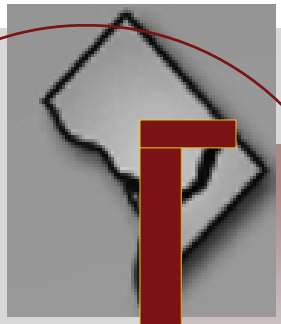


District of Columbia Developmental Disabilities Fatality Review Committee

2011 Annual Report

The Honorable Vincent Gray, Mayor
District of Columbia Government

Marie-Lydie Y. Pierre-Louis, MD, Chief Medical Examiner
Office of the Chief Medical Examiner

District of Columbia
Developmental Disabilities
Fatality Review Committee

2011 Annual Report

Mission:

To reduce the number of preventable deaths of individuals with intellectual and developmental disabilities through identifying, evaluating and improving programs and systems responsible for protecting and serving citizens

Presented To:
The Honorable Vincent Gray, Mayor, District of Columbia
The Council of the District of Columbia

JANUARY 2013

Table of Contents

EXECUTIVE SUMMARY

The District of Columbia Developmental Disabilities Fatality Review Committee (hereinafter known as the "DD FRC" or the "Committee") is pleased to present its eleventh Annual Report. The DD FRC was initially established in February 2001, by Mayor's Order 2001-27, and re-established in September of 2009 by Mayor's Order 2009-225 as the Developmental Disabilities Fatality Review Committee (see Appendix A). The Committee is charged with examining the events surrounding the deaths of individuals 18 years of age and older who were receiving services from the District of Columbia Department on Disabilities Services (DDS) at the time of death.

KEY FINDINGS FROM DEATHS REVIEWED IN 2011 (N=41)

During 2011, the Committee reviewed 41 fatalities of DDS individuals who died between calendar years 2009 through 2011. The following is a summary of the data included in the 2011 Annual Report.

- Of the 41 fatalities reviewed, 39 were attributed to Natural causes.
- Twenty-one of the individuals were over the age of 60 years.
- Thirty-one of the individuals were African American.
- Thirty-one involved individuals who resided in the District of Columbia; the majority resided in Wards Four (N=12) and Seven (N=8).
- Twenty-two of the individuals were Evans Class members.

DD FRC RECOMMENDATIONS FROM 2011 CASES REVIEWED

Based on the cases reviewed during calendar year 2011, the DD FRC issued recommendations to the District Government's Department on Disability Services related to improved health care, service coordination and service monitoring of individuals receiving services to address their individual needs. (see *Section III*: DD FRC 2011 Recommendations).

INTRODUCTION

"Never doubt that a small group of thoughtful, committed citizens can Change the World. Indeed, it's the only thing that ever has."

The 2011 Annual Report is a summary of the work performed by the Developmental Disabilities Fatality Review Committee (DD FRC) during calendar year 2011. It provides a synopsis of the total population identified by the Committee annually as meeting the criteria for review and the data that is specific to the 41 fatalities reviewed during calendar year 2011.

The DD FRC was re-established in September 2009, under the auspices of the Office of the Chief Medical Examiner (OCME). It is a multi-disciplinary, multi-agency effort established for the purpose of conducting retrospective reviews of relevant service delivery systems and the events surrounding the deaths of District wards and residents 18 years of age and older who received services and/or supports from DDS. One goal of the DD FRC is to make recommendations to improve the supports and services received by the citizens of the District of Columbia.

Committee membership is broad, representing a range of disciplines including public and private agencies as well as community organizations, and individuals. Membership includes representation from health, mental health, social services, public safety, legal, law enforcement and advocates of the intellectual and developmental disabilities community. These professionals come together for the purpose of examining and evaluating relevant factors associated with services and interventions provided to deceased individuals diagnosed with intellectual and developmental disabilities.

One of the primary functions of the DD FRC involves the collection, review, and analysis of individual's death-related data in order to identify consistent patterns and trends that assist in increasing knowledge related to risk factors and guiding system change/enhancements. The fatality review process includes the examination of an independent investigative report of each individual's death that includes a summary of the forensic autopsy report; the individual's social history (including family and caregiver relationships); living conditions prior to death; medical diagnosis and medical history; and services provided by DDS and its contractors. It also includes the assessment of agency policies and practices and compliance with District laws and regulations and national standards of care. Many reviews result in the identification of systemic problems and gaps in services that may impact the individual's quality of life. Another important result of this process is the recognition of best practices, and recommendations to create and implement these practices as a critical component of systemic change.

SECTION I: TOTAL MORTALITY FINDINGS

This report addresses the circumstances surrounding the deaths of District residents diagnosed with an intellectual and developmental disability and receive services through the Department on Disability Services (DDS). Eligibility criteria used by DDS to identify persons with intellectual and developmental disabilities are as follows:

- Psychological evaluations, based on one or more standardized tests, that document significantly sub average general intellectual functioning (Intelligence Quotient ("IQ") scores of 69 or below), and was diagnosed and/or manifested before the age of 18
- Psychological evaluations that include a formal assessment of adaptive behavior or other supporting documentation of adaptive behavior functioning manifested during the developmental period and reports that indicate the disability existed concurrently with a full scale IQ of 69 or below and reports that indicate the disability continues to adversely impact the individual's life after the age of 18 and
- Psychological and psychiatric evaluations that document any diagnosed psychiatric condition, should one be present (current and historical).

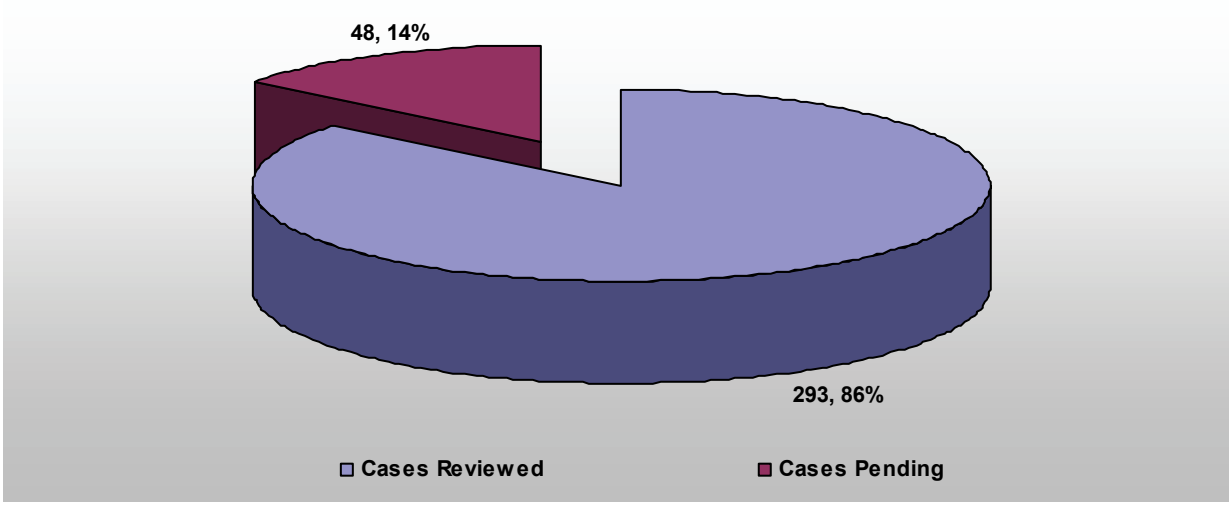
Section I of this Report provides a general overview of decedent demographics for the fatalities that occurred during calendar years 2001 through 2011 and determined to meet the criteria for review by the DD FRC.

Table 1 below illustrates the total number of individuals served by DDS for a ten year period, the total number of fatalities annually, and the percentage of individuals who died. During calendar years 2001 through 2011, the number of consumers served ranged from 1,547 to 2,187 (Endnote 1, see page 18), while the number of DDS deaths during the same ten year span ranged from 26 to 36 annually.

Table 1: District of Columbia DDS Population and Deaths 2001 to 2011

Year	*Population*	*Number of Deaths*	*Percentage*
2011	2187	31	1.4%
2010	2026	35	1.7%
2009	1946	29	1.5%
2008	1994	27	1.4%
2007	2018	30	1.5%
2006	1974	30	1.5%
2005	1993	34	1.7%
2004	1915	36	1.9%
2003	1790	31	1.7%
2002	1703	26	1.5%
2001	1547	32	2.0%

Figure 1: DD FRC Cases Reviewed since 2001



As figure 1 above illustrates, the DD FRC has reviewed 293 of the 341 fatalities identified between 2001 and 2011. Of these fatalities, 48 were pending review as of December 2011. Thirty-three of these include fatalities of individuals with intellectual disabilities who died between 2002 and 2005 whose deaths were not formally investigated. The Committee will convene a special meeting to address the review of these fatalities.

Decedent Demographics - Total Mortality Population Identified

Age of Decedents

Based on fatalities reviewed, the relationship between age and mortality has historically demonstrated the mortality rate increasing as individuals begin to age (see Figure 2). Annually the majority of the fatalities reviewed have involved individuals who were in the age group of 61 years or older. Overall, this trend among the DDS population has remained constant since the inception of the fatality review process in 2001. Additionally, the trend among the DDS population is also consistent with the expected national trend of mortality increasing with age for the broader population.

