



State of Minnesota

# Office of the Ombudsman for Mental Health and Developmental Disabilities

121 7<sup>th</sup> Place E. Suite 420 Metro Square Building, St. Paul, Minnesota 55101-2117  
Voice: 651-757-1800 or Toll Free: 1-800-657-3506 TTY/Voice – Minnesota Relay Service 711  
“Giving voice to those seldom heard”

**Date:** May 2012

**To:** Agencies, Facilities, and Programs

**From:** Jo Zillhardt, RN-BC, PHN, Medical Review Coordinator

**RE:** An update on mandatory reporting of deaths and serious injuries - [Minn. Stat. 245.94, Subd. 2a.](#)

This memo serves as a reminder and an update about the mandated reporting of deaths and serious injuries.

## **245.94 POWERS OF OMBUDSMAN; REVIEWS AND EVALUATIONS; RECOMMENDATIONS.**

Subd. 2a. **Mandatory reporting.** Within 24 hours after a client suffers death or serious injury, the agency, facility, or program director shall notify the ombudsman of the death or serious injury. The ombudsman is authorized to receive identifying information about a deceased client according to Code of Federal Regulations, title 42, section 2.15, paragraph (b).

[For your convenience, the Code of Federal Regulations, title 42, section 2.15, paragraph (b). states the following: “Deceased patients--(1) Vital statistics. These regulations do not restrict the disclosure of patient identifying information relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death. (2) Consent by personal representative. Any other disclosure of information identifying a deceased patient as an alcohol or drug abuser is subject to these regulations. If a written consent to the disclosure is required, that consent may be given by an executor, administrator, or other personal representative appointed under applicable State law. If there is no such appointment the consent may be given by the patient's spouse or, if none, by any responsible member of the patient's family.”]

Please complete the death or serious injury form and fax it to the agency at **651-797-1950**. We can receive faxes twenty-four hours a day. Faxing a report is the preferred method of reporting. It leaves you, the reporter, with a record of the information reported and the date and time reported. Voice messages can be left at any time, twenty-four hours a day, seven days a week, by calling 651-757-1800, toll free at 1-800-657-3506, or TTY/Voice – 711 – Minnesota Relay Service. If you have questions about whether or not an injury is reportable, please call 651-757-1800, 1-800-657-3506, or TTY/Voice 711, and ask to speak with the Medical Review Coordinator.



*Serving Minnesotans receiving services for*  
*Mental Illness      Developmental Disabilities      Chemical Dependency      Emotional Disturbance*

The Office of the Ombudsman has created “**Editable**” Death and Serious Injury Reporting Forms and placed them on our website. You can type your responses on the forms on your computer, print them off, and fax them to our office at **651-797-1950**. For all of our forms go to:

<http://www.ombudmhdd.state.mn.us/forms/default.htm>

I work closely with the Medical Review Subcommittee (MRS), which is part of the Ombudsman’s Advisory Committee whose members are appointed by the Governor. The MRS meets regularly to review information on unusual individual deaths, and deaths that meet a predetermined set of criteria. They also review the accumulated data on all deaths and serious injuries. After review, the MRS either closes the case or asks for additional information. In some cases, recommendations are made to prevent recurrence of similar deaths. After the report of a death, I will send you a letter informing you whether the case has been closed or whether more information is needed. You will be informed when the case is closed and if any recommendations have been made regarding services provided to the client. Copies of all of death reports are sent to the appropriate Regional Ombudsman for his or her information and comments.

In late May 2009, at the request of providers, we added the following line to the serious injury report forms, as follows:

**Reporter Information**

I wish to remain confidential and do not require a faxed/written response to this report.

If you wish your report to this office to remain anonymous, and you do not wish to receive a faxed or written notification of our receipt of your serious injury report, please indicate your preference by checking the box next to this line on the first page of the serious injury form. Please provide a phone number at which you can be reached if additional information is needed for our review.

Otherwise, after the report of a serious injury, either the Regional Ombudsman or I will fax or mail you a letter informing you that the report has been received. You will be contacted if additional information is needed for our review. At this time, the Regional Ombudsman is performing the individual serious injury reviews in his or her Region.

All of the information that you give in death and serious injury reports is entered into our database. Review of the data helps the Office to set goals and determine areas of special concern or high risk.

Thank you for your assistance and cooperation with the mandatory reporting process.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jo Zillhardt', with a horizontal line extending to the right.

Jo Zillhardt, RN-BC, PHN  
Medical Review Coordinator