

Medical Disclaimer

Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children’s Hospital and Health System, Inc. nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information. Readers are encouraged to confirm the information contained in this work with other sources.

**Children’s Hospital and Health System
Patient Care Policy and Procedure**

This policy applies to the following entity(s):

- Milwaukee Hospital

SUBJECT: Care of a Dying Patient

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Bereavement Program

- The Bereavement Program at Children's Wisconsin provides materials and services for staff and for families dealing with the end of life of a child or who have experienced the death of a child.
 - Overview of bereavement services:
 - **Within the first three weeks after the death:**
 - i. The hospital Bereavement Coordinator provides an acknowledgement of death through an initial bereavement package
 - ii. Personal introduction of services and follow-up plan are identified with the family
 - **Ongoing:**
 - i. Acknowledgement of grief through cards and mailings
 - ii. Literature available on grief and loss, explaining death to children
 - iii. Normalizing of grief process through individual contact
 - iv. Referrals to appropriate community services

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Care of a Dying Patient and Disposition of a Body/ Medical Director Palliative Care Team, Director Clinical Systems, Patient Care Services Supervisor – Clinical Resource Unit



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- v. Invitation to CW support group programming, workshops, events and annual memorial program
- **Bereavement Folders:**
 - i. Folders can be provided to the family with memory items prior to leaving the premises
 - ii. Bereavement folders are contained in the Deceased Patient Packet, which can be obtained from Distribution.
 - iii. All contents of the folder should remain in the folder. Exception: if plaster molds were **not** made for the family - remove the Memory Making Mold Family Letter
 - iv. All memory items should be given directly to the family or the Bereavement Coordinator for distribution to the family
- **Staff Support:**
 - i. Guidelines for supporting staff members caring for a dying patient.
 - ii. Consider contacting the Critical Incident Stress Management team at (414) 266-2662. All messages are confidential and can be left by any staff member.
 - CISM Brochure
 - CW P&P: CISM: utilization of the team (CISM: Critical Incident Stress Management)

REFERENCES

1997 Wisconsin (WI) Act 305

WI Statute 146.71

WI Statute Chapter 979, (Investigation of Deaths)

WI Statute 69.18

- Morris, Sue E. and Block, Susan D. 2015. *Adding Value to Palliative Care Services: The Development of an Institutional Bereavement Program*. Journal of Palliative Medicine. Volume 18, Number 11. DOI: 10.1089/jpm.2015.0080.

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Milwaukee Medical Executive Committee August 30, 2021

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ADDENDUM A

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NOTICE OF REMOVAL OF A HUMAN CORPSE FROM A FACILITY
Hospital / Nursing Home / Hospice Care

Items 1-31 of Part 1 and all items in Part 2 to be completed by the facility or hospice administrator (or a designee).
Items 32-38 to be completed by a Wisconsin licensed funeral director, coroner/medical examiner, or family member.