Figure 2: Decedent Age by Year of Fatality Review

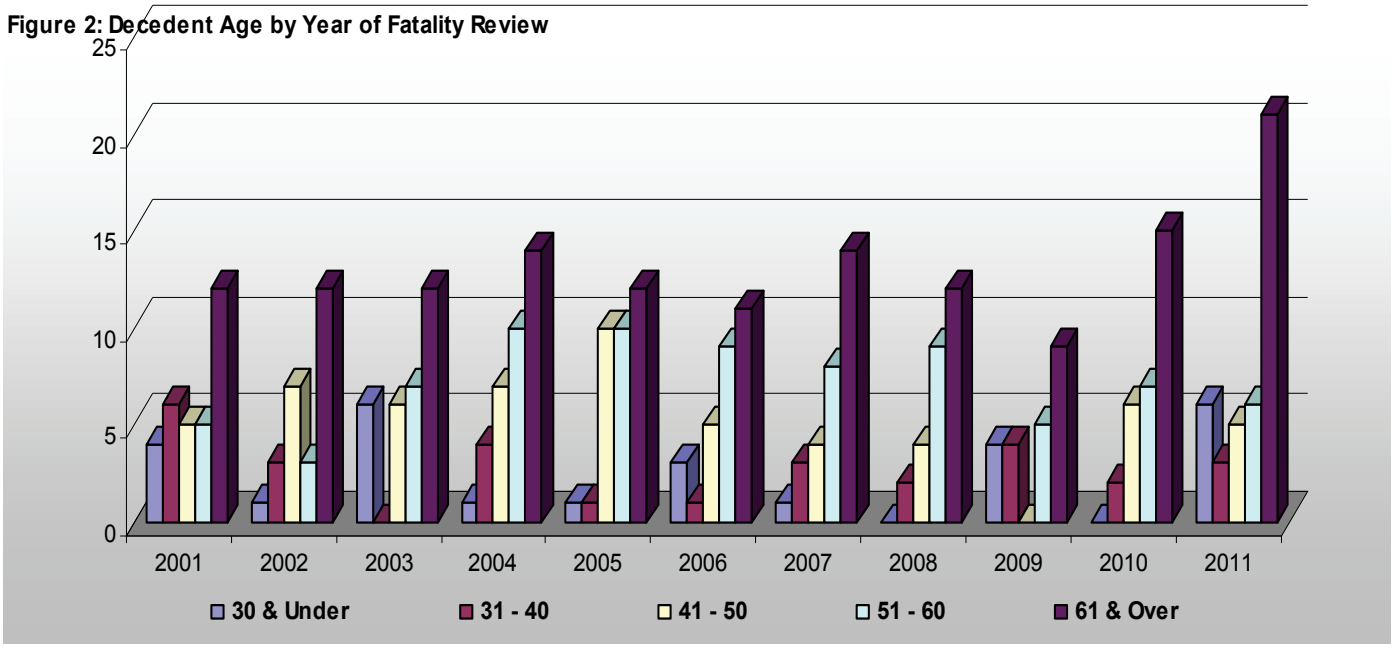
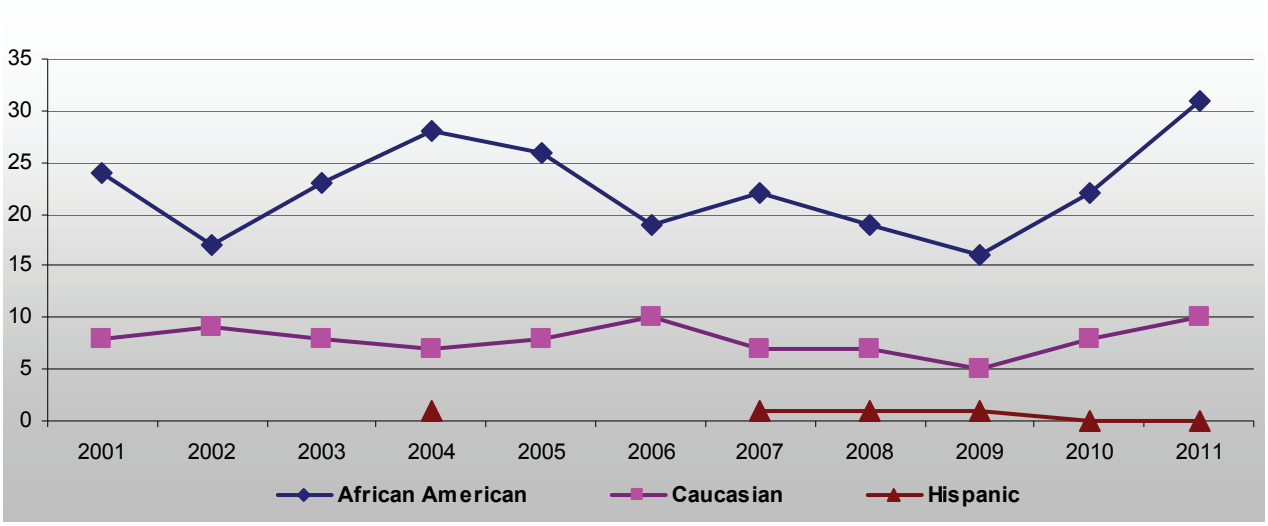


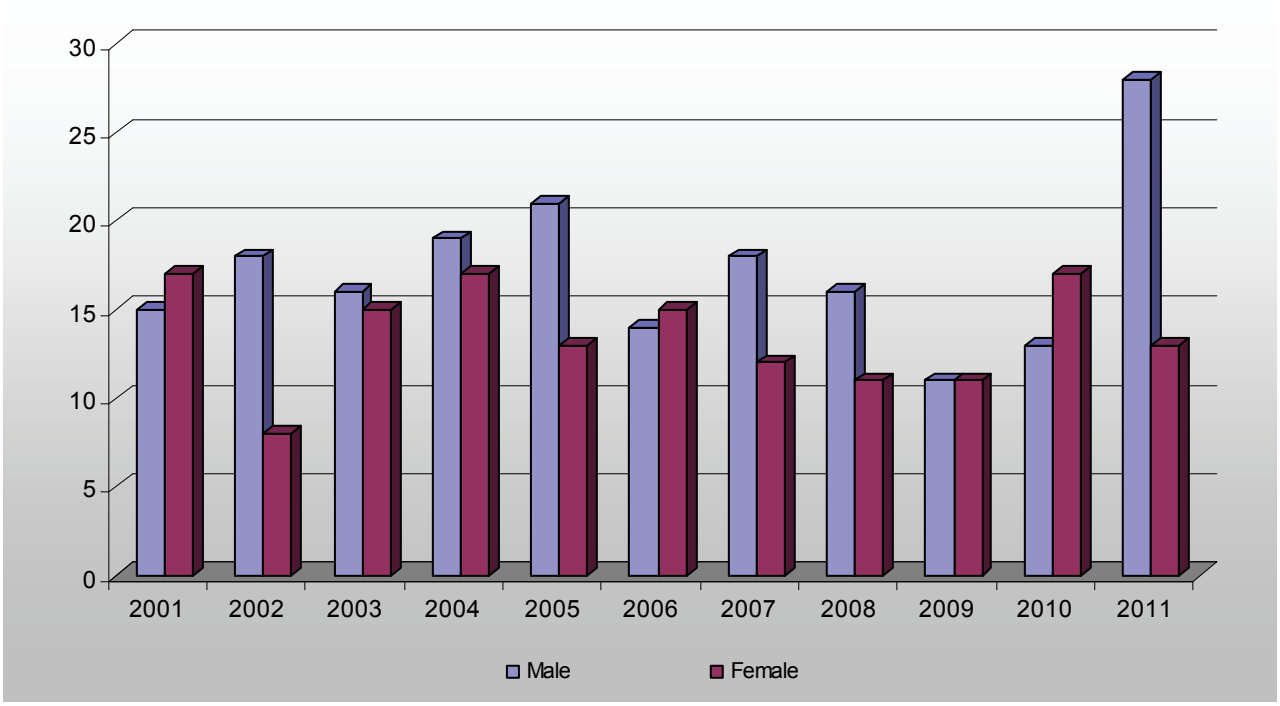
Figure 3: Race of FRC Decedents



Race and Gender of Decedents

Consistent with the overall DDS population, the majority of the DD FRC cases reviewed involved African American decedents (n=247, 73%). Of the fatalities reviewed, 189 of the 341 (56%) DD FRC decedents were male.

