NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Instructions for Completing the Mortality Follow-Up Form (MFF)

For questions, please email the Mortality Review Unit at DDD.ORMMortality@dhs.nj.gov

The Mortality Follow-Up Form is to be completed after the submission of a DT101 incident report for an unexpected death, when a death occurs in a licensed residential setting or if an individual lived in a licensed residential setting within 30 days before their passing. The form and any accompanying attachments should be uploaded to NJIRMS within 14 calendar days of an individual's passing. Do not delay the submission of the initial incident report

Agency Quality Assurance staff or an Incident Reporting contact should be the entity to gather the needed information and complete the MFF.

The MFF may also be requested at the Division or Department's discretion in any death where more information is needed.

Demographics/Incident Information

NJIRMS#: The incident report (IR) number assigned to the incident after submission, e.g., 25-1234567.

Incident Date and Time: The exact date and time the death occurred.

Agency/Provider Name: The name of the residential provider of the individual, regardless of if they passed away in a hospital or nursing facility.

VID#: The venue identification # is assigned to the provided-managed site, i.e. GH9876.

IRS Name: The first and last name of the individual receiving services.

MIS#: The HIPAA-compliant, 6-digit identification number assigned to the individual receiving services.

DOB#: The date the individual receiving services was born.

Resource Team: Indicate yes if the person served has ever had a referral for services from the DDD Resource Team. Next, please indicate when and if the referral was for Behavior, Mealtime/Speech, or Nursing services.

Level of Supervision: Document the supervision level needed to meet the individual's needs as documented in the ISP, based on where the death incident occurred.

Analysis

Detailed Event Description Including Timeline: In this area, provide a detailed description of events broken down into one-hour increments. Please note that the Mortality Review Unit may review your submission and request 30-minute increments depending on the circumstances of the case.

CPR or other life-saving actions completed: In this area, check yes or no and if yes, then provide details of any life-saving techniques performed, such as first aid, CPR, 911 calls, mouth sweeping, utilizing the AED, abdominal thrust, back blows etc. Please indicate the time these actions were performed.

Was level of supervision maintained during the event? Check yes or no if supervision was maintained during the event.

Summary of how it was or was not maintained: Provide a summary of how the supervision was or was not maintained. For example, if the staff provided line-of-sight supervision, this should be indicated here.

List of current diagnoses: Indicate all the current diagnoses the individual is being treated for including any the individual is prescribed medication for.

Were there any concerns that the agency addressed with the individual's Planning Team, primary care physician, specialist, other health care providers, family, guardians, etc. (Coordination of Care): Indicate any concerns or medical conditions that were discussed or addressed with any of the aforementioned entities.

The following **fatal conditions** are commonly linked to preventable deaths in individuals with intellectual and developmental disabilities residing in congregate or in community-based settings. If any of these conditions were present and related to an individual's death, ensure information about and individual's history, recent treatment and appointments, and any notable concerns surrounding the following fatal conditions is included in your analysis.

Choking/Aspiration, Dehydration, Seizures, Constipation, Urinary Tract Infection, GERD, Infection/Sepsis

Supporting Information

Daily Logs/Critical Incident Log: Upload relevant staff communication logs and or critical incident logs to NJIRMS.

Last 3 months MARS and TARS: Upload the last 3 months of medication administration and treatment administration records to NJIRMS. Please include data for all PRNs administered as well.

Tracking logs: Upload applicable tracking logs, such as BM tracking logs, seizure logs, fluid input/output logs, blood pressure logs, and blood sugar logs, etc. to NJIRMS.

Physician Visits/Hospital Documentation in past 90 days: Upload relevant physical visit documentation and or hospital discharge summaries to NJIRMS.

Choking checklist if choking death: Upload the choking checklist to NJIRMS if applicable and note the choking incident report number.

Police Report: If a police report was generated and the agency is in possession, upload to NJIRMS.

Submit a Video of the event if available: Upload any videos relating to the incident to the File Transfer Protocol Box. If you are unable to upload to the FTP Box, attempt to email the video to ddd.ORMMortality@dhs.nj.gov or notify the address that you are having difficulty. File may need to be sent as a Zip file.

If NO was selected for any of the above items, please explain: Please explain why the aforementioned information requested is unavailable.

Actions

Indicate the actions taken and/or planned as a result of the outcome of your agency's review. Include a description/further detail in the space provided below.

Provide a comprehensive overview of the steps taken due to your review of this incident. Include any risk analysis information to determine if the death could have been preventable and any changes that will be made to prevent future incidents from the same circumstances.

Provider Contact Information

Form Completed by: Indicate who is completing this form

Title: Indicate the title of the person completing the form.

Contact Number: Provide the phone number of the person completing the form**.**

Email Address: Provide the email address of the person completing the form.