

## List of Policies and Procedures Submitted to JCC for Approval on February 14, 2023

Blue (Hospital-wide); Grey (Departmental)



Status	Dept.	Policy #	Title	Owner/ Reviser	Notes
New	MSP	C01-02	Autopsy Policy & Procedures Attachment - Autopsy Workflow and Required Forms	<b>D. Lovko- Premeau</b>	Attachment developed by LHH Medical Record Committee to assist the provider on the correct pathway.

# Laguna Honda and Rehabilitation Hospital

## HOW TO REQUEST AN AUTOPSY

### LHH Death Registry 415-759-3526

There is a standing agreement with Colma Cremation

 <b>Provider Request</b>	<b>Family Request</b> 
<p>Discuss autopsy consideration with family</p>	<p>Family requests, provider discusses option <b><i>and family responsibility to cover any potential cost for transportation to ZSFGH</i></b></p>
<p><b>Print and COMPLETE ALL Postmortem forms</b> and obtain family signature</p>	<p><b>Print and COMPLETE All Postmortem forms</b> and obtain family signature</p>
<p><b>Provider to Notify Mark Weinstein at ZSFGH in pathology of transport of deceased for autopsy</b>            Mark Weinstein Department Manager            Anatomic Pathology            Zuckerberg San Francisco General Hospital and            628/206-6068            628/206-5988 Fax  <a href="mailto:mark.weinstein@sfdph.org">mark.weinstein@sfdph.org</a>            (He may request form be faxed to him)</p>	<p><b>Provider to Notify Mark Weinstein at ZSFGH in pathology of transport of deceased for autopsy</b>            Mark Weinstein Department Manager            Anatomic Pathology            Zuckerberg San Francisco General Hospital and            628/206-6068            628/206-5988 Fax  <a href="mailto:mark.weinstein@sfdph.org">mark.weinstein@sfdph.org</a>            (He may request form be faxed to him)</p>
<p><b>Provider Notify LHH Death Registry Send Death Worksheet and postmortem form to LHH Death Registry</b></p>	<p><b>Provider sends Death Worksheet and postmortem form to LHH Death Registry</b></p>
<p><b>LHH Death Registry (415-759-3526) will notify ZSFGH and fax postmortem form</b>            Death Reg. Ph#: (628) 206-4316            Death/Birth Reg. Fax#: (628) 206-3070</p>	<p><b>LHH Death Registry (415-759-3526) will notify ZSFGH and fax postmortem form</b>            Death Reg. Ph#: (628) 206-4316            Death/Birth Reg. Fax#: (628) 206-3070</p>
<p><b><u>LHH Death Registry will contact Colma Cremation (650) 343-3914 with information on where to pick up body and take for autopsy</u></b>            (LHH Death registry will coordinate with ZSFGH)            Death Reg. Ph#: (628) 206-4316</p>	<p><b>LHH Death registry will start the death registry process and transfer to funeral home.</b>            Death Registry will provide contact for ZSFGH Morgue to the funeral home to make arrangements (contact ZSFGH (628)206-8000 contact Operator and ask for Morgue</p>

# Laguna Honda Hospital

Health Information Management Services (HIMS)

\*To be filled out by Certifying Physician

## Death Certificate Worksheet

Name of Decedent- First (Given)	Middle	Last (Family)	
Date of Death		Hour	
MM/DD/YYYY:		24 Hour Time:	
Cause of Death		Time Interval Between Onset and Death	
Enter the chain of events – disease, injuries, or complications – that directly caused death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation WITHOUT showing the etiology, DO NOT ABBREVIATE			
Immediate Cause (Final disease or condition resulting in death) (A)		(AT)	
Sequentially, List conditions, If any, leading to cause on Line A (B)		(BT)	
Enter underlying cause (Disease or injury that initiated the events resulting in death) last (C)		(CT)	
(D)		(DT)	
Death Reported to Coroner? <input type="checkbox"/> YES <input type="checkbox"/> NO	Biopsy Performed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Autopsy Performed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Used in Determining Cause? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Death was reported to Coroner: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINE		Case/Referral Number (if applicable):	
Other Significant Conditions Contributing to Death but not resulting in the underlying cause given (above):			
Was Operation Performed for any condition(s) listed above (SPECIFY EXACT DATE and operation):			
Physician's Certification			
Decedent Attended Since (MM/DD/YYYY)	Decedent Last Seen Alive (MM/DD/YYYY)	Certifying Physician and Title:	
		License Number:	
Place of Death will default as: <u>Laguna Honda Hospital, 375 Laguna Honda Blvd. San Francisco, CA 94116.</u> IF OTHER, PLEASE SPECIFY:			

After completion, please fax back to HIMS -Medical Records: **(628) 217-7594**



NAME  
DOB  
MRN  
PCP

T-AD0003

**POSTMORTEM FORM**

Patient ID / Addressograph

**Directions:** All sections of this form are REQUIRED. Call Death Registry at (415) 206-8015 with questions: 628

**SECTION 1: DEATH INFORMATION**

Attending physician at time of death: \_\_\_\_\_ Pager # \_\_\_\_\_ CHN ID # \_\_\_\_\_

Death pronounced by (Print Name): \_\_\_\_\_ CHN ID # \_\_\_\_\_

Date of Death: \_\_\_\_\_ (mm/dd/yy) Time of Death: \_\_\_\_\_ (hh:mm) Service: \_\_\_\_\_

Cause of Death: Enter the chain of events – diseases, injuries, or complications – that directly caused death. DO NOT ABBREVIATE.  
**NOTE: DO NOT enter terminal events or the mode of dying such as cardiac arrest, respiratory arrest, or ventricular fibrillation.**  
Please enter only ONE disease or condition for each line. You MUST include your best estimate of duration for each disease/condition.

- IMMEDIATE CAUSE** → A. \_\_\_\_\_ Duration\*: \_\_\_\_\_  
(Final disease or condition resulting in death. Do NOT enter terminal events.)
- DUE TO** → B. \_\_\_\_\_ Duration\*: \_\_\_\_\_  
(Sequentially list conditions if any, leading to cause above.)
- DUE TO** → C. \_\_\_\_\_ Duration\*: \_\_\_\_\_
- UNDERLYING CAUSE** → D. \_\_\_\_\_ Duration\*: \_\_\_\_\_  
(Disease/injury that initiated the events resulting in death.)
- \*(Example: hours, days, months, years)

Other Significant Conditions contributing to death but not resulting in Underlying Cause of Death: \_\_\_\_\_

Did an operation/procedure precede death?  No  Yes  
Operation/Procedure: \_\_\_\_\_ Date of operation: \_\_\_\_\_

Did an accident/fall/therapeutic complication occur during hospitalization?  No  Yes  
Type of accident: \_\_\_\_\_ Date of accident: \_\_\_\_\_

**SECTION 2: FAMILY NOTIFICATION AND AUTOPSY INFORMATION**

Family member or Legally Designated Representative notified:  Yes  No  Unknown family or emergency contact  
How:  In person  Telephone  Police  
Name of person notified: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Notified by: \_\_\_\_\_ Title: \_\_\_\_\_ CHN ID# \_\_\_\_\_

**SECTION 3: AUTOPSY INFORMATION**

Autopsy requested?  Yes\* Consent of Legal Next of Kin granted. Include signed Autopsy Consent if patient has Next of Kin.  
 No Consent for autopsy denied.  
 Pending Consent for autopsy pending:  Discussion with Next of Kin  Written consent

MD Requesting Autopsy: (Print Name): \_\_\_\_\_ CHN ID# \_\_\_\_\_

Consent obtained from:  Legal Next of Kin/DPAHC (Print Name): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 No known Next of Kin/DPAHC (Requires verification by Death Registry)

How was written consent obtained?  Hospital Consent  Advance Directive (copy required)  
 Fax  No known Next of Kin/DPAHC.

- \*ZSFG supports obtaining autopsies on all non-Medical Examiner cases.
  - Consent for autopsy is required from Legal Next of Kin or DPAHC, unless it can be verified that there is none.
  - Families should be informed that an autopsy may or may not be performed if the Medical Examiner accepts the case.
- (OVER)

NAME  
DOB  
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PCP

**POSTMORTEM FORM**

Patient ID / Addressograph

**SECTION 4: MEDICAL EXAMINER NOTIFICATION**

It is the LEGAL OBLIGATION of the physician to notify the Medical Examiner IMMEDIATELY of a reportable death. If there is doubt, call the Medical Examiner at (415) 641-2222.

YES	NO	REPORTABLE CIRCUMSTANCES - CHECK YES OR NO FOR EACH AND SIGN BELOW
<input type="checkbox"/>	<input type="checkbox"/>	1. All violent, sudden, or unusual deaths, or Deaths resulting from any suspected criminal act
<input type="checkbox"/>	<input type="checkbox"/>	2. Suicides, Homicides, Strangulation, Gunshot Wound, Stabbing, Drowning, Burns, Hanging, Starvation
<input type="checkbox"/>	<input type="checkbox"/>	3. Accidents and deaths relating to injury
<input type="checkbox"/>	<input type="checkbox"/>	4. Falls
<input type="checkbox"/>	<input type="checkbox"/>	5. Poisoning
<input type="checkbox"/>	<input type="checkbox"/>	6. Acute Alcohol or Drug Use
<input type="checkbox"/>	<input type="checkbox"/>	7. Contagious Diseases constituting a public hazard
<input type="checkbox"/>	<input type="checkbox"/>	8. Death within 24 hours of hospital admissions
<input type="checkbox"/>	<input type="checkbox"/>	9. Deaths within 5 days of any invasive procedure, or a therapeutic complication
<input type="checkbox"/>	<input type="checkbox"/>	10. Unattended deaths (Patient has not been attended by a physician in the 20 days before death)
<input type="checkbox"/>	<input type="checkbox"/>	11. All deaths in operating rooms, or when the patient has not recovered from anesthesia, whether in the OR, recovery room or elsewhere
<input type="checkbox"/>	<input type="checkbox"/>	12. Death of patient who is comatose throughout hospital stay
<input type="checkbox"/>	<input type="checkbox"/>	13. Death where physician is unable (NOT MERELY UNWILLING) to state cause of death
<input type="checkbox"/>	<input type="checkbox"/>	14. Any Solitary/Unwitnessed Death
<input type="checkbox"/>	<input type="checkbox"/>	15. Sudden infant death syndrome
<input type="checkbox"/>	<input type="checkbox"/>	16. Known or alleged rape or crime against nature
<input type="checkbox"/>	<input type="checkbox"/>	17. Self-induced or criminal abortion
<input type="checkbox"/>	<input type="checkbox"/>	18. Occupational deaths
<input type="checkbox"/>	<input type="checkbox"/>	19. Death of an unidentified person
<input type="checkbox"/>	<input type="checkbox"/>	20. Death of a person in police custody or a prisoner

Medical Examiner notified (415) 641-2222:  No/Not Reportable  Yes    Date: (mm/dd/yy)    Time: (hh:mm)

Notified by: \_\_\_\_\_ Title: \_\_\_\_\_ CHN ID#: \_\_\_\_\_

Case:  Accepted\*\* or  Declined    Accepted/Declined by: \_\_\_\_\_ Badge #: \_\_\_\_\_

\*\*Tell the family if the Medical Examiner will be accepting the case. Autopsy may or may not be completed during the case review. This may affect the family's funeral planning.

**SECTION 5: DONOR NETWORK NOTIFICATION**

Donor Network West notified\*\*\*: Ref. #: \_\_\_\_\_ Date: (mm/dd/yy)    Time: (hh:mm)

Notified by: \_\_\_\_\_ Title: \_\_\_\_\_ CHN ID#: \_\_\_\_\_

\*\*\* All deaths must be reported to Donor Network West (800) 553-6667

**SECTION 6: ADDITIONAL REQUIRED DOCUMENTATION**

- Patient Discharge Plan (PDP) form
- Inpatient Death Note (Date and Time of Death must be documented)
- Authorization for Autopsy (If applicable, and Next of Kin or DPAHC present and able to sign Consent form)
- Discharge Summary within 24 hours (Person Responsible: \_\_\_\_\_ /Pager: \_\_\_\_\_)

NAME  
DOB  
MRN  
PCP

**POSTMORTEM FORM  
AUTHORIZATION FOR AUTOPSY**

Patient ID / Addressograph

**Directions:** All sections of this form are REQUIRED if an autopsy is to be performed. Call Death Registry at ~~(415)~~ 206-8015 with questions: **628**

**NOTE TO PROVIDERS:** Postmortem examinations will not be performed without written consent from Next of Kin\* or DPAHC. If the legal DPAHC or Next of Kin\* is not present, do NOT have another family member sign this form. If DPAHC or Next of Kin\* verbally requests autopsy but is not present to sign this form, please advise him/her to contact the Death Registry at ~~(415)~~ **(628)** 206-8015 on the next business day. Other family may take a copy of this form and have the DPAHC or Next of Kin\* fax the signed form to the Death Registry at ~~(415)~~ **628** 206-3070.

In the hope and with the expectation that this permission will contribute to the advancement of medical knowledge, I, as the next-of-kin or other person authorized by law to direct disposition, hereby authorize the performance of a postmortem examination by physicians of San Francisco General Hospital and Trauma Center, including removal and retention of such organs, or parts of organs, or tissue necessary for microscopic examination and subsequent study, use, or transplantation on the above named person.

This authorization shall be subject to the following restrictions:

- There is no additional cost to the family for an autopsy.
- Funeral arrangements can proceed as planned. Families who wish to have an open viewing can still do so.
- If the Medical Examiner accepts this case for review, autopsy may or may not be performed.

Date: (mm/dd/yy) Time: (hh:mm) X \_\_\_\_\_ Print Name

X \_\_\_\_\_ Signature of DPAHC or Spouse\* X \_\_\_\_\_ If pt has no DPAHC or Spouse, Legal Next of Kin\* (state relationship)

X \_\_\_\_\_ Witness of Signature X \_\_\_\_\_ Print Name

X \_\_\_\_\_ Witness of Signature X \_\_\_\_\_ Print Name

X \_\_\_\_\_ Interpreter's Signature X \_\_\_\_\_ Print Name Interpreter ID #

**SECTION 7: DEATH REGISTRY PERSONNEL**

Authorization for Autopsy by Office of Curator of Unclaimed Dead

Authorization received for autopsy on: \_\_\_\_\_ DATE

Authorization Number: \_\_\_\_\_

Authorization given by: \_\_\_\_\_

Signed: \_\_\_\_\_  
DEATH REGISTRY PERSONNEL

- \*LEGAL Next of Kin, in order of priority, are:**
- 1) Durable Power of Attorney for Health Care (DPAHC)
  - 2) Spouse/Registered Domestic Partner
  - 3) Adult Child, 18 or over
  - 4) Parent
  - 5) Adult Sibling
  - 6) Guardian
  - 7) Other surviving relative

# Laguna Honda Autopsy Workflow

