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EXPECTED DEATH IN THE HOME

EDITH Program Guidelines

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Central West

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OVERVIEW

The Expected Death in the Home Program (EDITH) supports a patient's wish to die at home and their expressed wishes not to be resuscitated when they stop breathing and their heart stops.

Death can be identified as "expected" when the health care team determines that the patient's condition is not curable or reversible; and that either treatment to restore health is not available, or the patient refuses the treatment that is available.

The EDITH Program supports RN/RPN pronouncement of an expected death in the community as part of the plan for pronouncement and certification of expected death; allowing for the timely removal of the body to the funeral home. In supporting the RN/RPN pronouncement of death, either the Physician or the Nurse Practitioner must agree to provide a completed death certificate to the funeral home within 24 hours of the death. This reduces the stress for the caregivers when death occurs, and supports Physicians/Nurse Practitioners in providing comprehensive end of life care in the community.

The EDITH Program can reduce the inappropriate dispatch of Emergency Services such as Police, Fire and Ambulance, as well as inappropriate use of the Coroner.

LEGISLATION

The Health Care Consent Act, (1996) and the Substitute Decisions Act (1992) identify the need for the Health Care Provider (HCP) to obtain consent or refusal for consent to *any* treatment:

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- From the capable patient
- From the Substitute Decision Maker(s) or Guardian(s) if the patient is not capable.

Cardiopulmonary Resuscitation and other potential life supports are treatments that the capable patient or their substitute decision maker can consent, or refuse consent to (College of Physicians and Surgeons of Ontario, 2006).

A patient is presumed to be capable (of entering into a contract for treatment) unless there are reasonable grounds to believe that they are incapable (Health Care Consent Act, 1996).

A capable patient can give consent to a treatment that will take place or be withheld in the future, if the decision for that treatment is relevant to the patient's current health condition.

A patient's capacity is not based upon the HCP opinion of the patient's decision, but on the patient's quality of understanding and appreciation of the consequences of consenting or refusing to consent to the proposed treatment (as explained by the HCP).

A capable patient can refuse to consent to a future treatment, even if the HCP believes that this decision is not in the best interest of the patient. However, the HCP must make every effort to ensure that the patient understands and appreciates the consequences of their decision each and every time a treatment is proposed.

In an emergency situation, if the patient is not capable and the SDM is not available, the HCP must follow the previously identified wishes of the patient. In the absence of the patient having identified their wishes, the HCP must act in the best interest of the patient.

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The SDM/Guardian shall make decisions on the incapable patient's behalf in accordance with the following principles:

- If the SDM/Guardian knows of a wish or instruction applicable to the circumstances that the incapable patient expressed while capable, the guardian shall make the decision in accordance with the wish or instruction.
- The SDM/Guardian shall use reasonable diligence in ascertaining whether there are such wishes or instructions.
- A later wish or instruction expressed while capable prevails over an earlier wish or instruction.
- If the SDM/Guardian does not know of a wish or instruction applicable to the circumstances that the incapable patient expressed while capable or if it is impossible to make the decision in accordance with the wish or instruction, the SDM/Guardian shall make the decision in the incapable patient's best interests.

In determining the best interest of the patient, the SDM/Guardian shall consider:

- The patient's current wishes, if they can be determined;
- The values and beliefs that the SDM/Guardian knows the patient held when capable and believe the patient would still act on if capable.

AND the following **TWO** factors:

1. Whether the SDM/Guardian's decision is likely to:

- Improve the quality of the patient's life,
- Prevent the quality of the patient's life from deteriorating, or

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- Reduce the extent to which, or the rate at which, the quality of the patient's life is likely to deteriorate.
2. Whether the benefit the patient is expected to obtain from the decision outweighs the risk of harm to the patient from an alternative decision.

Under the Health Care Consent Act (1996) there is no legal requirement to obtain a Physician's written, telephone or verbal DNR order.

There is no legal definition of who is able to pronounce an expected death (CNO, 2009).

Currently in Ontario, only Physicians and Nurse Practitioners (RN Extended Class) who are familiar with the patient are able to determine the cause of death and complete the Medical Certificate of Death (Office of the Registrar General 2010).

The Do Not Resuscitate Confirmation Form (DNRc) may be completed by a health care professional (MD, RN, RPN) to direct the emergency medical services (EMS) *not* to initiate cardiopulmonary resuscitation (CPR). The DNRc form must be physically available to EMS to prevent initiation of CPR. EMS are not made aware by any other means that a DNRc form exists. EMS may administer therapies, medications and/or treatments to provide comfort and symptom relief to the patient in the event that they are called to the home.

PROCESS

Section A and Section B of the EDITH form must be completed to confirm that EDITH is in place.

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Section A: Consent

- Responsible Physician/NP must be aware that by participating in the EDITH program, they are agreeing to the following:
- To be available for contact 24/7, or arrange alternate Physician/NP coverage in the event of patient's death.
- To complete the death certificate and make available to the funeral home within 24 hours of death.
- To ensure that covering Physician/NP, if utilized, are aware of the above expectations. Therefore, TELEHEALTH or Med Visit or Coroner are **NOT** acceptable coverage arrangements.

