

Provincial Checklist for Healthcare Providers to Prepare for Client's Expected Death in the Home during the COVID-19 Pandemic

Expected Death in the Home Checklist during COVID-19 Pandemic • 1 of 4

This checklist helps healthcare providers support home care clients to prepare for an expected death at home. It also supports Palliative and End-of-Life Care (PEOLC) discharge from hospice and acute care to home. **During the COVID-19 pandemic, it replaces the use of the existing Preparation for an Expected Death in the Home Setting Checklist.** It is not exhaustive and does not replace other documentation requirements for Home Care healthcare providers (e.g., Electronic Medical Record). COVID-19 specific items are shaded in grey.

| Initial Steps | |
|--------------------------|--|
| <input type="checkbox"/> | Confirm that the client and caregiver(s) are supportive of a home death. If not, do not continue with the preparation process. |
| <input type="checkbox"/> | Ensure the client has a most responsible provider (MRP) to support the client at home and complete the Medical Certificate of Death (MCOD). |
| <input type="checkbox"/> | Ensure the client has a Goals of Care Designation (GCD) Order (should be M or C; contact physician or nurse practitioner (family or palliative) if no GCD Order or if GCD is R1, R2 or R3). |
| <input type="checkbox"/> | Complete Discharge Eligibility Inclusion and Exclusion Criteria Checklists; ensure Zone criteria for home death are met. |
| <input type="checkbox"/> | Verify that the caregiver(s) has capacity for caring for the client by: |
| <input type="checkbox"/> | <ul style="list-style-type: none"> Understanding the available home care supports and resources, including information about community bereavement resources. |
| <input type="checkbox"/> | <ul style="list-style-type: none"> Understanding the PEOLC care plan. |
| <input type="checkbox"/> | <ul style="list-style-type: none"> Need for referral to the regional palliative care team and/ or Palliative Home Care (where available) as appropriate. |
| <input type="checkbox"/> | <ul style="list-style-type: none"> Clarification of roles, responsibilities, and tasks related to caregiving for a client's expected death at home, including but not limited to, medication administration/management, personal care/hygiene, and assisting with mobility/positioning needs. |
| <input type="checkbox"/> | <ul style="list-style-type: none"> Ensure the caregiver(s) has a back-up plan in case of illness, caregiver burnout, ability to isolate in place when required. (Hospice may be considered) |
| <input type="checkbox"/> | Ensure that the client has Alberta Blue Cross Palliative Drug Coverage in place. |
| <input type="checkbox"/> | Discuss the need for and availability of financial supports (rural in-home funding, compassionate care benefits, etc.). |
| <input type="checkbox"/> | Ensure supplies and equipment are readily available for home e.g., hospital bed, commode, incontinence supplies. |
| <input type="checkbox"/> | Have a plan for emergency medication in the home. |
| <input type="checkbox"/> | Discuss funeral home arrangements (including possibility of alternate preparation/transportation where desired/needed). Give What to Expect from Funeral Homes after a Home Death during the Pandemic to the family. |

Expected Death in the Home Checklist during COVID-19 Pandemic • 2 of 4

| Advance Care Planning Goals of Care Designation (ACP GCD) | |
|--|---|
| <input type="checkbox"/> | Inform members of healthcare team (including contracted service providers) of expected death at home and that the client has a GCD Order. |
| <input type="checkbox"/> | Update the Electronic Medical Record re: GCD Order. |
| <input type="checkbox"/> | Instruct the client or their caregiver(s) to place the GCD Order in the Green Sleeve on or near the fridge. |
| <input type="checkbox"/> | If a copy of a Personal Directive, Declaration of Incapacity (for the Personal Directive) or signed Guardianship Order is available, instruct the client or their caregiver(s) to place it in the Green Sleeve. |
| Communicable Disease /Influenza-Like Illness (ILI)/ COVID19 | |
| <input type="checkbox"/> | Complete COVID-19 screening for the client and primary caregivers form prior to each formal support visit. |
| Discharge Planning | |
| <input type="checkbox"/> | Arrange telephone or virtual (Skype or Zoom) complex discharge meeting with Home Care and others as appropriate (e.g., case manager, regional palliative care team, OT, PT, SW) |
| <input type="checkbox"/> | Ensure appropriate PPE for staff. |
| <input type="checkbox"/> | Instruct caregiver(s) regarding the provision of PPE (that they will need to provide their own PPE; that Alberta Health Services (AHS) may provide PPE in rare circumstances). |

For clients being discharged to Home Care, review after discharge planning

| Discuss the following with the client and/or caregiver(s) | |
|--|--|
| <input type="checkbox"/> | During COVID-19 pandemic eye/tissue donation may not be possible or available If desired by the client/ caregiver(s), please contact the relevant program to initiate pre-screening of the client and communicate results and next steps to the client/ caregiver(s). Note that eye/tissue donation is not possible for clients of age 81 years or older. <ul style="list-style-type: none"> • Northern Alberta Transplant Services – 1 (866) 407-1970 • Southern Alberta Organ and Tissue Donation Program – (403) 944-1110 (ask to have the Donor Coordinator paged) |
| <input type="checkbox"/> | Client/ caregiver(s) expectations at time of death (including important cultural/spiritual rituals, dressing, etc.) |
| <input type="checkbox"/> | Determine if there are plans /wishes for autopsy and/or donation of the body for scientific study. If the answer is yes, document on the client health record. |
| <input type="checkbox"/> | Put plan in place for medication disposal and equipment return/redeployment after death. |

.....

