Ministry of the Solicitor General

Webinar: Managing resident deaths in Long-Term Care during COVID-19 outbreak

Presented by: Dirk Huyer, Chief Coroner for Ontario and General Inspector of Anatomy

Date: April 9-12 2020



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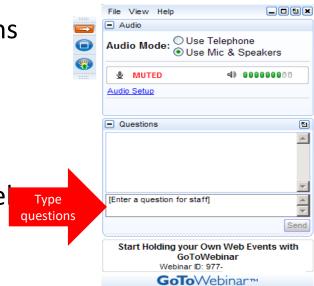
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Purpose

- 1. Provide guidance to the Long-Term Care sector on responding to a potential surge in COVID-19 deaths in Ontario;
- 2. Explain the operational strategy being implemented in Long-Term Care facilities;
- 3. Detail the step-by-step approach to managing all deaths during the COVID-19 outbreak period;
- 4. Explain the role of the Office of the Chief Coroner (OCC) Team
- 5. Provide an opportunity for Questions and Answers



Context

Pressure:

- COVID-19 may create an increased need for Medical Certificates of Death (MCOD) in a short period of time.
- Manual production can be challenging to coordinate given the increasing demands on the healthcare system. Prompt completion and receipt by the funeral service provider is required.
- Healthcare and Long-Term Care (LTC) facilities are focusing use of PPE to support resident care and are restricting people from coming into the facilities to protect staff, residents and visitors. Currently, a clinician needs to attend the facility to complete the paper MCOD.

Approach:

 The approach to managing resident deaths in long-term care facilities responds to these two pressures by:

1. Facilitating electronic transmission of the MCOD by the OCC (therefore, clinician will not need to attend); and

2. Preparing the resident for release and meeting funeral service personnel outside the building for transfer so funeral service personnel do not enter the facility.



Core Information

Potential surge in COVID-19 cases and deaths in Ontario = unprecedented pressure on systems involving case management and deaths:

- Healthcare;
- Long-term care (LTC)/residential;
- First responders;
- Death investigation; and
- Funeral Service Providers (FH)/body transportation services.

Need approaches that minimize the pressure on these systems while adhering to our basic principles for managing deaths.

It is vitally important that the approach is built from a foundation of respect, dignity and caring with recognition that each person was an important part of family, friends and community network

Principled approach:

- 1. Maintain normal service delivery reduces burden on health and long-term care systems by assisting with death certification and body storage.
- 2. Health and safety of people at all stages— transfer deceased resident promptly to allow staff to focus on resident care.
- 3. Limit movement/transfer of deceased persons to minimize pressure on health and long-term care systems.
- 4. Ensure capacity of health and long-term care system by reducing possible redundancies:
 - EMCOD move task from clinician allowing focus on resident care and requirement to attend long-term care facility;
 - Reduce number of deceased transferred to alternative storage or hospital morgues; and
 - Reduce number of people entering into the long-term care facility.
- 5. Maintain professional standards for delivery of services e.g., identification of deceased persons, thorough investigations, respectful management of deceased persons, communicating with families ensure information support for all sectors.



Approach

- The guideline provides steps for the Managing Resident Death Team (MRDT) members to manage all deaths of LTC residents, including COVID-19
- The approach is broken down into five key steps:
 - 1. What to do when a resident dies;
 - 2. What documentation needs to be completed;
 - 3. Connecting with the Office of the Chief Coroner(OCC) Team
 - 4. Preparing for release to the funeral service
 - 5. Interaction with the funeral service provider



Long Term Care Home Resource

Managing Resident Death Team (MRDT)

- In response to the COVID -19 outbreak
- Dedicated individual/team in each Long-Term Care facility
- Director of Care will develop and support facility specific response
- Provides efficient, proactive and respectful care of deceased residents
- Likely match many current practices
- Using the Managing Resident Death Report (MRDR) to report directly to the Office of the Chief Coroner (OCC) Team
- The process will apply to all deaths in LTC homes during the outbreak
- All resident deaths will be transferred to the funeral home, regardless of whether a death required a coroner investigation
 - When required, the OCC Team will contact a coroner who will connect with the funeral home.



Step 1: Death Pronouncement: MRDT

What to do:

- Contact family work with the family to confirm funeral home (FH) as soon as possible (within three hours).
- Obtain the family contact information—Cell phone number
- Obtain FH contact information
- Request that the family member with responsibility for funeral planning contact the FH promptly
- Contact funeral home and provide family contact information.
 - Indicate to FH if it is a COVID-19 death (confirmed or suspected)
 - If your facility does not have a supply of body bags/pouches, let the FH know
 - Work together to plan for release into the care of the FH



Step 1: Death Pronouncement: MRDT

What if the family can't decide on a funeral home?

- Advise that funeral home must be identified promptly, given the exceptional circumstances.
- MRDT to provide list of funeral homes to family to assist with decision
- Advise that if unable to choose, the MRDT will proceed with choosing a funeral home that family members will be required to work with.



