

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



PROCEDURE	
Subject: Mortality Review Committee Procedure	Procedure No: 2013-DDS-QMD-PR009
Responsible Program or Office: Developmental Disabilities Administration and DDS Quality Management Division	Effective Date: June 1, 2013
	Number of Pages: 5
Cross References and Related Policies and Procedures: Mortality Review Committee Policy	

All underlined words/definitions can be found in the Definitions Appendix.

**1. PURPOSE**

The purpose of this procedure is to establish the standards and guidelines by which the Department on Disability Services (“DDS”), Developmental Disabilities Administration (“DDA”), will evaluate, through the operations of a Mortality Review Committee, service delivery for people who received services and support through the DDA service delivery system until their death. The evaluation of service delivery is aimed at improving the quality of supports and services for people with intellectual and developmental disabilities overall.

**2. APPLICABILITY**

This procedure applies to all DDA employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports to people with developmental disabilities who receive services as part of the DDA Service Delivery System, funded by DDA and/or the Department of Health Care Finance (“DHCF”).

**2. PROCEDURES**

The following are the standards and procedures that will govern how DDA will review the deaths of the people it serves:

**A. Mortality Review Committee (“MRC”) Membership**

1. The MRC shall have at least seven (7) members appointed for a two-year term by the DDS Deputy Director for DDA. Membership shall be broadly based and strive toward diversity and independence. MRC committee members may recommend new MRC members to the DDS Deputy Director for consideration.

2. In appointing committee members, the DDS Deputy Director for DDA shall seek representation from the categories below.
  - a. People who receive supports and services from DDA and/ or family members of people who receive services from DDA;
  - b. Allied health professionals, preferably both a physician licensed to practice in the District of Columbia who provides care to people with intellectual disabilities and a registered nurse, physicians' assistant or nurse practitioner;
  - c. People with experience supporting people with intellectual and developmental disabilities;
  - d. An attorney with experience in working with people with intellectual and developmental disabilities;
  - e. The liaison, or designee, to the Developmental Disabilities Fatality Review Committee ("DD/FRC") from the Office of the Chief Medical Examiner ("OCME");
  - f. A representative from DHCF;
  - g. DDS employees.
3. The number of external members on the Committee shall be greater than the number of internal members.
4. In the event of absence, a committee member may have a designated alternative, from the same category, who would attend and participate in the member's stead. The alternate must be approved by the DDS Deputy Director for DDA, or his or her designee.
5. The Committee shall be chaired by the QMD Director or his or her designee. The Committee Chair shall not vote on recommendations.

**B. MRC Responsibilities**

1. The MRC is responsible for reviewing all Death Investigation Reports assigned to identify any areas of concern that may have kept a person from having optimal medical or behavioral health, well-being and quality of life; learn from the person's experience; and make recommendations to improve the quality of services and supports for people with intellectual and developmental disabilities who receive services from DDA.
2. The MRC shall meet regularly, with a schedule that is frequent enough to review all final Death Investigation Reports within 45 days of receipt by DDS/QMD. As much as possible, members will have at least two weeks advance notice of all meetings.
3. MRC members are responsible for staying abreast of and following all DDA policies and procedures pertaining to mortality review, human rights, and health and wellness, and for reviewing MRC packets prior to the meeting and suggesting recommendations and/ or modifications to recommendations for discussion at the meeting. All relevant DDA policies and procedures shall be posted on DDS's

website. The Committee Chair or his or her designee shall inform MRC members when there is a new or updated related policy or procedure.

4. MRC members shall maintain the confidentiality of the people being reviewed and the contents of the Death Investigation Report.
5. Each MRC member shall identify areas of potential conflicts of interest and recuse him/herself from particular reviews, as appropriate. The Committee Chair shall monitor the MRC for potential conflicts of interest.
6. MRC members shall participate in any required training on topics related to the responsibilities of the MRC. QMD shall recommend trainings for the MRC, as needed.
7. The MRC members shall identify any systemic issues that arise for providers, DDA, and/or other government agencies and make recommendations to the Deputy Director for DDA, as needed.

