



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### DEATH AND AUTOPSY

**Effective Date:** February 1, 2018

**Policy:** PH-01

**Page 1 of 4**

- I. PURPOSE:** To establish guidelines for actions to take in the event of a patient death including notification of family, reporting of death, and obtaining permission to have an autopsy performed.
- II. POLICY:** Staff of Montana State Hospital (MSH) will notify the Medical Director, Hospital Administrator, family and/or guardian and, when necessary, the county coroner in the event of the death of a patient at MSH. When required or deemed appropriate, permission to have an autopsy performed will be requested from the family.
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
  - A. The Medical Clinic physicians are primarily responsible for pronouncing the death of a patient, although any other Licensed Independent Practitioner present at the time of death can declare death.
  - B. In cases of expected death of a patient on Do Not Resuscitate status the RN may declare death.
  - C. All other responsibilities are listed in the procedural section of this policy.
- V. PROCEDURE:**
  - A. The Licensed Independent Practitioner or RN who pronounces the patient dead or designee will:
    1. Notify the Medical Director and Hospital Administrator.
    2. Notify the next-of-kin, and/or legal guardian to inform of the individual's death and seek instruction regarding disposition of the body and belongings and request permission for an autopsy when indicated.
    3. Notify the Anaconda-Deer Lodge County Coroner (563-5241) in all cases of death.
      - a. The coroner is required by Montana Law to investigate any death caused by other than natural causes, even if the attending physician is willing to sign the death certificate. The following are examples of general categories of deaths that are to be reported to the coroner.
        - i. Death resulting from a criminal or suspected criminal act.

- ii. Death resulting from suicide.
  - iii. Death resulting in any degree from an injury either recent or remote.
  - iv. Death resulting from an accident.
  - v. Any medically suspicious death, unusual death; or death of unknown or suspicious circumstances.
  - vi. Death by an agent, disease, or medical condition that poses a threat to public health.
  - vii. Death that occurred less than 24 hours after the deceased was admitted to MSH or another medical facility, or if the deceased was dead on arrival at MSH.
  - viii. Death where the attending Licensed Independent Practitioner is unable or will not sign the death certificate.
  - ix. Death of a hospital employee or visitor occurring at the hospital.
- b. The coroner, county attorney or attorney general has the authority to order an autopsy. The family need not give permission for an autopsy ordered by the coroner, county attorney or attorney general. If the autopsy is clearly indicated and ordered by the coroner, county attorney or attorney general, the family will be contacted by the coroner. If the family brings up the subject of an autopsy, refer them to the coroner.
- c. The body of the deceased must not be released to a funeral home without first contacting the coroner.
- d. Release of patient information and/or Patients Medical Record
- i. The patient's prescribed medication and other pertinent information may be divulged to the coroner or physician performing an autopsy on the deceased by the Licensed Independent Practitioner or designee.
4. The Licensed Independent Practitioner or designee will complete death report form (Attachment B) and send to the Medical Director and Hospital Administrator within 24 hours.
- B. The Hospital Administrator or designee will fax the completed death report form (Attachment B) to the AMDD Administrator.
- C. Autopsies
- 1. The county coroner, county attorney or attorney general may order an autopsy if, in his/her opinion it is advisable or required in accordance with M.C.A. § 46-4-103 "Autopsy – when Conducted, Scope."

2. An autopsy may be performed in any death of medical and educational interest and may be performed at the request of the next-of-kin or legal guardian.
3. An autopsy may be requested by the Licensed Independent Practitioner for an unexpected death.
  - a. Permission for autopsy must be obtained from the guardian and/or next of kin indicated by their signature on the autopsy permission form (attached) or via monitored and duly documented telephone call.
  - b. When no next of kin or legal guardian is available or known, the Licensed Independent Practitioner has the authority to request the district court for permission to perform an autopsy. (M.C.A. § 50-21-103 “Limitations on Right to Perform Autopsy or Dissection”).
  - c. The signed autopsy permission form (Attachment A) is placed in the medical record and a copy of the form will be delivered to the facility performing the autopsy.
  - d. The state medical examiner, located in Missoula, Montana, performs autopsies for MSH. Transportation of the body to the examiner's office may be provided by MSH staff.
- D. The Nurse Manager, Nursing Supervisors, or designee must call the organ/tissue/eye centers at 1-888-266-4466 within 60 minutes of the time of death, and complete Organ Tissue Donor Inquiry/ Information to Funeral Home Form (see Attachment C). **This call is required in the deaths of patients at MSH, regardless of organ/tissue donor status or expected autopsy.**
- E. The Nurse Manager, Nursing House Supervisor or designee will notify the mortuary designated by the family/guardian to arrange for disposition of the body.
- F. In the event that family/guardian is unknown and no funeral arrangements have been made in advance, the Nurse Manager, Nursing House Supervisor/designee will notify a community mortuary (on a rotating basis, if possible) to arrange for disposition of the body.
- G. The mortician, Licensed Independent Practitioner and/or coroner are responsible, in accordance with M.C.A. § 50-15-403 “Preparation and Filing of Death or Fetal Death Certificate and 405 “Authorization for Removal of Body from Place of Death, for the disposition of the body and authorizing the removal of the body from the place of death. The mortician is responsible for completion and filing of the “Death Certificate”.
  1. The Nurse Manager/Nursing House Supervisor/designee will provide the person responsible for disposition of the body with personal data on the deceased and/or a copy of the patient information face sheet from the medical record.

## Montana State Hospital Policy and Procedure

2. The Nurse Manager/Nursing House Supervisor/designee will advise the person responsible for disposition of the body to contact MSH Health Information Department to ascertain any further data needed to complete the required forms.
  - H. Nursing staff will prepare the body in accordance with nursing procedure “Post-Mortem Care.” If the coroner has been called, do not perform procedures until authorized by coroner.
- VI. REFERENCES:** M.C.A. § 50-15-403 “Preparation and Filing of Death or Fetal Death Certificate and 405 “Authorization for Removal of Body from Place of Death;” M.C.A. § 50-21-103 “Limitations on Right to Perform Autopsy or Dissection;” M.C.A. § 46-4-103 “Autopsy – when Conducted, Scope;” M.C.A. § 46-4-122 “Human Deaths Requiring Inquiry by Coroner” M.C.A. § 37-8-801 “Death Certificate;” and MSH Policy PH-05, “Organ and Tissue Donation.”
- VII. COLLABORATED WITH:** Medical Staff, Director of Nursing, Connie Worl, Director of Quality Improvement, Hospital Administrator.
- VIII. RESCISSIONS:** PH-01, Death and Autopsy dated September 6, 2016; PH-01, Death and Autopsy dated February 11, 2011; PH-01, *Death and Autopsy* dated March 1, 2010; PH-01, *Death and Autopsy* dated August 22, 2006; PH-01, *Death and Autopsy* dated August 4, 2003; PH-01, *Death and Autopsy* dated March 31, 2003; PH-01, *Death and Autopsy* dated July 13, 2001; PH-01, *Death and Autopsy*, February 14, 2000; and H.O.P.P. PH-02-96-R *Death and Autopsy*, October 8, 1996.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director.
- XII. ATTACHMENTS:** For internal use only.

Signatures:

Jay Pottenger  
Hospital Administrator

Thomas Gray, MD  
Medical Director