	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 1 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

A) Policy Statement

1) Purpose:

In the event that an individual dies while an inpatient at a State-operated psychiatric facility, or a resident of a State operated residential program, staff shall take all necessary steps to ensure that the individual's rights and dignity are protected, and that family members, friends, and interested parties are informed, (to the extent permitted by law), in a sensitive, caring, and timely manner. Designated staff shall ensure that all required reporting and documentation is completed in a timely manner, consistent with applicable rules and regulations.

2) Applicability:


This policy directive is applicable to State-operated inpatient psychiatric facilities and State-operated residential programs.

B) Relevant Statutes and Standards

Public Health Law Articles 41, 42, 43, and 43A
County Law Article 17A
County Law Section 939
Mental Hygiene Law Section 33.13
Executive Law Section 557
14 NYCRR Part 524 Incident Management
OMH Official Policy Directive OM-410 – Response to Traumatic Events
OMH Official Policy Directive QA-510 - Incident Reporting and Investigation
OMH Official Policy Directive QA-530 - Reporting Requirements for Events which May Be Crimes
OMH Official Policy Directive QA-535 - Sentinel Events,
42 U.S.C. Sections 482.110 and 482.120
45 C.F.R. Parts 160, 164

C) Definitions

- 1) Federally designated Organ Procurement Organization means an organization, designated by the Secretary of Health and Human

	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 2 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

Services, that performs or coordinates the performance of retrieving, preserving and transporting organs and maintains a system of locating prospective recipients for valuable organs.


- 2) Friend means any person who, prior to the decedent's death, maintained such regular contact with the decedent as to be familiar with his/her other activities, health, and religious beliefs.
- 3) Interested party means next of kin, friend, legal guardian, conservator or committee.
- 4) Next of Kin means the first living survivor highest on the following list:
 - Decedent's surviving spouse;
 - If there is no spouse, then the eldest child over the age of 18, including those by prior marriage;
 - If there are no children over the age of 18, then father or mother of the deceased;
 - If there are no parents, then the eldest brother or sister or other blood relatives.

D) Body of the Policy

This policy directive consists of the following components:


- 1) Immediate Action To Be Taken In the Event of Patient Death
 - 2) Notification Requirements
 - 3) Autopsies
 - 4) Organ and Tissue Procurement
 - 5) Burial and Cremation Arrangements
 - 6) Death Certificate
 - 7) Financial Affairs
- 1) Immediate Action To Be Taken In the Event of Patient Death

Note: If there is any question or doubt that a patient is dead, staff should assume the patient is alive and begin resuscitative

	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 3 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			


efforts and call for emergency medical treatment.

- a) Upon the discovery of an apparent patient death at a psychiatric facility, facility staff shall immediately notify the attending/covering physician and other appropriate staff, including the chaplain. In the event it appears that the death may have occurred as a result of a homicide or other crime, local law enforcement shall be notified.
 - b) The physician shall, upon such determination, pronounce the patient as expired.
 - c) The physician shall:
 - i) examine the body and document its condition; and
 - ii) identify any communicable diseases/precautions that should be communicated to facility staff, coroner or medical examiner, the funeral director or undertaker, or other persons known to the facility to be responsible for transportation and/or custody of the body.
 - d) Facility staff shall attempt to determine whether the patient has agreed to make an anatomical gift of organs from the patient's record or from review of the patient's driver license anatomical gift section.
- 2) Notification Requirements The following actions and notifications must be undertaken by staff:
- a) Notification of Next of Kin and/or Interested Parties
 - i) In the event of patient death, staff shall identify next of kin/ interested parties to be notified, in accordance with instructions previously authorized by the patient and/or as required by law.
 - ii) Staff shall contact such next of kin/interested parties. Whenever possible contact should be initiated verbally by

	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 4 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

telephone. In cases where telephone contact cannot be made, contact may be initiated by, electronic mail (if available), or written notification by Express Mail/Next Day Delivery. Any written notification or telephone message left for the next of kin or interested party should be limited to a request for that person to contact the facility as soon as possible, but should not reveal the death. Names and telephone numbers of contact staff at the facility should be included in any such communication. Whenever possible, the information regarding the death should be provided in person. However delivered, the information should be conveyed in plain language, with compassion.

