Policy:

When the death of an individual supported is anticipated, the priority is to ensure that the person's dignity is preserved and that the wishes of the person and/or legal representative are complied with to the greatest extent possible. If an individual supported dies, Mid-Missouri Supported Living staff will ensure proper response and reporting of the death.

Comments:

A. If a person supported by Mid-Missouri Supported Living develops a life-threatening illness or sustains a life-threatening injury from which the attending physician indicates death is anticipated, the Program Manager/ Executive Director will ensure that the legal representative, support coordinator, other service providers, and Mid-Missouri Supported Living's staff are notified immediately (family members and others may be notified by the legal representative).

B. If possible, the Program Manager/ Executive Director will ensure that a support team meeting or conference call is scheduled.

C. If the Program Manager/Executive Director receives an advance directive they shall immediately inform Mid-Missouri Supported Living staff. All individuals supported have "do resuscitate" status unless Mid-Missouri Supported Living has a copy of a DNR/DNI advance directive.

D. When discovering an individual supported who appears to have died, all staff will treat the situation as if it were a medical emergency and will take the following steps:

Staff will call "911" and provide first aid and/or CPR to the extent they are qualified unless the individual supported has an DNR/DNI advance directive. Mid-Missouri Supported Living staff are trained in CPR/First Aid and will take all lifesaving procedures as mandated by the State of Missouri and the Department of Mental Health unless a Do Not Resuscitate order is in place with the appropriate documentation or an alternative to CPR order is in place with appropriate documentation. If such an order is in place, all staff will be trained on it as soon as it is received and will sign a document acknowledging being trained on it. In addition, staff will immediately ensure necessary and reasonable precautions are taken to secure the safety of other individuals supported to protect them from problematic events.

- Mid-Missouri Supported Living's staff will **immediately** begin mandatory notifications, as follows:
  - Home Manager/Immediate supervisor
  - Program Manager
  - Executive Director.
  - Owner.

When an authorized person, such as a physician or paramedic, determines that the individual supported is deceased, the Program Manager/Executive Director will immediately contact the person's legal representative and anyone else that is specified within the individual supported's ISP. If the death occurs when the individual supported is in attendance at a Mid-Missouri Supported Living's program site, the Program Manager/ Executive Director will ensure the County Coroner's office is notified and that the body is not moved until the coroner arrives.

- The Program Manager/Executive Director will notify the following individuals or entities (local regional center, support coordinator and any representative or designated emergency contacts) within 24 hours of the death, or receipt of information that the death occurred. The staff will complete General Event Report (GER) on Therap thoroughly and accurately. The GER should contain a detailed account of the death and any actions taken. The Program Manager/Executive Director will follow the process and timelines for event direct entry (CIMOR) and notification per Directive 4.070 and will enter the information from the GER into CIMOR within 24 hours.

The Mortality Review process will be initiated within 5 business days per DMH Division of DD Death Notification and Mortality Review Process Policy.

Within 5 business days:
Unless an extension is granted and documented, Mid-Missouri Supported Living shall submit with Section I "Provider Mortality Review", the following documentation:

1) Physician Orders and Medication Administration Records from residential setting at time of death or transfer to hospital or other care facility for the current month and 3 previous months.
2) All staff documentation & progress notes (Nurses, Physicians, direct care and/or staffing / observation/communication notes or logs, etc.) for at least three days prior to the date of death or transfer to hospital or other care facility.
3) Most recently completed Community RN Monthly Summary, including at least three (3) Community RN Monthly Summaries, prior to the death event or transfer.
4) All health monitoring records being completed for this individual such as vital signs, weights, blood pressure, blood sugar, bowel or urine records, Intake/Output etc. for the current month and 3 previous months prior to death event or transfer to hospital or other care facility.
5) All medical and behavioral consultation records for six months prior to death or transfer of care.
6) Documentation of all nursing delegation for this individual performed within a month prior to death event or transfer to hospital or other care facility.
7) If ordered, a copy of DMH Non-Hospitalization DNR documentation or Alternative to CPR document.
8) Hospital, Emergency Room, and/or Emergency Response reports (Paramedic/EMT/Ambulance/First Responder, etc.) occurring within 12 months prior to death event or transfer of care.
9) All documents specifically requested by Division of DD.

All staff of Mid-Missouri Supported Living, LLC, are mandated to comply with the mortality process at all stages.

The Executive Director or owner will complete and document the internal review related to the report of death. The internal review will include an evaluation of whether:

a. Related policies and procedures were followed.
b. The policies and procedures were adequate.
c. There is a need for additional staff training.
d. There is a need for corrective action by Mid-Missouri Supported Living to protect the health and safety of the individual supported.

Based upon the results of the internal review, and if indicated, Mid-Missouri Supported Living will develop, document, and implement a corrective action plan for the program designed to correct current lapses and

prevent future lapses in performance by the individuals supported or Mid-Missouri Supported Living's staff, if any.

Credit: DMH's Sample Policy & Procedure Manuals shared with new providers.

Approved by: _____

Robert Palmer, RN, BSN, Owner MMSL