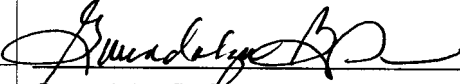


<b>Georgia Department of Human Resources</b> Division of Mental Health, Developmental Disabilities & Addictive Diseases	<b>DHR Online Directive Information System (ODIS)</b> <b>Directive # 6805-602</b> <i>(Replaces DMHDDAD POLICY NO # 6811.2.4)</i>  Page 1 of 6
<b>DHR ODIS Policy: Maintenance of Safety for Division of MHDDAD Consumers and Staff</b> <b>Subject: Actions Necessary Upon Death of a Consumer while in a State Hospital or Following Discharge from a State Hospital</b>	
<b>References:</b> Official Code of Georgia Annotated (O.C.G.A.) 37-3, O.C.G.A. 37-4, O.C.G.A. 45-16-24, O.C.G.A. 31-7-13, O.C.G.A.44-5-140 et seq.	<b>Original Effective Date:</b> January 16, 2008 <b>Revision Date:</b> February 18, 2009 <b>Effective Date:</b> March 2, 2009 <b>Next Review Date:</b> March 2011
<b>Applicability:</b> State Hospitals, including Psychiatric Units, Intermediate Care Facilities for Mental Retardation (ICF-MR) Units, Skilled Nursing Facilities (SNF), Intermediate Care Nursing Facilities (ICNF); Crisis Stabilization Units (CSU) and Crisis Stabilization Programs (CSP).	<b>Approved:</b> 
<b>Attachments:</b> Attachment A: Coroner's Release Attachment B: Permission for Autopsy and Designation of Funeral Home	Gwendolyn B. Skinner, Director Division of MHDDAD  <u>2/19/09</u> <hr/> Date Signed

## **Actions Necessary upon Death of a Consumer while in a State Hospital or Following Discharge from a State Hospital**

### **POLICY:**

The Department of Human Resources (DHR) Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) responds to deaths of hospital consumers in a manner that is consistent, comprehensive, objective, and compassionate. The dignity and wishes of the deceased consumer and his/her family are respected in the actions taken following the death of a consumer. In addition, information relevant for a thorough investigation of the death is safeguarded in cooperation with the Coroner or Medical Examiner.

To improve the quality of care for all consumers, hospital staff benefit from obtaining additional facts about cause of death and circumstances that may have contributed to it. The Division requests autopsies for all consumers who die in a DHR Hospital or following discharge from a DHR Hospital.

### **PROCEDURES:**

#### **Reporting**

Reporting is completed pursuant to DHR Division of MHDDAD Policy #6001-101, **Reporting of Consumer Deaths and Critical Incidents.**

#### **Notification of Physician and other staff upon discovery of a consumer with no pulse or respiration**

Upon discovery of a consumer who has no pulse or respiration, staff follow all applicable hospital procedures regarding initiating CPR and immediately notify the Charge Nurse for the unit or building. The Charge Nurse calls the Hospital Communication Center. Employees of

unit or building. The Charge Nurse calls the Hospital Communication Center. Employees of the Communication Center call Facility Police/Security and the Campus Supervisor, and alert the unit physician or physician on duty. Only a physician is authorized to pronounce a consumer dead and stop CPR; that physician may be hospital staff or may be the supervising physician of Emergency Medical Technicians who respond to a "911" call.

The Campus Supervisor then contacts the Regional Hospital Administrator, Risk Management staff, Nurse Executive for hospital and/or service, Clinical Director/Chief Medical Officer, and Administrator on call for hospital and/or service.

Each hospital designates the employees who are responsible to report immediately to the area where the death occurred to provide necessary assistance.

### **Notification of Coroner**

The Coroner is notified immediately upon the pronouncement of death of a consumer; Facility Police/Security is responsible for notification of the coroner.

All deaths of consumers in a state hospital are, by law, considered Coroner cases. The Coroner may (a) assume jurisdiction to order an investigation, or (b) release the body for handling by the hospital. The Coroner is the final authority on the following issues:

- who completes death certificate,
- when the family is notified,
- whether an outside law enforcement investigation will be done, and;
- whether an autopsy will be conducted as a part of that investigation.

The Coroner is provided with information regarding the deceased consumer, to include circumstances surrounding the death by the charge nurse. The Coroner may read the medical record while at the scene of the death. A Coroner's subpoena (or a copy of the subpoena) is required for the Coroner to obtain a copy of the medical record.

The Campus Supervisor serves as the liaison between the Coroner and the unit staff. This responsibility includes but is not limited to ensuring (a) that unit staff is aware of the Coroner's decision as to whether the coroner will assume jurisdiction for the case and (b) that any forms provided to the Coroner are complete. The **Coroner's Release Form** (Attachment A) is completed and placed in the consumer's medical record.

### **Notification of External Law Enforcement**

At anytime the Coroner may decide to request an external law enforcement investigation. In addition, any of the following may request that Facility Police/Security contact external law enforcement for assistance:

- DHR Office of Investigative Services (OIS)
- Director of DHR DMHDDAD
- Regional Hospital Administrator (RHA) or designee

During the involvement of external law enforcement, Facility Police/Security serve as a liaison.

