Waterloo Wellington Integrated Hospice Palliative Care Regional Program

Expected Death in the Home (EDITH)Guideline

Adapted with permission from the Central LHIN

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1. Overview

The Expected Death in the Home Protocol (EDITH) supports end of life care in the home and an individual's expressed wishes for no resuscitation attempt when their heart stops beating or they stop breathing.

Expected death is the natural and inevitable end to an irreversible illness. Death is recognized as an expected outcome. Supportive and sensitive communication should have taken place between all those involved, and an end of life plan should be in place[1].

The EDITH Protocol supports the development of an end of life plan to identify the approach for pronouncement/certification of death in the home to allow for the timely removal of the body. The most responsible Physician (MRP)/ Registered Nurse - Extended Class (RN (EC)) agrees to make arrangements to complete the medical certificate of death (MCOD) within 24 hours. This reduces the stress for the family when death occurs and supports physicians to care for end of life patients in the community setting.

Use of the EDITH form does not replace the partial completion of the MCOD or the Do Not Resuscitate Confirmation (DNR C) form.

The use of the EDITH protocol will reduce the inappropriate use of Emergency Services such as Police, EMS, Fire and the Coroner.

If there are challenges obtaining the information to support an EDITH there should be an escalation of the issue to the Waterloo Wellington Local Health Integration Network (WWLHIN) Coordinator (CC), who will notify the rest of the Hospice Palliative Care (HPC) team, as appropriate.

2. Legislation

The *Health Care Consent Act (HCCA), 1996*[2], and the *Substitute Decisions Act, 1992*[3], enable a mentally capable person to develop an individualized plan of treatment based on their current medical condition. Through this individualized plan of treatment, the person can indicate the kinds of treatment he or she would consider acceptable or reject in the event a person becomes incapable. If the person becomes mentally incapable, the plan of treatment would remain in effect. Under the *HCCA, 1996*, resuscitation is considered to be a treatment. According to the HCCA[2], there is no legal requirement to obtain a Physician's written, telephone or verbal Do Not Resuscitate (DNR) order. Additionally, there is no legal definition of who is able to pronounce death. Nurses may pronounce death when death is expected.

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 sign the MCOD.

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[1] Adapted from, Together for Short Lives. (2012) The verification of expected death in childhood: Guidance for children's palliative care services http://www.togetherforshortlives.org.uk/assets/0000/1856/FINAL_TfSL_Verification_of_Expected_Death_in_Childhood_Report.pdf

[2] Health Care Consent Act (1996) https://www.ontario.ca/laws/statute/96h02

[3] Substitute Decisions Act (1992) https://www.ontario.ca/laws/statute/92s30

Coroner's Act[4]

Duty to give information - Section 10(1)(a) Every person who has reason to believe a deceased person died as a result of,

i. violence,
ii. misadventure,
iii. negligence,
iv. misconduct, or
v. malpractice;

shall immediately notify a coroner or police officer of the facts and circumstances relating to death.

In the case of Coroner involvement, the body must remain in the home until the Coroner speaks to MRP/RN (EC) and authorizes release of the body.

Pediatrics:

In cases of expected death in the home of a pediatric patient we are able to continue to follow our usual protocol of Nurse/ Physician/ RN (EC) pronouncement, transfer of the body to the funeral home/ alternative funeral arrangement and completion of the MCOD according to protocol by the MRP or delegate or NP(EC).

Instances of expected pediatric death do not automatically represent Coroner's cases except if there has been involvement of the Children's Aid Society (CAS) within the past 12 months or any injury related event that was the initiating or hastening event for the death.

3. Process

The DNR C may be completed by a health care professional (MD, RN, RPN, RN (EC)) to direct the Firefighters/Paramedics not to initiate Cardio Pulmonary Resuscitation (CPR). They may administer therapies to provide comfort or alleviate pain in the event they are called to the home (See Appendix 1).

