



BRIEF GUIDE TO MEDICAL EXAMINER REFERRALS

I. General information:

A hospital death falls under the jurisdiction of the Office of Chief Medical Examiner (OCME) if it is **unnatural or possibly unnatural or if it presents impelling legal or public health implications** (see list of reportable deaths included below). The death should be immediately reported/ referred by telephone to the OCME by a physician (i.e. clinician) fully acquainted with the case. The 24-hour telephone number of the OCME in NYC is: 212-447-2030.

Referral does NOT imply negligence or impending lawsuit. By law, certain deaths (i.e. unnatural deaths) can ONLY be certified by the ME/ Coroner (i.e. the ME signs the death certificate).

Procedure for ME referral: Contact the ME and indicate that you want to report a death. You will speak with a Medico-Legal Investigator (MLI), who will ask you to go over the details of the death. Once this information has been conveyed, the MLI will make a decision right away or may refer back to the Forensic Pathologist before informing you of the decision.

Potential decisions made by the ME:

- If the ME rejects the case and considers the case **NON-REPORTABLE**, they will not do an autopsy. The hospital clinician proceeds with completion of the death certificate, requests autopsy permission from Next-of-Kin (NOK), indicates on the electronic death certificate that the case was referred to the ME (including the name of the ME investigator) and writes this information in a note in the patient's medical record.
- If the ME gives the case a **NO CASE** number, the OCME will record information for epidemiological purposes but will not do an autopsy. The clinician proceeds as outlined above for 'non-reportable' cases and includes a note in the patient's medical record.
- If the ME accepts the case and assigns a **CASE NUMBER**, the body will go to the ME office for an autopsy. The clinician must fill out the ME form in lieu of the death certificate (this form should be available on the floors), lets the family know about the ME involvement and includes a note in the patient's medical record. The ME form is included with the body as it is transported to the Sinai Morgue to await pick-up by the ME office. The ME will complete the death certificate. The clinician must also contact the hospital lab to request that all blood, urine or gastric contents be preserved and held for possible transport to the ME. It is important the family be aware of the ME involvement, so they can make arrangements for pick-up of the body from the ME office after the autopsy or voice their



objection to an autopsy.

- **ALL communication with the ME must be documented in a note in the patient's chart, indicating the name of the ME investigator and the decision rendered (as well as the ME case number if assigned).**

On rare occasion, the OCME may accept a case but allow the hospital to perform the autopsy. This is potentially true **ONLY** for therapeutic complications (i.e. not homicides, not suicides, not accidents, etc). In such instances, the clinician must have previously obtained a signed consent for autopsy from the next-of-kin with the NOK's knowledge that the case needs ME referral but has decided to still allow the hospital to perform the autopsy if the ME releases it to the hospital. Upon referral of the case to the OCME, the ME investigator must also be told of the clinician's and NOK's desire to have the autopsy done at the hospital and the presence of a signed consent for autopsy from the NOK. The ME investigator will make a determination of whether or not to assume jurisdiction of the case and then speaks to the NOK to ascertain that, in fact, the family wishes the autopsy be done at the hospital and not at the OCME. If a decision is made to release a case to us, the ME investigator will contact the clinician to release the performance of the autopsy to the hospital. The ME will still need to complete the death certificate but will do so based on the information provided from the autopsy. The OCME "case number" must be given to the hospital pathologist for communication with the OCME about the case.

For "NO CASE" and "NON-REPORTABLE" deaths, processing proceeds in the same manner as with other, natural hospital deaths. The clinician completes the death certificate and requests autopsy consent from the next of kin.

Any communication with the OCME requires the clinician place a note in the patient's chart indicating the investigator's name, decision rendered and ME case number (if provided).

The period of time a person is in the hospital, in and of itself, does not dictate whether a death falls under the jurisdiction of the OCME. Rather, the circumstances surrounding a death determine whether or not a case needs to be referred to the ME.

THERE IS NO "24 HOUR RULE" FOR REPORTING CASES TO THE OCME.



MEDICAL EXAMINER CASES: REPORTABLE DEATHS

The Office of Chief Medical Examiner (OCME) has jurisdiction over deaths occurring under the following circumstances:

- All forms of criminal violence or from an unlawful act or criminal neglect
 - This applies whether the death occurs immediately and directly, or indirectly after a lapse of weeks, months, or even years
- All accidents (motor vehicle, industrial, home, falls, public place, etc.)
- All suicides
- All deaths caused or contributed by drug and/or chemical overdose or poisoning
 - Any infectious complication of intravenous drug use should also be referred to the OCME (i.e. AIDS, hepatitis, endocarditis, osteomyelitis, etc)
- Sudden death of person in apparent good health
- Deaths of all persons in legal detention, jail, or police custody
 - This includes a prisoner who is a patient in the hospital or patient in a mental institution, irrespective of the cause of death
- Deaths during or due to complications of diagnostic or therapeutic procedures
- Deaths of particular health significance (i.e. anthrax, smallpox, CJD, 9/11, etc)
- Deaths due to disease, injury, or toxic agent resulting from employment
- When a fetus is born dead in the absence of a physician or midwife
- Deaths unattended by a physician and where no physician can be found to certify the death
 - “Unattended” meaning not treated within 31 days prior to death
- When there is intent to cremate the body or dispose of a body in any fashion other than internment in a cemetery
- Dead bodies brought into the city without proper medical certification
- Deaths in any suspicious or unusual manner

There is no “24-hour rule” for reporting cases to the OCME.

A simplified way of determining whether or not a case needs to be referred to the ME is to ask if the death was “natural” (i.e. solely due to disease) or “unnatural” (i.e. typically due to some violent reason or therapeutic complication).

If the death is unnatural in any way, referral to the ME is warranted. The ME will make a decision based on the information provided (i.e. a judgment call is made) and may choose to accept or reject it.

Don’t forget to refer deaths related to therapeutic/ diagnostic procedures or deaths of particular public health significance (i.e. CJD, smallpox, 9/11, etc).



"RED FLAGS" THAT REQUIRE ME REFERRAL

Any condition listed below that contributes to the events leading to death needs to be referred to the ME in every instance

Accident	Adverse/ Anaphylactic reaction
Asphyxia	Aspiration
Assault	Bite
Blunt impact	Burn
Child abuse	Choking
Contusion	Creutzfeldt-Jakob disease (CJD)
Crush injury	Drowning
Drug (or alcohol) overdose	Drug (or alcohol) reaction
Drug (or alcohol) toxicity	Electrocution
Explosion	Fall
Fire	Fracture (if trauma related)
Gunshot	Heat stroke
Homicide	Hyperthermia
Hypothermia	Injury
Intoxication	Intravenous drug use/abuse
Laceration	Neglect
Overdose	
Paraplegia/ Quadriplegia (often trauma/ injury related)	
Poisoning	
Pulmonary emboli (if trauma/injury related)	
Seizure (if post-traumatic)	Sting
Subdural/ Epidural hematoma or Subarachnoid hemorrhage (often trauma related)	
Suffocation	
Suicide	Therapeutic complication
Transfusion reaction	Toxicity
Trauma	Wound