



TITLE

PATIENT’S DEATH IN THE HOME SETTING

SCOPE

Provincial: Continuing Care, Home Care (Private Home or Seniors’ Lodge)

DOCUMENT #

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APPROVAL AUTHORITY

VP Research, Innovation & Analytics and Community, Seniors, Addictions and Mental Health

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the provincial Palliative and End-of-Life Care team at palliative.care@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To provide guidance for **Home Care health care providers** and their Supervisors/Managers on how to manage an **expected death** or unexpected death of a **patient** (child or adult) receiving Home Care services (from any team) who is residing in a private home or **seniors’ lodge**.
- To comply with the medical, legislative, and regulatory responsibilities following the **death** of a patient receiving Home Care services.
- Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in this guideline. If a deviation from this guideline is determined to be appropriate or necessary, documentation of the rationale shall be included on the patient’s **health record**.

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), working in Home Care providing services to Home Care patients in a private home or seniors’ lodge.

ELEMENTS

1. **Points of Emphasis**

- 1.1 This guideline is based on the values, norms and principles articulated in the *Palliative and End-of-Life Care Alberta Provincial Framework*.
- a) Refer to the *Toolkit for Patient's Death in the Home Care Setting* for a link to the framework.
- b) Please refer to Appendix A for key foundation statements underlying this guideline.
- 1.2 Patients and families are at the centre of care which means respecting their traditions and perspectives and aligning plans with their wishes as much as can be accommodated.
- 1.3 This guideline focuses on:
- a) Preparing for a Home Care patient's expected death; and
- b) actions health care providers take after a patient's expected or unexpected death.
- 1.4 Life saving resuscitative actions required for someone who is alive are outside of the scope of this guideline.
- 1.5 Health care providers, within this document, include regulated **health care professionals** (e.g. Registered Nurse, Physician) and unregulated health care providers (e.g. Health Care Aides; Therapy Aides).
- 1.6 Medical Assistance in Dying events do not fall within the scope of this guideline and are managed in accordance with the *Medical Assistance in Dying Policy*. Please refer to the *Toolkit for Patient's Death in the Home Care Setting* for a link to the Medical Assistance in Dying website.

2. Preparation for Expected Death at Home

- 2.1 **Most responsible health practitioner** responsibilities:
- a) Prior to an expected death at home, the Home Care patient's most responsible health practitioner shall review, affirm, and/or determine the **Goals of Care Designation (GCD)** order per the Alberta Health Services (AHS) *Advance Care Planning and Goals of Care Designation Policy and Procedure*. Refer to the *Toolkit for Patient's Death in the Home Care Setting* for links to **Advance Care Planning (ACP)** and GCD tools and documents.
- b) The most responsible health practitioner shall inform the patient of the potential requirement for autopsy for **notifiable deaths** according to the *Alberta Fatality Inquiries Act* (see guideline Sections 5.1c (ii) and (iii) below).

2.2 Home Care **Case Manager** (HCCM) responsibilities:

- a) Those patients that *might* have an expected death at home may include:
 - (i) Those with a life limiting/life threatening illness that are not expected to die in the short term, but, if a crisis occurred that led to their death, would not want resuscitation and would die at home; or
 - (ii) Those in the end stages of their disease that are expected to die within days or weeks and would prefer to die at home.
- b) The HCCM or designate shall review the plan for an expected death at home with the patient and, where appropriate, **family**. This shall be based on the patient's assessed medical needs and take into account available supports and the wishes of the patient, as well as those of the family when deemed relevant by the patient.
- c) The HCCM shall inform members of the patient's health care team (including contracted health care providers) in the private home or seniors' lodge of the expected death at home and that the patient has a GCD order.
 - (i) For patients residing in seniors' lodges, when consent has been provided by the patient to share relevant health care information with the housing operator/administrator, the HCCM shall also inform the housing operator/administrator of the expected death at home and that the patient has a GCD order.
- d) The HCCM shall update the health record and care plan to reflect the presence of a GCD order using setting-specific documentation processes.
- e) If a copy of a Personal Directive, Declaration of Incapacity (for the Personal Directive) or signed Guardianship order is available, the HCCM shall instruct the patient or their family member to place it in the **Green Sleeve**.
- f) If the patient does not have a Personal Directive or signed Guardianship order in place prior to an expected death, the HCCM shall provide the patient with information about Personal Directives, if requested.
- g) The HCCM shall discuss with the patient and/or family:
 - (i) The supports and resources that shall be provided through Home Care including the provision of information about appropriate community bereavement resources;
 - (ii) The care plan, specific to palliative/end-of-life care needs, including the physical, emotional, spiritual, religious, and/or

