

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

| | |
|---------------------------------|--|
| SECTION I: | PATIENT FOCUSED FUNCTIONS |
| CHAPTER 2: | Continuum of Care |
| PROCEDURE 2.34: | Patient Death: Staff Responsibilities |
| Governing Body Approval: | 6/10/18 |
| REVISED: | |

PURPOSE: To clarify the responsibilities of applicable staff subsequent to a patient death.

SCOPE: All WFH psychiatrists, medical services clinicians, RNs, Unit Directors, CEO, CMO, Agency Police, Social Workers

Definitions:

Expected Death

Death due to the natural course of an illness or underlying condition which has been identified via documentation in the medical record.

Unexpected Death

Any patient death not meeting the definition of “Expected” as described above.

Organ Procurement Organization (OPO)

An organization that coordinates organ procurement in designated service areas; evaluates potential donors; discusses donations with family members; arranges for the surgical removal of donated organs; preserves organs; and arranges for their distribution according to national organ sharing policies.

PROCEDURE:

Pronouncing at WFH

In the event that a patient is pronounced by a WFH physician, the WFH physician will complete the Report of Death (WFH-595). Blank "Report of Death" forms may be obtained from the WFH Telecommunication Center

Completion of the Report of Death (WFH-595) (pronounced at WFH)

The primary responsibility for completing and signing a Report of Death rests with the medical services clinician or the Night Duty physician, and must be completed immediately after pronouncement.

A written and signed entry is to be made on the "Physician Orders" sheet, noting the date and hour of death.

When a patient is pronounced by a WFH physician, the physician is responsible for obtaining authorization for autopsy, the Nursing Supervisor is responsible for arranging the removal of the body, and the unit Social Worker is responsible for making burial arrangements if none are in place

Contacting Agency Police and Hospital Leadership (pronounced at WFH)

The Nursing Supervisor/designee notifies Agency Police in the event of a death. The Agency Police follow internal policies and procedures for investigation, preservation of evidence and any required notification of external law enforcement agencies, where applicable.

Removal of the Body (pronounced at WFH)

1. Post mortem care is not initiated until the patient has been examined and pronounced dead, and the legally authorized representative/next of kin has been notified. Policies with respect to the

release of the body shall conform to state law. If the patient is suitable for organ donation, the post mortem care will be in collaboration with the OPO.

2. The Physician is responsible for notifying senior nursing staff when post mortem care may be performed. Details of post mortem care are located in Nursing Policy and Procedure 14.3 Post Mortem Care.
3. The body shall not be released until an entry in the Medical Record of the deceased has been made and signed by the Physician.

Staff should refer to information collected by the Social Worker at the time of admission and updated annually on the Psychosocial Assessment concerning funeral and burial arrangements. This information should be reviewed with the family upon their notification.

4. The body will be removed by the funeral home.

Please also review: Organ Procurement Organization (OPO) to determine suitability for organ donation (See Operational Procedure 1.14 Organ/Tissue Donation).

Pronouncing outside of WFH

As soon as WFH is aware that a WFH patient on Medical Discharge/Acute Care (MD/AC) or Extended Visit Hospital (EVH) status dies at any general med-surg hospital, WFH nursing staff and/or the Medical Services Department will immediately contact the psychiatrist and the General Medical Services (GMS) clinician or during non-business hours the Night-Duty physician. The unit psychiatrist/medical services clinician/or the Night-Duty physician will immediately verify:

1. the date and time of death;
2. cause of death;
3. parties contacted with notation of relationship to the deceased (e.g., next-of-kin, conservator); and
4. whether an autopsy has been requested and the status of that request.

The unit attending/medical services clinician/or Night-Duty physician will contact the appropriate Medical Director/designee and relay this information.

All Deaths

Internal Notifications (any death)

The Nursing Supervisor/designee immediately notifies the Chief Executive Officer with as much of the following information, as possible, including:

- a. the name of the patient;
- b. the age, sex, legal status, privilege level, diagnosis and clinical status of the deceased;
- c. a brief summary of the events surrounding the death, the date, time, place of the death pronouncement, and the assigned unit of the deceased patient;
- d. external notifications that may be needed (identified through consultation with the Attending or Night-Duty physician) such as next of kin, conservator, probation officer, significant others, other agencies, etc; and
- e. immediate actions taken, follow-up steps in process and current location of the corpse if it has been moved.

The Nursing Supervisor/designee notifies the following individuals as soon as possible:

- a. Chief Medical Officer (CMO);
- b. Chief Operating Officer
- c. Service Medical Director (if not previously notified);

The Supervisor/Unit Director alerts the unit psychiatrist and the medical services clinician or, during non-regular business hours, the Night-Duty physician of any external notifications that may be needed such as next of kin, conservator, probation or parole officer, PSRB, if required. The social worker will notify Valley Finance of the death.

