DBHDS
Virginia Department of Behavioral Health and Developmental Services

Mortality Review Committee

Established: January 2, 2013
Revised: June 23, 2025

MISSION

To identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings by collecting and evaluating data to identify and respond to trends that ensure continuous quality improvement.

PURPOSE

The Department of Behavioral Health and Developmental Services (DBHDS) Developmental Disability (DD) Mortality Review Committee (MRC)is to focus on system-wide quality improvement by conducting mortality reviews of individuals who were receiving a service licensed by DBHDS at the time of death and diagnosed with an intellectual disability and/or developmental disability (IDD). To the best of its ability, the MRC will determine the cause of an IDD individual's death, whether the death was expected, if the death was potentially preventable, and develops and assigns specific recommendations in order to promote the health, safety and wellbeing of said individuals based upon case specific information and identification of trends and patterns in data analysis.

AUTHORIZATION/SCOPE OF AUTHORITY

At the direction of the DBHDS Commissioner and under the supervision of the Deputy Commissioner for Clinical and Quality Management, the MRC utilizes the DBHDS incident reporting system and collaborates with the Office of Licensing to review deaths of individuals with IDD individuals who received a service licensed by DBHDS within 90 days of their death. Additional records are requested from the appropriate entities per Virginia Code § 2.2-3705.5, 2.2-3711, and 2.2-4002 amendment of the Virginia Code. The MRC may interview any persons having information regarding the individual's care. As a DD Quality Improvement Committee (QIC) subcommittee, the MRC provides ongoing monitoring and data analysis to identify trends and/or patterns, makes determinations based on each decedent's specific case, and develops recommendations in order to promote the health, safety, and wellbeing of IDD individuals in the Commonwealth. Data reviews occur as part of quality improvement activities and as such are not considered research. Additional workgroups may be established as needed.

DEFINITIONS

Term	Definitions
Advisory Member	Non-voting stakeholder members selected and approved by the DBHDS Quality Improvement Committee and DBHDS Commissioner
Comprehensive Clinical Case summaries	An in-depth inclusive, concise, and comprehensive review of clinical and other sequential information related to the events surrounding the IDD individual's death. After review/appraisal by the Chair/Co-Chair, a CCS is assigned a Tier category *(see definition below)* and considered a clinical summary for presentation to the MRC. This may be reassigned at the recommendation of the MRC.
Continuous Quality Improvement (CQI)	An ongoing process of data collection and analysis for the purpose of improving programs, services, and processes.

Corrective Action Plan (CAP)	Required regulatory response to a finding of noncompliance, issued by either the Office of Licensing or the Office of Human Rights.
Data Formats	Data format utilized: Reviewed – Denotes actual cases examined by the MRC in a specified timeframe, which may include a death that happened at any point in time. Occurred – Denotes only deaths that transpire during a specified timeframe.
Designee	A person selected to carry out a duty or role within a DD quality committee on behalf of a voting member. This person assumes voting member responsibilities when acting on behalf of a voting member and should be in a similar position reflective of that role with understanding and awareness of the organization or system impact of actions taken by the MRC. Designees may also be selected by an advisory member to fill in when the advisory member is unable to attend. Person should have the same/similar role as that of the advisory member whenever possible.
Eight Domains	Designated spheres of knowledge, influence, or activity within the structure of the DD QMS: safety and freedom from harm; physical, mental, and behavioral health and wellbeing, avoiding crises, stability, choice and self-determination, community inclusion, access to services, and provider capacity.
Electronic Medical Record Form (eMRF)	A document developed by the Mortality Review Office Clinical Nurse Reviewers from submitted documents, that contains a succinct chronological sequence of events relating to the death of an IDD individual. The form also contains demographic and other specific individual information that the MRC utilizes to make mortality determinations, decisions, PMIs and reports (quarterly and annual). May also be used for QIIs and other appropriate data purposes. Reviewed during MRC meetings online as a PDF document but stored in an electronic DBHDS approved database.
Evidence of Maltreatment	Potential or actual physical/emotional (abuse/neglect/OHR violation) harm noted in documents submitted for review
Executive Sponsor	Role that establishes the Mortality Review Committee; the Commissioner of DBHDS serves in this role
Expected Death (XP)	A death that occurred as a result of a known medical condition, anticipated by health care providers to occur as a result of that condition and for which there is no indication that the individual was not receiving appropriate care. Clear evidence that the individual received appropriate and timely care for the medical condition exists.
Key Performance Areas (KPAs)	DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities: health, safety and wellbeing, community inclusion and integration, and provider capacity and competency.
Mortality Prevention Strategies	For PP recommendations by the MRC, the MRC shall consider if one of the following may be utilized:

