

HARBOR-UCLA MEDICAL CENTER

SUBJECT: AUTOPSIES AND CORONER CASES

POLICY NO. 354

PURPOSE

To delineate the purposes, procedures, and documentation for official Coroner and non-Coroner autopsies.

POLICY

Harbor-UCLA Medical Center will ensure that Coroner autopsies are performed for medical/legal documentation of the cause and manner of death, usually of deaths from other than natural causes.

Hospital autopsies are performed to determine or confirm the medical diseases or conditions responsible for an individual's natural disease progress and death. The goals of an autopsy are:

1. To provide health professionals with a better understanding of disease through direct examination of the bodies of deceased patients.
2. To identify medical diseases or conditions that may adversely affect a patient's family, community, hospital staff, or other patients.

PROCEDURE**I. Coroner's Cases**

The State of California Health and Safety Code (Section 102850)¹ states that the County Coroner must be notified following any death from an injury or an accident, suicide, criminal act of another, or in the absence of an Attending physician able to state the cause of death. The section also lists a number of specific circumstances that require notification of the Coroner. At Harbor-UCLA, this notification is performed by the Decedent Affairs Office, (these circumstances are listed on the Harbor-UCLA's Information for Certificate of Death Form), except in the case of unexpected death within 48 hours of surgery or invasive procedure. In these unexpected deaths the Attending physician or a knowledgeable designated physician will notify the Coroner's Office at (323) 343-0711, and supply necessary clinical information. If an autopsy at Harbor-UCLA is desired in any cases not involving fatal trauma injuries, the responsible physician must call the Coroner's Liaison Office immediately, and explain the clinical circumstances of the case for a decision by the Coroner's Office whether the case can be performed at

¹ CA Health and Safety Code Section 102850

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Harbor-UCLA. For further information the LA County Coroner website may be accessed at www.coroner.lacounty.gov

II. Reportable Deaths Cases

- A. Deaths related to, or suspected of self-induced or criminal abortion, suspected homicide, suicide, or accidental poisoning. Traumatic accident or injury either remote or recent, drowning, gunshot, stabbing, cutting, exposure to weather, fire, hanging, and starvation. Also, alleged rape, suspected as due to unknown or dangerous contagious disease, occupational diseases or occupational hazards.
- B. All deaths in custody of law enforcement or institutional psychiatric care.
- C. Death unattended, having not seen a physician within 20 days. Terminal Emergency Room care does count as care within 20 days.
- D. Unexpected death within 48 hours of surgery or invasive procedure. High-risk procedure deaths are usually declined by the Coroner's Office, while the low-risk procedures associated with bad outcome are often Coroner's Cases. The primary care clinician's telephone conversation with the Coroner's Office concerning the clinical situation with regard to patient's health status and type of procedure determines this.
- E. Suspected sudden infant death syndrome or fatal injury to infant or child, accidental or intentional. Chronic medical illness is exempt.

Types of deaths which are more difficult to evaluate and should be referred to the Coroners for decision:

- Therapeutic misadventures
- Aspiration
- Gastroenteritis - Refer to the Coroner if the etiology is unknown, and there is a possibility of accidental or intentional poisoning.
- Gastrointestinal Hemorrhage – "gastrointestinal hemorrhage of natural causes", is not a case for the Coroner. Refer all others to the Coroner.
- Heat prostration
- Fractures except for spontaneous pathological fractures.

After appropriate notification of the circumstances surrounding the death, the Coroner's Office either will determine that an autopsy is required (to be performed either at the Coroner's Office or at Harbor-UCLA Medical Center by an appointed Deputy Coroner), or alternatively, that a Coroner's Autopsy is not required, in which case they will verbally release the body and assign a release number. In the latter circumstance an autopsy may be requested by the family for performance at Harbor-UCLA Medical Center. If an autopsy is performed at the Coroner's Office, both the treating physician and the pathologist may request the results.

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III. Non-Coroner's Cases

- A. In cases where the Coroner's Office does not need to be notified, as well as in cases where the Coroner's Office releases a body, autopsies may be requested by the next-of-kin in order to expand the understanding of disease processes and progression. The medical staff has identified the following nonexclusive criteria for when an autopsy should be requested by the treating physician team, after Coroner's clearance:
1. The natural cause of death is unclear.
 2. There is suspected presence of a genetic condition that may adversely affect the family or infectious condition important to the community, hospital staff or other patients.
 3. Death occurred within 48 hours of a surgical or invasive procedure (High risk procedures are routinely refused by the Coroner if the reporting physician does not indicate procedural mishap).
 4. Death of a newborn (0-28 days) including premature infants of nonviable weight. Stillborn fetuses of greater than 20 weeks gestation should be autopsied.
 5. Advanced disease important for physician education such as cancer, dementia, diabetes, etc.
- B. The physician should request an autopsy from the deceased patient's family by emphasizing the importance of advancing knowledge of disease. If the family agrees to the performance of an autopsy the physician should complete a Physician Request for a Post-Mortem Examination form (Attachment I) and obtain signed consent by the legal next-of-kin. Autopsy consents may be signed and witnessed in the Vital Statistics office without the requesting physician present. Autopsy consents must be witnessed appropriately, and cleared by the Coroner if needed by the Vital Statistics office, before the autopsy is started.
- C. In cases where the deceased has no next-of-kin, the treating physician will call the office of the State Curator of Unclaimed Bodies (323) 226-7132. That office will issue a State Board number authorizing the autopsy to be performed at Harbor-UCLA Medical Center. A 24-hour waiting period is required before the autopsy may be performed. Determination that the patient has no next-of-kin is initiated by the (Decedent Affairs) Vital Statistics office upon request of the physician/care team that is requesting the autopsy.
- D. The Department of Pathology will notify the physician(s) named on the Request for Autopsy when the autopsy is scheduled. Physicians should attend their requested autopsies whenever possible. The physician team should always review the findings of the autopsy; there is an announced Autopsy Review Conference for all adult autopsies, open to all Harbor-UCLA physicians. This conference and the Final autopsy report should be available by 60 days or sooner post autopsy, and a summary is made available to the family. A member of the patient care team (not the pathologist) should share the final results with the patient's family. In addition, pathological findings, both expected and unexpected, will be incorporated into appropriate case conferences held by the clinical services.

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IV. Documentation

The consent for autopsy must be signed by the next-of-kin and witnessed as indicated on the Consent for Autopsy form. The requesting physician of the clinical team completes the Information for Certificate of Death form, both sides, indicating questions to be addressed by the autopsy and the physician(s) contact numbers.

A Death Certificate is prepared (after autopsy) by the Vital Statistics Office for signature by the California licensed requesting physician, or by the physician who performed the autopsy.

If a Coroner's Release Form #18 is required, this is prepared by the Vital Statistics Office and requires the Coroner's case reference number given when the telephonic release is obtained.

V. Chain-of Command in Completion of the Death Certificate

For cases where a hospital autopsy is performed, the Death Certificate is completed by the autopsy physician with the autopsy results incorporated into the statements. This will be done within 24 hours after the autopsy.

For deaths where hospital autopsy or Coroner assuming responsibility is not done:

- The state requires the physician to complete the Death Certification within 15 hours after death.
- The resident from the service caring for the decedent prior to death will have 4 hours from the time of being notified to complete forms. If no response, his/her Attending physician will be notified.
- If no response is received by the Attending physician, notification will be escalated to their Department Chair.
- If no response is received by the Department Chair, it will be escalated to the Medical Director.

Revised and Approved by:
Medical Executive Committee – 10/2018

Janine R. E. Vintch, M.D.
President, Professional Staff Association

Signature(s) on File.