OBJECTIVES

- To outline the safe and appropriate actions to be taken with and for co-patients, family, staff and Physicians following a patient death on an Addiction & Mental Health inpatient unit.

- To facilitate the safety and well-being of co-patients and provide support to family, co-patients, staff and Physicians at the time of a patient death.

- To encourage reflective consideration of the events of the patient’s death.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

1.1 Staff shall refer to available local documents for specific direction following all deaths on an inpatient unit. Staff may refer to the Alberta Health Services (AHS) Care After Death – Adult and Pediatric Policy (Calgary Zone) and its related Procedure and Protocols.

a) In the event of a notifiable death (see Appendix A: Notifiable Death – Excerpts from the Fatality Inquiry Act [Alberta]), including death by suicide, until and unless directed to do so by the Medical Examiner, all
found items are to be left in place and undisturbed, including any notes or letters.

1.2 The responsible administrative leader (or delegate), upon learning of the death of any patient, shall decide whether the death is to be treated as a notifiable death, consulting the most responsible health practitioner as required.

1.3 This procedure focuses on actions unique and specific to Addiction & Mental Health inpatient units. These actions pertain to surveillance of co-patients and debriefing with co-patients, family, staff and Physicians following a patient death.

2. Debriefing Co-patients and Therapeutic Engagement

2.1 The nature of debriefing co-patients is at the discretion of the responsible administrative leader (or delegate) in consultation with other unit Physicians and health care professionals.

   a) Debriefing may be offered by having a unit meeting with co-patients. A key focus is to support co-patients; messages shall acknowledge the death yet respect the privacy of the deceased.

   b) In the case of co-patients who are minors or who are adults who lack capacity, their guardian(s) or alternate decision-maker(s) shall be contacted by their most responsible health practitioner or their other assigned health care professional to advise them of the incident and to review safety strategies, as appropriate. Consent shall be obtained from the guardian or alternate decision-maker prior to the co-patient participating in debriefing.

2.2 The responsible administrative leader (or delegate) shall support health care professionals in offering therapeutic engagement by:

   a) monitoring all patients on the unit, as appropriate;

   b) conducting mental status and suicide risk screening and/or assessment, as appropriate, with patients for whom the incident may heighten their own stress and risk to self or others; and

   c) offering time to any patient who wishes to discuss their reactions to the death.

3. Meeting with the Deceased Patient’s Family

3.1 The most responsible health practitioner shall offer to meet with the deceased patient’s family to acknowledge the patient’s death, listen, provide support and address questions.
a) In the case of an unexpected death, the most responsible health practitioner shall offer a description of the known facts of the event and follow the AHS Disclosure of Harm Policy and Procedure.

b) If a notifiable death, the most responsible health practitioner should reinforce that the Medical Examiner will, where possible, determine the cause of death.

c) If appropriate, the most responsible health practitioner shall inform the family of available community resources and support services.

4. Staff and Physician Debriefing and Support

4.1 The nature of debriefing and support is at the discretion of the responsible administrative leader (or delegate). Debriefing with staff and Physicians may be conducted at separate times and shall focus on the following two (2) aspects:

a) staff and Physician support; and

b) organizational learning from the event.

4.2 It is recognized that the death of a patient may be a difficult event for people who had personal or professional relationships with the patient. For health care providers and the organization, such an event carries with it a responsibility to explore ways to improve care and safety. Staff and Physicians shall be encouraged to participate in a thoughtful discussion to review the event sensitively, recognizing the impact the death may have had on the people in different roles within the unit’s team.

4.3 Staff and Physicians should also be encouraged to complete an entry in the Reporting and Learning System (RLS), as appropriate. In the event of an unexpected patient death, the responsible administrative leader (or delegate) shall refer to the AHS Reporting of Clinical Adverse Events, Close Calls and Hazards Policy and the AHS Immediate and Ongoing Management of Clinically Serious Adverse Events Guideline.

