Department of Veterans Affairs **VHA DIRECTIVE 2011-019**
Veterans Health Administration
Washington, DC 20420 **April 1, 2011**

THE AUTOPSY AS A CRITICAL COMPONENT OF QUALITY MANAGEMENT

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy relating to obtaining autopsies, and it specifies general performance expectations regarding postmortem examinations.

2. BACKGROUND

a. The autopsy is an invaluable component of high-quality health care. It provides:

(1) An in-depth understanding of the medical conditions and active disease processes affecting the deceased patient and the patient's response to treatment. Postmortem examination findings serve to more accurately determine the cause(s) and manner of death.

(2) Immediate feedback to the clinical team caring for the patient about unanswered medical questions that may be important in the treatment of other patients. Information from autopsies constantly updates understanding of disease processes and the effectiveness of current medical practice and helps identify emerging diseases.

(3) Definitive information on outcomes in clinical therapeutic trials.

(4) Information about familial conditions and can facilitate the process of coming to closure of the loss of a loved one for family and friends of the deceased patient.

(5) Information about unrecognized contagious infections such as tuberculosis or other conditions that may have important health implications for the family.

b. The performance of autopsies has markedly declined in recent years including in the private sector. This decline appears to be due to advances in imaging technology, pressures to control the cost of health care, the rise of managed care, the removal of the autopsy rate as a standard for accreditation by The Joint Commission (TJC) and other accreditation bodies, and prevailing cultural expectations of modern medicine. In addition, it reflects a failure of the health care community to fully appreciate the value of the autopsy to health care quality improvement. The current national autopsy rate for the Department of Veterans Affairs (VA) is 10 percent.

c. Despite the myriad advances in modern medicine, studies continue to document that unrecognized, but clinically significant findings are found at autopsy in about 40 percent of cases. This rate of unexpected discovery has been essentially unchanged over the last 7 decades.

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d. VHA Central Office, Veterans Integrated Service Networks (VISN), facilities, and service or program management need to work to ensure that resources are available and that policies and procedures are in place to affect VHA's policy regarding autopsies (see par. 3). It is incumbent upon the VHA Central Office, VISN, and individual facility leadership to establish a corporate climate that makes the autopsy a valued practice that provides information to families, improves clinical practice, and contributes to our understanding of disease processes and the effects of therapeutic and procedural interventions.

e. For purposes of this Directive, inpatient means Veterans who are patients in acute care hospitals, as well as residents of VHA domiciliaries and VHA Community Living Centers (CLCs) that are administratively managed by the responsible VHA facility.

3. POLICY: It is VHA policy that permission to perform an autopsy (i.e., post mortem examination) must be requested in every instance when a patient dies while an inpatient at a VHA facility or under the immediate care of a VHA facility (such as during an outpatient or emergency care visit, or during an ambulatory care procedure). ***NOTE:*** *Specific procedures for requesting and obtaining consent to perform an autopsy may be found in VHA Handbook 1106.01.*

4. ACTION

a. **National Director of Pathology and Laboratory Medicine Services (P&LMS).** The National Director of P&LMS, VHA Central Office, is responsible for maintaining a national database on the performance of postmortem examinations in the Veterans health care system. This database includes at least the monthly and annual autopsy rates for each VHA inpatient facility (acute and long-term care), and may include other information deemed important by the National Director of P&LMS.

b. **VISN Director.** Each VISN Director is responsible for monitoring the performance of autopsies at each inpatient treatment facility (acute and long-term care) within its jurisdiction, and ensuring that:

(1) Each inpatient facility (acute and long-term care) within the VISN completes the autopsy monthly report and sends it to the National Director of P&LMS in VHA Central Office, no later than 30 days after the end of each month being reported.

(a) VA form 10-0424, Monthly Autopsy Report (see Att. A) must be used for reporting autopsy data for each inpatient facility. VA Form 10-0424 is self explanatory.

(b) The autopsy rate (line 3.0 of VA Form 10-0424) is calculated simply as the number of patients who underwent a postmortem examination (line 2.0 of VA Form 10-0424) divided by the total number of inpatients (see subpar. 2e) (line 1.0 of VA Form 10-0424) who died at that facility during the reporting period (monthly).