TYPE OR PRINT IN PERMANENT BLACK INK ONLY

1. DECEDENT'S CURRENT LEGAL NAME - First				Middle	Last	Suffix
AKA:						
2. SEX	3. AGE AT DEATH	Years <input type="checkbox"/> Hours <input type="checkbox"/> Months <input type="checkbox"/> Mins <input type="checkbox"/> Days <input type="checkbox"/> Stillbirth <input type="checkbox"/>	4. SOCIAL SECURITY NUMBER	5. DATE PRONOUNCED DEAD	6. TIME PRONOUNCED DEAD (0000-2359)	
7. DEATH PRONOUNCED BY (Only professions listed may pronounce death. Check only one.) <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Coroner/M.E. <input type="checkbox"/> Deputy Coroner/M.E. <input type="checkbox"/> Hospice R.N. (ONLY if 9 is Yes)				8. PRONOUNCER'S NAME		
9. HOSPICE RESPONSIBLE FOR CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			10. HOSPICE NAME			
11. HOSPITAL DEATH (Includes hospice patients) <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA from NH <input type="checkbox"/> DOA from Other <input type="checkbox"/> Outpatient <input type="checkbox"/> ER from NH <input type="checkbox"/> ER from Other			12. OTHER PLACE OF DEATH (Complete this item if the death did not occur at a hospital. Includes hospice patients) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice Facility <input type="checkbox"/> CBRF <input type="checkbox"/> Residence Care Apt (RCAC) <input type="checkbox"/> Adult Family Home (AFH) <input type="checkbox"/> Other			
13. FACILITY NAME (if applicable) Children's Hospital of Wisconsin			14. COUNTY OF DEATH Milwaukee	15. CITY, VILLAGE, OR TOWNSHIP OF DEATH Wauwatosa <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		
16. ADDRESS OF DEATH 8915 W. Connell Ct.					17. ZIP CODE 53226	
18. MEDICAL CERTIFIER INFORMATION <input type="checkbox"/> PHYSICIAN LICENSE # _____ Physician with a valid Wisconsin physician license (not 1 st year resident) Physician with a temporary Wisconsin physician license Other licensed physician working in a Veteran's Hospital <input type="checkbox"/> WISCONSIN CORONER/M.E. or DEPUTY CORONER/M.E.			19. CERTIFIER'S NAME & TITLE - death certificate to be signed by:			
			20. CERTIFIER'S PHONE NUMBER		21. CERTIFIER'S FAX NUMBER	
22. CERTIFIER'S FACILITY NAME			23. CERTIFIER'S MAILING ADDRESS			
24. ALTERNATE CERTIFIER'S NAME			25. ALT. PHONE NUMBER		26. ALT. FAX NUMBER	
COMMUNICABLE DISEASE ALERT: See PART 2 - PART 2 MUST be completed even if the decedent has none of the conditions listed In accordance with Wis. Stat. s. 69.18(3)(g) and Administrative Rule DHS 135.04(3), the facility or hospice must complete Part 2 of this form at the time the body is removed from their facility. Part 2 of this form is to be completed and GIVEN TO THE PERSON REMOVING THE BODY AT THE TIME THE BODY IS REMOVED. Part 2 of this form is NOT to be transmitted to the local vital records office.						
REPORTABLE DEATHS (Per Wis. Stats. ss.30.67, 69.18, 157, 346.71, 350, and 979) Prior to removal and embalming of body, you MUST notify the coroner or medical examiner if any of the following circumstances regarding the decedent's death apply: all homicides, suicides, or poisonings, all deaths following an accident/injury (includes any type of injury that occurred at any time if the injury significantly affected the health of the decedent), all deaths following an abortion procedure, all deaths involving a motor vehicle (includes snowmobiles, ATVs, boats, etc), all deaths with no physician or spiritual healer in attendance within 30 days, all deaths of correctional inmates, when the physician refuses to sign the death certificate, all deaths in which there are unexplained, unusual, or suspicious circumstances, all sudden deaths and all deaths reportable under county policies.						
27. NOTIFICATION OF THE CORONER/MEDICAL EXAMINER REQUIRED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				28. STATE & COUNTY OF INCIDENT (required if 27 is Yes)		
(This form does NOT constitute notification of the Coroner or Medical Examiner)						
29. NAME OF STAFF PERSON COMPLETING THIS SECTION			30. SIGNATURE OF PERSON COMPLETING THIS SECTION		31. PHONE NUMBER	
32. STATUS OF PERSON REMOVING BODY (Check one) <input type="checkbox"/> Wisconsin Licensed Funeral Home Representative <input type="checkbox"/> Coroner/M.E. (pursuant to a death investigation per ss. 979.01 and 979.10, Wis. Stats., for body storage or disposition) <input type="checkbox"/> Family Disposition (Per Wisconsin Statutes section 69.18, an immediate family member removing a body must personally conduct the final disposition and is responsible for the preparation of the Notice of Removal and the preparation and filing of the Report for Final Disposition and Death Certificate)						
33. FUNERAL DIRECTOR'S NAME & WI LICENSE NUMBER (or person acting as such)						
34. FUNERAL HOME NAME (if applicable)			35. MAILING ADDRESS OF FUNERAL HOME (or of person acting as such)			
36. SIGNATURE - FUNERAL DIRECTOR (or person acting as such)				37. DATE SIGNED		38. PHONE NUMBER
IMPORTANT NOTES						
<ul style="list-style-type: none"> The facility/hospice MUST send this form to the local registrar (Register of Deeds or Milwaukee City Health Office or West Allis City Health Office) within 24 hours of death (Wis. Stat. s. 69.18). The facility/hospice should keep one copy of the form for the medical chart. The funeral director (or other person removing the body) also requires a copy. For hospice deaths, the funeral director may fax the Notice of Removal to the hospice organization for filing. See instructions on time extension. This form is not required for stillborns, but may be used to document release of the remains. Hospital staff and funeral directors must verify the actual legal status of the neonate (liveborn or stillborn) before removal of the body to insure legal documentation of the event. Hospice R.N.s may only pronounce death under conditions specified in Wis. Stat. s. 69.18(1)(cm). For anticipated deaths of enrolled hospice patients. Each Coroner/M.E. has county-specific written policies on reporting deaths. Reporting nonhospital/nursing home deaths (including deaths under hospice care) may still be mandatory [Wis. Stats. ss.979.01, 979.10, and 69.18(2), and/or DHS Administrative Rule 135.08]. 						

