

## RE: GPAC Guideline linkage

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From: Bar, Sherry C HLTH:EX <Sherry.Bar@gov.bc.ca>  
To: Gardner, Anna HLTH:EX <Anna.Gardner@gov.bc.ca>, Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
Cc: Gregg, Andrea HLTH:EX <andrea.gregg@gov.bc.ca>  
Sent: April 27, 2015 11:46:55 AM PDT

Hi all:

I can confirm Anna's comments. We had done reviews with doctors, patients and BCAS. As far as I know, Collette or Jacynthe s.22 had not forwarded the edits to DoBC. I believe that Janet is now leading this work from our IPCC team, although I am happy to help with old copies of the edits or other linkages if needed.

Cheers!

Sherry

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Senior Provincial Primary Health Care Advisor  
Integrated Primary and Community Care  
B.C. Ministry of Health  
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**From:** Gardner, Anna HLTH:EX  
**Sent:** Monday, April 27, 2015 11:34 AM  
**To:** Young, Christine HLTH:EX  
**Cc:** Gregg, Andrea HLTH:EX; Bar, Sherry C HLTH:EX  
**Subject:** RE: GPAC Guideline linkage

Sorry, I missed this email!

The No CPR form has been around longer than the Frailty guideline actually. First for years it was the DNR form in the 90's, then later the No CPR form in early 2000's. It emerged from DNR to NO CPR around time of the creation of the Joint Protocol for Expected Planned Home Deaths and would have included someone at Coroners, BCAS, and BCMA- (but not frailty WG since it was prior to it). Rather, in 2007ish, the frailty group approved its use in their guideline but they didn't develop it.

Good idea to get DoBC approval since it's a joint-developed form (plus BCAS approval) but essentially, it wasn't a GPAC-or WG developed form so we only need an FYI once it's all done and we can update our website pages with new form links. It would be a different entity at DoBC to approve it and I'm not quite sure who – Sherry might have an idea(??). I'd probably think that you would do edits and confirm with some community physicians. Then probably need to send it to the DOBC board with information about the changes that are done and why, who was involved or consulted in process, and if changes approved by BCAS yet (or if that approval is after theirs).

FYI- I'd suggest looking at the previous draft work Pauline, myself and Sherry, and Paul Leslie at BCAS did with PVN, a physician focus group (e.g., Bill Cavers, Dan McCarthy, Douglas McGregor, Doris Barwich, Romaine Gallagher, Bruce Hobson, Pippa Hawley, Brian Winsby, Marnie Jacobsen, Dick Raymond, Gillian Fyles, Bev Spring) and EOLWG if you're doing edits. [highlighted docs were actually on the frailty wg too] - We didn't finish it bc once s.22

s.22 /I was basically acting without an analyst and it wasn't high priority for the ED at the time). Sherry might have files on the edits but I gave mine Collette when I left so she might have given them to Janet if you don't have them?  
Anna

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**From:** Young, Christine HLTH:EX  
**Sent:** Thursday, April 23, 2015 2:52 PM  
**To:** Gardner, Anna HLTH:EX  
**Subject:** FW: GPAC Guideline linkage  
Hi Anna,

There have been some changes to the "No CPR" form and Shana has indicated that we might need to get final approval of the form from the Guidelines and Protocol advisory committee (see email below). Just wondering what needs to be done to get this approved?  
Your thoughts?

Thanks

Christine

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**From:** Zaharia, Janet HLTH:EX  
**Sent:** Monday, April 13, 2015 2:14 PM  
**To:** Young, Christine HLTH:EX  
**Subject:** FW: GPAC Guideline linkage  
**From:** Ooms, Shana HLTH:EX  
**Sent:** Monday, April 13, 2015 2:10 PM  
**To:** Zaharia, Janet HLTH:EX  
**Subject:** GPAC Guideline linkage

Hi Janet, the reason I know this exists here is because I developed this form with Pauline James and BCAS back in the day as a final push around the clinical practice guideline.

Here is the link off the page from the FE cpg:

<http://www2.gov.bc.ca/gov/topic.page?id=DEA4F0C380F04A6C806F6D0880D42DE7#associated-documents>

**Shana L Ooms, MSc**

Director, Primary Health Care Integration  
Health Services Policy and Quality Assurance Division  
Ministry of Health, 1515 Blanshard Street, Victoria BC

***Please note my new phone number: 250 952-1514***

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## question re: expected death at home form

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From: Young, Christine HLTH:EX  
: s.15  
To: dbarwich  
Sent: May 29, 2015 9:54:12 AM PDT

Hi Doris,

I have received a question regarding the Notification of Expected Death at Home form. While searching for information, I noticed that you led the work on the Joint protocol so thought I would pose this question to you. Should palliative nurses working in Home and Community Care fill out this form for developmentally disabled clients living with paid caregivers? Also, can this form be used in licensed Group Home situations?

My thought is that the form should be used in both situations if we use the definition that home is defined as wherever the patient is living, whether in their own home or with family or friends, or in a supportive or assisted living residence or hospice that is not a licensed residential care facility.

Your thoughts?

Thanks

Christine

Christine Young

Policy Analyst, IPCC

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## FW: Notification of Death: Misinterpretation

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From: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
To: Evernden, Brian HLTH:EX <Brian.Evernden@gov.bc.ca>  
Cc: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>, Johnston, Roderick N HLTH:EX <Roderick.Johnston@gov.bc.ca>  
Sent: March 14, 2017 9:13:57 AM PDT

Alix Adams  
Manager, Palliative and Dementia Care Policy  
Seniors Services Branch  
BC Ministry of Health  
Office: (250)952-2857  
Mobile: (250) 896-8471

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**From:** McLeod, Barbara [mailto:Barbara.McLeod@fraserhealth.ca]

**Sent:** Friday, March 10, 2017 3:43 PM

**To:** 'Charlotte Poncelet'

**Cc:** Williscroft, Daphne; Hilliard, Neil Dr.; Doris Barwich (dbarwich@bc-cpc.ca); della.roberts@viha.ca; Carolyn Tayler; Archibald, Karen HLTH:EX; Adams, Alix HLTH:EX; Brolin, Scott

**Subject:** RE: Notification of Death: Misinterpretation

Thank you so much Charlotte for your immediate response and s.13

Thank you for forwarding me a copy of your communication to your membership.

I will share this information at the March 2017 BC Provincial Palliative Care Advisory Committee Meeting.

I greatly appreciate your support in ensuring the appropriate understanding of this Joint Protocol and **Notification of Expected Death in the Home** to support peace dignity at end of life.

Barbara

*Barbara McLeod RN, BSN, MSN, CHPCN(C)  
Clinical Nurse Specialist, Hospice Palliative Care  
South Delta/White Rock/South Surrey  
Blackberry: 604-614-1634*

*Email: [barbara.mcleod@fraserhealth.ca](mailto:barbara.mcleod@fraserhealth.ca)*

**From:** Charlotte Poncelet [mailto:charlotte@bcfunerals.com]

**Sent:** Friday, March 10, 2017 3:21 PM

**To:** McLeod, Barbara

**Subject:** RE: Notification of Death: Misinterpretation

Hi Barbara,

I am sorry for the experience of this patient's family as well as the health care providers assisting them.

The BC Funeral Association was very active in the establishment of the Joint Protocol for Planned Home Deaths, in an effort to alleviate the added stress for the family whose loved one has planned a home death. This Protocol has been in place since 2006 and there should be no reason for misinterpretation, though home death pronunciations are becoming less frequent.s.13

s.13

I will be sending a communication next week to our membership highlighting the Joint Protocol clearly defining: (I will send you a copy of the communication)

- that funeral homes can transfer the deceased directly from the home to the funeral home with the authorization of the person with the right to control disposition once the physician or nurse has pronounced the death **OR** at least one hour after breathing has stopped when a Notification of Expected Death form is in place.
- health care professionals who may pronounce death include **physicians, registered nurses, registered psychiatric nurses and licensed practical nurses.**

We also have a board meeting with key stakeholders on March 22<sup>nd</sup> and our annual conference is May 2-4<sup>th</sup> and I will add this clarification to the agenda.

I will assist any way that I can, please let me know if you or your team have any further ideas.

Thank you for reaching out to me,



Charlotte Poncelet

Executive Director  
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Tel: 250-592-3213  
Toll Free: 800-665-3899  
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**From:** McLeod, Barbara [<mailto:Barbara.McLeod@fraserhealth.ca>]

**Sent:** Friday, March 10, 2017 2:59 PM

**To:** 'charlotte@bcfunerals.com' <[charlotte@bcfunerals.com](mailto:charlotte@bcfunerals.com)>

**Subject:** Notification of Death: Misinterpretation

**Importance:** High

Hi Charlotte:

Thank you for our conversation today, March 10, 2017 regarding an emerging misinterpretation of the Notification of Expected Death at Home forms and processes.

Can you please provide me with your understanding and s.13

s.13

I will forward this information and copy you with an urgent goal to ensure the appropriate understanding of the Notification of Expected Death.

**This is a current clinical situation:**

Patient died today- 24hrs post discharge – he didn't have an expected death in the home and hadn't been admitted to home care yet. He did have a MOST- M1.

The office nurse called the GP, who luckily had seen him in the hospital and said "yes, it was an expected death," the home care nurse went to pronounce but the funeral home would not collect the body as he didn't have an expected death at home form in the home. The GP then had to call the coroner and the funeral home for them to agree to collect the body.

**Funeral Director Understanding of Expected Notification of Death:**

In case of a death at home, we treat that the same as care home or hospice passing. We speak with the legal representative, confirm they have the expected home death form and then come to the home to pick up their loved one. We ask at that time for the "expected home death form" (sometimes these are already here from a family dropping them off at our funeral home). Any other deaths are reportable to the

Many Thanks for your assistance, Barbara

*Barbara McLeod RN, BSN, MSN, CHPCN(C)*  
*Clinical Nurse Specialist, Hospice Palliative Care*  
*South Delta/White Rock/South Surrey*  
*Blackberry: 604-614-1634*  
*Email: [barbara.mcleod@fraserhealth.ca](mailto:barbara.mcleod@fraserhealth.ca)*

## Email to Dr's of BC

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From: Young, Christine HLTH:EX  
: s.15  
To: Adams, Alix HLTH:EX  
Sent: July 5, 2017 1:24:50 PM PDT

Hi Alix,

Here is my suggested wording for your edits😊

Hi Ann,

*For your information, the Ministry of Health has recently become aware of a misunderstanding by funeral providers regarding the use of the Notification of Expected Death in Home (NEDH) form. We have received anecdotal accounts of funeral providers refusing to transfer decedents into their care when a planned home death occurs and the death has been pronounced unless there is a NEDH form, particularly (but not exclusively) in instances of Medical Assistance in Dying . We have heard that on several occasions, the funeral provider has insisted the BC Coroner be contacted, causing confusion and added distress for the family.*

*The BC Funeral Association is aware of this issue and is sending regular communiques to it members regarding the appropriate use of the NEDH form. Specifically that the use of the NEDH form is part of the Joint Protocol for Expected / Planned Home Deaths and only needs to be in place in the absence of pronouncement of death. In addition, the BC Funeral Association is having a conference in September where it will provide education sessions on the correct use of the NEDH form.*

*In the meantime, the Ministry wants to make sure physicians are aware of the potential for this issue to arise and make sure they are familiar with role of the NEDH form. I am wondering if it would be possible to include an update on this issue as part of your Enews to be submitted for inclusion in the Divisions Dispatch, or if you have any other suggestions on how to communicate this issue?*

*Your help is greatly appreciated.*

Christine Young

Policy Analyst, Palliative and Dementia Care

Seniors' Services, Primary and Community Care Policy Division

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## No CPR query

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From: Young, Christine HLTH:EX  
s.15  
To: Johnston, Roderick N HLTH:EX  
Cc: Shaver, Julie HLTH:EX, Adams, Alix HLTH:EX  
Sent: July 20, 2017 12:43:57 PM PDT  
Attachments: expected\_home\_death.pdf

Hi Rory,

Here are the answers for the following questions. We just need to find out a bit more information on the rules and regulations governing the collection, access and use of the information for the HAs☺ Are you able to add some information on MOST, Green Sleeves, etc below?

Thanks☺

### 1. Where is this information kept? Is there a register?

While there is not currently a provincial registry for storing the No CPR orders, the province has developed a standardized approach to ensure forms are accessible during an emergency. The ministry website provides information for patients considering completing a No Cardiopulmonary Resuscitation (No CPR) form. Once a patient has completed a No CPR form with their physician or nurse practitioner, the patient is instructed to keep a copy with them at all times, and provide a copy to their next of kin. The physician and/or nurse practitioner, will also keep a copy of the form in the patients file, and, if applicable, a copy will also be available at the patient's community home care nursing office or residential care facility.

In acute care settings, the No CPR or DNR can be found in the patient's Green Sleeve .....

### 2. How is this information accessed by healthcare providers, particularly in emergency situations?

At home, patients are encouraged to post the original form on their fridge for ease of access for emergency personnel. In addition, the BC Ambulance Service recommends that patients wear a No CPR MedicAlert® bracelet or necklet so that ambulance personnel or other first responders can quickly tell a No CPR order exists. British Columbians who have a physician-signed No CPR order are eligible to participate in the MedicAlert® No CPR program and receive a free bracelet and necklet. More information can be found on the healthlink website :

<https://www.healthlinkbc.ca/health-feature/no-cpr-form>

### 3. What rules and/or regulations govern the collection, access, and use of the information contained in DNR orders/requests in your province?

For patients, the process for documenting, storing and use of the information is provided on the back of the No CPR form. The No CPR form can be found at the following link:

<http://www2.gov.bc.ca/assets/gov/health/forms/302fil.pdf>. The form also recommends that patients considering a home death complete a Notification of Expected Death in Home form found here:

<http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/expected-planned-home-deaths>

For more in-depth information on this process, the province of British Columbia developed the Joint Protocol For Expected/Planned Home Deaths in British Columbia . The Protocol provides guidance to individuals at the end of their lives, families, and health care providers on how to have an expected/planned natural home death. It provides clarity to roles, responsibilities, and activities involved in a home death. More information on the Joint Protocol please see the attached document on Expected Home Death.

Christine

Christine Young

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## **FW: Joint Protocol and MAiD**

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From: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
To: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>, Shaver, Julie HLTH:EX <Julie.Shaver@gov.bc.ca>  
Sent: August 31, 2017 2:45:22 PM PDT

FYI (Julie, for orientation)

Alix Adams

A/Director, Palliative and Dementia Care

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**From:** Adams, Alix HLTH:EX

**Sent:** Thursday, August 31, 2017 2:45 PM

**To:** 'Charlotte Poncelet'

**Subject:** RE: Joint Protocol and MAiD

Hi Charlotte,

I hope you are well!

I'm checking back following our conversation in June. I'm wondering whether there is anything new in regard to the Notice of Expected Death in the Home form/issue, and whether there was anything new from the regulator perspective? Are you seeing any improvement in the number of issues arising?

Also, I wanted to make sure you've made the necessary connections you need for your education planned for September?

s.22 after the Labor Day weekend and would be happy to set up a call to touch bases.

Best wishes,

Alix Adams

A/Director, Palliative and Dementia Care

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**From:** Charlotte Poncelet [<mailto:charlotte@bcfunerals.com>]

**Sent:** Monday, June 19, 2017 3:06 PM

**To:** Adams, Alix HLTH:EX

**Subject:** Joint Protocol and MAiD

Hi Alix,

Thank you for the conversation today around some of the challenges the Health Care Providers are continuing to experience. I will continue to send communications to our membership (the one below was sent again today) and I will also have a conversation with our Regulators as I have a meeting with them on Wednesday.

Again, I think education is the key to providing unified care to families once death has occurred. I would be very interested in exploring an opportunity for someone from the Ministry of Health to present at our September education seminar.

I will touch base with you following my meeting with the Regulator.

Email from today (this has been sent 4 previous times as well):

**CONFUSION ABOUT THE JOINT PROTOCOL FOR  
EXPECTED / PLANNED HOME DEATHS ~ IS YOUR STAFF  
EDUCATED?**

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Regards,  
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Executive Director  
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## RE: Question re: Palliative Care Nurses and Expected Death Forms

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From: Roberts, Della <Della.Roberts@viha.ca>  
To: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
Cc: Shaver, Julie HLTH:EX <Julie.Shaver@gov.bc.ca>  
Sent: March 13, 2018 3:54:47 PM PDT  
Attachments: bereavement\_resource\_reference.pdf, As death approaches.pdf

Hi Christine,

Nurses working in community health services (home and community care) do play a very important role in supporting families.

Specific to your question in relation to post death process.

Each health authority has resources that are part of their process of supporting people and families preparing for time after death.

In Island Health there are a couple of key resources specific to death. Information for families:

- As death approaches (final page begins to provide information)
- Bereavement resources.

There are more references about preparing for the time of death, but these speak to post death.

Nurses in community also provide information about funeral homes, these are noted in the guideline for Island Health Community Health Services.

Provide information as available and applicable, e.g.:

- ☐ BC Health Guide: Funeral Planning
- ☐ Victoria Hospice: Funeral/Memorial Service Planning
- ☐ Funeral Home Service Association of British Columbia

Hope this is useful.

**Della Roberts, RN MSN CHPCN(C)**  
**Clinical Nurse Specialist**  
**Palliative and End of Life Care**  
(250) 951-5648 Email: [della.roberts@viha.ca](mailto:della.roberts@viha.ca)

-  
**Serious illness conversations: *Lean in!***

---

**From:** Young, Christine HLTH:EX [mailto:Christine.Young@gov.bc.ca]  
**Sent:** Tuesday, March 13, 2018 12:42 PM  
**To:** Roberts, Della  
**Cc:** Shaver, Julie HLTH:EX  
**Subject:** Question re: Palliative Care Nurses and Expected Death Forms

Hi Della,

I have received a request from another ministry that is working on a project focussed on the improving the citizen experience of closing off the affairs of a loved one who has recently died. They are aware of the importance of palliative care nurses and the Notification of Expected Death in the Home form as the earliest touch point that many citizens have in which they become aware of the steps that they will need to take after their loved one dies. As part of their request to us, they want to know more about the role the palliative care nurses play in this process. In particular, they are curious if there are any resources that palliative care nurses provide that are oriented towards the next of kin (in terms of navigating the post-death processes). I will be sending them a copy of the Joint Protocol



for Planned/Expected Home Death, as well as some data on the number of home deaths per year. Just wondering if you have any other information you can think of that is typically provided through the palliative care nurses?

Any help you can provide would be greatly appreciated.

Christine

Christine Young  
Policy Analyst, Palliative and Dementia Care  
Seniors' Services, Primary and Community Care Policy Division  
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## **Bereavement Resources**

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## RE: Question re: Palliative Care Nurses and Expected Death Forms

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From: Young, Christine HLTH:EX  
s.15  
To: Sherlock, Dylan JTT:EX  
Cc: Adams, Alix HLTH:EX, Shaver, Julie HLTH:EX  
Sent: March 16, 2018 1:18:27 PM PDT  
Attachments: Hospice (1st QTR, 2nd QTR, 3rd QTR, 4th QTR) YTD\_2016.xls, As death approaches.pdf, bereavement\_resource\_reference.pdf

Hi Dylan,

It was great to talk to you yesterday. As discussed, please find below the link to the Joint Protocol for Expected/Planned Home Deaths in BC. This document does a good job of clarifying the process and procedures involved in managing anticipated natural home deaths in the context of a terminal illness and outlining the roles of health care professionals and agencies involved in a home death.

[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)

I am also sending you resource information that I received from Della Roberts at Island Health Authority. In her email to me, Della notes that each HA has their own resources that are part of their process for supporting people and families preparing for time after death. For now, I have attached the resources from Island Health.

Nurses in community also provide information about funeral homes, these are noted in the guideline for Island Health Community Health Services. The nurses are instructed to provide information as available and applicable, e.g.:

- BC Health Guide: Funeral Planning
- Victoria Hospice: Funeral/Memorial Service Planning
- Funeral Home Service Association of British Columbia

Finally, I have included the Location of Death report (year-end data) for 2016. You will likely find the information you are looking for on the Natural Deaths tab. I am not sending the 2017 data as the year-end report has yet to be finished and the quarterly reports tend to be inaccurate. I expect the 2017 YTD report will be ready in June, so feel free to contact me then if you would like that data.

Hope this is useful. Please let me know if you would like any more information or if you have any additional questions.

Christine

Christine Young  
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**From:** Sherlock, Dylan JTT:EX  
**Sent:** Thursday, March 8, 2018 2:08 PM  
**To:** Adams, Alix HLTH:EX

**Cc:** Young, Christine HLTH:EX

**Subject:** RE: Question re: Palliative Care Nurses and Expected Death Forms

Thanks Alix!

Christine – looking forward to connecting with you further soon. My calendar is up-to-date if you'd like to propose a time that would be convenient for you to meet.

Cheers,  
Dylan

---

**From:** Adams, Alix HLTH:EX

**Sent:** Thursday, March 8, 2018 1:26 PM

**To:** Sherlock, Dylan JTT:EX <[Dylan.Sherlock@gov.bc.ca](mailto:Dylan.Sherlock@gov.bc.ca)>

**Cc:** Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>

**Subject:** RE: Question re: Palliative Care Nurses and Expected Death Forms

Hi Dylan,

We'd be happy to talk with you further about this work. By way of this note, let me introduce you to Christine Young who is a member of our team. Christine can give you an overview of the system and use of the Notification of Expected Death in the Home form, and we can go from there.

Thank you,

Alix Adams  
A/Director, Palliative and Dementia Care  
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**From:** Sherlock, Dylan JTT:EX

**Sent:** Wednesday, March 7, 2018 4:06 PM

**To:** Adams, Alix HLTH:EX

**Subject:** Question re: Palliative Care Nurses and Expected Death Forms

Hi Alix,

Thanks for the quick chat and the offer to connect with your staff further on this issue.

I would like to better understand the volume of people who are choosing to die at home and completing the notification of expected death form. I am also curious if there are any resources that palliative care nurses provide that are oriented towards the next of kin (in terms of navigating the post-death processes). I don't need hard numbers at this stage, but a lay-of-the-land would be very helpful. Is this be something that you are familiar with?

For context, the Ministry of Jobs, Trade and Technology has partnered with the Ministry of Citizen Services, GCPE and a number of other agencies (including Ministry of Health via the Vital Statistics Agency) on a project focussed on the improving the citizen experience of closing off the affairs of a loved one who has recently died.

In particular, we are exploring improvements to proof of death data sharing between government agencies and improvements to communications materials oriented at the next-of-kin (both print and web materials). One of the findings that has come out of some recent service design work that we've conducted with citizens is a new recognition of the importance of palliative care nurses and the Notification of Expected Death in the Home form as

the earliest touch point that many citizens have in which they become aware of the steps that they will need to take after their loved one dies.

Looking forward to exploring this issue more with your team!

