Process Instruction Manual

Medical Assistance in Dying and Donation Process Instruction

Policy:

Bill C-14 received royal assent in April 2016. This Bill decriminalized Medical Assistance in Dying (MAID), and as such, this process became a consideration in the practice of end-of-life care in Canada for individuals whose death was reasonably foreseeable. In March 2021, Bill C-7 broadened the eligibility of those who may apply for MAID in Canada to include individuals whose natural death is not reasonably foreseeable. As part of high-quality end-of-life care, every medically eligible Ontarian should be given the opportunity to donate organs and tissues at end-of-life. In accordance with the *Gift of Life Act*, designated facilities in the province of Ontario are required by law to notify Ontario Health (Trillium Gift of Life Network [TGLN]) when a patient is at a high risk of imminent death, which includes patients who are receiving MAID.

Ontario Health (TGLN) will accept notifications for patients requesting MAID regardless of the circumstances or location of their MAID provision. All patients should be offered the opportunity to speak with an expert in organ and tissue donation; this includes patients located outside of reporting hospitals. The opportunity to donate will not influence a patient's request for MAID or any other required processes outlined under Bill C-14 and Bill C-7.

Where a patient has the capacity to be involved in their end-of-life care plan, this capacity should be respected by incorporating their decision to donate organs and tissues as an autonomous first-person decision, rather than one made posthumously by a patient substitute.

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For the purposes of this document, the Ontario Health (TGLN) Coordinator may be the Clinical Services Coordinator (CSC), Referral Triage Coordinator (RTC), Tissue Coordinator (TC), Tissue Recovery Coordinator (TRC), Multi-tissue Recovery Coordinator (MTRC), Surgical Recovery Coordinator (SRC), Specialist, Organ and Tissue Donation (S-OTD), and/or Clinical Responder (CR). Manager or other roles in this document are staff of Ontario Health (TGLN) unless identified otherwise (e.g. hospital manager). The Health Care Professional (HCP) may include but is not limited to the Most Responsible Physician (MRP), Nurse Practitioner (NP), and MAID patient care coordinator.

To support stakeholders with the process of donation following MAID, frequently asked questions documents for patients, hospitals, healthcare facilities, and healthcare professionals are available on the Online Resource Center (ORC).

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Any concerns raised by a member of either the Ontario Health (TGLN) team or the MAID care team regarding a MAID case will be escalated to the Donation Support Physician (DSP), who will involve the Manager on Call (MOC) if required and determine the next steps to address the issue.

Conscientious Objection

If an Ontario Health (TGLN) Coordinator has a conscientious objection to directly participating in a MAID case, they will contact their manager or designate at the earliest possible opportunity.
The manager or designate will make reasonable attempts to find an alternative Ontario Health (TGLN) Coordinator. Once an alternative provider is identified, the manager or designate will ensure the information is communicated to the Ontario Health (TGLN) Coordinator with the objection.
The Ontario Health (TGLN) Coordinator with the conscientious objection will provide continuous service to the Ontario Health (TGLN) client(s) in accordance with the care plan and relevant Clinical Process Instructions (CPI) until the transfer of care is completed with the alternative Ontario Health (TGLN) Coordinator in a manner that allows for seamless delivery of service to the client(s).

Process:

1. A patient's decision to seek MAID should be made prior to the initiation of any discussion of organ and tissue donation by a health care professional (HCP). The organ donation, procurement, and transplant teams must not influence the patient's decisions or approval to receive MAID. Patients who have been confirmed as meeting the eligibility requirements to receive MAID should be offered the opportunity to be an organ and tissue donor with sufficient time to incorporate donation into their plan for end-of-life care.

   Note: When the applicant has been deemed by the assessor to have a reasonably foreseeable natural death, the first confirmation of eligibility to receive MAID constitutes an imminent death and requires hospitals to notify Ontario Health (TGLN), in accordance with the *Gift of Life Act*. When the applicant has been deemed by the assessor that natural death is *not* reasonably foreseeable, Ontario Health (TGLN) should be notified after the *second* confirmation of eligibility. Notification to Ontario Health (TGLN) may occur earlier, after one MAID assessor has confirmed the patient meets eligibility requirements for MAID. (see point 10 for appropriate content of donation information and timing of the approach for organ donor potential).

2. As part of the information obtained at the notification, the Ontario Health (TGLN) Coordinator will determine if there are any confidentiality requests from the patient regarding MAID and/or donation. Notification information must be documented in the patient's chart (donor management system).

3. If a patient or family member inquires directly to Ontario Health (TGLN) regarding donation in the context of MAID, contact information will be taken from the patient or family member along with their primary clinician's name and contact information. The patient will be asked for consent from Ontario Health (TGLN) to discuss the inquiry with their primary clinician.