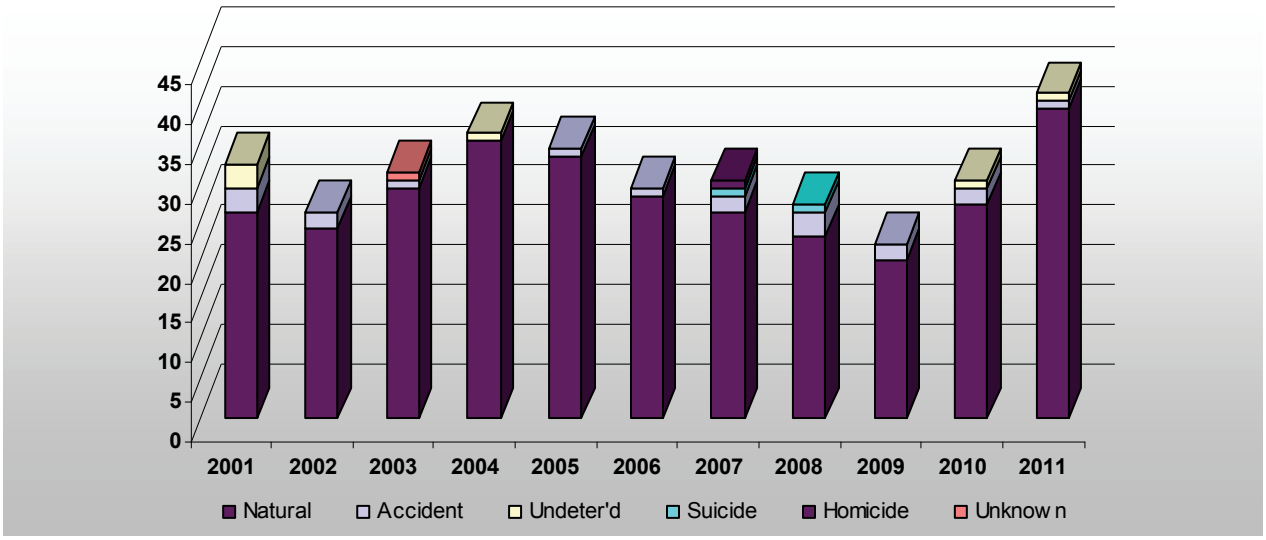
Figure 4: DD FRC Decedent Gender



Manner of Death – Total Deaths Reviewed

As illustrated in figure 5, the leading manner of death for individuals reviewed by the DD FRC are Natural. Since the inception of this Committee, 317 individuals receiving DDS services died of natural causes, and 18 individuals died as a result of Accidents. There was one Homicide in 2007 and two Suicide deaths—one occurring in 2007, the other in 2008. Of the Undetermined deaths there were three in 2001, one in 2004 and 2010, and one in 2011.

Figure 5: DD FRC Manner of Death 2001-2011



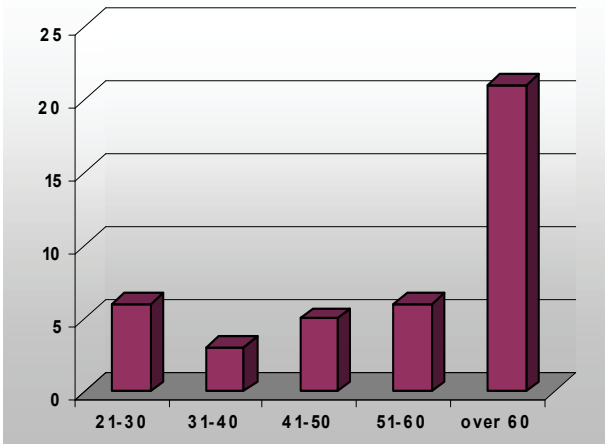
Section II: Summary of 2011 Case Review Findings

During calendar year 2011, the DD FRC reviewed the fatalities of 41 individuals diagnosed with intellectual and developmental disabilities who received services through the Department on Disability Services. These reviews were limited to fatalities that occurred between 2009 and 2011. The majority involved 29 fatalities that occurred in 2010. Section II will cover the data and findings that resulted from the 41 fatalities reviewed.

Age/Gender and Motality

The ages of the 41 individuals whose fatalities were reviewed ranged from 21 to 87 years of age; the average age was 58 years. As Figure 5 illustrates, 21 (51%) of the 41 fatalities reviewed involved individuals over the age of 60 years of age. There were six individuals between the ages of 51 and 60 years of age and five between 41 and 50 years of age. Six of the individuals were between the ages of 21 and 30 years of age. Of the 41 fatalities reviewed, there were 28 male and 13 female decedents.

Figure 6: Age of 2011 DDS FRC Decedent Population



Age, Race and Mortality

Consistent with previous FRC review years and the overall DDS population served, the majority of the fatalities reviewed in 2011 were African Americans. Table 2 depicts the age ranges and gender of the individuals reviewed during 2011. The 41 fatalities reviewed in 2011 involved 28 male and 13 female decedents. As illustrated in Table 3, thirty-one of the 41 decedents were African American, and 13 were Caucasian.

Table 2: 2011 Age and Gender (N = 41 Cases Reviewed)

Age	Male	Female
21-30	4	2
31-40	3	0
41 – 50	4	1
51 – 60	3	3
61 & Over	14	7

Table 3: 2011 Race and Gender (N=41 Cases Reviewed)

Race	Male	Female
African American	21	10
Caucasian	7	3

Place of Residence

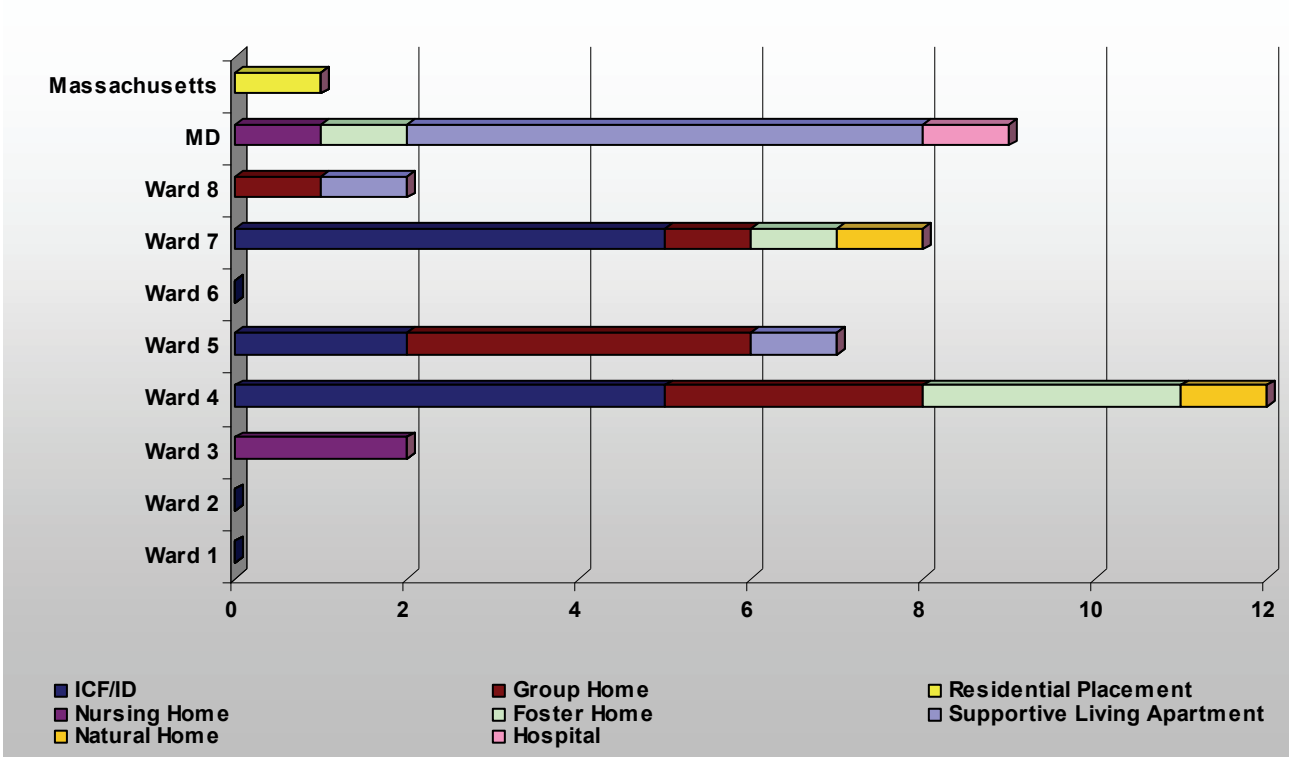
The 41 fatalities reviewed involved individuals who resided in their natural homes or community based placements where their specialized needs could be met. As shown in Table 4, thirteen individuals (32%) resided in Intermediate Care Facilities where they received 24 hour nursing care to address their medical needs. Twelve individuals (29 %) resided in supportive living apartments, 8 (19%) in group homes, and 2 individuals (5%) resided in their natural home where they received individualized Medicaid Waiver services.

Table 4: 2011 Place of Residence

Place of Residence	# of Individuals
Natural Home	2
Foster Home	2
Supportive Living	12
Group Home	8
Intermediate Care Facility	13
Residential Rehabilitation	1
Nursing Home	3

As illustrated in Figure 7, 31 of the DDS individual's fatalities reviewed by the Committee resided in the District of Columbia. Of these, the majority of individuals resided in Wards Four (30%, n=12), Seven (19%, n=8), and Five (17%, n=7). Two individuals resided in Wards Three and Eight (n=5%). Nine individuals resided in the state of Maryland (22%) and one individual resided in the state of Massachusetts.