Cheers,  
Dylan

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**Number and Percentage of Cancer Deaths in Each Setting  
(Home, Residential Institution, Hospice, Hospital) for (Quarter 1, Quarter 2, Quarter 3, Quarter 4) ) 2016**

**CANCER DEATHS**

HSDA/HA		Cancer Deaths								
		Home	Home	Res Inst	Res Inst	Hospice	Hospice	Hospital	Hospital	Total
001	Fernie	3	15.0%	2	10.0%	-	-	15	75.0%	20
002	Cranbrook	6	10.5%	7	12.3%	2	3.5%	42	73.7%	57
003	Kimberley	3	13.6%	5	22.7%	1	4.5%	13	59.1%	22
004	Windermere	8	33.3%	2	8.3%	-	-	14	58.3%	24
005	Creston	8	17.0%	8	17.0%	2	4.3%	29	61.7%	47
018	Golden	2	13.3%	3	20.0%	-	-	10	66.7%	15
11	East Kootenay	30	16.2%	27	14.6%	5	2.7%	123	66.5%	185
006	Kootenay Lake	3	42.9%	2	28.6%	1	14.3%	1	14.3%	7
007	Nelson	21	29.6%	11	15.5%	2	2.8%	36	50.7%	71
009	Castlegar	12	29.3%	9	22.0%	3	7.3%	17	41.5%	41
010	Arrow Lakes	2	28.6%	-	-	1	14.3%	4	57.1%	7
011	Trail	10	16.4%	17	27.9%	2	3.3%	32	52.5%	61
012	Grand Forks	5	16.7%	4	13.3%	-	-	21	70.0%	30
013	Kettle Valley	1	9.1%	1	9.1%	2	18.2%	7	63.6%	11
12	Kootenay Boundary	54	23.7%	44	19.3%	11	4.8%	118	51.8%	228
014	Southern Okanagan	13	15.1%	22	25.6%	13	15.1%	38	44.2%	86
015	Penticton	23	12.6%	23	12.6%	87	47.8%	49	26.9%	182
016	Keremeos	6	20.7%	10	34.5%	3	10.3%	10	34.5%	29
017	Princeton	2	9.1%	3	13.6%	-	-	17	77.3%	22
021	Armstrong - Spallumcheen	5	17.9%	7	25.0%	7	25.0%	8	28.6%	28
022	Vernon	23	11.1%	13	6.3%	108	51.9%	64	30.8%	208
023	Central Okanagan	71	14.2%	34	6.8%	248	49.5%	146	29.1%	501
077	Summerland	4	8.7%	7	15.2%	19	41.3%	16	34.8%	46
078	Enderby	5	31.3%	3	18.8%	5	31.3%	3	18.8%	16
13	Okanagan	152	13.6%	122	10.9%	490	43.8%	351	31.4%	1,118
019	Revelstoke	1	6.3%	3	18.8%	1	6.3%	11	68.8%	16
020	Salmon Arm	28	25.7%	23	21.1%	5	4.6%	53	48.6%	109
024	Kamloops	28	10.0%	35	12.5%	145	51.8%	72	25.7%	280
025	100 Mile House	8	16.7%	12	25.0%	3	6.3%	25	52.1%	48
026	North Thompson	2	18.2%	2	18.2%	2	18.2%	5	45.5%	11
027	Cariboo - Chilcotin	18	26.1%	10	14.5%	4	5.8%	37	53.6%	69
029	Lillooet	4	23.5%	-	-	3	17.6%	10	58.8%	17
030	South Cariboo	3	11.1%	4	14.8%	8	29.6%	12	44.4%	27
031	Merriitt	2	8.7%	12	52.2%	2	8.7%	7	30.4%	23
14	Thompson Cariboo Shuswap	94	15.7%	101	16.8%	173	28.8%	232	38.7%	600
	IHA Total	330	15.5%	294	13.8%	679	31.9%	824	38.7%	2,131
032	Hope	6	18.2%	2	6.1%	4	12.1%	21	63.6%	33
033	Chilliwack	33	13.7%	8	3.3%	99	41.1%	101	41.9%	241
034	Abbotsford	27	8.7%	14	4.5%	172	55.5%	97	31.3%	310
075	Mission	9	9.8%	1	1.1%	48	52.2%	34	37.0%	92
076	Agassiz - Harrison	6	15.8%	4	10.5%	18	47.4%	10	26.3%	38
21	Fraser East	81	11.3%	29	4.1%	341	47.8%	263	36.8%	714
040	New Westminster	20	13.7%	19	13.0%	61	41.8%	46	31.5%	146

	041	Burnaby	33	8.5%	26	6.7%	222	56.9%	108	27.7%	390
	042	Maple Ridge	14	6.6%	13	6.1%	101	47.4%	85	39.9%	213
	043	Coquitlam	44	11.7%	29	7.7%	144	38.4%	158	42.1%	375
22		Fraser North	111	9.9%	87	7.7%	528	47.0%	397	35.3%	1,124
	035	Langley	28	9.4%	16	5.4%	159	53.4%	95	31.9%	298
	036	Surrey/South Surrey/White Rock	-	-	-	-	-	-	-	-	-
	037	Delta	29	12.6%	17	7.4%	98	42.6%	84	36.5%	230
	201	Surrey	71	11.7%	35	5.8%	285	47.1%	212	35.0%	605
	202	South Surrey/White Rock	37	14.9%	15	6.0%	122	49.2%	73	29.4%	248
23		Fraser South	165	11.9%	83	6.0%	664	48.1%	464	33.6%	1,381
		FHA Total	357	11.1%	199	6.2%	1,533	47.6%	1,124	34.9%	3,219
	038	Richmond	52	14.6%	19	5.3%	139	39.0%	144	40.4%	356
31		Richmond	52	14.6%	19	5.3%	139	39.0%	144	40.4%	356
	161	Vancouver - City Centre	22	12.7%	13	7.5%	105	60.7%	33	19.1%	173
	162	Vancouver - Downtown Eastside	14	11.2%	3	2.4%	72	57.6%	36	28.8%	125
	163	Vancouver - North East	34	17.4%	18	9.2%	85	43.6%	57	29.2%	195
	164	Vancouver - Westside	43	19.7%	22	10.1%	114	52.3%	39	17.9%	218
	165	Vancouver - Midtown	19	13.4%	7	4.9%	64	45.1%	51	35.9%	142
	166	Vancouver - South	40	18.5%	18	8.3%	85	39.4%	73	33.8%	216
32		Vancouver	172	16.1%	81	7.6%	525	49.1%	289	27.0%	1,069
	044	North Vancouver	45	17.7%	16	6.3%	99	39.0%	92	36.2%	254
	045	West Vancouver-Bowen Island	36	24.8%	14	9.7%	38	26.2%	56	38.6%	145
	046	Sunshine Coast	27	23.7%	30	26.3%	9	7.9%	47	41.2%	114
	047	Powell River	16	28.1%	5	8.8%	1	1.8%	35	61.4%	57
	048	Howe Sound	12	23.5%	2	3.9%	9	17.6%	28	54.9%	51
	049	Bella Coola Valley	-	-	1	16.7%	2	33.3%	3	50.0%	6
	083	Central Coast	1	50.0%	-	-	-	-	1	50.0%	2
33		North Shore/Coast Garibaldi	137	21.8%	68	10.8%	158	25.1%	262	41.7%	629
		VCHA Total	361	17.6%	168	8.2%	822	40.0%	695	33.8%	2,054
	061	Greater Victoria	97	17.7%	66	12.0%	223	40.7%	160	29.2%	548
	062	Sooke	52	31.9%	12	7.4%	50	30.7%	49	30.1%	163
	063	Saanich	43	25.6%	17	10.1%	55	32.7%	51	30.4%	168
	064	Gulf Islands	17	32.1%	1	1.9%	4	7.5%	31	58.5%	53
41		South Vancouver Island	209	22.4%	96	10.3%	332	35.6%	291	31.2%	932
	065	Cowichan	56	33.3%	15	8.9%	12	7.1%	84	50.0%	168
	066	Lake Cowichan	8	40.0%	2	10.0%	-	-	10	50.0%	20
	067	Ladysmith	18	24.3%	13	17.6%	14	18.9%	29	39.2%	74
	068	Nanaimo	51	15.5%	42	12.7%	139	42.1%	95	28.8%	330
	069	Qualicum	45	22.8%	24	12.2%	82	41.6%	46	23.4%	197
	070	Alberni	30	30.3%	4	4.0%	26	26.3%	39	39.4%	99
42		Central Vancouver Island	208	23.4%	100	11.3%	273	30.7%	303	34.1%	888
	071	Courtenay	73	38.4%	8	4.2%	23	12.1%	86	45.3%	190
	072	Campbell River	38	34.9%	6	5.5%	6	5.5%	57	52.3%	109
	084	Vancouver Island West	5	71.4%	-	-	1	14.3%	1	14.3%	7
	085	Vancouver Island North	4	18.2%	-	-	1	4.5%	17	77.3%	22
43		North Vancouver Island	120	36.6%	14	4.3%	31	9.5%	161	49.1%	328
		VIHA Total	537	25.0%	210	9.8%	636	29.6%	755	35.1%	2,148
	050	Queen Charlotte	2	16.7%	-	-	-	-	10	83.3%	12



	051	Snow Country	-	-	-	-	-	-	-	-	
	052	Prince Rupert	6	14.6%	9	22.0%	1	2.4%	24	58.5%	41
	053	Upper Skeena	-	-	-	-	-	-	8	100.0%	8
	054	Smithers	8	25.8%	5	16.1%	3	9.7%	15	48.4%	31
	080	Kitimat	1	6.7%	1	6.7%	-	-	13	86.7%	15
	087	Stikine	-	-	-	-	-	-	-	-	-
	088	Terrace	9	19.6%	12	26.1%	1	2.2%	24	52.2%	46
	092	Nisga'a	-	-	1	100.0%	-	-	-	-	1
	094	Telegraph Creek	2	100.0%	-	-	-	-	-	-	2
51		Northwest	28	17.9%	28	17.9%	5	3.2%	94	60.3%	156
	028	Quesnel	16	20.8%	8	10.4%	25	32.5%	28	36.4%	77
	055	Burns Lake	1	6.3%	3	18.8%	-	-	12	75.0%	16
	056	Nechako	9	28.1%	-	-	3	9.4%	20	62.5%	32
	057	Prince George	37	17.4%	16	7.5%	119	55.9%	41	19.2%	213
52		Northern Interior	63	18.6%	27	8.0%	147	43.5%	101	29.9%	338
	059	Peace River South	7	13.0%	10	18.5%	-	-	37	68.5%	54
	060	Peace River North	5	9.1%	6	10.9%	5	9.1%	39	70.9%	55
	081	Fort Nelson	2	22.2%	-	-	-	-	7	77.8%	9
53		Northeast	14	11.9%	16	13.6%	5	4.2%	83	70.3%	118
		NHA Total	105	17.2%	71	11.6%	157	25.7%	278	45.4%	612
		Unknown LHA	-	-	-	-	3	100.0%	-	-	3
		BC Total	1,690	16.6%	942	9.3%	3,830	37.7%	3,676	36.2%	10,167

Data Source: Vital Events in Health Ideas Data Warehouse

ICD10: C00 - C97

Please note that for the purposes of this report

- where place of death = Hospice – this indicates that the individual died in a designated palliative care setting (i.e. dedicated palliative care beds/ units within acute care or residential care facilities as well as freestanding hospice facilities).

**QUARTERLY REPORT : Q4-2016**

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**Number and Percentage of Non-Cancer Natural Deaths in Each Setting**  
**(Home, Residential Institution, Hospice, Hospital) for (Quarter 1, Quarter 2, Quarter 3, Quarter 4) ) 2016**  
**Natural Deaths Excluding Cancer**

HSDA/HA		Natural Deaths Excluding Cancer								
		Home	Home	Res Inst	Res Inst	Hospice	Hospice	Hospital	Hospital	Total
001	Fernie	17	23.9%	16	22.5%	-	-	38	53.5%	71
002	Cranbrook	31	20.8%	43	28.9%	3	2.0%	67	45.0%	149
003	Kimberley	12	18.5%	20	30.8%	-	-	32	49.2%	65
004	Windermere	6	10.0%	29	48.3%	-	-	24	40.0%	60
005	Creston	21	20.6%	42	41.2%	-	-	37	36.3%	102
018	Golden	11	26.8%	14	34.1%	-	-	14	34.1%	41
11	East Kootenay	98	20.1%	164	33.6%	3	0.6%	212	43.4%	488
006	Kootenay Lake	9	42.9%	4	19.0%	2	9.5%	5	23.8%	21
007	Nelson	35	24.6%	47	33.1%	2	1.4%	53	37.3%	142
009	Castlegar	19	18.3%	46	44.2%	1	1.0%	37	35.6%	104
010	Arrow Lakes	6	14.0%	23	53.5%	1	2.3%	12	27.9%	43
011	Trail	18	12.8%	55	39.0%	-	-	65	46.1%	141
012	Grand Forks	17	19.1%	37	41.6%	-	-	34	38.2%	89
013	Kettle Valley	8	36.4%	1	4.5%	-	-	12	54.5%	22
12	Kootenay Boundary	112	19.9%	213	37.9%	6	1.1%	218	38.8%	562
014	Southern Okanagan	36	16.5%	100	45.9%	2	0.9%	74	33.9%	218
015	Penticton	69	15.7%	176	40.1%	21	4.8%	170	38.7%	439
016	Keremeos	13	31.7%	12	29.3%	-	-	15	36.6%	41
017	Princeton	6	11.3%	19	35.8%	-	-	25	47.2%	53
021	Armstrong - Spallumcheen	12	22.2%	18	33.3%	2	3.7%	21	38.9%	54
022	Vernon	75	15.6%	149	31.0%	45	9.4%	203	42.3%	480
023	Central Okanagan	215	17.7%	418	34.4%	101	8.3%	452	37.2%	1,216
077	Summerland	17	15.6%	54	49.5%	7	6.4%	31	28.4%	109
078	Enderby	12	24.0%	18	36.0%	-	-	20	40.0%	50
13	Okanagan	455	17.1%	964	36.2%	178	6.7%	1,011	38.0%	2,660
019	Revelstoke	5	11.6%	19	44.2%	1	2.3%	17	39.5%	43
020	Salmon Arm	42	14.8%	116	41.0%	2	0.7%	112	39.6%	283
024	Kamloops	129	17.8%	220	30.4%	64	8.8%	278	38.4%	724
025	100 Mile House	22	21.2%	18	17.3%	5	4.8%	55	52.9%	104
026	North Thompson	8	25.8%	12	38.7%	-	-	10	32.3%	31
027	Cariboo - Chilcotin	40	23.5%	49	28.8%	4	2.4%	71	41.8%	170
029	Lillooet	3	13.0%	9	39.1%	1	4.3%	9	39.1%	23
030	South Cariboo	10	18.2%	10	18.2%	5	9.1%	25	45.5%	55
031	Merritt	16	20.3%	23	29.1%	2	2.5%	32	40.5%	79
14	Thompson Cariboo Shuswap	275	18.2%	476	31.5%	84	5.6%	609	40.3%	1,512
	IHA Total	940	18.0%	1,817	34.8%	271	5.2%	2,050	39.3%	5,222
032	Hope	10	13.0%	19	24.7%	-	-	42	54.5%	77
033	Chilliwack	97	16.7%	163	28.0%	19	3.3%	276	47.4%	582
034	Abbotsford	124	15.9%	249	31.9%	40	5.1%	341	43.7%	781
075	Mission	44	21.0%	53	25.2%	7	3.3%	94	44.8%	210
076	Agassiz - Harrison	17	24.3%	22	31.4%	5	7.1%	23	32.8%	70
21	Fraser East	292	17.0%	506	29.4%	71	4.1%	776	45.1%	1,720

	040	New Westminster	64	17.6%	104	28.6%	16	4.4%	170	46.7%	364
	041	Burnaby	172	18.2%	249	26.3%	92	9.7%	406	42.9%	946
	042	Maple Ridge	92	19.2%	131	27.3%	19	4.0%	226	47.1%	480
	043	Coquitlam	101	12.1%	307	36.6%	30	3.6%	376	44.9%	838
22		Fraser North	429	16.3%	791	30.1%	157	6.0%	1,178	44.8%	2,628
	035	Langley	129	16.6%	231	29.7%	22	2.8%	373	47.9%	778
	036	Surrey/South Surrey/White Rock	-	-	-	-	-	-	-	-	-
	037	Delta	70	13.9%	162	32.3%	32	6.4%	226	45.0%	502
	201	Surrey	317	19.2%	400	24.2%	109	6.6%	766	46.4%	1,650
	202	South Surrey/White Rock	84	12.6%	267	40.2%	24	3.6%	280	42.1%	665
23		Fraser South	600	16.7%	1,060	29.5%	187	5.2%	1,645	45.8%	3,595
		FHA Total	1,321	16.6%	2,357	29.7%	415	5.2%	3,599	45.3%	7,943
	038	Richmond	110	16.8%	158	24.1%	46	7.0%	327	49.8%	656
31		Richmond	110	16.8%	158	24.1%	46	7.0%	327	49.8%	656
	161	Vancouver - City Centre	117	23.3%	146	29.0%	39	7.8%	178	35.4%	503
	162	Vancouver - Downtown Eastside	188	41.8%	51	11.3%	37	8.2%	142	31.6%	450
	163	Vancouver - North East	72	17.6%	116	28.4%	25	6.1%	185	45.3%	408
	164	Vancouver - Westside	119	23.2%	183	35.6%	38	7.4%	165	32.1%	514
	165	Vancouver - Midtown	80	23.8%	109	32.4%	10	3.0%	129	38.4%	336
	166	Vancouver - South	100	16.1%	236	37.9%	28	4.5%	250	40.1%	623
32		Vancouver	676	23.9%	841	29.7%	177	6.2%	1,049	37.0%	2,834
	044	North Vancouver	111	17.2%	243	37.7%	34	5.3%	243	37.7%	644
	045	West Vancouver-Bowen Island	61	18.2%	120	35.8%	16	4.8%	136	40.6%	335
	046	Sunshine Coast	61	27.9%	69	31.5%	1	0.5%	86	39.3%	219
	047	Powell River	29	17.1%	63	37.1%	2	1.2%	72	42.4%	170
	048	Howe Sound	17	17.7%	29	30.2%	-	-	44	45.8%	96
	049	Bella Coola Valley	3	12.5%	2	8.3%	-	-	16	66.7%	24
	083	Central Coast	2	20.0%	-	-	-	-	8	80.0%	10
33		North Shore/Coast Garibaldi	284	19.0%	526	35.1%	53	3.5%	605	40.4%	1,498
		VCHA Total	1,070	21.5%	1,525	30.6%	276	5.5%	1,981	39.7%	4,988
	061	Greater Victoria	313	19.5%	601	37.4%	89	5.5%	576	35.8%	1,607
	062	Sooke	69	24.3%	70	24.6%	8	2.8%	131	46.1%	284
	063	Saanich	96	16.6%	210	36.4%	43	7.5%	221	38.3%	577
	064	Gulf Islands	31	26.3%	27	22.9%	1	0.8%	54	45.8%	118
41		South Vancouver Island	509	19.7%	908	35.1%	141	5.5%	982	38.0%	2,586
	065	Cowichan	89	22.7%	126	32.1%	2	0.5%	166	42.3%	392
	066	Lake Cowichan	11	35.5%	-	-	-	-	20	64.5%	31
	067	Ladysmith	31	19.3%	53	32.9%	8	5.0%	64	39.8%	161
	068	Nanaimo	138	18.6%	255	34.3%	76	10.2%	258	34.7%	743
	069	Qualicum	79	16.8%	206	43.8%	47	10.0%	128	27.2%	470
	070	Alberni	58	25.7%	50	22.1%	9	4.0%	104	46.0%	226
42		Central Vancouver Island	406	20.1%	690	34.1%	142	7.0%	740	36.6%	2,023
	071	Courtenay	117	24.2%	139	28.8%	11	2.3%	202	41.8%	483
	072	Campbell River	56	22.5%	59	23.7%	1	0.4%	122	49.0%	249
	084	Vancouver Island West	3	37.5%	-	-	-	-	5	62.5%	8
	085	Vancouver Island North	15	22.1%	5	7.4%	1	1.5%	41	60.3%	68
43		North Vancouver Island	191	23.6%	203	25.1%	13	1.6%	370	45.8%	808
		VIHA Total	1,106	20.4%	1,801	33.2%	296	5.5%	2,092	38.6%	5,417

050	Queen Charlotte	5	20.0%	1	4.0%	2	8.0%	16	64.0%	25
051	Snow Country	-	-	-	-	-	-	1	100.0%	1
052	Prince Rupert	24	29.3%	22	26.8%	2	2.4%	33	40.2%	82
053	Upper Skeena	4	22.2%	-	-	-	-	14	77.8%	18
054	Smithers	13	19.1%	24	35.3%	1	1.5%	28	41.2%	68
080	Kitimat	6	15.0%	9	22.5%	-	-	22	55.0%	40
087	Stikine	-	-	-	-	-	-	1	50.0%	2
088	Terrace	22	20.2%	25	22.9%	1	0.9%	59	54.1%	109
092	Nisga'a	2	50.0%	-	-	-	-	1	25.0%	4
094	Telegraph Creek	-	-	-	-	-	-	-	-	-
51	Northwest	76	21.8%	81	23.2%	6	1.7%	175	50.1%	349
028	Quesnel	34	19.7%	32	18.5%	6	3.5%	91	52.6%	173
055	Burns Lake	13	32.5%	5	12.5%	-	-	21	52.5%	40
056	Nechako	14	17.5%	13	16.3%	-	-	45	56.3%	80
057	Prince George	89	19.4%	102	22.3%	63	13.8%	184	40.2%	458
52	Northern Interior	150	20.0%	152	20.2%	69	9.2%	341	45.4%	751
059	Peace River South	32	21.3%	42	28.0%	1	0.7%	68	45.3%	150
060	Peace River North	21	18.6%	26	23.0%	1	0.9%	56	49.6%	113
081	Fort Nelson	4	26.7%	-	-	-	-	10	66.7%	15
53	Northeast	57	20.5%	68	24.5%	2	0.7%	134	48.2%	278
	NHA Total	283	20.5%	301	21.8%	77	5.6%	650	47.2%	1,378
	Unknown LHA	2	14.3%	-	-	-	-	5	35.7%	14
	BC Total	4,722	18.9%	7,801	31.3%	1,335	5.3%	10,377	41.6%	24,962

Data Source: Vital Events in Health Ideas Data Warehouse

ICD10: A00 to R99 excluding C00 to C97

Please note that for the purposes of this report

- where place of death = Hospice – this indicates that the individual died in a designated palliative care setting (i.e. dedicated palliative care beds/ units within acute care or residential care facilities as well as freestanding hospice facilities).

**Number and Percentage of All Natural Deaths in Each Setting  
(Home, Residential Institution, Hospice, Hospital) for (Quarter 1, Quarter 2, Quarter 3, Quarter 4 ) 2016**

**NATURAL DEATHS**

HSDA/HA		Natural Deaths								
		Home	Home	Res Inst	Res Inst	Hospice	Hospice	Hospital	Hospital	Total
001	Fernie	20	22.0%	18	19.8%	-	-	53	58.2%	91
002	Cranbrook	37	18.0%	50	24.3%	5	2.4%	109	52.9%	206
003	Kimberley	15	17.2%	25	28.7%	1	1.1%	45	51.7%	87
004	Windermere	14	16.7%	31	36.9%	-	-	38	45.2%	84
005	Creston	29	19.5%	50	33.6%	2	1.3%	66	44.3%	149
018	Golden	13	23.2%	17	30.4%	-	-	24	42.9%	56
11	East Kootenay	128	19.0%	191	28.4%	8	1.2%	335	49.8%	673
006	Kootenay Lake	12	42.9%	6	21.4%	3	10.7%	6	21.4%	28
007	Nelson	56	26.3%	58	27.2%	4	1.9%	89	41.8%	213
009	Castlegar	31	21.4%	55	37.9%	4	2.8%	54	37.2%	145
010	Arrow Lakes	8	16.0%	23	46.0%	2	4.0%	16	32.0%	50
011	Trail	28	13.9%	72	35.6%	2	1.0%	97	48.0%	202
012	Grand Forks	22	18.5%	41	34.5%	-	-	55	46.2%	119
013	Kettle Valley	9	27.3%	2	6.1%	2	6.1%	19	57.6%	33
12	Kootenay Boundary	166	21.0%	257	32.5%	17	2.2%	336	42.5%	790
014	Southern Okanagan	49	16.1%	122	40.1%	15	4.9%	112	36.8%	304
015	Penticton	92	14.8%	199	32.0%	108	17.4%	219	35.3%	621
016	Keremeos	19	27.1%	22	31.4%	3	4.3%	25	35.7%	70
017	Princeton	8	10.7%	22	29.3%	-	-	42	56.0%	75
021	Armstrong - Spallumcheen	17	20.7%	25	30.5%	9	11.0%	29	35.4%	82
022	Vernon	98	14.2%	162	23.5%	153	22.2%	267	38.8%	688
023	Central Okanagan	286	16.7%	452	26.3%	349	20.3%	598	34.8%	1,717
077	Summerland	21	13.5%	61	39.4%	26	16.8%	47	30.3%	155
078	Enderby	17	25.8%	21	31.8%	5	7.6%	23	34.8%	66
13	Okanagan	607	16.1%	1,086	28.7%	668	17.7%	1,362	36.1%	3,778
019	Revelstoke	6	10.2%	22	37.3%	2	3.4%	28	47.5%	59
020	Salmon Arm	70	17.9%	139	35.5%	7	1.8%	165	42.1%	392
024	Kamloops	157	15.6%	255	25.4%	209	20.8%	350	34.9%	1,004
025	100 Mile House	30	19.7%	30	19.7%	8	5.3%	80	52.6%	152
026	North Thompson	10	23.8%	14	33.3%	2	4.8%	15	35.7%	42
027	Cariboo - Chilcotin	58	24.3%	59	24.7%	8	3.3%	108	45.2%	239
029	Lillooet	7	17.5%	9	22.5%	4	10.0%	19	47.5%	40
030	South Cariboo	13	15.9%	14	17.1%	13	15.9%	37	45.1%	82
031	Merritt	18	17.6%	35	34.3%	4	3.9%	39	38.2%	102
14	Thompson Cariboo Shuswap	369	17.5%	577	27.3%	257	12.2%	841	39.8%	2,112
	IHA Total	1,270	17.3%	2,111	28.7%	950	12.9%	2,874	39.1%	7,353
032	Hope	16	14.5%	21	19.1%	4	3.6%	63	57.3%	110
033	Chilliwack	130	15.8%	171	20.8%	118	14.3%	377	45.8%	823
034	Abbotsford	151	13.8%	263	24.1%	212	19.4%	438	40.1%	1,091
075	Mission	53	17.5%	54	17.9%	55	18.2%	128	42.4%	302
076	Agassiz - Harrison	23	21.3%	26	24.1%	23	21.3%	33	30.6%	108

