OMI AND DEATH CERTIFICATION

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DEATH CERTIFICAT ES

- Legal documentation that the person has died
- Demographic information about the deceased
- Evaluate the cause, manner, and circumstances of death
- Necessary for the settling of the deceased's estate
- Information about disposition of the remains
- Information that may be used by the government, public health agencies, other state or federal agencies or researchers

DEATH CERTIFICAT ES

 Death certificate information is forwarded to the National Center for Health Statistics (NCHS) which keeps data for the death of every person in the US

NM OFFICE OF THE MEDICAL INVESTIGATOR

The Office of the Medical Investigator (OMI) investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected, or where a person is found dead and the cause of death is unknown





NM OFFICE OF THE MEDICAL INVESTIGAT OR

- Jurisdiction
 - It is determined by the investigator and the pathologist that an autopsy must be performed OR we investigate the death
 - Infants/children
 - Unattended deaths (no physician)
 - Identification issues
 - Homicide/accident/suicide
- Consented autopsies
 - Hospital consults
 - Family consults
- We sign all of the death certificates for patients who die IN the hospital at UNMH and SRMC
- When a natural death at home has been investigated; and we have ruled out any unnatural events, or the suspicion of such, we terminate jurisdiction and have the PCP sign out the DC

NM OFFICE OF THE MEDICAL INVESTIGAT OR

- Please have your staff return our calls!
- You will not be asked to sign the DC on a case that has not been investigated and deemed to be a natural death
- IF you have information to the contrary once you provide that it will bounce back to the OMI
 - Suspect acute alcohol or drug intoxication
 - Believe trauma played a role in the death (hip fractures, head trauma, etc.)

DEATH INVESTIGATI ON

- We do a full body CT scan on all decedents
 - Can often use the CT and other ancillary information
 - Not all cases get an autopsy
- Determining the cause and manner of death takes much more than an autopsy:
 - Scene investigation
 - Blood tests
 - Microscopes
 - Cultures
 - Medical records
 - Law enforcement reports



DEATH INVESTIGATI ON

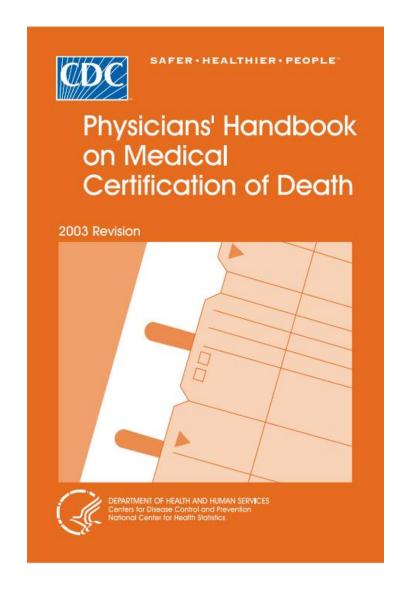
- DO NOT SIGN A DC WITH:
 - Trauma: hip fracture, traumatic brain injury, seizure due to remote trauma, etc.
 - Drugs: acute alcohol, methamphetamine intoxication, cocaine use, etc.
 - Anything related to a remote suicide, assault, motor vehicle accident, etc.
 - Vital statistics will reject it and send it to us for correction – that means a lot of lost time for the family

CONSENTE D AUTOPSIES - UNMH

- Death packets
 - Contain important information about the death for vital statistics and our office
- Death note
 - This is SO IMPORTANT
 - We rely on this as a summary of the hospital course so copied and pasted information is not very useful as we can find that elsewhere
 - Your narrative about what happened is our best resource as we sign out a death certificate
 - Should not report future follow up, plans, etc.
- Consents
 - MUST be signed by the LEGAL NEXT OF KIN
 - Spouse, adult children, siblings.....
 - All of the sections have to be signed for the consent to be valid and legal



DEATH CERTIFICATI ON FOR CLINICIANS



https://www.cdc.gov/nchs/data/misc/hb_cod.pdf

DEFINITION S

Certification

 Completing the cause and circumstances of death information and having the certificate signed by the physician, ME or coroner who serves as the "certifier" of death

Registration

 This is done by the funeral home – they create the DAVE ID, etc.

