

Arkansas Children's Hospital Policies and Procedures

J14 - ACH Plan for Response to a Patient Death

Policy Date: 09/09

Subject: ACH Plan for Response to a Patient Death
Application: Hospital-Wide
Distribution: All Holders of Administrative Policies and Procedures Manual

Approved By: Jonathan Bates, M.D.
President/Chief Executive Officer

Recommended By: Bioethics Committee
Gary Wheeler, M.D., Co-Chair
Eldon Schulz, M.D., Co-Chair

Supersedes: 05/2000, 06/04, 05/05, 07/06, 08/07,
08/08, 0709

POLICY

To affirm an attitude of teamwork among hospital professionals there will be a coordinated and comprehensive response to the death of a patient. Support provided for the psychological, social, emotional and spiritual needs of the individual and family will demonstrate respect for the individual's values, belief system, cultural values, concerns, and life philosophy.

PROCEDURES

A. WHEN THE DEATH OF A PATIENT IS IMMINENT OR HAS OCCURRED:

1. At all times, the wishes of the patient and family will be considered, and the well-being and needs of the patient and family will be the priority of all employees and staff members.
2. The RN, or designee, will notify the clinical attending MD and appropriate Housestaff, the Social Worker, and the Chaplain that the patient's death is imminent or has just occurred.

B. END OF LIFE PACKETS:

1. End of Life (EOL) Packets include the necessary paperwork to complete upon a patient's death. Additionally, each EOL Packet outlines the role of and has checklists for the MD, the RN, and the Social Worker. Other materials that may

be helpful to ACH personnel regarding procedures surrounding the death of patient are also included in the packet.

2. EOL Packets may be obtained from the Chaplain on duty or on call.
3. The Pastoral Care Department is responsible for creating and making changes to the EOL Packet materials. Contact the Pastoral Care office (ext. 41824) for more information or to request changes.

C. NOTIFICATION OF CORONER:

1. In compliance with Arkansas law, all deaths at ACH are to be reported to the Pulaski County Coroner's office (regardless of where the patient resides) even if the cause or circumstances of the death may not warrant a Coroner's or Medical Examiner's investigation.
2. After the death of a patient, the Pulaski County Coroner's office shall be promptly notified, normally within one hour following the declaration of death.

D. NOTIFICATION OF FUNERAL HOME:

1. The Social Worker in a routine case (when no delays are expected) will notify the funeral home upon a patient's death and annotate such on the Funeral Home Release Form. If the Social Worker does not notify the Funeral Home due to a delay in the release of body (such as autopsy, coroner's case, delayed decision by the family on choosing a funeral home), it is the Social Worker's responsibility to notify the Nursing Supervisor of such. In such cases, the Nursing Supervisor will assume the responsibility of notifying the Funeral Home and annotate such on the Funeral Home Release Form.
2. In cases where an autopsy is to be performed, the Pathologist will notify the following when the autopsy is complete and the body can be released:
 - a. (M-F, 0800 – 1630): The Histology office will be notified, and someone in that office will contact the Funeral Home and will annotate such on the Funeral Home Release Form.
 - b. (M-F, 1630 – 0800, weekends, and holidays): The Nursing Supervisor will be notified, who then will contact the Funeral Home and will annotate such on the Funeral Home Release Form.

If a body remains in the morgue for more than 24 hours, the Histology office will notify the Nursing Supervisor (pager 0671). The Nursing Supervisor will notify the Social Work Department of such so that appropriate follow-up can occur.

E. RELEASE OF BODY PROCEDURES:

1. Per the Arkansas Hospital Association guidance dated 4/25/00, the release of the body from the hospital to individuals other than Funeral Home personnel or Coroner is acceptable if released to a person who claims it for purposes of burial. Some evidence that burial arrangements have been made should be provided by the person claiming the body. In the event that there is a dispute between claimants, the reasonable priority would be spouse, adult son or daughter, either parent, an adult brother or sister, grandparents, guardian at time of death, or friend. Should a dispute arise which is not covered by this policy, please consult with the Administrator on call and/or hospital legal counsel.
2. When released to an individual other than Funeral Home personnel or Coroner, as designated by the family or appropriate decision maker (see above, E. 1), the body does not require a body bag unless exceptions noted below or in the EOL Packet materials apply.
 - a. A body bag is required if the deceased had any of the following infections: rabies, plague, Hepatitis B (or Hep B carrier status), Hepatitis C, tularemia, HIV.
 - b. A body bag is required if the physician believes the deceased body has a high risk of spilling moderate or greater volumes of body fluids.
3. Other information related to the release of body can be found in the EOL Packet.