Figure 7: 2011 DD FRC Individual's Placement/Location



Location of Fatality

The fatality reviews revealed that the deaths occurred in different locations including hospitals, nursing facilities, and residential placements. As depicted in Table 5, 27 of the individuals died during a hospital admission. Six individuals died in their place of residence with hospice services in place. Another 6 individuals died in their place of residence, and 2 individuals died in a nursing facility.

Table 5:
Location of Fatality

Place of Death	# of *Individuals*
Hospital following inpatient Admission	27
Nursing Facility	2
Residential Placement with Hospice	6
Residential Placement w/o Hospice	6

The Individual's Mobility and Mealtime Assistance

Mobility and impairments with food intake among individuals with intellectual and developmental disabilities are recognized problems that place individuals at higher risk of morbidity and mortality. The independent investigative reports provided to the DD FRC provide detailed information related to these risks and the Committee considers these factors as part of the case evaluation process. Based on the 41 fatalities reviewed, 24 individuals (58%) were independent with mealtime preparation and intake while thirteen (32%) required the use of a Gastrosomy tube for food intake. Three individuals (8%) required pureed foods and one individual required assistance with meal preparation and food intake.

With regards to the individual's mobility 16 (40%) required no support with mobility, 15 (37%) required the use of a wheelchair. Nine individuals (22%) required support (gait belt, walker, etc). In one case the individual was bedfast.

Table 6: Meeting the Individual's Needs for Assistance with Meals

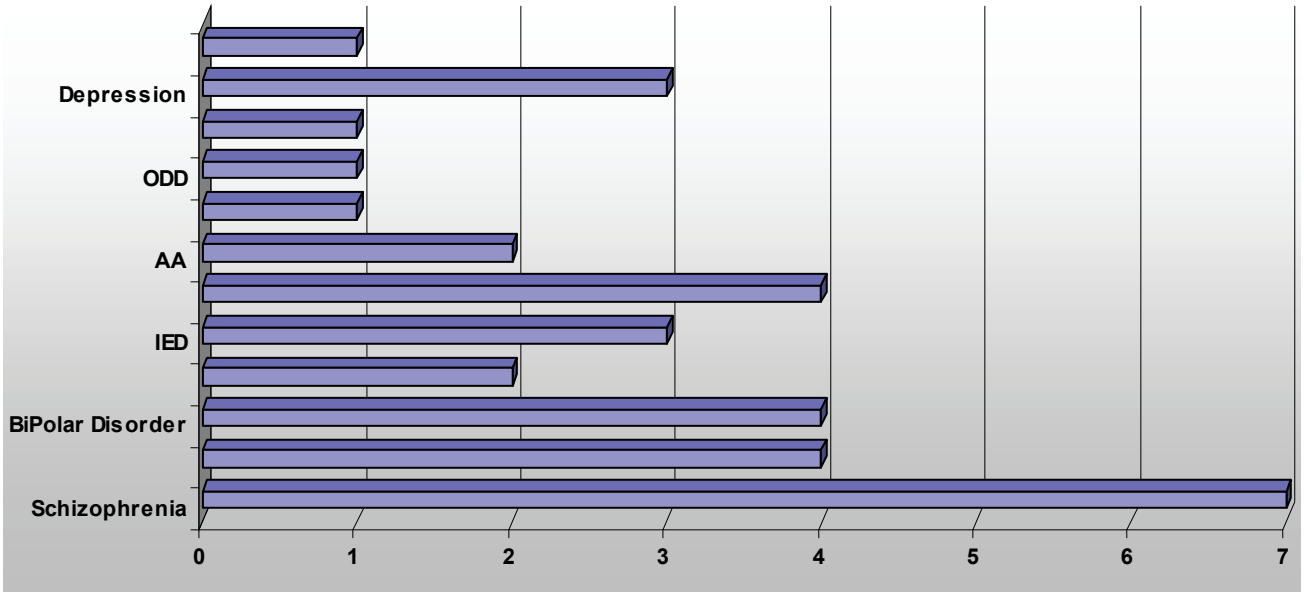
Level of Assistance with Food Intake	# of Individuals
Independent	24
Assistance with Food Intake	1
Required Pureed Foods	3
G-Tube Dependent	13

Table 7: Individual's Method of Mobility

Method of Mobility	# of Individuals
Mobile without Support	16
Mobility Requiring Support	9
Mobility Requiring Wheelchair Use	15
Bedfast	1

Mental Health Diagnosis

Figure 8: Mental Health Diagnosis in DD FRC Individuals



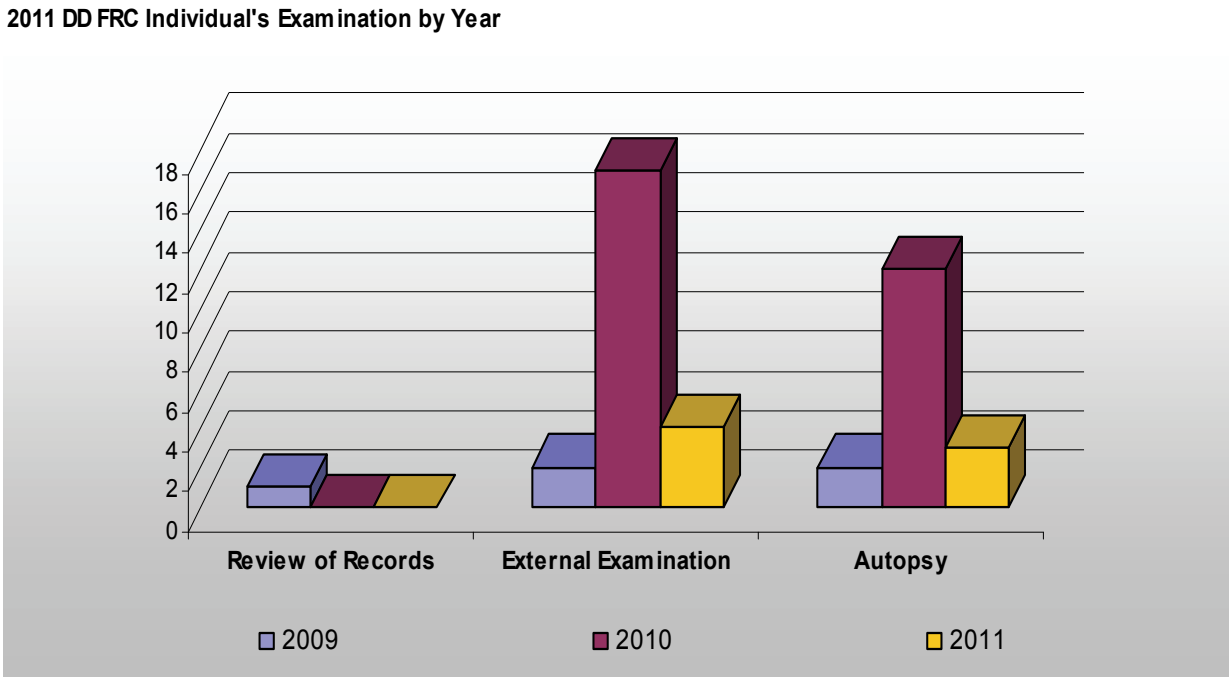
The mortality investigative report provides information regarding the diagnosis of individual's with mental health illness as well as the individual's cognitive and adaptive level of functioning. Eighteen of the 41 DD FRC individuals were diagnosed with one or more mental health disorders. A numerical list of these disorders is provided in Figure 8 above. Table 8 provides the individual's level of functioning as related to intellectual disability as provided in the mortality investigative report.

- Individuals with *Profound Intellectual Disabilities* require high levels of supervision and structure with activities of daily living.
- Individuals with *Severe Intellectual Disabilities* may obtain self care and communication skills however will also need supervision and a structured living environment.
- Individuals with *Moderate Intellectual Disabilities* may require some supervision and can perform successfully in a supervised living environment.
- Individuals with *Mild Intellectual Disabilities* can perform independently with the appropriate community and social support.

Table 8: DDS FRC Individual's Cognitive and Adaptive Level of Functioning

Level of Functioning	Cognitive	Adaptive
Profound	18	23
Severe	9	6
Moderate	4	3
Mild	7	6
Unknown*	3	3

* The mortality investigative report did not contain information pertaining to the consumer's level of functioning.



Results of Mortality Investigations

Mayor's Order 2006-123, "Autopsies of Deceased Clients of the Mental Retardation and Developmental Disability Administration", requires the Office of the Chief Medical Examiner to perform the appropriate physical examination (autopsy, or external examination) on all persons with intellectual or developmental disabilities who received services from the Department on Disabilities Services. Of the 41 fatalities reviewed in 2011, 17 individuals were autopsied; and 23 had external examinations. In one case, the medical examiner could only review the medical records of an individual whose death occurred outside of the District of Columbia.

Manner of Death

The manner of death, as determined by the forensic pathologist, is an opinion based on the death investigation and known medical facts concerning the circumstances leading to and surrounding the death, in conjunction with the findings at autopsy and laboratory tests. Consistent with previous years, the majority of the 41 fatalities of DD FRC individuals reviewed in 2011 were determined to be natural deaths (N=39), while one fatality was determined to be an accident. The fatality of one individual was Undetermined.

