

**Policy and Procedure**

Title:	<b>Notification of Patient Death</b> <i>(formerly Deceased Patient Notification)</i>	
Policy Number:	02.020	Section: Clinical Administration
Effective Date:	January 30, 2009	
Revised Date:	April 10, 2019	
Approving Body:	President and CEO	
Authority:	CancerCare Manitoba Act	
Responsible Officer:	President and CEO	
Delegate:	Chief Medical Officer	
Contact:	CMO Office	
Applicable to:	CCMB Staff and Physicians	

1.0 **BACKGROUND:**

- 1.1 CancerCare Manitoba is committed to improving communication and looking after the well-being of its patients and their family members, as well as its staff. Timely and accurate information regarding the death of a patient will reduce the likelihood of phone calls regarding appointments, etc., to grieving family members.
- 1.2 Accurate and timely information regarding patients' deaths will also improve the efficient use of clinic appointments and may be useful as additional tracking and outcomes data.

2.0 **PURPOSE:**

- 2.1 To ensure information received by CancerCare Manitoba (CCMB), Community Cancer Programs (CCPs) and Community Oncology Program (COP) staff regarding a patient death is verified and is entered into the CCMB Electronic Client Record accurately and as timely as possible.
- 2.2 Note: This policy does not apply to CCMB Screening Programs where patients are not registered in the CCMB Electronic Client Record. These programs receive information in monthly updates from the Manitoba Health population register.

3.0 **DEFINITIONS:**

- 3.1 **ECR:** CCMB's Electronic Client Record.
- 3.2 **MAXON:** CCMB's cancer registry application.
- 3.3 **CR#:** CCMB's Cancer Registry number; a unique identifier for patients registered within MAXON.
- 3.4 **PHIN:** Personal Health Information Number; a unique identifier assigned to an individual within the provincial healthcare system.

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4.0 **POLICY:**

- 4.1 Any CCMB, CCP or COP staff member notified of the death of a patient registered within the CCMB ECR will check the ECR for verification that it has been previously recorded. If not already recorded, the staff member will follow the procedure for notification to ensure the ECR is updated accurately and as soon as possible.

5.0 **PROCEDURE:**

5.1 Clinical or Administrative Staff with Access to ARIA upon Receiving Notification of Patient Death (See Flowsheet - Appendix A):

- 5.1.1 Check the ECR (both Medical Oncology and Radiation Oncology records, as applicable) to verify whether the death has already been reported and recorded.

- 5.1.2 If the ECR does not indicate the patient is deceased or a date of death, notify CCMB's Vital Stats (VS) Registry through one of the following methods:

- E-mail – [ccmbvitalstatsregistry@cancercare.mb.ca](mailto:ccmbvitalstatsregistry@cancercare.mb.ca) – with subject title “CCMB Notification of Patient Death”;
- Phone – CCMB Vital Stats Registry at 204-787-2299;
- Fax – Vital Stats Registry at 204-786-0628

- 5.1.3 Information that **must be** included in full with any of the above:

- Patient's initials, date of birth, CR# and PHIN;
- Patient's date of death and date notification received;
- Place of death (e.g. which hospital, home), if known and who provided the information (e.g. family member, care provider, medical facility, obituary);
- Sender's contact information, i.e. your name, department/program/facility, and contact e-mail or phone number.

- 5.1.4 Contact appropriate providers to ensure all appointments and tests are cancelled.

- 5.1.5 Document notification of CCMB Vital Stats and notification of other providers in the ECR.

5.2 CCMB Vital Stats Registry:

- 5.2.1 Receive and review e-mail, phone call or fax messages and verify patient identifiers with the ECR.

- 5.2.2 Enter the patient's date of death into MAXON. This will automatically update the ECR within 5 days through the MAXON/ECR interface.

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*Note: The VS Registry requires two (2) confirmation sources before deceasing a patient in Maxon.*

5.3 Health Records Data Quality Analyst:

5.3.1 At the beginning of each month, run a Mortality Report in MAXON for the prior month.

5.3.2 Reserve the paper copy health records from the Mortality Report for records processing completion.

5.4 Health Records Processing Clerk:

5.4.1 Receive the Mortality Report for records processing completion and prepare each of the paper copy health records for completion.

5.4.2 Following completion, return the paper copy health record to permanent file storage in the Health Information Services, Health Records Department.