	Primary Mortality Prevention Strategies - Educational and changes to services designed to help prevent a condition or event from taking place, that have been found to contribute to morbidity or mortality, such as education on reducing falls Secondary Mortality Prevention Strategies - Early detection and timely treatment of conditions or injuries focusing on minimizing harmful effects and preventing further morbidity or mortality, such as interventions that support and promote cancer screening. Tertiary Mortality Prevention Strategies – Use of evidence-based treatment and management of conditions or injuries, such as disease control/prevention programs and protocols.
Performance Measure Indicators (PMIs)	Outcome and output measures established by the DBHDS QIC that DBHDS uses to report the progress of efforts in addressing the availability, accessibility, and quality of services across the KPAs and eight domains.
Potentially Preventable (PP) Death	Deaths in the opinion of the MRC that might have been prevented with reasonable valid intervention *(e.g., medical, social, psychological, legal, and educational).* If the individual was provided with known effective medical treatment or public health intervention and died despite this provision of evidenced based care, the death is not considered potentially preventable. Deaths determined to be PP have identifiable actions or care measures that should have occurred or been utilized. A death may be determined to be PP regardless of whether the death is actionable by DBHDS or within the control of DBHDS. Deaths that occur in settings that are not licensed by DBHDS may be PP deaths. Deaths that do not indicate a violation of a licensing standard may also be PP. When the MRC determines that a death is PP, the committee categorizes factors that may have prevented the death. For a death to be determined to be PP, the actions and events immediately surrounding the death must be related to deficits in the timeliness or absence of, at least one of four factors (coordination and optimization of care, access to car, including delay in seeking treatment, execution of established protocols, and assessment of, and response to the individual's needs or change in status).
Quality Committees	A collective term used to describe the groups within the DD QMS who consider, investigate, act, and report on quality assurance, risk management, and quality improvement. Groups include quality improvement committee (QIC), subcommittees, workgroups, and councils.
Quality Improvement Committee (QIC)	Overarching quality committee that exists as part of the DD Quality Management System (QMS)
QIC Subcommittees	Committees, councils, and workgroups that exist as part of the DD QMS and who report to the DD QIC.

Quality Improvement Initiative (QII)	A formal plan, based upon data reviews, that addresses identified areas for improvement and uses the Model for Improvement.
Quorum	Number of voting members required for decision-making
Recusal	To remove oneself from participation to avoid a conflict of interest (COI) in order to maintain neutrality and credibility of the MRC mortality review process. COI exists when an MRC member has a financial, professional, or personal interest that could directly influence MRC determinations, findings, or recommendations.
Regional Quality Councils (RQCs)	DBHDS formulated councils, comprised of providers, CSBs, DBHDS quality improvement personnel, and individuals served and their family members that assess relevant data to identify trends and recommend responsive actions for their respective DBHDS designated regions.
State Fiscal Year (SFY)	July 1 – June 30
Tier 1 Case	A case is categorized as Tier 1 when <u>any</u> of the following criteria exists: ➢ Cause of death cannot clearly be determined or established, or is unknown ➢ Any unexpected death *(such as suicide, homicide, or accident*). This includes any death that was: not anticipated or related to a known terminal illness or medical condition, related to injury, accident, inadequate care or associated with suspicions of abuse or neglect. A death due to an acute medical event that was not anticipated in advance nor based on an individual's known medical condition(s) may also be determined to be an unexpected death. ➢ Abuse or neglect is specifically documented ➢ Documentation of investigation by or involvement of law enforcement or similar agency (*including forensic)* ➢ Specific or well-defined risks to safety and well-being are documented.
Tier 2 Case	A case is categorized as Tier 2 when <u>all the first 4</u> criteria exist: ➢ Cause of death can clearly be determined or established ➢ No documentation of abuse or neglect is noted ➢ No documentation of investigation by or involvement of law enforcement or similar agency (*including forensic*) is recorded ➢ No documentation of specific or well-defined risks to safety and well-being are noted. ➢ An expected death that occurred as a result of a known medical condition, anticipated by health care providers to occur as a result of that condition and for which there is no indication that the individual was not receiving appropriate care. ➢ An unexpected (unexplained) death that occurred as a result of a condition that was previously undiagnosed, occurred suddenly, or was not anticipated. This includes any death that was: not anticipated or related to a known terminal illness or medical condition, related to injury, accident, inadequate care or associated with suspicions of abuse or neglect. A