4.4 The responsible administrative leader (or delegate) shall:

a) engage with staff and Physicians to identify who may be experiencing difficulty coping so that appropriate support can be offered;

b) ascertain the ability of individual staff and Physicians to continue working;

c) ensure staff are aware of how to access the Employee & Family Assistance Program (EFAP) counselling service (staff should be encouraged to alert EFAP of any urgency for service);

d) ensure Physicians are reminded of support available from professional colleagues and the Alberta Medical Association Physician & Family Support Program;
5. Documentation in the Health Record

5.1 Documentation in the health record of an inpatient death shall be completed by the patient’s most responsible health practitioner and health care professionals in accordance with local policies or processes.

5.2 Additional documentation specific to death on an Addiction & Mental Health inpatient unit shall include, but not be limited to, notes regarding all communication with the patient’s guardian, agent, nearest relative, alternate decision-maker or family members.

5.3 In the event of death by suicide where a note or letter was written by the patient:

a) documentation shall include that sealed letters or notes were found, by whom, the location and time that the note(s) were found, and when the Medical Examiner was alerted to their existence;

b) the responsible administrative leader (or delegate) shall ask the Medical Examiner for a copy to be placed in the health record;

c) the Medical Examiner has the authority and discretion to provide the original document to the family, or to allow the responsible administrative leader (or delegate) to do so. In the latter case, a copy shall be made and placed in the health record; and

d) the most responsible health practitioner shall ensure that the family is notified of any note(s) or letter(s).

Note: Staff and Physicians who are privy to the content of such a letter or note shall not repeat it to anyone unless directed to do so by the responsible administrative leader (or delegate).

5.4 The responsible health care professional shall document in each respective co-patient’s health record, all screening and/or assessment findings of co-patients, per section 2.2 above.
DEFINITIONS

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor’s legal representative, a guardian, a ‘nearest relative’ in accordance with the Mental Health Act (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act (Alberta).

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Guardian means where applicable:

For a minor:
- as defined in the Family Law Act (Alberta);
- as per agreement or appointment authorized by legislation (obtain copy of agreement and verify qualifies under legislation) (e.g., agreement between a Director of Child and Family Services Authority and foster parent(s) under the Child, Youth and Family Enhancement Act (Alberta); or agreement between parents under the Family Law Act; or as set out in the Child Youth and Family Enhancement Act regarding guardians of the child to be adopted once the designated form is signed);
- as appointed under a will (obtain copy of will; also obtain grant of probate, if possible);
- as appointed in accordance with a personal directive (obtain copy of personal directive);
- as appointed by court order (obtain copy of court order) (e.g., order according to the Child, Youth and Family Enhancement Act); and
- a divorced parent who has custody of the minor;

For an adult: An individual appointed by the court to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act (Alberta) or the Health Professions Act (Alberta), and who practises within scope and role.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

Nearest relative means, in the Mental Health Act (Alberta) and in this procedure, with respect to a formal patient or a person who is subject to a Community Treatment Order:
- the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:
  - spouse or adult interdependent partner;
  - son or daughter;
  - father or mother;
  - brother or sister;
• grandfather or grandmother;
• grandson or granddaughter;
• uncle or aunt;
• nephew or niece;

Or

b) any adult person the Alberta Health Services Board designates in writing to act as
next relative if there is no nearest relative within any description as above, or if, in
the opinion of the Alberta Health Services Board, the nearest relative would not act or
is not acting in the best interest of the formal patient or the person subject to a
Community Treatment Order.

**Responsible administrative leader** means the most senior administrative or medical leader
involved in helping to manage the event. For example:

a) Nurse Manager or Program Manager and/or medical lead/director, clinical section chief
or clinical department site chief;

Or

b) non-clinical manager, site/facility lead, Director, Executive Director, or Vice-President
and/or facility/community medical director, clinical section chief, clinical zone
department head, Senior Medical Director, Zone Medical Director.

