



**CHECKLIST FOR TRACK TWO**

Track Two

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 Two  | Date and Initial (completed) |
|--|------------------------------|
| <p><b>Patient Inquiry</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date of the patient’s initial inquiry</li> <li><input type="checkbox"/> Date and details of the discussion to understand the motivation and suffering behind the patient’s request for MAID</li> <li><input type="checkbox"/> Patient is informed of the means that are available to relieve their suffering, including palliative care</li> <li><input type="checkbox"/> Report patient written requests for MAID to Health Canada</li> </ul>   |                              |
| <p><b>Conscientious Objection and Patient Referral (if applicable)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Report patient written request for MAID to Health Canada even though Clinician did not proceed with discussions and provision of MAID</li> </ul>  |                              |
| <p><b>Patient Consent Obtained to Discuss MAID with Family Members/Caregivers and Next of Kin (only check the box below that applies)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient consent given</li> <li><input type="checkbox"/> Patient consent not given</li> </ul>   |                              |
| <p><b>Eligibility Assessments: Completed Separately by Two Clinicians</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The following forms are complete: <ul style="list-style-type: none"> <li><input type="checkbox"/> Clinician Aid B</li> <li><input type="checkbox"/> Clinician Aid C</li> </ul> </li> <li><input type="checkbox"/> Confirmation that the criteria for independence have been met</li> </ul>   |                              |
| <p><b>Procedural Safeguards</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written request is completed, signed and dated by the patient (Clinician Aid A)</li> <li><input type="checkbox"/> Written request is signed and dated by one independent witness (confirm criteria for independent witness has been met)</li> <li><input type="checkbox"/> Request is transcribed on patient’s behalf (if unable to write)</li> <li><input type="checkbox"/> Request is signed and dated on the patient’s behalf (if unable to sign)</li> <li><input type="checkbox"/> Clinician with expertise was consulted (if applicable)</li> <li><input type="checkbox"/> Results of a consultation with a clinician with expertise in the condition causing the patient’s suffering (if conducted) were shared with other clinician responsible for assessing eligibility.</li> <li><input type="checkbox"/> The patient is informed that they can withdraw their request at any time, in any manner</li> </ul> |                              |
| <p><b>90-Day Assessment Period</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start and end-date of 90-day assessment</li> <li><input type="checkbox"/> If the 90-day assessment period is shortened, the reason for doing so and the new start and end-date</li> </ul>   |                              |
| <p><b>Routine Notification for Donation Eligibility</b> (mandatory for designated facilities and sites)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notification of Trillium Gift of Life Network (TGLN) CALL: 1-877-363-8465</li> </ul>   |                              |
| <p><b>Details of MAID Care Plan – Clinician-Administered (if applicable)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Members of the MAID care team are identified and briefed</li> <li><input type="checkbox"/> Consent from patient if family members/caregivers/individuals chosen by the patient are included</li> <li><input type="checkbox"/> Time and place for Clinician-administered MAID</li> <li><input type="checkbox"/> Drug protocol selected</li> <li><input type="checkbox"/> Other relevant considerations, please specify: _____</li> </ul>   |                              |
| <p><b>Details of MAID Care Plan – Self-Administered (if applicable)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consent provided for inclusion of family members/caregivers/individuals chosen by the patient</li> <li><input type="checkbox"/> If patient chooses to create an “advance consent for failed self-administration” written arrangement for Clinician-administered MAID if self-administration fails, details of the written arrangement</li> <li><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</li> <li><input type="checkbox"/> Plan for safe disposal of any leftover medication</li> <li><input type="checkbox"/> Other relevant considerations, please specify: _____</li> </ul>   |                              |

| Checklist for Track Two  | Date and Initial<br>(completed) |
|--|---------------------------------|
| <p><b>Meeting with the Patient before MAID Procedure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discussion with the patient and individuals chosen by the patient to prepare them for provision of MAID</li> </ul>  |                                 |
| <p><b>Documentation Related to Clinician-Administered MAID</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Method of administration (in hospital/practice setting)</li> <li><input type="checkbox"/> MAID procedure note</li> <li><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)</li> <li><input type="checkbox"/> Where MAID is provided, Clinicians must document:               <ul style="list-style-type: none"> <li><input type="checkbox"/> the analysis that was undertaken to determine whether the patient's natural death was or was not reasonably foreseeable;</li> <li><input type="checkbox"/> the steps taken to satisfy themselves that the relevant procedural safeguards were met;</li> <li><input type="checkbox"/> the medication protocol used [i.e. drug type(s) and dosages]</li> <li><input type="checkbox"/> the time of the patient's death; and</li> <li><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.</li> </ul> </li> </ul> |                                 |
| <p><b>Documentation Related to Self-Administered MAID</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Method of administration</li> <li><input type="checkbox"/> MAID procedure note</li> <li><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)</li> <li><input type="checkbox"/> Where MAID is self-administered, Clinicians must document:               <ul style="list-style-type: none"> <li><input type="checkbox"/> the analysis that was undertaken to determine whether the patient's natural death was or was not reasonably foreseeable;</li> <li><input type="checkbox"/> the steps taken to satisfy themselves that the relevant procedural safeguards were met;</li> <li><input type="checkbox"/> the medication protocol used [i.e. drug type(s) and dosages]; and</li> <li><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.</li> </ul> </li> </ul>  |                                 |
| <p><b>Reporting of Death to the Office of the Chief Coroner</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Office of Chief Coroner is notified: Call 1-855-299-4100 to report a death due to MAID</li> <li><input type="checkbox"/> Patient's complete medical record is provided to the Office of the Chief Coroner for investigation if required</li> </ul>   |                                 |