- cultural needs of the patient and family, including **end-of-life rituals** which may be time-sensitive in nature;
- (iii) The need for a referral to the palliative/end-of-life consultation team, and/or palliative Home Care team (where available) as appropriate;
 - (iv) Clarification of roles, responsibilities, and tasks related to caregiving for a patient's expected death at home, including but not limited to, medication administration, personal hygiene, and assisting with mobility; and
 - (v) Wishes regarding eye/tissue donation; refer to the *Toolkit for Patient's Death in the Home Care Setting* for contact information for AHS eye/tissue donation programs.
- h) When planning for an expected death at home, the HCCM shall review and complete the *Expected Death in the Home Form* with the patient and/or family and place it in the Green Sleeve in the patient's home. It is recommended that they also provide and discuss the *Before and After an Expected Death in the Home - Information for Families* brochure with the patient and/ or family at this time. Refer to the *Toolkit for Patient's Death in the Home Care Setting* for information about accessing these resources.
- i) **Goals of Care Designation orders** of Medical Care (M) or Comfort Care (C) are in line with an expected death at home. However, a patient without an M or C Goals of Care Designation is not excluded from planning an expected death at home. The HCCM shall use the *ACP Tracking Record* to document why a patient without an M or C GCD is planning for an expected death at home.
- j) The HCCM shall review the steps for family/**next of kin** to take at the time of a patient's expected death at home that are listed on the form:
- (i) The HCCM shall also discuss the use of EMS with the patient and/or family and inform them of the implication of using EMS (e.g., the involvement of EMS and risk of resuscitation attempts).
- k) Funeral homes do not require **pronouncement of death** before removing a body. They do, however, require permission to remove a body. A completed *Expected Death in the Home Form* meets their requirements for permission to transport a body after the occurrence of an expected death;
- l) If the patient is known or suspected to be infected with a communicable disease as per *Handling of Bodies Infected with **Schedule 1 Communicable Disease** and/or **Schedule 2 Communicable Disease*** –

Public Health Act (Alberta) – Bodies of Deceased Persons Regulation, Sections 4, 5 and 6, the HCCM shall:

- (i) Document the presence of the communicable disease(s) in the health record;
- (ii) document the presence of the communicable disease(s) on the *Expected Death in the Home Form*;
- (iii) provide information to the **alternate decision maker** (ADM) and/or family regarding infection control measures;
- (iv) in case the expected death occurs with no health care provider present (and no health care provider would then arrive on scene afterwards), inform the family of the following:
 - Instruct the family/next of kin to inform the person(s) handling the deceased patient; and
 - inform the family/next of kin that deceased patients who die while infected with a Schedule 1 or 2 communicable disease should not be removed from the room in which the expected death occurred unless the person handling the body is informed of the infection.

3. Infection Control and Communicable Diseases

- 3.1 If a Home Care health care provider is present for a death or encounters an unwitnessed expected or unexpected death, they shall follow standard infection control measures as needed, including the use of Personal Protective Equipment, as necessary.
- 3.2 If a Home Care health care provider is present for a death or encounters an unwitnessed expected or unexpected death, and the patient was known to be infected with a Schedule 1 or 2 communicable disease:
 - a) The health care provider shall inform all service providers (e.g., funeral home, **police**) that come into contact with the deceased person's body of the disease.
 - b) For patients with a Schedule 1 communicable disease, contact with the body shall be as limited as practically possible.

4. Decisions Regarding Attempting Resuscitation

- 4.1 When Home Care health care providers encounter an unwitnessed expected or unexpected patient death (patient has no breath and no pulse), decisions may need to be made about attempting resuscitation, as it is not always immediately

apparent how long ago the patient died or if they may still benefit from resuscitation.

- a) If a health care provider is uncertain if the patient has died (has no breath and no pulse), they shall call 911 for medical support.
- 4.2 Decisions about attempting resuscitation are based on the GCD order (or lack thereof) and not whether a death was expected or unexpected.
- 4.3 The following guidance for both expected and unexpected deaths presumes that the *Advance Care Planning and Goals of Care Designation* policy and procedure have been followed, and that any GCD reflects the patient's wishes following conversation(s) with the patient and is in line with the Personal Directive (if one exists).
- 4.4 Home Care health care providers shall determine if the patient meets criteria for withholding resuscitation. Indicators for withholding resuscitation:
- a) **Dependent lividity;**
 - b) rigor Mortis; or
 - c) decomposed.
- 4.5 If the patient meets the criteria for withholding resuscitation, do not provide resuscitation, no matter what the GCD is or if there is no GCD Order.
- 4.6 If the patient does not meet the criteria for withholding resuscitation:
- a) Home Care health care professionals:
 - (i) If a GCD order is available, shall provide care in line with the GCD order (look for the GCD order, which should be in a plastic Green Sleeve on or near the fridge).
 - (ii) If no GCD order is available, shall:
 - Call 911 for medical support; and
 - provide Cardiopulmonary resuscitation (CPR).
 - (iii) May refer to the algorithm for health care professionals (see Appendix B) for a visual representation of guidance around deciding whether or not to attempt resuscitation on a deceased patient.
 - (iv) Shall take into account the statements of the ADM or family, if they are present. If the GCD order and statements from family are in conflict, follow the dispute resolution process within the Alberta

Health Services (AHS) *Advance Care Planning and Goals of Care Designation Procedure*.