4. An overview of the MAID notification process is outlined in Exhibit 1: Overview of Donation Following MAID Process Flowchart.

Organ Donation Potential

5. All MAID notifications will be assessed for organ potential by the RTC/CSC. If no organ potential exists, the TC will screen further for tissue eligibility and, if necessary, plan for a tissue-only approach (See Section: Tissue Only Donation Potential).

6. If organ potential exists, in addition to documenting the required donor demographic and preliminary screening information, the RTC/CSC will document the following in the patient's chart (donor management system):

    - status and type of MAID application approval ("type" refers to whether or not natural death has been determined to be reasonably foreseeable by the MAID assessor)
    - primary illness or injury contributing to request for MAID
    - name of primary clinician and/or the MAID Coordinator at the time of notification
    - location of the patient at the time of notification
    - location of planned MAID provision, if known
    - date and time of planned MAID provision, if known
    - patient confidentiality considerations

7. When a patient is deemed suitable for organ donation, the RTC/CSC will notify a manager based on the timing below to have an S-OTD/CR assigned to the case:

7.1 For cases with a provision date in five or more days:

7.1.1 Contact one of the Managers of Hospital Programs during business hours

7.2 For cases with a provision date in less than five days:

7.2.1 During business hours: Contact one of the managers of hospital programs

7.2.2 After business hours or on weekends: Contact the Manger on-call

8 The DSP on-call is available 24/7 to discuss the case with the primary clinician and the Ontario Health (TGLN) Coordinator if deemed necessary.

9 Determining the timing of approach and potential donor screening process will involve a discussion with the primary clinician, Ontario Health (TGLN) Coordinator, and the patient and/or family when appropriate. If the patient has expressed interest in donation and has not received first confirmation of eligibility assessment with a reasonably foreseeable natural death, or has not received second confirmation when natural death is not foreseeable, only general information, such as that outlined in Appendix 1: *Medical Assistance in Dying and Donation: Frequently Asked Questions for patients*, will be provided to the patient by the Ontario Health (TGLN) Coordinator.

10 All Ontario Health (TGLN) approaches for potential organ donation following MAID will be conducted in the following manner:

10.1 A pre-approach plan will be developed with the S-OTD/CR, the primary clinician, and any members of the healthcare team as permitted by the patient and family's privacy requests. This pre-approach plan discussion will include the communication of patient and family wishes regarding confidentiality. Phone consent and information sharing could also be arranged at the patient or family's request.

10.2 Patients will be approached directly, if possible. Patients may defer the conversation to their substitute as appropriate. The family will be included in the process with the

patient's permission. Note: Although the patient may defer the conversation to their substitute, consent for donation must come from the patient as they are conscious and competent.

10.3 An in-person approach by an S-OTD/CR is Ontario Health (TGLN)'s preference and will be offered to the patient, where possible. A phone approach will also be made available to the patient. Phone approaches, where possible, will occur on a taped line. Whether in-person or by telephone, Ontario Health (TGLN) Coordinators will provide an approach consistent with leading practice, involving the MOC to support the Ontario Health (TGLN) Coordinator's needs as required.

10.4 Prior to discussion of donation with the patient, the Ontario Health (TGLN) Coordinator will confirm the status of the documented MAID request (application) and eligibility assessments with the health care team, if not already established and documented in the Ontario Health (TGLN) chart.

10.5 The S-OTD/CR will discuss the donation process outlined in Exhibit 2, the *MAID Checklists for S-OTDs,* or Exhibit 3, *MAID Outpatient Checklist for S-OTDs.* These checklists will ensure the following topics are discussed with the patient:

10.5.1 The patient may withdraw from the donation process at any point.

10.5.2 To permit the maximum number of organs to be donated, whenever possible the MAID provision should occur in hospital and in close proximity to the operating room where recovery will take place.

10.5.3 If the patient has declined an in-hospital provision of MAID, NPOD following MAID at home may be explored with those who are medically eligible to donate their lungs.

10.5.4 Medical suitability assessment and screening will be required prior to the MAID provision.

10.5.5 The final determination of organ suitability for transplantation is made by individual transplant programs.

10.5.6 Patient's wishes regarding the location of provision if organs are not accepted. Note: This is to be discussed with the MAID Provider as applicable.

10.5.7 The patient will not be eligible for organ donation if oral medication is used for the MAID provision.

10.5.8 Administration of intravenous heparin is preferred prior to death. Note: In circumstances where heparin is not being administered, transplant teams must be made aware well in advance as this may impact organ acceptance.

10.5.9 Arterial line insertion is required prior to the MAID provision. Note: If the patient refuses or this cannot be facilitated, the DSP must be consulted for approval of an alternative method to determine death. See alternative methods at point #30 below.

