



<p>Team Name: Regional Palliative Care Team</p> <p>Team Lead: Director – Home Care, Palliative Care & Seniors</p> <p>Approved by: Regional Lead – Community & Continuing Care</p>	<p>Reference Number: CLI.5910.PL.005</p> <p>Program Area: Palliative Care</p> <p>Policy Section: General</p>
<p>Issue Date: October 10, 2017</p> <p>Review Date:</p> <p>Revision Date: October 31, 2021</p>	<p>Subject: Anticipated Death at Home</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:

Anticipated Death at Home

PURPOSE:

- To ensure the Fatality Inquiries Act is appropriately followed.
- To establish and maintain an effective communication process among all relevant parties to prevent undesired and unwanted interventions so that the patient can die at home and afterward be transported uneventfully to the destination specified by the patient before death (i.e. a chosen funeral home).

BOARD POLICY REFERENCE:

Executive Limitation (#L-02) Treatment of Clients

POLICY:

- In order to plan for death at home, the patient must have:
 - A life-threatening illness;
 - Documented goals of care (Advance Care Plan – Goals of Care or Health Care Directive) reflecting that no resuscitative efforts be made; and
 - An effective home support system comprised of family/informal caregivers.
- Patients who are planning for the possibility of a home death will have the Notification of Anticipated Death at Home Form (CLI.5910.PL. 005.FORM.01) completed and placed in the home to support this desire.

- While a person does not need to be registered with the Regional Palliative Care Program to plan for an anticipated death at home, early consultation with the Palliative Care Team is strongly recommended, as the challenges for a home death are often unanticipated and significant.
- The Notification of Anticipated Death at Home Form is considered incomplete if the funeral home is not designated and should not be circulated.
- The physician / nurse practitioner must sign the Notification of Anticipated Death at Home Form implying that they will be responsible for the completion of the death certificate. No alternate or designate signatures are acceptable.
- The patient and family are informed by the physician or their designate about:
 - What to expect at end of life; and
 - Steps to take when death occurs.

IMPORTANT POINTS TO CONSIDER:

- The regional Palliative Care Team is available to support a patient and family in preparing for an anticipated death at home.
- Where it is anticipated that a patient may die at home, even where their goals may include death in a facility, the Notification of Anticipated Death at Home should be in place, in order to avoid unwanted interventions.
- The patient and family are encouraged to keep the Notification of Anticipated Death at Home Form in a place in the home which is visible and easily accessible.

PROCEDURE:

When a patient has made the decision to plan for a death at home, the following steps are taken:

1. The physician / nurse practitioner or designate ensures the patient's goals of care are consistent with no resuscitative measures and that there is a possibility of a death at home.
2. The physician / nurse practitioner documents the patient's goals of care in the client's health record, or ensures there is a completed Advance Care Planning Goals of Care Form or Health Care Directive.
3. The physician / nurse practitioner completes the Notification of Anticipated Death at Home Form.
4. The physician / nurse practitioner names a designate physician / nurse practitioner who is responsible to complete the Medical Certificate of Death within 48 hours of death.
5. The physician / nurse practitioner / nurse informs the patient and family about what to expect at end of life and steps to take when death occurs, outlined in Expected Death at Home Information for Family/Caregiver CLI.5910.PL.005.SD.001.
6. The physician / nurse practitioner is responsible to ensure the distribution of the Notification of Anticipated Death at Home Form to:
 - The funeral director specified by the patient;
 - The Office of the Chief Medical Examiner;
 - Physician /Nurse Practitioner patient's health record;
 - The local police department or R.C.M.P. detachment;
 - The patient (place in a prominent location in the home e.g. ERIK);
 - Palliative Care Program (if registered with Palliative Care);
 - Home Care Case Coordinator (if registered with Home Care).

SUPPORTING DOCUMENTS:

[CLI.5910.PL.005.FORM.01](#)

Notification of Anticipated Death at Home

[CLI.5910.PL.005.SD.001](#)

Anticipated Death at Home Information for Family/Caregiver

REFERENCES:

CLI.5910.PL.008.FORM.01

Advance Care Planning Goals of Care Form

College of Physicians and Surgeons of Manitoba. Guideline No. 1600 - *Arrangements for an Anticipated Death at Home.*

The Fatality Inquires Act of Manitoba C.C.S.M. c. F52