Date:** \_\_\_\_\_ **Submit to DMH, Division of Quality Improvement on the 5th day following the end of each Quarter: January 5, April 5, July 5, and October 5**

**Prepared By:** \_\_\_\_\_

*Corrective Action Plan (CAP)*

**Approved:** \_\_\_\_\_  
(Signature CEO/Designee or Senior Executive)

*Root Cause Analysis (RCA)*

Consumer ID #	Date of Death	Name of Person(s) who completed MR & Date of Review	Problems/Areas for Improvement	List <u>all</u> Performance Improvement and CAP or RCA recommendations and corresponding recom. # from the Mortality Review Report or RCA	Identify specific actions taken to implement recommendations	Date recommendations were completed or fully implemented

Attach an additional page if more space is needed.