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NOTICE OF REMOVAL OF A HUMAN CORPSE FROM A FACILITY INSTRUCTIONS FOR COMPLETING PART 1

The facility or hospice agency must send this document to the local vital records office in the first available mail delivery (or by fax if the local vital records registrar allow faxing of this document). Home hospice deaths may require additional time to convey the Notice of Removal from the funeral director to the hospice agency before filing, but should not delay the filing by more than 2 days. Failure to comply with filing requirements for this document could result in fine of not more than \$1,000 or imprisonment for 90 days or both [s. 69.24 (2)(d), Wis. Stats.]

1. NAME OF DECEASED

Print the decedent's first, middle, and last name. Print the decedent's suffix, if applicable.

2. SEX

Indicate male, female or unknown to designate the decedent's sex.

3. AGE

Enter the decedent's age. If the decedent was a stillborn, check the "Stillbirth" box and complete the form for use by the hospital and the person removing the body. For a stillborn, the form should not be filed with the local registrar.

4. SOCIAL SECURITY NUMBER

Enter the decedent's social security number. This information is required to complete the death certificate.

5. DATE PRONOUNCED DEAD

Enter the date the decedent was legally pronounced dead. Use alpha characters for the month (example: May 1, 2005, NOT 5/1/2005).

6. TIME PRONOUNCED DEAD

Enter the hour and minute in military time (0000-2359) that the decedent was legally pronounced dead.

7-8. DEATH PRONOUNCED BY / PRONOUNCER'S NAME

Check the appropriate box. Only persons in the professions listed may legally pronounce death in Wisconsin [per Wis. Stat. s. 69.01(6g)].

Paramedics, E.M.T.s, L.P.N.s and physician assistants cannot pronounce death. A R.N. may only pronounce death if the R.N. is employed by a hospice agency, the decedent is enrolled in hospice, and the decedent was under the care of a physician at the time of death. Enter the first and last name of the person who pronounced death.

9-10. HOSPICE RESPONSIBLE FOR CARE? / HOSPICE NAME

Check the appropriate box and if hospice was responsible for care, enter the name of the hospice in item 10. Services provided by a hospital, long-term care facility, outpatient surgical center or home health agency do not constitute a hospice program of care unless that entity establishes a free-standing or distinct hospice unit within the medical facility, or has a distinct hospice program including staff, facility and services certified under DHS s. 105.50 to provide hospice care. If "Hospice Responsible for Care" box is "YES", the hospice agency must file the Notice of Removal.

11. HOSPITAL DEATH

If the death occurred in a hospital (even if hospice was responsible for care or if the decedent was DOA at the hospital), check the appropriate box to designate the decedent's patient status at the time of death.

12. OTHER PLACE OF DEATH

(Note: This form is not required for deaths occurring at a private residence, a CBRF, a RCAC or an AFH unless the patient was under hospice care.) Check the appropriate box indicating the category of place of death for the decedent. Check "Other" if the death occurred in someone's house or apartment where the decedent did NOT reside. For reporting purposes, an unlicensed assisted living center is considered a residence. Check "CBRF" if the patient died at a licensed community-based residential facility (a CBRF can be a licensed assisted living center or group home). Check "Hospice Facility" only when the death occurred in a stand-alone hospice facility. Check "Other" if the death occurred in some other category of place of death.

13. FACILITY NAME

If the death occurred in a hospital, nursing home or a stand-alone hospice facility, list the name of the facility in 13. If the death occurred at any other place, leave this item blank.

