

Ministry of the Solicitor General

MAiD Reporting Modernization

Office of the Chief Coroner for Ontario

December 2022

Content

Discussion:

1. Review the role of the Office of the Chief Coroner (OCC) in the oversight of Medical Assistance in Dying (MAiD) in Ontario.
2. Discuss the MAiD Modernization Project and the new reporting process to the OCC.
3. Provide an overview of the new MAiD Death Report (MDR) and process following submission.
4. Review additional resources for reporting requirements and present the OCC Framework for responses to legislation or other concerns identified during the review process.

OCC Role

- Ontario hybrid model
 - Only MAiD deaths are reported to the OCC
 - Providers are still responsible for direct reporting to Health Canada via the portal if the person is found ineligible, a safeguard has not been met, the request was withdrawn, or the person died from another cause other than MAiD.
 - Data collected from the review are provided to Health Canada on the MAiD providers behalf to fulfill federal reporting legislation
- Reporting, Monitoring, Oversight and Data Collection
 - Provide information to the public, foster transparency, inform public policy, protect those who are vulnerable (consent and voluntariness)
 - Foster public trust by monitoring legislative compliance and following up on any issues/legislative concerns
 - Provide education to providers and assessors on legislative requirements
- Review and Investigation
 - MAiD cases may require investigation if non-natural elements are involved in the death (ie: fall, accident, fracture, etc.)

MAiD Modernization

Current State:

- Increased demand with legislation changes in March 2021
 - MAiD case volumes increased by ~ 30% in 2021
- Increased complexity of cases that result in investigation to determine manner of death (natural vs. non-natural)

Goals of modernizing:

- Continue to safeguard the public
- Changes for providers:
 - Continued Health Canada reporting for providers through the OCC
 - No document submissions unless requested specifically by the OCC MAiD team
 - Reduced follow ups from OCC
 - Reporting by the next business day (no longer immediately after death)

Key Changes to Reporting Effective January 1, 2023

- Calls to the OCC at the time of death only in certain case circumstances

History of recent injury (fall/fracture/accident)

History of remote injury that led to conditions that prompted the request for MAiD

Medical Certificate of Death¹ lists an injury as an immediate cause of death or contributing condition

- Electronic form submission by the next business day
- Calls to family by OCC MAiD team within 24 to 72 hours – no need to remain at the location of the provision
- Body can be released to the funeral home promptly
- No records submission except in specific cases or when requested by the MAiD Nurse Coroner Investigator

MAiD Death Report (MDR)

Guidelines for completion of the new
reporting form

MAiD Death Report (MDR) Overview

Contains:

- Instructions on when to call to report a MAiD death
- All Health Canada data elements for reporting (as required for January 1, 2023)
- Appendix at the end that provides the relevant legislation

Instructions

This form is to be used by Medical and Nurse Practitioners for mandatory reporting to the Office of the Chief Coroner (OCC) of a medically assisted death (MAiD) (*Coroners Act*, section 10.1 (1) (2)).

For the purposes of this reporting requirement, all sections of this form must be completed by the MAiD Provider and submitted to the OCC electronically. The completion of this form will serve to fulfill the providing practitioners reporting requirement at the time of a MAiD provision to Health Canada. Prior to proceeding with completion of the form, please note the specific circumstances that require the MAiD provider to call the Provincial Dispatch to report the death to a Coroner Investigator. The MAiD Provider may be requested to submit supporting medical documents upon review of the form by the Coroner Investigator.

This form must be submitted by the next business day. The form can be utilized as a Clinician Aid B by the MAiD Provider and printed for your records upon completion. Once submitted, a confirmatory email will be sent to the email address provided on the form for the MAiD provider.

For further information on Health Canada's reporting requirements and guidelines for MAiD, please click on the following link: [Guidance for reporting on medical assistance in dying - Canada.ca](https://www.healthcanada.ca/guidance-for-reporting-on-medical-assistance-in-dying-canada-ca). Additional details on the legislative requirements for MAiD have been provided in the Appendix at the end of the form.

Fields marked with an asterisk (*) are mandatory.

Section 1 – Triage Assessment for Notification of MAiD Death to the Office of the Chief Coroner

Triage : Practitioner **must** call the Office of the Chief Coroner **immediately after the death occurs** to report death in the following cases: ¹

Please indicate if any of the following apply:

- History of recent injury (fall/fracture/accident)
- History of remote injury that led to conditions that prompted the request for MAiD
- Medical Certificate of Death¹ lists an injury as an immediate cause of death or contributing condition

¹ A Medical Certificate of Death will be completed by the Coroner Investigator.