- (v) Shall proceed to Section 5 regarding next steps based on cause of death.
- b) Unregulated health care providers:
- (i) If no GCD order is available or if the GCD order is R1, shall:
- Call 911 for medical support;
 - if CPR is part of your job description, provide CPR;
 - if CPR is not part of your job description, but you are trained in CPR, you may provide CPR; or
 - if you are not trained to provide CPR, you may provide CPR with guidance from 911 dispatch.
- (ii) If the GCD order is R2 or R3, shall:
- Call 911 for medical support;
 - if CPR is in your job description, provide available resuscitative measures, excluding chest compressions;
 - if CPR is not part of your job description, but you are trained to provide resuscitation, you may provide available resuscitative measures, excluding chest compressions;
 - if you are not trained to provide CPR, you may provide available resuscitative measures with guidance from 911 dispatch, excluding chest compressions.
- (iii) If the GCD order is M1, M2, C1 or C2, shall not provide CPR.
- (iv) May refer to the algorithm for unregulated health care providers (see Appendix C) for a visual representation of guidance around deciding whether or not to attempt resuscitation on a deceased patient.
- (v) Shall call the supervisor/manager on call as soon as possible for directions and next steps as outlined in Section 5.

5. Expected and Unexpected Deaths that are Notifiable

- 5.1 Health care professionals and Supervisors/Managers of unregulated health care providers shall determine if unwitnessed patient deaths are notifiable.

- a) Guidance around whether or not deaths are notifiable (in line with the *Fatality Inquiries Act*) and next steps to take is presented below. Home Care health care professionals may also refer to the *Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge) – Algorithm for Health Care Professionals* (see Appendix B) for a visual representation of decision points and next steps.
- b) For patients with no GCD order or a GCD order of R1, R2 or R3:
- (i) 911 will have been called for medical support. EMS or police will determine if a death is notifiable for such patients and will determine next steps.
 - (ii) If Office of the Chief Medical Examiner (OCME) or police are involved, see Sections 5.4 and 5.5 regarding working with OCME or police.
 - (iii) Refer to Section 8 regarding certification of death.
- c) For patients with a GCD order of M1, M2, C1 or C2:
- (i) Any person having knowledge or reason to believe that a person has died under any of the circumstances referred to below (Sections 5.1 c (ii) and (iii)) shall immediately notify either the OCME or police for investigation.
 - (ii) The following notifiable deaths require immediate notification of police by calling 911:
 - Deaths suspected to be as a result of:
 - i. violence;
 - ii. suicide;
 - iii. poisoning;
 - iv. accident;
 - v. injury;
 - vi. improper or negligent treatment by any person;
 - vii. death occurred unexplainably; or
 - viii. uncertain if a death occurred due to one of the reasons above.
 - Initial communication of notifiable death to the deceased's family and/or next of kin is done by police. After police inform

the family and/or next of kin, follow up to the family and/or next of kin by the HCCM as needed is appropriate.

- (iii) The following notifiable deaths require immediate notification of the OCME:
- Deaths as a result of:
 - i. any disease or ill health contracted or incurred by the deceased, any injury sustained by the deceased, or any toxic substance introduced into the deceased as a direct result of or in course of one or more current/former employments or occupations (e.g., Mesothelioma);
 - ii. the patient's death occurred while the deceased person was not under the care of a Physician;
 - iii. the patient's death is within 10 days after their operative procedure;
 - iv. the patient's death is reasonably attributed to anesthesia;
 - v. the patient's death is a maternal death that occurred during or following pregnancy and might reasonably be related to pregnancy; or
 - vi. the patient's death is of a child under the guardianship or custody of a director under the *Child, Youth and Family Enhancement Act (Alberta)*.
 - Notification of the OCME relating to deaths described in 5.1c (iii) above is generally done by the Physician responsible for completing the *Medical Certificate of Death* but another designated health care professional may also contact the OCME directly.
 - Do not call 911 for these deaths; police investigation is not required.
- 5.2 Health care professionals shall call 911 for police investigation or OCME if applicable as indicated above.
- 5.3 Supervisor/Manager on call shall direct unregulated health care providers to call 911 for police investigation or OCME if applicable as indicated above.
- 5.4 Home Care health care providers shall not, except under the direction of the OCME or police, initiate the following actions regarding a notifiable death:

- a) Move, clean, or alter the deceased patient or the environment (scene) that will alter its appearance;
 - b) apply chemical or other substance to the body internally or externally; and
 - c) alter or clean clothing and/or objects attached to the deceased patient, touch or turn off equipment.
- 5.5 If requested, Home Care health care providers shall assist the OCME or police with access to and copies of the patient's health record. If the whole health record is requested, the Home Care Manager (or designate) is responsible for arranging access and copy of the record.
- a) Health care providers are encouraged to consult AHS Information & Privacy department if they need guidance regarding:
 - (i) Whether they have an obligation to disclose patient information given the particular circumstances; and
 - (ii) how much information to disclose.

