21. Death Reporting

ORR Death Review form
Death Reporting Guidelines
LARA Death Reporting form
CMS report of hospital death associated with restraint or seclusion (LPH only)
CMH Contract Requirement for Death Reporting

OFFICE OF RECIPIENT RIGHTS
REVIEW OF DEATH

Recipient's Name:

Date of Death:

The following items were reviewed:

- ☐ Report of Death (required)

- ☐ Clinical Record (required)
- ☐ Progress Notes
- ☐ Treatment Plan
- ☐ Assessments
- ☐ Doctor's Orders

Interviews conducted with staff or others:

ORR action

ORR has reviewed the information pertaining to the death of this recipient 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

Death Reporting Guidelines in LPHs

When a recipient dies;

1. **Psychiatric Notification of Death** - MCL 333.1720 requires licensed psychiatric hospitals or units to report to the department all deaths - Psychiatric Notification of Death Report (BCHS-HFD-160). This form must be completed and submitted to the department within five working days (recommended) from when the patient died within the psychiatric hospital or unit.

2. **Hospital Restraint/Seclusion Deaths** – Centers for Medicare and Medicaid Services (CMS) requires (S&C: 14-27) all hospitals, including psychiatric hospitals, to report (by close of next business day) deaths associated with restraint and/or seclusion on form CMS-10455. Submit reports either via fax at 443-380-8952 or confidential email at 05RESTRAINTRF@CMS.HHS.GOV. Hospitals should attach an additional page to the worksheet to further describe circumstances surrounding the death (e.g., reason for restraint, total length of time in restraints, how patient was monitored, and frequency of monitoring while in restraint). Hospitals should not call to report a death. Questions may be directed to CMS ROV Chicago, Tiffany Lowe-Ross, 312-353-9804 or via email tiffany.lowe@cms.hhs.gov.
Please note that reports contain personal health information and should be sent via a secure method.
http://www.michigan.gov/lara/0,4601,7-154-35299_63294_63302-314257--,00.html

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.

____
Signature/Rights Officer

STATE OF MICHIGAN

Michigan Department of Licensing and Regulatory Affairs (LARA)
Bureau of Community and Health Systems

NOTIFICATION OF DEATH OF PSYCHIATRIC HOSPITAL OR UNIT INPATIENT

Pursuant to MCL 330.1720 of the Mental Health Code, requires the administrator or designee to inform the department of all deaths occurring in a psychiatric hospital or unit.

Psychiatric Hospital or Unit		Facility Number:
Name of Health Facility:		
Address:		
City:	State: Michigan	Zip Code:
Phone Number:		
Authorized Person/Administrator:		
Email:		

Inpatient Information

Age:	Gender:	Admission Date:	Date of Death:

Death Notification Information

If the patient was an inpatient of the psychiatric hospital or unit at the time of death, please report the cause of death:

☐ Non-natural causes (Select applicable below)
- ☐ Suicide
- ☐ Injury
- ☐ Other: _______________

☐ Natural causes
☐ Unknown at time of report

Was the death associated with restraint or seclusion? ☐ Yes ☐ No

Signature Authorized Person/Administrator Certification

Signature of Authorized Person/Administrator:	Date:

Submission by 1st class mail:	Submission by overnight services:
MI Dept. of Licensing & Regulatory Affairs Bureau of Community and Health Systems State Licensing Section P.O. Box 30664 Lansing, MI 48909	MI Dept. of Licensing & Regulatory Affairs Bureau of Community and Health Systems State Licensing Section 2407 N. Grand River Ave Lansing, MI 48933

Submission by Email: bchs-statelicensing@michigan.gov Questions: (517) 241-1970

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.

Form Approved
OMB No. 0938-1210

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH RESTRAINT OR SECLUSION

A. Hospital Information:

Hospital Name		CCN
Address		
City	State	Zip Code
Person Filing the Report		Filer's Phone Number

B. Patient Information:

Name		Date of Birth
Primary Diagnosis(es)		
Medical Record Number	Date of Admission	Date of Death
Cause of Death		

C. Restraint Information *(check only one)*:

☐ While in Restraint, Seclusion, or Both
☐ Within 24 Hours of Removal of Restraint, Seclusion, or Both
☐ Within 1 Week, Where Restraint, Seclusion or Both Contributed to the Patient's Death

Type *(check all that apply)*:

☐ Physical Restraint ☐ Seclusion ☐ Drug Used as a Restraint

If Physical Restraint(s), Type *(check all that apply)*:

☐ 01 Side Rails
☐ 02 Two Point, Soft Wrist
☐ 03 Two Point, Hard Wrist
☐ 04 Four Point, Soft Restraints
☐ 05 Four Point, Hard Restraints
☐ 06 Forced Medication Holds
☐ 07 Therapeutic Holds
☐ 08 Take-downs
☐ 09 Other Physical Holds (specify): ____________________
☐ 10 Enclosed Beds
☐ 11 Vest Restraints
☐ 12 Elbow Immobilizers
☐ 13 Law Enforcement Restraints

If Drug Used as Restraint:

Drug Name	Dosage

C. The CMHSP shall submit a written review of death for every recipient whose death occurred within six (6) months of the recipient's discharge from a state-operated service. The review shall include:
    1. Recipient's name
    2. Gender
    3. Date of birth
    4. Date, time, place of death
    5. Diagnoses (mental and physical)
    6. Cause of death
    7. Recent changes in medical or psychiatric status, including notation of most recent hospitalization
    8. Summary of condition and treatment (programs and services being provided to the recipient) preceding death
    9. Any other relevant history
    10. Autopsy findings if one was performed and available
    11. Any action taken as a result of the death

D. Should additional statistical or management information from data currently collected by the CMHSP be required by the MDHHS, at least 45 days written notice shall be provided. The written request shall identify who is making the request and the purpose of the request. The MDHHS shall make earnest efforts not to request additional information (above and/or beyond what is required in this contract and/or any modification of the contract informational requirements). Particular exceptions include additional informational requirements issued by funding and regulatory sources and/or resulting from legislative action.