Funeral Home Finder – Dynamic Tool

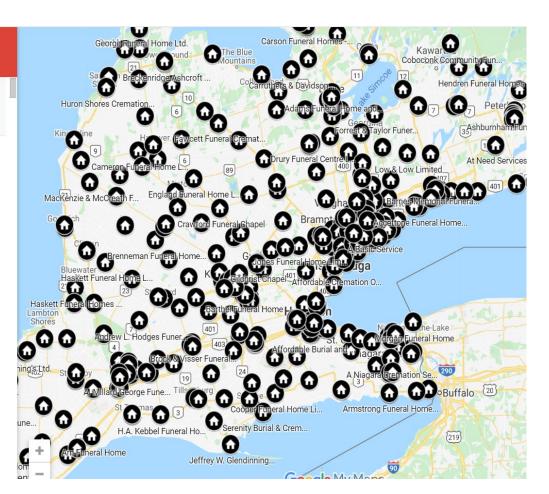
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Step 1: Death Pronouncement: MRDT

Considerations when there may be no family or Next of Kin (NOK)

- Was there involvement of potential claimants prior to death?
- Was there involvement of other authorities, e.g., Office of the Public Guardian and Trustee, lawyers, other decision makers?
- Has there been visitation by family in past 6 months?
- Complete section on the Office of the Chief Coroner (OCC) Managing Resident Death Report (MRDR)

Please contact the OCC Team for further discussion around deaths with no next of kin

Email: occteam@Ontario.ca

Phone: Toll Free: 1 (833) 915-0868

Local (Toronto): 1 (647) 792-0440

Fax: 1 (888) 247-1845



Step 1: Death Pronouncement: MRDT

Personal, Faith Based or Cultural Considerations

- Families may have specific religious beliefs or practices they wish to follow at the end of life.
- After the family has contacted the funeral service provider
 - If the family belongs to a particular place of worship, encourage the family to contact them as soon as possible to make any necessary arrangements.
 - The family may also discuss any personal, faith based or cultural practices with their funeral services provider.
- Advise that family will be unable to wash or touch the deceased resident while in LTC home.



- Complete the Institutional Patient Death Record (IPDR) using the template provided instead of the on-line portal.
 - This is a change during the period of COVID-19 outbreak
- Complete the MRDR to submit to the OCC team
- Engage promptly with the attending clinician for information and guidance on completion of the MRDR Cause Of Death section
 - Obtain both the immediate cause of death and the underlying cause of death (if applicable)



MRDR Cause Of Death section

Cause of Death:

Part 1: Immediate Cause of Death:

Antecedent causes, if any:

Underlying cause of death (stated last):

Part 2: Significant conditions contributing to death:

If COVID-19 is listed in cause of death or significant conditions contributing to death:

o Lab confirmed

o Probable or suspect case



Complete the Institutional Patient Death Record (IPDR)

Questions:

- 1. Was this death accidental, i.e., the death resulted from an unintended injury event
- 2. Was this death a suicide, i.e., the death resulted from an injury event that was initiated by the resident
- 3. Was this death a homicide, i.e., the death resulted from an injury event that was initiated by someone other than the resident
- 4. Is the manner of death unclear, i.e., there is a reason to believe that the death may not be due to a natural disease process
- 5. Was the death both sudden and unexpected, i.e., was death expected as part of the trajectory of the known health conditions(acute and/or chronic)



Complete the Institutional Patient Death Record (IPDR)

- 6. Did the family or any care providers raise concerns about the care provided?
- 7. Has there been a recent increase in the number of deaths in your facility UNRELATED to COVID -19?
- 8. Has there been a recent increase in the number of transfers to hospital unrelated to COVID-19
- 9. Have there been any Ministry of Health Compliance or critical incident findings involving the resident?
- 10. Are there any other concerns about the death of this resident that are not noted above?

Complete the IPDR from and submit as part of the MDR report to the OCC Team The OCC Team will review –OCC Team will assign a coroner if required.



Step 3: Email or fax to OCC team

- Send the MRDR to the OCC team immediately after completion.
- Print a copy of the MRDR/IPDR and place in the health record of the resident
- The OCC will complete the MCOD and provide to the FH directly.



Step 4: Prepare for release to the Funeral Service Provider

- Meet funeral service provider outside at the release area to obtain the FH stretcher
- Take FH stretcher to the location of the resident
- Move deceased resident into a leak proof body bag and onto the FH stretcher
 - if not available, the FH will provide a body bag when they arrive outside the facility.
- <u>It is critical</u> to ensure identification arm band is present on resident with matching labeling on outside of body bag.
- If positive or presumed COVID-19 case, label "COVID-19" on the body bag
- Prior to moving the deceased resident from the room, ensure the body bag is completely wiped down with a disinfectant solution (a hospital-grade disinfectant or a diluted concentration of bleach)



Step 5: Body Release

- FH staff remain outside of the facility
- Ensure resident is in body bag with identification labelling on outside
- At point of release from the facility ensure the body bag is completely wiped down with a disinfectant solution (a hospital-grade disinfectant or a diluted concentration of bleach)
- Logbook release as per protocol
- Transfer stretcher to FH outside the facility– no family in attendance
- FH transfers to vehicle



QUESTIONS?



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