Office of the Chief Coroner Dispatch: 416-314-4100, Toll free 1-855-299-4100

For all other cases, practitioner not required to call The Office of the Chief Coroner upon death, however, please indicate the following, where applicable:

- This was a dual provision
- Frailty or cause of death not clear
- This was a non-reasonably foreseeable natural death/track II case
- This was a dementia/potential capacity concern case
- Waiver of final consent invoked
- Eligibility concerns
- Previous denial for MAiD
- Care or provision related concerns
- Family concerns
- None of the above

Section 1

Triage assessment of case:

- If any item is checked off in the Triage section, then a call **must** be made at the time of death to the provincial dispatch to speak with a NI.
 - Electronic submission of the MDR will still be required.
- DO NOT complete the MCOD
- Additional case characteristics should be indicated – these cases may need follow up or document submission – complete the MCOD for these cases. No need to contact the OCC to report.
 - Only electronic submission will be required.

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<input type="checkbox"/> This was a dual provision	<input type="checkbox"/> Waiver of final consent invoked
<input type="checkbox"/> Frailty or cause of death not clear	<input type="checkbox"/> Eligibility concerns
<input type="checkbox"/> This was a non-reasonably foreseeable natural death/track II case	<input type="checkbox"/> Previous denial for MAiD
<input type="checkbox"/> This was a dementia/potential capacity concern case	<input type="checkbox"/> Care or provision related concerns
	<input type="checkbox"/> Family concerns
	<input type="checkbox"/> None of the above

Section 2

- New data for Health Canada includes **disability and gender identification**
 - New question on ODSP benefits to be answered if identified as having a disability.
- **Indigenous identity:** now required as per Health Canada data requirements
- **Race:** Choose all that apply. Do not provide responses such as “Bi-racial,” “Multi-racial” or “Mixed” in the “Specify other group” box.
- **New data re: HIN**
 - If no HIN (but the person would otherwise be eligible for health services) then provide information on province and postal code of usual residence on the day the request was received.

Did the person self-identify as having a disability? *

Yes No Did not specify

Was the person receiving Ontario Disability Support Program (ODSP) Benefits? *

Yes No Do not know

Gender Self-Identification

Male Female Agender Two-Spirited Intergender Transgender Transitioning

Other Unknown

Ethnicity Identification

Person identifies as: *

First Nations Metis Inuk/Inuit None Do not know Person did not consent to provide this information

Information on gender, race, Indigenous identity and disability is very personal and is voluntary. The ultimate objective of capturing this information is to improve health equity for all Canadians.

No Health Insurance Number

Please indicate the province or territory of their usual place of residence on the day the practitioner or the preliminary assessor received the request.

Please indicate the postal code of their usual place of residence on the day the practitioner or the preliminary assessor received the request.

Section 2

- New data:
 - Usual place of residence – if private residence selected then choose type of living arrangement
- Per Health Canada:
 - A usual place of residence is characterised as a person's day-to-day home or place of habitation (does not include short-term temporary residency/housing of less than 3 months).

What is the person's usual place of residence? *

<input type="checkbox"/> Hospital (exclude palliative care beds or unit)	<input type="checkbox"/> Palliative Care Facility (include hospital-based palliative care beds, unit or hospice)
<input type="checkbox"/> Residential Care Facility (include long-term care facilities)	<input checked="" type="checkbox"/> Private Residence (including retirement home)
<input type="checkbox"/> Correctional Facility/Prison	<input type="checkbox"/> Shelter/Group Home
<input type="checkbox"/> Do not know	<input type="checkbox"/> Other

If the person's usual place of residence is a private residence, what is the person's living arrangement? *

<input type="checkbox"/> Living with Family (partner, children, parents)	<input type="checkbox"/> Living Alone
<input type="checkbox"/> Living with Relatives	<input type="checkbox"/> Living with Non-relatives
<input type="checkbox"/> Do not know	<input type="checkbox"/> Other

Section 3

Change in data collection for Health Canada to include written *or verbal* request for MAiD –

- Enter the date when the person signed or verbally requested MAiD – *does not have to be through Clinician Aid A*
- Who did the written request or verbal request come from?

Date on which the person made the request (written or verbal) (yyyy/mm/dd) *

From whom did you receive the request for assessment for MAiD that triggered the reporting requirement? *

Person Directly Another Practitioner or Preliminary Assessor Care Coordination Service

Another Third Party

**Requirement for reporting is no longer triggered by a “written request” for MAiD, but rather by “a” request (verbal or written) that is followed by an assessment*

Section 4

If a provider was asked to step in to complete a provision because the initial primary assessor was not available, indicate in these boxes that you are the third assessor.