A. Completion of the EDITH form

The Nurse:

- Initiates the discussion regarding care planning with the patient and family in the context of a known condition and completes the first section of the form, indicating that the patient has an expressed wish for no resuscitation attempt when their heart stops beating or they stop breathing.
- Ensure a plan for certification/pronouncement of death is in place and if not, contact the MRP/RN (EC) to confirm roles. Physician/RN (EC) is responsible for initiating a partial MCOD within the patient's chart.
- Confirms with the family that the funeral home has been contacted or alternate post-mortem arrangements made and are aware of the plan for EDITH.
- Ensures the family knows who to call when death occurs and in particular not to call 911.
- Documents the plan for pronouncement/certification of death and the funeral home/alternate post-mortem arrangement information on the EDITH form.
- Signs and dates the EDITH form.
- Nurse sends the EDITH form to WWLHIN after section C is complete. Nurse can scan (if secure) or fax the bottom copy of the EDITH form to LHIN. The top copy MUST remain in the patient's chart in the home.

Physician/ RN (EC):

- Responsible for collaborating with the Nurse regarding the pronouncement plan.
- Responsible for initiating a partial MCOD within the patient's chart.
- Ensures the family knows who to call when death occurs and in particular not to call 911.

[4] Coroners Act Ontario https://www.ontario.ca/laws/statute/90c37

Waterloo Wellington Local Health Integration Network (WWLHIN):

- Notifies all appropriate members of the health care team including MRP/RN (EC), service providers (Nursing, PSW, SW etc.) and HPC team that there is a plan for EDITH.
- Ensures the family knows who to call when death occurs and in particular not to call 911.
- Care Coordinator (CC) assists health care providers with completion of the EDITH form.
- For patients that access Medical Assistance in Dying (MAID) the Care Coordinator, along with the patient's health care team, will support a seamless individualized process that will be complimentary to EDITH.

Note: *If the patient is transferred to Hospice/Complex Continuing Care (CCC), EDITH form to be included in documents along with MCOD and DNR C and sent with patient.*

When death occurs, the family follows the plan by:

- Contacting the nursing provider OR
- Contacting the Physician or RN(EC) to pronounce death

B. Pronouncement of Death

Nurse:

- Visits to pronounce death and support the family.
- Notifies the MRP / RN (EC) of the patient's death, noting date and time of death, receiving funeral home/ alternative post-mortem arrangements and reminds the Physician/RN (EC) to complete the MCOD within 24 hours.
- Nurse to advise Physician/RN (EC) of any special circumstances recorded on EDITH form.
- Notifies the Funeral Director/ alternative post-mortem Professional of the death and arranges for removal of the body in keeping with the family wishes.
- Ensures a copy of the EDITH form is in the in-home chart and returns the chart to the nursing office.
- Leaves a copy of the EDITH form and partial MCOD in the home for the Funeral Director/ alternative post-mortem Professional to take when they pick up the body.
- If a case meets requirement for reporting to the Office of the Chief Coroner (see Section 3 above) complies with Coroners Act 10(1) regarding duty to give information.

Physician/RN (EC):

- Signs the MCOD within 24 hours of death at the funeral home/ alternative post-mortem arrangement or makes suitable arrangements in consultation with the funeral home and in compliance with the Vital Statistics Act.[5]
- If a case meets requirement for reporting to the Office of the Chief Coroner (see Section 3 above) complies with Coroners Act[4] regarding duty to give information.

[5] Vital Statistics Act, R.S.O. 1990, c. V.4 https://www.ontario.ca/laws/statute/90v04

Funeral Home:

- Ensures the Physician/RN (EC) completes the MCOD.
- In the event the attending Physician or his/her alternate are not available, the funeral home/ alternative post-mortem arrangement will contact the LHIN CC for assistance at 519.748.2222.

Coroner:

- Currently, in Ontario all MAID deaths are to be reported to the Coroner (further information under legislation in this guideline).
- The Coroner may give authority to remove the body without a completed or partial MCOD.
- The On-Call Coroner can be contacted by calling Provincial Dispatch: 1-855-299-4100.

Appendix 1 – DO NOT RESUSCITATE CONFIRMATIONFORM

Ontario Ministry of Health and Long-Term Care

Office of the Fire Marshal

XXXXXX

Do Not Resuscitate Confirmation

To Direct the Practice of Paramedics and Firefighters

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 – *please print clearly*	
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.

Appendix 2 - Medical Assistance in Dying (MAID)

Currently, in Ontario all MAID deaths are to be reported to the Coroner.

