

Q: When do the new reporting regulations take effect?

A: The new reporting applies to ALL patients starting the process on or after November 1, 2018. If a patient is already going through the various steps of MAID, this new reporting does not apply.

Q: What is the link to the resource for the step-by-step detailed “charting requirements” so all legalities are covered and no provider is at risk when their patient requests MAID?

A: All information including all forms are available at ahs.ca/maid under “healthcare provider”, including the scenarios outlining when reporting is required.

REPORTING

Q: Is all MAID reporting to be faxed to 403-592-4266 regardless of zone split under the Care Coordination Service?

A: The Record of Request form can be faxed to the appropriate Zone

- Edmonton and North: 780-641-9123
- Calgary and Central: 403-592-4264
- South: 403-592-4265

All other forms need to be faxed to 403-592-4266.

Q: If a patient is scheduled for MAID provision through the MAID Care Coordination Service (CCS), but dies of underlying causes prior to date (under the care of their current attending team), can that non-MAID CCS Attending team assume that the MAID CCS team will report this? Or should the attending physician call the CCS to confirm that the CCS is aware of this death and will report?

A: If the patient is under the care of a practitioner who is involved in the MAID process, that practitioner is responsible to report. If a practitioner is not involved in the MAID process and the Care Coordination Service is coordinating the components of care related to MAID, the Care Coordination Service will complete the report. If you are unsure, contact the Care Coordination Service who will confirm how the reporting will be done.

Q: Can forms be scanned and emailed?

A: Fax is the recommended and most secure method to send completed forms to MAID reporting. If you do not have an AHS email address, all forms will need to be faxed to MAID reporting: 403-592-4266. If you have an AHS email account, they could be scanned and emailed as a secondary option. Scanning and emailing using an AHS email address is secure as it is behind the firewall.

Q: Are practitioners now to fax the Medical Examiner and AHS?

A: Yes. Certain documents will need to be faxed to both the Medical Examiner and AHS. There is a fax cover sheet available under “[Forms](#)” on the website which identifies what needs to go to the Medical Examiner.

Medical Examiner:

- Edmonton: 780-422-4063
- Calgary: 403-297-8134

AHS MAID reporting:

- All Zones: 403-592-4266

Q: What if practitioners (or sites) are non-participating and have a conversation with a patient about MAID? Is there a need to report or just when the patient makes a written request for MAID?

A: The Health Canada definition of a written request is anything in writing requesting MAID including by email, text message, Record of Request or a written piece of paper which does not have to be signed. Anything else is not reportable, which would include exploratory discussions.

Q: Does the need to report any written request apply to ALL practitioners in Alberta?

A: Yes, but it depends on the circumstances and actions.

If any physician or nurse practitioner receives a written request for MAID, they are required to report to the Care Coordination Service, as follows:

- If the receiving practitioner acts on it by either contacting a consultant to do an assessment or contacting the Care Coordination Service to advise them of the request, reporting is required as Health Canada sees both as being a "referral".
- If the practitioner is an objector and, following the College Standard of Practice, does not contact the Care Coordination Service but instead provides the contact information and leaves it to the patient/family to connect, a report is not required as no "referral" is deemed to have occurred.

Q: There are many requests that don't go beyond contemplation stage. There isn't a formal request; how far does the record keeping go?

A: The reporting only starts when the written request is received and follows the patient at every step through the process. This includes where a patient:

- dies prior to receiving MAID from another cause;
- decides not to move forward with MAID; or
- has MAID provided.

Q: At hospice, patients do ask questions about MAID. We have discussions with them, and if they verbally tell us they want more information/want to proceed, we then contact CCS to let them know, and the process starts. In this case, do we need to report?

A: Reporting is only required if there is a written request as defined by Health Canada. Only a nurse practitioner or physician can accept a formal written request for MAID. If a patient in hospice is simply looking for more information, you can assist with this. If you contact the Care Coordination Service on their behalf in the absence of a formal written request, reporting is not required. All information can be found at <https://www.albertahealthservices.ca/info/Page16124.aspx>

RECEIVING A REQUEST VIA TEXT

Q: Aren't text messages considered not to be secure? Shouldn't all patient information be sent via other secure ways?