- Indicate that you **did not** do the initial or secondary assessment for eligibility
- Indicate that you **did** complete your own eligibility assessment and confirmed that all legislative criteria and safeguards were met prior to proceeding with MAiD

I declare that (select if indicated):

- I was neither the first nor Second Assessing Practitioner, however I acted as the MAiD Provider
- I completed an independent eligibility assessment and confirmed that the person met all legislative eligibility criteria

Section 5

New requirement from Health Canada:

- Indicate which track was followed for reporting of safeguards

Which set of safeguards was the person eligible for? *

Track 1 - RFND safeguards Track 2 - non-RFND safeguards Unknown

*Selecting Track 1 above will automatically change Section 8 – NRFND to “Not applicable”

As the person reporting, you will need to review the secondary assessors written opinion for eligibility.

- Additional details will be needed later in the form (name, business address, etc.). This can be obtained from the Clinician Aid C if completed.

I declare that:

- The Secondary Practitioner provided a written opinion confirming the person's eligibility and that the person met legislative criteria to access medical assistance in dying. *
- I have received a copy of the Secondary Practitioner's written opinion of confirmation of eligibility. *

Section 6

New data for Health Canada mandatory reporting:

- Palliative care
 - Additional details on type of palliative care services received and for how long
 - Location of palliative care
- Disability support services
 - Type of disability services needed
 - Drop down questions for additional information
- Definition of disability provided¹

Was palliative care required? *

Yes No Do not know

If yes, did the person receive palliative care? *

Yes No Do not know

If yes, for how long? *

Less Than 2 Weeks 2 Weeks to Less Than 1 Month 1-6 Months More Than 6 Months

Do not know

If yes, what type of care was received? (select all that apply): *

<input type="checkbox"/> Palliative Chemotherapy	<input type="checkbox"/> Spiritual Care and/or Counselling
<input type="checkbox"/> Palliative Radiation Therapy	<input type="checkbox"/> Psychosocial Care and/or Counselling
<input type="checkbox"/> Pain/Symptom Management	<input type="checkbox"/> Psychological Care and/or Counselling
<input type="checkbox"/> Palliative Sedation	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Personal Support Services (e.g., PSW care)	<input type="checkbox"/> Other

Location where palliative care received: *

<input type="checkbox"/> Community-Based/Home	<input type="checkbox"/> Long-term Care Facility
<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospice
<input type="checkbox"/> Other	

¹ As defined by Health Canada, disability support services could include, but are not limited to, assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.

Section 8

For Not Reasonably Foreseeable Natural Death (NRFND) - Track 2

- Selecting Track 1 will change this to “Not Applicable” – this section is only applicable for a person’s death who is not reasonably foreseeable
- For Track 2 case – indicate the date that the assessment for MAiD began (either the primary or secondary assessor) – not the date found eligible

Date the practitioner began their assessment for MAiD or the date the other assessing practitioner began that assessment, whichever is earlier (yyyy/mm/dd) *

The number of days from the start of the eligibility assessment (date indicated above) to the latest of these dates: *

- a) Date on which the practitioner completed their eligibility assessment;
- b) Date on which the other assessing practitioner completed their eligibility assessment;
- c) Date on which the person has been informed of the means available to relieve their suffering and has been offered consultations with relevant professionals who provide those services or that care (safeguards 241.2(3.1)(g));
- d) Date on which the practitioner and the other assessing practitioner have discussed with the person the reasonable and available means to relieve the person’s suffering and both assessing practitioners agree with the person that the person has given serious consideration to those means (safeguards 241.2(3.1)(h))

Less Than 90 Days 90-120 Days 121-180 Days 181-365 Days 1-2 Years More Than 2 Years

- Indicate the number of days from the first day of assessment to the latest day when the safeguards were met – this is **not** the reflection period.

NRFND (Track 2)

Safeguards:

- c) Date on which the person has been informed of the means available to relieve their suffering and has been offered consultations with relevant professionals who provide those services or that care (safeguards 241.2(3.1)(g));
- d) Date on which the practitioner and the other assessing practitioner have discussed with the person the reasonable and available means to relieve the person's suffering and both assessing practitioners agree with the person that the person has given serious consideration to those means (safeguards 241.2(3.1)(h))

The question on length of assessment is not meant to imply that the safeguards need to be satisfied prior to the conclusion of the eligibility assessment.

The reason safeguards under subsections 241.2 (3.1) (g) and (h) are included in determining the length of assessment is to capture information on the duration of the entire assessment process for Track 2 cases.