	death due to an acute medical event that was not anticipated in advance nor based on an individual's known medical condition(s) may also be determined to be an unexpected death.
Unexpected Death (UXP)	A death that occurred as a result of a condition that was previously undiagnosed, occurred suddenly, or was not anticipated. Deaths are considered unexpected when they are not anticipated nor related to a known terminal illness or medical condition; are related to injury, accidents, inadequate care; or are associated with suspicions of abuse or neglect. An acute medical event that was not anticipated in advance nor based on an individual's known medical condition(s), or as a consequence thereof, may also be determined to be an unexpected death. An unexplained death is considered an unexpected death.
Voting Member	Members of the quality committees constituting a quorum with the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval.

RESPONSIBILITIES, DUTIES, ACTIVITIES

General:

- Includes members with training and experience in the areas of IDD including but not limited to:
  - Clinical expertise
  - Medical services
  - Pharmacy services
  - Quality improvement
  - Compliance
  - Incident management
  - Behavior analysis
  - Data analytics
- Commits to a culture of quality characterized by:
  - Supported by leadership
  - Person centered
  - Led by staff who continuously learn and empowered as change agents
  - Supported by an infrastructure that is sustainable and continuous
  - Driven by data collection and analysis
  - Responds to identified issues by using QIIs and other mitigating strategies when indicated
- Implements continuous quality improvement processes or practices
- Develops and reviews annually the charter with revisions as needed
- Completes orientation and training for new members within 30 business days of joining the MRC. Training includes:
  - Orientation to the MRC charter to educate the member on the definitions, scope, mission, vision, charge, and function of the MRC
  - Review of the policies, processes, and procedures of the MRC
  - Education on the role/responsibility of the member(s)
  - Training on continuous quality improvement principles
- Signs confidentiality agreement form pursuant to Virginia Code § 37.2-314.1 for all MRC members and other persons who attend closed meetings of the MRC where relevant

    - Member confidentiality forms remain valid for the entire term of MRC membership
    - Guest confidentiality forms are valid for repeat attendance at MRC meetings.
- Adheres to agency policy on HIPAA compliance and protecting confidentiality (IT.001 – Privacy Policies and Procedures for the Use and Disclosure of PHI)
- Completes a committee performance evaluation annually that includes the accomplishments and barriers of the MRC
- Utilizes an information management system to track the referral, review and mandated documentation submission required for IDD individual deaths
- Demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained deaths
- Prepares and delivers a report of deliberations, findings, and recommendations (if none, states affirmatively), for deaths requiring review within 90 days of the death quarterly
- Prepares an annual report of aggregate mortality trends and patterns for all individual deaths that occurred in the state fiscal year
- Includes the systemic QII recommendations made to the DD QIC in annual and quarterly reports
- Completes annual report by December 31
- Publishes annual report to the Library and DBHDS website
- Reports to the DD QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs
- Provides relevant data to the RQCs including comparisons to other data from previous years as available and per the Annual Report
- Shares data with other DBHDS quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee

Data Review and Analysis:

- Establishes performance measure indicators (PMIs) that align with the eight domains when applicable
- Assesses PMIs overall annually and, based upon analysis, may add, revise, or retire PMIs in keeping with continuous quality improvement practices
- Monitors progress toward the achievement of identified PMIs and for those falling below target determines actions designed to raise performance
- Develops and implements preventive, corrective, and improvement measures where PMIs indicate health and safety concern
- Analyzes, reviews, and evaluates data to identify trends, gaps, and other findings, at least quarterly
- Utilizes data analysis to identify areas for improvement and monitor trends; identifies priorities and recommends QIIs as needed
- Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
- Uses case-specific, aggregate mortality data to determine if a PMI is warranted, or to develop a QII

Quality Improvement Initiative:

- Identifies areas for development of quality improvement initiatives (QIIs) using:
    - mortality reviews
    - data collection,
    - analysis of data including trends and patterns

    - noted problems at individual service delivery and systemic levels
- Identifies priorities and recommend QIIs as needed based upon data analysis
- Utilizes the Model for Improvement, which includes the Plan-Do-Study-Act cycle when considering a quality improvement initiative (QII)
- Develops QII Toolkit, per directions, when proposing a QII
- Proposes at least four QIIs per year (can be one per quarter), consistent with the Model for Improvement and Plan-Do-Study-Act cycles
- Implements approved QIIs within 90 days of the date of approval, and as directed by the DD QIC
- Monitors progress of assigned, approved QII(s) and addresses concerns/barriers as needed, via updates to QII Toolkit(s)
- Evaluates the effectiveness of the approved QII(s) for its intended purpose
- Provides updates to the DD QIC on QII(s) status

Meetings:

- Conducts regular meetings to ensure continuity of purpose
- Maintains reports and/or meeting minutes as necessary and pertinent to the committee's function
- Updates members quarterly on status of approved, assigned QIIs included in quarterly data reviews
- Utilizes an approved system for tracking PMIs to monitor the efficacy of preventive, corrective and improvement measures, and work of the subcommittee and status of PMI(s)
- Discusses and responds to the DD QIC assignments or directives
- Recuses members from MRC proceedings when a COI arises by halting discussion and placing the COI case at the end of the meeting to allow the COI member to remain and participate in other case determinations, then leave prior to discussion of the COI case.
- Provides case review documentation during the meeting only to ensure confidentiality and adherence to mandated privacy regulations and guidelines
- Performs comprehensive clinical mortality reviews utilizing a multidisciplinary approach that:
    - Addresses relevant factors (e.g., medical, genetic, social environmental, risk, susceptibility, and others specific to the individual)
    - Addresses quality of service
- Evaluates the quality of the decedent's licensed services to ensure provision of a reliable, person-centered, evidenced-based approach related to:
    - Disease
    - Disability
    - Health status
    - Service use/provision
    - Access to care
- Identifies risk factors, gaps in service, and recommend QIIs to promote safety, freedom from harm, and physical, mental, and behavioral health and wellbeing
- Reviews OL and/or OHR corrective action plans (CAPs) related to developing and monitoring MRC recommendations to ensure no further action is required
- Notes either agreement with OL and/or OHR CAPs or need for further action in meeting minutes
- Makes additional recommendations for further investigation and/or actions by other DBHDS offices represented by MRC members, when relevant through the Action Tracking

Log (ATL)

- Assigns these recommendations and/or actions to specific, appropriate MRC member(s), and tracks the status of these recommendations through review of the ATL at each MRC meeting to ensure completion
- Seeks to make the following determinations through a comprehensive multi-disciplinary approach for each case reviewed:
  - The cause of death (CoD)
  - If the death was expected (EXP)
  - Whether the death was potentially preventable (PP)
  - Any relevant factors impacting the individual's death
  - Evaluation of the quality of licensed services related to disease, disability, health status, service use, and access to care, to ensure provision of a reliable, person-centered approach
  - Any other findings that could affect the health, safety, and welfare of these individuals
  - Other actions that may reduce these risks, to include provider training and communication regarding risks, alerts, and opportunities for education
- Makes and documents relevant recommendations and/or interventions for any actions identified based on the case review
- Documents in the meeting minutes, Notes Summary, Action Tracking Log, and/or on the electronic Mortality Review Form
- Assures all determinations can be made. If so, the case is closed; if not, the case is pended until the next meeting. When requested, additional information is obtained.
- Reviews pended case at next meeting, when the designated committee member provides an update, or requested information is received.
- Closes the case once all determinations are completed
- Categorizes factors for PP deaths *(see definitions)* that may have prevented the death.
- Assures factors relate to deficits in the timeliness or absence of, at least one of the following factors:
  - Coordination and optimization of care
  - Access to care, including delay in seeking treatment
  - Execution of established protocols
  - Assessment of, and response to, the individual's needs or change in status
- Assigns one of the Mortality Prevention Strategies for each PP case (Primary, Secondary or Tertiary – *see definitions)* as cited in the recommended reference text (Steven Staugaitis & Emily Lauer, "Risk Management Mortality Review and Reporting in Developmental Disabilities: How to Use Mortality Review and Reporting as a Quality Enhancement Tool in Development Disability Service Organizations", University of Massachusetts Medical School, (2015):69)

