Medical Assistance in Dying Community of Practice

February 17, 2017

Objectives of MAID Community of Practice (CoP) Webinars

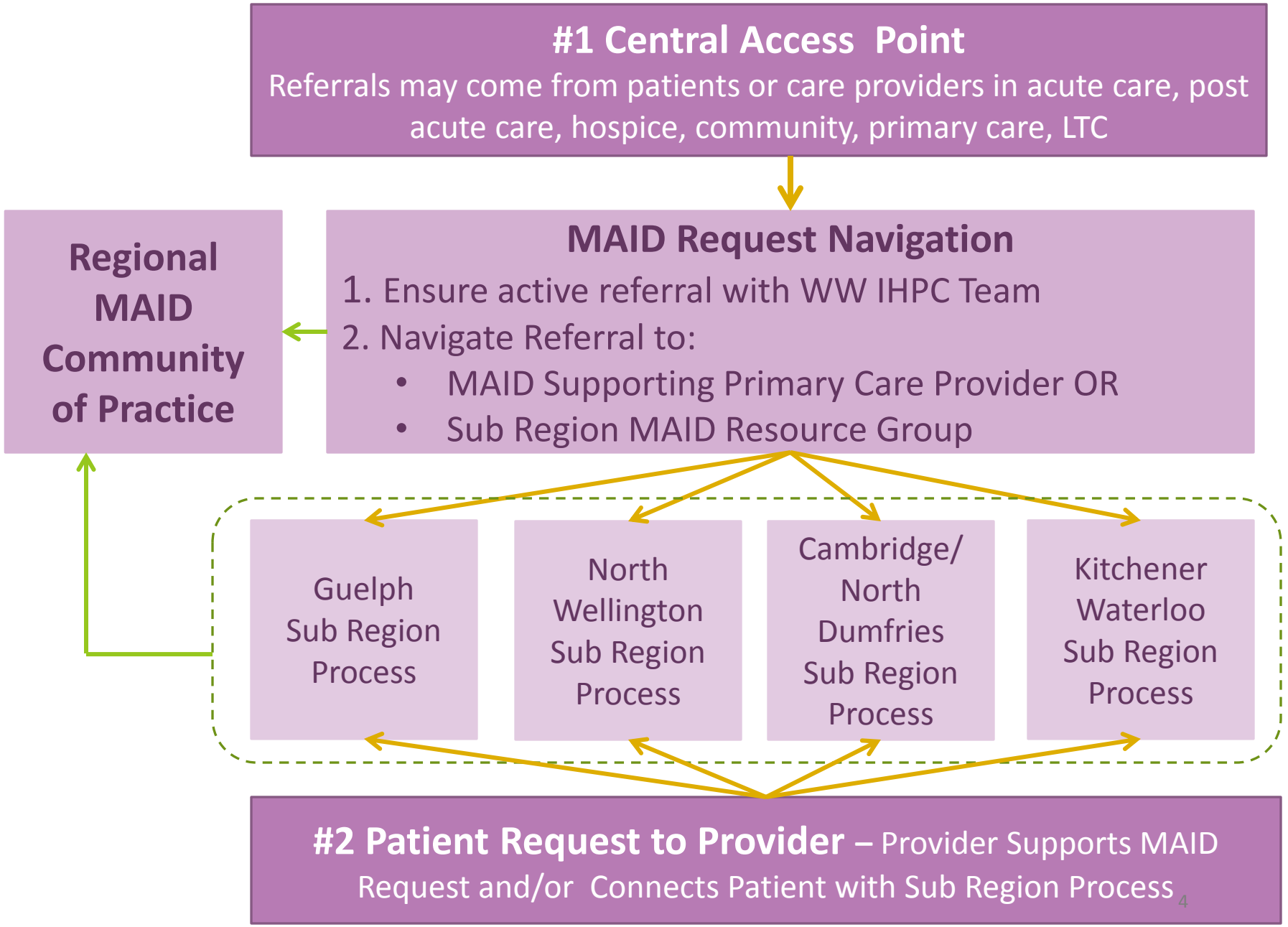
1. Local case study reviews
   a) lessons learned from local experiences with requests for MAID
   b) balancing conscientious objection and fulfilling professional obligations
2. Brainstorm collaborative solutions to current challenges being experienced by Health Service Providers supporting requests for MAID
3. Identify regional and sub-region needs to support MAID requests

This teleconference is open to all health service providers who are:

- Currently dealing with a request for MAID, OR
- Have supported a request for MAID in the past, OR
- Are considering supported a MAID request in the future

…….and are interested in engaging in a collaborative discussion with other health service providers to learn from local experiences in supporting access to MAID in WW.