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**Securing the Body and Area**

The body is not disturbed or moved until the Coroner gives approval. Unit staff remove consumers from area. Facility Police/Security then ensure that the area is constantly monitored and that nothing in the area is moved.

**Securing Evidence**

Facility Police/Security or other designated employees take necessary steps to preserve evidence. This includes taking photos as appropriate, as well as taking statements of involved staff. A list of all evidence is maintained with the evidence, for use as needed during the investigation of the death.

**Securing the Integrity of the Record**

The record of the deceased consumer is secured and monitored on site by Facility Police/Security while documentation regarding the consumer’s death is being completed by staff. The record is then transported by Facility Police/Security to a secure, locked location for storage of records until delivered to health information management.

If the consumer dies at a facility other than the DHR Hospital, Facility Police/Security (or other designated employee) obtain and maintain custody of the consumer’s DHR Hospital medical record until it is placed in the hospital’s authorized secure location.

**Investigation**

Unless the Coroner relinquishes control of the case, the investigation is under the direction of the Coroner. The Coroner may initiate an outside law enforcement investigation.

The appropriate investigation is completed pursuant to DHR Division of MHDDAD **Policy #6001-201, Investigating Consumer Deaths and Critical Incidents**

**Autopsy Request by Coroner or Hospital**

In the event that the Coroner decides not to order an autopsy, the Campus Supervisor documents the Coroner’s decision on the **Coroner’s Release Form** and in the medical record, noting the rationale for the decision, if known.

For all consumer deaths, after the family has been notified of the death, the Hospital Clinical Director or designated physician requests authorization from the family for an autopsy to be completed. This includes deaths where the Coroner has decided not to perform an autopsy. This also includes the death of a consumer transferred to a medical facility, on leave, on elopement status, or within two weeks following discharge.

If the family consents to obtain an autopsy, the Hospital Clinical Director or designated physician informs the family about the estimated cost for the autopsy. If the family indicates that they are unable or unwilling to pay for the autopsy, DMHDDAD pays for the autopsy.

If autopsy consent is granted, the family member signs the **Permission for Autopsy and Designation of Funeral Home Form (Attachment B)**. The **Permission for Autopsy and**

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**Designation of Funeral Home Form** is placed in the medical record. After consent is obtained, the Campus Supervisor arranges transportation of the remains to the authorized pathologist for the autopsy.

If family refuses an autopsy, Hospital Clinical Director or designated physician documents the family's refusal in the **Permission for Autopsy and Designation of Funeral Home Form** which is placed in the consumer's medical record. The family member is asked to sign the **Permission for Autopsy and Designation of Funeral Home Form**.

**Preparation of body**

If the Coroner has relinquished jurisdiction, the body is prepared according to the hospital nursing procedures, placed in a body bag and moved to the hospital's morgue or contract mortuary, as appropriate, pending release.

**Release of body**

If the Coroner has assumed jurisdiction of the case, the Coroner arranges for transport of the body to the State Crime Lab or other designated facility.

If the Coroner has NOT assumed jurisdiction and the family has refused an autopsy, nursing or social work staff contacts the mortuary of choice or assists the family in making this decision so the body can be removed as soon as possible. The body is released to appropriate family member(s) for burial or to the designated mortuary if the consumer has a burial fund.

If the consumer has neither family nor burial fund, the hospital makes arrangements for the burial and the body is released to the designated mortuary. If an immediate decision cannot be made about mortuary arrangements, then the body is placed in the hospital's morgue or (for hospitals that do not have a morgue) the hospital contacts a mortuary to hold the remains.

When a person who has been diagnosed as having an infectious or communicable disease dies, the attending physician prepares a written notification describing such disease to accompany the body when it is picked up for disposition. The written notification is marked "privileged and confidential."

**Donation of Organs, Tissue, and/or Body for Medical Purposes**

Nursing staff follow LifeLink procedures regarding notification of the contracted organ or tissue procurement organization [LifeLink of Georgia at 1-800-882-7177] and store the body as needed pending organ or tissue harvesting.

If the individual had expressed a wish in writing to have their body donated for medical purposes contact is made with the designated recipient of the body to facilitate this process.

**Managing Personal Belongings and Financial Records**

Personal belongings of the deceased are secured by direct care staff until released to the appropriate party; an inventory of the belongings is created and remains with the belongings in

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a secure location until the possessions are given to family.

Business Office staff review the financial records of the deceased and complete an inventory of all financial assets for distribution to appropriate entities. Close out of financial records is documented in the consumer's medical record.

**O.C.G.A. 31-7-13**, Transfer of property upon death of patient, specifies that DHR Hospitals are authorized but not required to transfer possession of any property of the consumer which is in the possession of the hospital at the time of the consumer's death. The personal property of a deceased consumer may be distributed to the following persons in the priority order listed here:

- (1) Executor (as proven by legal documents);
- (2) Person designated by the consumer in writing upon admission to the hospital or nursing home;
- (3) Spouse of the consumer;
- (4) Any adult child of the consumer;
- (5) Any person acting in loco parentis of a consumer who is a minor child;
- (6) Either parent of the consumer;
- (7) Any brother or sister of the consumer; or
- (8) Person assuming responsibility for burial of the consumer.

