

Health & Safety Alert #25-1-05 and #04-01-05

Actions Needed Following the Death of a Consumer - Revised 9.10.14

A. Individuals whose residence was with entities under the jurisdiction of ODH - Nursing Homes, ODJFS Homecare Waiver, Carestar.

1. Copy of the death certificate/ autopsy (if done)/ Coroner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. Indicate if DNR order in effect; **the date the DNR order went into effect**, type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?

B. Cases involving children and adults who live at home and who had access to health care or Live in the Community with no waiver. (Access to health care is defined as having access to a primary care physician or advanced practice nurse on some recurring basis--at least annually.) Note that there is a statutory requirement (ORC 307.621) for all children less than 18 years of age to be reviewed by local counties.

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4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (72 hours prior to hospitalization or death) Enter a narrative regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).

C. Persons who died of cancer or were in a hospice/**palliative care** program at the time of death:

1. Copy of the death certificate/ autopsy (if done)/ Coroner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. Indicate if DNR order in effect; **the date the DNR order went into effect**, type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (72 hours prior to hospitalization or death) Enter a narrative regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).
6. Pertinent past medical information
 - a. indicate health care screening that was conducted and the date
 - b. results of health care screenings related to the specific diagnosis
 - c. treatment provided as a result of the screenings
 - d. **the date that hospice services were started**
 - e. **the diagnosis for which hospice care was chosen**

D. 12 death questions (All other deaths not covered in the above categories):

1. Copy of the death certificate/ autopsy (if done)/ Coroner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. Indicate if DNR order in effect; **the date the DNR order went into effect**, type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (72 hours prior to hospitalization or death) Enter a narrative regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).
6. If individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings).
7. Outcome of law enforcement investigation (when they are involved).
8. Enter on ITS the medical/psychiatric diagnoses prior to death.
9. Medications individual was taking prior to death or hospitalization (if died in a hospital).
10. Past medical history (e.g., surgeries, recent treatments, illness, chronic medical problems, previous pneumonia's, most recent pneumonia vaccine, most recent influenza vaccine, current height and weight).

11. Name of primary physician.
12. If cause of death was due to Pneumonia, Aspiration or Respiratory Failure, list the individual's diet texture, whether the diet was followed, if the individual had a swallowing study, and how was the individual receiving his/her medication.