Draft WW MAID Framework for Discussion



Regional MAID Community of Practice

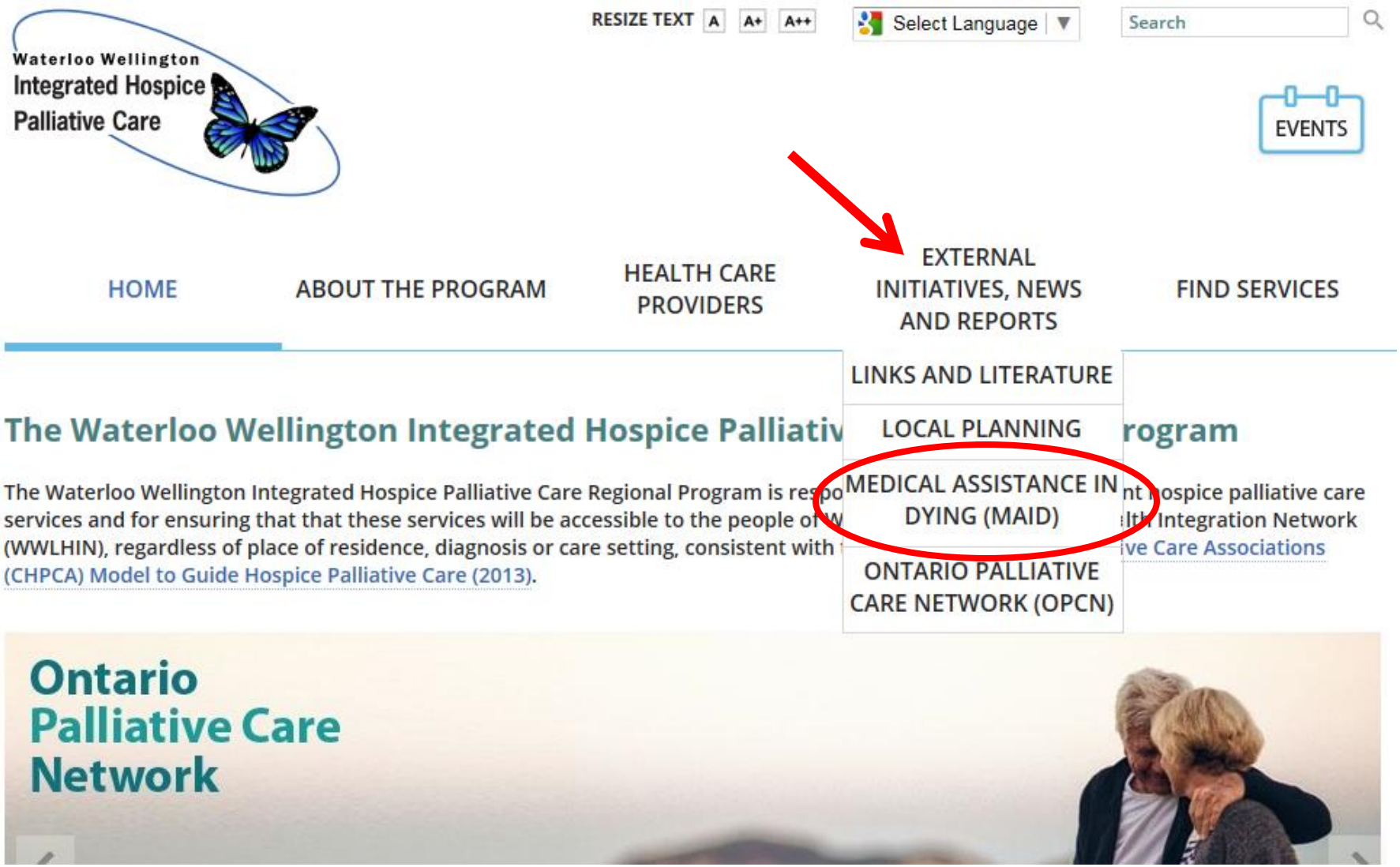
An inter-professional group to support :

- Health Service Provider awareness of resources to enable them to meet their professional obligations when a patient makes an inquiry or request for MAID;
- Reviewing MAID cases to support knowledge translation/exchange and enhancements to the regional process
- Identification of knowledge gaps requiring systemic education/support