- Unless ordered otherwise by a court, pursuant to Section 10 (1) (f) of the *Coroners Act*[4], the Office of the Chief Coroner must be notified if a death occurs from any cause other than disease. MAID involves the administration of lethal doses of medication(s) in order to hasten death, and as a result, MAID deaths will require a notification to the Office of the Chief Coroner.
- Ontario has proposed amendments to the *Coroners Act*[4]. However, effective June 6th, 2016 and until further notice, clinicians must notify the Office of the Chief Coroner of all MAID deaths.
- Planning for MAID deaths requires a team approach and will be facilitated by the prescribing/administering physician and the lead agency (LHIN Home and Community Care, Hospital) as appropriate

In cases of self-administered MAID

- Pronouncement may be done by the visiting Nurse.
- The nurse would call the MRP/RN (EC) who would notify the Coroner On-Call.
- All medical records relating to the MAID process (discussions, assessments, prescription, procedure) should be readily available to provide promptly to the Coroner for review.
- The patient and family will be informed that the Coroner will be notified and an investigation may proceed.
- The Coroner will contact the Funeral Director or alternative post-mortem Professional to provide instructions on how to proceed.
- The Coroner may complete the death investigation and the MCOD. In cases of Physician/RN (EC) administered MAID.
- The MAID Physician/RN (EC) will be present at the time of death and will do the pronouncement and contact the Coroner.
- Other details as above.

Appendix 3 – Expected Death in the Home (EDITH) Form

PATIENT INFORMATION: SECTION A		
Name of Patient (print last, first, middle):	Date of Birth [month-by name, day, year (in full]:	
Name of Parent/Legal Guardian/SDM (print last, first, middle):		
The signature of the Health Care Professional (HCP) below identifies the above-named person (or their Substitute Decision-Maker, if mentally incapable) has confirmed their expressed wish that resuscitation is not included in the treatment plan.		
Diagnosis (approximate month/ year):	Secondary Diagnoses (approximate month/ year):	
Name of Most Responsible Physician (MRP)	MRP Telephone: Daytime: After Hours:	
Print Name of HCP Completing Section A	Signature ☐ RN ☐RPN ☐RN (EC) ☐MD	
Agency Name:	Contact Information (daytime & after hours)	Date: m/d/y

PRONOUNCEMENT / CERTIFICATION PLAN: SECTION B (Check ONE)		
1. ☐ MRP above will pronounce and certify death 2. ☐ Nurse may pronounce death and Physician agrees to sign the Medical Certificate of Death (MCOD) at the Funeral Home within 24 hours of death 3. ☐ Planned clinician administered MAID death, primary MAID clinician will pronounce and contact Provincial Coroner's office to notify		
☐ Plan confirmed with MRP on (date m/d/y)		
Print Name of HCP Completing Section B:	Signature: ☐ RN ☐R	
Name of Agency:	Contact Information	Date(m/d/y):
Special circumstances (e.g. organ/body donation, transfer out of region, cultural/religious practices, known infectious diseases, MAID death etc.): ☐ Special circumstances communicated to relevant members of the care team ☐ Pediatric Patient with prior involvement of Children's Aid Society (CAS)		

FUNERAL HOME INFORMATION: SECTION C	
Funeral Home:	Contact Name:
Telephone:	Fax:

PRONOUNCEMENT INFORMATION: SECTION D		
Date Pronounced [month-by name, day, year (in full)]:	Time Pronounced (h):	
Death Pronounced by (print name of HCP & Agency):	Contact information (daytime & after hours):	
Signature:	☐ RN ☐RPN ☐RN (EC) ☐ MD	
Name of Physician / RN(EC) Notified:	Date & Time of Notification (m/d/y; h):	
Family/Carer/Substitute Decision Maker notified (Name, date and time notified)		
Coroner notified (if applicable by MRP) Coroner on call # 1 855 299 4100	☐ yes ☐ no If yes, Name of Coroner, date and time notified:	
Name of Funeral Home notified (if applicable) OR	☐ fa Contact Name:	Date & Time (m/d/y)
Once death has been pronounced, this form will enable a funeral home to remove the deceased prior to signature of the MCOD. The Funeral Director will arrange with the attending Physician for completion of the MCOD. If the attending Physician is not immediately available, his/her alternate will be contacted. If no Physician can be contacted to certify death within 24 hours, the funeral home can contact the LHIN Care Coordinator for assistance (519 748 2222). It is requested that a MCOD be left attached to this form (not yet completed and unsigned by Physician). The DNR Confirmation Form must be completed in full, and signed to be acted upon by Paramedics/ Firefighters.		