10.5.10 Organ donation cannot and will not occur until after a patient is determined deceased as per standard medical practice, mirroring the traditional process of donation after death determination by circulatory criteria (DCC).

10.5.11 The patient and/or family will not incur any costs to facilitate donation. Reimbursement is available for expenses incurred for testing purposes.

11 Consent by a conscious, competent person requesting MAID requires only the *First-Person Consent to Donate Organs and/or Tissues* form to be completed. First-Person Consent documentation is sufficient to proceed with deceased donation even if the individual later becomes incapable, provided that the patient has completed a waiver of final consent for MAID and the MAID provision occurs on the date indicated on that waiver.

12 The following three points of identity must be recorded on the consent form: date of birth, correct name and Health Card Number.

13 If the MAID provision date has not yet been determined or the provision date has not been set for longer than one month after consent, the S-OTD/CR, patient requesting MAID, and primary clinician will collaboratively arrange regular check-ins to review end-of-life plans. For S-OTD/CR scripting, planning and documentation requirements, see Exhibit 5: *Follow-Up Planning for Unknown or Delayed MAID Provision Dates*.

14 The case huddle with the MOC, S-OTD/CR, and the Provincial Resource Centre (PRC) staff will take place after consent has been obtained. An additional huddle may be considered at any point in the process, as needed. See Exhibit 3, *MAID PRC Team Huddle Checklist*.

15 If the patient has declined an in-hospital provision of MAID, and sedation at home or NPOD following MAID at home is being explored, refer to the Sedation at home or NPOD following MAID at Home resource package on the ORC for more details on the process and the responsibilities outlined below:

15.1 The S-OTD/CR will notify the Hospital Programs manager, who will assign a Case Manager from the Hospital Programs/Education and Professional Practice MOC group,

15.2 The Case Manager will ensure the CMO Donation or delegate is aware,

15.3 The S-OTD/CR will coordinate suitability testing for donation,

15.4 For organ recovery following MAID provision at home or sedation at home, the S-OTD/CR will arrange admission to the supporting local hospital's operating room for organ recovery following MAID provision at home,

15.5 The Case Manager will contact ORNGE and confirm ORNGE is available on provision date,

15.6 The S-OTD will arrange the transfer of the deceased patient from home to hospital.

16 Upon consent, the S-OTD/CR will inform the primary clinician and any members of the healthcare team as deemed appropriate by the primary clinician.

17 The S-OTD/CR will discuss the specific testing/screening, medical interventions, and minimum patient monitoring requirements with the primary clinician or delegate who will order these investigations with the consent of the patient. See Exhibit 6, *MAID Donation Screening Request Letter*.

17.1 As part of the medical suitability testing and screening process, blood for serology and human leukocyte antigen (HLA) are required. The S-OTD/CR will arrange this with the patient, health care team, and family as appropriate. It is the responsibility of the S-OTD/CR to check with the lab to ensure the proper tubes and quantities are collected.

17.2 To aid in the completion of the organ offering process, whenever possible, the blood collection (with the exception of crossmatch blood samples) should precede MAID provision by 48 hours to provide time for any additional test requests. If the MAID provision is within five days, S-OTD will consult with CSC to determine whether crossmatch blood samples should be drawn with initial bloodwork.

17.3 Serology (including NAT testing, if required, and WNV from May to October) is valid for up to seven days. Donor HLA typing does not change and will not need to be repeated.

Note: If the initial serology bloodwork is drawn greater than seven days prior to the MAID procedure, the CSC will consult with the Transplant Support Physician – Infectious Disease to determine whether repeat serology is required (including NAT testing, if required, and WNV from May to October).

17.4 If crossmatch blood samples are required by the transplant program, blood samples for HLA crossmatch may be drawn within 48 hours of the MAID provision. This bloodwork can be drawn just prior to the donor OR or at the time of arterial line or IV insertion. See *Infectious Disease Testing – STAT Process Instruction, CPI-9-211*, and *Histocompatibility Testing Process Instruction*, *CPI-9-216*.

17.5 A sputum specimen is required within 30 days of donation (unless an endotracheal aspirate, bronchial wash or BAL specimen for culture is performed at the time of organ retrieval).

17.6 A physical examination is required within 30 days of the scheduled date of the MAID procedure or withdrawal of life-sustaining measures.