Cause of Death

Table 9 provides a list of the causes of death associated with the 41 fatalities reviewed during 2011, which were categorized according to our anatomic structure. The majority of the DD FRC individuals died as a result of Cardiovascular disease (12), followed by Central Nervous System Disorders (7) and Infectious Disease (7).

Table 9: Causes of Death - 2011 Fatalities Reviewed	
Cause of Death	***# of Fatalities (N=41)***
Cardiovascular System Disorder	12
Respiratory Disease	4
Cancer	1
Gastrointestinal System	3
Central Nervous System	7
Infection	1
Infectious Disease	7
Blunt Impact	2
Genetic Disorder	1
Diabetes	2

Section III:

DD FRC Recommendations for the 2011 Review Year

SECTION III: DD FRC 2011 RECOMMENDATIONS

During calendar year 2011, the DD FRC issued the following recommendations based on the 41 fatalities of individuals with intellectual disabilities completed by the Committee.

FRC Recommendation	*Status*
The Department on Disability Services shall implement a seizure protocol and provide in-service training to providers for managing seizures.	The Department on Disability Services Health and Wellness nurses will provide technical assistance to the provider community that serve and support individuals with seizure disorders. The technical assistance will include but is not limit to training on signs and symptoms of seizures. The Health and Wellness nurses along with the Service Coordinator will identify persons on their case load with seizure disorders to ensure proper health services are being rendered. The Department on Disability Services Service Coordinators will identify all persons on their case load with a seizure disorder. This information will be shared with the Health and Wellness nurse assigned to that provider. The Health and Wellness nurse will develop dialog with providers and offer technical assistance to the provider in the area of training and treatment of individuals they serve with a seizure disorder. The Department on Disability Services has included a section on their monitoring tool which gathers data on unmet needs of the individual. This information will be shared with the Health and Wellness nurse assigned to that provider and will be entered into the MCIS system for follow up. The Health and Wellness nurse will monitor the issues until closed in the system due to the issue being rectified. Persons being served by The Department on Disability Services with seizure disorders will receive all needed services. Also the providers serving these individuals will be better trained to provide the services and support needed to the individual. The Department on Disability Services will collect random samples of data from the monitoring tool unmet needs section and analyze to ensure less of the individual being served by DDA will have unmet needs.

FRC Recommendation	*Status*
The Department on Disability Services shall review and implement salient recommendations from the National Safety Forums: Safe Practice for Healthcare updates 2010 – specifically Safe Practice #17: Medication Reconciliation and Safe Practice #18: Pharmacy Leadership Structures and Systems.	The DDS Health and Wellness unit along with Service Coordinators will monitor the updating and accuracy of the Health Management Care Plan to ensure discontinued medications are listed on the Health Management Care Plan in accordance with the Health and Wellness Standards. The Department on Disability Services Health and Wellness nurse assigned to this provider along with Service Coordination will monitor all providers to ensure they are following the DDS Health and Wellness Standards. Safe Practices and Medication Reconciliation are covered in the Health and Wellness Standards under measures 5 and 17. The Department on Disability Services has developed the Health and Wellness Standards which can be used as a guide for providers on how to render safe practices of healthcare. These Health and Wellness Standards are routinely reviewed by Quality Management for changes and updating of the Standards. All providers rendering services to DDS individuals are required to adhere to the DDS Health and Wellness Standards per DDS policy. Service Coordination monthly monitoring tool will monitor providers for compliance with the DDS Health and Wellness Standards.
The Department on Developmental Services shall ensure that clients receive adequate supervision and monitoring in accordance with the Individual Service Plan or that which is appropriate with the physical safety and care needs of the individuals.	During development of the annual Individual Service Plan DDS Service Coordinators will ensure the appropriate supervision and monitoring for an individual is discussed and included in the annual ISP. The proper staff to individual ratio will be included in the ISP as well as what level of supervision is needed according to the individuals needs. DDS Service Coordinators will begin to check the ISP's for everyone on their caseload and check the level of supervision to ensure their individuals have adequate supervision and monitoring according to their individual's support plan. Service Coordinators will begin to include this information on their monthly monitoring tool which is entered into the MCIS system monthly. Data from the monitoring tool entered monthly into the MCIS System on any individual that does not have adequate supervision and monitoring will be reviewed quarterly by the Quality Improvement Committee to ensure all individuals being served by DDS are adequately supervised and monitored.

FRC Recommendation	*Status*
The Department on Developmental Services shall ensure Primary Care Physicians timely obtain a review (Phenobarbital) Dilantin levels and maintain these levels in the therapeutic ranges for the management of seizure in individuals.	DDS will continue to encourage providers to adhere to the Health and Wellness Standards which outline the responsibility of the provider nurse to share all health concerns with the primary care physician. There are specific guidelines outlined in the Health and Wellness Standards which state how often Dilantin levels are reviewed and what must happen if the levels are not within normal limits. DDS Service Coordinators will collaborate with the Health and Wellness Director when problems or issues are discovered during monthly monitoring. DDS Service Coordinators will record any issues or problems during their monthly monitoring, which will be included on the monthly monitoring tool that is entered in the MCIS system. Any issues or problems discovered by the Service Coordinator will be put into the Alert Resolution System for monitoring and follow up. DDS Service Coordinators checked their case loads for individuals diagnosed with seizure disorder. Once identified, the Service Coordinator ensured the provider nurse followed the Health and Wellness Standards which states the primary physician should review all lab work to ensure it is within normal limits. It also gives the primary care physician an opportunity to treat any problems noted in the lab report in a timely manner.

FRC Recommendation	*Status*
The Department on Disability Services shall implement measures to ensure that durable medical equipment is maintained in a safe and functioning manner. Resources include the Center for Medicare and Medicaid rules/website and provider tools for quality standards that providers must meet.	DDS Service Coordinators along with Provider Resource Management Unit will monitor providers monthly to ensure all medical equipment is in good working condition. DDS Service Coordinators along with the Provider Resource Management Unit began reviewing all adaptive equipment used by individuals being served by DDS to ensure it is in good working condition in September 2011. Provider Resource Management will work with the providers to ensure the tool being used by provider agencies to ensure the working conditions of adaptive equipment meets Medicare and Medicaid approval. Service Coordinators will complete monthly reviews of all the individuals on their case load to ensure all adaptive equipment is working properly. In June 2012, Provider Resource Management Unit will begin working with providers on developing a tool that is Medicaid approved. This tool will measure to see if equipment is working properly.

FRC Recommendation	*Status*
The Department on Disability Services should develop and disseminate a policy related to the emergency transport of consumers.	All providers supporting individuals eligible fords/ DDA services will have an emergency transport policy to ensure individuals in need of transport are transported using proper services. DDS Quality Improvement Specialist along with staff from Provider resources will conduct an audit of all providers to ensure providers have a policy on emergency transport for individuals in need. DDS Mortality Review Coordinators received a copy of the District of Columbia's Emergency Transport Policy which has been uploaded to the DDS website for review by all providers. Provider's supporting services individuals eligible for DDS/DDA services will have an emergency transport policy as part of their standard policy and procedures. Individuals being served by DDS in need of emergency transport to medical facilities will be transported according to the providers emergency transport policy. The results of this policy will decrease the number of providers transporting individual in company vans to medical facilities.
As a lack of noting allergies and serious side effects can occur with any provider, the Developmental Disabilities Administration shall send a transmittal to all providers to alert them of this possibility and take steps towards prevention. The consumer's allergic reactions should be noted in the Health Passport and this information must be available to each health provider. This requirement must be added/reemphasized in Phase II of the DDS competency base training for providers.	DDS will continue to monitor the updating of the Health passports to ensure all allergies and allergic reactions are listed on the Health Passport and the HCMP. The DDS Health and Wellness Unit along with the Service Coordinators will monitor the updating of the Health Passports monthly. Service Coordinators will work close with the provider nurses to ensure they are updating the Health Passports and monitoring allergic reactions and allergies of the individual's they serve. Health and Wellness nurses along with the Services Coordinators have met and discussed the importance of being aware of all individual allergies and allergic reactions to medications with the provider nurse. Service Coordinators have checked the status of Phase II training completion date to ensure the provider is current with all DDS training requirements. The allergies and allergic reactions of all individuals are listed on the Health Passport which accompanies the individual to all medical appointments and hospital visits.

FRC Recommendation	*Status*
The Department on Disabilities Services should ensure there is follow up of identified issues/ problems through resolution, and that this information is documented in records.	DDS has requested a plan of correction from the provider requiring the submission of the corrective action plan within 15 days of submission. The providers plan of correction will then be entered into the MCIS for tracking purposes and assigned to the Quality Improvement Specialist assigned to the provider who will monitor the plan of correction to ensure of its implementation. It is the expectation that individuals being served by DDS will have all prescribed equipment and receive optimal health services. DDS will conduct quarterly reviews of all adaptive equipment to ensure it is in good working condition. The DDS Service Coordinators will record findings on their monthly monitoring form and elevate concerns when one arises.
The Department on Disabilities Services should ensure that clinical monitoring is comprehensive including a review of medications in regards to side effects and appropriate clinical indications.	DDS has a Health and Wellness nurse assigned to each provider who conducts comprehensive clinical monitoring at least quarterly or upon request. Comprehensive clinical reviews are conducted to ensure appropriate medical intervention is being rendered to individuals served by DDS. The DDS Health and Wellness nurses will complete quarterly reviews of their providers to ensure appropriate clinical services are being rendered.

