
Autopsy

Coroner request

1. Print, complete and submit 1 of each of the following documents
 - a. Coroner case criteria (*page 6*)
 - b. Minnesota Pathologist Chartered Autopsy Services Information Sheet (filled out by coroner) (*page 7*)
 - c. NO consent from next of kin is necessary.
2. Coroner discusses case with on call or autopsy pathologist and submits information sheet.
3. Coroner notifies Rice switchboard of incoming body for autopsy including name, date of birth, date of death and funeral home. If coroner case is from RMH, body can be transported directly to the morgue and placed in the cooler.
4. All clothes, lines, tubes, etc should remain in place for transport.
5. Paper work should be delivered to the autopsy performing pathologist.

Family request

1. Print, complete and submit 1 of each of the following documents:
 - a. Agreement for payment for post mortem examination (*page 2*)
 - b. Authorization for Autopsy (Consent must be given by the next of kin as defined by Minnesota state law, power of attorney stops at death) (*page 3-4*)
 - c. Minnesota Pathologist Chartered Autopsy Services Information Sheet (Filled out by family or provider) (*page 7*)
2. Family discusses case with on call or autopsy pathologist.
3. Pathologist notifies Rice switch board and/or laboratory of incoming body including name, date of birth, date of death and funeral home.
4. Paper work should be delivered to the autopsy performing pathologist.

Hospital request

1. Print, complete and submit 1 of each of the following documents:
 - a. Authorization for Autopsy (Consent must be given by the next of kin as defined by Minnesota state law, power of attorney stops at death) (*page 3-4*)
 - b. Minnesota Pathologist Chartered Autopsy Services Information Sheet (Filled out by provider) (*page 7*)
2. Attending physician discusses case with on call or autopsy pathologist.
3. Pathologist notifies Rice switch board and/or laboratory of incoming body including name, date of birth, date of death and funeral home.
4. Paper work should be delivered to the autopsy performing pathologist.

✦ Care of the Body Checklist is available (*page 5*) as a resource

Rice Laboratory & Minnesota Pathologists, Chartered
301 SW Becker Ave, Willmar, MN 56201
320-231-4500 or 800-922-7423 (MN only)

**AGREEMENT FOR PAYMENT
FOR POST MORTEM EXAMINATION (AUTOPSY)**

GUIDELINES FOR COMPLETING AGREEMENT: If the family or executor of the estate is responsible for the cost of the autopsy, record the name, address and phone number of the person that should be invoiced. That person must sign the statement of agreement, and include their address for billing. **An additional form must be filled out to give permission for the autopsy ("Authorization For Autopsy").**

Introduction: We, the pathologists and staff at MPC and Carris Health-Rice Hospital, would like to extend our sympathy to you and your family at this difficult time. We hope that the post mortem examination (autopsy) can help you by answering many important questions about the cause of your relative's death or about underlying diseases that may have been present.

However, this examination is very time consuming, requiring the services of a number of people (pathologists, pathologist assistants, histotechnologists, medical technologists, and so on). It also requires the use of expensive facilities. Finally, special testing of biopsy material obtained from the autopsy may be needed, adding additional expense. Unfortunately, insurance does not cover these expenses. For this reason, we must bill you for the cost of the autopsy. Minnesota Pathologists, Chartered, will bill \$2000 which will be required prior to beginning the autopsy procedure. Payments will be accepted by certified check, valid personal check or credit card. An additionally CentraCare charge will be billed following the completion of the autopsy and this cost will depend on additional testing performed. If you agree to these proposed charges, please fill out the information below and include a check for \$2,000 payable to Minnesota Pathologist Chartered.

Authorization:

I agree to be responsible for payment for a post mortem examination of the deceased, _____ (fill in name of deceased) to Rice Laboratory and to Minnesota Pathologists, Chartered, for medical and technical/support services. I further agree to waive any right to claim for lost/damaged personal belongings* that may have been left on the deceased at time of transport and autopsy (although our staff will do our very best to assure any belongings found will be returned to you). \$2000 will be required prior to autopsy performance and a bill for the remaining charges from CentraCare will be issued following completion of the final report.

Name of authorized representative: _____
Name (Please PRINT) Relationship to Deceased

Address: _____

Phone: _____ Fax #: _____

Signature: _____ Date _____

* Personal belongings including jewelry, watches, etc. should be removed prior to transport of the deceased.

AUTHORIZATION FOR AUTOPSY

Date: _____ Time: _____

What is an autopsy?