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Chair/Co-Chair Deputy Commissioner for Clinical and Quality Management or MRO Clinical Manager	• Ensures committee executes responsibilities • Ensures committee performs its functions • Ensures committee performs its core processes • Facilitates MRC meetings, case reviews and determinations through discussion • Ensures quorum decisions are made and documented

	• Ensures consideration and, as appropriate, approval of quality improvement activities
Logistic Support MRO Program Coordinator	• Creates agenda in collaboration with MRO Clinical Manager & MRC Chair • Schedules meetings and ensures mandates are maintained r/t holidays and attendance • Monitors quorum and alerts chair/co-chair of status at start of meetings & after break • Documents meeting proceedings, case discussions and summarizes the assigned actions at end of each MRC meeting • Maintains Reviews Action Tracking Log • Composes Quarterly Data Reports and reviews them at an MRC meeting every quarter. Electrically mails them to the DBHDS Commissioner every quarter. • Uploads MRC meeting documents to the MS Teams folder immediately prior to each MRC meeting. Promptly removes them at the end of each MRC meeting to maintain & adhere to PHI/HIPAA privacy and confidentiality as mandated by regulating state and federal entities
Clinical Nurse Reviewers	• Compose succinct CCS from reviews of submitted documents *(see SOP)* to develop a sequence of events timeline of relevant specific information • Obtains additional documents when needed to ensure no gaps in the sequence of events • Tracks and records relevant data for QIIs, PMIs and other concerns that may be utilized for promoting the health, safety and wellbeing of IDD decedents • Attends each MRC meeting to a) answer queries, b) provide additional information regarding case content, c) participate in discussions, and d) record determinations on the eMRF • Displays relevant non-PHI materials (e.g., Meeting date/time/name, Break time information, & MRC definitions) through screen share during each MRC meeting • Serves as a non-voting member
Voting Members	• May send a designee, approved by the MRC Chair/Co-Chair, who has attended MRC orientation and signed the Confidentiality Form. • Prior to the meeting, informs Chair or MRO Program Coordinator when unable to attend and that designee is attending • Inform Chair or MRO Program Coordinator when a guest needs to attend a MRC meeting so appropriate arrangements can be made to maintain confidentiality and adhere to PHI mandates. • Have decision-making capability and voting status

	• Must attend 75% of meetings per year and may send an approved designee for 25% of meetings (as stated in first bulleted statement above) • Recognize that an excused absence does not contribute to the 75% attendance requirement • Make a motion to approve, or second a motion to approve in order to progress through MRC meetings, and as required to ensure mandated quorum status for designated actions • Participates in meeting discussions, case determinations, ATL reviews and QII development
Advisory Members	• May send a designee, approved by the MRC chair/co-chair, who has attended MRC orientation and signed the Confidentiality Form • Prior to the meeting, informs Chair or MRO Program Coordinator when unable to attend and that designee will be attending • Inform Chair or MRO Program Coordinator when a guest needs to attend an MRC meeting so appropriate arrangements can be made to maintain confidentiality and adhere to PHI mandates • Expected to attend at least three meetings quarterly (one per month) • Recognize that an excused absence does not contribute to the attendance requirement • Participate in meeting discussions, case determinations, ATL reviews, and QII development with insight, clinical information, medical expertise, and/or relevant knowledge and experience • Assist in identifying and prioritizing decision-making and recommendations • May be appointed for a term of 2 years and may be reappointed for additional terms • Serves as a non-voting member
Guests	• May attend only when Chair or MRO Program Coordinator has been informed of guest's name, department and reason for attendance was provided by an MRC member • Appropriate arrangements need to be made to maintain confidentiality and adhere to PHI mandates • Must sign Confidentiality Agreement form prior to attending the specific MRC meeting • Serves as a participant only, no voting ability
QI Consultation, Technical Assistance and Coaching Director, QI Analytics and Processes or designee (QI Implementation Manager)	• Provider consultation and technical assistance for quality management and quality improvement practices • Provides consultation and technical assistance for quality improvement initiatives with a focus on details