(2) Autopsy reports are completed within 30 days of the autopsy unless exception for special studies is established by the local medical staff (see VHA Handbook 1106.1). ***NOTE:*** *It is important to encourage the maximum number of postmortem examinations on patients within a wide range of clinical categories. Rather than the goal of an arbitrary autopsy percentage, it is more important for VISN Directors to ensure that autopsies are requested and performed on deaths of significance to the medical centers.*

(3) Each medical facility has the capability to perform autopsies. There must be adequate physical facilities, staff, and resources to ensure that autopsies are performed safely and with minimal risk from infection.

(4) Autopsies of cases of infection with high risk pathogens are performed using appropriate personal protective equipment, environmental controls, and proper decontamination procedures commensurate with the biosafety precautions indicated for the known or suspected pathogen. If the Chief, P&LMS cannot ensure or comply with appropriate biosafety precautions, there must be a local policy, approved by the medical staff, to guide if and how autopsies on cases of infection with high risk pathogens are conducted. This local policy must comply with all of the biosafety precautions indicated for the known or suspected pathogen, as well as with all of the other requirements of this Directive.

(5) An alternative to performing autopsies at the medical facility is provided. This service may be contracted to another VA or accredited non-VA facility. ***NOTE:*** *Establishment of Regional Autopsy Centers at VISN or multi-VISN level may provide access to a quality and cost-effective alternative.*

c. **Medical Facility Director.** The medical facility Director is responsible for ensuring that:

(1) Local or regional VA counsel is consulted if there is any question whether a death should or should not be reported to the local coroner or medical examiner. ***NOTE:*** *If the United States does not have exclusive jurisdiction over the area where the decedent's body is found, the local coroner or medical examiner will be informed. Coroner or medical examiner cases are defined by local statute, and need to be enumerated in the local facility autopsy policy.*

(a) Autopsies on coroner and medical examiner cases may be performed at VA facilities only with the concurrent permission of both the coroner or medical examiner and the surviving spouse or next-of-kin. If the surviving spouse or next-of-kin refuses permission for an autopsy or cannot be located, the coroner or medical examiner needs to take custody of the decedent, and the autopsy is performed by and at the facilities of the coroner or medical examiner.

(b) If an autopsy on a coroner's case is performed with the surviving spouse or next of kin's permission at the VA facility, the VA pathologist performing the autopsy must work closely with, and as indicated, seek the advice and counsel of the coroner to assure that the autopsy is completed and reported appropriately.

(c) If the coroner determines that the death is of natural circumstances (i.e., has no medicolegal significance) and releases the decedent's remains, an autopsy may be done at the VA facility if the surviving spouse or next-of-kin grants permission. In such cases, the autopsy at the VA facility must be performed in the same manner as non-coroner autopsies. ***NOTE:*** *There is no requirement for preservation of "chain of custody" in non-coroner and coroner refused autopsies.*

(2) The physician provider responsible for the patient at the time of death has the primary responsibility to request an autopsy from the surviving spouse or next-of-kin. However, other providers in specified situations may also request permission for an autopsy. For example in Community Living Centers (CLC), the autopsy of certain patients may be requested by an appropriately trained Registered Nurse, Advanced Practice Nurse, or Physician Assistant consistent with current VHA policy. ***NOTE*****:** *In making these requests, clinicians need to take into consideration any special medical or prior military service-related conditions, the need for accuracy of the death certificate, immediate and long-term contributions to medical knowledge, and the value of findings to the surviving spouse or the next of kin.*

(3) Requests for an autopsy provide the surviving spouse or next-of-kin with information on the value of the autopsy and nature of an autopsy in a sensitive manner that is understandable to them, and clarifies that autopsy is provided by VA at no charge as a courtesy to the family. ***NOTE:*** *Suggested information to convey to the family is in Attachment B.*

(a) In all cases, requests are to be sensitive to the needs and wishes of the family.