Expected Death in the Home Checklist during COVID-19 Pandemic • 3 of 4

| Expected Death in the Home Form (Ordering instructions here) | |
|--|--|
| <input type="checkbox"/> | Review and complete mandatory page 1 of the form with the client/ caregiver(s). |
| <input type="checkbox"/> | Determine if the client has a Schedule 1, 2 or other communicable disease (see Expected Death in the Home Form for listing of communicable diseases). Note: Enter COVID-19 under “Other” as it is a Schedule 3 communicable disease. |
| <input type="checkbox"/> | If yes: <ul style="list-style-type: none"> • Document presence in the health record • Document on the Expected Death in the Home form • Provide information to the alternate decision-maker (ADM)/ caregiver(s) re: infection control measures. <p>Inform the ADM/ caregiver(s) that the deceased client should not be removed from the room in which the expected death occurred unless the person handling the body is informed of the infection. Instruct the ADM/ caregiver(s) to inform the person(s) handling the deceased client of the communicable disease and give them page 1 of the Expected Death in the Home form.</p> <ul style="list-style-type: none"> • If applicable, give the caregiver(s) the COVID-19: Safe Handling of Personal Property Post Death Family Instructions. |
| <input type="checkbox"/> | If desired by the client/ caregiver(s), support completion of optional page 2. Recommend that they place it in the Green Sleeve (on or near the fridge). |
| <input type="checkbox"/> | Place the white copy of the completed page 1 of form on the home care chart. |
| <input type="checkbox"/> | Place yellow copy of page 1 of form in Green Sleeve (on or near fridge). |
| <input type="checkbox"/> | Instruct the client/ caregiver(s) to either give the yellow copy of page 1 to a funeral home in advance, or give it to them after the death has occurred. Encourage caregiver(s) to inform the funeral home in advance of expected death (including address). Review the What to Expect from Funeral Homes after a Home Death during the Pandemic document with the caregiver(s). |
| <input type="checkbox"/> | Instruct the alternate decision-maker/ caregiver(s) to show the yellow copy of page 1 to any other service providers that come to the home after an expected death in the home (EMS, fire, police, etc.). |
| <input type="checkbox"/> | Provide and discuss Before and After an Expected Death in the Home – Information for Families of Home Care Clients in a Private Home or Seniors' Lodge booklet at this time. |
| <input type="checkbox"/> | Discuss the risk of calling 911 (e.g., possible resuscitation attempts, risk of possible police investigation). |
| <input type="checkbox"/> | If the client has an Implantable Cardioverter Defibrillator (ICD), document after PEOLC diagnosis on page 1 of the form. Discuss and plan deactivation of defibrillator. |

.....

ahs.ca/covid

Seniors Health,
Home Care
PEOLC - May 26, 2020
Last Updated: 06/04/2020 0923h
ECC Approved: 06/04/2020 1045h

For more information, visit: <https://www.albertahealthservices.ca/info/Page15828.aspx>
or talk to your manager



Seniors Health

.....

Expected Death in the Home Checklist during COVID-19 Pandemic • 4 of 4

| Physician (MD) Information | |
|---|--|
| <input type="checkbox"/> | Document name, phone number, and after-hours phone number of the client's family physician on the Expected Death in the Home form and on the health record. |
| <input type="checkbox"/> | Determine and document on the health record physician availability/preference for: <ul style="list-style-type: none"> • Home visits • Notification at time of death • Attendance at time of death |
| <input type="checkbox"/> | Document on the health record the name and phone number of the physician that will sign the MCOB. |
| <input type="checkbox"/> | Document on the health record the name, the availability and phone number of the alternate physician that will sign the MCOB. |
| <input type="checkbox"/> | Determine the process re: ensuring that the MCOB is signed by an MD/ alternate, including if the funeral home is aware of where to pick up MCOB. |
| Plans for Support | |
| <input type="checkbox"/> | Review available after-hours home care support and how to access with client and caregiver(s). |
| <input type="checkbox"/> | Discuss and document the client's spiritual affiliation, contact name and phone number on the health record. |
| <input type="checkbox"/> | Where available and applicable, document the palliative volunteer name and phone number on the health record. |
| <input type="checkbox"/> | Determine if the caregiver(s) is anticipated to have difficulty coping at the client's time of death. If the answer is yes, document plans for support on the health record. |
| <input type="checkbox"/> | Determine a contingency plan if expected death in the home is no longer appropriate or desired, or if issues arise with the plan for the expected death in the home. Document on the health record. |
| Communication with other Health Care Providers | |
| <input type="checkbox"/> | Communicate necessary information to other AHS health care providers |
| <input type="checkbox"/> | Communicate necessary information to contracted service providers (including health care aides) and volunteers (where available/ applicable). |

After an expected death at home occurs, please refer to the Checklist for Health Care Providers After a Patient's Death in the Home Care Setting <https://www.albertahealthservices.ca/assets/info/peolc/if-peolc-after-home-death-checklist.pdf>

.....

ahs.ca/covid

Seniors Health,
Home Care
PEOLC - May 26, 2020
Last Updated: 06/04/2020 0923h
ECC Approved: 06/04/2020 1045h

We're in this together,
We'll get through it together.



Seniors Health