FUNERAL DIRECTOR ROLE

- Obtains personal facts about the decedent
- Obtains certification of the cause of death from the certifying physician, ME/C
- Obtains authorization for final disposition of the body
- Completes the personal and disposition sections of the DC
- Files the completed certificate with BVS

ROLE OF THE CERTIFIER

- Completes the cause of death section of the DC and signs the certificate
- Completes information on decedent name, and date, time and place of death

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	7d. STREET AND NUMBER			7e.	APT. NO	. 7f. ZIP COI	DE			79.	INSIDE CITY	LIMITS?	□ Yes □	□ No
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	11/20
REV.	11/20

DEFINITION S

Cause of death

 Disease or injury that initiated the chain of events that resulted in a physiological derangement that led directly and inevitably to death

Mechanism of death

- The physiological derangement
- Manner of death
 - The circumstances surrounding the death

DEFINITION S

- •ONLY the cause and manner of death are on a death certificate
- The ONLY manner of death you will use is NATURAL

CAUSE VERSUS MECHANISM OF DEATH

32. PART I. Enter the <u>chain of</u> arrest, respiratory arrest, o lines if necessary.	CAUSE OF DEATH (See instructions and examples) f events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as r ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add a	Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition> resulting in death)	a	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	b	
(disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): d	
PART II. Enter other <u>significant</u> of	34. W	AS AN AUTOPSY PERFORMED? 'Yes 'No ERE AUTOPSY FINDINGS AVAILABLE TO LETE THE CAUSE OF DEATH? 'Yes 'No

CAUSE OF DEATH

EXAMPLES:

- Gunshot wound of chest
- Multiple blunt force injuries
- Atherosclerotic and hypertensive cardiovascular disease
- Chronic alcohol abuse
- Metastatic prostate cancer



MECHANISM OF DEATH

- Should not really be the CAUSE of death
- Examples of unhelpful or inaccurate causes of death that are truly mechanisms
 - Arrhythmia
 - Cardiac arrest
 - Hypotension
 - Respiratory failure
 - Cardiopulmonary arrest
 - Ventricular fibrillation

CAUSE OF DEATH

	f eventsd	CAUSE OF DEATH (See instructions and examples) iseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events ar fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a lire		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition> resulting in death)	a	Gastrointestinal hemorrhage Due to (or as a consequence of):		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	b	Esophageal varices Due to (or as a consequence of):		
	C	Cirrhosis of the liver Due to (or as a consequence of):		
initiated the events resulting in death) LAST	ting d	Chronic alcohol abuse		
PART II. Enter other significant of	conditions	contributing to death but not resulting in the underlying cause given in PART I	33. WAS AN AUTOPSY PERFOR	RMED?
			□ Yes □ No	
			34. WERE AUTOPSY FINDINGS	
			COMPLETE THE CAUSE OF DE	ATH? □ Yes □ No

CAUSE VERSUS MECHANISM OF DEATH

	CAUSE OF DEATH (See instructions and examples) events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional	Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition> resulting in death)	a. Chronic alcohol abuse Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	b Due to (or as a consequence of): c.	
(disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): d.	
PART II. Enter other <u>significant o</u>	onditions contributing to death but not resulting in the underlying cause given in PART I 33. WAS AN AUTOPSY PERFORM Yes No 34. WERE AUTOPSY FINDINGS COMPLETE THE CAUSE OF DE	AVAILABLE TO

CAUSE AND MECHANISM OF DEATH

- EXAMPLE (not so great DC)
 - · COD:
 - Pulseless electrical activity due to septic shock due to alcoholic pancreatitis due to bowel ischemia
 - · OSC:
 - Alcohol abuse, cocaine abuse, alcoholic ketoacidosis
 - MOD: natural

Was he acutely intoxicated with cocaine? Was he acutely intoxicated with alcohol?