6. Expected Deaths that are Not Notifiable

- 6.1 If the death of a patient is not a notifiable death, then:
- a) 911 does not need to be called;
 - b) OCME does not need to be notified;
 - c) family or next of kin call Home Care to inform of death;
 - d) family or next of kin may call funeral home directly (as per *Expected Death in the Home Form*);
 - e) any equipment in use may be turned off after death. The equipment may be detached from the body (there is no need to clamp off tubes or leave end of equipment in the body). The equipment may be removed from the home; and
 - f) HCCM shall inform family and/or next of kin of the death if they were not present.

7. Pronouncement of Death

- 7.1 Pronouncement of unexpected death is generally completed by police or the Medical Examiner.
- 7.2 Pronouncement of a patient's expected death at home is not required. Home Care health care providers are not required to pronounce death or remain in the home until the deceased patient has been transported, unless:

- a) A Home Care health care provider is the only person with the deceased person's body, in which case they should check with their manager regarding next steps.

8. Certification of Expected and Unexpected Deaths at Home

- 8.1 The patient's attending Physician (e.g., family Physician) shall certify the death by completing the Government of Alberta Vital Statistics *Attending Physician's Medical Certificate of Death* Form within 48 hours of the death unless the death is notifiable as per the *Fatality Inquiries Act*. It is not the HCCM's responsibility to supply the *Medical Certificate of Death* Form or to ensure it has been completed by the Physician.
- 8.2 In the absence of the attending Physician, or if the *Medical Certification of Death* cannot be completed within 48 hours of the death, the Physician designated by the attending Physician to cover in their absence shall contact the OCME to receive direction to complete the certificate.

9. Follow Up Care

- 9.1 After a patient's expected or unexpected death, the HCCM shall:
 - a) Ensure the provision of grief and bereavement support (including follow up bereavement visit(s)) and resources, as needed (refer to the *Toolkit for Patient's Death in the Home Care Setting*);
 - b) assess the family and/or next of kin's need for a home visit, as resources allow, to coordinate the bathing and dressing of the deceased patient by the appropriate Home Care health care provider:
 - (i) The bathing and dressing of the deceased patient can be done with or without the family and/or next of kin's active participation.
 - (ii) this needs to be done with consideration for the emotional, spiritual, religious, and/or cultural needs of the family and/or next of kin.
 - (iii) if the death was notifiable, this needs to be done in consideration of restrictions listed in 5.4 above.
 - c) discontinue support services;
 - d) arrange for the removal or return of equipment, when appropriate to do so;
 - e) advise the family and/or next of kin about appropriate disposal of medication by returning them to the pharmacy, when appropriate to do so.

- 9.2 All follow up care related to the deceased patient and family and/or next of kin shall be documented on the patient's health record.

10. Documentation and Internal Reporting of Death

- 10.1 For expected and unexpected deaths Home Care health care providers shall complete documentation requirements for the patient's health record. This includes AHS and contracted service provider documentation requirements as applicable.
- 10.2 Home Care health care providers shall follow the *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy suite.
- a) As appropriate, complete a Reporting Learning System (RLS) report.
 - b) As appropriate, complete and submit a **reportable incident** Form.
- 10.3 Contracted Home Care service providers shall follow any internal incident reporting processes.
- 10.4 When informed of any death at home of a patient receiving Home Care services (expected or unexpected), the HCCM shall:
- a) Inform the patient's most responsible health practitioner (or on-call or covering Physician in the absence of a most responsible health practitioner) of the patient's death;
 - b) Ensure that all health care providers known to be actively involved with the patient's care are informed of the death in a timely manner, including but not limited to contracted service providers, housing provider, oncology services, Public Health staff responsible for metabolic screening; and
 - c) In the event of the death of a pediatric patient whose guardian is the Director of Child and Family Services, the HCCM shall inform the Director. The Director notifies the Medical Examiner.
 - d) For pediatric patients in the South Sector, inform the Admitting Department at Alberta Children's Hospital; they inform relevant departments and clinics of the death of the child, preventing inappropriate appointment reminders or missed appointment calls.
 - e) For pediatric patients in the North Sector, inform the North Sector's Aid for Symptoms and Serious Illness Support Team (ASSIST) located at Stollery Children's Hospital (refer to the *Toolkit for Patient's Death in the Home Care Setting* for contact information).
- 10.5 When a patient death is associated with safety issues and/or has occurred as a result of a **reportable incident**:

- a) The HCCM shall call their Manager (or designate) or Home Care Administrator on Call to report the incident.

11. Health Care Provider Supports

- 11.1 Health care providers who require support following the expected or unexpected death of a patient should be encouraged to make use of support and counselling services. The services available include Home Care manager or team members, and the Employee and Family Assistance Program (EFAP). Physicians may access the Physician and Family Support Program (PFSP) (refer to the *Toolkit for Patient's Death in the Home Care Setting*).