- iii) If the patient expires at an outside general hospital, the facility must ensure that the next of kin/interested parties have been contacted and advised of the place of death so that arrangements can be made with the general hospital. If the general hospital notifies OMH facility staff of a death and/or advises OMH facility staff that they have already contacted next of kin/interested parties, OMH facility staff should do a follow-up call to express condolences and assure that arrangements have been made regarding the body. If an appropriate party cannot be identified, the facility shall arrange for a State funeral and burial.
- iv) When advising next of kin/interested parties of a death, staff shall convey:
 - A. condolences;
 - B. information concerning time, place and probable cause of death;
 - C. location of the patient's body; and
 - D. the statement: "We are required to report this death to an Organ Procurement Organization. They may contact you."
- v) Staff shall determine the wishes of the next of kin/interested party concerning funeral arrangements.

	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 5 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

vi) If an autopsy is required by law, (as described in Section D)3) of this policy directive,) the physician shall explain the reasons for the autopsy. If an autopsy is not required by law but is desired by the facility, the physician shall explain the reasons and attempt to obtain authorization for the autopsy from the next of kin. Such authorization shall be in writing and shall specify the purpose and extent of the dissection.

vii) Subsequent to the initial notification of next of kin/interested parties, staff shall prepare an individualized sympathy letter for the Facility Director's signature which expresses the condolences of both the Commissioner and the Facility Director.

b) Notification of Authorized Agencies


i) The following shall be notified of all deaths:

- A. The OMH Central Office Bureau of Quality Management;
- B. The appropriate Office of Medical Examiner or Coroner's Office;
- C. The Justice Center for the Protection of People with Special Needs; and
- D. The Federally designated organ procurement organization.

ii) If it appears a crime may have been committed in connection with the patient death, appropriate law enforcement agencies shall be notified as required by OMH Policy Directive QA-530.

iii) If a death is reviewable as a sentinel event, notification shall be made to Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in accordance with OMH Policy Directive QA-535.


iv) If a death occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a patient death is a

	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 6 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

result of restraint or seclusion, then the Center for Medicare and Medicaid Services) must, by law, be notified. This notification shall be made by the Executive Director or designee, in consultation with the OMH Director for Quality Management.

3) Autopsies

- a) A Coroner or Medical Examiner has jurisdiction and authority to investigate the death of every person dying within his or her county, or whose body is found within the county, which is or appears to be:
 - i) a violent death, whether by criminal violence, suicide or accident;
 - ii) a death caused by an unlawful act or criminal neglect;
 - iii) a death occurring in a suspicious, unusual or unexplained manner;
 - iv) a death caused by suspected criminal abortion;
 - v) a death while unattended by a physician, so far as can be discovered, or where no physician is able to certify the cause of death as provided in the Public Health Law and in the form as prescribed by the Commissioner of Health; or
 - vi) a death of a patient in a public institution, including deaths of State psychiatric center inpatients and residents of OMH- operated residential programs.
- b) The next of kin/interested party shall be informed that OMH is required by law to report all deaths to the Office of the Medical Examiner or the Coroner's Office. Further, it must be explained that the next of kin/interested party's wishes regarding an autopsy will be communicated to the Medical Examiner or Coroner and that their wishes not to have an autopsy conducted are usually


	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 7 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

honored, pursuant to Section 4210-c of the Public Health Law, unless there is a compelling public necessity to perform an autopsy.

- c) If the physician feels that an autopsy is indicated, the physician shall explain the reason to the next of kin/interested party. The physician shall ascertain whether the next of kin/interested party does or does agree to an autopsy being performed. The next of kin/interested should be informed that there is no cost to him or her for the performance of an autopsy. Notwithstanding any other provision of law, in the absence of a compelling public necessity, no dissection or autopsy shall be performed over the objection of the next of kin or friend of the deceased, when such procedure is contrary to the religious belief of the decedent, or, if there is otherwise reason to believe that a dissection or autopsy is contrary to the decedent's religious beliefs.


For the purposes of objecting to an autopsy based on a decedent's religious beliefs, in the event that the next of kin is unavailable, the objection may be raised on his or her behalf by the next most closely related person or a friend.