21	Fraser East	373	15.3%	535	22.0%	412	16.9%	1,039	42.7%	2,434
040	New Westminster	84	16.5%	123	24.1%	77	15.1%	216	42.4%	510
041	Burnaby	205	15.3%	275	20.6%	314	23.5%	514	38.5%	1,336
042	Maple Ridge	106	15.3%	144	20.8%	120	17.3%	311	44.9%	693
043	Coquitlam	145	12.0%	336	27.7%	174	14.3%	534	44.0%	1,213
22	Fraser North	540	14.4%	878	23.4%	685	18.3%	1,575	42.0%	3,752
035	Langley	157	14.6%	247	23.0%	181	16.8%	468	43.5%	1,076
036	Surrey/South Surrey/White Rock	-	-	-	-	-	-	-	-	-
037	Delta	99	13.5%	179	24.5%	130	17.8%	310	42.3%	732
201	Surrey	388	17.2%	435	19.3%	394	17.5%	978	43.4%	2,255
202	South Surrey/White Rock	121	13.3%	282	30.9%	146	16.0%	353	38.7%	913
23	Fraser South	765	15.4%	1,143	23.0%	851	17.1%	2,109	42.4%	4,976
	FHA Total	1,678	15.0%	2,556	22.9%	1,948	17.5%	4,723	42.3%	11,162
038	Richmond	162	16.0%	177	17.5%	185	18.3%	471	46.5%	1,012
31	Richmond	162	16.0%	177	17.5%	185	18.3%	471	46.5%	1,012
161	Vancouver - City Centre	139	20.6%	159	23.5%	144	21.3%	211	31.2%	676
162	Vancouver - Downtown Eastside	202	35.1%	54	9.4%	109	19.0%	178	31.0%	575
163	Vancouver - North East	106	17.6%	134	22.2%	110	18.2%	242	40.1%	603
164	Vancouver - Westside	162	22.1%	205	28.0%	152	20.8%	204	27.9%	732
165	Vancouver - Midtown	99	20.7%	116	24.3%	74	15.5%	180	37.7%	478
166	Vancouver - South	140	16.7%	254	30.3%	113	13.5%	323	38.5%	839
32	Vancouver	848	21.7%	922	23.6%	702	18.0%	1,338	34.3%	3,903
044	North Vancouver	156	17.4%	259	28.8%	133	14.8%	335	37.3%	898
045	West Vancouver-Bowen Island	97	20.2%	134	27.9%	54	11.3%	192	40.0%	480
046	Sunshine Coast	88	26.4%	99	29.7%	10	3.0%	133	39.9%	333
047	Powell River	45	19.8%	68	30.0%	3	1.3%	107	47.1%	227
048	Howe Sound	29	19.7%	31	21.1%	9	6.1%	72	49.0%	147
049	Bella Coola Valley	3	10.0%	3	10.0%	2	6.7%	19	63.3%	30
083	Central Coast	3	25.0%	-	-	-	-	9	75.0%	12
33	North Shore/Coast Garibaldi	421	19.8%	594	27.9%	211	9.9%	867	40.8%	2,127
	VCHA Total	1,431	20.3%	1,693	24.0%	1,098	15.6%	2,676	38.0%	7,042
061	Greater Victoria	410	19.0%	667	31.0%	312	14.5%	736	34.2%	2,155
062	Sooke	121	27.1%	82	18.3%	58	13.0%	180	40.3%	447
063	Saanich	139	18.7%	227	30.5%	98	13.2%	272	36.5%	745
064	Gulf Islands	48	28.1%	28	16.4%	5	2.9%	85	49.7%	171
41	South Vancouver Island	718	20.4%	1,004	28.5%	473	13.4%	1,273	36.2%	3,518
065	Cowichan	145	25.9%	141	25.2%	14	2.5%	250	44.6%	560
066	Lake Cowichan	19	37.3%	2	3.9%	-	-	30	58.8%	51
067	Ladysmith	49	20.9%	66	28.1%	22	9.4%	93	39.6%	235
068	Nanaimo	189	17.6%	297	27.7%	215	20.0%	353	32.9%	1,073
069	Qualicum	124	18.6%	230	34.5%	129	19.3%	174	26.1%	667
070	Alberni	88	27.1%	54	16.6%	35	10.8%	143	44.0%	325
42	Central Vancouver Island	614	21.1%	790	27.1%	415	14.3%	1,043	35.8%	2,911
071	Courtenay	190	28.2%	147	21.8%	34	5.1%	288	42.8%	673
072	Campbell River	94	26.3%	65	18.2%	7	2.0%	179	50.0%	358
084	Vancouver Island West	8	53.3%	-	-	1	6.7%	6	40.0%	15
085	Vancouver Island North	19	21.1%	5	5.6%	2	2.2%	58	64.4%	99
43	North Vancouver Island	311	27.4%	217	19.1%	44	3.9%	531	46.7%	1,136

	<b>VIHA Total</b>	<b>1,643</b>	<b>21.7%</b>	<b>2,011</b>	<b>26.6%</b>	<b>932</b>	<b>12.3%</b>	<b>2,847</b>	<b>37.6%</b>	<b>7,565</b>
050	Queen Charlotte	7	18.9%	1	2.7%	2	5.4%	26	70.3%	37
051	Snow Country	-	-	-	-	-	-	1	100.0%	1
052	Prince Rupert	30	24.4%	31	25.2%	3	2.4%	57	46.3%	123
053	Upper Skeena	4	15.4%	-	-	-	-	22	84.6%	26
054	Smithers	21	21.2%	29	29.3%	4	4.0%	43	43.4%	99
080	Kitimat	7	12.7%	10	18.2%	-	-	35	63.6%	55
087	Stikine	-	-	-	-	-	-	1	50.0%	2
088	Terrace	31	20.0%	37	23.9%	2	1.3%	83	53.5%	155
092	Nisga'a	2	40.0%	1	20.0%	-	-	1	20.0%	5
094	Telegraph Creek	2	100.0%	-	-	-	-	-	-	2
51	<b>Northwest</b>	<b>104</b>	<b>20.6%</b>	<b>109</b>	<b>21.6%</b>	<b>11</b>	<b>2.2%</b>	<b>269</b>	<b>53.3%</b>	<b>505</b>
028	Quesnel	50	20.0%	40	16.0%	31	12.4%	119	47.6%	250
055	Burns Lake	14	25.0%	8	14.3%	-	-	33	58.9%	56
056	Nechako	23	20.5%	13	11.6%	3	2.7%	65	58.0%	112
057	Prince George	126	18.8%	118	17.6%	182	27.1%	225	33.5%	671
52	<b>Northern Interior</b>	<b>213</b>	<b>19.6%</b>	<b>179</b>	<b>16.4%</b>	<b>216</b>	<b>19.8%</b>	<b>442</b>	<b>40.6%</b>	<b>1,089</b>
059	Peace River South	39	19.1%	52	25.5%	1	0.5%	105	51.5%	204
060	Peace River North	26	15.5%	32	19.0%	6	3.6%	95	56.5%	168
081	Fort Nelson	6	25.0%	-	-	-	-	17	70.8%	24
53	<b>Northeast</b>	<b>71</b>	<b>17.9%</b>	<b>84</b>	<b>21.2%</b>	<b>7</b>	<b>1.8%</b>	<b>217</b>	<b>54.8%</b>	<b>396</b>
	<b>NHA Total</b>	<b>388</b>	<b>19.5%</b>	<b>372</b>	<b>18.7%</b>	<b>234</b>	<b>11.8%</b>	<b>928</b>	<b>46.6%</b>	<b>1,990</b>
	<b>Unknown LHA</b>	<b>2</b>	<b>11.8%</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>17.6%</b>	<b>5</b>	<b>29.4%</b>	<b>17</b>
	<b>BC Total</b>	<b>6,412</b>	<b>18.3%</b>	<b>8,743</b>	<b>24.9%</b>	<b>5,165</b>	<b>14.7%</b>	<b>14,053</b>	<b>40.0%</b>	<b>35,129</b>

Data Source: Vital Events in Health Ideas Data Warehouse

ICD10: A00 to R99

Please note that for the purposes of this report

- where place of death = Hospice – this indicates that the individual died in a designated palliative care setting (i.e. dedicated palliative care beds/ units within acute care or residential care facilities as well as freestanding hospice facilities).



## RE: Question re: Palliative Care Nurses and Expected Death Forms

---

From: Sherlock, Dylan JTT:EX <Dylan.Sherlock@gov.bc.ca>  
To: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
Cc: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>, Shaver, Julie HLTH:EX <Julie.Shaver@gov.bc.ca>  
Sent: March 16, 2018 1:32:22 PM PDT

Thank you Christine!

I really appreciate you pulling all this information together so quickly. I will share with the rest of our team to review and let you know if we have any follow-ups down the road.

Cheers,  
Dylan

Dylan Sherlock | Manager  
Regulatory and Service Improvement  
Ministry of Jobs, Trade and Technology  
c: 250 213-3174 | e: [Dylan.Sherlock@gov.bc.ca](mailto:Dylan.Sherlock@gov.bc.ca)

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**From:** Young, Christine HLTH:EX  
**Sent:** Friday, March 16, 2018 1:19 PM  
**To:** Sherlock, Dylan JTT:EX <Dylan.Sherlock@gov.bc.ca>  
**Cc:** Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>; Shaver, Julie HLTH:EX <Julie.Shaver@gov.bc.ca>  
**Subject:** RE: Question re: Palliative Care Nurses and Expected Death Forms

Hi Dylan,

It was great to talk to you yesterday. As discussed, please find below the link to the Joint Protocol for Expected/Planned Home Deaths in BC. This document does a good job of clarifying the process and procedures involved in managing anticipated natural home deaths in the context of a terminal illness and outlining the roles of health care professionals and agencies involved in a home death.  
[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)

I am also sending you resource information that I received from Della Roberts at Island Health Authority. In her email to me, Della notes that each HA has their own resources that are part of their process for supporting people and families preparing for time after death. For now, I have attached the resources from Island Health.

Nurses in community also provide information about funeral homes, these are noted in the guideline for Island Health Community Health Services. The nurses are instructed to provide information as available and applicable, e.g.:

- BC Health Guide: Funeral Planning
- Victoria Hospice: Funeral/Memorial Service Planning
- Funeral Home Service Association of British Columbia

Finally, I have included the Location of Death report (year-end data) for 2016. You will likely find the information you are looking for on the Natural Deaths tab. I am not sending the 2017 data as the year-end report has yet to be finished and the quarterly reports tend to be inaccurate. I expect the 2017 YTD report will be ready in June, so feel free to contact me then if you would like that data.

Hope this is useful. Please let me know if you would like any more information or if you have any additional questions.

Christine

Christine Young  
Policy Analyst, Palliative and Dementia Care  
Seniors' Services, Primary and Community Care Policy Division  
BC Ministry of Health  
Office: (250) 952-2356

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**From:** Sherlock, Dylan JTT:EX  
**Sent:** Thursday, March 8, 2018 2:08 PM  
**To:** Adams, Alix HLTH:EX  
**Cc:** Young, Christine HLTH:EX  
**Subject:** RE: Question re: Palliative Care Nurses and Expected Death Forms

Thanks Alix!

Christine – looking forward to connecting with you further soon. My calendar is up-to-date if you'd like to propose a time that would be convenient for you to meet.

Cheers,  
Dylan

---

**From:** Adams, Alix HLTH:EX  
**Sent:** Thursday, March 8, 2018 1:26 PM  
**To:** Sherlock, Dylan JTT:EX <[Dylan.Sherlock@gov.bc.ca](mailto:Dylan.Sherlock@gov.bc.ca)>  
**Cc:** Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>  
**Subject:** RE: Question re: Palliative Care Nurses and Expected Death Forms

Hi Dylan,

We'd be happy to talk with you further about this work. By way of this note, let me introduce you to Christine Young who is a member of our team. Christine can give you an overview of the system and use of the Notification of Expected Death in the Home form, and we can go from there.

Thank you,

Alix Adams  
A/Director, Palliative and Dementia Care  
Seniors Services Branch  
BC Ministry of Health  
Office: (250)952-2857  
Mobile: (250) 896-8471

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**From:** Sherlock, Dylan JTT:EX  
**Sent:** Wednesday, March 7, 2018 4:06 PM  
**To:** Adams, Alix HLTH:EX  
**Subject:** Question re: Palliative Care Nurses and Expected Death Forms

Hi Alix,

Thanks for the quick chat and the offer to connect with your staff further on this issue.

I would like to better understand the volume of people who are choosing to die at home and completing the notification of expected death form. I am also curious if there are any resources that palliative care nurses provide that are oriented towards the next of kin (in terms of navigating the post-death processes). I don't need hard numbers at this stage, but a lay-of-the-land would be very helpful. Is this be something that you are familiar with?

For context, the Ministry of Jobs, Trade and Technology has partnered with the Ministry of Citizen Services, GCPE and a number of other agencies (including Ministry of Health via the Vital Statistics Agency) on a project focussed on the improving the citizen experience of closing off the affairs of a loved one who has recently died.

In particular, we are exploring improvements to proof of death data sharing between government agencies and improvements to communications materials oriented at the next-of-kin (both print and web materials). One of the findings that has come out of some recent service design work that we've conducted with citizens is a new recognition of the importance of palliative care nurses and the Notification of Expected Death in the Home form as the earliest touch point that many citizens have in which they become aware of the steps that they will need to take after their loved one dies.

Looking forward to exploring this issue more with your team!

Cheers,  
Dylan

Dylan Sherlock | Manager  
Regulatory and Service Improvement  
Ministry of Jobs, Trade and Technology  
c: 250 213-3174 | e: [Dylan.Sherlock@gov.bc.ca](mailto:Dylan.Sherlock@gov.bc.ca)

## RE: No CPR

---

From: Young, Christine HLTH:EX  
s.15  
To: Everett, Kirsten F HLTH:EX  
Sent: July 20, 2018 11:07:45 AM PDT  
Attachments: 1046997 - Appendix B Notification of Expected Home Death Original form 3987.pdf, 1046997 - Appendix D 302 1 revised form Nov 19 2015.pdf, 1046997 - Appendix A No CPR original form 302 1.pdf, 1046997 - Decision BN No CPR and Notification of Expected Home Death Form Revisions Dec 2015 final.docx, 1046997 - Appendix C Notification of Home Death revised form 3987 July30.pdf

Here is the decision note for the change to the No CPR form.:)

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**From:** Everett, Kirsten F HLTH:EX  
**Sent:** Friday, July 20, 2018 10:49 AM  
**To:** Young, Christine HLTH:EX  
**Subject:** RE: No CPR

Do you have any idea where could I find this?  
Joint Protocol for the Management of Planned Home Deaths (1996)  
Google isn't being helpful!  
Kirsten

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**From:** Young, Christine HLTH:EX  
**Sent:** Friday, July 20, 2018 9:53 AM  
**To:** Everett, Kirsten F HLTH:EX  
**Cc:** Shaver, Julie HLTH:EX  
**Subject:** No CPR

Hi Kirsten,  
Here is some background information I found regarding the No CPR form. It indicates that there are no provisions for No CPR contained within our legislation s.13 There are some other interesting tidbits of information in here...for example, it mentions that:

- "Licensing policy prohibits residential care facilities from making advance health care planning and decisions about health care such as CPR mandatory for residents.  
*A resident (or someone with the legal authority to make health care decisions on the resident's behalf) must not be required, either as a condition of admission (or as an ongoing requirement to reside in a community care facility) to sign advance directives or levels of intervention documents. (Director's Standard of Practice, September 2006).*"

Interesting implications for MOST here.

Also, just remembering that the Drs of BC are no longer listed on the No CPR form; rather it is now a joint BCEHS and Ministry of Health form. The decision to remove the Drs of BC was the result of changes to the form that increased the scope of the form to include Nurse Practitioners. The Drs of BC felt they could not own a form that guides the Nurse Practitioners also.

Let me know if you require any further information.

Thanks  
Christine  
Christine Young  
Policy Analyst, Palliative and Dementia Care  
Seniors' Services, Primary and Community Care Policy Division  
BC Ministry of Health  
Office: (250) 952-2356

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## NOTIFICATION OF EXPECTED DEATH IN THE HOME

*To be completed by the Attending Physician*

### ATTENTION: FUNERAL DIRECTOR

NAME OF FUNERAL HOME			
ADDRESS	CITY	PROVINCE	POSTAL CODE

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice. The family has been instructed to call you one hour after death has occurred for transport of the body.

As the attending physician, I certify that this person is known to me and that to the best of my knowledge and belief this is a natural and expected death. Upon death I authorize you to transfer the body and to complete the Registration of Death. I, or my designate, will complete the Medical Certificate of Death within 48 hours. This authorization shall be in effect for 3 months from the date signed.

PATIENT'S NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (DD/MM/YYYY)	PERSONAL HEALTH NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
PRECAUTIONS, IF ANY:			

NAME OF ATTENDING PHYSICIAN	MSP NUMBER	PHONE NUMBER
ADDRESS	CITY	PROVINCE POSTAL CODE
COMMENTS		
SIGNATURE OF ATTENDING PHYSICIAN		DATE SIGNED (DD/MM/YYYY)

### AUTHORIZATION OF DISPOSITION FOR EXPECTED DEATH AT HOME

*To be completed by the person authorized to control  
the disposition for the expected death at home of:* \_\_\_\_\_

I certify that I am legally authorized to make decisions after death has occurred and that the plan for management of expected death at home has been discussed and agreed to. I agree to the transfer of the body from the home without pronouncement of death by a health care professional and that we will follow the plan by noting the time of death and agreeing to wait at least one hour from the time of death to call the funeral home for transfer of the body. I agree to indemnify and hold harmless the Funeral Home, its employees and agents, from any liability for claims, damages, costs and expenses of whatever kind or nature (except any claim arising out of or in connection with the wilful misconduct, malfeasance, or negligence of the Funeral Home, its employees and agents) incurred in connection with or arising from the Funeral Home dealing with the Patient's body on my instructions.

\_\_\_\_\_  
*printed name*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date signed*

\_\_\_\_\_  
*contact phone number*

#### RELATIONSHIP TO DECEASED

from the *Cremation, Interment and Funeral Services Act*, Sec 5 (1)):

**Authorization of disposition is in order of priority as set out below.**

- ☐ a) personal representative named in the will;
- ☐ b) spouse of deceased;
- ☐ c) adult child of deceased;
- ☐ d) adult grandchild of deceased;
- ☐ e) if deceased a minor, legal guardian of deceased at time of death;
- ☐ f) parent of deceased;
- ☐ g) adult sibling of deceased;
- ☐ h) adult nephew or niece of deceased;
- ☐ i) adult next of kin of deceased, determined under sections 89 and 90 of the *Estate Administration Act*;
- ☐ j) minister under the *Employment and Assistance Act* or the official administrator under the *Estate Administration Act*;
- ☐ k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

**NO CARDIOPULMONARY RESUSCITATION – MEDICAL ORDER**

Capable patients may request that no cardiopulmonary resuscitation be started on their behalf. This should be done after discussions with their doctor or nurse practitioner. "No cardiopulmonary resuscitation" is defined as no cardiopulmonary resuscitation (no CPR) in the event of a respiratory and/or cardiac arrest.

This form is provided to you or your substitute decision maker to acknowledge that you have had a conversation with a physician or nurse practitioner about a No CPR Order, and understand that no CPR will be provided in circumstances where you can no longer make decisions for yourself. It instructs people such as first responders, paramedics and health care providers not to start CPR on your behalf whether you are at home, in the community or in a residential care facility. The personal information collected on this form assists the health professionals noted above to carry out your wishes. If you have any questions about the collection of this information contact **HealthLink BC at 8-1-1** or go to [www.gov.bc.ca/expectedhomedeath](http://www.gov.bc.ca/expectedhomedeath).

You or someone at your location should have the form available to show to emergency help if they are called to come to your aid. It is desirable that you wear a MedicAlert® or CPR bracelet or necklet to enable quick verification that you have a No CPR Order in place. To obtain a free No CPR bracelet/necklet, s. 13

<b>PATIENT IDENTIFICATION</b>	Patient Last Name	Birthdate (YYYY / MM / DD)
	Patient First and Middle Name(s)	Personal Health Number (PHN)
	Patient Address	Telephone Number
<b>WITNESSED BY THE PATIENT, OR BY THE PATIENT'S SUBSTITUTE DECISION MAKER (SDM) WHEN THE PATIENT IS INCAPABLE</b>	I, _____ (patient's name or patient's substitute decision maker if patient is incapable) have had a conversation with the undersigned physician/nurse practitioner about this No CPR Order in the event of cardiac or respiratory arrest. I understand that in the event of a cardiac or respiratory arrest, no cardiopulmonary resuscitation is to be undertaken.	
	Patient's Signature	Date Signed
	Signature of the Patient's Substitute Decision Maker	Date Signed
	Relationship of the Patient's Substitute Decision Maker to the Patient (e.g. representative, committee of person, or temporary substitute decision maker)	

**SECTION TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER**

<b>STATUS OF MEDICAL ORDER</b>	The above identified patient has expressed wishes to not have CPR in the event of cardiac or respiratory arrest. I have discussed the patient's health status, life expectancy, and expressed wishes with the patient/patient's substitute decision maker. Based on this discussion, I order that in the event of a respiratory and/or cardiac arrest no cardiopulmonary resuscitation is to be undertaken. This order shall be in effect until cancelled or repealed.		
	Date		
	<b>ATTENDING PHYSICIAN/NURSE PRACTITIONER</b>		<b>ALTERNATE PHYSICIAN/NURSE PRACTITIONER</b>
	Name of Attending Physician / Nurse Practitioner		Name (Print)
	License Number of Physician / Nurse Practitioner	Phone Number	Phone Number
	Address	Signature	

**COPY 1** –TO PATIENT; **COPY 2**–TO ATTENDING PHYSICIAN/NURSE PRACTITIONER; **COPY 3**–IF APPLICABLE, TO HOME & COMMUNITY CARE OR RESIDENTIAL CARE FACILITY

## PATIENT/FAMILY INSTRUCTIONS

Looking at this form may be one of the most difficult things you have ever done. Many thoughts and emotions may surface. So often people try to ignore their mortality, yet we all know it is one of the facts of life: we all, one day, will die.

This form is a medical order that reflects your wishes about what you would like to have happen in the event you stop breathing or your heart stops beating. Take time to thoughtfully consider your wishes and ask your health care professionals what resuscitation would entail and any risks to quality and/or quantity of life that could accompany resuscitation if you decided to have it.

Whether you live at home or in a residential care facility, your care team will help you and/or your substitute decision maker to make choices and plans for end-of-life-care. If you have a life-limiting illness and are choosing to die at home, you will need to make additional plans. The steps you will need to consider are listed below.

If you are a family member who is asked to consider this document on behalf of your loved one, all of what is said above applies also. This can be a stressful decision. Remember to seek support from trusted family members, friends and/or a spiritual advisor if you have one and your health care team.

### IF YOU WANT TO DIE NATURALLY AT HOME, CONSIDER THESE STEPS

#### INDIVIDUAL / FAMILY

##### What to Do Ahead of Time

- Discuss the option of an in-home death with your physician/nurse practitioner and community nurse.
- Make a written plan with your physician/nurse practitioner and community nurse so you are clear about what will happen and so family, friends and others may support your decisions and respect your wishes and know what to do at the time of death. You need to write in your plan:
  - who will pronounce death, IF pronouncement is planned. Pronouncement is NOT necessary if a "Notification of Expected Home Death" form has been completed earlier by you and your doctor or nurse practitioner. The form can be found at [www.gov.bc.ca/expectedhomedeadth](http://www.gov.bc.ca/expectedhomedeadth).
  - how your physician/nurse practitioner can be reached;
  - what alternate arrangements have been made should your physician/nurse practitioner be unavailable or cannot be reached;
  - which funeral home will be called to transport the deceased.
- Make prearrangements with a funeral home. Such arrangements will normally involve selecting the funeral home and making plans with the funeral director for transportation of the deceased after death and the method of final disposition. For information on funeral homes in your area, you could contact the B.C. Funeral Association at 1-800-665-3899.
- Ensure that a copy of this form is easily available in your home. If you are away from your home for any reason, take the form with you so it's available should it be necessary.

#### FAMILY / FRIENDS

##### What to Do at the Time of Death

- DO NOT CALL 911, the ambulance, coroner, police, or fire department. Review your written plan for who to contact at the time of death.
- CALL family, friends, and the spiritual advisor, if any, you would like to have present.
- CALL the physician/nurse practitioner or community nurse to pronounce death IF a "Notification of Planned Home Death" form has NOT been completed, AND/OR pronouncement is planned.
  - If your physician/nurse practitioner or community nurse cannot be reached, CALL the backup physician/nurse practitioner or community nurse if prearranged.
- IF a "Notification of Planned Home Death" form HAS been completed AND is in your home, call the funeral home after one hour or more has passed since your loved one's breathing has stopped.
  - You do NOT need to call a physician/nurse practitioner about completing a Medical Certificate of Death form. The funeral home can contact the physician or nurse practitioner to obtain a signed certificate within 48 hours, because the body cannot be released for burial or cremation without it.

People to Call	Name	Telephone Number
Phys/Nur. Practitioner		
Alternate Practitioner		
Community Nurse		
Funeral Home		
Spiritual Advisor		
Home Support Agency		
Hospice Program		
Family and Friends		

**For more information, go to [www.gov.bc.ca/expectedhomedeadth](http://www.gov.bc.ca/expectedhomedeadth)**

*There are communities in British Columbia without physicians or nurse practitioners who live in the community and without a funeral home. It is essential that these situations be discussed by the patient and family and physician/nurse practitioner and an appropriate plan suitable for the community be made in advance.*

**NO CARDIOPULMONARY RESUSCITATION**

Patients who know they have a life-limiting illness or who are considered at the natural end of their lives can request beforehand that no cardiopulmonary resuscitation be started on their behalf when they are dying. This should be done after discussions with their doctor. "No cardiopulmonary resuscitation" is defined as no cardiopulmonary resuscitation (no CPR) in the event of a respiratory and/or cardiac arrest.

This form is provided to you and/or your next of kin by your doctor to allow you to clearly state that you do not want cardiopulmonary resuscitation to be given to you in circumstances where you can no longer make decisions for yourself. It instructs people such as ambulance attendants and emergency room personnel not to start cardiopulmonary resuscitation on your behalf whether you are at home, in the community or in a residential care facility. The personal information collected on this form assists the health professionals noted above to carry out your wishes. For more information about the No CPR form, call HealthLink BC at 8-1-1 or go to [www.gov.bc.ca/expectedhomedeadth](http://www.gov.bc.ca/expectedhomedeadth).

Once the form is duly signed, your doctor or alternate should be called first to attend to your needs, not the BC Ambulance Service. You or your next of kin should have the form available to show to emergency help if they are called to come to your aid. It is desirable that you wear a MedicAlert® no CPR bracelet or necklet to enable quick verification that you have a No CPR order in place. To obtain a free bracelet/necklet, please call 1 800 668-1507, or visit the website at [www.medicalert.ca/nocpr](http://www.medicalert.ca/nocpr). If you change your wishes about this matter, then please inform your doctor, community nurse or residential care facility nurse and MedicAlert and tear up the form.