CAUSE AND MECHANISM

- EXAMPLE (not so great DC)
 - · COD:
 - Pulseless electrical activity due to septic shock due to alcoholic pancreatitis due to bowel ischemia
 - OSC:
 - Alcohol abuse, cocaine abuse, alcoholic ketoacidosis
 - MOD: natural
- Better DC
 - COD: Toxic effects of cocaine and alcohol
 - OSC: Chronic alcohol abuse
 - MOD: ACCIDENT

Other Significant Contributing Conditions (Part II on the DC)

- Pre-existing or coexisting diseases or injuries that mechanistically contributed to death but did not result in the underlying cause of death
- Examples:
 - COD: ASHCVD
 - OSC: diabetes mellitus, morbid obesity
 - COD: Pneumonia
 - OSC: chronic alcohol abuse
 - COD: Urinary tract infection
 - OSC: dementia, diabetes mellitus

CASE EXAMPLES



CASE #1 HISTORY

- A 60-year-old man is found dead at home
 - History of hypertension and hyperlipidemia
 - Last seen by his physician 3 months prior
 - Somewhat compliant with meds but obese and sedentary
 - Collapsed in the bathroom
 - Home is clean no evidence of drugs or alcohol and no history of abuse of substances other than cigarette smoking
 - Scene will have been investigated by an OMI investigator and law enforcement, as they are called to the scene on all deaths out of a health care setting
 - If you are called we know they weren't stabbed, shot, etc. ©

CASE #1 POSSIBLE MECHANISM S

- Acute myocardial infarction
- Arrhythmia due to cardiomegaly due to long-standing hypertension
- Aortic dissection
- Ruptured AAA
- Hypertensive intracranial hemorrhage
- Ruptured berry aneurysm

CASE #1 DEATH CERTIFICAT E

 CAUSE OF DEATH: Hypertensive and atherosclerotic cardiovascular disease

OSC: Obesity

MOD: Natural

ALCOHOL? No

TOBACCO? Yes

CASE #1

- If the PCP refuses to sign the DC:
 - No autopsy will be performed they are over the age cut-off and there is significant history of natural disease
 - May come into OMI to have a CT scan and an external examination
 - The pathologist will need to review your medical records to determine the history
 - This process involved subpoenas, etc. and can take weeks/months
 - Eventually sign out as:
 - COD: Atherosclerotic and hypertensive cardiovascular disease
 - OSC: Obesity
 - MOD: Natural

CASE #2 HISTORY

- A 98-year-old woman is found dead in bed at home
 - She had a long history of moderate-severe dementia
 - Other medical conditions included mild hypertension, hyperlipidemia, chronic protein-calorie malnutrition, frequent urinary tract infections, and GERD
 - Family had been taking care of her in the home
 - She had a single small and very superficial decubitus ulcer on her sacrum
 - Investigation found no concerns of drug or alcohol abuse or tobacco use

CASE #2 POSSIBLE MECHANISM S

- Urosepsis
- Sepsis from the decubitus ulcer
- Pneumonia (CAP or aspiration)
- Acute myocardial infarction
- Arrhythmia due to hypertensive changes
- AAA or aortic dissection
- Intracranial hemorrhage
- Inanition

CASE #2 DEATH CERTIFICAT E

CAUSE OF DEATH:
 Atherosclerotic and hypertensive cardiovascular disease

OSC: Dementia

MOD: Natural

ALCOHOL? No

TOBACCO? No

 CAUSE OF DEATH: Dementia

 OSC: Atherosclerotic and hypertensive cardiovascular disease

MOD: Natural

ALCOHOL? No

TOBACCO? No

CASE #3 HISTORY

- 73 year-old man with history of osteoarthritis with chronic shoulder pain and remote left knee replacement
 - Also seen for BPH and urinary retention
 - Has high cholesterol and mild type II diabetes
 - You also know he is a heavy drinker and smoker
 - Obese
 - Is not compliant with medications or health maintenance

CASE #3 POSSIBLE MECHANISM S



CASE #3 DEATH CERTIFICAT E

COD: AHCVD...or Chronic Alcohol Abuse

OSC: Obesity, Diabetes Mellitus (whichever one above you didn't use)

MOD: Natural

Alcohol: Yes

Tobacco: Yes

IF YOU THINK HE MAY HAVE DIED OF ACUTE ALCOHOL INTOXICATION (RARE, ACTUALLY IN CHRONIC ALCOHOLICS) LET OMI KNOW AND WE WOULD PICK UP THE CASE

QUESTIONS?