(b) Patient education materials may be useful for family and others to help understand reasons for performing an autopsy. ***NOTE:*** *A suggested example is "Autopsy: Aiding the Living by Understanding Death" prepared by the College of American Pathologists Autopsy Committee in cooperation with the Armed Forces Institute of Pathology, Washington, DC. This pamphlet is published by the College of American Pathologists, 325 Waukegan Road, Northfield, IL 60093-2750.*

(4) Documentation of the request for autopsy is included in the patient's medical record. This documentation must include notation of the participants in the discussion and whether the permission was granted or denied. When permission is denied, the reasons for the denial are to be recorded in the medical record. ***NOTE:*** *Under certain circumstances, detailed in 38 CFR 17.170, the Medical Facility Director may cause an autopsy to be performed in the absence of consent from the decedent's surviving spouse or next of kin.*

(5) Whenever possible, the patient's family is given the results of the autopsy, both verbally and in writing, by the patient's primary or principal care physician.

(6) The family is provided with the opportunity to ask questions.

(7) Restricted autopsy examinations (those limited to a specific area, i.e., brain and spinal cord, chest cavity, or abdominal cavity) meet the requirements for autopsy.

(8) There are adequate physical facilities, staff, and resources to ensure that autopsies are performed safely and with minimal risk from infection.

(9) The medical facility has the capability to perform autopsies, or has an alternate source for obtaining this service.

(10) Autopsies of cases of infection with high-risk pathogens are performed using appropriate personal protective equipment, environmental controls, and proper decontamination procedures commensurate with the biosafety precautions indicated for the known or suspected pathogen. If the Chief, P&LMS cannot ensure or comply with appropriate biosafety precautions, there needs to be a local policy, approved by the medical staff, to guide if and how autopsies on cases of infection with high-risk pathogens are conducted. This local policy must comply with all of the biosafety precautions indicated for the known or suspected pathogen, as well as with all of the other requirements of this Directive.

(11) Results of autopsies are included in facility medical staff education and quality management programs.

5. REFERENCES

a. VHA Handbook 1106.01.

b. Title 38 CFR 17.170.

6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services, and the National Director of Pathology and Laboratory Medicine Services (10P4D), is responsible for the contents of this Directive. Questions are to be directed to (319) 338-0581 x5519.

7. RESCISSION: VHA Directive 2005-041, dated September 22, 2005, is rescinded. This VHA Directive expires April 30, 2016.

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Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 4/13/2011

ATTACHMENT A

VA FORM 10-0424, MONTHLY AUTOPSY REPORT

Department of Veterans Affairs (VA) Form 10-0424, Monthly Autopsy Report can be found on the VA Forms Web site at: http://vaww.va.gov/vaforms. ***NOTE:*** *This is an internal VA Web site and is not available to the public.*

ATTACHMENT B

PROCEDURES FOR REQUESTING AN AUTOPSY

Autopsies are an integral component of the learning process for physicians. Autopsies are also essential for pathology training and provide important information for families of the deceased. Unfortunately, for a number of reasons autopsy rates are unacceptably low. VHA staff are encouraged to help increase the autopsy rate by clear, thoughtful communication with patients and their families. The following information is to be conveyed at the time of each autopsy request so the family can make an informed decision. Become familiar with these topics so that they can be presented in a professional manner. A suggested presentation follows:

"I would like to talk with you about a postmortem examination, or autopsy. This can be a very distressing time, and often the procedure is poorly understood. I would appreciate your allowing me to explain a few important points regarding an autopsy so that I have done my job in assuring that you are able to make a well informed decision. Then we will certainly abide by whatever decision you make."

1. An autopsy or post-mortem examination is a careful, surgical procedure. Careful incisions are made; organs are removed for examination and tissue sampling. The incision is sewn back together. This is not a disfiguring procedure, and an open casket wake may be held if so desired.

2. An autopsy is provided by the VA as a courtesy to the family. There is no charge for this service.

3. Physicians learn considerable, important information from an autopsy. At autopsy, about 25 percent of the time we find conditions or disease we did not expect. This helps us become better physicians.

4. An autopsy is the last opportunity for the family to have their questions answered. Family members often have questions later, which they did not think of during the emotional period surrounding the death of their loved one. We are much more likely to be able to answer questions with the information available from an autopsy.

5. An autopsy may provide information which will help someone else. Because we can learn so much from autopsies and we often discover unexpected findings, physicians may identify ways to improve patient care or treat diseases more effectively.

6. Findings may be made which are important to surviving family members. Conditions or diseases which were not apparent before the time of death may be identified at autopsy. Infectious diseases such as tuberculosis or hereditary conditions may be discovered. Such findings can have important health implications for the family.