PATIENT IDENTIFICATION	SURNAME		BIRTHDATE (YY/MM/DD)	
	GIVEN NAMES			
	ADDRESS		TELEPHONE NUMBER	
SIGNED BY THE PATIENT	I, _____ (patient's name in full) understand and accept that I have been diagnosed as having a life-limiting illness or am considered to be at the natural end of my life and that my care is to include support and comfort only and that no cardiopulmonary resuscitation is to be undertaken. I hereby make the consent decision that in the event of a respiratory and/or cardiac arrest, no cardiopulmonary resuscitation is to be undertaken. This decision shall be in effect unless rescinded and should be reviewed in one year.			
	PATIENT'S SIGNATURE		DATE	
SIGNED BY THE PATIENT'S AUTHORIZED SUBSTITUTE DECISION MAKER (ASDM)  (WHERE THE PATIENT IS INCAPABLE OF MAKING A CONSENT DECISION)	I, _____, am the authorized substitute decision maker (name of the patient's authorized substitute decision maker)			
	of _____ (name of patient identified above) and I understand and accept that care is to include support and comfort only and that no cardiopulmonary resuscitation is to be undertaken. I hereby make the consent decision that in the event of a respiratory and/or cardiac arrest, no cardiopulmonary resuscitation is to be undertaken. This decision shall be in effect unless rescinded and should be reviewed in one year.			
	SIGNATURE OF THE PATIENT'S AUTHORIZED SUBSTITUTE DECISION MAKER		DATE	SIGNATURE OF WITNESS
	RELATIONSHIP OF THE PATIENT'S AUTHORIZED SUBSTITUTE DECISION MAKER TO THE PATIENT (e.g. representative, committee of person, or temporary substitute decision maker)			WITNESS (IN PRINT)

**PHYSICIAN ONLY**

<b>PHYSICIAN'S NO CPR ORDER</b>  <input type="checkbox"/> Patient (or ASDM) agrees and has signed this form  <input type="checkbox"/> Patient (or ASDM) agrees but has declined signing this form  <input type="checkbox"/> Patient (or ASDM) disagrees with my order and has declined signing this form	The above identified patient has been diagnosed as having a life-limiting illness, or is considered to be near the natural end of their life. I have discussed the prognosis of this illness, the life expectancy, the person's wishes and the treatment options with the patient/patient's authorized substitute decision maker. Based on this discussion, I order that in the event of a respiratory and/or cardiac arrest no cardiopulmonary resuscitation is to be undertaken. This order shall be in effect unless rescinded and should be reviewed in one year.		
	ATTENDING PHYSICIAN'S NAME (IN PRINT)		ALTERNATE PHYSICIAN'S NAME (IN PRINT)
	ATTENDING PHYSICIAN'S ADDRESS	PHONE NUMBER	ALTERNATE PHYSICIAN'S PHONE NUMBER
	ATTENDING PHYSICIAN'S SIGNATURE		DATE

**COPY 1 –TO PATIENT    COPY 2–TO ATTENDING PHYSICIAN    COPY 3–COMMUNITY HOME CARE NURSING SERVICES OR RESIDENTIAL CARE FACILITY (IF PATIENT IN CARE)**



## PATIENT/FAMILY INSTRUCTIONS

Just looking at this form may be one of the most difficult things you have ever done. Many thoughts and emotions may surface. So often people try to ignore their mortality, yet we all know it is one of the facts of life: we all, one day, will die.

The purpose of this document is not to tell you when you will die. This document is offered to you because the disease/condition with which you are faced is a life-limiting one. It is hoped this form will encourage you to express your wishes about what you would like to have happen in the event you stop breathing or your heart stops beating. Take time to thoughtfully consider this document and to ask your health care professionals what resuscitation would entail and any risks to quality and/or quantity of life that might accompany resuscitation of a person in your condition.

If you live in a residential care facility, your doctor and care team will help you and/or your legal representative to make choices and plans about the end of life. When your choice is to die at home, you will need to make additional plans. The steps you will need to consider in your plan are listed below.

If you are a family member who is asked to consider this document on behalf of your loved one, all of what is said above applies also. This can be a stressful decision. Remember to seek support from trusted family members, friends and/or your spiritual advisor.

### IF YOU WANT TO DIE NATURALLY AT HOME

#### INDIVIDUAL / FAMILY

##### What to Do Ahead of Time

- Discuss the option of an in-home death with your family physician and community home care nurse.
- Make a plan with your family physician and community home care nurse so you are clear about what will happen and so family, friends or caregivers will know what to do at the time of death. You need to write in your plan:
  - who will pronounce death, IF pronouncement is planned. Pronouncement is NOT necessary if a "Notification of Expected Home Death" form has been completed earlier by your doctor. The form can be found at the URL below.
  - how your physician can be reached;
  - what alternate arrangements have been made should your physician be unavailable or cannot be reached;
  - which funeral home will be called to transport the deceased.
- Make prearrangements with a funeral home. Such arrangements will normally involve selecting the funeral home and making plans with the funeral director for transportation of the deceased after death and the method of final disposition. For information on funeral homes in your area, you could contact the B.C. Funeral Association at 1-800-665-3899.
- Communicate in writing your plan to family, friends, and others such as your spiritual advisor so they may support your decisions and respect your wishes.
- Ensure that a copy of this form is easily available in your home. If you and your dying relative/friend are away from your home for any reason, take the form with you so it's available should it be necessary.

#### FAMILY / FRIENDS

##### What to Do at the Time of Death

- DO NOT CALL 911, the ambulance, coroner, police, or fire department.
- CALL family, friends, and the spiritual advisor you would like to have present.
- CALL the physician or community home care nurse to pronounce death IF a "Notification of Planned Home Death" form has NOT been completed, AND/OR pronouncement is planned.
  - If your physician or community nurse cannot be reached, CALL the backup physician or nurse if prearranged;
- IF a "Notification of Planned Home Death" form HAS been completed AND is in your home, call the funeral home after one hour or more has passed since your loved one's breathing has stopped.
  - You do NOT need to call the doctor about completing a Medical Certificate of Death form. The funeral home can contact the physician to obtain a signed certificate within 48 hours, because the body cannot be released for burial or cremation without it.

People to Call	Name	Telephone Number
Physician		
Alternate Physician		
Community Nurse		
Funeral Home		
Spiritual Advisor		
Home Support Agency		
Hospice Program		
Family and Friends		

For more information about the No CPR form, call **HealthLink BC at 8-1-1** or go to [www.gov.bc.ca/expectedhomeddeath](http://www.gov.bc.ca/expectedhomeddeath).

*There are communities in British Columbia without physicians who live in the community and without a funeral home. It is essential that these situations be discussed by the patient, family and physician and an appropriate plan suitable for the community be made in advance.*

**MINISTRY OF HEALTH  
DECISION BRIEFING NOTE**

**Cliff: # 1046997**

**PREPARED FOR:** Doug Hughes, ADM, HSD - **FOR DECISION**

**TITLE:** Revisions to the “No CPR” and “Notification of Expected Home Death” forms

**PURPOSE:** To obtain approval of the changes made to the “No CPR” and “Notification of Expected Home Death”

**BACKGROUND:**

- Amendments made to the *Health Professions Act* in 2011 and 2014 permit nurse practitioners to do all functions within their scope of practice.
- As a result of implementation of this shared scope of practice, many of the Ministry of Health’s forms required revising to enable nurse practitioners to sign off on areas of responsibility.

**DISCUSSION:**

- For several years, work has been ongoing to identify forms that should include Nurse Practitioners and to modify/revise these forms. The College of Registered Nurses has been working with the Ministry on this effort.
- The “No CPR” and “Notification of Expected Home Death” have been revised, as part of this ongoing effort to allow for Nurse Practitioners to provide services that are within their regulated scope of practice.
- On the revised Notification of Expected Home Death form (Appendix A), the only revision being made at this time is the ability of Nurse Practitioners to sign the form.
- On the revised “No CPR” form (Appendix B), the following changes were made:
  - Clarification of the purpose of the “No CPR” form (first paragraph) to ensure the patient understands that the order is made at their request, but authorized by their medical practitioner;
  - Under the “Status of medical order”, removal of the check box: “Patient (or SDM) disagrees with my order and has declined signing this form” as this statement does not align with the purpose of the order;
  - Updated contact information and links;
  - Inclusion of the updated logo for the BC Emergency Health Services (formerly BC Ambulance Service);
  - Inclusion of Nurse Practitioner under practitioner signature.
  - Removal of the Doctors of BC logo.
- The revised “No CPR” form was approved by BC Emergency Health Services in February 2015, and subsequent revisions in August 2015.
- The revised form was approved by the Doctors of BC in October 2015.
- The revised “No CPR” form and the revised “Notification of Expected Home Death, were approved by the College of Nurses August 2015.

**OPTIONS:**

s.13

**OPTION 2:** Approve changes with edits.

s.13

**FINANCIAL IMPLICATIONS:**

N/A

**RECOMMENDATION:**

s.13

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Approved/Not Approved  
Doug Hughes  
Assistant Deputy Minister

---

Date Signed

---

**Program ADM/Division:** Doug Hughes, ADM, HSD  
**Telephone:** 250-952-1049  
**Program Contact (for content):** Sharon Stewart, Executive Director, Seniors Services  
**Drafter:** Christine Young/Janet Zaharia, Seniors Services  
**Date:** February 3, 2016

**NOTIFICATION OF  
EXPECTED DEATH IN THE HOME***To be completed by the Attending Medical/Nurse Practitioner***ATTENTION: FUNERAL DIRECTOR**

NAME OF FUNERAL HOME			
ADDRESS	CITY	PROVINCE	POSTAL CODE

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice. The family has been instructed to call you one hour after death has occurred for transport of the body.

As the attending medical/nurse practitioner, I certify that this person is known to me and that to the best of my knowledge and belief this is a natural and expected death. Upon death I authorize you to transfer the body and to complete the Registration of Death. I, or my designate, will complete the Medical Certificate of Death within 48 hours. This authorization shall be in effect for 3 months from the date signed.

PATIENT'S NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (DD/MM/YYYY)	PERSONAL HEALTH NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
PRECAUTIONS, IF ANY:			

NAME OF ATTENDING MEDICAL / NURSE PRACTITIONER	PRACTITIONER COLLEGE ID NUMBER	PHONE NUMBER
ADDRESS	CITY	PROVINCE POSTAL CODE
COMMENTS		
SIGNATURE OF ATTENDING MEDICAL / NURSE PRACTITIONER		DATE SIGNED (DD/MM/YYYY)

**DRAFT**  
July 30, 2015

**AUTHORIZATION OF DISPOSITION FOR EXPECTED DEATH AT HOME**

*To be completed by the person authorized to control  
the disposition for the expected death at home of:*

I certify that I am legally authorized to make decisions after death has occurred and that the plan for management of expected death at home has been discussed and agreed to. I agree to the transfer of the body from the home without pronouncement of death by a health care professional and that we will follow the plan by noting the time of death and agreeing to wait at least one hour from the time of death to call the funeral home for transfer of the body. I agree to indemnify and hold harmless the Funeral Home, its employees and agents, from any liability for claims, damages, costs and expenses of whatever kind or nature (except any claim arising out of or in connection with the wilful misconduct, malfeasance, or negligence of the Funeral Home, its employees and agents) incurred in connection with or arising from the Funeral Home dealing with the Patient's body on my instructions.

\_\_\_\_\_  
*printed name*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date signed*

\_\_\_\_\_  
*contact phone number*

**RELATIONSHIP TO DECEASED**

from the *Cremation, Interment and Funeral Services Act*, Sec 5 (1):

**Authorization of disposition is in order of priority as set out below.**

- ☐ a) personal representative named in the will;
- ☐ b) spouse of deceased;
- ☐ c) adult child of deceased;
- ☐ d) adult grandchild of deceased;
- ☐ e) if deceased a minor, legal guardian of deceased at time of death;
- ☐ f) parent of deceased;
- ☐ g) adult sibling of deceased;
- ☐ h) adult nephew or niece of deceased;
- ☐ i) adult next of kin of deceased, determined under sections 89 and 90 of the *Estate Administration Act*;
- ☐ j) minister under the *Employment and Assistance Act* or the official administrator under the *Estate Administration Act*;
- ☐ k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

## Limited background information available

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From: Young, Christine HLTH:EX  
: s.15  
To: Everett, Kirsten F HLTH:EX  
Sent: July 20, 2018 11:58:00 AM PDT

More information here:

### JOINT PROTOCOL FOR EXPECTED/PLANNED HOME DEATHS IN BRITISH COLUMBIA

This document is intended for health care professionals and agencies involved in expected/planned home deaths.

#### INTRODUCTION

The Joint Protocol for Expected/Planned Home Deaths in British Columbia (2006) replaces the Joint Protocol for the Management of Planned Home Deaths (1996). The original document was released by the Ministry of Health, BC Ambulance Services, the Office of the Chief Coroner, and the BC Medical Association in collaboration with: the BC College of Physicians and Surgeons, BC Hospice Palliative Care Association, (former) Registered Nurses Association of BC, Funeral Service Association of BC, RCMP "E" Division, (former) BC Association for Community Care, BC Municipal Police Chiefs Association, and the (former) BC Health Association.

The 2006 edition is the result of the efforts of the Fraser Health Authority who took the lead in determining the need for revisions and worked in concert with health authorities, the Ministry of Health, and other stakeholders to clarify the procedures associated with expected/planned home deaths.

The primary changes to this document are the clarification that in BC there is no legal obligation to pronounce death. However, in the absence of a pronouncement of death, funeral directors require assurance that the death was expected and planned before they will remove the body; thus, the Protocol includes a mechanism for providing this assurance through a form completed by the physician and family entitled Notification of Expected Death which is forwarded to the funeral home in advance of death. The Joint Protocol has also been updated to refer to the provincial No Cardiopulmonary Resuscitation (CPR) form rather than a Do Not Resuscitate (DNR) form reflecting current, more precise nomenclature and the revised Ministry of Health form HLTH302.1 Rev 2003/05/01.

Christine Young

Policy Analyst, Palliative and Dementia Care

Seniors' Services, Primary and Community Care Policy Division

BC Ministry of Health

Office: (250) 952-2356

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Page 047 of 206 to/à Page 063 of 206

Withheld pursuant to/removed as

s.13 ; s.14

## FW: Information Request 1140548

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From: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
To: Everett, Kirsten F HLTH:EX  
Sent: August 15, 2019 1:26:06 PM PDT

FYI is what I ended up sending. Thx, a

Alix Adams  
Director, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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---

**From:** Adams, Alix HLTH:EX  
**Sent:** August 15, 2019 1:26 PM  
**To:** Williams, Courtney L HLTH:EX <Courtney.Williams@gov.bc.ca>  
**Subject:** RE: Information Request 1140548

Hi Courtney,

Sorry to be slow responding. Suggested wording to augment your response below:

The 2006 Joint Protocol for Expected/Planned Home Deaths in British Columbia was developed through a multi-agency collaborative process. Its purpose is to:

- Clarify the process and procedures involved in managing anticipated natural home deaths in the context of a terminal illness;
- Delineate the roles and responsibilities of health professionals and agencies involved in a home death.

The My Voice guide was written to assist individuals with the process of advance care planning.

While I am not able to specify when adaptations to either of these provincial resources may be made in the future, I can tell you both are current provincial government resources. Health Authorities may publish additional information that is either supplementary or that reflects practice in their jurisdiction.

More information and resources regarding advanced care planning in BC are available on our website at: [www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning](http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning). Also at, our Frequently Asked Questions page available here: [www2.gov.bc.ca/assets/gov/people/seniors/health-safety/pdf/faqadvancecareplanning.pdf](http://www2.gov.bc.ca/assets/gov/people/seniors/health-safety/pdf/faqadvancecareplanning.pdf)

The Ministry of Justice provides additional legal information related to advance care planning at [www2.gov.bc.ca/gov/content/health/managing-your-health/incapacity-planning](http://www2.gov.bc.ca/gov/content/health/managing-your-health/incapacity-planning).

Let me know if this is sufficient or if you need more.

Thanks so much,

Alix Adams  
Director, Palliative and Dementia Care  
Specialized Services Division

BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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**From:** Williams, Courtney L HLTH:EX  
**Sent:** August 9, 2019 3:06 PM  
**To:** Adams, Alix HLTH:EX <[Alix.Adams@gov.bc.ca](mailto:Alix.Adams@gov.bc.ca)>  
**Subject:** Information Request 1140548

Hello Alix.

I'm hoping you, or someone in your area, can provide me with some information regarding advanced care planning. I am drafting a response to someone with concerns about current initiatives in BC. Any information you can provide to help guide my response to the below incoming would be greatly appreciated.

Thank you.

Courtney

*There are two documents that particularly seem to need immediate updating of information and adaptation to a more "user-friendly" language and flow.*

*The first is the 2006 Joint Protocol For Expected / Planned Home Deaths in British Columbia and the second is the booklet entitled My Voice current edition, dated February 2013.*

*How soon will this be done - they are both "long in the tooth".*

*I have another comment / request:*

*Why do each of BC's five health authorities (Vancouver Coast, Fraser Health, Island Health, Interior Health and Northern Health) not share general information pertinent to all British Columbia residents and then just compose and inform about unique aspects of their boundaries? For instance, Fraser Health has adopted the Green Sleeve program used in Nova Scotia & Alberta, but the other four haven't. There would definitely be a financial advantage if all five weren't separately reinventing the wheel for published documentation and their websites.*

*When will the Health Ministry conduct an efficient (meaning tight timelines) review of the health authorities mandates to both tighten up the information given to the province's residents and ensure all residents get mainly the same service (geographic differences notwithstanding)?*

**Courtney Williams**  
Patient and Client Relations Officer  
Corporate Issues and Client Relations Branch  
Ministry of Health  
[Courtney.Williams@gov.bc.ca](mailto:Courtney.Williams@gov.bc.ca)  
778 974-6114

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Withheld pursuant to/removed as

s.13 ; s.14 ; s.15

Page 067 of 206 to/à Page 071 of 206

Withheld pursuant to/removed as

s.13 ; s.14

Page 072 of 206 to/à Page 086 of 206

Withheld pursuant to/removed as

s.14

**RE: 1144575<sup>s.22</sup>**

From: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
To: Fisher, Kiersten D HLTH:EX  
Sent: September 23, 2019 12:51:47 PM PDT  
Attachments: image001.jpg

We have a 1:1 tomorrow and can discuss. Yes, agreed about the bn for My Voice.

Alix Adams  
Director, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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**From:** Fisher, Kiersten D HLTH:EX  
**Sent:** September 23, 2019 12:32 PM  
**To:** Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
**Subject:** FW: 1144575s.22 Incoming FW: Ministry of Health Response - 1140548

s.13 s.22 , but I am going to flag this for Teri.

The revision of MyVoice was on our “stop” list right? Do you recommend we do a DBN to get formal confirmation of stopping (or not starting) that work?

**From:** Adams, Alix HLTH:EX  
**Sent:** September 23, 2019 10:21 AM  
**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Subject:** FW: 1144575s.22 Incoming FW: Ministry of Health Response - 1140548

Hi Kiersten,

Forwarding this so you have a sense of the concerns from public on this topic - FYI.

We contributed to the Sept 18 response. Not sure there is much more we can say at this time and I will follow up with PCR.

Alix Adams  
Director, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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**From:** HLTH HSD HLTH:EX  
**Sent:** September 19, 2019 9:48 AM  
**To:** Health, HLTH HLTH:EX <[HLTH.Health@gov.bc.ca](mailto:HLTH.Health@gov.bc.ca)>  
**Subject:** 1144575 s.22 Incoming FW: Ministry of Health Response - 1140548

HLTH MO to PCR (SSD) – ss – Reply to MoH Response; Xref 1140548, 1034107 and 1142223

---

**From:**s.22

**Sent:** Thursday, September 19, 2019 9:47:23 AM (UTC-08:00) Pacific Time (US & Canada)

**To:** HLTH HSD HLTH:EX

**Subject:** Re: Ministry of Health Response - 1140548

Good morning Thomas,

I was surprised to receive this reply to my correspondence from your office. I was not complaining about a patient care situation for which I understand the Patient Care Quality Office(s) were established.

In my first correspondence (July 2019) I mentioned the difficulty the general public would have in trying to read through two pieces of literature: My Voice, relating to Advance Care Planning and the 2006 Joint Protocol For Expected /Planned Home Deaths in British Columbia.

I'm sure you must be familiar with the government's Plain Language Guide:

<https://www2.gov.bc.ca/gov/content/governments/services-for-government/policies-procedures/web-content-development-guides/writing-for-the-web/plain-language-guide>

I am aware both My Voice and the Joint Protocol have been pinpointed for revisions, so my question is simply, why hasn't this yet been done, incorporating the rules contained in the Plain Language Guide ?

Perhaps you would be good enough to provide me with the contact information for the person within the Content Design Advisory and Writing Group (CDAWG) responsible for ensuring documentation related to the BC Health Ministry follows the Plain Language Guide initiative.

I'm also asking why there are so many different government agencies and related organizations giving out contradictory information about Advance Care Planning and Palliative Care. Should/can this question be satisfactorily answered by your office?

Are Adrian Dix and Stephen Brown made aware of the contents of correspondence directed to them within the Ministry of Health? Are they copied when you reply for them? Have they designated what you should reply? The answer that they are too busy to even be advised is not acceptable, by the way. As a taxpayer I have the right to expect a timely and on-topic reply back from their office.

I look forward to your response.

s.22

On Wed, Sep 18, 2019 at 3:27 PM HLTH HSD HLTH:EX <Hlth.HSD@gov.bc.ca> wrote:

1140548

s.22

Dear s.22 :

Thank you for your emails of July 25 and September 16, 2019, regarding advanced planning documents in BC. I am responding on behalf of the Honourable Adrian Dix, Minister of Health and Mr. Stephen Brown, Deputy Minister of Health.

I appreciate the time you have taken to share your thoughts on this important matter. As you may know, the 2006 Joint Protocol for Expected/Planned Home Deaths in British Columbia was developed through a multi-agency collaborative process. Its purpose is to clarify the process and procedures involved in

managing anticipated natural home deaths in the context of a terminal illness and delineate the roles and responsibilities of health professionals and agencies involved in a home death. The My Voice guide was written to assist individuals with the process of advance care planning.

While I am not able to specify when adaptations to either of these provincial resources may be made in the future, I have passed your recommendations on to the program area responsible for these documents. More information and resources regarding advanced care planning in BC are available at:

[www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning](http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning). The Ministry of Attorney General also provides legal information related to advance care planning which can be found here: [www2.gov.bc.ca/gov/content/health/managing-your-health/incapacity-planning](http://www2.gov.bc.ca/gov/content/health/managing-your-health/incapacity-planning).

The role of the Ministry of Health is to provide stewardship for the health care system through policies, guidelines, and ongoing monitoring and evaluation of health authority performance against defined expectations. Within this framework, regional health authorities are responsible for planning, managing, and delivering publicly funded health care services in their communities and the government has given them the flexibility and mandate to make decisions about how best to do so. Health Authorities may publish information in addition to these provincial advanced planning resources that is either supplementary or that reflects practices in their jurisdiction.

s.22        thank you again for taking the time to bring your concerns to our attention. The insight and perspectives of British Columbians are important as we work toward achieving a sustainable health care system that best supports the needs of all people. I appreciate the opportunity to respond and hope you find this information helpful.

Sincerely,

Thomas Guerrero  
Executive Director

*Improvement through every concern.*

Patient Care Quality Offices

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Dear Deputy Health Minister Stephen Brown:

I am in the process of familiarizing myself with Palliative Care and Advance Care Planning. There is a good deal of information available, unfortunately mostly American. My ultimate goal is to work with British Columbian's aged 19 (the eldest of Generation Z) to 90+ (considered the Silent Generation), to promote the benefits of early Advance Care Planning, which includes an understanding of when Palliative Care can be used. I want to provide the most correct & relevant information possible, including which forms are to be used in BC. My ultimate hope is that the younger generations will "bottom up" convince friends, parents and grandparents to also do Advance Care Planning.

It is unfortunate that Palliative Care is practically universally synonymous to mean the type of care given in a hospice when death is very close. It is also unfortunate that Advance Care Planning is still

synonymous as an activity to be done with a patient when given a diagnosis of six months or less to live (usually because of cancer).

In the March 2019 BCHIMPS keynote address PowerPoint presentation "Province of BC - Digital Health Strategy (draft)" on page 20 the last text box on the right of that page is titled: Optimally Coping with End of Life. That is the *only* place that Palliative and End of Life Care is mentioned. The other three text boxes on that page cover (1) when people are healthy, (2) when they are recovering from major episodic events, and (3) are living with illness. It is a clear example of the continued misunderstanding of where Advance Care Planning and Palliative Care fit into our lives.

Both Palliative Care and Advanced Care Planning are however, useful tools for all adults (in BC age 19, federally age 18) because though we all will eventually die, there is a pretty good chance that we may at some point not be able to articulate our health care wishes because of illness or an accident. All life stages in the BCHIMPS keynote are where Palliative Care and Advance Care Planning should be in the discussion, it's nearly too late to begin the discussions at the end of life.

As the BC Ministry of Health is ultimately responsible for all BC Health why are all the various organizations not on the same page when discussing Palliative Care and Advanced Care Planning? It is obvious to me that Fraser Health is the most progressive organization on these topics (and certainly in other areas of Health too), so why not take advantage of their forward thinking and have all other organizations use Fraser Health as the lead in these topics?