DEFINITIONS

Advance Care Planning means a process which encourages people to reflect and think about their values regarding clinically indicated future health care choices, explore medical information that is relevant to their health concerns, communicate wishes and values to their loved ones, their alternate decision-maker and their health care team, and record those choices.

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].

Case Manager (Alberta Health Services, AHS) means a health professional that is accountable for case management services for an assigned caseload of home living and/or lodge living clients. This individual has the primary responsibility to assess client needs, determine service needs, negotiate service options, make service recommendations and referrals, monitor service delivery, manage reassessment and waitlist and discharge processes, and coordinate care transitions across care settings.

Death means that vital signs have ceased.

Dependent lividity means pooling of the blood following death that causes a purplish red discolouration of the skin.

End-of-life rituals mean the formal or informal ways that religious or cultural leaders, family, and/or Spiritual Care Services recognizes the sacredness and significance of the death of a patient. They may be offered and practiced, dependent upon the preference of the family, prior to and/or after death, including prayers, blessings, dedications, baptism, sacred texts or readings, chanting, wailing, closing of the mouth, washing of the body and/or ensuring the deceased patient is not left alone.

Expected death means a death that occurred due to a patient's irreversible and irreparable terminal illness.

Family 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.

Goals of Care Designation means one of a set of short-hand instructions by which health care providers describe and communicate general care intentions, specific clinically indicated health interventions, transfer decisions, and locations of care for a patient as established after consultation between the most responsible health practitioner and patient or alternate decision maker.

Goals of Care Designation order means the documented order for the goals of care designation as written by the most responsible health practitioner (or designate).

Green Sleeve means a plastic pocket that holds important Advance Care Planning documents and other forms that outline a patient's goals for health care. It is given to patients cared for in AHS who have had discussions or completed documents that refer to decision-making about their current or future care. The information contained in the Green Sleeve is intended to ensure that all health care providers in any setting have access to important decisions related to the patient's goals of care and guidelines for direction of interventions that have been discussed with the patient.

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.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Home Care means publicly-funded health care and support services provided to eligible clients as governed by the *Alberta Home Care Program Regulations* of the *Public Health Act*. These services are provided to individuals living with frailty, disability, acute or chronic illness living at home or in a seniors' lodge.

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 their practice.

Next of kin means the person who has the legal authority to control the disposition of the deceased patient in the following order of priority:

- i. person designated in the will;
- ii. spouse or adult interdependent partner if the spouse or adult interdependent partner was living with the deceased patient at the time of death;
- iii. adult child;

- iv. parent;
- v. adult grandchild;
- vi. adult brother or sister;
- vii. adult nephew or niece;
- viii. grandparents;
- ix. aunts, uncles;
- x. cousins;
- xi. adult person having some relationship with the deceased patient not based on blood ties or affinity.

Notifiable death means the death of a patient requiring immediate notification of the Medical Examiner or investigator (police) (Fatality Inquiries Act) and includes patient death which occurs:

- unexpectedly and unexplainably (while in apparent good health);
- as a result of violence, accident, suicide or poisoning;
- while a formal patient under the Mental Health Act [Alberta]) - whether in hospital, not on the premises or not in active custody. (Fatality Inquiries Act [Alberta]);
- as a possible result of improper or negligent treatment by any person;
- related to pregnancy – during or following;
- during an operative procedure or within ten (10) days of an operative procedure or while under or possibly attributed to anesthesia;
- while the patient was not under the care of a Physician;
- while the patient was in custody of a peace officer or as a result of the use of force by a peace officer while on duty;
- to a child under custody or guardianship of the Director of Child and Family Services;
- while committed to or detained in a correctional facility; and/or
- as a result of ill-health, disease or injury incurred or toxic substances introduced, in the course of the patient's former/present employment/occupation.

Patient means all persons who receive or have requested health care or services from Alberta Health Services and its health care providers and also means, where applicable: a) a co-decision-maker with the person; or b) an alternate decision-maker on behalf of the person.

Police means municipal police or Royal Canadian Mounted Police.

Pronouncement of death means the determination that, based on a physical assessment, life has ceased.

Reportable Incident means an unanticipated or normally avoidable outcome that negatively affects a patient's health or quality of life and occurs in the course of health care or has the potential to alter the patient's health status. Criteria for a death that is the result of a reportable incident.

- A patient death caused by:
 - i. error or omission in the provision of Health Care;

- ii. error or omission in the provision of accommodation services;
- iii. equipment malfunction or error in operation;
- iv. accommodation grounds or equipment in disrepair or unsafe;
- v. assault/aggression.

Schedule 1 Communicable Disease means the tissue and body fluids of the body carry a very high risk of transmitting infection and therefore require additional precautions as set out in the Bodies of Deceased Persons Regulation.

- anthrax
- plague
- smallpox
- infectious pulmonary tuberculosis
- rabies
- yellow fever
- suspect, probable and confirmed cases of transmissible spongiform encephalopathies, including classic and variant Creutzfeldt-Jakob disease
- viral hemorrhagic fevers

Schedule 2 Communicable Disease means the tissue and body fluids of the body may still be capable of transmitting infection and therefore require additional precautions as set out in the Bodies of Deceased Persons Regulation.