18 The S-OTD/CR will ensure that the following MAID documentation is uploaded to the patient chart in the donor management system under the MAID Tab/Section prior to the MAID provision taking place:

18.1 Patient's witnessed MAID application (e.g., Clinician Aid A)

18.2 First assessment/approval (e.g., a clinical note or copy of the filled electronic form)

18.2.1 Note: Clinician Aid B will not be fully completed until after the time of provision

18.3 Second assessment/approval (e.g., a clinical note or copy of the filled electronic form)

19 Organ allocation for MAID cases will commence as soon as all of the minimum information required for organ allocation is available, as early as four days prior to the scheduled provision. When allocating organs from MAID donors, the CSC will take the following steps to highlight the unique nature of donation after MAID donors to reduce the likelihood of last-minute declines by the transplant programs. The CSC will:

19.1 Remind the transplant programs that donation influences end-of-life care decisions for patients who are planning MAID and that planning for the provision is contingent upon prompt acceptance of organs.

19.2 Ask the transplant programs to confirm acceptance with the Most Responsible Transplant Physician who will be on-call on the date of the MAID provision, not on the allocation date, in case there might be a difference of opinion regarding suitability.

19.3 Ask the transplant programs to communicate in advance with potential recipients regarding Exceptional Distribution (EXD) MAID donors.

20 Organ donation after MAID provision follows the pathway for death by determination by circulatory criteria (DCC).

20.1 Continuous invasive arterial blood pressure monitoring is used to confirm DCC (see 20.5 for alternate monitoring if arterial line is unavailable.

20.2 For the purpose of donation, two physicians are required to confirm DCC following a five (5) minute hands-off observation period.

20.3 The observation period begins when there is an arterial pulse pressure of less than or equal to 5 mmHg and within the error of measurement for clinical monitoring equipment. If arterial pulse pressure or respiratory effort resumes at any time during the five (5) minute period,the observation time is restarted.

20.4 During the observation period, with a working arterial line, there must be continuous observation of the patient and monitoring devices by two physicians to confirm the following:

- Absence of blood pressure monitored by an arterial line showing a continuous arterial pulse pressure or less than or equal to 5 mmHg; AND
- Absence of respiratory effort; AND
- Absence of palpable pulse.

Note: Should either physician note a return of arterial pulse pressure, ECG activity, respiratory effort or palpable pulse, the initial observation period ends and a new five-minute observation period will begin at their cessation.

20.5 In the event the health care team is unable to insert an arterial line or the patient who has requested MAID has declined consent for an arterial line, the Ontario Health (TGLN) Coordinator will place a mandatory call to Ontario Health's (TGLN's) Donation Support Physician to discuss the only alternative method: Continuous Electrocardiogram (ECG) monitoring; all other non-invasive monitoring devices are not supported. During the observation period, there must be continuous observation of the patient and monitoring devices by two physicians to confirm the following:

20.5.1 An ECG showing asystole in 2 leads during the five (5) minute observational period can be used to confirm the permanent cessation of circulation in DCC.

20.5.2 Absence of respiratory effort; AND

20.5.3 Absence of palpable pulse.

Note: When no arterial line is present, should either physician note a return of ECG activity, respiratory effort or palpable pulse, the initial observation period ends and a new five-minute observation period will begin at their cessation.

20.6 Both physicians must examine the patient to confirm that the patient fulfills the criteria for DCC, and record the time of death as the time the observation period was complete. This will be documented on the Ontario Health (TGLN) Pronouncement of Death: Organ Donation after Determination by Circulatory Criteria form and a copy of this form will be placed on the patient's chart.

Note: Minimum documentation of vital signs includes:

- One set of vital signs up to six (6) months prior to MAID provision, and
- Vital sign documentation of 0 for 2 parameters at time of death (i.e. heart rate, respiratory rate and blood pressure if arterial line present)

21. After death determination, transfer of the patient and recovery of the organs is consistent with the traditional DCC process.

22. Follow-up and completion of the donation case are consistent with current policies and documented patient confidentiality requests.

Tissue Only Donation Potential

23. Any MAID notifications within 24 hours of the MAID provision shall be assessed for organ donation potential by the RTC/CSC. If no organ potential exists, the TC will screen further for tissue eligibility and, if necessary, plan for a tissue-only donation approach.

24. When a new MAID notification is first reported after the MAID provision, there is no potential for organ donation. These MAID referrals shall only be screened further by the TC for tissue eligibility as per *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160*.

25. In addition to documenting the required donor demographic and preliminary screening information, the TC will document in the donor management system the following:

- status of MAID application approval
- name of primary clinician and/or MAID Coordinator at the time of notification
- location of the patient at the time of notification
- location of planned MAID provision, if known
- date and time of planned MAID, if known
- patient confidentiality considerations

26. The TC will contact the primary clinician to discuss the approach plan to determine the best approach method and when the approach should take place based on the provision date.

26.1 If there is a provision date, the patient has raised donation with the team, or the patient has a registered consent decision, the approach should occur within three days.

