

APPLICATION OF THE END-OF-LIFE CARE POLICY

Report from the Executive Director for the institution's Board of Directors and the Commission sur les soins de fin de vie* (Bill 52, Chapter III, section 8)

Fiscal year: _____

from: December 10, 2016 to: June 9, 2017

Activity	Information requested	Site or facility ⁶				Total
		Hospital	CHSLD	Home	Palliative care hospice	
Palliative and end-of-life care**	Number of palliative and end-of-life patients who received care in an acute care hospital ¹ for the period from December 10, 2016 to June 9, 2017. Additional Information:	7				7
	Number of palliative and end-of-life patients who received care in a residential and long-term care centre (CHSLD) ² for the period from December 10, 2016 to June 9, 2017. Additional Information: We do not have a CHSLD on our territory.		N/A			N/A
	Number of palliative and end-of-life patients who received care at home ³ for the period from December 10, 2016 to June 9, 2017. Additional Information:			18		18
	Number of palliative and end-of-life patients who received care in a palliative care hospice ⁴ for the period from December 10, 2016 to June 9, 2017. Additional Information: We do not have a palliative care hospice on our territory.				N/A	N/A
Continuous palliative sedation	Number of times continuous palliative sedation was administered. We confirm that no continuous palliative sedation was administered on the territory.			0		0
Medical aid in dying	Number of requests made for medical aid in dying. We confirm that we received no such requests on the territory.			0		0
	Number of times medical aid in dying was administered. We confirm that we did not administer any medical aid in dying on the territory.			0		0
	Number of times medical aid in dying was refused and the reasons why. ⁵ Additional Information: We confirm that we received no such requests on the territory.			0		0

Notes on the table

* The Executive Director must report to the institution's board of directors and the Commission sur les soins de fin de vie every six (6) months as of the date on which Bill 52 comes into force for a period of two years (Bill 52, section 73). The dates of the periods to consider during the transitional provisions (section 73) are as follows: from December 10, 2015 to June 9, 2016; from June 10, 2016 to December 9, 2016; from December 10, 2016 to June 9, 2017; from June 10, 2017 to December 9, 2017. The institution is to forward the report as soon as possible to the Commission sur les soins de fin de vie (section 73).

** Given that it is not currently possible to identify the number of end-of-life patients who have received palliative care (Bill 52, Chapter 1, section 3), the new information requested—specifically, the number of palliative care and end-of-life (PCEL) patients—obtained from the national database will provide an indication of the number of PCEL patients for each type of care facility.

N/A: Not applicable. Therefore, do not add the numbers per site or facility, as they come from different data sources and reporting periods.

1 — Indicate the source of the data used on the “Additional information” line. For example, the MED-ÉCHO system has palliative care coding guideline (Directive de codage — Soins palliatifs (21.3) — Classifications médicales MED-ÉCHO), effective April 1, 2006 and revised July 1, 2013.

2 — Indicate the source of the data used on the “Additional information” line. For example, the “514-GESTRED Lits réservés aux SPFV” form collects information on the patients admitted to a bed reserved for PCEL patients and those admitted to beds not reserved for PCEL patients.

3 — Indicate the source of the data used on the “Additional information” line. For example, the I-CLSC system gathers information on people with a 121 service code for palliative care services under the physical health program (code d'intervention 121 – Services en soins palliatifs — Programme Santé physique).

4 — Indicate the source of the data used on the “Additional information” line. For example, the “514-GESTRED Lits réservés aux SPFV” form collects information on the patients admitted to palliative care hospices.

5 — The reasons for refusing medical aid in dying must be specified in the report on the “Additional information” line. Reference documents: Guidelines for submitting a request for medical aid in dying and the forms required by the Minister.

6 — By site or facility: the patient must be counted only once for each data source used. The objective is to present a picture of the volume of users, not the volume of services provided.

A

French version: **Formulaire de consentement à la sédation palliative continue** — AH-880 DT9231 (2015-12)

English version: **Continuous palliative sedation consent form** — AH-880A DT9235 (2015-12)

B

French version: **Formulaire de demande d'aide médicale à mourir** — AH-881 DT9232 (2015-12)

English version: **Request for medical aid in dying** — AH-881A DT9236 (2015-12)

C

French version: **Formulaire de déclaration de l'administration d'aide médicale à mourir — Partie 1** — AH-882-2 DT9233 (2015-12)

English version: **Declaration of administration of medical aid in dying — Part 1** — AH-882A-1 DT9239 (2015-12)

French version: **Formulaire de déclaration de l'administration d'aide médicale à mourir — Partie 2** — AH-882-2 DT9223 (2015-12)

English version: **Declaration of administration of medical aid in dying — Part 2** — AH-882A-2 DT9239 (2015-12)

D

French version: **Formulaire de déclaration de l'administration d'aide médicale à mourir — Partie 1** — AH-882-2 DT9233 (2015-12)

English version: **Declaration of administration of medical aid in dying — Part 1** — AH-882A-1 DT9239 (2015-12)

French version: **Formulaire d'avis d'un second médecin sur le respect des conditions pour obtenir l'aide médicale à mourir** — AH-883 DT9234 (2015-12)

English version: **Opinion of second physician regarding the fulfillment of criteria for obtaining medical aid in dying** — AH-883A DT9242 (2015-12)

Patient's medical record