GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

POLICY

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<th>Department on Disability Services</th>
<th>Subject: Mortality Review Committee</th>
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<td>Responsible Program or Office:</td>
<td>Policy Number:</td>
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<td>Department on Disability Services</td>
<td>2014-DDS-0016</td>
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<td>Date of Approval by the Director:</td>
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<td>December 24, 2014</td>
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<td>Supersedes Policy Dated: MRDDA Mortality Review Policy 10.17.2006 &amp; Mortality Review Committee Policy 08.01.2011 (updated to comply with People First Language policy)</td>
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<td>Cross References, Related Policies and Procedures, and Related Documents: N/A</td>
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1. **PURPOSE**

   The purpose of this policy is to establish the standards and guidelines by which the Department on Disability Services (DDS), Developmental Disabilities Administration (DDA) will evaluate all issues related to the deaths of persons served by the Developmental Disabilities Administration (DDA). The purpose of this procedure is to describe the mortality review process utilized by DDA following the death of persons served by the department. The mortality review process is designed to identify issues and concerns that may have compromised the medical, clinical or overall care provided to persons served by DDA, and to trigger corrective action and strategies to mitigate future risk.

2. **APPLICABILITY**

   This policy applies to all DDA employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of people with disabilities receiving services as part of the DDA Service Delivery System funded by DDA or DHCF.

3. **AUTHORITY**

4. **POLICY**
It is the policy of DDS to ensure all persons receiving services from the DDA service system have access to and receive quality supports, services, and health care. The death of persons served by DDA shall be subject to mortality and fatality review, which provides a mechanism for monitoring and evaluating the service delivery system. Through this review, the Committees identify individual and systemic issues and areas of needed improvement in the health care system, provider community, DDA, and/or other governmental entities that impact overall care and supports provided to people served by DDA.

5. **RESPONSIBILITY**
The responsibility for this policy is vested in the Director, Department on Disability Services. Implementation for this policy is the responsibility of the Deputy Director, Developmental Disabilities Administration.

6. **STANDARDS**
The following are the standards by which DDS will evaluate compliance with this policy:

A. **DDA shall maintain a Mortality Review Committee**, co-chaired by the DDS Quality Management Division and an external member of the MRC. The MRC is comprised of DDA and external to DDA members as described in the MRC procedure.

B. The MRC shall meet at a minimum of 10 times per year or more frequently as needed.

C. The MRC shall initiate a review of each Death Investigation Report within 45 days of the QMD's receipt of the report.

D. The MRC shall review the investigations and the recommendations in the Death Investigation Report and shall accept the recommendation, modify the recommendation, or reject the recommendation, in addition MRC may make its own recommendations to providers and DDA to ensure a safe environment and improve the quality of care for persons served by DDA. The MRC recommendations shall:

1. Identify process or systemic issues surrounding a death;
2. Identify improvements necessary to ensure safety in all environments; fully evaluate adequate health care and improved health care systems, overall care, and quality of life issues for people served by DDA; and
3. Recommend the development and/or modification of DDA policies and/or procedures.
E. The MRC shall:
   1. Review and approve Plans of Correction from providers and DDA.
   2. Refer cases of suspicious deaths to the DDA Deputy Director for further action as necessary.
   3. Refer individual clinicians, DDA or Provider employees to Professional Licensing Boards and/or other outside investigation and oversight organizations when evidence is presented that may indicate negligence, sub-standard clinical practice, fraud or abuse.

F. The QMD shall submit all MRC final reports, POCs and status updates to POCs to the FRC for its consideration and information within 10 business days following the MRC review and approval of same.

Laura L. Nuss, Director

Approval Date

Attachments:

Mortality Review Committee Procedure dated August 1, 2011