

DEPARTMENT OF HUMAN SERVICES POLICY AND PROCEDURES		
Reference: 05-02	Effective Date: March 1, 1991 Revision Date: December 27, 2004	Page 1 of 5
SUBJECT: FATALITY REVIEW POLICY		
RATIONALE: The purpose for reviewing a client death is to develop ways to prevent future client deaths and to improve Department services. The review itself evaluates the system's response to protecting vulnerable clients by assessing whether best practices were followed in the case. The fatality review committee will recommend modifications of procedures, policy, law and training when necessary.		

ELIGIBILITY:

- I. The death of a Department client who meets one or more of the following criteria is subject to review:
 - A. Resident of a Department institution including the Utah State Hospital, the Utah State Developmental Center, a detention facility for delinquent persons, or a facility operated for the treatment of mentally ill or emotionally disturbed persons (this includes residents discharged within the past 12 months);
 - B. In the physical or legal custody of any division within the Department;
 - C. Resident in a facility/program owned or operated by the Department;
 - D. Resident in a facility/program owned or operated by an organization that contracts with the Department to provide residential services, and whose stay at that facility is being financed by the Department (for example, a DSPD client in a licensed provider facility);
 - E. Open for child welfare services (including neglect or abuse investigation, in-home services, substitute care) within 12 months prior to the time of death;
 - F. Open for Adult Protective Services with Aging and Adult Services within 12 months as an investigation or ongoing service case, and the cause of death is reported as a homicide, suicide or of an undetermined cause. This would include any case for which a referral had been received but the investigation had not been initiated prior to death of the individual;
 - G. Open for services with the Division of Services to People with Disabilities (DSPD) within 12 months prior to the date of death, except those DSPD clients living at home, and whose death occurs while receiving a DSPD service other than day treatment or respite.
 - H. A review is requested by a Division/Office Director.

INITIAL REVIEW:

- I. A Deceased Client Report form, Attachment A, shall be completed by Region or facility staff on all open cases and transmitted to the appropriate Office or Division Director within three (3) working days of knowledge of the fatality.

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- II. The Office or Division Director shall immediately forward a copy of the Deceased Client Report form to the Department Director and the Fatality Review Coordinator.
- III. If a case meets one or more of the eligibility requirements listed above (see Eligibility sections A through H), the Fatality Review Coordinator shall request copies of the existing case records relating to the deceased client. The copies shall be delivered via a secure delivery method. The relevant division will be responsible for getting the case record to the Fatality Review Coordinator within five (5) working days from the day the Fatality Review Coordinator requests the client file.
- IV. The Fatality Review Coordinator shall make the initial case review within fifteen (15) working days of receiving the case record. This review will result in a written summary of the case and include a recommendation to the Department for waiving or holding a formal fatality review.

COMMITTEE MEMBERSHIP:

- I. For all DHS Offices/Divisions except for those residents of the Utah State Hospital and Utah State Development Center, the Fatality Review Coordinator will organize and chair a review committee consisting of at least the following members:
 - A. A member of the Division Board from the designated Division(s), to be appointed by the chair of the Division's board;
 - B. The Attorney General, or designee;
 - C. A member of the management staff from the designated Division(s), supervisory level or higher from another region; or a member of the administrative staff of a residence, institution, or facility similar to the one where the fatality occurred; and
 - D. A member of the Department's Risk Management Services.
 - E. When the death involves a child known to the Division of Child and Family Services within the last twelve months, the committee may also include the following:
 1. A member of the Child Welfare Legislative Oversight Committee;
 2. A physician, medical practitioner, or registered nurse;
 3. A member of law enforcement;
 4. Director of the Office of Guardian ad Litem, or designee;

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5. A member of any of the Department's divisions, bureaus, or institutions who could provide information and/or expertise to the members of the review committee;
 6. Any professional whose expertise or knowledge could significantly contribute to the review process.
- II. No committee member from the Department may review fatalities in which they, or a staff member, whom they supervise, were involved.
- III. Four members of the review committee shall constitute a quorum. The action of the majority of the quorum constitutes the action of the committee.
- IV. Based on the circumstances of the review, the following information may be provided to the review committee: narrative reports, case files, autopsy reports, police reports, and other pertinent documents. The committee shall have access to all Department reports, records, and documents that are necessary within the scope of its duties and that are related to the death under investigation, regardless of what person, agency, or institution has possession of the needed information.
- V. Committee Review for Residents of the Utah State Hospital and the Utah State Developmental Center:
- A. Membership: The Fatality Review Coordinator of the respective institution shall organize and chair a review committee. This committee shall consist of the following:
 1. A member of the management staff of the institution;
 2. A supervisor of a unit other than the one on which the deceased resided;
 3. A physician;
 4. A representative from the Division administration;
 5. The State DHS Fatality Review Coordinator;
 6. A representative of Risk Management;
 7. A concerned citizen from outside the Department;
 8. Other individuals whose knowledge or expertise could contribute to the review process may also be invited.
 - B. The Fatality Review Coordinator for the facility will conduct the review and submit a written report to the DHS Fatality Review Coordinator/Department Director and the Division Director within 15 working days of the conclusion of the review. The report should address the following:
 1. The issues listed in DHS Fatality Review Policy, "Committee Findings."