ENDNOTE

Endnote # 1 (Page 2)	Information on the total consumer population was provided by the Department of Disability Services.

APPENDICES

GOVERNMENT OF THE DISTRICT OF COLUMBIA

ADMINISTRATIVE ISSUANCE SYSTEM

Mayor's Order 2009-225
December 22, 2009

SUBJECT: Revitalization –District of Columbia Developmental Disabilities Fatality Review Committee

ORIGINATING AGENCY: Office of the Mayor

By virtue of the authority vested in me as Mayor of the District of Columbia by section 422(2) of the District of Columbia Home Rule Act ("Home Rule Act"), as amended, 87 Stat. 790, Pub. L. No. 93-198, D.C. Official Code § 1-204.22(2) and (11) (2001), it is hereby **ORDERED** that:

I. ESTABLISHMENT

There is hereby revitalized in the Executive Branch of the government of the District of Columbia the District of Columbia Development Disabilities ("DD") Fatality Review Committee (hereinafter referred to as the "Committee").

II. PURPOSE

The Committee shall examine events and circumstances surrounding the deaths of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability in order to: gather and analyze empirical evidence about fatalities in this population; safeguard and improve the health, safety and welfare of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability; reduce the number of preventable deaths; and promote improvement and integration of both the public and private systems serving District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability. For purposes of this Mayor's Order, "District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability" may be defined as an individual who is committed by a court to the care and custody of the District of Columbia Department on Disability Services ("DDS"), or who meets DDS eligibility requirements for voluntary admission and is admitted by a court to receive services, or is under the supervision of DDS or of a program contracted by DDS to deliver such services, for reasons of an intellectual disability and/or a qualifying developmental disability. The phrase "District residents over the age of 18 years with an intellectual and/or qualifying developmental disability" is intended to include persons who are committed to the care and custody of the District or its residential providers in accordance with the Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978 (Mentally Retarded Citizens Act), effective March 3, 1979, D.C. Law 2-137, D.C. Official Code § 7-1301.01 *et seq.* (2008 Repl. and 2009 Supp.), and therefore includes "wards of the District of Columbia government" under section 2906 (b) (7) of the Fiscal Year 2001 Budget

Support Act of 2000, effective October 19, 2000, D.C. Law 13-172, D.C. Official Code § 5-1405 (b) (7) (2009 Supp.).

III. DUTIES

The duties of the Committee shall include:

A. Expeditiously reviewing deaths of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability, especially those receiving services who reside in group homes, host homes, supervised living, natural homes or nursing homes or any other residential or health care facilities certified, licensed or contracted by the District;

B. Identifying the causes and circumstances contributing to deaths of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability;

C. Reviewing and evaluating services provided by public and private systems that are responsible for protecting or providing services to District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability, and assessing whether said entities have properly carried out their respective duties and responsibilities; and

D. Based on the results of the reviews (both individual and in the aggregate), identifying strengths and weaknesses in the governmental and private agencies and/or programs that serve District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability and making recommendations to the Mayor and the agencies and programs directly to implement systemic changes to improve services or to rectify deficiencies. The recommendations may address, but are not limited to, proposing statutes, policies or procedures (both new or amendments to existing ones); modifying training for persons who provide services to District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability; enhancing coordination and communication among entities providing or monitoring services for District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability; and facilitating investigations of fatalities, providers of service or individual medical and allied health practitioners.

IV. FUNCTIONS

The functions of the Committee shall include:

A. Developing and issuing procedures governing its operations within ninety (90) days of the effective date of this Mayor's Order. To the extent such procedures already have been developed, issued and implemented the Committee may continue to operate under those procedures. The procedures shall include, at a minimum, the following:

1. Methods by which deaths of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability are identified and reported to ensure expeditious reviews;

2. A process by which fatality cases are screened and selected for review;

3. A method for ensuring that all information identifying District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability, their families and others associated with the cases or the circumstances surrounding the deaths, including witnesses and complainants, is protected against undue disclosure. This is to ensure that steps are taken to protect the right to privacy of an individual and his or her family in conducting investigations. Disseminating information to Committee members, reporting as required by the Mayor's Order, and maintaining case records for the Committee;

4. A method for gathering individual and cumulative data from the reviews;

5. A method for reviewing whether recommendations generated by the Committee are being implemented and identifying problems related to obstacles/barriers to implementation; and

6. A method for evaluating the work of the Committee that takes into account community responses to the deaths of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability.

B. On or about December 30th of each year, beginning in 2010, producing an annual report that provides information obtained from the reviews of deaths that occurred during the previous calendar year. The annual report shall be submitted to the Mayor and made available to the public. The information to be contained in the report shall include at a minimum:

1. Statistical data on all fatalities of District residents over the age of 18 with an intellectual disability and/or a qualifying developmental disability reviewed by the Committee, including numbers reviewed, demographic characteristics of the subjects, and causes and manners of deaths;

2. Analyses of the data generated by the reviews to demonstrate the types of cases reviewed (which may include illustrative case vignettes without identifying information), similarities or patterns of factors causing or contributing to the deaths and trends (including temporal and geographic); and

3. Recommendations generated from the reviews, including service enhancements, systemic improvements or reforms, and changes in laws, policies, procedures or practices that would better protect District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability and that could prevent future deaths.

V. COMPOSITION

A. Members shall be appointed by the Mayor based on individual expertise in relevant disciplines and their familiarity with the laws, standards and services related to the protection of the health and welfare of individuals with an intellectual disability or a developmental disability. As such, the composition of the Committee shall reflect medical and clinical professionals from various disciplines who serve consumers with an intellectual disability or developmental disabilities, and persons representing the advocacy community. All newly appointed Committee members shall be District residents.

B. The Committee membership shall consist of:

1. Ten (10) members representing the following District government agencies:

    a. Metropolitan Police Department, Special Victims Unit;
    b. Office of the Chief Medical Examiner;
    c. Office of the Inspector General, Medicaid Fraud Control Unit;
    d. Department on Disability Services, Developmental Disabilities Administration;
    e. Department of Human Services;
    f. Department of Mental Health;
    g. Department of Health, Health Regulation and Licensing Administration;
    h. Department of Health Care Finance;
    i. Office of the Attorney General; and
    j. Fire and Emergency Medical Services Department.

2. A minimum of five (5) public members from the community who shall not be employees of the District government, and up to three (3) of whom shall be clinicians with experience in the area of evaluation, treatment and/or support of persons with an intellectual disability or developmental disability. Based on availability, the public members may include at least:

    a. One (1) faculty member from a school of Social Work at a college or university located in the District;
    b. One (1) physician who practices in the District with experience in the evaluation and treatment of persons with an intellectual disability or developmental disability;
    c. One (1) psychiatrist, psychologist or mental health professional who is licensed to practice in the District with experience in the evaluation and treatment of persons with an intellectual disability or developmental disability; and
    d. One (1) member of the community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District.

VI. TERMS

A. Public members appointed to the Committee shall serve for three (3) year terms, except that of the members first appointed, one-half shall be appointed for three (3) year terms and one-half for two (2) year terms. The date on which the first members are installed shall become the anniversary date for all subsequent appointments.

B. Members appointed to represent District government agencies shall serve only while employed in their official positions and shall serve at the pleasure of the Mayor.

C. A public member may be reappointed for a minimum of two (2) full terms based on the approval of the Mayor.

D. A member appointed to fill an unexpired term shall serve for the remainder of that term.

E. A member may hold over after the member's term expires until reappointed or replaced.

F. A public member may be excused from a meeting for an emergency reason. A public member who fails to attend three (3) consecutive meetings shall be deemed to be removed from the Committee and a vacancy created. Such vacancies shall be filled by the Mayor, in accordance to the composition outlined in Section V of this Mayor's Order.

G. A public member may be removed by the Mayor for personal misconduct, neglect of duty, conflict of interest violations, incompetence, or official misconduct. Prior to removal, the public member shall be given a copy of any charges and an opportunity to respond within ten (10) business days following receipt of the charges. Upon a review of the charges and the response, the Director of the Office of Boards and Commissions, Executive Office of the Mayor, shall refer the matter to the Mayor with a recommendation for a final decision or disposition. A public member shall be suspended by the Director of the Office of Boards and Commissions, Executive Office of the Mayor, on behalf of the Mayor, from participating in official matters of the Committee pending the consideration of the charges.

VII. ORGANIZATION

A. The Mayor shall appoint the Chief Medical Examiner and the DDS Deputy Director for the Developmental Disabilities Administration, or the functional equivalent, as Co-Chairpersons of the Committee and they shall serve in these capacities at the pleasure of the Mayor.

B. The Chief Medical Examiner shall appoint staff support who shall serve as the focal point for planning and coordinating the major activities and responsibilities of the Committee and disseminating information to and on behalf of the Committee.

C. The Committee may establish its own bylaws and rules of procedures.

VIII. FULL COMMITTEE

A. Twenty-five (25) percent of the members shall be present at the Committee case review meetings to constitute a quorum.