Note: If the approach does not occur within three days, the TC must document an explanation in the clinical notes, including the reason for the delay, the outcome of the call to the Tissue-On-Call (TOC) to discuss the next steps, and the anticipated plan for approach.

26.2 If there is no provision date, no registered consent decision, or the patient has not raised donation with the team, the TC will ask the primary clinician to call Ontario Health (TGLN) back once a date is set or if the patient raises donation.

- The TC will advise the primary clinician that Ontario Health (TGLN) will call back in four weeks to follow up on the notification.

27. If the TC is unable to contact the primary clinician, the TC will contact the TOC to determine the next steps.

28. All Ontario Health (TGLN) approaches for potential tissue donation following MAID will be undertaken in the following manner:

28.1 A pre-approach plan will be developed with the TC, primary clinician, and any members of the healthcare team as deemed appropriate by the MRP so that the approach is minimally inconvenient and respectful of the patient's wishes.

28.2 The TC will approach patients directly by phone, if possible. Patients may defer the conversation to their substitute as appropriate. The family may be included in the process with the patient's permission.

28.3 If circumstances indicate that an in-person approach is warranted, the TC must contact the TOC/MOC to determine whether an SOTD/CR can be dispatched to complete the approach.

28.4 If the patient is in long-term care or a hospice setting, a discussion with the MOC will take place to determine suitability of an in-person approach by an SOTD/CR.

28.5 If the patient would like to defer the consent process to their substitute after death has occurred, the TC will determine, with the patient, the most appropriate person(s) to obtain the consent and medical social history form after death and will record such person(s) full name and contact information.

29. Tissue donors following MAID will be assessed as per steps 5-13 of the *Ontario Tissue Exclusive Referral Donation Process Instruction, CPI-9-160*.

30. The *First-Person Consent to Donate Organs and/or Tissues* form (being legal documents) is valid indefinitely.

31. The Medical and Social History Questionnaire is only valid if death occurs within ten days of its completion. When obtaining consent for donation, the TC will identify:

- If the planned date of death is unknown, or
- If the planned date of death exceeds ten days from the day of consent.

Note: If the above conditions are true, the TC will inform the patient that the Medical and Social History Questionnaire will need to be completed closer to the provision date (by patient or substitute) or after the provision (by substitute).

32. Following consent, the TC will notify the primary clinician that the health care team must notify Ontario Health (TGLN) within one hour of the death to facilitate tissue donation.

33. Upon notification of the death, the TC must obtain and document the following information from the MAID provider. Some of these notifications may come from 'out of hospital communities' (for example: MAID house):

- Contact information for the MAID provider to complete the tissue assessment (e.g., cause of death, date and time of death)
- Location of the body and anticipated transfer timing
- If required for recovery, the name and contact information of the funeral home.

34. TC will arrange for tissue recovery as per the *Tissue Pre-Recovery Process Instruction, CPI-9-503*.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
No records				

References:

No references

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Exhibit 1: Overview of Donation Following MAID Process Flowchart

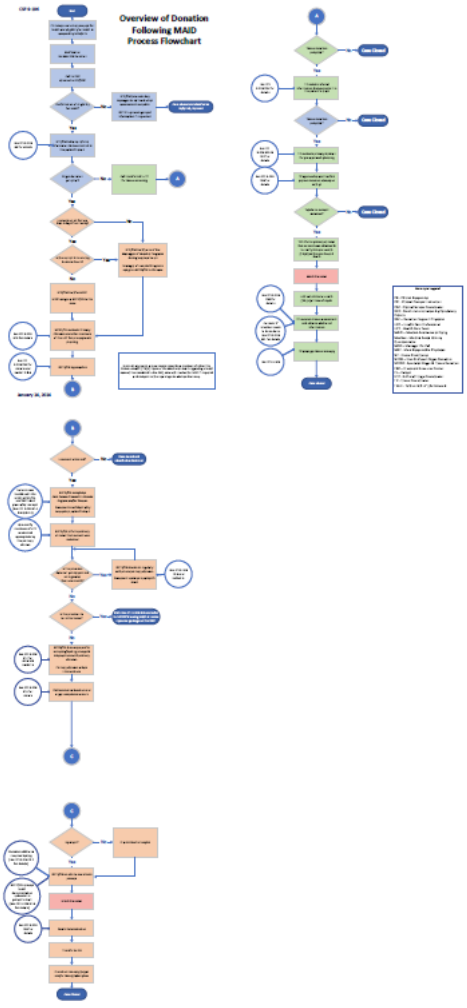

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Exhibit 2: MAID Checklist for SOTDs - Inpatient
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CSF-9-197