F. TRANSPORTING THE BODY TO THE MORGUE:

1. Special care and consideration should be taken to transport bodies from any unit to the morgue in a discreet and dignified manner that seeks to avoid exposure to the general public.
2. While in transit to the morgue body bags are not required, but may be prudently used especially in situations as noted above (E.2).
3. If the body was transported to the morgue without a body bag, it **MUST** be placed in a body bag inside the morgue in order to be left there for any length of time.
4. Other information related to transporting the body can be found in the EOL Packet.

G. NOTIFICATION TO HOSPITAL DEPARTMENTS:

1. Admissions, upon notification of the patient's death by the nursing unit**, will send an office automation notice via the EXPIRED PATIENTS distribution group (comprised of key staff/departments) including the Admissions Counselor, admitting team, Medical Records, Outpatient Clinics, and Patient Accounts. This message will contain the patient's name, account number, unit number, and expiration date.

- a. Thirty days after the patient's death, Admissions will review the account and will contact the family if financial assistance is deemed necessary.
 - b. ** Any service receiving notification of a patient's death that occurs outside of the hospital should contact Admissions regarding this information so that procedures stated in F1 - F5 can be set in motion.
2. The Admissions Counselor admitting team will cancel all future planned admissions and ambulatory surgeries.
 3. Medical Records, upon notification of the patient's death by Admissions will identify the patient as expired by adding the expired notation (**E**) to the medical record.
 4. Outpatient Clinics, upon notification of the patient's death by Admissions will cancel all future clinic appointments to prevent the family from receiving telephone calls or reminder letters for scheduled visits.
 5. Patient Accounts, upon notification of the patient's death by Admissions will code the patient's account as expired in the comment's field so the family does not receive a bill. Thirty to ninety days after the patient's death, Patient Accounts reviews the account file to ensure that insurance has been billed. If the insurance company has completed their portion of the payment or has denied payment, the remaining account balance is written off to expired charity.

H. BEREAVEMENT FOLLOW-UP WITH PATIENT'S FAMILY:

1. The Pastoral Care office will:
 - a. Send a letter to the family seven to ten days after the death that will include information on how to get additional support from the ACH Pastoral Care Department.
 - b. Send a card or letter on the first birthday after the expiration of the patient.
 - c. Invite the family to attend one of the regularly scheduled memorial services.
2. The Social Worker who worked with the family at the time of death will be responsible for the follow-up contacts made from the Social Work Department, and will be responsible for the documentation in the patient's medical record. He/she will determine when the follow-up contacts should be made. Prior to contact with the family, the Social Worker will contact the clinical attending regarding further medical concerns, such as have the autopsy results been discussed with the family. If the results have not been discussed, the physician

can request Social Work's assistance in contacting the family or in setting up a conference with the family, Social Worker, and Chaplain as appropriate to discuss the autopsy results.

The recommended contacts by Social Work include but are not limited to:

- a. 3-6 weeks after the death - contact by telephone to perform a psychosocial assessment (including the family relationships, marital relationships, parent and sibling adjustments, and family's coping mechanisms, obtained autopsy results).
 - b. 6 months - contact by telephone to perform a psychosocial assessment.
 - c. Anniversary of the date of death - a letter sent and a telephone call made to perform a psychosocial assessment.
3. Nursing staff who wish to make contact will follow established guidelines (Policy A31) for the individual units.

I. BEREAVEMENT FOLLOW-UP WITH ACH EMPLOYEES:

1. The Employee Assistance Program (Lifeworks, 888-267-8126 or 800-346-9188 TTY/TDD) is available for any employee needing help in working through grief and/or handling the stress of working with terminally ill patients.
2. Chaplains will be available to minister to ACH employees and medical staff concerning their relationship with the patient/family, spiritual issues, and usual bereavement issues.
3. The unit or ACH staff may make a request to the Chaplain for a memorial service for ACH employees to attend.

J. BEREAVEMENT EDUCATION:

1. Critical Care Units and Hematology/Oncology or other departments will receive training on death, the grief process, spiritual/religious issues, family dynamics and supportive techniques on an ongoing basis by the Social Work and Pastoral Care Departments. Included in these trainings will be education related to the cumulative effects of grief/loss issues for staff. Trainings will be videotaped whenever possible to be used as a resource for staff who are unable to attend.
2. The Social Work and Pastoral Care Departments will conduct one hospital-wide program per year on issues of death, the grief process, family dynamics, spiritual/religious issues and ways for hospital employees and medical staff to provide support to bereaved families.

Reviewed: 08/12/2008

Revised: 7/89, 7/90, 1/92, 1/93, 6/96, 1/99, 5/00, 6/04, 05/05, 07/06, 08/07, 08/08, 07/09, 9/09