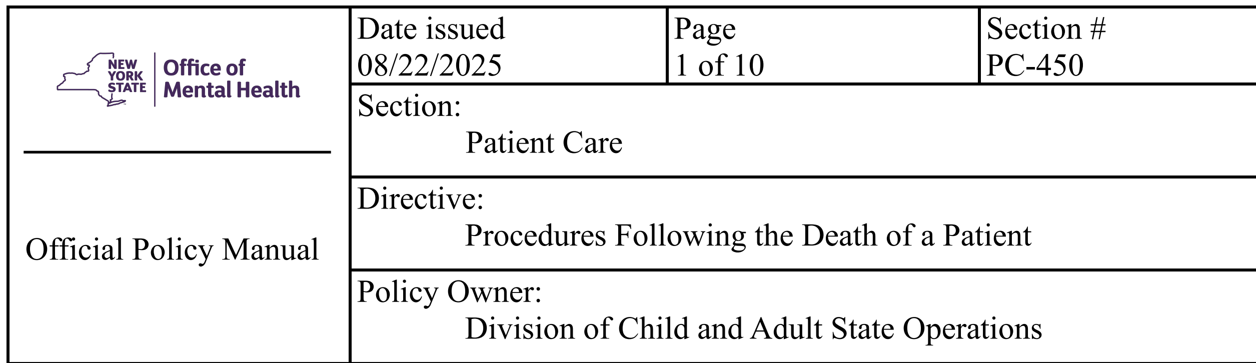

Office of Mental Health Official Policy Manual	Date issued 08/22/2025	Page 1 of 10	Section # PC-450
	Section: Patient Care		
	Directive: Procedures Following the Death of a Patient		
	Policy Owner: Division of Child and Adult State Operations		

A. Policy Statement

The death of an individual served by a State-operated facility can be challenging for the individual's family and friends, as well as staff. The Office of Mental Health (OMH) seeks to ensure the deaths of individuals served by State-operated facilities are treated with dignity, care, and sensitivity in line with the individual's expectations, while adhering to relevant standards, regulations, and statutes, and appropriately supporting those close to the deceased.

B. Purpose

The purpose of this policy directive is to outline the steps to be taken in the event of the death of an individual served by a State-operated facility, including ensuring that notification as well as required reporting, assessment, and documentation are completed in a timely manner.

C. Applicability

This policy directive is applicable to State-operated facilities including inpatient, outpatient, and State-operated residential programs. This also applies to State-operated secure treatment facilities such as the Secure Treatment and Rehabilitation Center (STARC).

D. Relevant Statutes and Standards

Public Health Law Articles 41, 42, 43, and 43A
County Law Article 17A
County Law Section 939
Mental Hygiene Law Section 29.29, 33.13, 33.16, and 33.23
Executive Law Section 557
Social Service Law 141
14 NYCRR Part 524 Incident Management
OMH Official Policy Directive OM-410 – Response to Traumatic Events
OMH Official Policy Directive QA-510 – Incident Reporting and Investigation
OMH Official Policy Directive QA-530 – Reporting Requirements for Events which May Be Crimes
OMH Official Policy Directive QA-535 – Sentinel Events
OMH Official Policy Directive PC-701 – Seclusion and Restraint
OMH Administrative Support Procedure Manual 03.07.01 – Funeral and Burial Expenses
42 U.S.C. Part 482
45 C.F.R. Parts 160, 164. 482, and 486

E. Definitions

1. Federally designated Organ Procurement Organization (OPO) means an organization, designated by the Department of Health and Human Services, that performs or coordinates the performance of retrieving, preserving, and transporting organs and maintains a system of locating prospective recipients for available organs. For more information access the web site https://www.organdonor.gov.

2) Friend means any person who, prior to the decedent's death, maintained such regular contact with the decedent as to be familiar with their activities, health, and religious beliefs, and who provides an affidavit stating the facts and circumstances upon which the claim they are a friend is based.

3) Qualified person means a parent, spouse, adult child, adult sibling, or court-appointed legal guardian or committee, as per Mental Hygiene Law Section 33.16.

4) Next of kin means the first living survivor highest on the following list:

   a) Decedent's surviving spouse or domestic partner;

   b) If there is no spouse or domestic partner, then the children over the age of 18, including those by prior marriage;

   c) If there are no children over the age of 18, then the parents of the decedent;

   d) If there are no parents, then the siblings over the age of 18 of the decedent; or

   e) If there are no siblings, then the appointed legal guardian of the decedent.

F. Body of Directive

This policy directive consists of nine components:

1) Immediate Action to Be Taken in the Event of a Death
2) Notification Requirements
3) Autopsies
4) Organ and Tissue Procurement
5) Burial and Cremation Arrangements
6) Death Certificate
7) Financial Affairs
8) Mortality Review Committee
9) Support and Memorial Services

1) Immediate Action to Be Taken in the Event of a Death

Note: If there is any question or doubt that an identified individual is dead, staff should assume the person is alive and should activate the Emergency Medical Services System as per OMH Official Policy Directive PC-605.