- d) When asking the next of kin whether or not s/he wants an autopsy performed, the conversation should be witnessed by another staff member. If the next of kin does want an autopsy, consent must be obtained and documented in the case record.
- e) When communicating with the Medical Examiner or Coroner to report a death:
- i) the circumstances regarding the death should be discussed; and
 - ii) the patient's or next of kin/interested party's objection to autopsy for religious, cultural or other reasons should be communicated.
- f) If after consideration of the circumstances of death and the next of kin/interested party's wishes, the Office of the Medical Examiner

 New York State omh Office of Mental Health	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 8 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

or the Coroner's Office does decide that the death is a Medical Examiner's or Coroner's case and an autopsy is indicated, the Office of the Medical Examiner or Coroner will be responsible for completing the Certificate of Death.

- 4) Organ and Tissue Procurement
- a) Upon the death of a patient in the facility, the federally designated Organ Procurement Organization (OPO), or a 3rd party designated by the OPO, shall be notified as soon as possible, and no later than one hour after the patient's death. This requirement does not apply to residential programs. (Note: OPOs are designated by the U.S. Department of Health and Human Services. New York State is divided into several geographic areas, each served by an OPO. For more information access the web site: www.organdonor.gov.)
 - b) The facility shall have a written protocol that incorporates an agreement with an OPO under which it must notify the OPO, or a 3rd party designated by the OPO, of individuals whose death is imminent or who have died. The OPO determines medical suitability for organ donation. The facility must have an agreement with at least one tissue bank and at least one eye bank to cooperate in the donation of tissue and eyes. If the facility has an agreement with an OPO that also provides tissue and eye services, it is not necessary for the hospital to have a separate agreement with another eye/tissue bank, provided the facility can ensure that all useable tissues and eyes are recovered.
 - c) When contacting the next-of-kin, staff shall state that, "We are required to report this death to an Organ Procurement Organization. They may contact you." **Only a representative of the OPO or a State licensed eye or tissue bank, or an individual trained by the OPO, is authorized to conduct the donation request.**
 - d) The release of the body of the decedent to a funeral home must be coordinated with the appropriate OPO. The body shall not

	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 9 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

be released until either:


- i) the OPO has informed the facility that the body is not a candidate for tissue donation;
- ii) the OPO has informed the facility that there is no acceptable prior authorization and the next of kin has declined donation; or
- iii) the OPO has informed the facility that appropriate authorization or consent has been received and the decedent will be transported to a facility for tissue procurement.

5) Burial and Cremation Arrangements

- a) The facility shall review the patient's record for information on pre- paid or otherwise planned funeral arrangements.
- b) The next-of-kin/interested parties must be contacted to confirm and facilitate funeral arrangements.
- c) The body of the decedent must be appropriately prepared for transportation to the funeral home.
- d) For unclaimed bodies, bodies of indigent patients, or at the request of the next of kin or interested party, the facility shall arrange for a funeral and burial at state expense. The facility is permitted to disclose individually identifiable health information, to the extent minimally necessary, to funeral homes as needed to conduct their duties with respect to the deceased.
- e) Funerals and burials shall be conducted pursuant to the decedent's religious beliefs, to the extent that they are known.

6) Death Certificate

The facility shall obtain and retain a copy of the completed New York State Certificate of Death, provided, however, that such document

	State of New York Office Of Mental Health	Date Issued 4/13/2015	T.L. 15-01	Page 10 of 10	Section # PC-450
	OMH Official Policy Manual	Section: Patient Care			
		Directive: Procedures Following the Death of a Patient			

shall not be considered part of the Legal Medical Record.

7) Deceased Patient's Financial Affairs

The Office of Patient Resources and the Business Office must be notified of the death in order to carry out their respective responsibilities regarding issues involved with payments for funerals, notifications to paying agencies, and resolving other outstanding financial matters.

8) Staff Support

Facility leadership should be cognizant of the impact the death of a patient may have on staff, including those that may have been traumatized by a death or saddened by the loss. Staff support should be offered consistent with OMH Official Policy directive OM-410 (Response to Traumatic Events). Staff should be encouraged to attend memorial services for patients as appropriate.