



CHECKLIST FOR TRACK ONE

Track One

The following is a checklist of items to include in the patient’s medical record. These records should be on-hand and accessible to support an efficient and effective investigation by the Office of the Chief Coroner.

| Checklist for Track One | Date and Initial (completed) |
|--|------------------------------|
| <p>Patient Inquiry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date of the patient's initial inquiry <input type="checkbox"/> Date and details of the discussion to understand the motivation and suffering behind the patient's request for MAID <input type="checkbox"/> Patient is informed of all available alternate treatment and care options <input type="checkbox"/> Report patient written requests for MAID to Health Canada | |
| <p>Conscientious Objection and Patient Referral (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Report patient written request for MAID to Health Canada even though Clinician did not proceed with discussions and provision of MAID | |
| <p>Patient Consent Obtained to Discuss MAID with Family Members/Caregivers and Next of Kin (only check the box below that applies)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient consent gained <input type="checkbox"/> Patient consent not gained | |
| <p>Eligibility Assessments: Completed Separately by Two Clinicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> The following forms are complete: <ul style="list-style-type: none"> <input type="checkbox"/> Clinician Aid B <input type="checkbox"/> Clinician Aid C <input type="checkbox"/> Document all consults (e.g. psychiatric, neurological, capacity assessments) <input type="checkbox"/> Confirmation that the criteria for independence have been met | |
| <p>Procedural Safeguards</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written request is completed, signed and dated by the patient (Clinician Aid A) <input type="checkbox"/> Written request is signed and dated by one independent witness (confirm criteria for independent witness has been met) <input type="checkbox"/> Request is transcribed on patient’s behalf (if unable to write) <input type="checkbox"/> Request is signed and dated on the patient’s behalf (if unable to sign) <input type="checkbox"/> The patient is informed that they can withdraw their request at any time, in any manner | |
| <p>Routine Notification for Donation Eligibility (mandatory for designated facilities and sites)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Document notification of Trillium Gift of Life Network (TGLN) CALL: 1-877-363-8465 | |
| <p>Details of MAID Care Plan – Clinician-Administered (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Members of MAID care team identified and briefed <input type="checkbox"/> Document consent provided for inclusion of family members/caregivers/individuals chosen by the patient <input type="checkbox"/> Assessed the patient’s decision-making capacity <input type="checkbox"/> Patient is identified as at risk of losing decision-making capacity and wants to create a “waiver of final consent” written arrangement (check if applicable) <input type="checkbox"/> Time and place for Clinician-administered MAID <input type="checkbox"/> Drug protocol selected <input type="checkbox"/> Other relevant considerations, please specify: _____ | |
| <p>Details of MAID Care Plan – Self-Administered (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Members of the MAID care team are identified and briefed <input type="checkbox"/> Document if consent is provided for the inclusion of family members/caregivers/individuals chosen by the patient <input type="checkbox"/> Document if patient chooses to create an “advance consent for failed self-administration” written arrangement for Clinician-administered MAID if self-administration fails and the details of the written arrangement <input type="checkbox"/> Time and place for self-administration of MAID with “advance consent for failed self-administration” written arrangement for the Clinician to attend <input type="checkbox"/> Plan for safe disposal of any leftover medication <input type="checkbox"/> Other relevant considerations, please specify: _____ | |

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|--|---------------------------------|
| <p>Meeting with the Patient before MAID Procedure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discussion with the patient and individuals chosen by the patient to prepare them for provision of MAID | |
| <p>Documentation Related to Clinician-Administered MAID</p> <ul style="list-style-type: none"> <input type="checkbox"/> Method of administration is documented (in hospital/practice setting) <input type="checkbox"/> MAID procedure note <input type="checkbox"/> Any other additional documents as required by the Clinician's institution (e.g. completed and signed order set for MAID, pharmacy dispensing records, MAID medication administration record) <input type="checkbox"/> Where MAID is provided, Clinicians must document: <ul style="list-style-type: none"> <input type="checkbox"/> the analysis that was undertaken to determine whether the patient's natural death was or was not reasonably foreseeable; <input type="checkbox"/> the steps taken to satisfy themselves that the relevant procedural safeguards were met; <input type="checkbox"/> the medication protocol used [i.e. drug type(s) and dosages] <input type="checkbox"/> the time of the patient's death; and <input type="checkbox"/> any additional information needed to comply with the Clinician's reporting obligations to the Office of the Chief Coroner when MAID is provided. | |
| <p>Documentation Related to Self-Administered MAID</p> <ul style="list-style-type: none"> <input type="checkbox"/> Method of administration is documented <input type="checkbox"/> MAID procedure note <input type="checkbox"/> Any other additional documents as required by the Clinician's institution (e.g. completed and signed order set for MAID, pharmacy dispensing records, MAID medication administration record) <input type="checkbox"/> Where MAID is self-administered, Clinicians must document: <ul style="list-style-type: none"> <input type="checkbox"/> the analysis that was undertaken to determine whether the patient's natural death was or was not reasonably foreseeable; <input type="checkbox"/> the steps taken to satisfy themselves that the relevant procedural safeguards were met; <input type="checkbox"/> the medication protocol used [i.e. drug type(s) and dosages]; and <input type="checkbox"/> any additional information needed to comply with the Clinician's reporting obligations to the Office of the Chief Coroner when MAID is provided. | |
| <p>Reporting of Death to the Office of the Chief Coroner</p> <ul style="list-style-type: none"> <input type="checkbox"/> Office of Chief Coroner is notified: Call 1-855-299-4100 to report a death due to MAID <input type="checkbox"/> Patient's complete medical record is provided to the Office of the Chief Coroner for investigation if required | |