

Managing Resident Deaths Report Form - Long-Term Care Homes for Office of the Chief Coroner (OCC) Completion of Medical Certificate of Death

Please complete this template for deaths occurring in your facility and submit to the OCC by one of the following methods:

Email: save and send the completed report as an email attachment to occteam@ontario.ca or send by email by clicking on “Submit Form” at top right corner of the form.

Secure Web Form: submit the completed report as an attachment in the [OCC-OFPS Secure Web Form](#)

Fax: 1-888-247-1845

If you have questions, please contact: 1-833-915-0868 (Toll Free) or 647-792-0440 (Local – Toronto)

Institution:

Long-Term Care Facility where death occurred:

City, town or township:

Regional municipality or county:

Long-Term Care (LTC) staff reporting:

Name:

Role/Title:

Phone number:

Email:

Clinician providing information on cause of death:

Cell phone number:

Deceased:

Last name:

First and middle names:

Date of Death (yyyy/mm/dd):

Date of Birth (yyyy/mm/dd):

Age:

Sex:

LTC ID #:

Next of Kin:

Next of kin name: _____ Next of kin relationship: _____

Next of kin phone number (preferably cell phone number): _____

Issue with Availability of Claimant (Family, Friend, Next of Kin): *If no, please skip to the next section*

Please contact the OCC Team for further discussion if no claimant is identified

- | | | | |
|--|-----|----|---------|
| 1. Was there involvement of potential claimants prior to death? | Yes | No | |
| 2. Was there involvement of other authorities, e.g. Office of the Public Guardian and Trustee, lawyers, other decision makers. | Yes | No | |
| 3. Has there been visitation by family in past 6 months? | Yes | No | Unknown |
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Funeral Home:

Funeral home name: _____

Funeral home phone number: _____

Has Funeral home already been contacted by MRDT? Yes No

Cause of Death:

Part 1: Immediate Cause of Death:

Antecedent causes, if any:

Underlying cause of death (stated last):

Part 2: Significant conditions contributing to death:

If COVID-19 is listed in cause of death or significant conditions contributing to death:

Lab confirmed

Probable or suspect case

For OCC Use only - Reference Number:

Notes:

Institutional Patient Death Record

- | | | |
|---|-----|----|
| 1. Was this death accidental, i.e., the death resulted from an unintended injury event? | Yes | No |
| 2. Was this death a suicide, i.e., the death resulted from an injury event that was initiated by the resident? | Yes | No |
| 3. Was this death a homicide, i.e. the death resulted from an injury event that was initiated by someone other than the resident? | Yes | No |
| 4. Was the manner of death unclear, i.e. there is a reason to believe that the death may not be due to a natural disease process? | Yes | No |
| 5. Was the death both sudden and unexpected, i.e., was the death expected as part of the trajectory of the known health conditions (acute and/or chronic) | Yes | No |
| 6. Did the family or any of the care providers raise concerns about the care provided to the deceased? | Yes | No |
| 7. Has there been a recent increase in the number of deaths in your facility <u>unrelated</u> to COVID 19? | Yes | No |
| 8. Has there been a recent increase in the number of transfers to hospital <u>unrelated</u> to COVID 19? | Yes | No |
| 9. Have there been any Ministry of Health compliance or critical incident findings involving this deceased resident? If yes, please add comments below | Yes | No |
| 10. Are there any other concerns about this death that are not noted above? If yes, please add comments below | Yes | No |

Comments:

Date completed (yyyy/mm/dd):

04/09/2020