Requirements to Support 'Medical Assistance in Dying' in Waterloo Wellington (Draft)

Required Resource	Local		Regional		Provincial		Colleges of Care Providers
Information for HSPs and Patients /Caregivers re: Access Process	✓	Sub-region MAID Lead	✓				
Information for HSPs re: Referral Process	✓	Sub-region MAID Lead	✓				
Navigation of Referral /Care Coordination	✓		✓	WWCCAC			
Roster of Assessors	✓						
Roster of Providers	✓						
Checklist of Required Equipment, Materials etc.			✓				
Checklist of Required Steps/Communication					✓	Voluntary Clinician Aids http://wwpalliativecare.ca/49/Medical_Assistance_in_Dying_MAID/	
Mechanism for sharing 'lessons learned' (CoP)			✓				
Mechanism to monitoring volume, type of MAID requests and quality of requests for/completed MAID procedures to inform development of adequate capacity/ resources							
Central repository of tools, resources, communications			✓				
Case Debriefs	✓						

http://wwpalliativecare.ca/



WWCCAC MAID Learnings obtained from post-procedure teleconferences with physicians, nurses, NPs, CCs and Pharmacy January 16th and January 18, 2017

author: Elizabeth Nieson, PSM WWCCAC Palliative/HPC

Procedure:

- Length of procedure: minimum 1 hour to 90 min
- 2 IVs are required due to risk of not being able to maintain access (interstitial) and delays in procedure while attempting to obtain another access
- challenge in finding IV access sites due to deconditioned/ dehydration/medications
- 24 gauge IV access can be difficult to push medications through. Recommendation for 20 gauge if possible, however 22 Gauge may be an alternate if difficult access
- consider subcutaneous administration of small dose of Midazolam to facilitate starting of IVs
- Labelling and ordering of medication is very valuable – Bayshore Pharmacy will follow up with

Procedure (cont'd):

- Many physicians involved in administering medications will not be familiar with giving IV medications. A resource document on protocol of administration would be helpful as a resource
- RNs supporting IV access, patient and family is valuable in addition to the physician/NP
- Nozinan was used from SRK (do or should physicians consider ordering additional medications as SRK may not be in the home)

Supplies:

- Regional group to consider current supply list. 2 circumstances where nursing identified need for additional angiocatheters and syringes.
- Need to consider adding 20 gauge angiocatheters to MAiD kit
- At time of delivery of medication, Bayshore pharmacy to establish date/time to retrieve unused medication. If Community Nursing involved in the procedure, nurse to call pharmacy to confirm date/time.
- Pre-procedure visit by nursing to assess patient and prepare for IV access (hydration, availability of lighting, heating pads etc.) may be beneficial

Supplies (cont'd):

- Midazolam, NaCl, rocuronium and lidocaine are all clear fluids and the first three are all 10ml draws. It would be better to have labels available to keep medications organized and reduce risk of error. Bayshore Pharmacy will send labels with next MAiD prescription (colour coded for each medication/syringe)
- Consideration of IV pole by as standard item as using a hook depends on patient location in their home and availability of door or frame for the hook? This would require CCAC support. Interim solution for nursing to identify if this is an added item required.

Documentation/Forms

- Provincial or regional consideration to change language from 1st/2nd assessor to non-prescribing and prescribing assessor. Only primary assessor allows for administration information however this may not be the prescribing medical practitioner
- Bayshore Pharmacy protocol was helpful. CPSO website has Quebec protocol. Regional level review to determine protocol and supplies are sufficient for our region's needs.
- Physicians/NPs are completing the Clinician Forms and obtaining consent. Physician/NP reconfirms capacity and consent prior to the procedure. The nurse may not be present when consent obtained. The nurse is still required to document per CNO standards.

Communication:

- Patient and family very prepared. Patient very cleared what they wanted which assists with the assessments and delivery of MAID
- family stated that they were “pleased” with how things went and how quickly patient able to access service
- team feedback that pre-call was helpful to understand everyone’s roles in the process
- Primary care physician contacted Ministry phone number to obtain information for assessors. Return call from the Ministry was 2 weeks after request. Local response was faster and patient was scheduled for procedure at 10 days of formal request.
- patient directed who else was informed of procedure date and time beyond immediate MAID team. Services went on hold without explanation and patient then chose who they would inform

Impact on Health Care Providers

- adrenaline post procedure but within 4 hours exhaustion
- need time for self-care. Full day of visits with other patients is very difficult

Was this discussion valuable?

What else if required to support you with respect to MAID?