MAID Inpatient Checklist: Specialist – Organ and Tissue Donation (SOTD)s

	Action	Notes
	Pre-Approach Planning	
☐	If MAID provision is planned at a HD hospital, inform the designated Hospital Development Coordinator (HDC).	HDC can assist in planning logistics with key stakeholders.
☐	Contact the most responsible MD/NP or MAID Coordinator to develop an approach plan. *If SOTD approaching patient requires the support of a SOTD experienced with MAID, SOTD is to self-identify this request with MOC.*	Things to consider: • If the patient has not completed the signed request for MAID, or has not received their first approval the SOTD should only have a general conversation about donation • Timing of MAID provision • Patient's planned location for the provision • How the patient communicates • If the patient is no longer competent but has a signed waiver to proceed with MAID, consult MOC. • The patient and/or family should not incur any costs to facilitate donation (i.e. patient transfer for testing)
☐	Pre-approach huddle (health care team)	Consider including: Most responsible MD/NP, MAID Coordinator, Unit Manager and/or Charge RN (inpatient), and appropriate members of the interdisciplinary team e.g., Social work, Chaplain, HDP, Ops Lead, etc.
☐	Complete CSF-9-236 Coronavirus (COVID-19) First-Person Donor Screening Tool	Completed prior to meeting in person
	Consent Process	
☐	Complete First-Person Consent to Donate Organs and/or Tissues CSF-9-187 *Note: The family/SDM or a second SOTD can sign as a witness at the bottom of the First-Person Consent if the patient cannot sign*	Notify PRC-TL and the following post consent: MRP, MAID provider, MAID coordinator, RTC, and MOC if appropriate. Identify patient's preferences re confidentiality about MAID and identify if there are any individuals TGLN should not speak to about their MAID decision or their decision to donate organs and/or tissues. Document this in iTransplant. The following three points of identity must be recorded on consent form: DOB, correct name, Health Card Number.

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Exhibit 3: MAID Checklist for SOTDs - Outpatient
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MAID OUTPATIENT CHECKLIST FOR SOTDs

	Action	Notes
	Pre-Approach Planning	
☐		
☐	Contact most responsible MD/NP or MAID Coordinator to develop an approach plan. *If SOTD approaching patient requires support of an experienced SOTD with MAID. SOTD is to self-identify this request with MOC*	Things to consider: • Timing of MAID provision • Patient's planned location for provision • How the patient communicates • If a patient is no longer competent but has a signed waiver to proceed with MAID, consult MOC.
☐	Set time and place with patient for in person approach at home or consider next booked hospital appointment *If approaching in the community, two SOTDs will often do the approach together. Confer with the MOC for staffing support and plan. In the rare event that a second SOTD cannot attend consider a combined health care team approach with MAID assessor, MRP, SW or Home care Nurse for example. A phone approach may be made available to patient and or the patient's family if requested.*	If not noted in iTransplant, SOTD should ask the patient directly: • Have you submitted the witnessed, written application for MAID • Have you spoken with a MAID assessor or provider regarding your application If the answer to these questions is NO, the SOTD can only have a general conversation about donation.
☐	Complete CSF-9-236 Coronavirus (COVID-19) First-Person Donor Screening Tool	Completed prior to meeting in person
☐	Identify location of MAID provision	• If donation after MAID is planned at a HD hospital, inform the designated Hospital Development Coordinator (HDC). • When planning logistics involve HDC (if needed) and key hospital stakeholders (i.e. Ops lead, OR manager, admitting unit manager) Things to consider: - Where and when will patient be admitted? - Who will be admitting provider? - Will patient be having provision in admitted unit or in another location closer to OR? - Who will monitor the arterial line and draw bloods if needed on day of provision?

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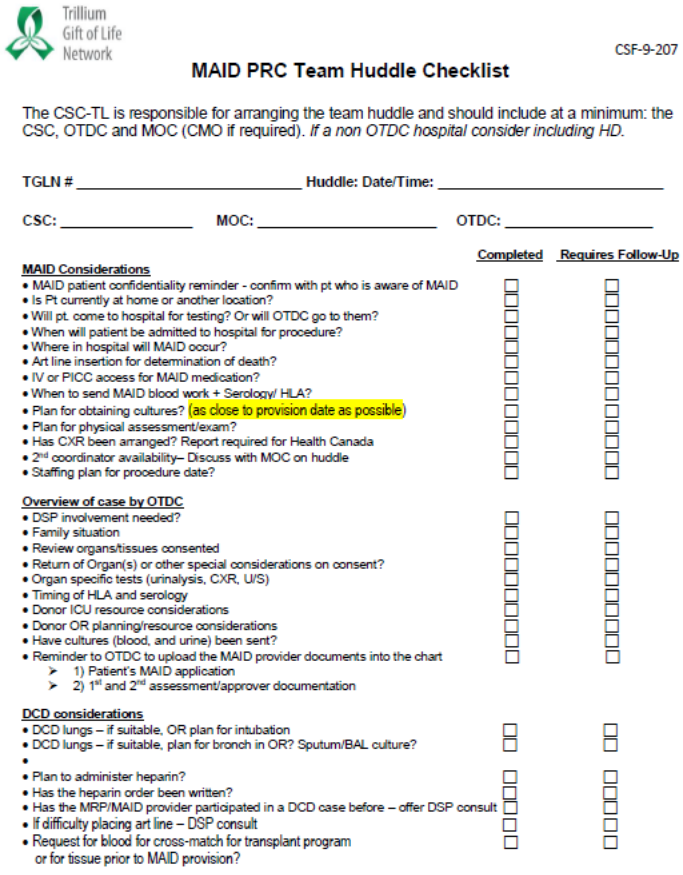
Exhibit 4: MAID PRC Team Huddle Checklist



