MEMORANDUM

DATE: June 29, 2015

TO: MEDICAL DIRECTORS:
GREATER NEW YORK HOSPITAL ASSOCIATION; HEALTH AND HOSPITALS
CORPORATION, CITY OF NEW YORK; AND ALL OTHER NEW YORK CITY
HEALTH CARE FACILITIES

FROM: Jason Graham, MD
First Deputy Chief Medical Examiner

RE: DEATHS REPORTABLE TO NYC OFFICE OF CHIEF MEDICAL EXAMINER

In efforts to maximize efficiency and help optimize workload for clinical physician staff at health care facilities in NYC as well as for NYC Office of Chief Medical Examiner (OCME) staff, we would like to provide guidance herein on the reporting of deaths from health care facilities to the OCME. At the moment, there is substantial over-reporting of natural deaths to the OCME with the associated and unnecessary workload burden imposed by these practices. It is most certain that every death occurring in a health care facility need not be reported to OCME; in fact, the majority of such deaths are natural in manner and should not be reported at all. The OCME is responsible for investigating any sudden, unexpected or violent death occurring in NYC, including any case in which an injury may contribute in some way to an individual’s death, no matter whether the injury is recent or remote, traumatic or toxicologic. The following guidelines are provided for your reference as to the circumstances surrounding deaths that should appropriately be reported to the OCME:

- All forms of criminal violence or from an unlawful act or criminal neglect
- All accidents (motor vehicle, industrial, home, public place, etc.)
- All suicides
- All deaths that are caused or contributed to by drug and/or chemical overdose or poisoning
- Sudden death of a person in apparent good health (without significant past medical history associated with sudden death, such as coronary artery disease, etc.)
- Deaths of all persons in legal detention, jails or police custody. This category also includes any prisoner who is a patient in a hospital, regardless of the duration of hospital confinement.
- Deaths which occur during diagnostic or therapeutic procedures or from complications of such procedures
- Deaths due to disease, injury or toxic agent resulting from employment
- Deaths which occur in any suspicious or unusual manner
Deaths occurring in health care facilities which do not meet the above criteria need not, and should not, be reported to OCME. Please also be aware that stillbirths in the hospital need not be reported to OCME unless there is a history of maternal trauma or drug abuse, or the case has some other suspicious or unusual circumstance. Neonatal deaths from prematurity and its complications must be reported only if the premature delivery was caused by maternal trauma or drug abuse. Deaths occurring within 24 hours of hospitalization from natural causes in which a diagnosis has been made with reasonable medical probability need not be reported, despite the fact that the patient survived less than 24 hours in the hospital; that is, there is no “24 hour rule” in NYC. Deaths due exclusively to natural disease need not be reported to OCME.

Additionally, clinical physician staff needing assistance in completing death certificates for deaths in health care facilities should appropriately contact the NYC Department of Health directly. OCME should not be contacted for purposes of assistance with death certification. For assistance with completion of death certificates, please direct clinical staff to contact:

Constituent Services Unit  
NYC Department of Health and Mental Hygiene (DOHMH)  
(646) 632-6705 to speak with a representative between 8am-5pm, Monday thru Friday  
evers@health.nyc.gov

-or-

After hours, please refer clinical staff to the Burial Desk  
NYC DOHMH  
(212) 788-4545  
Select Option 1, then Option 7 to speak with a representative 24/7, who will return the call

The NYC DOHMH also maintains the following e-learning website to provide training for physicians:


Please provide this information to your staff, and should you have any questions, please feel free to contact me with your concerns. Thank you for your cooperation.