

Rehabilitation Hospital

POLICY SECTION:	Provision of Care	Effective Date:	05/08/2018
POLICY TITLE:	DEATH OF PATIENT	Review Date:	
POLICY NUMBER:	PC 325	Revised Date:	05/21/2018

PURPOSE

A patient's death is a difficult experience for both the family and the caregivers. The purpose of this document is to integrate information about managing processes after a death, so that caregivers can compassionately guide the family through this period.

POLICY

The Hospital notifies the physician, family and appropriate agencies after a death.

PROCEDURES

- When death is imminent, nursing notifies family members, as necessary, the physician, if not present and the Organ Procurement Organization.

Nursing

- When death is imminent, notify Pastoral Care/Spiritual Care Service, and if appropriate the Case Manager/Social Worker, in order to provide support for family and friends of the patient.
- Notify family members as necessary and physician if not present.

Physician/Nursing

- CMS requires all imminent deaths need to be referred to the Donor Services 24 hours a day. Collaboration between the Donor Services and Hospital staff is essential.
- The Donor Services or Tissue Bank will approach the family about donation if appropriate. There is no cost to the family/significant other for removal of organs/tissue. Donation will not delay the funeral. The family must make the funeral arrangements.
- Timely Notification – Timely notification must be made to the Organ Procurement Organization (OPO) LifeCenter Northwest Call: 1-877-275-5269
- As soon as it is anticipated the patient will meet, or within one (1) hour after the patient does meet, the criteria for imminent death (physician has determined that death is imminent as evidenced by unstable vital signs and whole system failure). Death occurs upon loss of blood pressure, cessation of pulse and cessation of respiration.
- Additionally, the patient and/or family have indicated that life saving measures are not to be performed.
- In circumstances where prior notification is not possible; within one (1) hour after patient is pronounced dead.

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When death occurs the Physician and Nursing perform additional responsibilities including but not limited to:

- Responsibilities of physician:
 - Pronounce the patient
 - Contact the Donor Services, in collaboration with nursing, to determine medical suitability for donation
 - Sign the original white copy of the death certificate and complete all information including information about the Donor Services notification
- Responsibilities of nursing:
 1. Ensure that the family is supported. Involve Pastoral Care/Spiritual Care Service, Social Work, Clinical Supervisor, Charge Nurse, Administration and other appropriate members of the interdisciplinary team
 2. Notify attending physician (if physician present has not done so)
 3. Contact the Donor Services in collaboration with the physician, to determine medical suitability for donation
 - The Donor Services/Tissue Bank will approach the family about donation if appropriate
 4. Prepare the body. Refer to "Postmortem Care Procedure"
 - a. If the deceased is a Medical Examiner's Case refer to "Medical Examiner's Case Procedure"
 - If written permission for autopsy is granted, "Refer to "Autopsy Procedure"
 - Complete the Record of Death form prior to release of the body

Reporting

- The Hospital shall record on each deceased patient's record the name and address of the funeral home or person to whom the body was released for disposition, the date of the release, and who released the body.
- The hospital must report to the Centers for Medicare Medicaid Services (CMS):
- Each death that occurs while a patient is in restraint or seclusion or within 24 hours of the patient being removed from restraint or seclusion.

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- Death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume the restraint/seclusion contributed directly or indirectly to a patient's death.

The Hospital shall check reporting requirements per the Department of State Health Services.