

## 3 C'S of Mortality Reporting: Cause, Circumstance and Corrective Action

C = What was the **cause** of the death?

C = What were the **circumstances** of the death?

C = What **corrective action** did you take?

### C = What was the **cause** of the death?

- The diagnosis that led to the death such as terminal cancer, the chronic conditions that led to the death such as renal failure or the incident that caused it such as a fall in the bathtub.
- The diagnoses provided by physicians treating the person. What was the cause?
- Any medications of note, issues with member compliance with medications, history of medication issues, history of medical issues, etc.

### C = What were the **circumstances** of the death?

- Were they receiving hospice, terminal prognosis?
- Did they have a complicated surgery prior to the death, declining health over last few months, hospital admission, 3 times in last month, just released from the nursing home or hospital, lack of enough supports or assistance, issue with capacity, etc.?
- Was there a domestic violence issue within the home, criminal activity, unsafe environment, noncompliance, etc.? Did the person die untimely (birth date 1950 or before)?
- Was the death unexpected or unanticipated?
- Was the person found by the worker on the floor, with broken windows in the home or sign of forced entry, etc.?
- What was the “back story?” Tell the story of the member, not just the “cause” of death or diagnoses. What was happening to the person and around the person?
- Tell us about what has happened recently to the person, what was the situation and how it impacted the person. Tell the story.

### C = What **corrective action** did you take?

- What did the person do who found them? Call 911, perform CPR, etc.?
- When warranted, was it reported to the police, APS, fraud, etc.?
- Was there an investigation? What were the findings? Did the worker provide the service as called for on the plan? Were safety measures in place if there was a behavior contract? Was the plan up to date and complete?
- Was it preventable? If so, how was it preventable?
- Was corrective action identified at the agency and was it implemented?
- Was there a trend in mortalities and was it addressed at the agency? Example: Member falls. Implement a falls awareness.
- Do the necessary reports, documentation and investigate it. Risk Management.