In the United States and in Israel excess medical healthcare insurance companies (similar to our Sunlife or Pacific Blue Cross) have realized the cost benefits of promoting all subscribers to have Advance Care Planning done and the knowledge that Palliative Care is not just for the dying. They have seen how hospitalization costs can be greatly reduced when people understand that no matter how many medical procedures *could be tried* to sustain life - briefly - ultimately we all will die. Palliative Care (comfort care) is now understood to be a better choice. And Palliative Care can be offered even while other medical interventions are being done - again, comfort care alleviates the need for hospitalization; comfort care can be easily achieved in a patient's home.

Bottom up & top down education can change the current paradigm - early Advance Care Planning and providing Palliative Care when needed will result in cost savings and more importantly, British Columbians province-wide will benefit from medicine at its best.

I would welcome the opportunity to speak with you, to hear your agreement that the province of BC should be speaking with one voice about healthcare.

Please confirm receipt of this communication.

Regards,  
s.22

---

I am organizing hard copy documentation to supplement verbal information regarding end-of-life conversations for BC residents. I will be conducting conversations via small group information sessions and my intended audience ranges from Generation Z to the Silent Generation.

There are two documents that particularly seem to need immediate updating of information and adaptation to a more "user-friendly" language and flow.

The first is the 2006 Joint Protocol For Expected / Planned Home Deaths in British Columbia and the second is the booklet entitled My Voice current edition, dated February 2013.

How soon will this be done - they are both "long in the tooth".

I have another comment / request:

Why do each of BC's five health authorities (Vancouver Coast, Fraser Health, Island Health, Interior Health and Northern Health) not share general information pertinent to all British Columbia residents and then just compose and inform about unique aspects of their boundaries? For instance, Fraser Health has adopted the Green Sleeve program used in Nova Scotia & Alberta, but the other four haven't. There would definitely be a financial advantage if all five weren't separately reinventing the wheel for published documentation and their websites.

When will the Health Ministry conduct an efficient (meaning tight timelines) review of the health authorities mandates to both tighten up the information given to the province's residents and ensure all residents get mainly the same service (geographic differences notwithstanding)?

Thank you,

s.22



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Withheld pursuant to/removed as

s.13 ; s.14 ; s.15

Page 093 of 206 to/à Page 099 of 206

Withheld pursuant to/removed as

s.13 ; s.14

Page 100 of 206

Withheld pursuant to/removed as

s.13 ; s.14 ; s.15

## NEDITH

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From: Young, Christine HLTH:EX  
s.15  
To: Everett, Kirsten F HLTH:EX  
Sent: October 21, 2019 1:46:24 PM PDT  
Attachments: Original Signatories.doc, s.13  
s.13

Hi Kirsten,

From what I could find, it appears the NEDITH work came through the EOLCWG back in 2013. I have attached some communication from back then as evidence 🙄

Please let me know if you require any additional information.

Thanks

C

### Original Signatories – Contact list

Organization	Contact
BC Ambulance Services	Dr Jim Christenson Vice-President Medical Programs 604-660-6917 <a href="mailto:Jim.christenson@gov.bc.ca">Jim.christenson@gov.bc.ca</a>
Office of Chief Coroner	Terry Smith                      Chief Coroner Norm Leibel                    Deputy Chief Coroner 604-660-7729 <a href="mailto:Norm.leibel@gov.bc.ca">Norm.leibel@gov.bc.ca</a>
BC Medical Association	Dr Duncan Robertson Chair Geriatrics and Palliative Committee
BC College of Physicians and Surgeons	Dr Pippa Hawley 1-800-461-3008
College of Registered Nurses	Barbara Willson Nursing Practice Consultant 604-736-7331 <a href="mailto:Willson@crnbc.bc.ca">Willson@crnbc.bc.ca</a>
RCMP “E” Division	Robin Bridge, Cpl. Operations Policy Unit “E” Division 604-264-2334 <a href="mailto:rbridge@rcmp-grc.gc.ca">rbridge@rcmp-grc.gc.ca</a>
BC Municipal Police Chiefs Association	No longer exists
BC Hospice Palliative Care Association	Carolyn Tayler President 604-587-4683
Funeral Service Association of BC	Janet Ricciuti, Executive Director (250) 592-3213 <a href="mailto:info@bcfunerals.com">info@bcfunerals.com</a>
Business Practices and Consumer Protection Authority	Morris Redecopp Deputy Director, Operations 604-296-2854 <a href="mailto:Morris.redecopp@bpcpa.ca">Morris.redecopp@bpcpa.ca</a>
MOH - Health Law Consultant	Gerritt Clements (250) 952-1645 <a href="mailto:Gerritt.clements@gov.bc.ca">Gerritt.clements@gov.bc.ca</a>
BC Association for Community Care	No longer exist
BC Health Association	No longer exist

Page 103 of 206

Withheld pursuant to/removed as

s.13

## RE: Materials for Provincial End-of-life care working group meeting

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From: Gardner, Anna HLTH:EX  
s.15  
To: XT:Cardwell, Jacqueline VCHA:IN  
Sent: July 11, 2013 12:47:37 PM PDT  
Attachments: expected\_home\_death\_SAMPLE.pdf, Final Joint Protocol (December2006)  
including form watermark.pdf, faqexpectedplannedhomedeathsinbc.pdf

Hi Jackie –

The joint protocol was created to clarify process and procedures for managing a home death and the responsibilities of health care professionals and agencies throughout BC. It was developed by MoH, HA's, coroner, RCMP, BC funeral association involvement etc. The change that our working group has developed is to add a 'Frequently Asked Question' to the FAQs that are on the Ministry's website. There are no changes to be made at this time to the Joint Protocol itself.

s.13

Does this help? <<Final Joint Protocol (December2006) including form watermark.pdf>>  
<<expected\_home\_death\_SAMPLE.pdf>> <<faqexpectedplannedhomedeathsinbc.pdf>>

Anna Gardner, RN, BScN, MPA

Policy Analyst, Priority Populations & Service Redesign, Home, Community & Integrated Care, Ministry of Health, 1515 Blanshard St 6th Fl, Victoria BC, V8W 3C8, Ph: 250-952-1962, Fax: 250-952-1282

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**From:** Cardwell, Jacqueline [VC] [<mailto:Jacqueline.Cardwell@vch.ca>]  
**Sent:** Thursday, July 11, 2013 9:19 AM  
**To:** Gardner, Anna HLTH:EX  
**Subject:** RE: Materials for Provincial End-of-life care working group meeting

Anna – s.13 can you help me understand  
what the joint protocol document is? I am trying to determine required actions around communication  
within health authority. s.13  
s.13

**Jacqueline Cardwell**  
Regional Leader, Home and Community Care  
Vancouver Coastal Health  
Phone: 604 875 5600 ext. 67625

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**From:** Gardner, Anna HLTH:EX [<mailto:Anna.Gardner@gov.bc.ca>]  
**Sent:** 04 June, 2013 3:32 PM

**To:** Gardner, Anna HLTH:EX; XT:Gerke, Jill VIHA:IN; [IHA] Shirley, Ruth; [PHSA] Stowe, Megan; [NHA] Henderson-Betkus, Mary; Zaharia, Janet HLTH:EX; [FHA] Tayler, Carolyn M. (Director); Cardwell, Jacqueline [VC]; Edmunds, Peter [NS]; [FHA] Barwich, Doris; [IHA] Whitby, Sharon  
**Cc:** [NHA] Joyce, Stacey; XT:Cosgrave, Lois HLTH:IN; XT:Owens, Diana HLTH:IN; [FHA] Poore, Colleen; [NHA] Schmaltz, Sandra; [IHA] Antifeau, Elisabeth  
**Subject:** Materials for Provincial End-of-life care working group meeting

Hello all,

Please find the attached draft meeting materials for the End-of-life Care Working Group meeting tomorrow – agenda, May minutes, s.13 edited QA, and s.13

s.13

<< File: June 2013 Joint Protocol Q & A with edits.doc >> << File: may2013 EOLWG\_Draft 1 minutes.docx >> << File: EOL SC TOR FINAL\_Jan 2007.doc >> << File: EOLWG Membership June 2013.doc >> << File: EOLWG Work Plan Draft Realigned June 2013.xls >> << File: June 2013-EOLWG\_DRAFT1agenda.doc >>

Anna Gardner, RN, BScN, MPA

Policy Analyst, Priority Populations & Service Redesign, Home, Community & Integrated Care, Ministry of Health, 1515 Blanshard St 6th Fl, Victoria BC, V8W 3C8, Ph: 250-952-1962, Fax: 250-952-1282

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-----Original Appointment-----

**From:** Gardner, Anna HLTH:EX

**Sent:** Thursday, March 14, 2013 2:48 PM

**To:** Gardner, Anna HLTH:EX; XT:Gerke, Jill VIHA:IN; XT:HLTH Shirley, Ruth; 'mstowe@bccancer.bc.ca'; 'Henderson-Betkus, Mary'; Zaharia, Janet HLTH:EX; 'Tayler, Carolyn M. (Director)'; XT:Cardwell, Jacqueline VCHA:IN; 'Peter.Edmunds@vch.ca'; 'Barwich, Doris'; Whitby, Sharon; Campbell, Diane E HLTH:EX

**Cc:** XT:Joyce, Stacey NHA:IN; XT:Cosgrave, Lois HLTH:IN; XT:Owens, Diana HLTH:IN; 'Colleen Poore'; Schmaltz, Sandra; XT:HLTH Antifeau, Elisabeth

**Subject:** Provincial End-of-life care working group meeting

**When:** Wednesday, June 5, 2013 9:30 AM-11:30 AM (GMT-08:00) Pacific Time (US & Canada).

**Where:** Outside Vancouver call: 1-877-353-9184; Lower Mainland participants call: 604-681-0260; Conf ID: 8234009  
#



**NOTIFICATION OF  
EXPECTED DEATH IN THE HOME***To be completed by the Attending Physician***ATTENTION: FUNERAL DIRECTOR**

NAME OF FUNERAL HOME			
ADDRESS	CITY	PROVINCE	POSTAL CODE

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice. The family has been instructed to call you one hour after death has occurred for transport of the body.

As the attending physician, I certify that this person is known to me and that to the best of my knowledge and belief this is a natural and expected death. Upon death I authorize you to transfer the body and to complete the Registration of Death. I, or my designate, will complete the Medical Certificate of Death within 48 hours. This authorization shall be in effect for 3 months from the date signed.

PATIENT'S NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (DD/MM/YYYY)	PERSONAL HEALTH NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
PRECAUTIONS, IF ANY:			

NAME OF ATTENDING PHYSICIAN	MSP NUMBER	PHONE NUMBER
ADDRESS	CITY	PROVINCE POSTAL CODE
COMMENTS		
SIGNATURE OF ATTENDING PHYSICIAN		DATE SIGNED (DD/MM/YYYY)

**AUTHORIZATION OF DISPOSITION FOR EXPECTED DEATH AT HOME**

*To be completed by the person authorized to control  
the disposition for the expected death at home of:* \_\_\_\_\_

I certify that I am legally authorized to make decisions after death has occurred and that the plan for management of expected death at home has been discussed and agreed to. I agree to the transfer of the body from the home without pronouncement of death by a health care professional and that we will follow the plan by noting the time of death and agreeing to wait at least one hour from the time of death to call the funeral home for transfer of the body. I agree to indemnify and hold harmless the Funeral Home, its employees and agents, from any liability for claims, damages, costs and expenses of whatever kind or nature (except any claim arising out of or in connection with the wilful misconduct, malfeasance, or negligence of the Funeral Home, its employees and agents) incurred in connection with or arising from the Funeral Home dealing with the Patient's body on my instructions.

---

*printed name*

---

*signature*

---

*date signed*

---

*contact phone number***RELATIONSHIP TO DECEASED**

from the *Cremation, Interment and Funeral Services Act*, Sec 5 (1)):

**Authorization of disposition is in order of priority as set out below.**

- ☐ a) personal representative named in the will;
- ☐ b) spouse of deceased;
- ☐ c) adult child of deceased;
- ☐ d) adult grandchild of deceased;
- ☐ e) if deceased a minor, legal guardian of deceased at time of death;
- ☐ f) parent of deceased;
- ☐ g) adult sibling of deceased;
- ☐ h) adult nephew or niece of deceased;
- ☐ i) adult next of kin of deceased, determined under sections 89 and 90 of the *Estate Administration Act*;
- ☐ j) minister under the *Employment and Assistance Act* or the official administrator under the *Estate Administration Act*;
- ☐ k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

## QUESTIONS AND ANSWERS FOR THE PUBLIC ABOUT EXPECTED/PLANNED HOME DEATHS

### **1. What is the Joint Protocol For Planned/Expected Home Deaths? Why is it needed?**

The Joint Protocol explains how to plan for a patient with life-limiting illness to remain at home until death. It is called *joint* because a number of groups -- the BC Medical Association, the College of Registered Nurses of BC, BC Ambulance Services, the Funeral Service Association of BC, and others -- worked with the Ministry of Health to develop these instructions. All of these groups need to be involved to manage an expected home death and ensure necessary supports and processes are in place for individuals who plan to die at home.

### **2. I or my loved one would like to die at home. Are there any guides that could help my family with these difficult discussions?**

Many people are uncomfortable talking about death and dying. There are numerous resources that may assist you and help you to prepare for conversations about death and dying. Check your public library, the library of your local hospice organization, or your local bookstore for books on this subject. You may also want to speak to staff and volunteers of your local hospice organization, your physician, community nurse, or your spiritual advisor.

### **3. Who can help with planning a home death?**

Your community nurse and your family physician are often the best people to assist you with planning for a home death; local hospice groups and palliative care programs may also be helpful to you.

### **4. What is meant by No Cardiopulmonary Resuscitation? Why do we need a form for this?**

Cardiopulmonary Resuscitation (CPR) is an emergency procedure used to restore blood flow to a person suffering from cardiac arrest. Cardiac arrest is when the heart stops functioning or beating. Signs of cardiac arrest include no breathing and no pulse. Conventional CPR includes artificial respiration and chest compressions to restore blood flow and oxygen to vital organs.

A No CPR order is a doctor's instruction that no one should try to revive you if you stop breathing or your heart stops. [HealthLink BC](#) offers a decision point to help you decide if you want to receive CPR called "[End-of-Life Care: Should I Receive CPR and Life Support?](#)". If you have decided that you would not want CPR, you should tell your doctor or nurse.

If you have a No CPR order completed by your physician, you can get a MedicAlert® bracelet or necklet with a No CPR Order engraved on it. To obtain a free bracelet/necklet, please call 1 800 668-1507 or visit

the website at [www.medicalert.ca/nocpr](http://www.medicalert.ca/nocpr). You can review more BC specific information on No CPR form [here](#).

**5. What should we do if we have signed the No Cardiopulmonary Resuscitation form and call 911 at the time of death, just because we panic?**

You can call the 911 dispatch and ask them to cancel the call. However, it may be too late to contact the ambulance and fire departments who will be dispatched. If they arrive, show them the No Cardiopulmonary Resuscitation Order and explain your situation. Ask them to help you contact a family member or friend to be with you to help you make the necessary arrangements.

**6. What is the *Notification of Expected Death in the Home Form*?**

This is a form to be completed by a physician following discussion with the patient and/or family. It allows the physician to notify a funeral home that someone's death is anticipated and, that after death has occurred, the funeral home may remove your loved one's body with the consent of the person authorized to make decisions (this may be a family member, friend etc.). If this notification form is completed, you and the funeral home do not need to wait for a physician or nurse to come to the home to pronounce the death. It is also important to consult the funeral home as to whether they can arrange for removal of the body on a 24 hr basis and how they can be contacted outside of regular hours.

**7. What is pronouncement of death? How will I know my loved one has really died?**

Pronouncement of death is the act of observing that someone has died. It is not legally required that a physician or a nurse make this declaration; a family member can do so by watching the person's breathing and noting when the breathing has stopped. Usually the breathing pattern gradually changes until the person is breathing very slowly and then not at all. You need to wait one hour after the breathing has stopped before calling the funeral home to remove the body.

**8. What if I sign the *Notification of Expected Death in the Home form* and then change my mind?**

You may change your mind at any time before or after the death has occurred. If you do, you should contact a physician or a nurse to request a home visit to pronounce the death. There may be a wait especially if this happens during the night.

**9. If a home support worker is alone at home at the time of death and a *Notification of Expected Death in the Home form* has been completed, can the home support worker call the funeral home to remove the body?**

No. In such a circumstance, the home support worker should remain with the body until the family or

designate arrives; only the family or designate has the authority to call the funeral home to request removal of the body.

**10. What is a *Medical Certificate of Death*? What is a death certificate?**

The *Medical Certificate of Death* is a form completed by your physician (the same one who completes the *Notification of Expected Death in the Home*) that indicates that the person has died and the cause of death. The funeral home must have this *Medical Certificate of Death* prior to burial or cremation. The medical certificate of death and other information about the person who has died is provided to the BC Vital Statistics Agency ([www.vs.gov.bc.ca](http://www.vs.gov.bc.ca)) which will then issue a death certificate. The death certificate is the official registration of the death and contains the individual's full name, gender, date of death, place of death, place of birth, resident province, state or country, registration number, and date of registration; it does not have the cause of death. The death certificate will be necessary in settling the legal and business affairs of the deceased.

## found this... NOEDH

---

From: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
To: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>, Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
Sent: December 4, 2019 2:27:53 PM PST

s.15

Alix Adams  
Director, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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**RE:** s.13

From: Young, Christine HLTH:EX  
s.15  
To: Hatry, Alexandra HLTH:EX  
Sent: December 18, 2019 12:20:03 PM PST  
Attachments: Original Signatories.doc

Hi Alexandra,

I have added some information for a few contacts. I have also sent you our original contacts with RCMP and Coroners office in case that helps (see attached). I will see if I can find information on Maureen O'Donnell.



**From:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>

**Sent:** December 18, 2019 11:40 AM

**To:** Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>; Cui, Jeff HLTH:EX <Jeff.Cui@gov.bc.ca>

**Subject:** s.13

Hi Christine and Jeff,

s.13

...if you can fill in any of the gaps in the table that would be

helpful!

Organization	Name	Email	Phone No.
Office of the Chief Coroner		<a href="mailto:ChiefCoronerCorrespondence@gov.bc.ca">ChiefCoronerCorrespondence@gov.bc.ca</a>	
BC Ambulance Services	Nancy Blythe	<a href="mailto:Nancy.Blythe@gov.bc.ca">Nancy.Blythe@gov.bc.ca</a>	250 952-1529
BC College of Physician & Surgeons	Michael Epp	<a href="mailto:mepp@cpsbc.ca">mepp@cpsbc.ca</a>	
College of Registered Nurses of BC	Christine Penney	<a href="mailto:policy@bccnp.ca">policy@bccnp.ca</a> <a href="mailto:christine.penney@bccnp.ca">christine.penney@bccnp.ca</a> <a href="mailto:penney@crnbc.ca">penney@crnbc.ca</a>	Not direct line 604-742-6200 Tel: 604.736.7331 ext. 315
BC Medical Association – Doctors of BC	Deborah Viccars	<a href="mailto:communications@doctorsofbc.ca">communications@doctorsofbc.ca</a> <a href="mailto:dviccars@doctorsofbc.ca">dviccars@doctorsofbc.ca</a>	1-800-665-2262
BC Hospice Palliative Care Association	s.13		
Funeral Services Association of BC	Charlotte Poncelet, Exec Director	<a href="mailto:charlotte@bcfunerals.com">charlotte@bcfunerals.com</a>	
RCMP 'E' Division			
Business Practices and Consumer Protection Authority	Dustin Dunlop	<a href="mailto:Dustin.dunlop@consumerprotectionbc.ca">Dustin.dunlop@consumerprotectionbc.ca</a>	250-920-7112 ext 2807
Fraser	Irene	<a href="mailto:Irene.Sheppard@fraserhealth.ca">Irene.Sheppard@fraserhealth.ca</a>	(604) 587-4600, ext.

Health Authority	Sheppard		<b>764461</b>
Interior Health Authority	Karyn Morash	<a href="mailto:Karyn.Morash@interiorhealth.ca">Karyn.Morash@interiorhealth.ca</a>	(250) 423-8253
Vancouver Island Health Authority	Doreh Mohsenzadeh	<a href="mailto:Doreh.Mohsenzadeh@viha.ca">Doreh.Mohsenzadeh@viha.ca</a>	(250) 519-5392
Northern Health Authority	Aaron Bond	<a href="mailto:Aaron.Bond@northernhealth.ca">Aaron.Bond@northernhealth.ca</a>	(250) 565-7337
Provincial Health Services Authority	Dr. Maureen O'Donnell		

Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

Page 113 of 206

Withheld pursuant to/removed as

s.13 ; s.15



Page 114 of 206 to/à Page 119 of 206

Withheld pursuant to/removed as

s.13

## Notification of Expected Death in the Home Form (NEDITH)

---

From Hatry, Alexandra HLTH:EXs.15  
: s.15  
s.15  
To: penney@crnbc.ca  
Sent: January 3, 2020 8:47:24 AM PST

Dear Christine Penney,  
s.13

Please send a few times that we could contact you or someone from your organization for further discussion.

Best regards,

Alexandra

Alexandra Hatry

Senior Policy Analyst, Palliative and Dementia Care

Specialized Services Division

BC Ministry of Health

Phone: 236-478-2303

## FW: Notification of Expected Death in the Home Form (NEDITH)

---

From: Hatry, Alexandra HLTH:EX s.15  
s.15  
s.15  
To: Adams, Alix HLTH:EX  
Sent: January 3, 2020 1:35:22 PM PST  
Attachments: image001.gif

Hi Alix,

Any thoughts on when you would like to have a chat with the College of Registered Nurses of BC?  
Alexandra

---

**From:** Barbara Willson <Barbara.Willson@bccnp.ca>

**Sent:** January 3, 2020 1:31 PM

**To:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>

**Cc:** Dave Bhauruth <Dave.Bhauruth@bccnp.ca>; Christine Penney <Christine.Penney@bccnp.ca>

**Subject:** Notification of Expected Death in the Home Form (NEDITH)

Hello Alexandra,

Thanks for contacting us on this. Myself and Dave Bhauruth are happy to discuss this with you and Alix. Let me know roughly when you want to discuss by and I will send you some possible dates and times.

Barb

**Barbar Willson, RN, MSN**

**a**

*Regulatory Practice*

*Consultant*

Regulatory Policy & Programs

# BCCNP

British Columbia College of Nursing Professionals

900 - 200 Granville St. , Vancouver , B , V6C

r C 1S4

T 604.742.6200 ext. 6246 | TF 1.866.880.7101 | F 604.899.0794

E [Barbara.Willson@bccnp.ca](mailto:Barbara.Willson@bccnp.ca) | [www.bccnp.ca](http://www.bccnp.ca)

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---

**From:** Christine Penney <[Christine.Penney@bccnp.ca](mailto:Christine.Penney@bccnp.ca)>

**Sent:** January 3, 2020 9:24 AM

**To:** Hatry, Alexandra HLTH:EX <[Alexandra.Hatry@gov.bc.ca](mailto:Alexandra.Hatry@gov.bc.ca)>

**Cc:** Monica Redekopp <[Monica.Redekopp@bccnp.ca](mailto:Monica.Redekopp@bccnp.ca)>; Dave Bhauruth <[Dave.Bhauruth@bccnp.ca](mailto:Dave.Bhauruth@bccnp.ca)>; Barbara Willson <[Barbara.Willson@bccnp.ca](mailto:Barbara.Willson@bccnp.ca)>; Linda Cheung <[Linda.Cheung@bccnp.ca](mailto:Linda.Cheung@bccnp.ca)>

**Subject:** Re: Notification of Expected Death in the Home Form (NEDITH)

Dear Alexandra

Thank you for your message. I'm copying members of policy and practice teams and will ask if one of them could take the lead in organizing a call with you.

Team please keep me in the loop as resolution unfolds.