While not part of the eligibility criteria for MAID specified in the Criminal Code, these safeguards should be met as part of the overall assessment period. Not including these safeguards in the calculation of the assessment period could lead to an inaccurate representation of the complexities of, and time required for, Track 2 assessments.

Section 8

- If the primary or secondary assessor has provided consultation to the person as the expert in the condition that is causing the greatest suffering, then select Yes.

Either the practitioner or the other assessing practitioner has expertise in the condition that is causing the person's suffering.

Yes No

If neither the practitioner or the other assessing practitioner has expertise in the condition that is causing the person's suffering, one of the two assessing practitioners consulted with a medical practitioner who has expertise in the condition that is causing the person's suffering and shared the results of the consultation with the other assessing practitioner.

What was the expertise of the practitioner as it relates to the condition that is causing the person's suffering?

Cardiology General Internal Medicine Geriatric Medicine Nephrology
 Neurology Oncology Psychiatry Respiratory Medicine
 Pain Management Other

- If neither the primary nor secondary assessor has the expertise in the person's condition that is causing suffering, then select No to indicate that an external consultation was obtained.
 - Identify the expertise of the consulting practitioner. As per 241.2 (h) this consultation should be discussed by both assessors. Both assessors should agree that the person requesting MAiD has given serious consideration to the options presented.
 - This is not to be completed for the primary or secondary assessor – only the third-party expert.

Section 9

Consent to Proceed

- Please indicate if an opportunity to withdraw was provided prior to MAiD.
 - All Track 2 cases should have Yes selected.
- If there was questionable capacity, select “No” when there are concerns about the capacity of the patient to provide direction to withdraw.
 - If MAiD proceeded, then confirm that a waiver was completed and confirm that all requirements were met.
 - Confirm that the person lost capacity and that there was no resistance/refusal to administration.

Immediately before the providing of medical assistance in dying (for example, before the provision of clinician administered MAiD or before the writing of a prescription for a person self-administered MAiD), I gave the person the opportunity to withdraw their request. *

Yes No

If no, and MAiD was provided without the person having the opportunity to withdraw their request and provide their express consent to receive MAiD, was a written arrangement (waiver of final consent) for the purpose of administering MAiD was entered into by the practitioner and person?
(for reasonably foreseeable natural death only).

Yes No

If yes, an indication of whether the following requirements were met before the person lost the capacity to consent to receiving MAiD:

- The person met all of the eligibility criteria and the procedural requirements (safeguards) set out for persons whose natural death is foreseeable.
- The person entered into a written arrangement with the practitioner that the practitioner would administer a substance to cause their death on a specified day.
- The person was informed by the practitioner of the risk of losing the capacity to consent to receiving MAiD prior to the day specified in the arrangement.
- The person consented (through the written arrangement) to the administration by the practitioner of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving MAiD prior to that day.
- The person lost the capacity to consent to receiving MAiD.
- The person did not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration.
- The substance was administered to the person in accordance with the terms of the arrangement.

Section 10 & 11

Section 10:

- Information on the location of death. If the death occurred in a facility, provide the proper name (hospital, LTC, Retirement Home) in this space.

Name of Hospital/Hospice/Long-Term Care Setting

Section 11:

- For deaths that require direct report to the OCC, e.g., injury related, the MCOD will be completed following investigation by a Nurse Coroner Investigator.
 - Instruction would have been given during the intake call to report the non-natural circumstances of the death (see Triage Section 1).
 - Do not complete the cause of death section.

Did the MAiD Provider complete the Medical Certificate of Death? *

Yes No, I have been instructed not to complete the MCOD as per discussion with a Coroner Investigator.

Section 11 & 12

Additional Information boxes:

- Section 11 – if there are any complications with the procedure then please provide relevant details
- Section 12 – if there is additional information or clarification that would assist in the review of the case by the OCC, please provide details here.
- At the bottom of the form it can be saved (and renamed), submitted, printed for records, or cleared if necessary.

Any complications with the procedure? *

Yes No

If yes, specify *

Section 12 – Additional Information/Case Concerns

Additional Information/Case Concerns (complete if necessary)

When satisfied that the form is complete and ready for submission, click Submit Form and it will be sent electronically to the OCC. An email confirmation will be sent to the provider's email address listed in Section 4.