An autopsy is a medical examination of a person's body after death which is performed by a skilled pathologist and technician who examine the body inside and out. An autopsy may answer questions about the cause of death, uncover additional unknown medical conditions, identify conditions which may be inheritable, and/or provide new medical knowledge to further improve future medical care for other patients. An autopsy will not typically delay or interfere with funeral arrangements and is not a barrier to holding a viewing. We understand that this is a difficult decision for you and your family and therefore we provide options for autopsy evaluation. This consent form allows you to choose an unlimited autopsy, provide specific limits on an autopsy, or to deny an autopsy.

Authorization and financial responsibility of autopsy:

1) County coroner requested autopsy: There are numerous situations as defined by Minnesota state statute Section 390.11, Subdivision 1, in which a death must be reported to the coroner. The coroner holds jurisdiction in these situations and determines the extent of investigation including whether or not an autopsy should be performed. Consent from the decedent's family is not necessary when an autopsy is requested by the county coroner. The county is responsible for the expense of the autopsy in this situation.

2) Hospital requested autopsy: Written consent from an authorized person must be obtained prior to an autopsy performed on a hospitalized patient whose death either does not meet criteria for a coroner case or whose death investigation has been declined by the county coroner. The authorized person begins with the next of kin. Minnesota defines next of kin to begin with the decedent's spouse and follow, in order, with adult children, parents, adult siblings, and grandparents. The hospital in which the death occurred may be responsible for the expense of the autopsy in this situation.

3) Family requested autopsy: Written consent from an authorized person must be obtained prior to an autopsy performed on a family requested autopsy on a patient whose death either does not meet criteria for a coroner case or whose death investigation has been declined by the county coroner. The authorized person begins with the next of kin. Minnesota defines next of kin to begin with the decedent's spouse and follow, in order, with adult children, parents, adult siblings, and grandparents. The family member(s) requesting the autopsy are responsible for the expense of the autopsy in this situation.


AUTHORIZATION FOR AUTOPSY:

I, _____ (name of next of kin), the _____ (relationship to the deceased) of the deceased, being entitled by law to determine the disposition of the remains, hereby authorize the pathologist of Rice Memorial Hospital, Willmar, MN, to perform an autopsy examination of the body of _____ (name of deceased). I understand that any diagnostic information gained from the autopsy will become part of the decedent's medical record.

SIGNATURE: _____ Date: _____ Time: _____

Relationship to deceased: _____

Witness: _____

 Rice Memorial Hospital
Authorization for Autopsy
12/12
8010-0339-29
Maintainer: Lab

AUTHORIZATION FOR AUTOPSY

Date: _____ Time: _____

I hereby give permission for the following type of autopsy OR deny permission for an autopsy (check only one box):

(Please ask staff to clarify any terms you do not understand. If no boxes are checked, an autopsy will not be performed.) This form does not allow the use of tissues or organs for transplantation or therapy.

UNLIMITED AUTOPSY Checking this box means that this autopsy will be used to help determine the cause of death and to obtain information that can be used to improve medical knowledge. This means that any or all organs, tissues, and fluids may be removed and examined or tested. If this box is checked, I understand that these organs, tissues, and fluids may not be returned to the body if they are needed to make an accurate diagnosis. I further understand the tissue may be used for medical education and/or research purposes.

LIMITED AUTOPSY Checking this box means that a partial autopsy will be done to help determine the cause of death. This means that organs, tissues and fluids may be removed and examined or tested but limits the examination based on your wishes. Of note, these limitations will likely hamper the interpretation of the autopsy and may result in unsatisfactory results. If this box is checked, an autopsy is allowed with the following limitations:

Options for limited autopsy:

- Exam is restricted to brain and spinal cord
- Exam is restricted to the chest and abdomen only
- Exam is restricted to the chest cavity
- Exam is restricted to the abdominal cavity
- Other: (specify) _____

Options for disposition of organs in a limited autopsy:

- Organs, tissues, and fluids may be kept for education or research purposes.
- Representative organs and tissues may be preserved for more accurate evaluation and disposed of appropriately following the release of the autopsy report.
- All organs (except tissue biopsies and fluid collections necessary to make a diagnosis) must be returned to the body.
- Other: (specify) _____

Please indicate if you would like to receive a copy of the autopsy report. Yes No

Address to be sent to: _____

PERMISSION DENIED Checking this box means an autopsy will not be performed.

Permission obtained by telephone:

The above statements were read by the person obtaining permission to the person granting permission. The person granting permission was provided the opportunity to ask questions regarding the scope and purpose of the autopsy. The undersigned listened to the conversation with the permission of the parties and affirms that the person granting permission gave consent to the autopsy as indicated above.

