

## November 2025

While the past two winters have been milder than is typical for Minnesota, it's still important to be prepared for winter and the cold it can bring. As usual, we are issuing a medical alert related to frostbite and hypothermia, two conditions that can (and do) impact our clients. Being unhoused, using substances, managing serious mental health issues, and having to rely on others to support daily care needs are just a few known risk factors related to cold weather emergencies. Please take time to review the medical alert, and review it with staff as appropriate.

All seasonal and medical alerts come from the Medical Review Unit. The main focus of the Medical Review Unit is to review the circumstances of death affecting OMHDD's clients. The purpose of these death reviews is not to duplicate work done by regulatory agencies. We aim to seek opportunities for both targeted and systemic improvement of the care delivery system for persons receiving services for mental illness, developmental disabilities, and substance use. Additionally, death reviews allow us to identify trends within and across populations, which can help inform policy.

You may have noticed an increase in the number of record requests after submitting a death report. Many of our record requests are sent out because we receive only minimal information, which does not allow us to form a good understanding of the circumstances of the death. When you report a death in as much detail as possible, you will likely receive fewer record requests. It is very helpful for us to have a full list of medications and diagnoses, as much as is known about how or why the death happened, and the date of birth as well as the date of death. If you do not have all of the information within the reporting timeframe of 24 hours, report the death via webform or fax, and provide additional details later, through email ([annelies.stevens@state.mn.us](mailto:annelies.stevens@state.mn.us)), phone (1-800-657-3506), or fax. Submitting complete reports and/or providing additional information at a later time helps us get a better idea of the circumstances of a person's death right away, and if necessary, identify any immediate safety concerns.

Certain deaths require a more in-depth review, especially those involving unusual circumstances, those involving certain psychotropic medications, those occurring in certain settings, and those potentially caused by a delay in care. These cases are brought forward to the Medical Review Subcommittee (MRS), which currently consists of an interdisciplinary team of three physicians, a pharmacist, and a registered nurse. The subcommittee members have a combined 72 years of service, and offer important insights that helps us meet our mission and vision, to promote the highest attainable standards of treatment, competence, efficiency and justice for persons receiving services for mental health, developmental disabilities, or substance use disorder.

## Trends in deaths

During the past two calendar years, 3,337 deaths have been reported to our agency. A total of 3,202 of these have been finalized, which means a manner and cause of death have been established. The vast majority of reported deaths, about 70%, were natural deaths, which could include causes like sepsis, influenza, pneumonia, and seizures. The most common causes of death involved in unexpected deaths (including all manners of death) were related to pneumonia (337, or 10.5%), fentanyl and/or another illicit substance (305, or 9.5%), sepsis (232, or 7.2%), a fall (57, or 1.8%), a bowel obstruction (27, or 0.8%), and choking on food (25, or 0.8%). There are numerous interventions that can help prevent these types of deaths, including implementing fall risk plans, early action when signs of illness are noticed, following established plans regarding eating protocols (and especially regarding food consistency), supporting clients with their vaccinations, and making naloxone and fentanyl test strips easily accessible. Focusing on efforts to have all staff trained in emergency procedures like CPR and choking interventions is another great step to take. We very commonly receive reports that staff reached out to managers or nurses before calling 911. We want to encourage each of you that you are empowered to call 911 when you believe there is a life-threatening situation. Several medical alerts we have issued in the past go more in-depth on prevention strategies. The most important thing to remember is to pay attention to each person's baseline, and to report, document, and take action when a significant, consistent, or sudden change is noted. Behavioral changes can mean that someone is experiencing a medical problem!

## Respiratory illness

The COVID health emergency officially ended on May 11, 2023, but we continue to see cases in community and congregate care settings. Influenza and RSV (Respiratory Syncytial Virus) are also very present in the community, as is typical this time of year. For up-to-date guidance on how to help people be safe and healthy, we recommend checking out the following links:

[Coronavirus Disease 2019 \(COVID-19\) – MN Dept. of Health](https://www.health.mn.gov/diseases/coronavirus/index.html)

(<https://www.health.mn.gov/diseases/coronavirus/index.html>)

[Influenza \(Flu\) – MN Dept. of Health](https://www.health.mn.gov/diseases/flu/index.html)

(<https://www.health.mn.gov/diseases/flu/index.html>)

[Respiratory Syncytial Virus \(RSV\) – MN Dept. of Health](https://www.health.mn.gov/diseases/rsv/index.html)

(<https://www.health.mn.gov/diseases/rsv/index.html>)

## Substance use & fentanyl

Fentanyl remains high on our radar, just like it is for many other agencies and organizations in Minnesota. It is a very powerful synthetic opioid that is often added to drugs like heroin and methamphetamine, and the person using the drug may not even know that they are using it. This creates a very real risk of death or serious injury, because the effects of fentanyl are much more severe than those of other opioids.

It is not uncommon for people to (intentionally or unintentionally) use fentanyl while they are in treatment for substance use or mental health. Knowing what to look for can help prevent death.

**Common signs of a fentanyl overdose include:**

- Pinpoint pupils
- Loss of consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds (which may include loud snoring sounds)
- Limp body
- Cold and/or clammy skin
- Discolored skin, especially in lips and nails

**If you notice any of these signs, call 911 immediately, and administer naloxone.** A second dose should be given if you do not see a response after 2-3 minutes. It is best practice to have at least 2 doses of naloxone readily available at each facility, and to make sure all staff are trained on how to administer it.

[Opioids and Fentanyl - MN Dept. of Health](https://www.health.state.mn.us/communities/overdose/education/opioids.html)

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[Fentanyl Facts | Stop Overdose | CDC](https://www.cdc.gov/stop-overdose/caring/fentanyl-facts.html?CDC_AAref_Val=https://www.cdc.gov/stopoverdose/fentanyl/index.html)

([https://www.cdc.gov/stop-overdose/caring/fentanyl-facts.html?CDC\\_AAref\\_Val=https://www.cdc.gov/stopoverdose/fentanyl/index.html](https://www.cdc.gov/stop-overdose/caring/fentanyl-facts.html?CDC_AAref_Val=https://www.cdc.gov/stopoverdose/fentanyl/index.html))

[Lifesaving Naloxone | Stop Overdose | CDC](https://www.cdc.gov/stop-overdose/caring/naloxone.html?CDC_AAref_Val=https://www.cdc.gov/stopoverdose/naloxone/index.html)

([https://www.cdc.gov/stop-overdose/caring/naloxone.html?CDC\\_AAref\\_Val=https://www.cdc.gov/stopoverdose/naloxone/index.html](https://www.cdc.gov/stop-overdose/caring/naloxone.html?CDC_AAref_Val=https://www.cdc.gov/stopoverdose/naloxone/index.html))

[What to Do if You Think Someone is Overdosing | Stop Overdose | CDC](https://www.cdc.gov/stop-overdose/response/index.html)

(<https://www.cdc.gov/stop-overdose/response/index.html>)

We wish you the very best for the coming year and thank you for all that you do. If you have questions, concerns, or feedback, feel free to connect with me at [annelies.stevens@state.mn.us](mailto:annelies.stevens@state.mn.us). I look forward to hearing from you!

Sincerely,



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