Tips for Completion of the MDR

- The form can be saved electronically and completed without internet access, but internet access is needed for submission
- Complete all sections of the form that are applicable for the MAiD death
- All applicable sections must be completed for each death – submission will not occur unless all mandatory fields are completed
- Form can be saved and printed for records in place of Clinician Aid B
- Secondary assessors need to provide a written opinion for review by the primary assessor
- Form completion cannot be delegated and is **ONLY** to be completed by the MD/NP who provided MAiD
- Additional documents are not required to be submitted UNLESS the death is called in to the Office of the Chief Coroner or the Nurse Coroner Investigator requests them following review of the MAiD Death Report (MDR)
- Calendar drop downs are available for quick date selection – click in date field to activate
- Additional questions will appear depending on answer selection

Following submission

What happens once I have completed the form and submitted?

- The provider will see a notification that the form has been submitted successfully – if information is incomplete, a notification will indicate where on the form the information needs to be entered to successfully submit.
- An email notification will be sent to the email address of the provider that was provided on the form in Section 4.

You have successfully submitted the MAiD Death Report (MDR) Form. Your confirmation number is 20221210121742977.

The submission will be reviewed by a Nurse Coroner Investigator, and you will be contacted within the next 48 to 72 hours if further documents are required. Please ensure that you have all records available should further review be necessary.

This completes your reporting responsibility to the OCC and Health Canada.

- The form will be reviewed by a Nurse Coroner Investigator to:
 - Ensure completeness of data for submission to Health Canada
 - Review for any legislative concerns or need for follow up
 - Documents will be requested if further information is needed
 - Ensure effectiveness of reporting through a regularized audit process

MAiD Resources for Providers and Assessors

Guidelines, tips and resources

Resources for Providers

- [Forms](#) location for access to MAiD Clinician Aids and the new MAiD Death Report (MDR)

The MDR will not be available on the central forms repository until January 3, 2023. Please contact the OCC until the form is widely available on this date to report any MAiD deaths.

- OCC website
- [MOH MAiD webpage](#)
 - User guide for new providers
 - Quick reference guide for experienced providers

MAiD Assessment Resources

MAiD practice resources:

- CAMAP documents: Dementia assessment; Chronic Complex Conditions
- CAMAP training materials coming in 2023
- CPSO and CNO Standards and MAiD Policies/Guidelines
- Centre for Effective Practice: Track 1 and Track 2 process maps
- Government of Canada
 - [Implementing the Framework](#)
 - [Guidance for Reporting](#)

Common Issues Identified

Issues noted during review of MAiD cases that may prompt follow up by the OCC:

- Clinician Aid A errors re: independence of witnesses, use of inappropriate third-party signers, witness signature or dates, or written request lost/not provided
- Second assessor eligibility note not reviewed by primary assessor
- Quality of supporting documentation by secondary assessor
- Limitation of detail to demonstrate how the eligibility criteria have been met
- Waiver of final consent used inappropriately (loss of capacity not assessed/evident/documented, no provider named)
- Need for information about the expert opinion in the condition causing the person's suffering for Track 2 cases
 - Evidence of discussion of the options to relieve suffering and due consideration of those options
- Concerns about effectiveness of communication such as language barriers and use of translation services (or family used as translator)

OCC Framework

Response framework for legislative issues

- In October 2018, an [update on MAiD](#) was provided by the OCC.
 - The update outlined new mechanisms for MAiD deaths reported to the OCC where compliance concerns with both the Criminal Code and regulatory body policy expectations have occurred.
 - A ranking system was introduced to respond to issues that arise with compliance following review
- The ranking system has been updated to reflect the new legislation changes as of March 2021
 - Each legislative item has been assigned a rank to identify severity and response required.
 - Can apply to primary assessor/provider or secondary assessor

OCC Framework

Legislative Rankings (example)

You have confirmed that you are independent of the individual requesting MAiD (the “requester”)	3
You have confirmed that you are independent of the other assessor’s purview	3
The requester is eligible for health services funded by government in Canada	2
The requester was at least 18 years of age	4
The requester was capable of making decisions with respect to their health	5

OCC Framework

Compliance Issue Responses

Level 1: Informal Conversation. Does not apply to issues with compliance with statutory requirements. Applies to issues with compliance with best practices and/or College (regulatory body) policies, guidelines, and standards (e.g., documentation/record-keeping practices, professionalism, etc.).

Level 2: Educational Email

Level 3: Notice Email (if repeated issues with compliance are noted)

Level 4: Report to Applicable Regulatory Body. Requires team discussion and review with Chief Coroner prior to implementing

Level 5: Report to Police (and report to Applicable Regulatory Body)

These rankings are subject to change in exceptional circumstances

QUESTIONS??

Additional questions can be directed to the OCC via:

- occ.maid@ontario.ca
- occ.inquiries@ontario.ca