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CSF-9-207

MAID PRC Team Huddle Checklist

The CSC-TL is responsible for arranging the team huddle and should include at a minimum: the CSC, OTDC and MOC (CMO if required). *If a non OTDC hospital consider including HD.*

TGLN # _____ **Huddle: Date/Time:** _____

CSC: _____ **MOC:** _____ **OTDC:** _____

	Completed	Requires Follow-Up
MAID Considerations		
• MAID patient confidentiality reminder - confirm with pt who is aware of MAID	☐	☐
• Is Pt currently at home or another location?	☐	☐
• Will pt. come to hospital for testing? Or will OTDC go to them?	☐	☐
• When will patient be admitted to hospital for procedure?	☐	☐
• Where in hospital will MAID occur?	☐	☐
• Art line insertion for determination of death?	☐	☐
• IV or PICC access for MAID medication?	☐	☐
• When to send MAID blood work + Serology/ HLA?	☐	☐
• Plan for obtaining cultures? (as close to provision date as possible)	☐	☐
• Plan for physical assessment/exam?	☐	☐
• Has CXR been arranged? Report required for Health Canada	☐	☐
• 2nd coordinator availability– Discuss with MOC on huddle	☐	☐
• Staffing plan for procedure date?	☐	☐
Overview of case by OTDC		
• DSP involvement needed?	☐	☐
• Family situation	☐	☐
• Review organs/tissues consented	☐	☐
• Return of Organ(s) or other special considerations on consent?	☐	☐
• Organ specific tests (urinalysis, CXR, U/S)	☐	☐
• Timing of HLA and serology	☐	☐
• Donor ICU resource considerations	☐	☐
• Donor OR planning/resource considerations	☐	☐
• Have cultures (blood, and urine) been sent?	☐	☐
• Reminder to OTDC to upload the MAID provider documents into the chart	☐	☐
➢ 1) Patient's MAID application		
➢ 2) 1st and 2nd assessment/approver documentation		
DCD considerations		
• DCD lungs – if suitable, OR plan for intubation	☐	☐
• DCD lungs – if suitable, plan for bronch in OR? Sputum/BAL culture?	☐	☐
•		
• Plan to administer heparin?	☐	☐
• Has the heparin order been written?	☐	☐
• Has the MRP/MAID provider participated in a DCD case before – offer DSP consult	☐	☐
• If difficulty placing art line – DSP consult	☐	☐
• Request for blood for cross-match for transplant program or for tissue prior to MAID provision?	☐	☐

September 27, 2023

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Medical Assistance in Dying and Donation Process Instruction

Exhibit 5: Follow-Up Planning for Unknown or Delayed MAID Provision Dates

Follow-Up Planning for Unknown or Delayed MAID Provision Dates

Purpose Statement: This document is intended to minimize impact on patients requesting MAID and their plans to donate. This chart will highlight key components to donation after MAID for assessment when the provision date is unknown or greater than one month away. This includes considerations for both care provider and the patient.

Situation	OTDC	Care Provider (Community/Hospital)	Patient
Communication	Purpose		
	To communicate updates to partner OTDC selected at case assignment and create a summary of case, highlighting key details. This will prevent repeated need to read through the previous clinical notes. To provide routine updates q monthly until 3 weeks prior to provision date.	To facilitate open communication and an equal understanding of expectations.	To maintain rapport with the patient and to provide support in their decision/interest to donate. Regular communication helps identify any changes such as provision date or end of life plan. This communication assists the discussion of proposed preliminary testing while establishing realistic suitability concerns that arise.
	Plan		
	Review and update the MAID Checklist in iTransplant for case summary. This is a tool for efficient communication.	Establish a sense of patient's timing for provision. Identify importance regarding updates around the patient's acuity and potential provision date. Follow-up with the provider before initial contact, after the first contact, following official consent and with each additional significant	Discuss follow up options based on patient preference. Example: OTDC to discuss patient preference for timing and method of contact (once a month or depending on the patient's comfort). The MAID Checklist in iTransplant will include relevant details for patient follow up.