The transfer of possessions to the family members or persons listed above may be made by the hospital without the necessity of administration of the estate of the consumer and without the necessity of obtaining an order that no administration of such estate is necessary. However, the RHA, in consultation with the Division of MHDDAD Hospital Administration Section, determines what steps to take when transferring property in those situations where the value of the property in the possession of the hospital is estimated to be greater than \$5,000.

**Communication with family**

The Coroner either notifies the family, guardian or representative about the consumer's death or authorizes the hospital to do so. If the Coroner does not notify the family, this notification is done by the physician who pronounced the death or another designated physician.

If the death is of a minor consumer, the parents/guardian are notified in person by a qualified counselor, as specified in Policy # 6001-101, Reporting of Consumer Deaths and Critical Incidents.

A letter of condolence is sent by the Regional Hospital Administrator to the family, guardian, or representative within five working days.

Appropriate information is sent by the Business Office to the individuals eligible for distribution of assets regarding the close out of financial records and distribution of assets.

All staff recognize that confidentiality requirements do not change after a consumer's death.

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All staff ensure that communication between hospital employees and the consumer's family, guardian or representative is conducted in a professional manner by those who have responsibility for sharing information. All questions about what information should or should not be conveyed to family, guardian or representative are addressed to one's supervisor.

If an immediate family member requests a copy of the consumer's record, all usual procedures regarding release of medical information pertain, except that there is no charge for the provision of consumer records when released directly to the family of the consumer.

**Support for Staff and Consumers**

All hospitals provide support for staff and consumers following consumer death as appropriate. For example, this support could include discussion led by a chaplain, social work staff, Employee Assistance Program (EAP) or other such forms of support. Participation is voluntary.

**Documentation**

Staff complete all Division documentation and forms as required by **Policy # 6001-101 - Reporting of Consumer Deaths and Critical Incidents, Policy # 6001-201 - Investigation of Deaths and Critical Incidents, and Policy # 6805-601 - Sentinel Events.** In addition, staff complete any required facility-specific forms.

If the death occurs on site, the physician documents the circumstances and death in the consumer's record.

If the death occurs off site and within 2 weeks of discharge or longer if discharged to a medical facility, information is obtained and copies of the death certificate and/or autopsy and/or investigation are requested by Health Information Management. All information obtained is included in the consumer's record.

A copy of the death certificate is filed in the consumer's medical record.

Forms related to Coroner's release and permission for autopsy are placed in the consumer's medical record. Once it is obtained, a copy of the autopsy is placed in the consumer's record. If the autopsy report is obtained at a later time by the hospital or by the Division's Incident Management and Investigations Office, a copy is forwarded for inclusion in the consumer's record.

**Special Circumstances**

For consumers involved with other agencies such as Georgia Department of Corrections, DHR Division of Family & Children's Services, Department of Juvenile Justice, law enforcement, and the courts, the hospital notifies those agencies within 24 hours.

# Coroner's Release Form

Consumer Name \_\_\_\_\_

Consumer ID \_\_\_\_\_

Date of Death \_\_\_\_\_

Hospital \_\_\_\_\_

\_\_\_\_\_ I have determined that further investigation is necessary in this case and assume responsibility for the body.

**OR**

\_\_\_\_\_ I have determined that no further investigations is necessary and hospital staff may proceed with the following activities:

\_\_\_\_\_ Contacting next of kin

\_\_\_\_\_ Contacting LifeLink

\_\_\_\_\_ Contacting the funeral home to transport the body

\_\_\_\_\_  
(Coroner/Medical Examiner/Designee)

\_\_\_\_\_  
(Date)

## DOCUMENTATION OF ACTIONS BY HOSPITAL STAFF FOLLOWING CORONER'S RELEASE

\_\_\_\_\_ Next of kin contacted

\_\_\_\_\_  
(Staff Name)

\_\_\_\_\_  
(Date and Time)

\_\_\_\_\_ LifeLink contacted

\_\_\_\_\_  
(Staff Name)

\_\_\_\_\_  
(Date and Time)

\_\_\_\_\_ Funeral home contacted

\_\_\_\_\_  
(Staff Name)

\_\_\_\_\_  
(Date and Time)

# Permission for Autopsy and Designation of Funeral Home

My name is \_\_\_\_\_ and I am the \_\_\_\_\_  
(Relationship)

of \_\_\_\_\_ who died while a consumer at \_\_\_\_\_  
(Consumer Name)

Hospital.

\_\_\_\_\_ I agree to an autopsy

\_\_\_\_\_ I do not agree to an autopsy

When appropriate, the body is to be released to \_\_\_\_\_  
(Funeral Home)

\_\_\_\_\_ , \_\_\_\_\_ for the purpose of burial.  
(City) (State)

## Signatures

Consenting Person \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Second Witness  
(required for telephone consent) \_\_\_\_\_ Date \_\_\_\_\_