

#### DEVELOPMENTAL DISABILITIES ADMINISTRATION RESIDENTIAL HABILITATION CENTER STANDARD OPERATING PROCEDURE

TITLE: DEATH OF A CLIENT 104.1

#### **PURPOSE**

This policy establishes the process for employees to follow after the death of a Residential Habilitation Center (RHC) client.

#### **SCOPE**

This policy applies to the death of any client currently admitted to an RHC.

#### **POLICY**

- A. Following the death of a client, a medical provider must declare the person deceased.
- B. A registered nurse may declare a client deceased if:
  - 1. The client's death was expected; and
  - 2. The client had a palliative care plan or a physician orders for life sustaining treatment (POLST) that states "do not resuscitate."
- C. Immediately following a client's death, a medical provider, the medical director, and the superintendent or designee, must determine if:
  - 1. An autopsy is needed; and
  - 2. Outside review or an investigation is necessary.
- D. For investigation processes and instruction on handling property and evidence, see DDA Policy 12.02, *RHC Incident Investigations*.
- E. No more than one hour after a client's death, the superintendent or designee must:
  - 1. Call the deputy assistant secretary or designee if the death was unexpected; or
  - 2. Email the deputy assistant secretary or designee if the death was unexpected.
- F. Mortality review is completed per DDA Policy 7.05, *Mortality Review*.

#### **PROCEDURE**

Following the death of a client, the RHC must:

- A. Follow all facility emergent and non-emergent procedures.
- B. Complete charting as required for each discipline.
- C. Complete an incident report as required under DDA Policy 12.01, *Incident Reporting and Management for DDA Employees*.
- D. Complete an investigation as required under DDA Policy 12.02, *RHC Incident Investigations*.
- E. Contact the client's primary medical provider or the RHC medical director for further instructions.
- F. Ensure medical personnel notify the client's family or guardian and follow up with them as necessary.
- G. Notify the county medical examiner.
- H. Notify the funeral home for appropriate removal of remains and provide a copy of the client's burial plan if the client has one.
- I. Notify local law enforcement if criminal activity is suspected.
- J. As directed, provide post mortem care.
- K. Complete the notification checklist. See Attachment A, *Death Notification Checklist for RHC Staff*, and Attachment B, *Death Notification Checklist for Medical Providers*.
- L. Ensure the physician completes a death record for the client in the Electronic Death Registration System (EDRS).

#### **AUTHORITY**

WAC 246-840-830	Determination and pronouncement of death by a licensed
	registered nurse.
DDA Policy 7.05	Mortality Reviews.
DDA Policy 9.10	Client Autopsy.
DDA Policy 12.01	Incident Reporting and Management for DDA Employees.
DDA Policy 12.02	RHC Incident Investigations.
DDA Policy 17.01	POLST and Palliative Care for Residents of RHCs.
DSHS Policy 9.03	Administrative Review - Death of a Residential Client.

#### **DEFINITIONS**

**Electronic Death Registration System (EDRS)** is a web-based application for filing death records in Washington State.

**Expected death** is when a client has a POLST prior to a hospitalization or acute illness, and decline in health has been addressed.

**Outside review** is when circumstances are such that an investigation is required from an entity outside of the facility, such as local law enforcement, Washington State Patrol, or Northwest Autopsy.

**Palliative care plan** means the care plan developed by the interdisciplinary team to carry out all elements described in DDA Policy 17.01, *Supporting End-of-Life Decisions in Residential Habilitation Centers*.

**Physician Orders for Life-Sustaining Treatment (POLST)** means a portable medical order form that allows a person with a serious illness or frailty to summarize their wishes regarding life-sustaining treatment.

**Unexpected death** means a death not resulting from a diagnosed terminal illness or other debilitating or deteriorating illness or condition where death is expected.

#### **SUPERSESSION**

None.

Approved: /s/ Deborah Roberts Date: October 15, 2018

Acting Deputy Assistant Secretary

Developmental Disabilities Administration

# ATTACHMENT A DEATH NOTIFICATION CHECKLIST FOR RHC STAFF

### FORWARD COMPLETED CHECKLIST TO RECORDS

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# ATTACHMENT B DEATH NOTIFICATION CHECKLIST FOR MEDICAL PROVIDERS

		TIME	DATE
1. Make pror	ouncement of death		
2. Determine	if autopsy is required under DDA Policy 9.10		
whether the RCW 68.5 directions hours are I	county medical examiner's office and verify e death is under the coroner's jurisdiction under 0.010. For a death that occurs after hours, follow on the recording at the coroner's office. (Regular Monday-Friday from 8:00 a.m5:00 p.m. Office is ekends and holidays.)		
4. Inform the	legal surrogate of the client's death		
Obtain approp	consent for an autopsy under RCW 68.50.101, if riate		
Does to Yes or	ne legal surrogate desire autopsy information? No		
Docun	nent autopsy information in the client's chart		
Verify	the legal surrogate's preferred funeral home		
client's de	residential services coordinator or nurse of the ath. Tell them the preferred funeral home and give ance to move the body.		
6. Complete	and sign the death certificate		
7. Send the s	igned death certificate to the medical records office		
8. Write a de	ath summary in the client's chart		

### FORWARD COMPLETED CHECKLIST TO RECORDS