



Actions Needed Following the Death of an Individual Issued 6-8-14

This Information has been revised and replaces Alert#: 02-09-18, #25-01-05 and #04-01-05 entitled, *Actions Needed Following the Death of a Consumer*. The major change relates to what information is required if the individual resided in a facility where the Ohio Department of Health (ODH) has jurisdiction, if the person lived at home with their family or if the person died of cancer or were in a hospice program at the time of their death.

All deaths of individuals with Developmental Disabilities in our system will continue to be reviewed; however, the Mortality Review Committee will focus more on those individuals served by the Department of Developmental Disabilities employees. Through this process, we will continue to identify system issues and individual-specific issues that will assist in continuing to improve the care of persons with Developmental Disabilities. Please note that in any situation where abuse/neglect is alleged or concerns are expressed by the family, county board, provider or Department, additional information identified in (D) of this alert will be required.

Following is a listing of what is required to be reported based upon the circumstances outlined:

A. Individuals whose residence was with entities under the jurisdiction of **ODH - Nursing Homes, ODJFS Homecare Waiver, Carestar.**

1. Copy of the death certificate/ autopsy (if done)/ Corner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. Indicate if DNR order in effect; type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?

B. **Cases involving children and adults who live at home and who had access to health care or live in the Community with no waiver.** (Access to health care is defined as having access to a primary care physician or advanced practice nurse on some recurring basis--at least annually.) Note that there is a statutory requirement (ORC 307.621) for all children less than 18 years of age to be reviewed by local counties.

1. Copy of the death certificate/ autopsy (if done)/ Corner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).

3. Whether the death was expected or unexpected. Indicate if DNR order in effect; type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (**72 hours prior to hospitalization or death**) Enter a narrative regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the **72 hours prior to the hospitalization** (e.g., events, activities).

C. Persons who died of **cancer or were in a hospice program** at the time of death:

1. Copy of the death certificate/ autopsy (if done)/ Corner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. Indicate if DNR order in effect; type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (**72 hours prior to hospitalization or death**) Enter a narrative regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the **72 hours prior to the hospitalization** (e.g., events, activities).
6. If individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings).

D. **12 death questions** (All other deaths not covered in the above categories):

1. Copy of the death certificate, Supplementary Medical Certification, Autopsy Report and Corner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. Indicate if DNR order in effect; type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (**72 hours prior to hospitalization or death**) Enter a narrative regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the **72 hours prior to the hospitalization** (e.g., events, activities).
6. If individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings).
7. Outcome of law enforcement investigation (when they are involved).
8. Enter on ITS the medical/psychiatric diagnoses prior to death.
9. Medications individual was taking prior to death or hospitalization (if died in a hospital).

10. Past medical history (e.g., surgeries, recent treatments, illness, chronic medical problems, previous pneumonia's, most recent pneumonia vaccine, most recent influenza vaccine, current height and weight).
11. Name of primary physician.
12. If cause of death was due to Pneumonia, Aspiration or Respiratory Failure, list the individual's diet texture, whether the diet was followed, if the individual had a swallowing study, and how was the individual receiving his/her medication.

Reminder: All deaths of persons with Developmental Disabilities are to be reported to the Coroner by the attending physician, EMS staff and involved law enforcement officers. It is important to ensure that this is done according to Ohio Revised Code 313.12.

For questions or comments regarding the above Alert, please contact the MUI/Registry Unit at (614) 995-3810.