

## Expected Death in the Home (EDITH) Question & Answer

**Question:** Sometimes we have conversations in acute care that would inform the EDITH process after the patient returns home. How should we communicate this information?

**Answer:** Sharing this information will help us to limit the information that has to be asked of patients / caregivers. This information is best shared by printing off the EDITH form ([Click here](#)), completing the available information based on your discussion with the patient / family and including it in the envelope with the DNRc and partially completed MCOd. Please also fax the EDITH form to the WWLHIN at 519-571-3959.

**Question:** How is the EDITH form to be forwarded to the LHIN – Home and Community Services?

**Answer:** The Nurse sends the EDITH form to WWLHIN after section C is complete. Nurse can scan (if secure) or fax the bottom copy of the EDITH form to WWLHIN at 519-571-3959. The top copy MUST remain in Section 11 of the patient's chart in the home (CITH) along with the DNR-C and partially complete MCOd. If the patient/caregiver do not know or wish to consider funeral home until closer to death, the nurse can fax the form after section B is complete.

**Question:** What is the expected timeline to have the EDITH form completed?

**Answer:** Once supportive and sensitive communication has taken place between all those involved, and an end of life plan should be in place, the EDITH form should be initiated as soon as it is known that a patient wishes to die at home with a goal to complete the form as soon as possible. Having this plan in place reduces the stress for the family when death occurs and supports physicians to care for end of life patients in the community setting.

**Question:** Will EDITH forms be placed into the CITHs of new patients?

**Answer:** Yes – Starting Monday June 5, 2017

**Question:** Where can new EDITH forms be found for the CITH of current clients?

**Answer:** The new EDITH forms can be access [here](#)

**Question:** What options do I have if I do not have an EDITH NCR Form available in the chart?

**Answer:** The nurse can begin the conversation with a singular page EDITH form and leave this in the chart. The nurse can then communicate by phone with the Care Coordinator that an Expected Death in the Home Form is complete or alternatively this information can be added to an Update PSPR.

---

### *Vision of the Integrated Hospice Palliative Care Regional Program*

*Excellent hospice palliative care (HPC) services will be accessible to the people of Waterloo Wellington Local Health Integration Network (WWLHIN), regardless of diagnosis or care setting, consistent with the Canadian Hospice Palliative Care Association Model (CHPCA).*

**Question:** Where will I find the EDITH form in the Chart in the Home?

**Answer:** Section 11

**Question:** How will the LHIN communicate to the PSW (or other providers) if there is a plan for an expected death?

**Answer:** The Care Coordinator will enter a note under the Subject of EDITH – Expected Death in the Home and send a notification to the provider via HPG to review the note. All other partners in care that require notification will be completed by Fax.

**QUESTION:** Is it expected that patients with an existing plan for a death at home be transitioned onto the new EDITH process?

**ANSWER:** It is expected that all new cases of planned home deaths will use the new EDITH form and process. The new EDITH process and form can be used with active/existing cases in a way that is, based on clinical judgment, supportive of a home death that is optimally planned and supportive of the patient's and family's wishes.

**QUESTION:** When will the EDITH NCR forms be available?

**ANSWER:** They were expected on or before Friday June 2, 2017. However, due to an unanticipated delay at the printers, they are now to be received on June 13, 2017. As soon as they are received, they will be provided to the Service Provider Organizations for placement in new CITHs. In the meantime, the [EDITH form](#) can be accessed on the [WWIHPC Regional Program website](#).

### Symptom Response Kit (SRK) Question & Answer

**Question:** Can a family member refuse to return the SRK after the patient dies / is discharged?

**Answer:** Yes - Once the kit is delivered to a patient's home, the kit and its contents become property of the patient / family. However, in an effort to minimize narcotics in the community, LHIN – Home and Community Care will provide a free pick up of the SRK after the patient dies / is discharged. If the family refuses to release the medications, please alert your manager/ follow you organization's escalation policy.

**Question:** In light of the recent changes to the Palliative Care Facilitated Access (PCFA), how will physicians without PCFA be supported to effectively and expeditiously order an SRK?

**Answer:** At this time only one medication (Midazolam) supplied with the SRK requires Exceptional or Facilitated access to provide Ontario Drug Benefit (ODB) funding. Physicians without a PCFA number must call ODB Exceptional Access Program to obtain approval.

---

### *Vision of the Integrated Hospice Palliative Care Regional Program*

*Excellent hospice palliative care (HPC) services will be accessible to the people of Waterloo Wellington Local Health Integration Network (WWLHIN), regardless of diagnosis or care setting, consistent with the Canadian Hospice Palliative Care Association Model (CHPCA).*

We are currently undertaking a process to understand who currently has PCFA and to support them in maintaining their PCFA status. Additionally, we are working to develop clear processes / mechanisms to support physicians who don't have PCFA to order the required medications for their patients. Additional information will be communicated in the coming months.

**Question:** Who does the LHIN authorize to collect the SRK from the home? Will this party contact the family and when will it be collected?

**Answer:** When the chart of a patient with an SRK is discharged the LHIN coordinator authorizes the pick-up. This is communicated to LHIN Equip and Supply team and they send communication to Bayshore Pharmacy for the pick-up. The timing of the pick-up will be similar to pick up for pumps/poles etc. as Bayshore Pharmacy also picks up these items on discharge.

**QUESTION:** How do I transition patients with an old SRK to the new process?

**ANSWER:** There is no expectation that patients with an old SRK in place will be transitioned to the new Symptom Response Kit or process. The new SRK process is intended for use with the new SRK. That being said, the Patient/Family Information Sheet can be used to support both old and new kits. Pick up of SRK kits will be available as of June 5, 2017 for both old and new SRKs

---

***Vision of the Integrated Hospice Palliative Care Regional Program***

*Excellent hospice palliative care (HPC) services will be accessible to the people of Waterloo Wellington Local Health Integration Network (WWLHIN), regardless of diagnosis or care setting, consistent with the Canadian Hospice Palliative Care Association Model (CHPCA).*