5.4.3 After seven (7) years following a patient's death, the patient's paper copy health record will be kept on-site for a total of twenty-five (25) years, in accordance with provincial and regional retention and destruction regulations.

6.0 **REFERENCES:**

6.1 CCMB Retention and Destruction of Health Records, Policy No. 06.008.

**Policy Contact:**

All enquiries relating to this policy should be directed to:

Name:

Title/Position: Manager of Cancer Registry

Phone: 204-787-2157

E-mail:

Address:  
(if required):

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**DOCUMENTATION**

**Policy Location:**

This policy is located (hard and e-copy formats):

1. The original signed and approved policy is on file in the Executive Office, CCMB
2. The e-copy is on file in the CCMB Governing Documents Library, SharePoint
- 3.

**Revision History:**

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
30/01/2009	1	Initial		
12/02/2012	2	Revision		
23/06/2015 30/09/2015	3	Revision	PC Wkg Grp Policy Team CPMT	Minor revisions made by working group. Development of Appendix A and B.
28/03/2018	3	Minor revision	S.Friedenberger	Reformatted to new template
10/04/2019	4	Minor revision	Ca Registry & Health Records	Minor revisions to align with current practice.

**Approvals Record:**

This Policy requires approval by:

Approval	Date	Name / Title	Signature
		Not required.	

**FINAL APPROVAL:**

Date	Name / Title	Signature
April 10, 2019	Dr. S. Navaratnam President and CEO, CCMB	Original signed by Dr. S. Navaratnam

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**Appendix A**  
**Procedure for Staff Receiving Notification of Patient Death**

CCMB, CCP or COP clinical or administrative staff receives notification that patient is deceased.

Check electronic health record. If record does not indicate patient is deceased proceed with the following steps:

Notify CCMB's Vital Statistics Registry through **one** of the following methods:

- 1) Email: ccmbvitalstatsregistry@cancercare.mb.ca with subject title "CCMB Notification of Patient Death"
- 2) Phone: CCMB Vital Stats Registry at 204-787-2299
- 3) Fax: Vital Stats Registry at 204-786-0628 → *Use Death Notification Form (see Appendix B)*

Include the following information:

- Patient Initials, date of birth, CR# and PHIN
- Date of death and date notification received
- Place of death, if known (hospital, home, personal care home, etc.)
- Who provided the information (family, care provider, medical facility, obituary, etc.)
- Sender's contact information – name, department/program/facility, contact email or phone number

Cancel all future appointments in ARIA within your area of responsibility. Ensure imaging and other tests are cancelled. Notify providers/departments involved in patient's care, which could include:

- Other care providers at CCMB (radiation oncology, medical oncology, surgical oncology psychosocial oncology, clinical investigations)
- Community Cancer Programs
- Community Oncology Program
- Palliative Care Program
- Home Care Program
- Primary Care Provider

Document death notification to CCMB Vital Stats and notification of other providers in the Electronic Client Record.

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**Appendix B: Patient Death Notification Facsimile Form**



**PATIENT DEATH NOTIFICATION - FACSIMILE FORM**

NOTE: All fields must be completed where information is available. Please type or print clearly.

1. **Date Information Received** (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

2. **Patient's CR #:** \_\_\_\_\_

3. **Patient's Initials:** \_\_\_\_\_

4. **Patient's Date of Birth** (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

5. **Patient's PHIN:** \_\_\_\_\_

6. **Place of Death:**

\_\_\_ Home

\_\_\_ Hospital (specify name): \_\_\_\_\_

\_\_\_ PCH (specify name): \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Unknown

7. **Date of Death** (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

8. **Information Source** (please specify where applicable):

\_\_\_ Family Member (spouse/parent/child): \_\_\_\_\_

\_\_\_ Medical Provider / Facility: \_\_\_\_\_

\_\_\_ Other (e.g. Newspaper): \_\_\_\_\_

9. **Information Sent to CCMB Vital Stats by:**

Name: \_\_\_\_\_

Department / Program / Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

➤ **Fax completed form to:**

CCMB Vital Stats Registry, Cancer Registry

Fax # 204-786-0628

➤ **If emailing information:** [ccmbvitalstatsregistry@cancercare.mb.ca](mailto:ccmbvitalstatsregistry@cancercare.mb.ca) – subject title "CCMB Notification of Patient Death"

➤ **If phoning information:** call CCMB Vital Stats Registry at 204-787-2299