



State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities



Medical Alert – Client Residence Information for Health Care Providers

This Medical Alert is based on the work of the Medical Review Subcommittee and should be posted prominently. The Office of the Ombudsman for Mental Health and Developmental Disabilities works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our mission.

The Medical Review Subcommittee (MRS) has reviewed a large number of cases in which the client had appeared ill to residential staff shortly before his or her unexpected death. Residential staff brought the client to the clinic, to Urgent Care or to the Emergency Department for assessment, and the client was returned home to the residential facility only to die unexpectedly at the residence.

The MRS has concluded that the treating health care provider frequently is unaware of the client's living situation before sending the client home.

The MRS recommends that the staff of residential facilities or other staff, who accompany clients who live independently to health care appointments, give the health care provider information about the client's living situation. A sample form is provided with this Alert, but providers are encouraged to develop their own preferred forms.

This Alert was prompted by the following tragic case:

Could This Happen to Your Client?

Case Study: A 46-year-old woman, with schizoaffective disorder, hypertension, and other medical conditions, was found dead on the morning of 3/10/2004 in the shared housing residence in which she had lived since 07/21/2003. Her death was reported to the medical examiner, and an autopsy was performed. Her manner of death was an accident, and the immediate cause of death was an opiate overdose. On 3/08/2004 while she waited to be picked up by the van for work, the client had fallen outside her home during a snowstorm. She was accompanied by a mental health services staff person to the doctor, who diagnosed a fractured right shoulder and prescribed Tylenol #3. She was also referred for a follow up appointment with an orthopedic specialist the next day. On 3/09/2004 she was evaluated by the orthopedic specialist, who was concerned about her level of sedation, which was reported to be more than usual. He sent her to the emergency room for evaluation. A CT scan was done and did not show any conditions that might contribute to her sedation. The emergency room physician discharged her back to her residence believing that the sedation was secondary to the Tylenol #3 in combination with the client's psychiatric medications. The client had been accompanied to the emergency room by a mental health services staff person, who dropped the client off at home at approximately 10:30 PM on 3/09/2004. The shared housing residence had no overnight staff. Because the client had stated she was too tired to get to her room, a shared housing resident assisted the client to bed on the couch. She was found dead on the couch on the next morning by another resident. After the client's death, a pill count was done, and, between 3/08 and 3/10/2004, the client had used only six of the Tylenol #3 tablets prescribed for her.

The MRS makes the following recommendations:

- 1) When a client goes to an emergency room, to urgent care, or to her primary health care provider, residential staff should be prepared to provide the following information: type of program (e.g. board and lodge, nursing home, independent living), type of supervision (e.g. no staff in residence, overnight sleep staff, overnight awake staff), and types of services provided (e.g. medication supervision, medication administered by trained medication aides, staff supervision of self-administration of medication, independent medication administration).
- 2) The MRS recommends that all clients take with them to the ER, urgent care, or primary health care provider a copy of their current medication administration record, which should include at minimum: the name of patient, the name of facility with an emergency contact number, and the name and phone number of client's pharmacy.

(Sample Form)
Client Residence Information for Health Care Providers

Name of Client/Patient: _____

Address: _____

Living Situation (circle one):

Adult Foster Care Group home Independent living Shared housing
Intermediate Care Facility for People with MR – ICF-MR

Total number of residents/roommates: _____

Telephone: _____

Fax: _____

24 hour contact (residential supervisor/case manager): _____

In Home Staffing (Circle as appropriate): _____

None.

Day: _____ Eve: _____ Night (circle one): Awake Asleep

Health Care Resources

Residential RN (or circle None): _____

Name: _____

Phone Number: _____

On-site availability (circle one): Yes No

Total number of sites & residents: _____

Residential LPN (or circle None):

Name: _____

Phone Number: _____

On-site availability (circle one): Yes No

Total number of sites & residents: _____

Primary Physician

Name: _____

Phone Number: _____

Fax Number: _____

Pharmacy

Name: _____

Phone Number: _____

Fax Number: _____

Delivery mode &/or time allowed to fill prescription: _____

Med Administration (circle one): Trained staff Licensed staff Self-administration

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