Thanks

Christine

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**Christine Penney, RN, MPA,**  
PhD  
*Chief Officer, Regulatory Policy & Programs*  
Regulatory Policy & Programs



British Columbia College of Nursing Professionals  
900 - 200 Granville St., Vancouver, B.C. V6C  
r C 1S4  
T 604.742.6200 ext. 6201 | TF 1.866.880.7101 | F 604.899.0794  
E [Christine.Penney@bccnp.ca](mailto:Christine.Penney@bccnp.ca) | [www.bccnp.ca](http://www.bccnp.ca)

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**From:** Hatry, Alexandra HLTH:EX <[Alexandra.Hatry@gov.bc.ca](mailto:Alexandra.Hatry@gov.bc.ca)>  
**Sent:** Friday, January 3, 2020 8:47 AM  
**To:** Christine Penney  
**Subject:** Notification of Expected Death in the Home Form (NEDITH)  
Dear Christine Penney,  
s.13

Please send a few times that we could contact you or someone from your organization for further discussion.  
Best regards,  
Alexandra  
Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

## RE: Notification of Expected Death in the Home Form (NEDITH)

---

From: Hatry, Alexandra HLTH:EX s.15  
s.15  
To: Barbara Willson  
Sent: January 3, 2020 1:47:30 PM PST  
Attachments: image001.gif

Hi Barb,  
Thank you for responding so quickly. Would it be possible to have the chat before January 15?  
Best,  
Alexandra

---

**From:** Barbara Willson <Barbara.Willson@bccnp.ca>  
**Sent:** January 3, 2020 1:31 PM  
**To:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
**Cc:** Dave Bhauruth <Dave.Bhauruth@bccnp.ca>; Christine Penney <Christine.Penney@bccnp.ca>  
**Subject:** Notification of Expected Death in the Home Form (NEDITH)  
Hello Alexandra,  
Thanks for contacting us on this. Myself and Dave Bhauruth are happy to discuss this with you and Alix. Let me know roughly when you want to discuss by and I will send you some possible dates and times.  
Barb

**Barbar Willson, RN, MSN**

**a**  
*Regulatory Practice*  
*Consultant*  
Regulatory Policy & Programs

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---

**From:** Christine Penney <[Christine.Penney@bccnp.ca](mailto:Christine.Penney@bccnp.ca)>  
**Sent:** January 3, 2020 9:24 AM  
**To:** Hatry, Alexandra HLTH:EX <[Alexandra.Hatry@gov.bc.ca](mailto:Alexandra.Hatry@gov.bc.ca)>  
**Cc:** Monica Redekopp <[Monica.Redekopp@bccnp.ca](mailto:Monica.Redekopp@bccnp.ca)>; Dave Bhauruth <[Dave.Bhauruth@bccnp.ca](mailto:Dave.Bhauruth@bccnp.ca)>; Barbara Willson <[Barbara.Willson@bccnp.ca](mailto:Barbara.Willson@bccnp.ca)>; Linda Cheung <[Linda.Cheung@bccnp.ca](mailto:Linda.Cheung@bccnp.ca)>  
**Subject:** Re: Notification of Expected Death in the Home Form (NEDITH)

Dear Alexandra  
Thank you for your message. I'm copying members of policy and practice teams and will ask if one of them could take the lead in organizing a call with you.  
Team please keep me in the loop as resolution unfolds.  
Thanks  
Christine  
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**Christine Penney, RN, MPA,**  
PhD  
*Chief Officer, Regulatory Policy & Programs*  
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**From:** Hatry, Alexandra HLTH:EX <[Alexandra.Hatry@gov.bc.ca](mailto:Alexandra.Hatry@gov.bc.ca)>  
**Sent:** Friday, January 3, 2020 8:47 AM  
**To:** Christine Penney  
**Subject:** Notification of Expected Death in the Home Form (NEDITH)  
Dear Christine Penney,  
s.13

Please send a few times that we could contact you or someone from your organization for further discussion.  
Best regards,  
Alexandra  
Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

## **Notification of Expected Death in the Home Form (NEDITH) (5).msg**

**From:** Hatry, Alexandra HLTH:EX s.15 -----  
s.15

**To:** kwelsch@CPSBC.CA

**Sent:** January 6, 2020 2:54:46 PM PST

**Priority:** Normal (5)

**Calendar Item Type:** REQUEST

Dear Kaila,

We hope this teleconference time will work for Dr. Oetter, s.13  
s.13

Form<<https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf>> or the Joint Protocol for Expected/Planned Home Deaths in British Columbia<[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)>.

Best regards,

Alexandra

Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

.....  
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Trouble Joining? Try Skype Web Apps.15; s.17  
Join by phone

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Local - Vancouver: s.15; s.17  
Toll-Free: s.15; s.17

Find a local numbers.15; s.17

Conference ID: s.15;  
Forgot your dial-in PIN?s.15; s.17 \_  
s.15; s.17

[!OC([1033])!]  
.....



## **Notification of Expected Death in the Home Form (NEDITH) (4).msg**

**From:** Hatry, Alexandra HLTH:EX s.15  
s.15  
**To:** kwelsch@CPSBC.CA  
**Sent:** January 10, 2020 2:50:41 PM PST

**Priority:** Normal (5)  
**Calendar Item Type:** REQUEST

Dear Kaila,

We hope this teleconference time will work for Dr. Oetter, s.13

s.13

Form<<https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf>> or the Joint Protocol for Expected/Planned Home Deaths in British Columbia<[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)>.

Best regards,

Alexandra

Alexandra Hatry

Senior Policy Analyst, Palliative and Dementia Care

Specialized Services Division

BC Ministry of Health

Phone: 236-478-2303

.....  
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(BC, Canada) English (United States)

Local - Vancouver: s.15; s.17

(BC, Canada) English (United States)

Toll-Free: s.15; s.17

(BC, Canada) English (United States)

Find a local numbers s.15; s.17

Conference ID: s.15;

Forgot your dial-in PIN? s.15; s.17

s.15; s.17

[!OC([1033])!]  
.....

## **Notification of Expected Death in the Home Form (NEDITH) (3).msg**

**From:** Hatry, Alexandra HLTH:EX s.15  
s.15  
**To:** Adams, Alix HLTH:EX  
**Sent:** January 10, 2020 2:50:58 PM PST  
**Priority:** Normal (5)  
**Calendar Item Type:** REQUEST

Dear Kaila,

We hope this teleconference time will work for Dr. Oetter. s.13  
s.13

Form<<https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf>> or the Joint Protocol for Expected/Planned Home Deaths in British Columbia<[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)>.

Best regards,

Alexandra

Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

.....  
Join Skype Meetings.s.15; s.17

Trouble Joining? Try Skype Web Apps.s.15; s.17

Join by phone

Local - Victoria: s.15; s.17

(BC, Canada) English (United States)

Local - Vancouver: s.15; s.17

(BC, Canada) English (United States)

Toll-Free: s.15; s.17

(BC, Canada) English (United States)

Find a local number.s.15; s.17

Conference ID:s.15;

Forgot your dial-in PIN?s.15; s.17

|Helps.15; s.17

[!OC([1033])!]  
.....

Page 131 of 206

Withheld pursuant to/removed as

s.13

## Canceled\_ Notification of Expected Death in the Home Form (NEDITH).msg

---

**From:** Hatry, Alexandra HLTH:EX s.13  
s.13  
s.13  
**To:** kwelsch@CPSBC.CA, Adams, Alix HLTH:EX  
**Sent:** January 14, 2020 12:37:06 PM PST  
**Priority:** High (1)  
**Calendar Item Type:** REQUEST

Hi Kaila,

Due to the increment weather we are having in Victoria, we are going to have to reschedule this afternoon's meeting with Dr. Oetter. Would it be possible for you to please send me some other times that Dr. Oetter is available?

I'm really sorry for the inconvenience.

Best,  
Alexandra

Dear Kaila,

We hope this teleconference time will work for Dr. Oetter.<sup>s.13</sup>

s.13

Form<<https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf>> or the Joint Protocol for Expected/Planned Home Deaths in British Columbia<[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)>.

Best regards,

Alexandra

Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

.....  
Join Skype Meetings<sup>s.15; s.17</sup>

Trouble Joining? Try Skype Web Apps.<sup>s.15; s.17</sup>

Join by phone

Local - Victoria: <sup>s.15; s.17</sup>

(BC, Canada) English (United States)

Local - Vancouver: <sup>s.15; s.17</sup>

(BC, Canada) English (United States)

Toll-Free: <sup>s.15; s.17</sup>

(BC, Canada) English (United States)

Find a local numbers<sup>s.15; s.17</sup>

Conference ID: <sup>s.15; s.17</sup>

Forgot your dial-in PIN?<sup>s.15; s.17</sup>

|Helps.<sup>s.15; s.17</sup>

[!OC([1033])!]  
.....

## RE: Notification of Expected Death in the Home Form (NEDITH)

---

From: Kaila Welsch <kwelsch@CPSBC.CA>  
To: Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
Sent: January 14, 2020 1:16:43 PM PST  
Attachments: image002.png, cpsbclogo120\_287f8b75-9486-4b5f-8b0e-b4909f95b4ef.png, twitter\_022ba7f5-bf47-45a6-958f-f3b7dc9d0ddb.png, linkedin\_5dd33539-d868-49b8-9cbc-7a6274406b64.png, image003.png, image001.png

Hi Alexandra,

No problem at all. Dr. Oetter would be available the following:

- January 15<sup>th</sup> – from 1:30pm-2:30pm or from 4:00pm-5:00pm
- January 21<sup>st</sup> – from 12:30pm-1:30pm or between 3:00pm-5:00pm
- January 22<sup>nd</sup> – from 4:00pm-5:00pm
- January 24<sup>th</sup> – between 10:00am-3:00pm

Please feel free to send a calendar invite through if one of those dates and times work on your end.

Thank you.

Sincerely,

Kaila

---

**From:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
**Sent:** Tuesday, January 14, 2020 12:36 PM  
**To:** Kaila Welsch <kwelsch@CPSBC.CA>  
**Subject:** RE: Notification of Expected Death in the Home Form (NEDITH)  
**Importance:** High

Hi Kaila,

Due to the increment weather we are having in Victoria, we are going to have to reschedule this afternoon's meeting with Dr. Oetter. Would it be possible for you to please send me some other times that Dr. Oetter is available? I'm really sorry for the inconvenience.

Best,

Alexandra

---

**From:** Kaila Welsch <kwelsch@CPSBC.CA>  
**Sent:** January 6, 2020 2:23 PM  
**To:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
**Cc:** Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
**Subject:** Notification of Expected Death in the Home Form (NEDITH)  
Good afternoon,

This email was forwarded to the attention of Dr. Heidi Oetter, Registrar of the College. Dr. Oetter would be available for a teleconference next week to discuss this matter. I can confirm that she would be available the following:

- January 13 – between 10:00am-5:00pm
- January 14 – between 12:30pm-5:00pm
- January 15 – between 9:00am-10:00am or between 3:30pm-5:00pm

Please let me know if any of the above times would work on your end.

Thank you.

Sincerely,

Kaila





300-669 Howe Street  
Vancouver BC V6C 0B4  
[www.cpsbc.ca](http://www.cpsbc.ca)



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---

**From:** Hatry, Alexandra HLTH:EX <[Alexandra.Hatry@gov.bc.ca](mailto:Alexandra.Hatry@gov.bc.ca)>  
**Sent:** Friday, January 03, 2020 8:46 AM  
**To:** Michael Epp <[mepp@CPSBC.CA](mailto:mepp@CPSBC.CA)>  
**Cc:** Adams, Alix HLTH:EX <[Alix.Adams@gov.bc.ca](mailto:Alix.Adams@gov.bc.ca)>  
**Subject:** Notification of Expected Death in the Home Form (NEDITH)  
Dear Michael Epp,  
s.13

Please send a few times that we could contact you or someone from your organization for further discussion.

Best regards,  
Alexandra  
Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

**Kaila Welsch**  
Senior Administrative Assistant  
Registrar's Office  
College of Physicians and Surgeons of BC  
[kwelsch@cpsbc.ca](mailto:kwelsch@cpsbc.ca)  
604-733-7758

**Kaila Welsch**  
Senior Administrative Assistant  
Registrar's Office  
College of Physicians and Surgeons of BC  
[kwelsch@cpsbc.ca](mailto:kwelsch@cpsbc.ca)  
604-733-7758

## **Notification of Expected Death in the Home Form (NEDITH).msg**

**From:** Hatrv. Alexandra HLTH:EX s.15  
s.15  
**To:** Kaila Welsch, Adams, Alix HLTH:EX  
**Sent:** January 14, 2020 2:01:15 PM PST  
**Priority:** Normal (5)  
**Calendar Item Type:** REQUEST

Dear Kaila,

We look forward to having an exploratory conversation with Dr. Oetter, discussing the Notification of Expected Death in the Home Form<<https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf>> or the Joint Protocol for Expected/Planned Home Deaths in British Columbia<[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)>.

Best regards,

Alexandra

Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

.....  
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(BC, Canada) English (United States)

Toll-Free: s. 15; s. 17

(BC, Canada) English (United States)

Find a local numbers. 15; s. 17

Conference ID: s. 15;

Forgot your dial-in PIN? s. 15; s. 17

|Help s. 15; s. 17

[!OC([1033])!]  
.....

## Convert pdf to Word

---

From: Hatry, Alexandra HLTH:EX s.15  
s.15  
To: Cowper, Tiffany HLTH:EX  
Sent: January 21, 2020 3:45:11 PM PST  
Attachments: Joint Protocol for NEDITH.pdf

Hi Tiffany,  
Can you please convert this pdf into a Word document for me?  
Thanks,  
Alexandra  
Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303



**JOINT PROTOCOL FOR  
EXPECTED / PLANNED HOME DEATHS  
IN  
BRITISH COLUMBIA**

**December 2006**

# **JOINT PROTOCOL FOR EXPECTED/PLANNED HOME DEATHS IN BRITISH COLUMBIA**

*This document is intended for health care professionals and agencies involved in expected/planned home deaths.*

## **INTRODUCTION**

The *Joint Protocol for Expected/Planned Home Deaths in British Columbia* (2006) replaces the *Joint Protocol for the Management of Planned Home Deaths* (1996). The original document was released by the Ministry of Health, BC Ambulance Services, the Office of the Chief Coroner, and the BC Medical Association in collaboration with: the BC College of Physicians and Surgeons, BC Hospice Palliative Care Association, (former) Registered Nurses Association of BC, Funeral Service Association of BC, RCMP "E" Division, (former) BC Association for Community Care, BC Municipal Police Chiefs Association, and the (former) BC Health Association.

The 2006 edition is the result of the efforts of the Fraser Health Authority who took the lead in determining the need for revisions and worked in concert with health authorities, the Ministry of Health, and other stakeholders to clarify the procedures associated with expected/planned home deaths.

The primary changes to this document are the clarification that in BC there is no legal obligation to pronounce death. However, in the absence of a pronouncement of death, funeral directors require assurance that the death was expected and planned before they will remove the body; thus, the Protocol includes a mechanism for providing this assurance through a form completed by the physician and family entitled *Notification of Expected Death* which is forwarded to the funeral home in advance of death. The Joint Protocol has also been updated to refer to the provincial No Cardiopulmonary Resuscitation (CPR) form rather than a Do Not Resuscitate (DNR) form reflecting current, more precise nomenclature and the revised Ministry of Health form HLTH302.1 Rev 2003/05/01.

## **PURPOSE OF JOINT PROTOCOL**

- Clarify the process and procedures involved in managing anticipated natural home deaths in the context of a terminal illness;
- Delineate the roles and responsibilities of health professionals and agencies involved in a home death.

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## DEFINITIONS

Death at home may fall under several categories:

- A **natural expected death** where deterioration to death occurs in its natural sequence but plans may not be in place.
- A **planned, expected home death** where an individual has chosen to die at home with the support of family and plans have been clearly made and documented beforehand.
- An **unexpected or suspicious death** which **MUST** be reported to the Coroner (see Appendix A).

**Family** refers to those closest in knowledge, care and affection to the person.

Specifically, it includes family of origin (birth parents and siblings); family of acquisition (relations by marriage or contract); and family of choice: anyone the person chooses to have closest to them.

## STATEMENT OF PRINCIPLES

- Individuals have the right to choose to die at home and to expect to receive support and coordinated care at home.
- Individuals have the right to have their wishes respected.
- When a patient has indicated resuscitation is not wanted or the physician has indicated that resuscitation would be medically futile, resuscitation attempts are not initiated.
- Direction for no resuscitation is documented by the physician signature on the Ministry of Health *No Cardiopulmonary Resuscitation* form (HLTH 302.1 Rev 2003/05/01).
- A clear plan must be in place so families know what action to take at the time of death.
- Providing good care at end of life requires attention to details of care. When an individual has chosen to die at home, changes are expected and there is the potential for development of crises. Therefore, ensuring access to support of community care providers, appropriate medical support, and medications is essential.
- Referral to community home care nursing services and/or hospice palliative services are best made early. This allows for good care planning and for relationships to be established.
- Effective care requires that all providers and involved agencies understand their role in natural expected death.
- Patients and their families have an ongoing right to change their minds and revise any plans they have made.

## PLANNING FOR DEATH AT HOME

Expected home deaths are anticipated natural events and with appropriate planning:

- Patients and families can receive appropriate supports;
- The coroner does not need to be notified of an expected death from natural causes, unless there are concerns regarding the cause of death;
- Police do not need to be called when a death was expected;
- Ambulance services and/or 911 should not be contacted when the death was expected;
- The funeral home is aware and appropriate authorization is in place so they can be contacted directly once death has occurred as per protocol.

**NOTE: There are communities in British Columbia without physicians residing in the community and without a funeral home. It is especially important that these situations be discussed by the individual, family, and physician and an appropriate plan suitable for the community be made in advance. Families who live in these communities should also clearly identify their location and thus their need for an ambulance for transportation of the body when they contact the ambulance call centre.**

Each death is unique. It can be a time of crisis or relative calm. Coordination of care is essential to support all individuals participating in this event. Preparation for a death which is expected to occur in the home involves these key elements:

### Care Planning

Discussion about a planned home death should occur in the context of a life-threatening/terminal illness where death is anticipated. This should be a collaborative process involving the patient/family, family physician, nursing personnel and others as needed giving primary consideration to what is in the best interest of the patient and family.

Planning for care at end of life requires open discussion with the patient, family and care providers about what to expect and what options exist to prepare for predictable clinical challenges. A clear plan is negotiated and documented.

### Resuscitative Interventions

- The *No Cardiopulmonary Resuscitation* form (HLTH 302.1 Rev 2003/05/01) is used as the communication tool to document an individual's wishes/physician orders regarding resuscitative interventions<sup>1</sup>.
- The provincial *No Cardiopulmonary Resuscitation* form is completed and signed by the physician and patient/authorized substitute decision maker where possible.
- Original of the *No Cardiopulmonary Resuscitation* form is kept in the home, preferably on the fridge, but should be carried with the individual if away from home

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<sup>1</sup> Health authorities may use other forms for a physician's NO CPR Order; for example, VIHA uses an advance directive for patients' instructions for future health care that includes a physician's NO CPR Order. If a health authority uses a form other than or in addition to the HLTH 302.1 Rev 2003/05/01, the health authority is responsible for communicating this to regional BCAS staff, physicians, and other appropriate professionals.



for any reason unless the patient is wearing a medical alert® NO CPR bracelet which is an extension of the NO CPR form.

- The physician retains a copy of the *No Cardiopulmonary Resuscitation* form.
- Community Home Care Nursing Services receives a copy of the *No Cardiopulmonary Resuscitation* form and notifies the home support agency, if involved, that a 'No Cardiopulmonary Resuscitation' order is in place.
- Clear instructions re "What to do at time of death" and "Who to call" are reviewed with the family and documented at the back of the *No Cardiopulmonary Resuscitation* form, noting special phone numbers.
- If a patient and family are not willing to sign a *No Cardiopulmonary Resuscitation* form when the physician determines the resuscitative interventions are futile, the physician should discuss that calling 911 at the time of death without a signed *No Cardiopulmonary Resuscitation* form initiates a response from the BC Ambulance Services to attempt resuscitation as well as an automatic police and coroner investigation of the death. The physician may still complete the form and indicate that the discussion has occurred but that the patient (and or ASDM) has declined signing the form.

### **Pronouncement of Death**

- Pronouncement is often done to provide assurance and support to family and to verify that this was an expected natural death.
- While there is no legal requirement that death be pronounced, it is widely recognized that it is sound clinical and ethical practice for nurses and physicians to be available to pronounce death.
- Health care professionals who may pronounce death include physicians, registered nurses, registered psychiatric nurses and licensed practical nurses.
- Families may decline to have a physician or nurse come to the home to pronounce death.
- Families who have declined pronouncement can change their mind at the time of death and decide to wait until a physician or nurse can pronounce death at home.
- If there are concerns or potential for questions or concerns regarding the manner of death, the physician should plan to pronounce death.

### **Plan for Time of Death**

The family must contact a funeral home of their choice to make necessary advance arrangements. In the case of expected, planned home death, where the physician has no concerns or questions, and where a *No Cardiopulmonary Resuscitation* form has been completed, the physician may discuss with the family the option of declining to have a physician or nurse come to the home to pronounce at the time of death.

In these cases where pronouncement is declined, a *Notification of Expected Death* form MUST be completed by the physician

A *Notification of Expected Death* form verifies that:

- The death is a natural expected one;
- The death is expected within the next days or few weeks;

- The family has declined pronouncement and has agreed at the time of death to wait for at least 1 hour after breathing has stopped to then call the funeral home directly to remove the body;
- The physician agrees to be available to sign (or ensures that his/her designate is available) the *Physician's Medical Certification of Death* within 48 hours of the time of death;
- The person with the right to control disposition of the deceased has provided authorization to the funeral home to transfer the body from the home to the funeral home consistent with Section 8 of the *Cremation, Interment and Funeral Services Act*;
- Once the physician signs the *Notification of Expected Death* form with the family, the physician forwards a copy to the Funeral Home of choice, and the Community Nursing Service Office where the patient receives home care nursing services;
- The Funeral Home ensures that the person authorized to control the disposition of the deceased has also signed the *Notification of Expected Death* form.

### Care at the Time of Death

The plan for the time of death must include instructions to the family NOT to call 911. BC Ambulance Services paramedics cannot pronounce and the families should be instructed not to call them. The plan for time of death should also include who can be called for emotional support.

If pronouncement is planned, the family will follow the plan for time of death:

- Call the physician or nurse to inform them of the death and ask them to pronounce as agreed.

If a *Notification Of Expected Death* form is completed, the family will follow the plan for time of death:

- Note the time of death, waiting at least 1 hour after breathing has stopped, and then call the funeral home to have the body transferred to the funeral home.

If the family changes its mind at the time of death and wishes to have pronouncement:

- Call the physician or nurse to inform them of the death and wait until someone can come to the home to pronounce death, recognizing that this may be a number of hours.

### Transportation of the Deceased

- Individuals and /or family are encouraged to make prior arrangements with a funeral home.
- The funeral home is legally required to obtain verbal or written authorization from the person with the right to control disposition under Section 5 of the *Cremation, Interment and Funeral Services Act* prior to removing the body. The funeral home completes this documentation on the *Notification of Expected Death* form.
- Funeral homes can move the body directly from the home to the funeral home with the authorization of the person with the right to control disposition once the physician or nurse has pronounced the death OR at least one hour after breathing has stopped when a *Notification of Expected Death* form is in place.

- There is no urgency to transfer the body for a number of hours. BC Funeral Association recommends, however, that the family not wait longer than 4 to 6 hours after death has occurred.

### **Certification of Death**

- Certification of the cause of death is the legal responsibility of physicians.
- Medical certification of death by a physician is necessary within 48 hours of death and before the body can be released for burial or cremation.
- The funeral home can contact the physician to obtain the Physician's *Medical Certification of Death* form.

## **ROLES OF PROVIDERS**

### **Role of Physician**

The physician has a central role and an obligation to ensure that there is an appropriate plan in place for all patients in the context of a life-threatening/terminal illness where death is anticipated.

#### Prior to the death:

- Discuss options for care with the patient and family and/or significant others including the patient's option to die at home. Provide opportunity for the patient to express wishes about their care and resuscitative interventions.
- Supervise the patient's care, which may include home visits.
- Make an early referral to the Community Home Care Nursing Service and/or an appropriate hospice palliative care service.
- Complete a referral to the BC Palliative Care Benefits program as appropriate
- Discuss futility of resuscitation with patient and family and sign the No CPR form and obtain signatures from patient and next of kin as appropriate.
- Give copies of the signed No CPR form to the family and Community Nursing Services and inform them if patient has a medical alert® NO CPR bracelet already.

#### With approaching death:

- Provide explanation to family about the anticipated changes of impending death.
- Ensure care plans are in place for predictable challenges at end of life including appropriate medications and supplies in discussion with the community health nurse.
- Discuss arrangements for actions at the time of death with patient, family, and with the Community Nursing Services.
- If there are concerns regarding the manner of the anticipated death, the physician is responsible to plan to be available to pronounce death and to involve the Coroner's office as appropriate (Section 9 of the *Coroner's Act*).
- Identify family situations where the option of waiving the need for pronouncement and completion of the *Notification of Expected Death* may be appropriate and discuss that option with the family.
- If pronouncement is planned, gives the family clear instructions on:
  - What to do at the time of death.
  - Who will be pronouncing death, and how they can be reached.
  - How the physician or nurse can be reached at the time of death.

- How the back-up physician can be reached should the physician be unavailable or cannot be reached at the time of death.
- If no one is available to pronounce during the night, discuss the need to wait until the morning to contact the nurse or physician.
- If attendance to pronounce is **NOT** needed:
  - Complete a *Notification of Expected Death* form with the family and provide a copy to the funeral home to verify that this is a natural expected death; that the family has declined pronouncement and that the body can be moved from the home without attendance of a physician or nurse to pronounce death.
  - Give the family clear instructions for what to do at the time of death.
  - Instruct the family after the death to wait at least 1 hour after breathing has stopped to call the funeral home to have the body moved.
  - Arrange after-hours support with on-call physician/nursing services for times when he/she is unavailable and advise on-call physician/nursing services of any arrangements which have been made.

#### At time of death

- If the plan is for pronouncement, attend the home to pronounce death or receive notification of pronouncement from the community home care nurse.
- If a *Notification of Expected Death* form is completed, receive notification of the death from the family or care provider.
- If there are concerns or potential for questions or concerns regarding the manner of death, call the Coroner's office.
- Complete the *Physician's Medical Certification of Death*.

#### **Role of Community Home Care Nursing**

- Participate in discussions with the individual, family and physician regarding the plan of care.
- Communicate the plan of care to the home support agency, if involved.
- Review the signs of impending death with family.
- Ensure the family understands instructions for what to do at the time of death.
- Assists the family to plan for who they can call for emotional support at the time of death if wished.
- Confirm with the physician, arrangements for time of death: Either pronouncement or that a *Notification of Expected Death* form is completed.
- If pronouncement is planned, confirm with the physician, who will pronounce death and how family are to contact physician or nurse.
- If it is the nurse who will pronounce death, give the family clear instructions on how to contact the nurse when death occurs.
- Pronounce death when in the home when the individual dies or when called by the family as pre-arranged.
- Develop a procedure with the home support agency to clarify responsibilities of the agency and the home support worker if he/she is alone with the patient at the time of death.

