

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.005

SUBJECT: The Deceased Patient

POINT

PERSON: BRIAN LITTLE

APPROVED: GREG ROBERTS
SUPERINTENDENT

Greg Roberts
DATE: October 28, 2011

I. POLICY

This policy provides for the disposition of remains and possessions of the deceased patient at the Oregon State Hospital. When a patient expires at Oregon State Hospital the staff shall ensure the timely and dignified disposition of the remains and possessions of the deceased. The next of kin and proper authorities shall be notified in accordance with ORS and established policy and procedure.

The deceased patient maintains their protected health information privacy rights as defined by the Health Insurance Portability and Accountability Act.

This policy separates the various procedures according to the responsibilities of each department. Deaths of a violent nature are treated separately.

II. PROCEDURES

A. Nursing Staff:

1. The unit staff where the death occurs shall immediately call the Communications Center giving the expired patient's name, case number, time of death, attending physician and the physician who pronounced death.

The location of the patient death shall be maintained as a "Critical Incident Scene" as defined by OSH Policy and Procedure 8.019, Staff Response to Alleged Criminal Acts, Contraband, and Critical Incidents.

2. The unit staff shall secure the immediate area as directed in OSH Policy and Procedure 8.019, Staff Response to Alleged Criminal

Acts, Contraband, and Critical Incidents, against unauthorized intrusion until the scene has been released by the Oregon State Police and the Medical Examiner.

3. Once the scene has been released, the unit staff shall pack the deceased's possessions to go with the remains to the funeral home. Possessions may be given directly to family, if present, prior to transfer of remains to the funeral home.

B. Physician:

1. The attending or on call physician, or individual designated by the physician shall phone the next of kin or legal guardian to notify them of the death. The call is a physician's responsibility, which can be designated to other staff only if they are agreeable. Individuals who may be designated by a physician to make this phone call are social workers or registered nurses. If the party to be notified is not able to be reached, notification responsibility shall pass to the Communications Center. When personnel other than the Communications Center staff contact the next of kin or legal guardian, the caller shall advise that the Communications Center will be making contact within eight hours to clarify administrative issues.
2. The attending physician shall complete the section on cause of death and sign the Certificate of Death.
3. The Certificate of Death shall be prepared as follows:

The funeral home shall fill out the death certificate, and shall make arrangements through the Communications Center to have the attending physician complete the medical section and sign the death certificate.
4. For all deceased patients, the covering physician shall enter a progress note recording:
 - a. Findings at time of arrival;
 - b. Immediate circumstances of demise;
 - c. Summary of recent events;
 - d. Any other contributing medical conditions and relevant clinical information; and

- e. Phone contact with the Lions Eye Bank of Oregon and Community Tissue Services – Portland. The Donor Referral Line is 1-800-344-8916. See Oregon State Hospital Policy and Procedure 6.014.

C. Communications Center:

1. Communications Center shall notify the following of the death:
 - a. Oregon State Police
 - b. The Officer of the Day,
 - c. Superintendent/CMO,
 - d. Program Director,
 - e. Program Nursing Supervisor
 - f. Director of Security, and Risk Management
 - g. Deputy Superintendent
 - h. Chaplain
 - i. The County Medical Examiner.
 - j. The Chief of Medicine
 - k. The HEART Team
2. The Communications Center, after receiving notification from the unit, shall obtain the patient's master file and unit files, check for the next of kin or guardian and for funeral instructions made prior to death (and obtain approval of the Superintendent or his designee regarding the disposition of the remains). The physician who is to notify the family should be made aware of these prior arrangements.
3. Following physician contact of the next of kin, the next of kin or legal guardian is contacted by personnel from the Communications Center. Inquiry shall be made regarding their desire for contact by the chaplain or the attending physician. This information should be conveyed to the appropriate party in a timely fashion. Communications Center personnel then request instructions from the next of kin regarding pre-arranged funeral instructions (if any) and/or final disposition of the remains.
4. The Communications Center shall notify the appropriate funeral home of the death and arrange for transport of the remains to the funeral home. Transport of the remains shall occur within two hours of the release of the body by the Medical Examiner and State Police. The local funeral home is to be notified if a cremation permit has been obtained. Instructions are given for disposition of the remains.