	and activities, including use of tools and other resources • Provides consultation and technical assistance as needed relative to data analysis and data visualizations • Provides coaching and feedback related to MRC QII development, progression/tracking, QIC presentation, and status (including completion) • Serves as non-voting member

MEMBERSHIP

Voting Members	• Deputy Commissioner for Clinical and Quality Management *(MD, and staff member with QI and programmatic/operational [P/O] expertise)* • Director of Office of Human Rights, or designee *(staff member with regulatory, QI and P/O expertise)* • Director of Office of Integrated Health, or designee *(staff member with QI and PO expertise)* • Medical Director of Developmental Services, or designee *(staff member with QI and P/O expertise)* • MRO Clinical Manager, MRC Co-Chair (*NP and staff member with QI and P/O expertise*) • Pharmacy Services Manager *(PharmD and staff member with regulatory, QI and P/O expertise)* • Assistant Commissioner of Quality Management and Strategic Outcomes, or designee *(staff member with QI and P/O expertise)* • SIU Manager, or designee *(staff member with regulatory and P/O expertise)* • A member with clinical experience to conduct mortality reviews who is otherwise independent of the State *(MD, NP, or PA who is an external member with P/O expertise)*
Advisory Members Nominated by the Commissioner or Chair of the MRC and may be a designee	• Community Services Board Representative • DBHDS Office of Licensing Investigative Management Unit (IMU) Representative • Department of Health Representative • Department of Medical Assistance Services Representative • Department of Social Services Representative • Deputy Commissioner of Policy & Public Affairs, or designee • Director of Office of Transition Network Supports, or designee • Office of Chief Medical Examiner Representative • Other Subject Matter Experts such as representatives from a DD Provider or Advocacy Organization
Support Staff	• MRO Lead Clinical Nurse Reviewer (NP and may serve as a designee for the Chair and clinical voting members) • MRO Clinical Nurse Reviewers (NP/RN) • MRO Program Coordinator

DBHDS
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MEETINGS

Meeting Frequency	The MRC meets virtually at minimum on a monthly basis, or more frequently as necessary to complete mortality reviews within 90 days of death date. Frequency is dependent on the number of monthly deaths that occurred, and meetings may occur in the absence of a quorum; however, no deliberations can be taken during these meetings.
Quorum	A quorum is 50% of voting membership plus one, with attendance of at least (one member may satisfy two roles): • A medical clinician (*MD, NP, or PA)* • A member with clinical experience to conduct mortality reviews • A professional with quality improvement expertise • A professional with programmatic/operational expertise: Quorum status is monitored throughout the meeting with verification of quorum status before voting on these deliberations: • Approval of minutes, • MRC determinations (PP, UXP, CoD, Pend for additional information, and OL/OHR actions/recommendations), • ATL completion • Approval of proposed QIIs to the QIC • PMI status (new, revisions, retire) • Annual charter review
Agenda and Minutes	The agenda shall be emailed prior to the meeting. Minutes and materials necessary for the meeting shall be posted in the restricted access MRC documents channel in Teams under the External MRC MS Team shortly before the meeting begins and removed immediately at the conclusion of the meeting. MRC materials are 'view only' status during that specific MRC meeting only for adherence to mandated state and federal regulations.

CONTACT

Division, Office, or Program	Role Title
Mortality Review Office	Mortality Review Office Clinical Manager
Mortality Review Office	Mortality Review Office Program Coordinator