



POLICY AND PROCEDURE ON THE DEATH OF A PERSON SERVED

I. PURPOSE

The purpose of this policy is to establish guidelines for anticipating the death of a person served. In addition, this policy establishes the response and reporting guidelines for when death occurs of a person served.

II. POLICY

When the death of a person served 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. In the event that a person dies, staff will ensure proper response and reporting of the death.

III. PROCEDURE

- A. If a person served develops a life threatening illness or sustains a life threatening injury from which the attending physician indicates death is anticipated, the Designated Coordinator and/or Designated Manager will ensure that the legal representative, case manager, other service providers, and Intercommunity Home Health Care staff are notified immediately (family members and others may be notified by the legal representative) .
- B. If possible, the Designated Coordinator and/or Designated Manager will ensure that a support team meeting or conference call is scheduled.
- C. In coordination with the support team and in anticipation of the person's death, the Designated Coordinator and/or Designated Manager, assigned nurse or nurse consultant, and legal representative will determine whether the person served is able to attend Intercommunity Home Health Care. If it is determined the person served is able to attend Intercommunity Home Health Care:
 1. If the Designated Coordinator and/or Designated Manager receive an *advance* directive they shall inform IHHC staff. All persons *have* "do resuscitate" status unless IHHC has a copy of a DNR/DNI *advance* directive.
 2. The Designated Coordinator and/or Designated Manager will coordinate with the support team to determine what services the program needs to deliver to meet the needs of the person served, including but not limited to additional supervision, specialized staff training, and implementation and documentation of all physician and nursing orders, including advanced directives.



- D. When discovering a person served who appears to *have* died, all staff will treat the situation as if it were a medical emergency and will take the following steps:
1. Staff will call "911" and provide first aid and/or CPR to the extent they are qualified, unless the person served has an advanced directive.
 2. Staff will notify all required persons including the Designated Coordinator and/or Designated Manager and assigned nurse or nurse consultant, if available.
 3. When an authorized person, such as a physician or paramedic, determines that the person served is deceased, the Designated Coordinator and/or Designated Manager will immediately contact the person's legal representative and residential provider. If the death occurs when the person is in attendance at an Intercommunity Home Health Care site, the Designated Coordinator and/or Designated Manager will ensure the County Coroner's office is notified and will ensure that the body is not *moved* until the coroner arrives.
 4. The Designated Coordinator and/or Designated Manager will notify the following individuals or entities within 24 hours of the death, or receipt of information that the death occurred, unless Intercommunity Home Health Care has reason to know that the death has already been reported:
 - a. Legal representative or designated emergency contact
 - b. Case manager
 - c. MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division using the required reporting forms. These forms include the *Death Reporting Form* and *Death or Serious Injury Report Fax Transmission Cover Sheet*.
 5. The CEO or Program Manager/Branch Manager will be responsible for sending the notification letter "Notification Letter to Next-of-Kin" from the MN Office of the Ombudsman for Mental Health and Developmental Disabilities to the next of kin and may offer to arrange grief counselling for staff and other involved persons.
- I. Upon the death of the person, any funds or other property of the person will be surrendered to the person's legal representative or given to the executor or administrator of the estate in exchange for an itemized receipt. A written inventory that was completed regarding the person's funds or property will be placed in their file with signatures obtained from the legal representative, executor, or administrator of the estate.
- J. Intercommunity Home Health Care will conduct an internal review of incident of deaths that occurred while services were being provided and that were not reported by the program as alleged or suspected maltreatment, for identification of incident patterns and implementation of corrective action as necessary to reduce occurrences.



- K. The Designated Coordinator or Designated Manager will complete and document the internal review related to the report of death. The internal review will include an evaluation of whether:
1. Related policies and procedures were followed.
 2. The policies and procedures were adequate.
 3. There is a need for additional staff training.
 4. The reported event is similar to past events with the persons or the services involved.
 5. There is a need for corrective action by Intercommunity Home Health Care to protect the health and safety of person served.
- L. Based upon the results of the internal review, and if indicated, Intercommunity Home Health Care 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 or Intercommunity Home Health Care, if any.
- M. The Office Coordinator or designee will add the person's name to the Admission and Discharge Register.

Acknowledgement of Receipt

As the Worker, I have reviewed the above policy in the Manual. I understand that Intercommunity Home Health Care requires that I be trained on the rights of consumers and duties of workers related to the use and disclosure of protected health information. I agree to comply with all policies and procedures. I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Worker Signature:

Date:

Representative Signature:

Date: