# LOMA LINDA UNIVERSITY MEDICAL CENTER

## OPERATING POLICY

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| **CATEGORY:** | PROFESSIONAL PRACTICE | **CODE:** | Q-20 |
| | | **EFFECTIVE:** | 05/2017 |
| **SUBJECT:** | DEATHS REPORTABLE TO CORONER | **REPLACES:** | 05/2014 |
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Purpose:
This policy specifies the types of patient deaths and circumstances when a death may be reported to the coroner in order to comply with California Government Code 27491 and Health and Safety Code 102850. The coroner must inquire into and determine the circumstances, manner, and cause of certain deaths.

LLUMC shall disclose protected health information (PHI) to the coroner's office when requested by the coroner's office for the purpose of investigating deaths. Medical information requested by the coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation and shall be disclosed to the coroner in accordance with the Guidelines Q-20.A.

References:
45 C.F.R. 164.512(g)
Cal. Civil Code 56.10(b)(8)

1. The following patient deaths are reportable to the coroner (reference Attachment Q-20.A):

    1.1 Death is violent, sudden, or unusual

    1.2 No physician or hospice nurse was in attendance during the 20 days prior to death.

    1.3 Attending Physician is unable to state cause of death

    1.4 Known or suspected homicide or suicide.

    1.5 Caused in whole or in part by criminal means or under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

    1.6 Death is related to or following known or suspected self-induced or criminal abortion.

    1.7 Death is associated with known or alleged rape or crime against nature.

    1.8 Known or suspected as resulting in whole or in part from or related to accident or injury (either old or recent).

1.9 Any of the following are involved: drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, acute alcoholism, drug addiction, strangulation, aspiration.

1.10 Suspected cause of death is sudden infant death syndrome

1.11 Known or suspected accidental poisoning

1.12 Deceased was under sentence (prisoner).

1.13 Death from occupational disease or occupational hazard.

1.14 Death is from known or suspected as due to contagious disease and constituting a public hazard (including AIDS, HIV+, TB).

1.15 Unattended deaths

2. Although not required by statute, a report may be made to the coroner if requested by the physician or Risk Management Department.

3. The coroner shall be consulted:

3.1 In any situation in which there is doubt regarding cause of death or reporting requirements.

3.2 When the issuance of death certificate is contingent upon obtaining a coroner's case number

Reference Policy Disposition of Bodies, Body Parts, and Fetal Remains (M-23)

APPROVAL: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Chief Nursing Officer, LLUMC Medical Staff President

LOMA LINDA UNIVERSITY
MEDICAL CENTER

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## GUIDELINES

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|---|---|---|---|
| **CATEGORY:** | PROFESSIONAL PRACTICE | **CODE:** | Q-20.A |
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### Reporting a Patient Death to the Coroner

1. Staff member from the units where the patient expired will contact the Coroner's Office and document the time of the call in the LLEAP post mortem flow sheet under "Coroner (within 1 hour of patient expiration).

2. Communicate to the Coroner's Dispatcher the following:
   - A patient has expired at the facility
   - Provide a call back phone number

3. When the Coroner's office calls back to obtain additional information, limit the information provided to the Coroner to the following:
   - Sex
   - DOB
   - Date and time of death
   - Attending Physician
   - If an autopsy is being considered
   - Name of social worker assigned to patient (if SW involved)
   - Cause of death (i.e., background information on the patient)

   Note: When disclosure is limited only to the information listed above, there is no need to account for the disclosure in LLEAP Quick Disclosure.

4. If the Coroner determines the patient's death is ***not*** a Coroner's Case (i.e., not a reportable death) perform the following:
   - Do not provide additional patient information to the Coroner
   - Document "No" to Coroner's case in the LLEAP post mortem flow sheet, under "Coroner (within 1 hour of patient expiration)."
   - No need to enter anything in the LLEAP Quick Disclosure.

5. If the Coroner determines the patient's death ***is*** a Coroner's Case (i.e., a reportable death) perform the following:
   - Provide, as requested by the Coroner, protected health information (PHI), including the patient's name and address.

- Document "Yes" to Coroner's case in the LLEAP post mortem flow sheet- "Coroner (within 1 hour of patient Expiration)," and fill in the rest of the section including but not limited to:
    - The reason the patient's death is a coroner's case
    - The case number provided by the Coroner
    - Instructions given by the Coroner
    - If the body was released to LLUMC
    - The Coroner's Name
- Enter in LLEAP Quick Disclosure the disclosure of PHI that was made pertaining to the Coroner's case.