14-17. COUNTY OF DEATH / CITY, VILLAGE OR TOWNSHIP OF DEATH / ADDRESS WHERE DEATH OCCURRED/ ZIP CODE

List the county, city village or township, address and zip code where the decedent was pronounced dead. Do not enter the corporate address of a hospice unless the death occurred there.

18. MEDICAL CERTIFIER INFORMATION

Check the appropriate box for the type of medical certifier that is expected to sign the death certificate.

19-23. CERTIFIER'S NAME AND TITLE / CERTIFIER'S PHONE/FAX NUMBER / CERTIFIER'S FACILITY NAME/CERTIFIER'S MAILING ADDRESS

Enter the name and title of the person expected to sign the death certificate. Then enter the expected certifier's phone / fax number, the facility they are associated with (if applicable) and their mailing address. (NOTE: The provided fax number will be used to contact the physician to complete the death certificate. It is important that the fax number be accurate.)

24-26. ALTERNATE CERTIFIER'S NAME / ALT. PHONE NUMBER / ALT. FAX NUMBER

List another physician who could sign the death certificate if the attending physician cannot sign the death certificate because of absence or other reason.

This physician could be a specialist treating the patient or a doctor who sees the attending physician's patients in his or her absence.

27. NOTIFICATION OF THE CORONER/MEDICAL EXAMINER REQUIRED? / STATE & COUNTY OF INCIDENT

If the circumstances of the death require reporting of the death to a Coroner/M.E., check the "Yes" box in 27 and in 28, list the county where the incident (injury, sudden collapse, etc.) occurred.

29-31. NAME / SIGNATURE / PHONE NUMBER OF THE STAFF PERSON COMPLETING THIS SECTION

List the staff person responsible for completing this section of the form in 29. That person must sign the form in 30 and list his or her work phone number in item 31. The staff person responsible for completing this form must be someone who has access to the patient's medical file so that he or she can provide accurate data in Part 1.

32. STATUS OF PERSON REMOVING BODY

Check the appropriate box. Funeral service licensees (including apprentices) should check the first box. A Coroner/M.E. may personally remove a body for examination or designate a livery service to act on his or her behalf (that person should sign his or her name and state "for X County Coroner/M.E."). According to Wis. Stat. s. 69.18 (1), a family member is allowed to remove a body for disposition if that family member personally prepares for and conducts the decedent's final disposition. If a family member in this situation needs the other forms that must be completed, the family member may call the county Register of Deeds and/or the Coroner/M.E. for those forms.

33-35. FUNERAL DIRECTOR'S NAME / WI LICENSE NUMBER / FUNERAL HOME NAME / MAILING ADDRESS OF FUNERAL HOME

The person removing the decedent's remains must enter his or her name and WI license number (if applicable) in 33. Enter the name and mailing address of the funeral home in items 34-35. If the Coroner/M.E. or family member is acting as the funeral home, they will complete all of this section with information about the Coroner/M.E. office or the family member, except the funeral director's license number and item 34. This information would be left blank.

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ADDENDUM B Bereavement Checklist

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Contact Information

Name(s) of Contacts (1)	<input type="text"/>
Relationship to Patient (1)	<input type="text"/>
Phone Number for F/U Contact (1)	<input type="text"/>
Address for F/U Contact (1)	<input type="text"/>
 Additional Contacts	<input type="text"/>
 Sibling(s)	<input type="text"/>

Contact List (At Time of Death)

PCM On Call Contacted	<input type="text"/>
Name of Primary RN Contacted	<input type="text"/>
Name of Resident Contacted	<input type="text"/>
Name of Social Worker Contacted	<input type="text"/>
Name of Spiritual Care Team Member Contacted	<input type="text"/>
CISM Debrief Requested	<input type="text"/>
Bereavement Services Contacted - Name/ Left Message	<input type="text"/>
 Other Suggested Contacts	<input type="text"/>

Standard of Care

Family Offered to Hold/Touch Child	<input type="text"/>
 Permission for Mementoes	<input type="text"/>
Assist in Calling Family or Clergy	<input type="text"/>
Stay with Family as Desired	<input type="text"/>
Assist Family to Pack Belongings	<input type="text"/>
Inform Family They Will be Contacted	<input type="text"/>
Bereavement Folder Given	<input type="text"/>
Assist the Family to the Lobby	<input type="text"/>
 Disposition of Belongings	<input type="text"/>