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**Role of Home Support Agency**

- Work with Community Home Care Nursing Services to ensure understanding of the plan of care.
- Develop a procedure with Community Home Care Nursing Services to clarify responsibilities of the agency and the home support worker if he/she is alone with the individual at the time of death.
- When a *Notification of Expected Death* form has been completed and a home support worker is alone in the home at the time of that person's death, it is the responsibility of the family or designate who signed the 'notification form' to ensure a family member or designate returns to the home and then calls the funeral home after at least one hour to authorize transfer of the body from the home. Calling the funeral home after death is not a responsibility of the home support worker.
- Normally, the home support worker should stay in the home with the deceased until (a) a family member arrives to take charge or (b) the body is removed from the home after death is pronounced.

**Role of Funeral Home/Funeral Directors**

- Welcome and encourage inquiries and personal interviews on the part of anyone desiring factual information on procedures or funeral costs.
- If requested, share information with families about private transfer of the body after death in accordance with the Cremation, Interment and Funeral Services Regulation, Section 4 and 5.
- Work with the individual and/or family to ensure proper authorization and to make arrangements for transportation of the deceased, discuss appropriate bereavement rites and ceremonies, and options available for final disposition.
- Ensure systems are in place for *Notification of Expected Death* forms to be stored.
- Respond to the call from a member of the family, physician, registered nurse, or clergyman who notifies the funeral home that a death has occurred.
- Confirm that the appropriate authorization is provided from the person with the right to control disposition of the deceased consistent with Sections 5 and 8 of the *Cremation, Interment and Funeral Services Act*
- Pick up the body of the deceased from the home after death has been pronounced or in accordance with the *Notification of Expected Death* form at least one hour after death has occurred, and the legally authorized representative requests it.
- Notify police or coroner if there are any concerns about the manner of death.
- Obtain a copy of the Physician's *Medical Certification of Death* from the physician, within 48 hours after death has occurred.
- Complete the Registration of Death form.

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## REFERENCES

British Columbia Ambulance Service (BCAS) Field Operations Policy and Procedure Manual 6.4.13.1.2 "No CPR" Orders March 22<sup>nd</sup>, 2001 and 6.4.13.2 Deceased Persons at Scene 2001.

British Columbia Ministry of Health and Ministry Responsible for Seniors in collaboration with the College of Physicians and Surgeons of British Columbia. (1996). *Joint protocol planned home deaths. Policy Manual: College of Physicians & Surgeons of British Columbia, June 1999, H-5*. Vancouver, British Columbia.

*Coroners Act*. (1996). B.C.R.S. 72.9. Retrieved December 7, 2005, from: [http://www.qp.gov.bc.ca/statreg/stat/C/96072\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/C/96072_01.htm)

*Cremation, Interment and Funeral Services Act* (2004). S.B.C. 35.3 and 8. Retrieved December 7, 2005 from: [http://www.qp.gov.bc.ca/statreg/stat/C/04035\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/C/04035_01.htm)

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Ministry of Health No Cardio Pulmonary Resuscitation Form. HLTH 302.1/No CPR/Review 010418, available from Government Distribution Service: Fax 250-952-4442

*Procedures for a planned home death*. (n.d.) Retrieved December 20, 2005, from <http://www.bcfunerals.com/>

College of Registered Nurses of British Columbia . (2003). *Practice Standard For Registered Nurses And Nurse Practitioners: Pronouncement of Death* (November, Pub. No. 342). Vancouver, British Columbia:

**Prepared by:** Dr. Doris Barwich; Medical Leader and Della Roberts, Clinical Nurse Specialist, Hospice Palliative Care Services, Fraser Health Authority with input from: Dr. Bev Spring, Medical Leader, Vancouver Community Home Hospice Palliative Care Service; Dr Romaine Gallagher, BCMA Geriatrics and Palliative Care Committee; and Carolyn Tayler, Director End of Life Care, Fraser Health Authority.

**In consultation with:** Office of the Chief Coroner; BC Ambulance Services; BC College of Physician & Surgeons; College of Registered Nurses of BC; BC Medical Association; BC Hospice Palliative Care Association; Funeral Services Association of BC; RCMP 'E' Division; Business Practices and Consumer Protection Authority; Interior Health Authority; Vancouver Island Health Authority; Northern Health Authority; Provincial Health Services Authority

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**APPENDIX A: CORONER'S ACT, SECTION 9**

**9** (1) A person must immediately notify a coroner or a peace officer of the facts and circumstances relating to a death if he or she has reason to believe that a person has died

- (a) as a result of violence, misadventure, negligence, misconduct, malpractice or suicide,
- (b) by unfair means,
- (c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable to pregnancy,
- (d) suddenly and unexpectedly,
- (e) from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner,
- (f) from any cause, other than disease, under circumstances that may require investigation, or
- (g) in a correctional centre, youth custody centre or penitentiary or a police prison lockup.

(2) The person in charge of an institution must immediately give notice to the coroner of the death of a person who dies

- (a) while a resident of or an in-patient in
  - (i) [Repealed 1999-39-6.]
  - (ii) a place for the examination, diagnosis, treatment or rehabilitation of mentally disordered persons to which the *Mental Health Act* applies, or
  - (iii) a public or private hospital to which the person was transferred from a place referred to in subparagraph (ii), or
- (b) while the person is, whether or not on the premises or in actual custody,
  - (i) a patient of a place referred to in paragraph (a) (ii), or
  - (ii) committed to a correctional centre, youth custody centre or penitentiary or a police prison or lockup.

(3) If a person dies while detained by or in the actual custody of a peace officer, the peace officer must immediately notify the coroner.

(4) A peace officer who is notified under subsection (1) must notify a coroner.

Material reprinted from [http://www.qp.gov.bc.ca/statreg/stat/C/96072\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/C/96072_01.htm)

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**APPENDIX B: CREMATION, INTERMENT AND FUNERAL SERVICES ACT,  
Sections 5 and 8****Control of disposition of human remains or cremated remains**

5 (1) Subject to this section and section 8 (3) (b) (i) [*requirement for authorization before funeral services or disposition*], the right of a person to control the disposition of the human remains or cremated remains vests in, and devolves on, the following persons in order of priority:

- (a) the personal representative named in the will of the deceased;
- (b) the spouse of the deceased;
- (c) an adult child of the deceased;
- (d) an adult grandchild of the deceased;
- (e) if the deceased was a minor, a person who was a legal guardian of the person of the deceased at the date of death;
- (f) a parent of the deceased
- (g) an adult sibling of the deceased;
- (h) an adult nephew or niece of the deceased;
- (i) an adult next of kin of the deceased, determined on the basis provided by sections 89 and 90 of the *Estate Administration Act*;
- (j) the minister under the Employment and Assistance Act or, if the official administrator under the Estate Administration Act is administering the estate of the deceased under that Act, the official administrator;
- (k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

(2) If the person at the top of the order of priority set out in subsection (1) is unavailable or unwilling to give instructions, the right to give instructions passes to the person who is next in priority.

(3) If, under subsection (1), the right to control disposition of human remains or cremated remains passes to persons of equal rank, the order of priority

- (a) is determined in accordance with an agreement between or among them, or



- (b) in the absence of an agreement referred to in paragraph (a), begins with the eldest of the persons and descends in order of age.
- (4) A person claiming that he or she should be given the sole right to control the disposition of the human remains or cremated remains may apply to the Supreme Court for an order regarding that right.
- (5) When hearing an application under subsection (4), the Supreme Court must have regard to the rights of all persons having an interest and, without limitation, give consideration to:
- (a) the feelings of those related to, or associated with, the deceased, giving particular regard to the spouse of the deceased,
  - (b) the rules, practice and beliefs respecting disposition of human remains and cremated remains followed or held by people of the religious faith of the deceased,
  - (c) any reasonable directions given by the deceased respecting the disposition of his or her human remains or cremated remains, and
  - (d) whether the dispute that is the subject of the application involves family hostility or a capricious change of mind respecting the disposition of the human remains or cremated remains.
- (6) Despite subsections (1) to (3), if the Supreme Court makes an order in favour of a person who has applied to it under subsection (4), that person is deemed to be at the top of the order of priority set out in subsection (1).

### **Requirement for authorization before funeral services or disposition**

8 (1) A funeral provider must not provide funeral services unless the funeral provider has received written authorization from the person who, under section 5 [*control of disposition of human remains or cremated remains*], has the right to control the disposition of the human remains.

(2) Despite subsection (1), a funeral provider may accept an authorization by telephone to begin funeral services if the funeral provider does not dispose of the human remains until the funeral provider receives the written authorization required by subsection (1).

Material reprinted from [http://www.qp.gov.bc.ca/statreg/stat/C/04035\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/C/04035_01.htm)

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**APPENDIX C:**BRITISH  
COLUMBIAMinistry of  
Health**NOTIFICATION OF  
EXPECTED DEATH IN THE HOME***To be completed by the Attending Physician***ATTENTION: FUNERAL DIRECTOR**

NAME OF FUNERAL HOME			
ADDRESS	CITY	PROVINCE	POSTAL CODE

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice. The family has been instructed to call you one hour after death has occurred for transport of the body.

As the attending physician, I certify that this person is known to me and that to the best of my knowledge and belief this is a natural and expected death. Upon death I authorize you to transfer the body and to complete the Registration of Death. I, or my designate, will complete the Medical Certificate of Death within 48 hours. This authorization shall be in effect for 3 months from the date signed.

PATIENT'S NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (DD/MM/YYYY)	PERSONAL HEALTH NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
PRECAUTIONS, IF ANY:			

NAME OF ATTENDING PHYSICIAN	MSP NUMBER	PHONE NUMBER
ADDRESS	CITY	PROVINCE POSTAL CODE
COMMENTS		
SIGNATURE OF ATTENDING PHYSICIAN	DATE SIGNED (DD/MM/YYYY)	

**AUTHORIZATION OF DISPOSITION FOR EXPECTED DEATH AT HOME**

*To be completed by the person authorized to control  
the disposition for the expected death at home of:*

I certify that I am legally authorized to make decisions after death has occurred and that the plan for management of expected death at home has been discussed and agreed to. I agree to the transfer of the body from the home without pronouncement of death by a health care professional and that we will follow the plan by noting the time of death and agreeing to wait at least one hour from the time of death to call the funeral home for transfer of the body. I agree to indemnify and hold harmless the Funeral Home, its employees and agents, from any liability for claims, damages, costs and expenses of whatever kind or nature (except any claim arising out of or in connection with the wilful misconduct, malfeasance, or negligence of the Funeral Home, its employees and agents) incurred in connection with or arising from the Funeral Home dealing with the Patient's body on my instructions.

\_\_\_\_\_  
printed name

\_\_\_\_\_  
signature

\_\_\_\_\_  
date signed

\_\_\_\_\_  
contact phone number

**RELATIONSHIP TO DECEASED**

from the *Cremation, Interment and Funeral Services Act*, Sec 5 (1):

**Authorization of disposition is in order of priority as set out below.**

- ☐ a) personal representative named in the will;
- ☐ b) spouse of deceased;
- ☐ c) adult child of deceased;
- ☐ d) adult grandchild of deceased;
- ☐ e) if deceased a minor, legal guardian of deceased at time of death;
- ☐ f) parent of deceased;
- ☐ g) adult sibling of deceased;
- ☐ h) adult nephew or niece of deceased;
- ☐ i) adult next of kin of deceased, determined under sections 89 and 90 of the *Estate Administration Act*;
- ☐ j) minister under the *Employment and Assistance Act* or the official administrator under the *Estate Administration Act*;
- ☐ k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

HLTH 3987 2010/12/06

Copy 1: Family Copy 2: Home Health Office/Community Nursing Copy 3: Funeral Home

Form can be downloaded from: <https://www.health.gov.bc.ca/exforms/mspprac/3987fil.pdf>

## RE: Notification of Expected Death in the Home Form

---

From: Stancato, Vincent PSSG:EX <Vincent.Stancato@gov.bc.ca>  
To: Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
Sent: February 3, 2020 12:28:05 PM PST  
Attachments: image001.png

Hi Alexandra, Feb 7 at 10:30 works. V

---

**From:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
**Sent:** Monday, February 3, 2020 11:17 AM  
**To:** Stancato, Vincent PSSG:EX <Vincent.Stancato@gov.bc.ca>  
**Subject:** FW: Notification of Expected Death in the Home Form

Hi Vince,

Just following up to see if you have 30 min available for a chat about the Notification of Expected Death in the Home Form on either Thursday Feb 6 from 9-11 or Friday Feb 7 from 9-2?

Thanks,  
Alexandra

---

**From:** Hatry, Alexandra HLTH:EX  
**Sent:** January 29, 2020 8:13 AM  
**To:** Stancato, Vincent PSSG:EX <Vincent.Stancato@gov.bc.ca>  
**Subject:** RE: Notification of Expected Death in the Home Form

Hi Vince,

We have availability on Thursday Feb 6 from 9-11 and Friday Feb 7 from 9-2. If you can let me know what time works best for you, I'll send you a meeting request.

Thank you,  
Alexandra

---

**From:** Stancato, Vincent PSSG:EX <Vincent.Stancato@gov.bc.ca>  
**Sent:** January 28, 2020 4:16 PM  
**To:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
**Subject:** RE: Notification of Expected Death in the Home Form

Hi Alexandra, certainly we can connect – unfortunately I am not available until late next week. What date and time works for you? Vince

**Vincent Stancato | Deputy Chief Coroner | BCCS**

BC Coroners Service  
PHONE 604.398.5837  
CELL 604.220-2177  
FAX 604.775-1049  
Coast Salish Territory  
<http://www.gov.bc.ca/coroners>



Coroners Service

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---

**From:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>  
**Sent:** Tuesday, January 28, 2020 4:08 PM  
**To:** Stancato, Vincent PSSG:EX <Vincent.Stancato@gov.bc.ca>  
**Subject:** RE: Notification of Expected Death in the Home Form

Dear Vincent Stancato,

s.13

Best regards,

Alexandra

---

**From:** Hatry, Alexandra HLTH:EX

**Sent:** January 16, 2020 8:33 AM

**To:** Stancato, Vincent PSSG:EX <[Vincent.Stancato@gov.bc.ca](mailto:Vincent.Stancato@gov.bc.ca)>

**Cc:** Adams, Alix HLTH:EX <[Alix.Adams@gov.bc.ca](mailto:Alix.Adams@gov.bc.ca)>

**Subject:** Notification of Expected Death in the Home Form

Dear Vincent Stancato,

s.13

Best regards,

Alexandra

Alexandra Hatry

Senior Policy Analyst, Palliative and Dementia Care

Specialized Services Division

BC Ministry of Health

Phone: 236-478-2303

## **Notification of Expected Death in the Home Form.msg**

---

**From:** Hatry, Alexandra HLTH:EX s.15  
s.15  
**To:** Adams, Alix HLTH:EX, Stancato, Vincent PSSG:EX  
**Sent:** February 4, 2020 9:39:36 AM PST  
**Priority:** Normal (5)  
**Calendar Item Type:** REQUEST

Dear Vince

We look forward to having an exploratory conversation with you discussing the Notification of Expected Death in the Home Form<<https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf>> or the Joint Protocol for Expected/Planned Home Deaths in British Columbia<[https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected\\_home\\_death.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/care-options-and-cost/expectedplanned-home-deaths/expected_home_death.pdf)>.

Best regards,  
Alexandra

Alexandra Hatry  
Senior Policy Analyst, Palliative and Dementia Care  
Specialized Services Division  
BC Ministry of Health  
Phone: 236-478-2303

.....  
Join Skype Meetings.15; s.17

Trouble Joining? Try Skype Web Apps.15; s.17

Join by phone

Local - Victoria: s.15; s.17

(BC, Canada) English (United States)

Local - Vancouver: s.15; s.17

(BC, Canada) English (United States)

Toll-Free: s.15; s.17

(BC, Canada) English (United States)

Find a local numbers.15; s.17

Conference ID: s.15; s.17

Forgot your dial-in PIN?s.15; s.17

|Helps.15; s.17

[!OC([1033])!]  
.....

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s.13 ; s.15

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Withheld pursuant to/removed as

s.13



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Withheld pursuant to/removed as

s.13 ; s.15

Page 163 of 206

Withheld pursuant to/removed as

s.13

## Expected death in the Home

---

From: Miller, Tanice [CP] <tmiller@canuckplace.org>  
To: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
Cc: Boyer, Kristina [CP] <kboyer@canuckplace.org>  
Sent: September 8, 2020 1:44:05 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hello Christine, Kristina Boyer is now in my position and can answer your questions. s.22  
s.22, so any questions related to pediatric care can go to her. Canuck Place, as you know supports children throughout the province so a referral to CP would provide access to our pediatric palliative care team and a no of resources. Thank you for following up on this family to get supports in place.

Sent from Workspace ONE Boxer

On Sep. 8, 2020 13:35, "Young, Christine HLTH:EX" <Christine.Young@gov.bc.ca> wrote:  
**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to spam@phsa.ca and **do not** open attachments or click on links.

---

Hi Tanice,  
Hope you are doing well. I have just received a question regarding use of the Expected Death in the Home form for a child in IHA. Although I see no reason why this form cannot be used in the case of a child, I was wondering if you have any suggestions regarding further supports available to the family? Any information you can share would be greatly appreciated!  
Kind regards,  
Christine Young  
Policy Analyst, Home Health Team  
Health Services Divisions, Ministry of Health  
250-952-2356

## RE: EDITH form and paediatrics

From: McFee, Erin <Erin.McFee@interiorhealth.ca>  
To: Kennedy, Vicki <Vicki.Kennedy@interiorhealth.ca>, Van Breemen, Camara [PHSA] <cvanbreemen@canuckplace.org>, Boyer, Kristina [PHSA] <kboyer@canuckplace.org>  
Cc: Christine.Young@gov.bc.ca, Molina, Tammy <Tammy.Molina@interiorhealth.ca>, Carscadden, Janine <Janine.Carscadden@interiorhealth.ca>, Young, Christine HLTH:EX, XT:Carscadden, Janine HLTH:IN  
Sent: September 15, 2020 11:53:40 AM PDT  
Attachments: image002.jpg, image004.jpg, image005.jpg, image006.jpg, image003.jpg, image001.jpg

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hello Camara and Kristina,

Thank you for all of this information. The clarification on the EDITH form is very helpful. I am sure families are very appreciative of the coaching and support that you can provide during such a stressful time. In addition, Camara, when we spoke on the phone before, you had mentioned that referrals/consults to Canuck Place from Interior Health were infrequent but that you wanted to encourage referrals and consults when possible. With this understanding, would it be alright with you if we incorporate a consultation with Canuck Place into our standard process whenever we need to initiate the completion of a Pediatric MOST document with one of our IH families? We are not anticipating this would be a very large number of families, as the document would only be used in cases where a child has a serious life-limiting illness. I think it would be extremely helpful in building a relationship between the families and providers, so that when the time comes everyone is comfortable reaching out to Canuck Place for support. What do you think?

We would be very happy to connect with you and review the work that we have done so far with the MOST and get your input. Have you got any availability in the next couple of weeks for a call?

Thank you again,

Erin

**Erin McFee MSN, RN**

Pediatric Clinical Nurse Specialist  
Maternal, Newborn, Child & Youth Network  
3rd Flr., 505 Doyle Avenue, Kelowna, B.C. V1Y 05C  
w: 250.469.7070, ext 70684 | c: 778.583.3718  
✉ [Erin.McFee@interiorhealth.ca](mailto:Erin.McFee@interiorhealth.ca)

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**From:** Kennedy, Vicki

**Sent:** Monday, September 14, 2020 9:14 AM

**To:** Van Breemen, Camara [PHSA]; Boyer, Kristina [PHSA]

**Cc:** 'Christine.Young@gov.bc.ca'; McFee, Erin; Molina, Tammy; Carscadden, Janine

**Subject:** RE: EDITH form and paediatrics

Hello Camara,

Thank you so much for that. Very helpful for our work moving forward 😊

**Vicki**

**Regional Clinical Nurse Specialist (CNS-C)**

**Palliative Care**

(250) 212-7807 Email: [vicki.kennedy@interiorhealth.ca](mailto:vicki.kennedy@interiorhealth.ca)

---

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**From:** Van Breemen, Camara [CP] [mailto:cvanbreemen@canuckplace.org]  
**Sent:** Friday, September 11, 2020 11:18 AM  
**To:** Kennedy, Vicki; Boyer, Kristina [PHSA]  
**Cc:** 'Christine.Young@gov.bc.ca'; McFee, Erin; Molina, Tammy; Carscadden, Janine  
**Subject:** RE: EDITH form and paediatrics

Thank you, Vicki

I would be interested in seeing your work on the Pediatric MOST form. It would be so helpful to have a Provincial form for our population rather than relying on the BC ambulance No CPR form along with the template Goals of care document that we use.

One thing I would add to Kristina's points are that all staff and family need to be aware that if there is a No CPR form (and the death is indeed anticipated) there does NOT have to be a coroner or police presence at the time of death. The EDITH form does not need to be in place as the funeral home arrangement can be (and or often are) done by parents following the death. The EDITH form is really so pronounced it does not have to happen rather than a medical directive that acknowledges CPR would not be of benefit.

Instructions to our families is that if the child is expected (or has a sudden event) and has comfort focused goals and a No CPR order, if they do choose to call 911 (either in panic or because they do feel they need help), they are to also call us (or if not us, a trusted professional caregiver that knows the situation). We have found this extremely helpful as we can coach the family and the first responders in interventions that will support comfort, determine best location of care and decrease the extreme anxiety that can come at the end of life of a child. CPCH does have 24 hr coverage so families anywhere in BC that are on our program can use this added support, as can professional caregivers in the home or hospital.

Hope that helps.

Camara

---

**From:** Kennedy, Vicki [mailto:Vicki.Kennedy@interiorhealth.ca]  
**Sent:** Wednesday, September 09, 2020 2:28 PM  
**To:** Boyer, Kristina [CP] <kboyer@canuckplace.org>  
**Cc:** 'Christine.Young@gov.bc.ca' <Christine.Young@gov.bc.ca>; Van Breemen, Camara [CP] <cvanbreemen@canuckplace.org>; McFee, Erin <Erin.McFee@interiorhealth.ca>; Molina, Tammy [IHA] <Tammy.Molina@interiorhealth.ca>; Carscadden, Janine [IHA] <Janine.Carscadden@interiorhealth.ca>  
**Subject:** RE: EDITH form and paediatrics

Hello Kristina,

Thank you so much for sharing your experience. This has come up as an extension of our Paediatric MOST work. Camara - Erin McFee (IH Paediatric CNS) has connected with you along our journey with this work, so in addition to that and what Kristina has shared we would certainly welcome any clinical nuggets you wish to share ☺

It was out of curiosity really that the question came up, and a desire to mitigate any risk of further distress being brought upon families (knowing that when an EDITH form is not in place with adults who are palliating and die at home, there can be a lot of undue distress when the coroner and RCMP are called).

Thanks,

**Vicki**

**Regional Clinical Nurse Specialist (CNS-C)**

**Palliative Care**

(250) 212-7807 Email: [vicki.kennedy@interiorhealth.ca](mailto:vicki.kennedy@interiorhealth.ca)

[www.interiorhealth.ca](http://www.interiorhealth.ca)

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**From:** Boyer, Kristina [CP] [mailto:kboyer@canuckplace.org]  
**Sent:** Wednesday, September 09, 2020 2:15 PM

**To:** Kennedy, Vicki

**Cc:** 'Christine.Young@gov.bc.ca'; Van Breemen, Camara [PHSA]

**Subject:** RE: EDITH form and paediatrics

Hi Vicki,

Yes, the same Expected Death in the Home form is valid and able to be used when planning for an expected death of a child at home from a policy perspective, and we have used it many times. That being said, in clinical practice, in our experience it is not often a good fit for families, and that attendance at the home by a clinician to provide pronouncement and facilitate selecting a funeral home and guiding the next steps is what families want/need. That being said, we know that is not always possible, and yes, always avoiding police/coroner involvement when it is not needed is the goal. If there is a specific clinical situation you are referring to, I encourage you to reach out to Camara van Breemen (one of our NPs) who can provide some more clinical consultation and guidance.

Thanks, and please don't hesitate to be in contact with any further questions.

Regards,

Kristina.

**Kristina Boyer, RN, MScA**

Director, Clinical Program

T 604-742-3482 F 604-739-4376

1690 Matthews Ave., Vancouver, BC

V6J 2T2

[www.canuckplace.org](http://www.canuckplace.org)

---

**From:** Kennedy, Vicki [mailto:Vicki.Kennedy@interiorhealth.ca]

**Sent:** Tuesday, September 08, 2020 2:29 PM

**To:** Boyer, Kristina [CP] <kboyer@canuckplace.org>

**Subject:** FW: EDITH form and paediatrics

Hello Kristina,

My name is Vicki Kennedy and I am a Palliative Care Clinical Nurse Specialist for Interior Health.

As you will see from the email thread below, Christine has forwarded your name to me in response to my question about utilization of the Expected Death in the Home Form (EDITH) in the Paediatric population. When know it is used widely in the adult population who choose a home death – but we are not sure if it is the same for the Paediatric population.

When a child and their family choose to palliate at home, is it encouraged that an EDITH form be completed and placed in the home to prevent calls to the coroner and RCMP which may cause further distress to the family?