- acquired immunodeficiency syndrome (AIDS)
- hepatitis B
- hepatitis C
- human immunodeficiency virus infections (HIV)
- invasive group A streptococcal infection
- typhus

Seniors' Lodge means a group living setting that offers single and double bed/sitting rooms, meals, housekeeping and other services and recreational opportunities for seniors who are functionally independent, with or without the help of existing community-based services. Lodge management and tenant selection are delegated to local Housing Management Bodies (HMB). Applicants are prioritized on the basis of need, taking into consideration housing needs, level of support required and the applicant's income. In some cases, applicants must also meet local residency requirements. Lodge rates are set by the local HMB, so they may vary between regions.

REFERENCES

- Appendix A: *Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge)* – Key Foundation Statements
- Appendix B: *Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge)* – Algorithm for Health Care Professionals
- Appendix C: *Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge)* – Algorithm for Unregulated Health Care Providers

- Alberta Health Services Governance Documents:
 - *Advance Care Planning and Goals of Care Designation Policy and Procedure (#HCS-38)*
 - *Immediate and Ongoing Management of Clinically Serious Adverse Events Guideline*
 - *Medical Assistance in Dying Policy (#HCS-165-01)*
 - *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events Policy suite (#PS-95)*
 - *Working Alone Policy (#1154)*
 - *Workplace Health and Safety Policy (#1121)*
- Alberta Health Services Forms:
 - *Advance Care Planning Tracking Record Form (#103152)*
 - *Expected Death in the Home Form (#20519)*
 - *Goals of Care Designation Order Form (#103547)*
- Alberta Health Services Resources:
 - *Palliative and End of Life Care Alberta Provincial Framework 2014*
 - *Before and After an Expected Death in the Home - Information for Families brochure*
 - *Toolkit for Patient's Death in the Home Care Setting*
- Non-Alberta Health Services Documents:
 - *Alberta Health Compliance and Monitoring – Reportable Incident Decision Process*
 - *Alberta Seniors and Community Supports (ASCS) Framework 2007*
 - *College and Association of Registered Nurses of Alberta - Pronouncement of Death: Guidelines for Members (2011)*
 - *Fatality Inquiries Act (Alberta)*
 - *Government of Alberta Vital Statistics Attending Physician's Medical Certificate of Death Form*
 - *Human Tissue and Organ Donation Act (Alberta)*
 - *Public Health Act - Bodies of Deceased Persons Regulation (Alberta)*
 - *Vital Statistics Act (Alberta)*

VERSION HISTORY

Date	Action Taken
Click here to enter a date	

APPENDIX A

Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge) – Key Foundation Statements

Patient and Family Centred Care: Patients and families are at the centre of the care which means respecting their traditions and perspectives and aligning plans with their wishes as much as can be accommodated. It means that health care is only provided when the person is prepared to accept it, along with the support of their family as deemed relevant by the patient. It requires that we provide the appropriate services for the needs, avoiding default responses that could be disruptive or traumatic.

Compassion and Dignity: The end-of-life period and death is a significant and often sacred time. All direct or indirect communications with patients and families shall occur compassionately, and in a way that recognizes the dignity of all involved.

Collaborative and Integrated Team Service: The multiple disciplines and services involved in planning for and/or responding to a death at home shall work collaboratively with a clear sense of each other's roles, scopes of practice, and expertise.

Communication and Information Sharing: The multiple professionals and services involved in a death at home shall communicate clearly and comprehensively to each other and with the patient and family so that all team members as well as family and the patient know what to expect and can convey their wishes, concerns, and hopes along the way.

Accountability: All professionals involved shall act with intention and make every effort to ensure that plans unfold as they are intended, and that a clear and robust response takes place when the unexpected occurs. Accountability also requires that processes are developed, implemented, and followed with an awareness of and alignment with existing policies and legislation

Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge) – Algorithm for Health Care Professionals



