

Deceased Client Risk Management Form

Please complete this form and return it to the Corporate Compliance Officer

CLIENT INFO

Name of Deceased _____ Credible ID _____

Date of Death _____

Information Related to the Circumstances of the death (including the probable cause of death, how DBH was notified of the death, etc.)

FAMILY/OUTREACH

Parent, Guardian, Spouse's Name _____ Phone _____

Address _____

Please indicate the date you outreached the family and summarize what you learned from this conversation.

SERVICES/PROVIDERS

Assigned Med Provider _____ Assigned Therapist _____

Services received in the past six months:

- | | | |
|---|---|--|
| <input type="checkbox"/> Crisis | <input type="checkbox"/> Therapy | <input type="checkbox"/> CRU |
| <input type="checkbox"/> Med Management | <input type="checkbox"/> Receiving Center | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Other _____ | |

Date of Last Service/Outreach _____

Final Documentation Complete and Chart is Closed

RISK MANAGEMENT

Are there concerns of possible litigation with this client? YES NO

1. 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?
2. If you answered "Yes" above, what are the areas in which Davis Behavioral Health is vulnerable to litigation?
3. Please list any 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?

If the death was due to suicide:

1. Are you aware of any facts relating to the suicide risk assessment or documentation thereof prepared for this client that would indicate a deviation from the applicable standard of care?
2. Are you aware of any facts relating to the therapeutic response to identified risks that would indicate a deviation from the applicable standard of care?
3. Were there indications of escalating risk prior to the suicide? If so, what?

If the death was due to a medical condition, have prescriber complete this section:

1. Were the medications prescribed by DBH likely to have contributed to the medical risk to this client?
2. Were the likely risks of the medication evaluated and documented?

3. Please indicate any medications the client was receiving within 90 days prior to death.
Were the prescribed medications within standards of care?

Reported By _____ Date _____