Thanks,

Vicki

**Vicki Kennedy, RN, BN, MN, CRE, CHPCN(C)**

**Regional Clinical Nurse Specialist (CNS-C)**

**Palliative Care**

Interior Health Authority

Cell: (250) 212-7807 Email: [vicki.kennedy@interiorhealth.ca](mailto:vicki.kennedy@interiorhealth.ca)

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**From:** Young, Christine HLTH:EX [mailto:Christine.Young@gov.bc.ca]

**Sent:** Tuesday, September 08, 2020 2:21 PM

**To:** Kennedy, Vicki

**Subject:** RE: EDITH form and paediatrics

Hi Vicki,

I just received an email from Tanice Miller at Canuck Place. s.22 but has suggested that you contact Kristina Boyer (who is taking over for Tanice) for more information. Kristina can be reached at:

[kboyer@canuckplace.org](mailto:kboyer@canuckplace.org)

Canuck Place supports children throughout the province so a referral to Canuck Place would provide the family with access to all of their pediatric palliative care team and a number of resources.

Please let me know if there is anything else I can do to help! Have a great day 😊

Christine

**From:** Kennedy, Vicki <Vicki.Kennedy@interiorhealth.ca>  
**Sent:** September 8, 2020 2:03 PM  
**To:** Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
**Subject:** RE: EDITH form and paediatrics

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hello Christine,

Thank you for that – yes, that is how I understood it too.

Yes, I would appreciate it if you wouldn't mind forwarding your contact from Canuck place.....or is that Camara? If it is Camara, I can go ahead and contact her.

Thanks,

**Vicki**

**Regional Clinical Nurse Specialist (CNS-C)**

**Palliative Care**

(250) 212-7807 Email: [vicki.kennedy@interiorhealth.ca](mailto:vicki.kennedy@interiorhealth.ca)

[www.interiorhealth.ca](http://www.interiorhealth.ca)

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**From:** Young, Christine HLTH:EX [<mailto:Christine.Young@gov.bc.ca>]  
**Sent:** Tuesday, September 08, 2020 1:52 PM  
**To:** Kennedy, Vicki  
**Subject:** RE: EDITH form and paediatrics

Hi Vicki,

I have reviewed the protocol and the form and have found no specific reference to the use of this form in the Paediatric population except for the following section under relationship to the deceased:

e) if deceased is a minor, legal guardian of deceased at time of death;

From this reference, it would appear that the paediatric population is included in the intent of this form.

Wondering if it would be helpful to connect with someone at Canuck Place to see if they have any further information regarding use of this form and/or supports available to assist the family in this process? Please let me know if you would like me to forward the name of our contact at Canuck Place.

Let me know if there is anything else I can do to help!

Kind regards,

Christine

**From:** Kennedy, Vicki <Vicki.Kennedy@interiorhealth.ca>  
**Sent:** September 8, 2020 12:57 PM  
**To:** Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
**Subject:** EDITH form and paediatrics

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hello Christine,

I hope this finds you well ☺

I am reaching out to you, hoping you are able to help, or can point me in the direction of someone who can. I am seeking clarity on which population the Expected Death in the Home Form (EDITH) is applicable to. Specifically I am wondering if it applies to the Paediatric population. So if a child and their family wishes to palliate a child at home and they die at home, should an EDITH form be completed and therefore support any unnecessary calls to the coroner and RCMP?

I am not aware that this form has been used in the Paediatric population and our nursing support services coordinator has not seen it used in the paediatric population. I have looked online to see if it differentiates or specifies adult versus paediatric, but I couldn't see that it does.

Would very much appreciate some clarity on this.

Thanks,

Vicki

**Vicki Kennedy, RN, BN, MN, CRE, CHPCN(C)**

**Regional Clinical Nurse Specialist (CNS-C)**

**Palliative Care**

Interior Health Authority

Cell: (250) 212-7807 Email: [vicki.kennedy@interiorhealth.ca](mailto:vicki.kennedy@interiorhealth.ca)

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## **Accepted\_ Insights into Joint Protocol and CRFS Act.msg**

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**From:** Hatry, Alexandra HLTH:EX s.15  
s.15  
**To:** Mokosak, Zachary J HLTH:EX  
**Sent:** September 23, 2020 2:50:25 PM PDT  
**Priority:** Normal (5)  
**Address:** (UTC-08:00) Pacific Time (US & Canada)  
**Calendar Item Type:** REPLY

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Withheld pursuant to/removed as

s.13 ; s.15

## **FW: Query regarding BCEHS Medical Orders for Scope of Treatment Policy**

---

From: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
To: Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>, Muttersbach, Paige HLTH:EX <Paige.Muttersbach@gov.bc.ca>  
Sent: January 5, 2021 1:04:05 PM PST  
Attachments: image001.png, image003.jpg, bcehs\_ops\_005\_procedure.pdf

Hi Alexandra,

I have tracked down the new BCEHS MOST Policy (see attached). s.13  
s.13 I will add the new policy to our MOST file on the LAN.

Paige, I was interested to get the feedback from Robert regarding s.13  
s.13  
s.13

Thanks 😊

Christine

---

**From:** Graham, Robert EHS:EX <Robert.Graham@bcehs.ca>  
**Sent:** January 5, 2021 12:55 PM  
**To:** Voikin, Valerie EHS:EX <Valerie.Voikin@bcehs.ca>  
**Cc:** Elliott, Jason EHS:EX <Jason.Elliott@bcehs.ca>; Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
**Subject:** RE: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Happy New Year!

Here's the actual policy-Jan is now in MoH and can provide additional context. I would note that MOST forms have, by authority, extended out into more extended or community settings, whereas the initial intent was for acute setting. s.13  
s.13  
s.13

Hope that helps!

Rob Graham, MBA  
Director, Risk Management,  
BC Emergency Health Services  
Provincial Health Services Authority  
NEW T. | 604-607-9768 | C. 604.833.2381 | E. [Robert.Graham@bcehs.ca](mailto:Robert.Graham@bcehs.ca)  
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Theresa Bazin  
Executive Assistant | Quality, Safety, Risk Management and Accreditation  
BC Emergency Health Services  
Provincial Health Services Authority  
T. 778.974.3229 | E. [Theresa.Bazin@bcehs.ca](mailto:Theresa.Bazin@bcehs.ca)

I acknowledge that I live and work on the traditional, ancestral and unceded territories of the Sto:Lo, Katzie, Squamish and Tsleil-Wututh Nations.

Pronouns: He/His

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**From:** Voikin, Valerie EHS:EX <[Valerie.Voikin@bcehs.ca](mailto:Valerie.Voikin@bcehs.ca)>  
**Sent:** January 5, 2021 12:49 PM  
**To:** Graham, Robert EHS:EX <[Robert.Graham@bcehs.ca](mailto:Robert.Graham@bcehs.ca)>  
**Cc:** Elliott, Jason EHS:EX <[Jason.Elliott@bcehs.ca](mailto:Jason.Elliott@bcehs.ca)>; Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>  
**Subject:** FW: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Hi Rob,

Happy New Year! I recently received this request from Christine. Do you think you can take a look at the email and see if this is something you can respond to? Thank you in advance.

Regards,

Valerie Voikin

Project Coordinator | Strategy and Transformation  
BC Emergency Health Services  
Provincial Health Services Authority

E: [valerie.voikin@bcehs.ca](mailto:valerie.voikin@bcehs.ca)  
C: (604) 928-0315

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**From:** Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>  
**Sent:** January 4, 2021 11:40 AM  
**To:** Voikin, Valerie EHS:EX <[Valerie.Voikin@bcehs.ca](mailto:Valerie.Voikin@bcehs.ca)>  
**Subject:** Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Hi Valerie,

Hope you are well and that you had a lovely holiday! I am reaching out to you today as s.13  
s.13 and wanted to ensure that we had the most recent BCEHS MOST policy in our records. My previous contacts for this information were Adrian Denegar and Janice Butler, but it appears that they have both moved on to other positions. I am wondering if you can let me know if the attached document is up to date? If not, would you be able to send us the new policy or point me in the right direction?

Thank you in advance for your assistance! Wishing you all the best for the new year.

Sincerely,

Christine

Christine Young  
Policy Analyst, Home Health Team  
Health Services Division  
Ministry of Health  
250-952-2356

**PROCEDURE**

Title: **Advance Directives, Medical Orders for Scope of Treatment and  
No Cardiopulmonary Resuscitation Orders**

Approved by: Vice President, Medical Programs

Approved: June 20, 2017  
Next Review: 2022

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## RE: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

---

From: Hatry, Alexandra HLTH:EX s.15  
s.15  
To: Young, Christine HLTH:EX  
Sent: January 5, 2021 1:17:51 PM PST  
Attachments: image001.png, image002.jpg

Thanks Christine 😊

---

**From:** Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
**Sent:** January 5, 2021 1:04 PM  
**To:** Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>; Muttersbach, Paige HLTH:EX <Paige.Muttersbach@gov.bc.ca>  
**Subject:** FW: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Hi Alexandra,

I have tracked down the new BCEHS MOST Policy (see attached).<sup>s.13</sup>  
s.13 . I will add the new policy to our MOST file on the LAN.

Paige, I was interested to get the feedback from Robert regarding<sup>s.13</sup>  
s.13  
s.13

Thanks 😊

Christine

---

**From:** Graham, Robert EHS:EX <Robert.Graham@bcehs.ca>  
**Sent:** January 5, 2021 12:55 PM  
**To:** Voikin, Valerie EHS:EX <Valerie.Voikin@bcehs.ca>  
**Cc:** Elliott, Jason EHS:EX <Jason.Elliott@bcehs.ca>; Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
**Subject:** RE: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Happy New Year!

Here's the actual policy-Jan is now in MoH and can provide additional context. I would note that MOST forms have, by authority, extended out into more extended or community settings, whereas the initial intent was for acute setting.<sup>s.13</sup>  
s.13  
s.13

Hope that helps!

Rob Graham, MBA  
Director, Risk Management,  
BC Emergency Health Services  
Provincial Health Services Authority  
NEW T. | 604-607-9768 | C. 604.833.2381 | E. [Robert.Graham@bcehs.ca](mailto:Robert.Graham@bcehs.ca)

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Theresa Bazin  
Executive Assistant | Quality, Safety, Risk Management and Accreditation

BC Emergency Health Services  
Provincial Health Services Authority  
T. 778.974.3229 | E. [Theresa.Bazin@bcehs.ca](mailto:Theresa.Bazin@bcehs.ca)

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Pronouns: He/His

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Hi Rob,

Happy New Year! I recently received this request from Christine. Do you think you can take a look at the email and see if this is something you can respond to? Thank you in advance.

Regards,

*Valerie Voikin*

Project Coordinator | Strategy and Transformation  
BC Emergency Health Services  
Provincial Health Services Authority

E: [valerie.voikin@bcehs.ca](mailto:valerie.voikin@bcehs.ca)  
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Thank you in advance for your assistance! Wishing you all the best for the new year.



Sincerely,

Christine

Christine Young  
Policy Analyst, Home Health Team  
Health Services Division  
Ministry of Health  
250-952-2356

## **RE: Query regarding BCEHS Medical Orders for Scope of Treatment Policy**

---

From: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
To: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
Cc: Muttersbach, Paige HLTH:EX <Paige.Muttersbach@gov.bc.ca>  
Sent: January 5, 2021 4:07:32 PM PST  
Attachments: image002.jpg, image001.png

Hi Alix,

I am just confirming the BCEHS MOST policy as Alexandra is needing the most recent policy<sup>s.13</sup>.  
Sorry if this has caused any confusion.

Let me know if you have any more questions.

Thanks

Christine

---

**From:** Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
**Sent:** January 5, 2021 3:34 PM  
**To:** Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
**Cc:** Muttersbach, Paige HLTH:EX <Paige.Muttersbach@gov.bc.ca>  
**Subject:** FW: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Hi Christine,

Why are you contacting BCEHS re MOST?

Thanks,

Alix Adams  
Director, Home Health  
BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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**Subject:** RE: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Hi Jan,

Yup my team and I was not aware of the line of inquiry. Sorry, will investigate.

Thanks,

Alix Adams  
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BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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Hi Alix ... By any slim chance is this coming from your area? Or are we just all discombobulated re: our efforts 😞

Cheers  
Jan

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**From:** Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>  
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**To:** Graham, Robert EHS:EX <[Robert.Graham@bcehs.ca](mailto:Robert.Graham@bcehs.ca)>; Voikin, Valerie EHS:EX <[Valerie.Voikin@bcehs.ca](mailto:Valerie.Voikin@bcehs.ca)>  
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**Subject:** RE: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Hi Robert,

Thank you very much for forwarding this information. This is very helpful.

Have a great day!

Christine

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**From:** Graham, Robert EHS:EX <[Robert.Graham@bcehs.ca](mailto:Robert.Graham@bcehs.ca)>  
**Sent:** January 5, 2021 1:12 PM  
**To:** Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>; Voikin, Valerie EHS:EX <[Valerie.Voikin@bcehs.ca](mailto:Valerie.Voikin@bcehs.ca)>  
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**Subject:** RE: Query regarding BCEHS Medical Orders for Scope of Treatment Policy

Sure:  
s.13

s.13

s.13

Hope that helps, I'm sure there's a ton I've forgotten, but have cc'd Jan above (at her MoH email) for additional information. She and I have had conversations around this piece, focused on the palliative side, so may be a timely discussion!

Rob Graham, MBA  
Director, Risk Management,  
BC Emergency Health Services  
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NEW T. | 604-607-9768 | C. 604.833.2381 | E. [Robert.Graham@bcehs.ca](mailto:Robert.Graham@bcehs.ca)

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**Sent:** January 5, 2021 1:00 PM  
**To:** Graham, Robert EHS:EX <[Robert.Graham@bcehs.ca](mailto:Robert.Graham@bcehs.ca)>; Voikin, Valerie EHS:EX <[Valerie.Voikin@bcehs.ca](mailto:Valerie.Voikin@bcehs.ca)>  
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Hi Robert,

Thank you so much for sending this updated version. I am also very interested to hear your feedback regarding the  
s.13  
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Any information you can share would be greatly appreciated. Wishing you all the best for the New Year 🌸

Christine

Christine Young  
Policy Analyst, Home Health Team  
Health Services Division  
250-952-2356

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s.13

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Hope that helps!

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Regards,

Valerie Voikin

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---

From: Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>  
To: Butler, Janice HLTH:EX  
Sent: January 6, 2021 10:25:24 AM PST  
Attachments: image001.png, image003.jpg

Hi Janice,

My team was working on s.13  
s.13

s.13 Christine didn't realize what she was wandering into, which is somewhat surprising given the MOST file, but regardless I am sorry for the distraction and any confusion.

Alix

Alix Adams  
Director, Home Health  
BC Ministry of Health  
Office: (250) 952-2857  
Mobile: (250) 896-8471

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Sincerely,

Christine

Christine Young  
Policy Analyst, Home Health Team  
Health Services Division  
Ministry of Health  
250-952-2356

## RE: agenda item for Dec 9th

From: Antifeau, Elisabeth <Elisabeth.Antifeau@interiorhealth.ca>  
To: Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>  
Sent: January 26, 2021 3:48:29 PM PST

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi, Christine...

EDITH is raising its head again in our health authority..

s.13

Your insights and an update would be appreciated.

Best

Elisabeth

---

**From:** Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>

**Sent:** Thursday, November 05, 2020 4:58 PM

**To:** Antifeau, Elisabeth <Elisabeth.Antifeau@interiorhealth.ca>; Stroppa, Mason HLTH:EX <Mason.Stroppa@gov.bc.ca>

**Cc:** Hazel, Mona <mona.hazel@interiorhealth.ca>; Kennedy, Vicki <Vicki.Kennedy@interiorhealth.ca>; Carscadden, Janine <Janine.Carscadden@interiorhealth.ca>; Muttersbach, Paige HLTH:EX <Paige.Muttersbach@gov.bc.ca>

**Subject:** RE: agenda item for Dec 9th

Hi Elisabeth,

s.13

Have a great evening 😊

Christine

---

**From:** Antifeau, Elisabeth <Elisabeth.Antifeau@interiorhealth.ca>

**Sent:** November 5, 2020 10:58 AM

**To:** Stroppa, Mason HLTH:EX <Mason.Stroppa@gov.bc.ca>

**Cc:** Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>; Hazel, Mona <mona.hazel@interiorhealth.ca>; Kennedy, Vicki <Vicki.Kennedy@interiorhealth.ca>; XT:Carscadden, Janine HLTH:IN <Janine.Carscadden@interiorhealth.ca>

**Subject:** agenda item for Dec 9th

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi, Mason and Christine

I would like to submit an agenda item for discussion on Dec 9<sup>th</sup> with the provincial palliative working group regarding the following issue:

s.13

I would be happy to lead the discussion if necessary.

Thank you.

Elisabeth

Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)

Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care

IH Regional Palliative End of Life Care Program

Pallium Canada Master Facilitator & Coach, Scientific Consultant

[elisabeth.antifeau@interiorhealth.ca](mailto:elisabeth.antifeau@interiorhealth.ca)

office: 250-505-7223

cell: 250-354-2883

*I acknowledge the First Nation Traditional Territory that I live in. This beautiful land in the Kootenay Boundary has a shared history between the Syilx, Ktunaxa, and Sinixt Nations and I thank them for allowing me this space to call home and to conduct my work today.*

***External Research Affiliate, Institute on Aging and Lifelong Health Research, University of Victoria***

***Clinical Nurse Specialists*** lead through collaboration and consultation by integrating clinical expertise with education and research to improve client, population and health system outcomes

## FW: Example of MOCAP Letter sent in August

---

From: Muttersbach, Paige HLTH:EX <Paige.Muttersbach@gov.bc.ca>  
To: Hatry, Alexandra HLTH:EX <Alexandra.Hatry@gov.bc.ca>, Stroppa, Mason HLTH:EX <Mason.Stroppa@gov.bc.ca>  
Sent: January 28, 2021 3:07:58 PM PST  
Attachments: MOCAP update IBN\_19Mar2020\_Revised.docx

Hi All,

Please see my e-mail below. I am going to schedule a debrief for early next week.

Cheers,

**Paige Muttersbach** MPA MPH

**Manager – Home Health**

Seniors Services Branch, Health Services Division, Ministry of Health

*Office Number:* (250) 952-3005

*Mobile Number:* (250) 893-7184

*E-mail:* [paige.muttersbach@gov.bc.ca](mailto:paige.muttersbach@gov.bc.ca)

---

**From:** Muttersbach, Paige HLTH:EX

**Sent:** January 28, 2021 8:21 AM

**To:** Adams, Alix HLTH:EX <Alix.Adams@gov.bc.ca>; Young, Christine HLTH:EX <Christine.Young@gov.bc.ca>

**Subject:** RE: Example of MOCAP Letter sent in August

Good Morning,

I have attempted to summarize the key actions raised yesterday and some potential next steps. Today is pretty busy meeting wise and Christine is off tomorrow so I will try and find us some time for early next week (Monday or Tuesday):

1. **MOCAP** – s.13  
s.13

s.13

- s.13
- s.13

2. s.13

- s.13

s.13

- s.13

s.13

3. **EDITH Form** – s.13  
s.13

- s.13

If I have missed anything critical please feel free to edit.

Cheers,

**Paige Muttersbach** MPA MPH

**Manager – Home Health**

Seniors Services Branch, Health Services Division, Ministry of Health

Office Number: (250) 952-3005

Mobile Number: (250) 893-7184

E-mail: [paige.muttersbach@gov.bc.ca](mailto:paige.muttersbach@gov.bc.ca)

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**From:** Adams, Alix HLTH:EX <[Alix.Adams@gov.bc.ca](mailto:Alix.Adams@gov.bc.ca)>

**Sent:** January 27, 2021 4:19 PM

**To:** Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>; Muttersbach, Paige HLTH:EX <[Paige.Muttersbach@gov.bc.ca](mailto:Paige.Muttersbach@gov.bc.ca)>

**Subject:** RE: Example of MOCAP Letter sent in August

Let's circle back to next steps on all the items raised today. I would expect formal notification of s.13 ,  
not just the attached letter. Let's debrief later this week, or early next.

Alix Adams

Director, Home Health

BC Ministry of Health

Office: (250) 952-2857

Mobile: (250) 896-8471

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**From:** Young, Christine HLTH:EX <[Christine.Young@gov.bc.ca](mailto:Christine.Young@gov.bc.ca)>

**Sent:** January 27, 2021 4:08 PM

**To:** Adams, Alix HLTH:EX <[Alix.Adams@gov.bc.ca](mailto:Alix.Adams@gov.bc.ca)>; Muttersbach, Paige HLTH:EX <[Paige.Muttersbach@gov.bc.ca](mailto:Paige.Muttersbach@gov.bc.ca)>

**Subject:** Example of MOCAP Letter sent in August

Hi both,

I think this is the letter the Peter is referencing.

C

## MINISTRY OF HEALTH

### INFORMATION BRIEFING NOTE

**PREPARED FOR:** Teri Collins, ADM, Specialized Services Division –  
**FOR INFORMATION**

**TITLE:** Impact of Medical On-Call Availability Program Changes on Palliative Care

**PURPOSE:** To highlight potential impacts regarding upcoming changes to the Medical On-Call Availability Program for palliative care physicians.

#### **BACKGROUND:**

The Medical On-Call Availability Program (MOCAP) is a provincial program that provides for continuous medical coverage for new or unassigned patients requiring emergency care. MOCAP is also used to support specialist consultation and/or admission in acute care/emergency department settings. MOCAP is also beneficial for patients in the community when interdisciplinary care teams require assistance with urgent and complex care concerns.

In 2018, the Provincial MOCAP Review Committee (the Committee), with representation from the Ministry of Health and Doctors of BC, agreed to adjust compensation for the palliative care MOCAP program from Level 2 to Level 3 with the following expectations:

- Annual payment per call group would be reduced from \$165,000 (Level 2) to \$ \$70,000 (Level 3);
- The response time for all levels will require a response to a telephone call/pager within 10 minutes and also require in-person attendance based on patient need.

The rationale for the aforementioned changes is outlined in a report tabled by the Committee in December 2018. Previously compensation levels were determined largely by response times (or the urgency of being available), while the new changes base compensation primarily on the relative burden experienced by physicians providing coverage (e.g. impact on a physician's normal practice). Another reason for the changes was to address a practice used by some of the Health Authorities, in which MOCAP was employed to sustain clinically important services which is outside the scope of MOCAP. This practice was of concern as it could result in inefficiencies and resource challenges within MOCAP.

The original implementation date for the changes was April 1, 2019, however an appeal was made to the Committee on January 14, 2019. Although the changes were postponed for one year while the Committee reviewed the appeal, their decision was ultimately upheld. The changes are set for implementation on April 1, 2020.

Upon recent notification that the appeal was unsuccessful, Island Health's Palliative and End of Life Program Lead informed the Ministry of Health (the Ministry) that the impact of this



decision on palliative care physicians would likely impact their willingness and/or ability to provide additional support during the COVID-19 emergency.

**DISCUSSION:**

s.13

s.13

s.13

**ADVICE**

s.13

**Program ADM/Division:** Teri Collins

**Program Contact (for content):** Paige Muttersbach (obo of Alix Adams, Director)

**Drafter:** Jeff Cui, Policy Analyst

**Date:** March 19, 2020

## **Palliative Care Committee.msg**

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**From:** Stroppa, Mason HLTH:EX s.15  
s.15

**To:** Aaron Bond, Adams, Alix HLTH:EX, Andrew Collins, Della Roberts, XT:Smith, Dr. Douglas HLTH:IN, Dr. Jody Anderson, Dr. Peter Edmunds, Dr. Sarah Broder, XT:HLTH Antifeau, Elisabeth, Gerrilynn Manitowabi, Hatry, Alexandra HLTH:EX, Jill Gerke, Laura Frisby, Mona Hazel, Muttersbach, Paige HLTH:EX, Nellie Hariri, Patsy Lam, Stacey Joyce, Tammy Hardiman, Young, Christine HLTH:EX, Nicole Wikjord

**Sent:** April 7, 2021 8:50:08 AM PDT

**Attachments:** PCC Minutes 2021-01-27.docx

**Priority:** Normal (5)

**Calendar Item Type:** REQUEST

\*Update\*

Moving to accommodate scheduling conflict. Thank you!

Hello PCC Members,

Please find here the time/date/telecon details for the next PCC meeting. Agenda and additional information will follow closer to the meeting date.

Thank you,

.....

Join Skype Meetings.15; s.17

Trouble Joining? Try Skype Web Apps.15; s.17

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Local - Nelson: s.15; s.17

Local - Fort Nelson: s.15; s.17

Find a local number s.15; s.17

Conference ID: s.15;

Forgot your dial-in PIN? s.15; s.17  
s.15; s.17

[!OC([1033])!]

.....

## Palliative Care Committee Meeting Minutes

January 27 2021, 3:00 to 4:30 PM

### Members:

**FHA:** Tammy Hardiman; **IHA:** Mona Hazel, Elisabeth Antifeau; **VCHA** Laura Frisby, Nellie Hariri, Dr. Peter Edmunds; **VIHA:** Della Roberts; **FNHA:** Nicole Wikjord, Gerrilynn Manitowabi; **MoH:** Alix Adams, Christine Young, Paige Muttersbach, Mason Stroppa, Alexandra Hatry

### Regrets:

**NHA:** Aaron Bond, Stacey Joyce; **IHA:** Sara Broder, Dr. Douglas Smith; **VIHA:** Jill Gerke, Dr. Jody Anderson; **FHA:** Sharon Duncan, Patsy Lam

### Agenda Item

#### **General Business**

- Minutes from October 28, 2020 meeting reviewed and approved.

s.13

#### **Health Authority Roundtable Update**

- Introduction of new member from VCHA.
- COVID has had a serious impact on palliative care operations for the HAs.

Agenda Item
<p>s.13</p>
<p><b>Confirm Next Meeting/Adjourn</b></p> <ul style="list-style-type: none"> <li>• Next meeting scheduled for March 31.</li> <li>• Meeting adjourned.</li> </ul>

**Next Meeting: 3:00-4:30PM, March 31, 2021**

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Withheld pursuant to/removed as

s.13 ; s.15