5. The Communications Center shall notify the appropriate funeral home before transport of the remains if the patient had a contagious disease at the time of death.
6. The Communications Center shall complete the Procedure for Deceased Patient form and log all steps in the Ledger, noting instructions received from the next of kin or guardian, funeral homes, physicians, and the Superintendent.
 - a. Permission for post-mortem examination and/or cremation granted by the next of kin or guardian must be in writing or by telegram.
 - b. The Death Report Checklist should be initiated and the original form should be filed in the patient's medical record.
 - c. In the event that burial instructions, permission for post-mortem, and/or cremation have been authorized prior to the death of a patient by a legally responsible party, the cremation authorization and the post-mortem authorization forms should be completed.
7. The Medical Examiner or other designated pathologist is to be notified by Communications Center when permission for autopsy has or has not been granted.
8. If there is no next of kin or guardian for the deceased patient, or financial responsibility has been denied, the Communications Center shall:
 - a. Contact the Superintendent for further burial instructions.
 - b. Have the Procedure for Deceased Patients signed by the Director of Communications, Transportation and Security, the unit Social Worker, and approved by the Superintendent.
 - c. Obtain agreement from the OHSU Department of Pathology regarding the appropriate disposition of remains of potential educational value.
 - d. Assure that the Superintendent shall sign the standard forms for post-mortem examination and cremation, if the deceased is to be cremated.
 - e. Contact the appropriate funeral home and arrange for cremation of remains if the deceased is to be cremated.

D. Business Office:

1. Assist the Communications Center with completion of the Procedure for Deceased Patient form.

E. Financial Services:

1. Develop and maintain a price agreement with a funeral home to be used for the disposition of deceased patients with no next of kin or when financial responsibility has been denied.

F. Administration:

1. The Superintendent or Administrative On-Duty shall be responsible for decision-making around financial responsibility in the event that the patient has no next of kin or denies financial responsibility.

G. Violent Death:

1. In the event of a violent death or one in which foul play is suspected, the Communications Center shall notify:
 - a. Oregon State Police
 - b. The Superintendent/CMO, or, if unavailable, Administrative Officer of the Day
 - c. Clinical Officer of the Day
 - d. The County Medical Examiner
 - e. Director of Communications, Security, and Transportation,
 - f. Deputy Superintendent
 - g. Health Services Communications Manager
 - h. The assigned funeral home
 - i. The Chief of Medicine
 - j. The HEART Team
 - k. Program Director

Under no circumstances should the Oregon State Police or Medical Examiner be called by anyone other than Communications Center except at special request of the Superintendent. If a 911 call is initiated by the unit staff, the Communications Center should be notified as soon as possible.

2. The attending physician or physician on duty shall notify the next of kin or guardian. The call shall be coordinated and logged by Communications Center staff.

The location of the patient death shall be maintained as a "Critical Incident Scene" as defined by OSH Policy and Procedure 8.019, Staff Response to Alleged Criminal Acts, Contraband, and Critical Incidents.

3. The site of expiration shall not be disturbed except for necessary resuscitation efforts and shall be secured against unauthorized intrusion, as defined by OSH Policy and Procedure 8.019, Staff Response to Alleged Criminal Acts, Contraband, and Critical Incidents.
4. The remains may be transported to the assigned funeral home after approval of the Medical Examiner or the Oregon State Police.
5. Unexplained or unexpected deaths and deaths occurring within 24 hours of admission shall be managed using the same procedure as violent deaths. The Medical Examiner shall be contacted by the Communications Center.

When such a death occurs without indication of irregular circumstances, the Medical Examiner may choose not to become involved. If the patient is elderly or medically ill, and the demise is unexpected yet likely due to natural causes, the Medical Examiner shall usually decline to become involved. If so, process as in procedures for an expected death (Sections A, B, C, D, E, F).

III. REFERENCES

OSH Policy and Procedure 8.019, Staff Response to Alleged Criminal Acts, Contraband, and Critical Incidents

OSH Policy and Procedure (*in review*), Trauma Policy

OSH Policy and Procedure 2.012. Sentinel Events

OSH Policy and Procedure 3.030, Care of the Dying Patient, GTS.doc

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Replaces OSH Policy and Procedure 6.005, *The Deceased Patient*, dated 6/3/2009.