



Section	Operations	Effective:	4/6/2011
Sub-section	Administrative and Management	Version:	2.0
Policy	Event of Patient Death	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	Event of Patient Death		
Approvals:	PHF Medical Practice Committee:	PHF Governing Board:	

1. **PURPOSE/SCOPE**

- 1.1. To provide guidance to staff at the Santa Barbara County Psychiatric Health Facility (hereafter, the "PHF") about what is expected of them in the event of a patient death.

2. **POLICY**

- 2.1. All deaths that occur at the PHF come under the jurisdiction of the Coroner's office.

3. **PROCEDURE**

- 3.1. In the event of a patient's death at the PHF:

1. The Team Leader will:

- a. Immediately call the County Coroner's office to notify them of the death; and
b. Notify the Santa Barbara County Department of Behavioral Wellness Director, PHF Chief Executive Officer, Medical Director, and on-call Administrator.

2. The on-call Administrator will:

- a. All patient deaths: Provide notification to the Department of Health Care Services (DHCS) utilizing the PHF 24-Hour Unusual Occurrence Report (see Attachment A); and
b. Seclusion or Restraint: Report the death to the Centers for Medicare and Medicaid Services (CMS) by:
i. Close of business the next day if the death occurs while the patient is in seclusion or restraint.

- ii. Within 24 hours after an incident of seclusion or restraint, or
- iii. Within one week after seclusion or restraint (where it is reasonable to assume that use of seclusion and restraint contributed directly or indirectly to the death).
- iv. Fax Form CMS-10455 to the CMS regional office at (443) 380-8909 to report deaths associated with the use of seclusion or restraints.

3. PHF staff will:

- a. Allow Emergency Medical Technicians (EMT) entry into the PHF to pronounce the death of the patient;
- b. Leave the body untouched unless ~~permitted to do so~~ otherwise instructed by the Coroner's ~~e~~Office.
 - i. The Coroner's ~~e~~Office is responsible for arranging for the removal of the body, notifying the next of kin when appropriate, and handling the patient's belongs (see *Patients' Person and Property* policy); and
- c. Provide the Coroner's ~~O~~office with all information needed to complete their report in order to process a written declaration of death and issue a death certificate (see *Coroner's Release of Information* policy).

4. Nursing staff will document the following in the patient's medical record and hold until necology review:

- a. Time of EMT arrival;
- b. The time of death as declared by the EMT or other ~~a~~ qualified party;
- c. Specific resuscitation measures if utilized;
- d. The body's disposition;
- e. ~~Family members~~The names and relationships to the patient of persons or agencies to whom notification of death was made ~~who were notified~~ by PHF staff¹ or the Coroner's ~~e~~Office if this information is provided to staff;
- f. The date the patient's property was release and the name of the person to whom the patient's property was released;
- g. The time and date of reporting to DHCS; and
- h. The time and date of reporting to CMS (when applicable).

~~The Program Manager, or in the absence of the Program Manager the Medical Director or Nursing Supervisor, must provide notification to the Department of Mental Health (DMH) utilizing the UOR 24 hour report line within 24 hours: 916-651-3788.~~

~~The Medical Director of the PHF psychiatric Health Facility Medical Director will in turn contact the Mental Health Services Director.~~

¹ See Departmental Policy QCM#4.024 *Supportive Services Following Beneficiary Death or Serious Injury*

~~If the death occurs while the client is in seclusion or restraint, or or occurs within 24 hours after an incident of seclusion or restraint, or within one week after seclusion or restraint (where it is reasonable to assume that use of seclusion and restraint contributed directly or indirectly the death), it will be reported no later than the close of business the next business day to the Centers for Medicare and Medicaid Services (CMS), regional office: 415-744-3679~~

~~The PHF must fax Form CMS-10455 to the CMS Regional Office at (443) 380-8909 to report deaths associated with the use of seclusion or restraints.~~

- ~~2. Documentation in the client medical record of the time and date of reporting to CMS and DMH is required.~~
- ~~3. In this County, the Sheriff is also the Coroner, and every Deputy Sheriff is a Deputy Coroner. Any death occurring at the Psychiatric Health Facility comes under the jurisdiction of the Coroner.~~
- ~~3.2. Emergency mMedical tTechnicians (EMTs) sent by the activation of the 911 system will be responsible for pronouncement of death.~~
- ~~3.3. The Santa Barbara County Coroner's Bureau coroner office will process any written declarations of death to include issuance of death certificates.~~
- ~~3.4. The Deputy Coroner should be given all of the information theyhe needs to complete theirhis report, and should have access to the patient's medical record.~~
- ~~3.5. Nursing personnel must place the call to the Santa Barbara County Sherriff immediately to notify them of any death aton the Psychiatric Health facility PHF.~~
- ~~3.6. The Deputy Coroner will arrange for the removal of the body, notify the rest of the kin if they are not already aware, and take charge of the patient's belongings. (Have officer sign Property Sheet).~~
- ~~3.7. PHF staff willDo not touch the body or remove any tubing, etc. without first obtaining permission from the Deputy Coroner.~~
 - ~~— The nursing notes should include:~~
 - ~~— The time respiration ceased;~~
 - ~~— Which specific measures regarding resuscitation were attempted (include all measures taken);~~
 - ~~— The time of emergency medical services (E-EMS) arrival;~~
 - ~~— which member of the family was notified by the sheriff;~~
 - ~~— The disposition of the body;~~
 - ~~— The property; and~~
 - ~~1. The valuables.~~
- ~~3.8. The patient's medical record should be held until necrology review.~~