(a) Upon the discovery of an individual who may have expired at a facility, facility staff shall immediately notify the attending/covering physician or nurse practitioner, Risk Management and other appropriate staff, including the chaplain. In the event it appears that the death may have occurred in the context of a homicide or other crime, local law enforcement shall be notified, in accordance with OMH Official Policy Directive QA 530 (Reporting Requirements for Events Which May Be Crimes). The scene should be secured and evidence preserved in accordance with OMH Official Policy Directive QA-510 (Incident Reporting and Investigation).

(b) The notified attending and/or covering physician or nurse practitioner shall:

i. report immediately to the unit/program where the death occurred if not already on site;

ii. examine the body and document its condition;

iii. activate the Emergency Medical Services System (EMSS) and begin resuscitation if the person is not dead, as per OMH Official Policy Directive PC-605;

iv. determine and pronounce the individual as expired as appropriate; and

v. identify any communicable diseases or other precautions that should be communicated to facility staff, the coroner or medical examiner, governmental agencies, the funeral director or undertaker, or other persons known to the facility to be responsible for transportation and/or custody of the body.

(c) Facility staff shall attempt to determine whether the deceased individual has agreed to make an anatomical gift of organs or tissue from the medical record and from review of the anatomical gift section of the individual's legal state or New York City identification card, if available. Information obtained or lack thereof shall be shared with attending/covering physician or nurse practitioner, Risk Management and other appropriate staff.

2) Notification Requirements

The following actions and notifications must be undertaken by staff in the event of the death of an individual served by a State-operated facility:

(a) Notification of next of kin, Qualified Persons or others identified by the individual though their advanced directives/preferences where applicable.

i. In the event the death occurs at the facility itself, staff shall identify next of kin, qualified persons and others identified by the individual, to be notified, in accordance with instructions previously authorized by the decedent and as required by Mental Health Law 33.23, Public Health Law 4201, and 14 NYCRR Part 524.

ii. Additionally, staff shall contact such next of kin and qualified persons. Notification of should occur within 24 hours after initial report of the death. Whenever possible, contact should be initiated verbally by telephone. In cases where telephone contact cannot be made, contact may be initiated by electronic mail, if available, or written notification by United States Postal Service Priority Mail Express®. Any written notification or telephone message left for the next of kin or qualified person should be limited to a request for that person to contact the facility as soon as possible, and should not reveal the death. Names and telephone numbers of contact staff at the facility should be included in any such communication. Whenever possible, information regarding the death should be provided in person. However delivered, factual information should be conveyed in plain language and with sensitivity and compassion.

When advising next of kin or interested parties and qualified persons of a death, staff shall convey:

(1) condolences;

(2) information concerning time, place, and probable cause of death;

(3) location of the deceased's body; and

(4) the statement: "We are required to report this death to an Organ Procurement Organization. They may contact you."

iii. Staff shall determine the wishes of the next of kin concerning funeral arrangements.

iv. All notifications made to next of kin or interested parties should be documented, along with the time and date of notification, in the medical record.

v. Subsequent to the initial notification of next of kin or interested parties, staff shall prepare an individualized sympathy letter for signature by the facility's Executive Director which expresses the condolences of both the Commissioner and facility staff.

vi. If the individual expires at an outside general hospital, the facility shall ensure that the next of kin and qualified persons have been contacted and advised of the place of death so that arrangements can be made with the general hospital. If the general hospital notifies OMH facility staff of a death and advises OMH facility staff that they have already contacted next of kin or interested parties, OMH facility staff

should make a follow-up telephone call as appropriate to express condolences and assure that arrangements have been made regarding the body.

vii. If facility staff are advised by parties other than a general hospital that an individual has expired outside the facility, facility staff should make appropriate efforts to verify the death of the individual, ensure that notification of next of kin or qualified persons has occurred, and complete established procedures for discharge of the individual from facility services.

viii. If an autopsy is required by law (as described in Section F. 3) of this policy directive facility staff as designated by the facility's Executive Director shall explain the reasons for the autopsy to the next of kin. If an autopsy is not required by law but is desired by the facility, designated staff shall explain the reasons and attempt to obtain authorization for the autopsy from the next of kin. Such authorization shall be in writing and shall specify the purpose and extent of the autopsy. The next of kin shall have 24 hours after notification or 48 hours after the death to object to autopsy as requested by the facility's Executive Director or designee (e.g., Clinical Director, Administrator on Call, Director of Medicine).

