|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Initial Death Review (IDR) Form**  Submit within fifteen (15) working days of the death of a disabled person to [**quality@whaikaha.govt.nz**](mailto:quality@whaikaha.govt.nz) | | | | | | | | | | |  | | |
|
|
|
| The information that is reported to the Ministry on this form will be collected, stored, and used in accordance with the requirements of the Privacy Act and other relevant Acts of law. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Reviewer’s contact details (To contact if we need more information)** | | | | | | | | | | | | | |
| Organisation | | | | | | | | |  | | Contact person | |  |
| *Enter full organisation name* | | | | | | | | |  | | *Enter your name* | | |
| Contact phone | |  | Contact email | | | | | |  | | Contact role | | |
| *Enter your phone number* | |  | *Enter your email* | | | | | |  | | *Enter your role* | | |
|  | | | | | | | | | | | | | |
| **Deceased person’s details (To understand the health context of the person who died)** | | | | | | | | | | | | | |
| NHI | |  | Name | | | | | | | |  | Date of death | |
| *NHI* | |  | *Enter person’s name* | | | | | | | |  | *Select a date* | |
| Date of last GP visit | |  | Date of last medication review | | | | | | | |  | Date of last health assessment | |
| *Select a date* | |  | *Select a date* | | | | | | | |  | *Select a date* | |
|  | |  |  | | | | | | | |  |  | |
| Were the police involved? |  |  | Was the death referred to the coroner? | | | | |  | | |  | Was the death expected? |  |
| Brief description of medical history | |  | Medication prescribed | | | | | | | |  | Medication taken on day of death | |
| *Enter brief description* | |  | *Enter prescribed medication* | | | | | | | |  | *Enter medication taken on day of death* | |
|  | | | | | | | | | | | | | |
| **Summary of death (To identify the location and classification of the cause of death)** | | | | | | | | | | | | | |
| Place of death | | | | |  | | Location type | | | | | | | |  |  |
| *Enter address or place where the death occurred* | | | | |  | | *Select from dropdown* | | | | | | | |
| Primary cause of death | | | | |  | | Secondary cause of death | | | | | | | |  |  |
| *Choose a primary category of death* | | | | |  | | *Choose a secondary category of death* | | | | | | | |
| Details and comments about cause of death | | | | | | | | | | | | | |
| *Enter details about the cause of death* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Summary of support (To understand the quality of health and disability support provided to the person)** | | | | | | | | | | | | | |
| Summary of what happened the day the person died, including the health and disability support provided on the day | |  | Summary of person’s disability support in the months prior to the death | | | | | | | |  | Summary of the person’s health support in the months prior to the death | |
| *Enter a summary of the day the person died* | |  | *Enter a summary of the person’s disability support* | | | | | | | |  | *Enter a summary of the person’s health support* | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Actions after death (To understand the quality of support provided to the whānau)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Were whānau involved or kept informed leading up to the death? | | | |  |  | Is an internal review of the death being completed? | | | | | | |  |
| What support has been offered or provided for the whānau, welfare guardian and other residents living in the home? | | | | |  | What feedback has been received from staff, whānau, welfare guardian or other residents about the death? | | | | | | | |
| *Enter summary of support provided* | | | | |  | *Enter feedback received* | | | | | | | |
|  | | | | | | | | | | | | | |
| **Follow-up and developmental actions (To understand what opportunities for improvement you have identified)** | | | | | | | | | | | | | |
| Have barriers or opportunities for improvement been identified in any of the following areas? | | | | | | | | | | | | | |
| Training |  | | Rostering | | | | | | |  | | Environment |  |
| Procedures |  | | Adhering to policies | | | | | | |  | | Communication |  |
| Describe issues / barriers / opportunities for improvement identified | | | | | | | | | | | | | |
| *Describe any issues, barriers or opportunities for improvement* | | | | | | | | | | | | | |
| What developmental actions have been planned / taken? | | | | | | | | | | | | | |
| *Enter summary of developmental actions* | | | | | | | | | | | | | |

**Instructions on how to fill the Initial Death Review form:**

* Complete one form per death.
* Please fill in all the requested information in the boxes. Please do not include any personal information (such as name, address, etc.) of any person other than your own name and the person’s name.
* Tick boxes appropriately as required. If a checkbox doesn’t apply to your service, leave it blank.
* Select from dropdown lists where applicable.
* The National Health Index number (NHI) of the deceased person must be provided. If you are unsure of their NHI, please refer to the person’s personal plan or contact [quality@whaikaha.govt.nz](mailto:quality@whaikaha.govt.nz)
* Provide as many details as possible in the free text fields.
* Enter the place of death with the address or place where the death occurred, for example at home, hospital, or any other location, and select the location type as required.
* Select a primary cause of death from the dropdown list, and a secondary where applicable. If you do not know the cause of death or are unsure of the correct category, provide the information you have in the text box.
* Provide as many details as possible in the summary of the support provided to the client and the condition of the client around the time of death. Do not provide names or any other personal details of other people. Refer only to that person’s relationship to the subject person, if known.
* Please provide any actions taken after the death to inform and support the whānau of the deceased and any feedback from the staff, whānau, welfare guardians or other residents.
* Provide any insights or opportunities for improvement from the death review and what developmental actions have been taken with brief descriptions.
* Please fill and submit this form as a Word document as the text boxes expand if required. **Do not send this form in PDF format.**

The Ministry collects and reviews information about the deaths of disabled people living in residential services to help support continuous improvement and better outcomes for disabled people. The information you provide will be used to help us do that.

The information that is reported to the Ministry on this form will be collected, stored, and used in accordance with the requirements of the Privacy Act and other relevant Acts of law.

We are constantly improving our data collection and forms to collect better information to support providers and disabled people and whānau. Feel free to provide any feedback on this form to [**quality@whaikaha.govt.nz**](mailto:quality@whaikaha.govt.nz)**.**