**REFERENCES**

- Appendix A: *Notifiable Death – Excerpts from the Fatality Inquiry Act (Alberta)*
- Appendix B: *Supports for Staff and Medical Staff Following a Clinically Serious Adverse Event*
- Alberta Health Services Governance Documents:
  - *Care After Death – Adult and Pediatric Policy* (Calgary Zone) (#PRR-05)
  - *Care After Death – Adult and Pediatric Procedure* (Calgary Zone) (#PRR-05-01)
  - *Disclosure of Harm Policy* (#PS-01)
  - *Disclosure of Harm Procedure* (#PS-01-01)
  - *Immediate and Ongoing Management of Clinically Serious Adverse Events Guideline* (#PS-11-01)
  - *Reporting of Clinical Adverse Events, Close Calls and Hazards Policy* (#PS-11)
  - *Safety Precautions Policy* (Addiction and Mental Health) (#AMH-03)
  - *Suicide Risk Screening, Assessment and Management Policy* (Addiction and Mental Health) (#AMH-02)

**VERSION HISTORY**

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APPENDIX A

Notifiable Death – Excerpts from the *Fatality Inquiry Act* (Alberta)

*Part 2 Reporting and Investigation of Deaths*

_Deaths that require notification_

10(1) Any person having knowledge or reason to believe that a person has died under any of the circumstances referred to in subsection (2) or section 11, 12 or 13 shall immediately notify a medical examiner or an investigator.

(2) Deaths that occur under any of the following circumstances require notification under subsection (1):

(a) deaths that occur unexplainedly;
(b) deaths that occur unexpectedly when the deceased was in apparent good health;
(c) deaths that occur as the result of violence, accident or suicide;
(d) maternal deaths that occur during or following pregnancy and that might reasonably be related to pregnancy;
(e) deaths that may have occurred as the result of improper or negligent treatment by any person;
(f) deaths that occur
   (i) during an operative procedure,
   (ii) within 10 days after an operative procedure,
   (iii) while under anesthesia, or
   (iv) any time after anesthesia and that may reasonably be attributed to that anesthesia;
(g) deaths that are the result of poisoning;
(h) deaths that occur while the deceased person was not under the care of a physician;
(i) deaths that occur while the deceased person was in the custody of a peace officer or as a result of the use of force by a peace officer while on duty;
(j) deaths that are due to
   (i) any disease or ill-health contracted or incurred by the deceased,
   (ii) any injury sustained by the deceased, or
   (iii) any toxic substance introduced into the deceased, as a direct result of the deceased’s employment or occupation or in the course of one or more of the deceased’s former employments or occupations

_Notification of death of child_

13 A director under the *Child, Youth and Family Enhancement Act* shall immediately notify a medical examiner of the death of any child under the director’s guardianship or in the director’s custody.
Supports for Staff and Medical Staff Following a Clinically Serious Adverse Event

Employee & Family Assistance Program (EFAP) – Is a voluntary, confidential short-term counselling and advisory service that connects staff and medical staff and their families to a network of dedicated professionals.

- Professional counselling is available at no cost.
- If long-term or specialized care is required, a professional advisor will assist with referral to an affordable community resource.
- Online Alberta Health Services resources: Human Resources > Health & Wellness > Employee & Family Assistance Program.

For immediate support for an entire team and/or for a crisis response intervention, contact Shepell FGI Service which will triage the service request to regional supports.

Collective agreements, individual employment contracts or health insurance plans may support personal selection of private counselling resources.

As citizens, staff and Physicians also have access to Addiction and Mental Health Clinics. The clinics may also have lists of private counselling resources or community-based organizations that may suit the individual’s desires or needs.

It may be appropriate to refer a Physician who is the most involved clinician to the Physician and Family Support Program (PFSP). The PFSP is operated through the Alberta Medical Association and encourages well-being and works to improve the physical, emotional, and spiritual health of Physicians, residents, medical students and their families.


Any staff or Physician may approach their personal, spiritual advisors, or may access the Spiritual Care Services associated with their site or program.

Staff and Physicians are welcome to approach the Clinical Ethics Service or Health Law.

- Clinical Ethics Service
  General Inquiries for all AHS Staff, Physicians, Patients & Families: 1-855-943-2821 or by email: clinicalethics@ahs.ca
- Health Law
  Provincial Clinical Legal Intake Line: 1-888-943-0904 or by email: Legal.clinical@ahs.ca.