Witness: _____ Witness: _____



CARE OF BODY - CHECK LIST

- _____ 1. Pronounce death using 2 RN's or an RN and Physician. (See P&P Death - Care of Body). If coroners case per coroner case criteria -contact medical examiner/coroner on call at Kandiyohi County Dispatch 320-235-1260 (see P&P Medical Examiner)
- _____ 2. Call family if not in attendance and clergy if family requests.
- _____ 3. Call switchboard with time of death, name for death certificate, primary physician (natural causes) or coroner, if patient is a donor, and funeral home preference. Time _____ Initial _____ (office will call funeral home.)
- _____ 4. Notify physician if not in attendance and get order to release the body. Per RMH policy, all bodies must be released to a licensed mortician/funeral home.
- _____ 5. Notify Hospice Nurse if applicable. They may have knowledge of the funeral home, cremation, if the family wishes an autopsy or any death practices related to their culture. Contact on call person nights and weekends.
- _____ 6. Notify organ donation coordinator (1-800-24-share) within 60 minutes of death. Fill out the form completely, including reference number and name of the coordinator. (see attached form) make sure to sign the form.
- _____ 7. If the person is recognized as a donor by the donor referral center, then the donor bank will speak with the family regarding donation. Staff not to ask / discuss with family if they wish to donate until after donor bank contacts family. (See P&Ps Criteria for Brain Death and Organ/Tissue/Eye Donation)
- _____ 8. Ask the family if they wish for an autopsy. If they wish to have one done, then a request form needs to be signed by the family. All tubes are to be left in place if an autopsy is requested. (See P&P Morgue Responsibilities /Notification of Mortuary) See authorization for autopsy form. Notify lab. Body goes directly to cooler.
- _____ 9. Notify nursing home or agency where the patient may have resided of the person's death.
- _____ 10. Notify nursing supervisor after 7pm and on nights of the person's death.
- _____ 11. After the family has left, call the NST to take the body to the morgue. Document all belongings that went home with the family and what belongings went with the body to the morgue. Glasses and dentures usually accompany the body. Also document that the body went to the morgue and what funeral home the body is to be taken to.
- _____ 12. Document **actual date/time of death in discharge date/time fields** after the patient leaves the room. Patient can be kept in EMR until charting is complete (even if this occurs over the midnight hour). **Discharge date/time must be death date/time** (this may mean you are backdating/timing). If this backdating/timing does not occur (when the midnight hour is involved) the deceased patient will be charged erroneously for an additional hospital day and the date of death will be recorded wrong for the Death Certificate

**** Make sure to document in EPIC Death Navigator ****

CentraCare - Rice Memorial Hospital

Care of Body - Checklist (worksheet)

9/22

8001-0034-29

Mainkeeper: CM



| | | | |
|---------------|---------|-----------------|-------------------------------------|
| Origination | 10/2014 | Owner | Trista Hegreberg |
| Last Approved | 01/2021 | Area | Nursing |
| Effective | 01/2021 | Applicability | CentraCare - Rice Memorial Hospital |
| Last Revised | 01/2021 | Regulatory Tags | MULTIPLE DEPARTMENTS |
| Next Review | 01/2024 | | |

Medical Examiner

PURPOSE

The purpose of this procedure is to outline the process for notifying the Medical Examiner.

CentraCare adopts the following Policy/Procedure for:

CentraCare - Rice Memorial Hospital

POLICY

It is the policy of this hospital to comply with the law in reference to reporting cases to the Medical Examiner.

RESPONSIBILITIES

- A. Nursing Personnel: Report any deaths as required by policy to the Medical Examiner (coroner).
- B. Health Information Services (HIS) Personnel: Report any questionable cases to Manager-HIS (or designee) when no indication is made that Medical Examiner was notified.

PROCEDURE

- A. The Kandiyohi County Sheriff's Dispatch (320-235-1260) should be notified of all sudden or unexpected deaths and all deaths that may be due entirely or in part to

any factor other than natural disease processes for evaluation. Kandiyohi County Medical Examiner Services are provided by the Midwest Medical Examiner's Office (Ramsey, MN) and accessed by Kandiyohi County Dispatch. Sufficient information must be provided to the medical examiner. The medical examiner shall determine the extent of the investigation, including whether additional investigation is needed by the medical examiner, jurisdiction is assumed, or an autopsy will be performed, notwithstanding any other statute. Reportable deaths include, but are not limited to:

1. unnatural deaths, including violent deaths arising from homicide, suicide, accident, injury or immobility from previous trauma, drug and/or alcohol toxicity;
2. deaths due to a fire or associated with burns or chemical, electrical, or radiation injury;
3. unexplained or unexpected perinatal and postpartum maternal deaths;
4. deaths under suspicious, unusual, or unexpected circumstances;
5. deaths of persons whose bodies are to be cremated or otherwise disposed of so that the bodies will later be unavailable for examination;
6. deaths of inmates of public institutions and persons in custody of law enforcement officers who have not been hospitalized primarily for organic disease;
7. deaths that occur during, in association with, or as the result of diagnostic, therapeutic, or anesthetic procedures;
8. deaths due to culpable neglect;
9. stillbirths of 20 weeks or longer gestation unattended by a physician;
10. sudden deaths of persons not affected by recognizable disease;
11. unexpected deaths of persons notwithstanding a history of underlying disease;
12. deaths in which a fracture of a major bone such as a femur, humerus, multiple rib fractures, head injury with change in mental status, or tibia has occurred within the past six months;
13. deaths unattended by a physician occurring outside of a licensed health care facility or licensed residential hospice program;
14. deaths of persons not seen by their physician within 120 days of demise;
15. deaths of persons occurring in an emergency department;
16. stillbirths or deaths of newborn infants in which there has been maternal

use of or exposure to unprescribed controlled substances including street drugs or in which there is history or evidence of maternal trauma;

17. unexpected deaths of children; (If child is under the age of two years, the parents or guardian of the child shall be promptly notified of the availability of counseling services.)
 18. solid organ donors;
 19. unidentified bodies;
 20. skeletonized remains;
 21. deaths occurring within 24 hours of arrival at a health care facility if death is unexpected;
 22. deaths associated with the decedent's employment;
 23. deaths of nonregistered hospice patients or patients in non-licensed hospice programs; and
 24. deaths attributable to acts of terrorism;
 25. deaths due to ingestion, inhalation, injection, or dermal/exposure of any drug or chemical.
- B. Please note: In the event of a pending donor transplant, the Medical Examiner should be notified at the time the patient is declared brain-dead.
- C. Nursing personnel will notify the medical examiner (coroner) and will record in the Medical Record the following information:
1. Name of Medical Examiner contacted including date and time
 2. Time of Medical Examiner's arrival on scene (if known)
 3. Indicate when autopsy requested by Medical Examiner
 4. Disposition of body
- D. HIS personnel will check records to determine that the following information is recorded:
1. Date, time, and name of doctor pronouncing patient dead
 2. Indication that Medical Examiner was notified
 3. Indication if autopsy was ordered
 4. Disposition of body

REGULATORY CITATIONS

Facility specific, none stated

REFERENCES

This policy and procedure revises and rescinds all previous procedures.
Minnesota Statutes 2014 390.11

NOTE: The Medical Examiner or his/her designee is not required to go to the scene to perform medical examiner duties. The body may be brought to the hospital morgue.

- All MVA deaths require blood alcohol levels to be drawn from the deceased. If blood is drawn from the heart, the physician must be able to confirm that cardiac blood was aspirated and not gastric or other contents.
- Carbon monoxide levels need to be drawn on burn victims.
Per Medical Examiner on 3/2011

Organ Donation Screening Form #8010-0255-29

DISTRIBUTION

Administration
Adm. Supervisors
Nursing Units
Ambulance
HIS

Disclaimer: The policies, guidelines and procedures posted on PolicyStat or other internal storage systems are for internal use only. They may not be copied by independent companies or organizations that have access to documents, as CentraCare cannot guarantee the relevance of these documents to external entities.

Approval Signatures

| Step Description | Approver | Date |
|------------------|---|---------|
| | Kathy Dillon: CRS EXEC DIR CARRIS CNO EX | 01/2021 |
| | Trista Hegreberg: CRS EXECUTIVE ASSISTANT NE | 01/2021 |

AUTOPSY SERVICES INFORMATION SHEET

Please provide the following information for all deceased individuals referred for autopsy examination:

Name of deceased: _____ **DOB:** _____ **Sex:** M F

Time found: _____ **Location found:** _____

Time of death (if known) _____ **Marital status:** Married Widowed Single Divorced

Next of Kin: _____ **Relationship to deceased:** _____

Telephone number: _____

Coroner (only for coroner cases): _____

Telephone number: _____ **County:** _____

Circumstances of death:

Scene pictures available (only for coroner cases): Yes No **Scene pictures sent to Rice Memorial Hospital:** Yes No

Recent/past medical history available: Yes No (Please fax to 320-231-4987)

Recent/past medical history sent to RMH: Yes No

Major questions to be answered at autopsy:

Funeral home (if known): _____