Appendix 4 - Guideline for Completion of Expected Death in the Home Form

SECTION A: PATIENT INFORMATION

- Physician / Nurse/ RN (EC) initiates discussion regarding care planning & confirms the patient's expressed wish for EDITH
- The Nurse completes **section A of the EDITH** form including documentation of:
    - Patients name, date of birth, SDM(s), diagnoses, MRP (name and contact number) as well as the nurse's name, signature, agency name and contact information
- The health care team (HCT) ensures the Do Not Resuscitate Confirmation (DNR C) form is completed and placed within the chart in the home (CITH)
- **The HCT is responsible for ensuring the family knows who to call when death occurs & in particular not to call 911**

SECTION B: PRONOUNCEMENT/ CERTIFICATION PLAN

- The Nurse & Physician / RN (EC) confirms the plan to ensure the Physician/RN (EC) partially complete MCOD within the CITH as well as the pronouncement/ certification plan to determine the role of the Physician / RN (EC)
- The Nurse completes **section B of EDITH** form including documentation of:
    - The pronouncement/ certification plan, the date and time the plan was confirmed, including the nurse's name, signature, agency name, contact information and alerts the team to any special circumstance.
- The Nurse places the EDITH form in section 11 of the CITH with the DNR-C and partially complete MCOD
- The LHIN CC notifies the appropriate members of the HCT including MRP/RN (EC), Community Nurses, PSWs etc. via Health Partner Gateway (HPG) there is an EDITH plan in place
- For clinician administered MAID procedures, the patient's primary MAID clinician will pronounce and notify provincial coroner's office. If the patient dies of natural causes prior to MAID procedure completion, pronouncement and notification of death will fall to the Nurse/Physician as outlined according to the EDITH protocol as outlined.

SECTION C: FUNERAL HOME INFORMATION

- The Nurse obtains information regarding the funeral home (or alternate post-mortem arrangements) from the patient and/or family
    - Nurse completes **section C of the EDITH** form including documentation of the name of the funeral home/ alternative post-mortem arrangements, a contact name, telephone and fax numbers
- The Nurse informs the LHIN Care Coordinator of the completed EDITH form. **NOTE:** This can be done **after Section B if Funeral Home information is not known**
- The LHIN CC notifies the appropriate members of the HCT including MRP/RN (EC), Community Nurses, PSWs etc. via Health Partner Gateway (HPG) there is an EDITH plan in place

SECTION D: PRONOUNCEMENT INFORMATION

It is the expectation that the health care professional is competent to pronounce death

- Upon notification of the patient's death, the Nurse visits, pronounces death and supports the family
- The Nurse contacts the Physician/RN (EC) to inform them of date/time of patients. death, reminds Physician/RN(EC) of any special circumstances and to complete MCOD at funeral home within 24 hours
- Nurse completes **section D of the EDITH** form including documentation of:
    - the date and time the patients' death was reported
    - the writer's awareness of the presence of any infectious disease(s) with a description if known
    - the date and time patients' death was pronounced
    - the name and signature of the HCP pronouncing death including agency name and contact information
    - the name of the Physician/ RN (EC) notified as well as the date and time
    - the name of the family/ carer/ SDM notified including the date and time notified
    - indicate if the Coroner was notified. If yes, document the name, date and time the Coroner was notified
    - confirmation of name of funeral home/ alternative post-mortem arrangement notified (or plan for the family to notify the funeral home/ alternative post-mortem arrangement) along with a contact name, date and time

AFTER Death

- The Nurse leaves a copy of the EDITH form (yellow) and the partially completed MCOD in the home for the Funeral Director/ alternative post-mortem Professional
- The CITH is removed by the Nurse

NOTE:

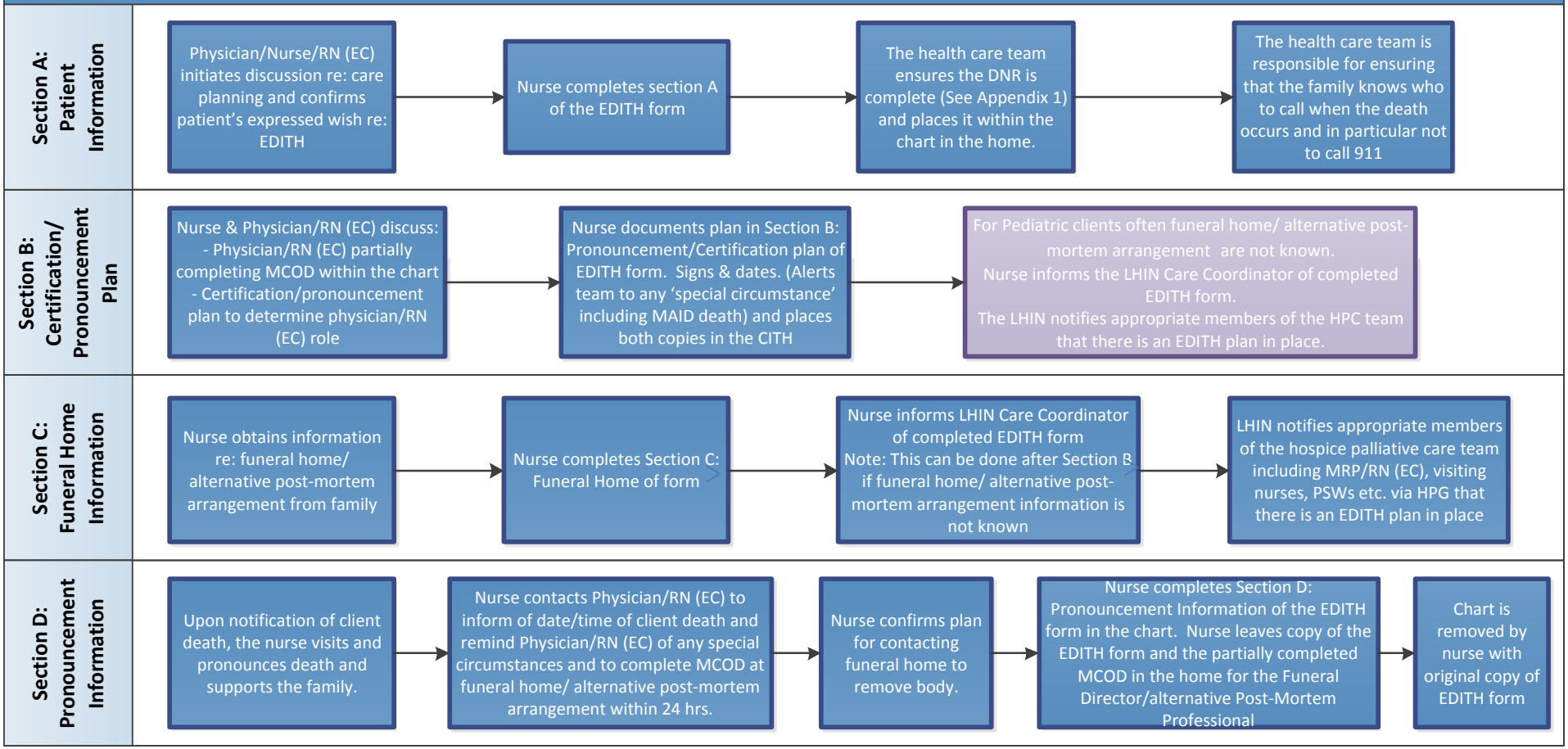
- In the event the attending physician or his/her alternate are not available, funeral home/ alternative post-mortem arrangement will contact the LHIN Care Coordinator for assistance (519.748.2222).
- If the patient is transferred to a residential hospice or complex continuing care unit, the EDITH Form is to be included in package along with MCOD, DNRC and the SRK.

White – LHIN | Yellow – To accompany after death to funeral home
Document Type: Medical | Document Type: Medical Correspondence

Appendix 5 – Process for Completion of the EDITH Form

Process for Completion of Expected Death in the Home (EDITH) Form

Objective: To describe the role of the Health Care Team (Nursing, Physician, LHIN, etc.,) in ensuring that the family knows who to call when death occurs and in particular not to call 911.



If the funeral home is unable to contact the MRP / RN (EC), or the MRP / RN (EC) cannot verify death within 24 hours of death, the funeral home/alternative post-mortem arrangement will contact the LHIN Care Coordinator for assistance (519.748.2222).

- If the patient is transferred to a residential hospice in Waterloo Wellington/Complex Continuing Care unit, the EDITH form is to be included in documents along with MCOD and DNR C and sent with patient.