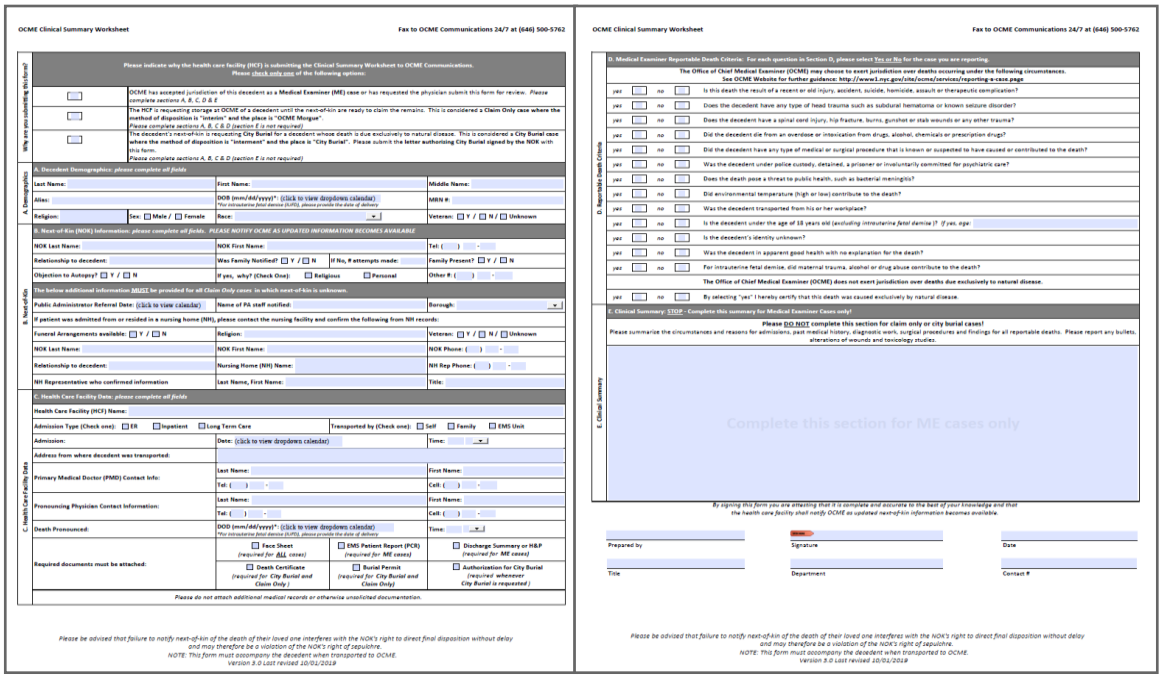
Office of Chief Medical Examiner

ME Clinical Summary Worksheet

Version 3.0 Instructions

October 2019



Contents

This page was left intentionally blank

Where to find this form?

The OCME official website includes a "Case Reporting Criteria for Clinicians" page with the following information to assist the doctors calling to report deaths to our office:

1. Reportable Death Criteria
2. Procedures for Reporting Deaths **the ME Clinical Summary Worksheet can be found here!**
3. Notes and Definitions for Physicians
4. DOHMH Training Resources to Improve Cause of Death Reporting

The URL is easy to remember: *www.nyc.gov/ocmereportacase.*

When to use this form?

The ME Clinical Summary Worksheet should be completed and provided to OCME for all cases under the following circumstances:

1. OCME has accepted jurisdiction of the death (*medical examiner or ME case*)
2. OCME has requested the form be completed because more information is necessary to determine if OCME will accept jurisdiction of the case
3. OCME has ***not accepted jurisdiction*** of the case ***and*** the health care facility (HCF) is requesting storage at OCME of the decedent until the next-of-kin (NOK) are ready to claim the remains (*claim only case*)
4. OCME has ***not accepted jurisdiction*** of the case ***and*** the NOK is requesting the remains be interred in the city cemetery at Hart Island (*city burial case*).

Who should complete this form?

The ME Clinical Summary Worksheet may be completed and signed by any HCF personnel responsible for the information therein.

How to complete this form?

General instructions

1. This form was developed to be completed on screen or it can be printed and all fields hand-written.
2. This form is formatted to print double-sided on letter (8 ½" x 11") sized paper.
3. Please complete ***only*** the required sections.
4. Please follow the instructions provided in each section of this form.
5. Please complete every field in this form.
    a. Please indicate unknown in fields where you do not have the requested information.
6. Please do not attach any additional medical records or otherwise unsolicited documentation.
7. If after reading the "*ME Clinical Summary Worksheet, Version 3.0 Instructions"* you require further assistance completing this form, please contact the OCME Communications Department personnel at (212) 447-2030.

a. OCME Communications has staff available to assist 24 hours / day, 7 days / week.