### **C. MRC Operations**

1. The MRC is an advisory body whose function and duties shall be to review Death Investigation Reports and make recommendations to improve the overall quality of services and supports for District residents with intellectual and developmental disabilities:
  - a. QMD shall send the Death Investigation Report(s) to be reviewed by individual members of the Committee at least one (1) week in advance of the meeting in which the reports will be discussed.
  - b. The MRC will meet to discuss the Death Investigation Report. MRC shall identify any areas of concern that may have kept a person from having optimal medical or behavioral health, well-being and quality of life. MRC may also identify best practices or examples of care that are above-par, resulting in the person getting high quality care and experiencing good quality of life.
  - c. In its review of the Death Investigation Report, the MRC may make a recommendation to DDA for follow-up, including a list of questions to be addressed to the provider, the service coordinator, the investigator, and/or any other entities that are able to supply the missing information. MRC may also make recommendations to DDA and the contract investigator around improving the quality of reports and investigations overall.
  - d. The MRC may invite the provider, the service coordinator, or other person or entity involved in the deceased person's care to a MRC meeting. Likewise, the service coordinator, provider, or others involved in the person's life may request an invitation to MRC. Guests would be invited to participate in the discussion, but would not have a role in making recommendations.
  - e. After the MRC discusses the report, the MRC will review the conclusions and recommendations of the Death Investigation Report.
    - i. The MRC shall approve, modify, defer for lack of sufficient information, or reject each individual recommendation offered in the Death

- Investigation Report. When the MRC rejects a recommendation, it shall include justification for the rejection, which shall be reflected in the meeting minutes.
- ii. The MRC may add additional recommendations.
  - iii. The MRC shall refer instances of suspicious deaths to the Deputy Director for DDA for further action as necessary, including, but not limited to, notification to the Metropolitan Police Department and/or the Office of the Inspector General.
  - iv. The MRC may recommend that DDA refer individual clinicians or employees of DDA or employees of provider agencies to Professional Licensing Boards and/or other outside investigation and oversight organizations or agencies when evidence is presented that may indicate negligence, sub-standard clinical practice, fraud or abuse.
  - v. The MRC may recommend that DDA share relevant final Death Investigation Reports with licensing agencies, such as the Health Regulation and Licensing Administration, for review and action, as appropriate.
2. The MRC shall make recommendations only when there is a quorum. A quorum shall constitute a simple majority, where the number of external members is greater than internal. The Committee will make accommodations for members to participate via conference call if unable to attend in person. Members of the committee who are not able to participate in the meeting may submit comments in advance for consideration, but these would not count as attendance for the purpose of a quorum.

#### **D. Additional QMD Responsibilities Related to the MRC**

1. Distribution of Recommendations:
  - a. Once the MRC has finished reviewing a Death Investigation Report and has made recommendations, QMD shall ensure that the DDS Deputy Director for DDA receives a copy of the recommendations to DDS and/or DDA within fifteen (15) business days for review, consideration and action. The DDS Deputy Director for DDA may seek clarification from MRC on recommendations, as needed.
  - b. QMD shall disseminate within fifteen (15) business days all external recommendations to the appropriate entities with a letter requesting a plan of correction, if one is required, within fifteen (15) business days of receipt of the recommendations.
  - c. QMD shall send a copy of all MRC recommendations to the DD/FRC within ten (10) business days.
  - d. QMD shall share MRC recommendations with the Quality Trust for Individuals with Disabilities; and with the *Evans* Court Monitor and *Evans* parties when the decedent was a class member.

2. Tracking and analyzing recommendations.
  - a. On an ongoing basis, the QMD shall track recommendations made to both DDA providers and DDS to ensure timely implementation of recommendations or other resolution of noted concerns.
  - b. Semi-annually, QMD shall share this data, DDA's analysis, and any changes in process with the MRC. MRC may further analyze the information for the purpose of identifying areas of needed systemic improvement. QMD shall also share this information with the Quality Improvement Committee.
3. Annual Report. The QMD shall produce and publish an annual report that includes, without any identifying information, the scope of work done by MRC, trends, the number and types of recommendations made, and information on implementation of the recommendations.