ASSISTANCE[PHF Clinical Director](#)[PHF Administrative Liaison](#)**REFERENCE**[Code of Federal Regulations
Title 45 Section 164.512\(a\)](#)[California Federal Regulation
Title 42 Section 482.132\(g\)](#)[Health & Safety Code Section 102850](#)[Government Code Section 27491](#)[Welfare & Institutions Code Section 5328.1](#)[California Hospital Association, "Mental Health Law Manual: A handbook on laws governing mental health treatment," September 2019, 13th Edition](#)**ATTACHMENTS**[Attachment A – PHF 24-Hour Unusual Occurrence Report](#)**RELATED POLICIES**[Patients' Person and Property](#)[Coroner's Release of Information](#)[Supportive Services Following Beneficiary Death or Serious Injury](#)**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
DRAFT	2.0	<ul style="list-style-type: none"> • Added purpose • Rewrote some of the procedures • Added new assistance, references, and related policies

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

DRAFT

PHF 24-Hour UNUSUAL OCCURRENCE REPORT

Name/Title of Person Submitting Report:		Phone Number:		
Name of Facility:		Facility License Number:	Facility Telephone:	
Facility Address:		City, State, Zip Code:		
Name of Patient:	DOB:	Sex:	County of Origin:	County Contact:
Description of Unusual Occurrence: <i>Description includes detailed information, including DATE, TIME, SETTING, DESCRIPTION OF PATIENT PHYSICAL CONDITION, STAFF RESPONSE, PLANNED FOLLOW-UP</i>				
Date of Occurrence:	Time of Occurrence:	Setting/Location:		
REQUIRED REPORTING PER TITLE 22, Article 1, Section 77036 (a) (1)-(9); and Article 4, Section 77127 (a) (8) and Section 77137 (a) – (f) Welfare & Institutions Code 5751.7 PLEASE CHECK OFF INCIDENT CATEGORY BELOW				
<input type="checkbox"/> Epidemic Outbreaks				
<input type="checkbox"/> Poisonings				
<input type="checkbox"/> Fires or Explosions occurring in or on the premises				
<input type="checkbox"/> Serious/major physical injury requiring medical care by a physician				
<input type="checkbox"/> Death of a patient, employee, or visitor from unnatural causes				
<input type="checkbox"/> Patient abuse				
<input type="checkbox"/> Sexual acts involving patients who are non-consenting (e.g. patient to patient rape, or staff to patient sexual touching. "Non-consenting" may apply to incidents wherein the alleged perpetrator is a staff person or another patient).				
<input type="checkbox"/> Physical assaults (i.e. "battery") on patients, employees or visitors resulting in serious injuries , (e.g., fractured or broken bones, sutures, surgery) AND requiring medical treatment by a physician.				
<input type="checkbox"/> Actual or threatened walkout, or other curtailment of services or interruption of essential services provided by the facility.				
<input type="checkbox"/> Admission of a patient where an injury or condition appears to be the result of neglect or abuse based on the facility physician's assessment.				
<input type="checkbox"/> All suspected criminal acts in or on the premises by or against patients, employees or visitors				
Other serious conditions, events, catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, employees or visitors while in the facility, including but not limited to the following:				
<input type="checkbox"/> Seclusion/Restraint resulting in or related to death or serious injury to a patient, (e.g., fractured or broken bones, sutures, surgery).				
<input type="checkbox"/> Significant medication error resulting in serious adverse outcomes (e.g., toxicity, serious allergic reaction, ER transfer, death).				
<input type="checkbox"/> Attempted suicide with serious consequences / outcomes, (e.g., fractured or broken bones, sutures, loss of major body function, surgery).				
<input type="checkbox"/> Transfer to a hospital for serious and emergent medical situation as a result of the services, treatment, (or a lack thereof), and/or lack of supervision provided by the psychiatric facility.				
<input type="checkbox"/> AWOLS with serious consequences (e.g., serious injuries or death)				
<input type="checkbox"/> Self-Harm with serious consequences (e.g., serious injuries or death)				
<input type="checkbox"/> Minor on treatment ward with adult in custody of any jailor for a violent crime, is a known sex offender, or has Hx of inappropriate/violent behavior (W&I Code 5751.7).				
<input type="checkbox"/> OTHER:				

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Reference Info from Page 1:	Facility:	Patient Name:	
	Date of Occurrence:	Time of Occurrence:	
UNUSUAL OCCURRENCE NARRATIVE DESCRIPTION			
FACILITY FINDINGS AND PLANNED FOLLOW-UP			
Report Submitted By:		Contact Phone #:	
Name:	Title:	Date:	
Agencies/Individuals Notified (Specify Name, Telephone Number, FAX)			
ENTITY	TELEPHONE	FAX/E-MAIL	
California Department of Health Care Services Mental Health Services Licensing and Certification Section P.O. Box 997413, MS 2800 Sacramento, CA 95899-7413	Questions: (916) 323-1864 24-Hour UOR Report Line: (916) 327-8378	Fax: (916) 440-5600 E-Mail: MHUOR@dhcs.ca.gov	
County Mental Health Director (Placing/Host):			
Conservator:			
Relative(s):			
Other (specify):			

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