Disposition of the Body / Funeral Home / Special Requests

Name of Funeral Home	<input type="text"/>
Address of Funeral Home	<input type="text"/>
Phone Number of Funeral Home	<input type="text"/>
Special Family Requests	<input type="text"/>
Time Patient Transferred from Unit	<input type="text"/>

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ADDENDUM C – Epic Tip Sheets

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Discharge as Deceased - Hospital

The Patient Care Manager (PCM) on call will help facilitate the deceased patient process, ensuring the necessary forms are filled out correctly and that the required Epic documentation has been completed.

Overview of deceased patient workflow (detailed steps below):

- Step 1: Request Deceased Patient Packet (DPP)
- Step 2: Create a Pending Discharge
- Step 3: Request Transport
- Step 4: Complete Discharge

The Deceased Patient Packets (DPP) will be requested from Distribution by the nurse, HUC, or ED Communicator. This request triggers an automatic page to the PCM on Call who will respond, in person, within 30 minutes.

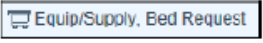
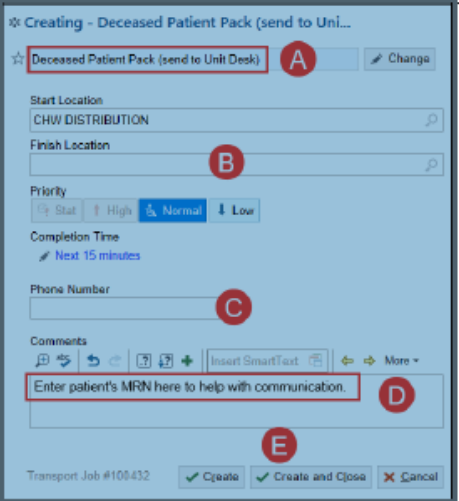
If you have any questions, contact the PCM on Call (1st Call) through Voalte.

Step 1: Request Deceased Patient Packet (DPP)

When should the DPP be ordered? Ideally, at the time the patient is determined to be near end of life. The DPP can also be ordered after the patient has expired.

The DPP will be kept in Distribution and include the following:

- State of Wisconsin "Notice of Removal of a Human Corpse from a Facility" (F-05043) form
- Children's Wisconsin Autopsy Consent
- Children's Wisconsin instructions on completing above forms
- Butterfly folder – Bereavement materials (as supplied by Bereavement Coordinator, Nichole Stangel)

<p>1. From Unit Manager, select Equip/Supply, Bed Request from the Epic toolbar.</p>	
<p>2. From the Request window:</p> <ul style="list-style-type: none"> A. Select Deceased Patient Pack (send to Unit Desk) B. Enter the Unit Desk for packet delivery. C. Enter the phone number of your unit desk D. In the Comments field, enter the patient's MRN. E. Click Create and Close. 	

After the DPP request is submitted:

- Patient Care Manager (PCM) on Call will get a page, the PCM will respond to the unit
- DPP will be delivered to the unit

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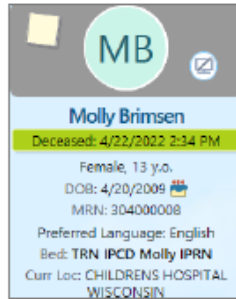
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Step 2: Create a Pending Discharge for the Deceased Patient

The provider must complete the appropriate death documentation in Epic.

As soon as the patient Storyboard reflects the patient is deceased, create a Pending Discharge.

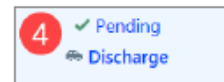
Storyboard will display the date and time the patient deceased in a green banner. The top section of the patient's storyboard will also appear gray in the background.



Begin by selecting the patient from Unit Manager and click the Discharge button.

- Using the patient Storyboard as a reference, enter the date and time of death in the Date and Time fields.
- Enter a Discharge Disposition of Deceased.
Select Mark as Deceased to the pop-up asking "Are you sure you want to mark the patient as deceased?"
Note: means of Departure, Destination Type and Destination Location do not need to be filled in.
- The Date and Time of Death and Preliminary Cause of Death will be populated with the documentation from the provider.

- After completing the above steps, click the Pending button to pend the discharge.