(b) Notification of Authorized Agencies

i. The following shall be notified of all deaths of individuals served by an OMH facility as per OMH Policy Directive QA-510:

(1) The OMH Office of Quality Improvement, which shall determine if additional reporting is needed as per OMH Policy Directive QA-535 for sentinel events;

(2) The appropriate Office of Medical Examiner or Coroner's Office;

(3) The New York State Incident Management and Reporting System (NIMRS);

(4) The Justice Center for the Protection of People with Special Needs; and

(5) The Federally designated organ procurement organization, as per Section 4) below.

ii. If a crime may have been involved with the death, appropriate law enforcement agencies shall be notified as required by OMH Policy Directive QA-530.

iii. If the death involves abuse or neglect, the OMH Board of Visitors, Mental Hygiene Legal Service, and/or the New York Statewide Central Register of Child Abuse and Maltreatment, as per OMH Policy Directives QA-510 and QA-515.

iv. If a death occurs during a restraint or seclusion, or where it is reasonable to assume that the death is a result of restraint or seclusion, then the Center for Medicare and

Medicaid Services must be notified within 24 hours as outlined in OMH Policy Directive PC-701 and the OMH Manual to Supplement Policy Section PC-701.

v. If a death occurs that may have involved a serious adverse drug reaction, the Food and Drug Administration and relevant OMH pharmacy and therapeutics committee(s) shall be notified as per OMH Policy Directive QA-510.

3) Autopsies

(a) A Coroner or Medical Examiner has jurisdiction and authority to investigate the death of every person dying within his or her county, or whose body is found within the county, which is or appears to be:

i. a violent death, whether by criminal violence, suicide, or casualty;

ii. a death caused by an unlawful act or criminal neglect;

iii. a death occurring in a suspicious, unusual, or unexplained manner;

iv. a death while unattended by a physician, so far as can be discovered, or where no physician is able to certify the cause of death as provided in the Public Health Law and in the form as prescribed by the Commissioner of Health; or

v. a death of an individual confined in a public institution other than a hospital, infirmary, or nursing home, including deaths of State psychiatric center inpatients and residents of OMH-operated residential programs or secure treatment facilities.

(b) Upon the death of an individual served by an OMH facility or an OMH-operated residence, facility staff should attempt to identify if the individual is in possession of a 2x3 inch card declining autopsy, as defined in Public Health Law 4209-a.

(c) The next of kin, qualified person, and/or identified friend of the decedent shall be informed that OMH is required by law to report all deaths to the Office of the Medical Examiner or the Coroner's Office. Further, it must be explained that the wishes of the next of kin or friend regarding an autopsy will be communicated to the Medical Examiner or Coroner and that their wishes not to have an autopsy conducted on the basis of religious beliefs may be honored, pursuant to Section 4210-c of the Public Health Law. Coroners or medical examiners can perform autopsies over the objection of next of kin in the case of a homicide, an immediate and substantial threat to the public health, or a court order, and must notify next of kin or friend and must wait 48 hours to proceed.

(d) The Executive Director of an OMH facility, under advisement from medical staff of the facility, may order the performance of an autopsy after notification to the next of kin or identified friend, unless the next of kin objects to the autopsy within 48 hours after the death or 24 hours after the notification of the death.

(e) Next of kin can request an autopsy to be conducted. If an autopsy is requested by the next of kin, consent must be obtained with a witness present, and the consent should be documented in the medical record.

(f) When communicating with the Medical Examiner or Coroner to report a death:

i. the circumstances regarding the death should be discussed; and

ii. the request by the decedent, the next of kin, or the friend for, or objection to, autopsy for religious, cultural, or other reasons should be communicated.

(g) If after consideration of the circumstances of death and the wishes of the next of kin, the Office of the Medical Examiner or the Coroner's Office does decide that the death is a Medical Examiner's or Coroner's case and an autopsy is indicated, the Office of the Medical Examiner or Coroner will be responsible for completing the Certificate of Death.

4) Organ and Tissue Procurement

(a) Upon the death of an individual served by the facility within the facility, the federally designated Organ Procurement Organization (OPO), or a third party designated by the OPO, shall be notified as soon as possible, and no later than one hour after the death. This requirement does not apply to outpatient or residential programs.

(b) The facility shall have a written protocol that incorporates an agreement with an OPO under which it must notify the OPO, or a third party designated by the OPO, of individuals whose death is imminent or who have died. The OPO determines medical suitability for organ donation. The facility must have an agreement with at least one tissue bank and at least one eye bank to cooperate in the donation of tissue and eyes. If the facility has an agreement with an OPO that also provides tissue and eye services, it is not necessary for the hospital to have a separate agreement with another eye/tissue bank, provided the facility can ensure that all useable tissues and eyes are recovered.