Section B: Funeral Home Information

- The funeral home must be made aware and have agreed to participation in the EDITH program.
- The funeral home is responsible for collecting death certificate from Physician/NP unless other arrangements have been made.

Section C: Nurse Pronouncement

- The nurse is to complete this section at the time of death.
- Copy 1 - to accompany the body to the funeral home.

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- Copy 2 - to CWCCAC
- Copy 3 - for agency records
- The nurse calls CWCCAC and Physician/NP to inform them of the patient's death.

Completion of Section A by Physician or NP:

- The Physician/NP meets with patient/family/SDM/Guardian to initiate Advance Care Planning. If the patient/SDM/Guardian identifies that the patient's expressed wish is to die at home and not to be resuscitated, then the DNRc form must be completed. The Physician/NP is to sign in section A and provide their contact details if initiating the EDITH program. The Physician/NP agrees that they will sign the death certificate and make it available to the funeral home within 24 hours of the patient's death.

Completion of Section A by Community Nurse:

- The community nurse meets with patient/SDM/Guardian to initiate Advance Care Planning, or initiates this discussion as part of the plan of care.
- If the patient/SDM/Guardian identifies that the patient's expressed wish is to die at home and not to be resuscitated, then the DNRc form must be completed
- The community nurse will obtain the verbal agreement of the Physician/NP and will document their contact details in section A.

In the event the Physician/NP or their alternate are not available, the nurse may contact the On Call Coroner to request support. The On Call Coroner can be contacted through "locating" at the local hospital. The On Call Coroner is NOT to be considered a suitable alternate for the Physician/NP. *There is no guarantee that the On Call Coroner will agree to the completion of a death certificate as part of the EDITH Program.*

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APPENDIX 1

DO NOT RESUSCITATE CONFIRMATION FORM – DNRc



Serial Number _____

Do Not Resuscitate Confirmation Form **To Direct the Practice of Paramedics and Firefighters after February 1, 2008** *Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – <i>please print clearly</i>	
Surname	Given Name

1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
 - Chest compression;
 - Defibrillation;
 - Artificial ventilation;
 - Insertion of an oropharyngeal or nasopharyngeal airway;
 - Endotracheal intubation;
 - Transcutaneous pacing;
 - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one) has been met and documented in the patient's health record.

- A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.
- The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one of the following:

M.D. R.N. R.N. (EC) R.P.N.

Print name in full	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

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APPENDIX 2

EXPECTED DEATH IN THE HOME (EDITH) FORM

Note: This is a triplicate form posted for reference only. Please do not print this form for use.



EXPECTED DEATH IN THE HOME (EDITH) Service Plan Please Read All Guidelines on Back of This Form before Completing.

SECTION A		CONSENT & MD/NP CONTACT INFORMATION	
I, _____, have discussed and understand my health status and			
Client's Name -Print			
Prognosis with my MD/NP _____			
		MD/NP name-Print	
I request to have comfort (palliative) measures only, including interventions or therapies considered necessary to provide comfort and			
alleviate pain. _____ has been appointed as the substitute decision-maker in the event the above			
Print – Name & Relationship (POA, SDM)			
named client is incapable of making, or understanding their own health care decisions.			
Client's signature	Date (DD/MM/YY)	Substitute Decision-Maker signature	Date (DD/MM/YY)
_____	_____	_____	_____
Responsible MD/NP Name	Tel # (contact to advise of death)	Fax #	Cell # / Pager
_____	_____	_____	_____
see for agreed responsibilities – do not place MD/NP contact information above prior to physician agreeing to conditions on reverse			
Alternate MD/NP	Tel # (contact to advise of death)	Fax #	Cell # / Pager
_____	_____	_____	_____
Nurse who obtained verbal MD/NP agreement	Signature & Date	Agency Telephone	
_____	_____	_____	

SECTION B		FUNERAL HOME INFORMATION	
Funeral Home	Address	Contact Person – Print	
_____	_____	_____	
Telephone #	Fax #		
_____	_____		

SECTION C		PRONOUNCEMENT INFORMATION	
Death Pronounced at home on _____ at _____			
Date (DD/MM/YY)		Time	
by _____			
Nurse's name (Surname, First) – Print	Signature	Agency	
_____	_____	_____	
MD/NP name (Surname, First) – Print		notified at	Date (DD/MM/YY)
_____		_____	_____
Death Certificate to be picked up at _____			
Specify Location (Address)			

Name of individual	Funeral Home/Mosque	Date (DD/MM/YY & time)	
_____	_____	_____	
After death has been pronounced, this form enables funeral home/mosque to remove the deceased prior to signing of the Medical Certificate of Death. The Nurse will notify the MD/NP. The MD/NP or his alternate will complete the Medical Certificate of Death and have it available for the Funeral Home/Mosque to pick up at the specified location.			

199 County Court Blvd., Brampton ON L6W 4P3 Phone: (905) 796-0040 / 1-888-733-1177

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