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Step 3: Request Transport

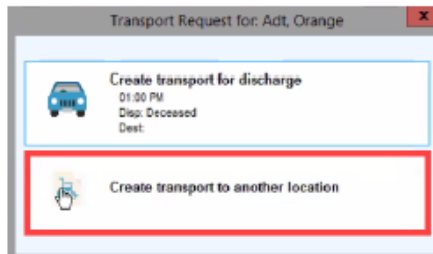
1. Click on the EVS/Ambassador/Equip/Supply Request down arrow on the Epic tool bar.
2. Select **Ambassador Request**.
3. Select **deceased patient**.

Transport Request window opens.



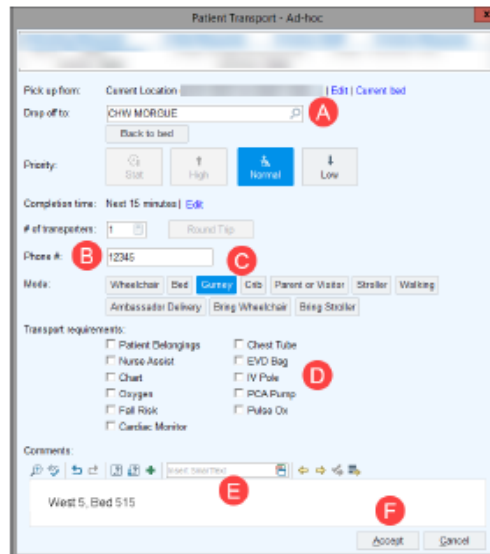
4. Make sure to click **Create transport to another location**.

The Patient Transport – Ad-hoc window opens.



Note: If Create Transport for Discharge is selected in error, a warning will appear. Click Cancel and then select Create transport to another location.

- A. In the Drop off to: field, enter **CHW MORGUE**.
- B. Enter the phone number where you can be reached.
- C. Click **Gurney** for Mode.
- D. Uncheck all Transport requirements.
- E. (Recommended) Enter unit and room number and any other comments to help with communication.
- F. Click **Accept**.



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Step 4: Completing the Discharge

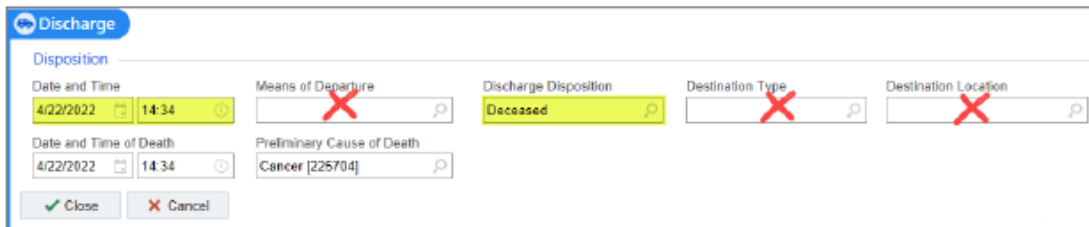
When the patient is taken from the floor and transferred to the Morgue:

From Unit Manager, make sure the correct patient is selected, click the Discharge button.

From the Discharge screen, verify the following information:

- a. Discharge date and Discharge time match the patient Storyboard.
- b. Discharge disposition is Deceased.
- c. Click the Discharge button to complete the discharge process.

There is no need to enter information in the Means of Departure, Destination or Discharge location fields.



Organ Donation

If the patient is an Organ Donor, follow these steps:

- Call Admitting at the time of death. Admitting sets the patient flag to bill the WDN (Wisconsin Donor Network) for remaining cares.
- Create a Pending Discharge (steps above) for the patient using the date/time of *death* as the date/time of *discharge*.
- The OR will complete the pending discharge and notify the Patient Care Manager when the patient leaves the OR.
- Do not update the Patient Location to the OR.

Additional Information

A deceased patient discharge does not require an AVS to be printed.

For additional details, refer to the [Care of a Dying Patient and Disposition of the Body](#) policy and procedure (can also be found on Children's Connect).

If you have any questions, contact the PCM on Call (1st Call) through Voalte.

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Effective: 5/9/2022

Care of a Dying Patient and Disposition of a Body/ Medical Director Palliative Care Team, Director Clinical Systems, Patient Care Services Supervisor – Clinical Resource Unit