

Report of Death

Specific Instructions (from the Justice Center Website)

The beginning of the form requires entry of the Justice Center Incident Report Confirmation Number that was provided by the VPCR at the time of the initial report of death, as well as the identifying information for the decedent at the time of their death (full name, DOB, age, gender, ethnicity, height, and weight).

Section 1: Reporting Agency/Facility/Program Data

This section requires essential information about the agency and the specific program that served the individual: the names, titles, and contact numbers for key agency personnel; the date in which the individual began receiving services from the facility or program; and, the SOA that operates, licenses, or certifies the facility or program (OPWDD, OMH, OASAS, OCFS, DOH, or SED).

Note: Anywhere a calendar option appears, months and years can be quickly accessed by clicking on the month/year at the top-center of the calendar.

Section 2: Recipient Information

This section requires essential information about the individual, including their relationship to the reporting agency, the individual's relationship to other known providers, existing diagnoses and medications being taken at the time of their death, and recent medical/psychiatric/substance abuse visits to an Emergency Room (ER) or required hospitalizations.

The information regarding the relationship between the agency and the individual attempts to distinguish the level of care that was provided to the individual, which could range from hospitalization/ institutionalization, to community residential, to outpatient services only. To complete this section select the choice that best describes the relationship between the agency and the decedent at the time of death. If the same agency provided a multitude of services to the individual, the most intensive treatment setting should be considered for completing this section. If the individual received any level of residential service, the type of program should also be indicated (examples: OPWDD programs: ICF, IRA; OMH programs: Article 28 Hospital, Article 31 Hospital, CR; OASAS Programs: Inpatient Rehab Service, MMTP; OCFS Programs: Secure Detention Center, RTC; DOH Programs: Adult Home; SED: Special Act School). This section also attempts to illicit information about other providers of service, if known.

All existing diagnoses (medical, substance abuse, and psychiatric) and medications prescribed to the individual at the time of their death should be accurately and completely identified in this section. If the corresponding ICD codes for the individual's diagnoses are available they may be entered, but they are not required. Illnesses or conditions not diagnosed prior to the individual's death, but discovered as a result of autopsy or medical examination, should not be recorded in this section. Additionally, the most recent ER visits and/or hospitalizations should be reflected in this section.

Section 3: Death Data

This section requires specific information regarding the individual's death, including the medically determined manner and cause of the individual's death, the location of the death, and potential occurrences immediately preceding the individual's death.

The specific date of death, actual or pronounced time of death, and the address and classification of where the death occurred are requested in this section. It is understood that the level of service provided to the individual at the time of death will directly impact the agency's ability to provide this information. While the actual time of the individual's death is preferred, depending on the nature of the services delivered to the individual, an official pronounced time of death by a medical professional (or designee) may be the best information available. Likewise, the specific address of where the death occurred and the location classification will be completed to the best of the reporter's ability. The location classifications are as follows:

- Community (individual's private residence, family member residence, general community location)
- Hospital

- Program (operated, licensed, or certified day program or other non-residential setting)
- Residence (operated, licensed, or certified residential setting)
- Unknown (the specific location where the death occurred is unknown to the reporter)

The individual's Cause of Death (COD) and Manner of Death (MOD) should be provided from a reliable source, preferably from a Death Certificate, Hospital Summary, or verbal report from a Coroner or Medical Examiner (ME). Unless directly specified on medical documentation, "Cardio-Pulmonary Arrest" should not be provided as a COD; Cardio-Pulmonary arrest occurs with every death. It is understood that this information may not be known or available, particularly for individuals who received non-residential services. If so, the unavailability of this information should be reflected in the form with an explanation; items should not be left blank.

The remaining information in this section of the form requires additional information regarding the immediate circumstances leading up to the individual's death. Information as to whether the individual had legal Do Not Intubate (DNI)/Do Not Resuscitate (DNR) orders in place or had received emergency medication for behavioral/psychiatric reasons within 24 hours of the death should be easily identified by residential providers, but may not be known to outpatient providers.

Section 4: Narrative Summary

This section requires specific information about the individual's medical, psychiatric, and behavioral presentation 90 days prior to their death. Depending on the level of service provided to the individual, specific information is required regarding routine medical and psychiatric issues leading up to the individual's death, supervision and diet safeguards in place for the individual during this time period, and an illustration of any major changes in service provision/treatment/functioning that occurred with the individual.

Information about the individual's routine medical care will simply reflect the presence of the medical provider involvement with the individual and the most recent consultations with the provider. In most cases, identification of acute medical or psychiatric issues in the past 90 days will simply reflect the presence of the specified issues, except for weight gain/loss and change in bowel habits. These issues will require information regarding the severity of this condition change (example: the individual gained 35 pounds in the last 90 days; the individual was found to have a partial bowel obstruction 7 days prior to death).

Information about safeguards in place for the individual will include, but is not limited to, a description of any prescribed level of supervision the individual was receiving and any changes in that level of supervision (example: individual's supervision level was increased from 15 minute checks to constant supervision two days prior to death due to increased number of behavioral episodes; individual was in a secure detention center and was visually monitored at all times except during night hours, when individual was secured in their bedroom).

Dietary information provided will be medically ordered precautions for the individual being served, as well as an initial assessment as to whether the dietary precautions were being followed at the time of the individual's death.

Any identified changes to the individual's services, treatment regimen, and functioning levels will be illustrated by both simple check boxes within the form, and should then also be described in the following narrative field. Any other information from the form that requires further clarification or explanation should be provided in this field, along with any other information that may be a factor in illustrating/explaining the circumstances and/or cause of the individual's death. For sudden or unexpected deaths on an inpatient unit or in a residential setting, information about the condition of the body and environmental factors are often of importance to investigators and should be noted and recorded in this field.