Contacting the Office of the Chief Medical Examiner (800-842-8820) is done, in consultation and through the Service Medical Director)

It is the responsibility of CMO/designee to contact the Office of the Chief Medical Examiner in the event that the death meets criteria for one or more of the following categories:

1. violent death (includes suicides, homicides, and accidents);
2. unexpected death not caused by readily recognizable disease;
3. death under suspicious circumstances; and
4. deaths related to disease that might constitute a threat to public health.

It is under these circumstances that the Office of the Medical Examiner may accept the deceased for purposes of autopsy. If provided by the Office of the Medical Examiner, a Case Number should be documented on the Report of Death (WFH-595).

Requesting Autopsies (any death)

Every member of the Medical Staff is expected to be actively interested in securing an autopsy when the death of a patient occurs under any of the instances noted below. (No autopsy shall be performed without the written consent of a relative, conservator of person, or legally authorized agency; an autopsy may be performed only after obtaining written consent (WFH-595). When an autopsy is to be performed the deceased patient's attending psychiatrist must be notified immediately.

The instances when pursuit of an autopsy should be made include:

- Death on arrival to this hospital or occurring within 72 hours of admission;
- To help explain unknown and unanticipated medical complications;
- Cause of death or a major diagnosis is not known with reasonable certainty;
- Unexpected or unexplained deaths occurring during or following any diagnostic procedures and/or therapies;
- Patients who are (at the time of death) participating in clinical research trials;
- Patient sustained or apparently sustained an injury while hospitalized that may relate to their cause of death;

- deaths related to disease that might constitute a threat to public health;
- cases in which autopsy may help to allay the concerns of the family or public regarding the death and to provide reassurance to them regarding the same;
- Death in which it is believed that autopsy would disclose a known or suspected illness that may have a bearing in recipients of transplant organs and;
- Death known or suspected to have resulted from environmental or occupational hazards.

Documentation Requirements

1. For any death, the medical services clinician/Night-Duty physician documents in the deceased's Medical Record and/or the Report of Death (WFH-595) the following:
 - a. Location of death/pronouncement;
 - b. Name of pronouncing physician;
 - c. The time of death;
 - d. Cause of death;
 - e. Whether or not an autopsy has been requested and obtained (*refer to the previous "Requesting Autopsy section"*);
 - f. The organ donation status (*if applicable*);
 - g. Time of notification of Supervisor/Unit Director;
 - h. Whether or not the case was referred to the Medical Examiner;
 - i. Name of family member/next-of-kin notified and time of notification; and
 - j. Any additional external notifications that were needed such as conservator, probation or parole officer, significant others, other agencies, etc.

Addressing Emotional Needs (any death)

Physicians in concert with other clinical and administrative leaders need to attend to the emotional needs of patients, staff, and family members/significant others of the deceased. In addition to comforting and offering assistance to those who are grieving, decisions need to be made concerning the continued safe functioning of the unit. Altering the usual schedule of events, inviting in clergy, conducting a community meeting to share feelings and information, keeping patients on the unit and conducting a special activity are possible (and strongly encouraged) short term strategies for assisting patients in feeling safe and supported after the loss of a peer.

Staff may need additional assistance, including speaking with clergy, being provided services from Critical Incident Stress Debriefing (CISD) members, and referral to the Employee Assistance Program (EAP).

Family/significant others of the deceased may wish to speak with staff about their loss. They may or may not wish to take the belongings of their loved one. They may also wish to speak with clergy.

Unexpected deaths are critical incidents subject to review and require additional notifications and investigation. (See Operational Procedure 5.8 Patient Safety Event and Incident Management). Notify the Chief Executive Officer (CEO) to report the death and notify the Chief Medical Officer (CMO) regarding the possibility of a critical incident.

Death Review (any death)

All WFH patient deaths (both Expected and Unexpected) or within thirty (30) days of discharge, will be reviewed through the Death Review Process (as outlined in the Medical Staff By-Laws). The Death Review will be convened within twenty-one days of the notification of the patient's death and an approved final report will be completed within forty-five days.

The Chair of the Death Review Subcommittee of the Medical Staff Peer Review Committee will choose the members of the Death Review Committee. The subcommittee will retrospectively analyze the clinical care rendered to the deceased, and identify any areas for individual practitioner or systems improvement. The Death Review Meeting will be convened at the earliest possible time after the notification of the patient's demise, and no longer than twenty-one days after the notification of the patient's death.

For all deaths not occurring at WFH, the Service Medical Director will obtain copies of documentation from the facility in which the patient was pronounced dead. This documentation should include (if relevant and available):

1. Emergency Department records.
2. Laboratory examinations, diagnostic evaluations and consultations.
3. Admission history and physical examination.
4. Progress note that indicates pronouncement of death and request for autopsy.

5. Discharge summary.

This documentation will be provided to the Chair of the Death Review Subcommittee of the Medical Staff's Peer Review Committee for potential usage during the Death Review Process. In addition, the Discharge Summary will be provided to the Attending Psychiatrist for incorporation into the WFH Discharge Summary.

References:

1. Connecticut General Statutes, Section 19-143, Autopsies, Consent for.
2. Connecticut General Statutes, Section 7-62, Death Certificates.