



## LINCOLN COMMUNITY HEALTH CENTER, INC.

1301 Fayetteville Street • P.O. Box 52119  
Durham, North Carolina 27717 – 2119

**SUBJECT: Death Certificates, Procedure for Clinical Staff and On-Call Providers**

**APPROVAL DATE:** 1/2018

**IMPLEMENTATION DATE:** 1/2018

**REVISION DATE:**

**REVIEWED DATE:**

**PROCEDURE STATEMENT:** To identify a process to ensure compliance with North Carolina laws when a death certificate is required prior to burial or cremation after being notified of a deceased patient by police, assisted living facility or funeral home.

### **PROCESS:**

- A. When a clinical staff member or provider receives a call requesting a signature on a death certificate, the staff member/provider should make an effort to gather as much information as possible. If possible, the staff member/provider should:
  1. Attempt to speak with anyone, e.g., a family member, who might have information about the circumstances preceding the death.
  2. Try to learn the date and time of death.
  3. Identify any evidence that the patient was under the care of another provider, including a medical specialist.
  4. Create a Telephone Encounter and document the additional information gathered in 1- 3 (above).
    - a. If created by a staff member, the staff member copies the note to the on-call provider.
    - b. When notified of a death, the provider creates a Telephone Encounter or documents in the existing Telephone Encounter and copies the note to the PCP, the QI Director and LCHC's HIMS Director.
- B. For a LCHC provider to complete a death certificate, the patient must have been seen at LCHC within the past three years.
- C. If there is nothing in the patient's record pointing to a cause of death (young, generally healthy patient, no known serious chronic problems), provider should not sign a death certificate and ask for the case go to the Medical Examiner (ME).
- D. If foul play, suicide, overdose, or other accidental death (including traumatic injuries/falls) is suspected, or if the death occurred in a correctional institution, provider refers the case to the Medical Examiner (ME) at 1-800-672-7024. [If Emergency Management Services (EMS) or police officers called to the scene they felt there was evidence of this, they may have already referred the case to the ME.]



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E. If the family requests an autopsy:

1. This can be obtained free of charge if the patient has been seen within four years in the Duke system prior to their death. Note: The family must pay to transport the body.
2. The same is usually true if the patient has been seen at UNC in the previous two years,
3. Provider should not make promises to the family, as staffing and volume may affect whether an autopsy is available.
4. To arrange an autopsy, the provider can call the Operator at either hospital (Duke 919-684-8111, UNC 919-966-4131) and ask for “Decedent Care/Decedent Services.”

F. If the ME declines the case and the family declines an autopsy, the provider may fill out the certificate [or ask the Primary Care Physician (PCP) to do so], following the directions in the PDF (Vital Records Death Certificate Training) and do their best, based on available information.

For details about filling out Death Certificates, from the State of North Carolina (click on links): Access the Vital Records training and use:

Username: **vrdeath** Password: **death**

G. NPs and PAs can fill out and sign the form. More information can be found here: <http://www.ncmedboard.org/resources-information/professional-resources/publications/forum-newsletter/article/physician-obligation-to-complete-death-certificates>.

H. If the provider feels pressured from funeral home or from police to sign a death certificate, and is uncomfortable doing so, they may discuss with this with their supervising physician, Department Chief, or with Chief Operating Officer (office 919-956-4013, cell 919-247-7020).

I. NC state law (NCGS §130A 115) specifies death certificates must be completed within three days of receipt of the request.

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