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2. Recommended changes or additions to facility administration, oversight, policies, practices or procedures. The committee may also recommend that the Director take certain action with regards to an employee.
3. An action plan for implementing recommended improvements.

WAIVERS:

- I. There are no waiver provisions for fatalities that occur at the State Hospital or the State Developmental Center or in a facility owned and operated by the Department.
- II. If the death was accidental, or was due to natural causes, or a terminal illness, the Fatality Review Coordinator and the Director of the appropriate division will review the case record and all accompanying information and the written case summary. The Fatality Review Coordinator and the Division Director may recommend to the Fatality Review Committee that a formal review of the case be waived if no extenuating circumstances are discovered during the case record review. The Fatality Review Committee has the authority to waive the formal review.
- III. In the case of a child fatality, if the Coordinator or the Review Committee determines that there are policy and /or procedure issues that are not related to the death, or further case specific information is needed, the case may be referred to OCPO for a full case review.
 - A. Upon completion of the OCPO case review, the OCPO analyst will present their findings to the Fatality Review Committee.
 - B. The Fatality Review Committee will review these findings and submit a final report on the death.

FORMAL REVIEW:

- I. The committee shall convene its first meeting to review the fatality within fifteen (15) working days of the Fatality Review Coordinator being notified of a death. Extensions of this time frame may be granted by the DHS Director or designee and will be given only upon receipt of a written request delineating the circumstances that warrant the extension.
- II. Interviews may be conducted with staff, providers, or others who are knowledgeable about the death.
- III. Based on its review, the committee shall examine the following:
 - A. Were agency policies and procedures followed which met the identified needs of the deceased client and the family?
 - B. How did the system respond?

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- C. Are modifications of policies, procedures, laws or training needed?
- IV. The committee shall, within fifteen (15) working days of the conclusion of the review, submit a written report to the Department Director/Deputy Director. The report may recommend changes or additions to Department administration, oversight, policies, practices, or procedures. It may also recommend that the Department Director take certain actions with regard to any employee of the department or an organization that contracts with the Department
- V. A copy of the report will be submitted to the Office or Division Director. This report is protected according to GRAMA.
- VI. The Office or Division Director will submit a response report commenting on the findings and recommendations of the Review Committee. The report will also include an action plan to implement the recommended improvements. This report is due to the Department Director within fifteen (15) working days after receipt of Review Findings.
- VII. The Department Director or designee will review the action plan and respond as appropriate, to the Division/Office Director. If a response is warranted, the response must be made within fifteen (15) working days of receipt of the action plan.
- VIII. For DCFS cases, an Executive Summary with names and identifying information redacted according to GRAMA will be prepared and made available to the public.
- IX. An annual report will be prepared and submitted to the Department Director, the appropriate Division Directors, and the Fatality Review Committee.

REPORT RELEASE:

- I. All records of the committee regarding individual cases shall be classified as "Protected" and may be disclosed only in accordance with federal law and the provisions of Title 63, Chapter 2, Government Records Access and Management Act. A copy of the report will be maintained by the Department.
- II. A copy of the Executive Summary for DCFS cases will be given to the Office of Legislative Research and General Counsel for review by the Child Welfare Legislative Oversight Panel.

Robin Arnold-Williams

DATE: 12-27-04

Robin Arnold-Williams, Executive Director
Department of Human Services

DECEASED CLIENT REPORT

Instructions: This form should be filled out immediately upon learning of the death of any client of the Department of Human Services (that meets the eligibility requirements of this policy) and sent to the Office/Division Director within three (3) days. It should then be forwarded immediately to the Department Director and the Fatality Review Coordinator.

Name of Deceased: _____

Address of Deceased: _____
(Indicate whether or not the client was living in his/her own home, with relatives or in a placement, etc.)

Date of Birth: _____ Date of Death: _____ Case Number: _____

Attending Physician (if any): _____

Name & Address of Parent, Guardian or Spouse: _____

Service Provider: _____ Phone Number: _____

Case Status (at time of death): _____ Open _____ Closed Date of Closure _____

Medical Examiner Involvement? _____ Yes _____ No _____ Unknown

Case Files, Field Notes, Records, Other Documents Attached? _____ Yes _____ No (explain why)

Case Manager: _____ Phone Number: _____

Referring Worker: _____ Phone Number: _____
(If different than case manager)

Division & Locale: _____

Supervisor: _____ Phone Number: _____

Information Related to the Death (Including the probable cause of death): _____

Types of services the client received: (i.e. group care, home supervision, in-home services, etc. Also indicate how long client received services.)

History of Agency Involvement: _____

Reported by: _____ Date: _____ Phone: _____