DAVIS BEHAVIORAL HEALTH
Community • Commitment • Change

Policies & Procedures

FATALITY REVIEW

Section: Clinical

Pages: 3

Subject: Fatality Review

Effective Date: 06/2009

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Policy

DBH will conduct a fatality review when a client death has occurred that is, or is possibly, attributable to suicide, homicide, or unusual circumstances not considered natural causes.

Purpose

The purpose of the review is a prospective analysis of 1) the service delivery system's performance and 2) the company's risk profile. The prospective nature of this review is to be distinguished from fault-finding or criticism of any individual or program. The products of the Fatality Review are 1) recommendations for improved system performance in the future, 2), training needs, and 3) identification of potential litigation exposure and recommended risk management. Comments and conclusions made as part of this process, as part of a morbidity/mortality review by a healthcare organization, have special protections under the law and are not "discoverable" during litigation.

Procedure

1. Upon learning of the death of a client in services within the past two years, the primary provider will complete the Risk Management Deceased Client Form and forward it to the Compliance Officer. The Compliance Officer will then request the Medical Examiners' Report to inform the fatality review.
2. Fatality reviews will be automatically scheduled for any non-natural deaths that had services within the past 6 months. In addition, a review may be conducted on deaths outside that six-month time frame if recommended by the clinical or medical director. The fatality review will be convened by the Compliance Officer under the auspices of the Medical Director.

    a. The review will include:
        i. DBH Medical Director

ii. DBH Clinical Director
iii. DBH Clinical Program Directors
iv. Compliance Officer
v. DBH treatment staff involved in direct provision of services to client at time of death.
vi. Any relevant others based on need for information

3. The review will proceed according to the following investigational probes:

a. Probe #1: Is the known cause of death potentially attributable to actions/inactions on the part of Davis Behavioral Health?

i. Death Due to Medical Condition
- Are the medications prescribed by DBH likely to have contributed to the medical risk to this client?
  - Were likely risks evaluated and documented?
  - Did the potential benefits of the treatment justify the prescribed treatment?
  - Were prescribed medications within standards of care?
- Were the medical evaluations that were provided, medically ordered, or were they requested and reviewed sufficiently in view of known risks?

ii. Death Due to Suicide
- Was the potential for suicide assessed/documented according to standards of care?
- Was the therapeutic response to identified risks within standards of care?
- What were the critical incidents in the life of the client preceding the suicide?
- Were there indications of escalating risk prior to the suicide?
- Are any service gaps identified within the Davis Behavioral Health service system that, if corrected, might have the potential to improve detection or intervention prior to such events in the future?

b. Probe #2: What are the risks of litigation against Davis Behavioral Health regarding this event?

- What is Davis Behavioral Health's relationship to spouses, family members, and others significant to this client? Are there known threats of litigation or expressions of anger towards Davis Behavioral Health related to this death?
- Based on the previous review of Probe #1, what are the

areas in which Davis Behavioral Health is vulnerable to litigation?
- Are there interventions that should be attempted with the family in order to provide support to them, and to enhance Davis Behavioral Health's relationship with those significant to the client?

c. Conclusions/Recommendations

- Are there recommendations for modification of:
  - Service system design,
  - Policies, or
  - Training/Supervision procedures?
- Are there action steps recommended to prepare for or avert potential litigation?

d. Other Recommendations