Process Instruction Manual

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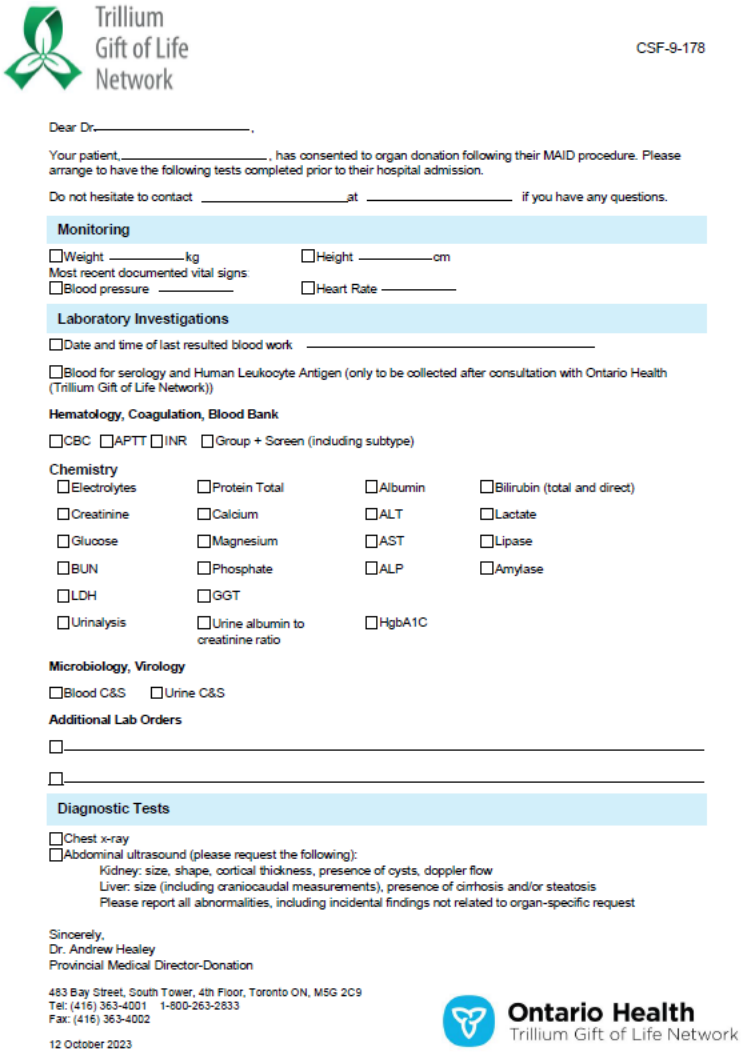
Exhibit 6: MAID Donation Screening Request Letter



Trillium Gift of Life Network

CSF-9-178

Dear Dr._____,

Your patient,_____, has consented to organ donation following their MAID procedure. Please arrange to have the following tests completed prior to their hospital admission.

Do not hesitate to contact _____at _____ if you have any questions.

Monitoring

☐Weight _____kg ☐Height _____cm
Most recent documented vital signs
☐Blood pressure _____ ☐Heart Rate _____

Laboratory Investigations

☐Date and time of last resulted blood work _____

☐Blood for serology and Human Leukocyte Antigen (only to be collected after consultation with Ontario Health (Trillium Gift of Life Network))

Hematology, Coagulation, Blood Bank

☐CBC ☐APTT ☐INR ☐Group + Screen (including subtype)

Chemistry

☐Electrolytes	☐Protein Total	☐Albumin	☐Bilirubin (total and direct)
☐Creatinine	☐Calcium	☐ALT	☐Lactate
☐Glucose	☐Magnesium	☐AST	☐Lipase
☐BUN	☐Phosphate	☐ALP	☐Amylase
☐LDH	☐GGT		
☐Urinalysis	☐Urine albumin to creatinine ratio	☐HgbA1C	

Microbiology, Virology

☐Blood C&S ☐Urine C&S

Additional Lab Orders

☐_____

☐_____

Diagnostic Tests

☐Chest x-ray
☐Abdominal ultrasound (please request the following):
Kidney: size, shape, cortical thickness, presence of cysts, doppler flow
Liver: size (including craniocaudal measurements), presence of cirrhosis and/or steatosis
Please report all abnormalities, including incidental findings not related to organ-specific request

Sincerely,
Dr. Andrew Healey
Provincial Medical Director-Donation

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Ontario Health
Trillium Gift of Life Network