B. Meetings of the full Committee shall be held for the purposes of:

1. Conducting case reviews or assessing additional data from prior cases that have since become available;
2. Considering recommendations arising from available case reviews;
3. Preparing an annual report; and
4. Conducting any other business necessary for the Committee to operate or fulfill its duties.

C. Case review meetings of the full Committee shall be held monthly, if there are cases for review. After procedures have been established and tested, the Committee may consider holding case review meetings every other month (bi-monthly), if practicable. The full Committee may also convene additional meetings as needed for additional case reviews, or for other specific purposes of the Committee, including the development of recommendations or preparation of the annual report.

IX. SUBPOENA POWER

A. When necessary for the discharge of its duties, the Committee shall have the authority to issue subpoenas to compel witnesses to appear and testify and to produce books, papers, correspondence, memoranda, documents, or other relevant records. The Mayor hereby delegates the said authority to the Committee, to the extent necessary and appropriate to effectuate the Committee's duties, pursuant to section 3 (a) of the Independent Personnel Systems Implementation Act of 1980, effective September 26, 1980, D.C. Law 3-109, D.C. Official Code § 1-301.21(a) (2006 Repl.).

B. Except as provided in paragraph 3 of this section, subpoenas shall be served personally upon the witness or his or her designated agent, not less than five (5) business days before the date the witness must appear or the documents must be produced by one of the following methods, which may be attempted concurrently or successively:

1. By a special process server, at least 18 years of age, designated by the Committee from among the staff of the Committee or any office or organization designated by the Committee, provided that the special process server is not directly involved in the investigation; or
2. If, after a reasonable attempt, personal service on a witness or witness's agent cannot be obtained, a special process server identified in paragraph 1 may serve a subpoena by registered or certified mail not less than eight (8) business days before the date the witness must appear or the documents must be produced.
3. If a witness who has been personally summoned neglects or refuses to obey the subpoena issued pursuant to this section, the Committee may apply to the Superior Court of the District of Columbia for an order compelling the witness so summoned to obey the subpoena.

X. CASE REVIEW CRITERIA AND PROCEURES

A. Case Review Criteria

The Committee shall review the following deaths:

1. All deaths of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability shall be reviewed by the Committee. Factors of particular concern for review include:

   a. All violent or sudden/unexplained manners of death (*i.e.*, homicide, suicide, accident or undetermined), which include all deaths caused by injuries or illness, including but not limited to:
      i. Fractures;
      ii. Blunt trauma;
      iii. Burns;
      iv. Asphyxia or drowning;
      v. Poisoning or intoxication;
      vi. Gunshot wounds;
      vii. Stabbing or cutting wounds;
      viii. Falls;
      ix. Sepsis;
      x. Gastrointestinal blockages; or
      xi. Seizures.

   b. Abuse, either physical or sexual;

   c. Neglect, including medical and custodial;

   d. Malnourishment or dehydration; and

   e. Circumstances or events deemed suspicious.

2. The Committee may, at its discretion, review groups of sudden, unexpected or unexplained deaths of District residents with an intellectual disability and/or a

qualifying developmental disability without regard to age, in order to examine aggregate data to address specific issues or trends.

3. The deaths of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability who live in facilities, homes or other living arrangements outside of the District, or who die outside of the District, will be subject to review by the Committee, and will be included in the annual report, both for statistical analysis and recommendations. The Coordinating Staff shall serve as a liaison to his or her counterparts in foreign jurisdictions for the purpose of gathering information and obtaining documents (*e.g.*, police or autopsy reports) to complete the review.

B. Case Review Procedures

1. Case review meetings shall be multi-disciplinary and shall occur within three months of receiving the mortality/fatality report or other sufficient materials required to examine the events and circumstances surrounding the death and to fulfill the purposes and duties of the Committee as enumerated in Sections II and III of this Order. The review may be preliminary, pending conclusion of the investigation and prosecution or release by the prosecutor to conduct the review, at which time a comprehensive review shall be conducted.

2. The case review process shall include presentation of the mortality investigative report, and may include presentations of relevant information concerning the death by any agencies or persons involved with the decedent or that are investigating the event.

3. Following presentation of the facts, the Committee will discuss the case and any issues highlighted, guided by the following principles and questions:
   a. What factors or circumstances caused or contributed to the death? (This may include consideration of social service delivery and coordination to the decedent and his/her family and compliance with, or development of, applicable or needed laws, procedures and regulations.)
   b. What responses and investigations resulted from the death? (This includes whether all necessary agencies were notified and responded, and whether any corrective actions were instituted.)
   c. Were the services, interventions and investigations concerning the decedent appropriate and adequate for his/her needs? (In other words, did the systems, agencies and health care community provide and plan effectively?)
   d. Were the staff involved with the decedent adequately prepared, trained, and supported to perform their duties correctly?
   e. Was there adequate communication and coordination among the various entities involved with the decedent? Are the applicable statutes, regulations, policies and procedures adequate to serve the needs of the target population? If not, what changes are needed?

4. Based on the case discussion, the Committee shall formulate applicable recommendations as enumerated above in section III.d and section IV.a and b.3, for further consideration and possible inclusion in the annual report.

XI. CASE NOTIFICATION PROCEDURES

A. District agencies and service providers contracted by the District to serve District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability shall provide written notification to the Committee within twenty-four (24) hours of any death of a District resident over the age of 18 years with an intellectual disability and/or a qualifying developmental disability, or within twenty-four (24) hours of becoming aware of such a death. The sources of notifications will include but are not limited to the:

1. Department on Disability Services (DDS), Developmental Disabilities Administration (DDA);
2. Office of the Chief Medical Examiner (OCME);
3. Metropolitan Police Department (MPD);
4. Office of the Attorney General (OAG);
5. Department of Health (DOH); and
6. Department of Health Care Finance (DHCF).

B. Case notification reports should include:

1. Demographic data (*i.e.* name, age/date of birth, race, gender);
2. Address;
3. Parent/guardian;
4. Circumstances of the death (*i.e.* date, time, location, activities, risk factors, witnesses or sources of information); and
5. Agencies investigating the death.

C. MPD, DDS, DOH and DHCF shall provide the Committee copies of all death reports resulting from any investigations that are conducted concerning the population covered by the Order (*see* Section X: Case Review Criteria). The OCME shall provide the Committee with a copy of all autopsy reports resulting from autopsies and death investigations conducted for District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability. These reports shall be provided within five (5) days after they are completed.

XII. NOTIFICATION OF PARTICIPANTS

A. Notification shall be provided in writing to all review participants two (2) weeks prior to the review. Notification shall include sufficient information for the case to be researched, the record identified and reviewed and adequate information related to the nature of the agency's involvement collected for presentation during

the review meeting. Any agreed information shall be provided to the Committee staff support prior to the review.

B. Similar written notification shall be provided to all independent and/or community individuals invited to the review meeting. These may include experts from various relevant disciplines or service areas.

XIII. RECORDS

All records and reports shall be maintained in a secured area with locked file cabinets. One (1) year after the annual report has been distributed, all supporting documentation in each fatality record shall be destroyed. The only material that will be maintained in a fatality record will be the following:

A. Final Report; and

B. Death Certificate.

XIV. CONFIDENTIALITY

A. A key tenet of the Committee is the necessity for keeping confidential information obtained by, presented to and considered by the Committee, consistent with the confidentiality provisions of section 512 of the Mentally Retarded Citizens Act (D.C. Official Code § 7-1305.12) (2008 Repl.).

B. Any information gathered in preparation for or divulged during Committee reviews shall not be disclosed except as provided in subsection d of this section and applicable law, including the Freedom of Information Act of 1976, effective March 29, 1977, D.C. Law 1-96, D.C. Official Code § 2-531 *et seq.* (2006 Repl.).

C. All participants in the Committee proceedings shall be required to sign a confidentiality statement prior to all Committee case review meetings and prior to general meetings where any specific case is discussed. Case-specific information distributed during any meeting shall be collected at the end of each review. Any participant who is not willing to sign a confidentiality statement or to abide by the confidentiality requirements shall not be allowed to participate in case review or general meetings.

D. Methods for ensuring that all information identifying third persons such as witnesses, complainants, agency, institution, or program staff or professionals involved with the family are protected against disclosure are:

1. The same procedures established for District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability and their families above shall be followed for these entities.
2. Access to primary documents will be limited to the staff of the Committee and the chair of the review meeting.

3. Initials only will identify third persons in materials for distribution.

XV. RECOMMENDATIONS

A. Draft recommendations shall be developed during case review meetings based on issues raised during specific deaths or trends documented from numerous deaths reviewed.

B. Draft recommendations shall be redistributed for finalization and adoption based on consensus of the Committee during subsequent case review meetings prior to transmission to relevant agencies.

C. Final recommendations shall be transmitted to relevant agencies and the Office of the City Administrator and/or Mayor within thirty (30) days of finalization/adoption with request for response within sixty (60) days of receipt. Final adopted recommendations shall also be incorporated into the annual report.

D. Representatives of agencies, institutions and programs may be invited to full Committee meetings to present their plans for, or progress made towards implementing the recommendations.