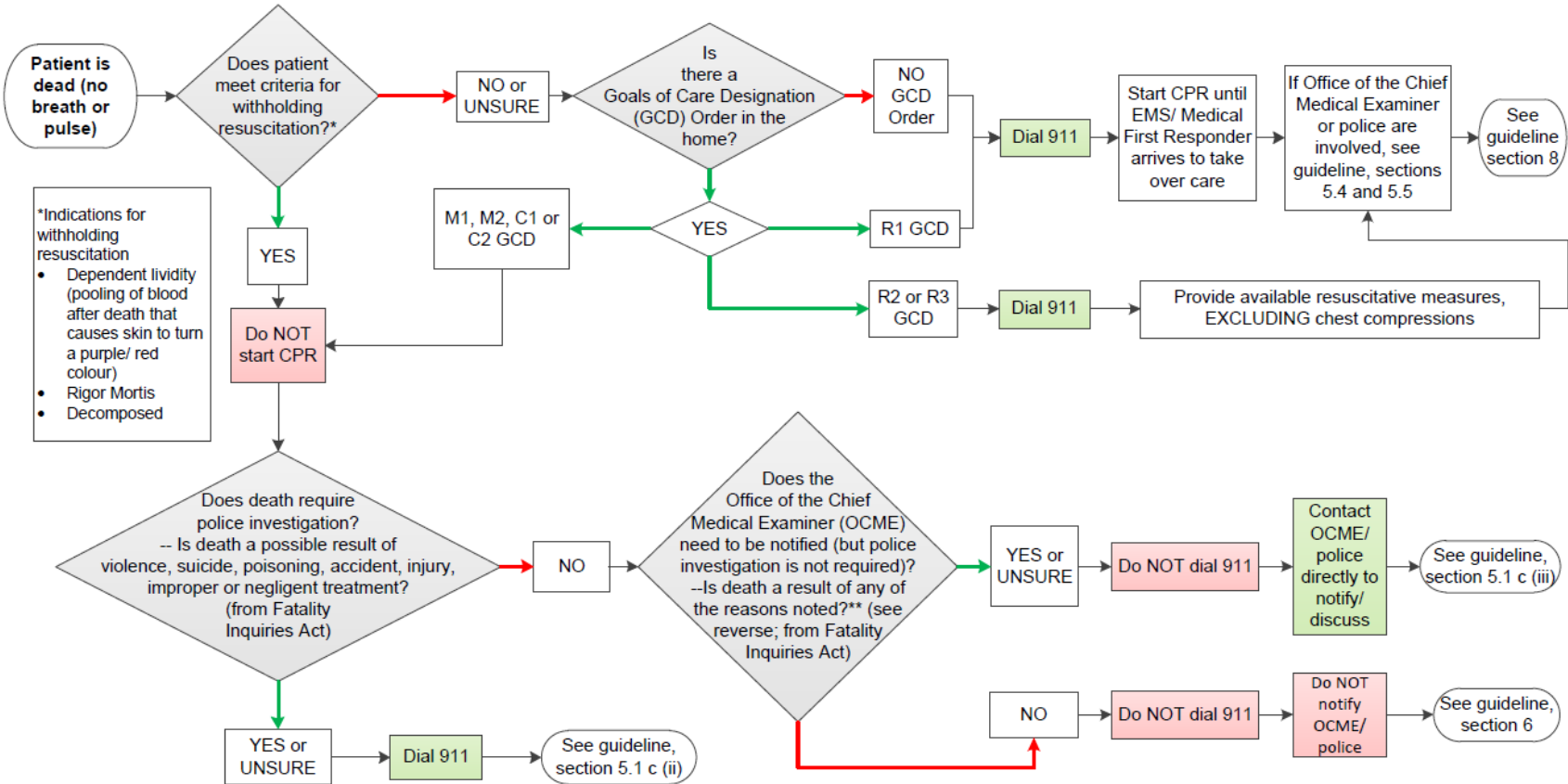
Patient's Death in the Home Care Setting (Private Home or Seniors' Lodge) - Algorithm for Health Care Professionals



Note – for AHS Home Care Health Care Professional on scene

Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in this guideline.

If a deviation from this guideline is determined to be appropriate or necessary, documentation of the rationale shall be included on the patient's health record.



Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge) – Algorithm for Health Care Professionals



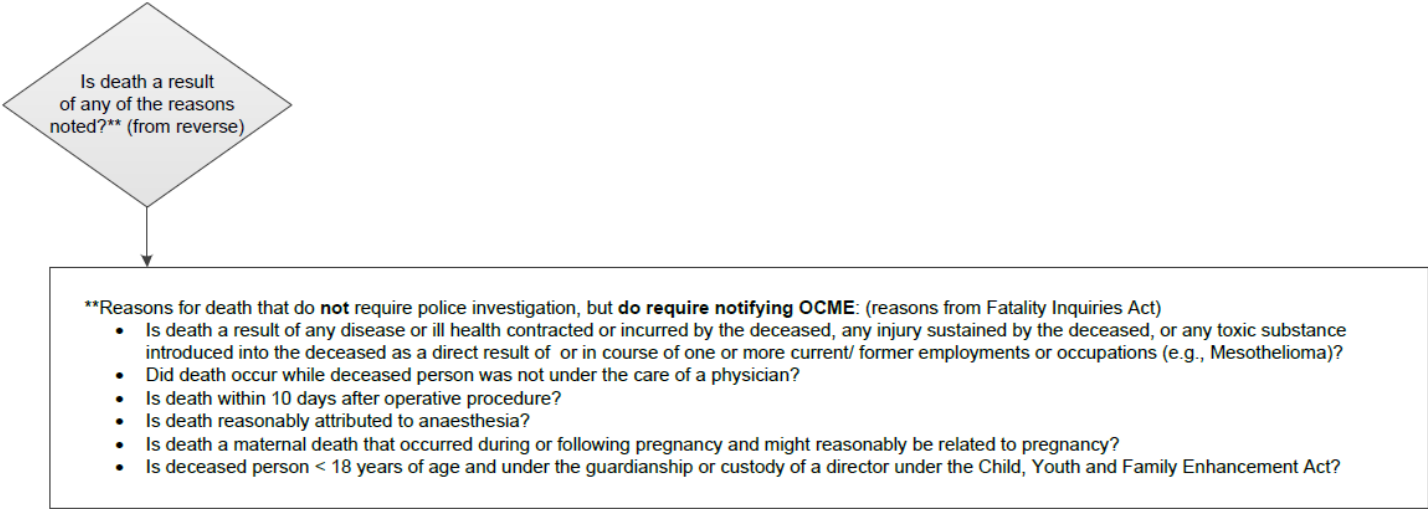
Patient's Death in the Home Care Setting (Private Home or Seniors' Lodge) - Algorithm for Health Care Professionals