(c) When contacting the next-of-kin, staff shall state that, "We are required to report this death to an Organ Procurement Organization. They may contact you." **Only a representative of the OPO or a State licensed eye or tissue bank, or an individual trained by the OPO, is authorized to conduct the donation request.**

(d) The release of the body of the decedent to a funeral home must be coordinated with the appropriate OPO. The body shall not be released until either:

i. the OPO has informed the facility that the body is not a candidate for tissue donation;

ii. the OPO has informed the facility that there is no acceptable prior authorization or the next of kin has declined donation; or

iii. the OPO has informed the facility that appropriate authorization or consent has been received and the decedent will be transported to a facility for tissue procurement.

(e) Facilities, along with the Office of Mental Health, can enter into agreements with other institutions for the donation of organs or tissue. These agreements require notification as well as signed and witnessed consent from next of kin. The agreement should provide details about the purpose of the use of donated organs or tissues, the rights maintained by next of kin, and processes and procedures involved in the custody of the deceased. If next of kin decline participation in this agreement, procedures otherwise outlined in this policy directive will be maintained. This provision does not replace the above requirement for a facility to also maintain a written agreement with an OPO.

5) Burial and Cremation Arrangements

(a) The facility shall review the medical record for information on pre-paid or otherwise planned funeral arrangements.

(b) The next-of-kin must be contacted to confirm and facilitate funeral arrangements and may claim the body of the decedent within 48 hours of death or 24 hours after notification of death. In the counties of Oneida, Onondaga, Oswego, Madison, and Cortland, a friend of the decedent may also claim the body of the decedent.

(c) The body of the deceased must be appropriately prepared for transportation to the funeral home.

(d) For unclaimed bodies, bodies of indigent individuals, or at the request of the next of kin, the facility shall arrange for a funeral and burial at state expense in accordance with OMH Administrative Support Procedure Manual 03.07.01 – Funeral and Burial Expenses. The facility is permitted to disclose individually identifiable health information to funeral homes to the extent minimally necessary as needed to conduct their duties with respect to the deceased.

(e) Funerals and burials shall be conducted pursuant to the decedent's religious beliefs, to the extent that they are known.

6) Death Certificate

The facility shall obtain and retain a copy of the completed New York State Certificate of Death, provided, however, that such document shall not be considered part of the Legal Medical Record.

7) Financial Affairs

The OMH Office of Patient Resources and the Business Office must be notified of the death in order to carry out their respective responsibilities regarding issues involved with payments for funerals, notifications to paying agencies, and resolving other outstanding financial

matters.

8) Mortality Review Committee

(a) Facilities must establish an interdisciplinary Mortality Review Committee to clinically evaluate all deaths of individuals served by the facility. The leadership, membership, and components of this committee should be outlined in the facility's Medical Staff Organization (MSO) Bylaws.

(b) The Committee must designate two members of the Medical Staff Organization not involved in the incident to perform a preliminary review of deaths to identify those in which the cause of death was clear and expected. This may include, but is not limited to:

i. Decedents who had a known status of "do not resuscitate" or "do not intubate" at time of death; or

ii. Deceased individuals who were receiving hospice care at time of death; or

iii. Deceased individuals with known diagnosis of end-stage disease and for whom treatment options (e.g., dialysis, transplant) were not available options.

(c) If these two members concur that the death was clear and expected, further review is not necessary and this determination should be conveyed to the OMH Bureau of Health Services, the facility's Clinical Director, and the facility's Director of Quality Management (or designee).

(d) If these two individual do not concur, or concur that the cause of death is unknown or warrants further explanation, the case will be referred to the full Mortality Review Committee for review.

(e) Full reviews of deaths by the Mortality Review Committee are intended to identify the clinical elements that led to the death. The Mortality Review Committee's review is not intended to conclusively determine cause of death or to perform root cause analysis. Full Mortality Review Committee reviews should include, at minimum:

i. A review of the individual's history, including pre-existing psychiatric and medical diagnoses;

ii. Medications and treatments prescribed to the individual at the time of death**;**

iii. Known or observed events immediately prior to the death, if available;

iv. Social determinants of health that may have contributed to the death; and

v. Conclusions regarding clinical factors that led to the death and recommendations for systemic changes.

(f) Full reviews of deaths, including minutes from the associated Mortality Review Committee meetings, should be provided to the Bureau of Health Services, the facility's Director of Quality Management (or designee), and the facility's Medical Staff Executive Committee (MSEC) for review and approval within 30 days of the death. If the death was identified as a sentinel event, these reports should also be provided to the OMH Office of Quality Improvement.

9) Support and Memorial Services

The death of an individual served by an OMH facility may have a significant effect on staff and individuals in care, including those that may have been traumatized by the death or saddened by the loss. The facility's Executive Director or designee should ensure support is offered consistent with OMH Official Policy directive OM-410 (Response to Traumatic Events) as necessary and appropriate, including support to engage in memorial services or activities as safe and appropriate.