XVI. COMPENSATION

Members of the Committee shall serve without compensation, except that a public member may be reimbursed for expenses incurred in the authorized execution of official Committee functions, if approved in advance by the Chief Medical Examiner or designee, and subject to the appropriation of and the availability of funds.

XVII. ADMINISTRATION

The Office of the Chief Medical Examiner shall provide administrative support and legal counsel for the Committee.

XVIII. LEGAL APPLICATION

Nothing in this Mayor's Order shall be deemed to create legal rights or entitlements on the part of District residents over the age of 18 years with an intellectual disability and/or a qualifying developmental disability, their families, or estates, or to give rise to causes of action prosecutable by said persons.

XIX. RESCISSIONS

Mayor's Order 2005-143, dated September 30, 2005, is superseded and rescinded in its entirety.

XX. EFFECTIVE DATE: This Order shall become effective immediately.

ADRIAN M. FENTY
MAYOR

ATTEST:
STEPHANIE D. SCOTT
SECRETARY OF THE DISTRICT OF COLUMBIA

GLOSSARY OF TERMS

TERMS	*DEFINITIONS*
Autopsy Report	A detailed report consisting of the autopsy procedure, microscopic and laboratory findings, a list of diagnoses, and a summary of the case.
CRF/ID	Community Residential Facility for individuals diagnosed with an intellectual disability .
Group Home	Licensed homes for persons with intellectual disabilities that range in size from four (4) to eight (8) customers
Hospice	A program or facility that provides special care for people who are near the end of life and for their families
ICF/IDD	A licensed residential facility certified and funded through Title XIX (Medicaid) for consumers diagnosed with an intellectual disability . Consumers receive 24 hour skilled supervised care.
Level of Disability	Cognitive and adaptive impairment ranging from mild to profound
Life Expectancy	The average expected length of life; the number of years somebody is expected to live
Medicaid Waiver	Provides rehabilitative, behavioral, and medical supports to individuals with intellectual and developmental disabilities in residential community , and private home settings.
Natural Home	Consumers residing in the home of a parent, family members or independently
Neurological Conditions	Disorders of the neuromuscular system (the central, peripheral, and autonomic nervous systems, the neuromuscular junction, and muscles)
Nursing Home	A long-term healthcare facility that provides full-time care and medical treatment for people who are unable to take care of themselves
Skilled Care	An institution (or a distinct part of an institution) that is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons
Specialized Home Care	A private home living environment for three (3) or less individuals (also includes foster care)
Supervised Apartments	Typically a living arrangement for one to three customers with mental retardation, with drop-in twenty-four hour supervision. Supervised Apartments may be single units grouped in a cluster within an apartment complex, or scattered throughout a complex
Ward	An administrative or electoral division of an area/city, e.g., Wards 1-8 in the District or Individuals under the custody and care of the District of Columbia

CAUSES OF DEATH - 2011 DD FRC DEATHS REVIEWED

Deaths Reviewed that Occurred in 2009:

Age/Race Sex	*Cause of Death*	*Manner of Death*
66/Blk/Male	Sepsis due to infected decubital ulcers due to Alzheimer's disease	Natural
35/Blk/Male	Respiratory Failure	Natural
42/Blk/Male	Ischemic Necrosis and Spontaneous Perforation of Gastric Wall due to Occlusive Compression of Left Gastric Artery due to Hiatal Hernia	Natural
43/Blk/Male	Complications of Cerebral Palsy	Natural
52/Wht/Female	Interstitial Pneumonia due to Micrencephaly and Ulegyria unknown etiology	Natural

Deaths Reviewed that Occurred in 2010:

Age/Race Sex	*Cause of Death*	*Manner of Death*
25/Blk/Male	Metastatic Osteogenic Osteosarcoma	Natural
61/Blk/Female	Hypertension due to Diabetes Type II	Natural
21/Blk/Male	Complications Of Duchene's Muscular Dystrophy	Natural
54/Blk/Male	Acute Pneumonia with Septicemia	Natural
73/Blk/Male	Congestive Heart Failure due to Hypertensive and Atherosclerotic Cardiovascular Disease	Natural
71/Wht/Male	Complications of Left Femur Fracture	Undetermined
28/Blk/Male	Acute Exacerbation of Chronic Obstructive Pulmonary Disease / Asthma	Natural
70/Wht/Male	Complications of Congestive Heart Failure Hypertensive and Arteriosclerosis Cardiovascular Disease Obesity; Seizure Disorder; Mental Retardation	Natural
64/Blk/Male	Sepsis due to Urinary Tract Infection	Natural
33/Blk/Male	Concurrent Acute Bronchopneumonia and Chronic Interstitial Lung Disease	Natural
72/Wht/Male	Respiratory Failure due to Sepsis due to Community Acquired Pneumonia	Natural
81/Wht/Female	Complications of Diabetes Mellitus	Natural
45/Blk/Male	Sepsis following Splenectomy and Cholecystectomy for the Treatment of Mixed Antibody Hemolytic Anemia and Acute Cholecystitis Spastic quadriplegia, congenital maternal rubella infection	Natural
70/Black/Male	Intracerebral Hemorrhage due to Hypertensive and Arteriosclerotic Cardiovascular Disease	Natural
25/Blk/Female	Complications of Acquired Immune Deficiency Syndrome	Natural
79/Blk/Male	Hypoxia following colonoscopy for the treatment of colonic obstruction of undetermined etiology	Natural
87/Blk/Male	Congestive Heart Failure, Hypertensive and Arteriosclerotic Cardiovascular Disease	Natural
23/Blk/Male	Septicemia Associated with Concurrent Refractory Intradermal Methicillin Resistant Staphylococcus Aureus Infection of Right Foot and Escherichia Coli Infection of Urinary Tract, Insulin	Natural

CAUSES OF DEATH - 2011 DD FRC DEATHS REVIEWED

Deaths Reviewed that occurred in 2010:

Age/Race/ Sex	*Cause of Death*	*Manner of Death*
81/Wht/Female	Congestive heart failure, Hypertensive and atherosclerotic cardiovascular disease	Natural
85/Wht/Male	End Stage Chronic Obstructive Pulmonary Disease	Natural
25/Blk/Female	Chronic Respiratory Failure Secondary to Pneumonia due to Cerebral Palsy	Natural
73/Blk/Male	Cardiac Arrest due to Cardiac Arrhythmia	Natural
71/Blk/Male	Massive Left Subdural Hematoma Status Post Fall	Accident
75/Blk/Female	Hypoxic Respiratory Failure due to Mitral Stenosis	Natural
64/Blk/Female	Complications of Chronic Seizure Disorder of Undetermined Etiology	Natural
38/Blk/Male	Peritonitis due to Small Bowel Obstruction Complicating Right Lower Quadrant Surgical Adhesion	Natural
70/Wht/Male	Chronic Obstructive Pulmonary Disease	Natural
89/Blk/Female	Hypertensive and Arteriosclerotic Cardiovascular Disease with End Stage Renal Disease	Natural
69/Blk/Male	Complications following Colostomy for Treatment of Bowel Obstruction of Undetermined Etiology	Natural

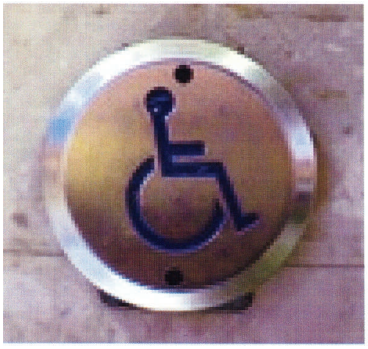
Deaths Reviewed that occurred in 2011:

48/Blk/Male	Aspiration Pneumonia complicating Reflux Esophagogastritis in the setting of Cerebral Palsy and Seizure Disorder	Natural
78/Wht/Male	Hypertensive and Arteriosclerotic Cardiovascular Disease	Natural
47/Blk/Female	Complications following Aspiration Pneumonia due to Down's Syndrome	Natural
56/Blk/Male	Sepsis due to Pneumonia due to Down Syndrome	Natural
56/Blk/Female	Hypertensive and Arteriosclerotic Cardiovascular Disease	Natural
57/Blk/Male	End Stage Liver Disease	Natural
57/Blk/Female	Hypertensive Atherosclerotic Cardiovascular Disease	Natural

ACKNOWLEDGEMENT

We wish to acknowledge the dedication and unwavering support of the public servants, private agency/program representatives, university, and community volunteers who serve as members of the District of Columbia Developmental Disabilities Fatality Review Committee. The willingness of Committee members to step outside of their traditional professional roles to examine the circumstances that may have contributed to these deaths and to seriously consider ways to improve the quality of life and prevent future fatalities is an admirable and difficult challenge. This challenge speaks to the commitment of members to our goal of improving services and making life better for the residents of this city. Without this level of dedication, the work of the Committee would not be possible.

We would like to thank the members of the Committee for volunteering your time, giving of your resources, support and dedication to achieving our common goal. A special thank you is extended to the community volunteers and educators who continue to serve the citizens of the District throughout every aspect of the fatality review process.



Government of the District of Columbia
Office of the Chief Medical Examiner,
Fatality Review Unit
Developmental Disabilities Fatality Review Committee
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