Note – for AHS Home Care Health Care Professional on scene

Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in this guideline.

If a deviation from this guideline is determined to be appropriate or necessary, documentation of the rationale shall be included on the patient's health record.

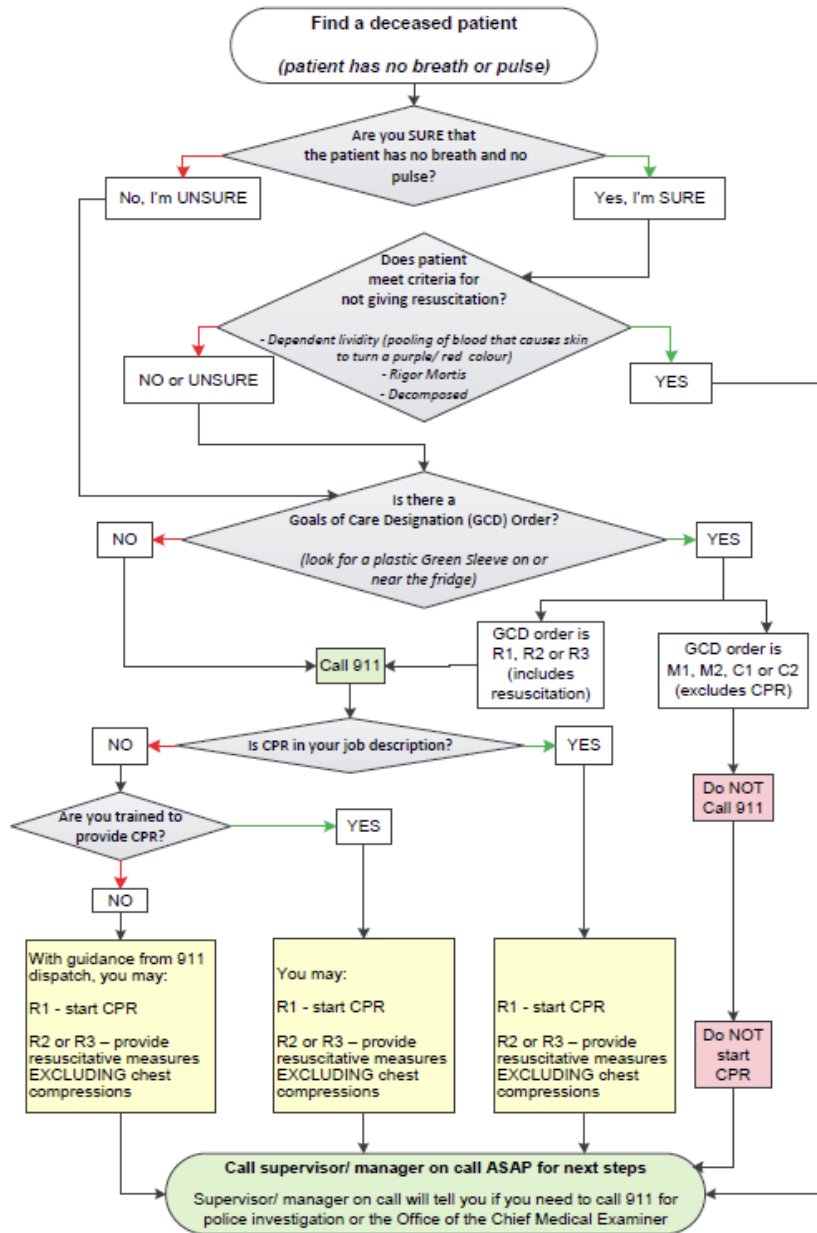


APPENDIX C

Patient's Death in the Home Care Setting (Patient Receiving Home Care Services in Private Home or Seniors' Lodge) – Algorithm for Unregulated Health Care Providers



Patient's Death in the Home Care Setting
 (Private Home or Seniors' Lodge) - Algorithm
 for AHS/ contracted service provider unregulated* Home Care health care provider
 in the home for unwitnessed patient deaths



*Nursing Attendant (NA), Home Support Aide, Home Support Worker, Assisted Living Aide, Residential Support Worker, Home Health Aide and Residential Care Aide