

1. ORR FAQ's, etc.
  - Death reporting guidelines & ORR review form
  - LARA Death Reporting form (bhs\_lc\_1036\_362522\_7)
  - ORR Frequently Asked Questions



## **Death Reporting Guidelines in LPHs**

When a recipient dies

1. while enrolled in a hospital program (on a unit or in a partial program, etc)
2. after direct transfer to a medical unit of the (a) hospital from a LPH/U
3. after d/c, prior to first scheduled date of the aftercare appointment
4. after the date of the aftercare appointment, if the recipient did not attend the session.
5. Once the recipient attends the aftercare appointment, reporting will be the responsibility of the Agency providing care (CMH)

If the death is due to a suicide, homicide or is unexpected (fall, accident): Call within 24 hrs, send the death review report within 14 days.

If the death is expected or anticipated, only the 14 day death review report is required.

### **Rights Office Responsibilities:**

1. Review the progress notes
2. Review the Treatment Plan
3. Review doctor's orders and assessments
4. Review the Death Review Report.

ORR has reviewed this Death Report and

is opening an investigation

is not opening an investigation at this time. The office may open an investigation if new evidence is presented.

**OFFICE OF RECIPIENT RIGHTS**

**REVIEW OF DEATH**

**Recipient:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**D.O.D.:** \_\_\_\_\_

1. The following were reviewed: \_\_\_\_\_ Report of Death (required)

\_\_\_\_\_ Clinical Record (required)

\_\_\_\_\_ Progress Note

\_\_\_\_\_ Treatment Plan

\_\_\_\_\_ Assessments

\_\_\_\_\_ Doctor's Orders

\_\_\_\_\_ Interviews with Staff or others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. ORR action

ORR has reviewed this Death Report and:

is opening an investigation

is not opening an investigation at this time. The office may open an investigation if new evidence is presented.

\_\_\_\_\_  
Recipient Rights Officer

\_\_\_\_\_  
Date

*LARA Use Only*

Date Received
Facility Number

**PSYCHIATRIC NOTIFICATION OF DEATH REPORT**  
**Psychiatric Inpatient Hospital/Unit**

Michigan Department of Licensing and Regulatory Affairs (LARA)  
 Division of Licensing & Certification, Bureau of Health Systems  
 611 W. Ottawa Street, P. O. Box 30664  
 Lansing, MI 48909

Rule 330.1274 requires the administrator, or designee, to inform the department, as soon as administratively possible, of all deaths in the licensed psychiatric hospital unit.

Reporting Hospital				Report Date
[Redacted] (Name)				[Redacted] (mm/dd/yyyy)
[Redacted] (Address)				
[Redacted] (City)	[Redacted] (State)	[Redacted] (ZIP Code)	[Redacted] (Phone)	
Hospital/Program Administrator				
[Redacted] (Name)				[Redacted] (Phone)
[Redacted] Initials of Patient	[Redacted] Medical Record #	[Redacted] Age	[Redacted] Gender (M/F)	[Redacted] Admission Date (mm/dd/yyyy)
Axis I admitting diagnosis: [Redacted]				
Axis III admitting diagnosis: [Redacted]				
[Redacted] Cause of Death			[Redacted] Time of Death	[Redacted] Date of Death (mm/dd/yyyy)
Provide brief statement of circumstances of the patient's admission to the psychiatric program: [Redacted]				
*Attach copy of Admission History and Physical (Attachment #1)				
If patient expired after discharge/transfer from the licensed psychiatric program, please note the date of discharge/transfer and location/program to which the patient was transferred/discharged. [Redacted]				
* Attach copies of all (medical/psychiatric) discharge or transfer summaries (Attachment #2)				

While hospitalized in the psychiatric or medical unit, was the patient secluded or restrained?

Yes  No If yes, note type of intervention(s) and date(s):

█

Did the death:

- occur while the patient was restrained or secluded, or  
 occur within 24 hours after the patient was restrained or secluded, or  
 occur within 1 week after the patient was restrained or secluded.

Did the use of restraint or seclusion contributed directly or indirectly to the death?

No  Unknown pending completion of investigation  Yes

If a patient died in the community, provide the location or address where patient died, manner of death, manner of discovery of patient's death, occurrence of any events that may have contributed or precipitated the patient's death.

█

Provide description of life saving measures taken by hospital.

█

At the time of death, was the patient on a "DO NOT RESUSCITATE [DNR]" status?

No  Yes If YES, note:

(i) the date that the patient was placed on the DNRs status █ (mm/dd/yyyy)

(ii) the relationship of the individual authorizing the DNR status █

Was the program's recipient rights advisor notified of the patient's death?  No  Yes

If yes, please note the date and time of notification: █ (mm/dd/yyyy) █ (time)

Steps taken by hospital to investigate the circumstances of the patient's death and review the quality and appropriateness of care provided to the patient.

█

Was local law enforcement agency notified of the patient's death?  No  Yes

If yes, indicate name and phone number of investigating officer(s) and name of law enforcement jurisdiction.

█

Was the medical examiner (ME) notified of the patient's death?  No  Yes

If yes, did ME take jurisdiction of this case?  No  Yes

If yes, provide ME office phone number, ME Case/Post #, and ME name/contact person.

█

\* Forward copy of the postmortem report when received by the hospital.

To your knowledge, was an autopsy completed?  No  Yes  Not Sure

If yes, by whom: █

Send completed form to:

**Psychiatric Program Licensing  
Bureau of Health Systems  
MI Dept of Licensing & Regulatory Affairs  
P.O. BOX 30664  
Lansing, Michigan 48909**

Submitting Authority:

\_\_\_\_\_  
(Patient's physician/chief of psychiatry sign)

█  
(Type name of signing physician)

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc.