

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 Program Director will ensure that the legal representative, case manager, other service providers, and Partnership Resources, Inc. (PRI) staff are notified immediately (family members and others may be notified by the legal representative).
- B. If possible, the Program Director 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 Program Director, assigned nurse or nurse consultant, and legal representative will determine whether the person served will reside at a hospital, other facility, or at home.
 1. The Program Director will ensure that the support team makes a decision in regards to an advance directive. Staff will act as if all persons under state guardianship have "do resuscitate" status unless consent has been given by the Guardianship Unit at the MN Department of Human Services for an advanced directive.
 2. At the request of the support team, the Program Director will help obtain an advanced directive order by supplying information to the case manager from the physician so that a summary report may be submitted to the Guardianship Unit.
 3. The Program Director and staff will not take a formal position on whether or not such an advanced directive order should or should not be issued. Staff will work to implement the wishes of the legal representative including helping to arrange and implement all physicians' orders. Staff who cannot in good conscience help obtain or implement particular physicians' orders will report this to the Program Director.
 4. The Program Director will review and document the status of all advanced directives regularly with the case manager (consent for advance directive orders for state wards expire annually and must be reauthorized by the Guardianship Unit at the MN Department of Human Services).
- D. The Program Director, in coordination with the support team, will develop a plan describing the protocol to be followed upon death, including notifications.
- E. The Program Director 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.
- F. The Program Director and assigned nurse or nurse consultant, will ensure that staff are trained in, implement, and document all physician and nursing orders related to the person's anticipated death as well as the agreed upon protocol upon witnessing or discovering the death.

- G. 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

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- served has an advanced directive.
 2. Staff will notify all required persons including the Program Director 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 Program Director will ensure the County Coroner's office is notified and will ensure that the body is not moved until the coroner arrives.
 4. The Program Director will notify the following individuals or entities within 24 hours of the death, or receipt of information that the death occurred, unless PRI 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 Program Director will discuss with the legal representative any funeral arrangements and notifications and will offer to assist the family/legal representative as needed.
 6. The Chief Executive Officer 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 for offering to arrange grief counseling for staff and other involved persons.
- H. 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.
- I. PRI 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.
- J. The Program Director will complete and document the internal review related to the report of death and will add the person's name to the *Admission and Discharge Register*. 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 PRI to protect the health and safety of person served.
- K. Based upon the results of the internal review, PRI 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 PRI, if any.