

Implementing the First MAID case in Ontario Long-Term Care

By: Primacare Living Solutions

Background:

Medical Assistance in Dying (MAID) is an emerging issue for long-term care homes, staff, residents and families across Canada.

At the 2017 Ontario Long Term Care Association *Together We Care* Convention and Trade Show, Primacare Living Solutions shared their experience with the first MAID case in long-term care. Jill Knowlton, shared the journey of Mr. John Taylor, with permission from his family, in hopes that understanding his experience will support other long-term care homes, residents and families with planning more effectively for MAID. Bringing MAID to long-term care was Mr. Taylor's legacy.

This issue of the Innovation Exchange catalogues the presentation and several resources developed by the Primacare Living Solutions team. The Association will be sharing more about Mr. Taylor's life and story in our upcoming *Long-Term Care Today* Magazine.

Goal:

The purpose of the MAID toolkit is to share strategies and resources to support long-term care homes with planning for MAID.

Implementation Strategies:

Below is a listing of key learnings and strategies that homes can consider using to support them to implement MAID. Please note that this is evolving issue, and some resources and strategies may become outdated with time, and as new legislation and clinical direction emerges from government and other regulatory bodies.

<p>Be Prepared</p>	<ul style="list-style-type: none"> • Develop policies, forms, provide education and support in advance • Anticipate delays: <ul style="list-style-type: none"> • Gaps in legislation and absence of regulations in early days • Vacations: Hospital Clinicians, Home Staff and Family • Requirement for venous access: appointment at hospital for PICC line as IV access was not achievable • Medication orders and pharmacy access to drugs
<p>Hold Round the Clock Staff Education Sessions</p>	<p>Session 1:</p> <ul style="list-style-type: none"> • Small groups (no more than 8 to 10) • Maximum 30 minutes • By home area team or department – support one another, sit together • Make it safe – create a “No Risk Table” • Start with required information such as the legislation; resident rights; CNO Guidelines; RNAO/RPNAO; Home's policy and other resources • Review the Home's values • Leave with a question: what are your personal values and beliefs? • Provide mechanism for questions or further discussion and consider access to all shifts

	<p>Session 2 - Reflection</p> <ul style="list-style-type: none"> • One week later reconvene in small groups • Sit together • Use open ended questions • Seek out responses to, "I feel, I sense, I value/believe" • Be prepared to start the conversation • Revisit key information – right to be a conscientious objector + not necessary to state why/free from harassment • Focus on resident's right to privacy • Make it safe + provide supports
Provide Information about Conscientious Objection	<ul style="list-style-type: none"> • Explain what this means • Distribute forms and have them readily available • Create a process that is confidential for return of forms • Create a tracking sheet • Organize the schedule for the day well in advance • Consider allowing personal days, vacation days • Consider that staff may change their minds • Consider the safety of other residents – may require you have extra staff on that day
Identify a Senior Leader as the MAID lead	<ul style="list-style-type: none"> • MAID Lead – central point of contact: info in and out • Liaise with Medical Director, Attending Physicians, management team, corporate office, staff, resident, family, MOH representatives, Chief Coroner's office, legal counsel • Guide and direct • Ensuring policy in place and is known • Ensuring external practitioners follow the Home's policies • Ensuring a process to conscientiously object • Ensuring support to residents, families, staff and others
Provide information to External Practitioners	<ul style="list-style-type: none"> • Ensure clear understanding of the Home's policy and requirements for documentation • Ensure they are informed of LTCHA and associated regulations that must be followed • Make sure they are informed of primary contact (ie. MAID Lead) • Provide medication orders to pharmacist early • Provide a of list of supplies and equipment required from the Home
Consider Issues Related to LTCH Act and Regulations	<ul style="list-style-type: none"> • Role of attending physician and external consultants(O Reg. s. 83) • Obtaining MAID drugs from the Home's pharmacy (O Reg. s. 122) • Documentation requirements on the Resident's Health Record (O Reg. s. 231) • Certification of Forms (LTCHA 2007 s. 80) • Safe storage and destruction of MAID drugs (O Reg. s. 129, 136) • Institutional Patient Death Record reporting (Coroners Act) • Critical Incident reporting (O Reg. s. 7)
Best Practices to Consider	<ul style="list-style-type: none"> • Walk through day's events with team two to three days in advance and with family one day in advance • Prepare for the final question • Add additional PSW and registered staff on the Home Area • Provide more frequent breaks for staff involved if time out is required • Assign a senior staff member to the family and visitors ensuring they

	<p>are supported</p> <ul style="list-style-type: none"> • Hospitality – stay over suite available, refreshments and meals, dedicated room for visiting if large numbers expected • Flowers for the family • Honour the resident’s last wishes – Scotch Party! Persons present at time of death and request passage to be read at Honour Guard • Communicate daily with your care team members, resident and family • Provide a point of contact for staff for more information • Create a checklist for equipment, supplies and required documentation • Confirm all documentation is complete prior to clinicians leaving the Home • Provide a structured debrief for staff and ongoing • Invite residents and visitors to be part of the Honour Guard
Key Lessons Learned:	<ul style="list-style-type: none"> • Provide education to residents and families so they are generally informed about MAID • Provide supports for residents who may hold incompatible values and beliefs • Plan to have activities off the Home Area for residents who wish to be out of the area • Provide follow up support and grief counselling to co-residents • Support residents to memorialize the deceased person

Tools and Resources:

1. [Policy: Resident Request for Medical Assistance in Dying \(MAID\)](#)
2. [Together We Care Slides - A RESIDENT’S RIGHT TO CHOOSE: Implementing the first MAID death in Ontario Long Term Care](#)
3. [Clinician Aid A – Ministry of Health and Long-Term Care, Patient Request for Medical Assistance in Dying, Queen’s Printer for Ontario, 3890-41E \(2016/06\)](#)
4. [Clinician Aid B – Ministry of Health and Long-Term Care, \(Primary\) Medical Practitioner or Nurse Practitioner Medical Assistance in Dying Aid, Queen’s Printer for Ontario, 3890-41E \(2016/06\)](#)
5. [Clinician Aid C – Ministry of Health and Long-Term Care, \(Secondary\) Medical Practitioner or Nurse Practitioner Medical Assistance in Dying Aid, Queen’s Printer for Ontario, 3890-41E \(2016/06\)](#)
6. [Conscientious Objection to Participating in Medical Assistance in Dying within the scope of my role](#)
7. Other requirements for clinicians:
 - a. [College of Physicians of Ontario](#)
 - b. [College of Nurses of Ontario](#)

Acknowledgement:

We would like to first acknowledge Mr. John Taylor and his family for allowing Primacare Living Solutions to share his journey and experience with the Ontario Long Term Care Association and our membership.

This toolkit, including all associated resources may be utilized and adapted by long-term care homes free of charge. We ask that Primacare Living Solutions be referenced and acknowledged where appropriate.