8. Clinical physician staff needing assistance in completing death certificates for deaths in health care facilities should refer to the NYC Department of Health training materials at www.nyc.gov/evers. If they have never previously completed training in Death Certificate Completion they should click on "Training and Resources for Providers" and then "more information" under "Death Reporting" to find information about how to complete the Cause of Death. You may also access these resources via the OCME website at *www.nyc.gov/ocmereportacase*.

Instructions for Section: Why are you submitting this form?

1. Please indicate why you are submitting this form to OCME. By selecting only one of the options provided the Communications team will:
    a. more quickly assess the form and forward it to the appropriate personnel for processing.
    b. more quickly identify corrections that may be required in the related paperwork.
2. For claim only and city burial cases, please ensure that the method and place of disposition on the related death certificate and burial permit match the case type:

Case Type	Method of Disposition	Place of Disposition
Claim Only	Interim	OCME Morgue
City Burial	Interment / City Burial	City Cemetery at Hart Island

Instructions for Section A. Demographics

1. Please complete all fields in this section.
2. OCME requests any aliases known to be used by the decedent.
3. In date of birth (DOB) field OCME has added a drop down calendar for your convenience or you may simply type in the date.
    a. For intrauterine fetal demise (IUFD), please provide the date of delivery.
    b. Please indicate when the date of birth is an estimate.
4. OCME requires the medical record number for all decedents coming to OCME from a HCF.
5. OCME has added a drop down for the race field for your convenience or you may simply type it in.

Instructions for Section B. Next-of-Kin

1. Please complete all fields in this section.
2. Where the NOK are known, the HCF must notify the NOK of the death. **Failure to notify NOK of the death of their loved one interferes with the NOK's right to direct final disposition without delay and may therefore be a violation of the NOK's right of sepulchre.**
    a. If the HCF was unable to reach the NOK, all notification attempts must be documented.
3. Please identify if the NOK is objecting to autopsy along with the reason for the objection.
4. Please select the burial wishes as identified by the NOK.
    a. Please note that if the NOK requests city burial for their loved one, OCME requires authorization for city burial signed by the NOK or person authorized to direct disposition.

5. Where the NOK are unknown and the HCF is requesting storage at OCME of the decedent for claim only, the HCF shall notify the Public Administrator (PA) of the death and document notification as indicated.
6. If the patient was admitted or resided in a nursing home (NH), the HCF shall contact the nursing facility and document all details in this section as recorded by the nursing home.
7. Please provide all available contact information for NOK, PA and NH so that OCME can follow up, as appropriate.
8. Please notify OCME as updated information becomes available.

Instructions for Section C. Health Care Facility Data

1. Please complete all fields in this section.
2. Please provide the name of the HCF submitting this form.
    a. If your facility is required to use the electronic death registration system, please submit the name of your HCF as it is registered with the Department of Health.
3. In the patient admitted field please use the drop down calendar for your convenience or you may simply type in the date.
4. Please provide all available contact information for the primary medical doctor (PMD) and pronouncing physician, if different from the PMD.
5. In the death pronounced field please use the drop down calendar for your convenience or you may simply type in the date.
    a. For IUFD, please provide the date of delivery.
6. This form will recognize 24 hour time entries and will convert them to the 12 hr.
    a. Please select AM / PM for all time entries.
7. Please submit ***only*** the documents requested based upon the case type. Please do not attach any additional medical records or otherwise unsolicited documentation.

Document Type	Required for the Following Case Types
HCF Face Sheet	All cases (ME, claim only & city burial)
EMS Patient Care Report (PCR) / Ambulance Call Report (ACR)	ME cases only
Discharge Summary and/or Admission records	ME cases only
History and Physical Examination (H&P)	ME cases only
Death Certificate	Claim only & city burial cases
Burial Permit	Claim only & city burial cases
Authorization for city burial *Must be signed by the NOK or person directing disposition*	City burial cases only

Instructions for Section D. Reportable Death Criteria

1. Please select 'Yes' or 'No' for each of the questions in section D.

Instructions for Section E. Clinical Summary

1. Section E should ***only*** be completed in the following circumstances:
    a. for an ME case
    b. where OCME has requested that the physician submit the ME Clinical Summary Worksheet for review.

How to submit this form?

1. Please print, sign and date this form providing all contact information for the signatory.
2. Please fax the completed and signed ME Clinical Summary Worksheet to the OCME Communications Department at (646) 500-5762.
    a. OCME Communications has staff available to assist 24 hours / day, 7 days / week.
3. Once the completed and signed ME Clinical Summary Worksheet has been received OCME Communications will provide the case number.
4. The *original and signed* form must accompany the decedent for transport to the Medical Examiner's office.