A: Health Canada has stipulated that a text message is considered a written request. We do have to recognize there is potentially a security issue with this. We will continue to discuss as we move forward to ensure patient information is highly protected.

Q: Where on the Health Canada website do they refer to text messages being a valid formal request?

A: Health Canada has stated that more information on this will be available on their website in the future. Currently, it has been stated in verbal communication that a text message is considered a valid written request.

Q: Does CPSA have advice on any text message communication between physician and patient?

A: The recommendation is to redirect the patient to either having an appointment face-to-face or a phone call to be able to have a broader conversation on the patient's decision. We want to encourage physicians to transition any text conversation into a much more secure method.

Q: Is that general advice for communication between physicians and patients via text messaging?

A: We know that patients are going to reach out to physicians or nurse practitioners in any way they are most comfortable, including text message. The recommendation is for any provider receiving that message to initiate a conversation and refrain from using text as the method of communication from that point forward.

From the CPSA Advice to the Profession on Medical Records - Data Protection, the first line of data protection is to limit the data stored on the mobile device. Only store the information that is needed, and remove it when no longer needed on the device. However, all communications that pertain to patient care must be retained in the patient record as per the Patient Record Content standard of practice. This includes email messages and text messages sent and received by mobile devices.

Q: What are the record keeping requirements if a text message is received?

A: A text message received from a patient that is requesting MAID is considered a written request and does need to be reported. CPSA requires any communication pertaining to patient care be retained in the [patient record](#).

Q: What is the legal documentation required in the patient's chart/electronic medical record for nurse practitioners who work in primary care or other areas such as long term care (those of us who use many different charting systems and are not AHS employees)

A: The documentation standards that apply are the same as with any other documentation in those settings and should follow the guidelines and standards in place in those settings. The documentation should be related to the role being played by the individual and of which they have direct knowledge. Having said that, there continues to be a recognized sensitivity around this issue and documentation should not include details that would be potentially harmful to another individual. This may include the names of others involved in the process, for example.

PRIVACY

Q: What about patient privacy? Will their names be given to Health Canada?

A: No, patient names will not be shared. Only their birthdate, Primary Health Care Number and postal code will be shared with Health Canada. Alberta Health Services is collecting this information on behalf of the Regulatory Review Committee for tracking and verification purposes if there are questions that arise and will not be sharing further.

Q: Will the data that is accumulated be made available to practitioners? The public?

A: The data will NOT be made available publicly at an individual level. The data will only be used at an aggregate level by Health Canada to report across the country. Individual data will never be available to practitioners or the public after it is reported. Alberta will continue to publish monthly statistics and that practice won't change. What is currently reported in Alberta publically is available here: [data](#).

PHARMACY

Q: Is the pharmacist form currently available at ahs.ca/maid?

A: Yes. All forms are available under the “forms” tab on the MAID website for pharmacists, nurse practitioners and physicians who choose to participate in MAID.

Q: In pharmacy would we be referring the patient to their doctor or to Care Coordination to start the process?

A: The pharmacist could do either approach. If the patient is comfortable having a conversation with their primary physician or nurse practitioner that is the recommended route. If the patient is not comfortable the pharmacist can put the patient directly in contact with the CCS. This would not be a reportable activity, however, as a pharmacist cannot accept a written request for MAID.

Q: To clarify, the pharmacist dispensing the kit to the providing physician completes the reporting form, not the pharmacy that manufactures the kits (if different)?

A: The dispensing pharmacist will be the one responsible to complete and fax the required forms.

Q: So, pharmacists providing medications for MAID only fill out the form after MAID has been provided?

A: Pharmacists are required to fill out the form after the medications are dispensed, not after MAID has been provided. They are required to fax the form to MAID Reporting once dispensed.

Q: Is there a process for informing providers involved as to what they are dispensing?

Example - in a pharmacy setting, will it be a requirement to inform staff who would be involved in dispensing/checking/filling that they are being involved in MAID to allow for people to deny being involved due to moral/religious reasons?

A: The Alberta College of Pharmacy encourages pharmacists to inform team members, prior to involving them in the dispensing of drugs for MAID. The Pharmacist form does have a box for the pharmacist to check that states they were ‘informed as to the nature of the use of the drugs. The intent of the check box is to allow individuals who have an objection to not participate in the process. If anyone has any concerns, they are encouraged to contact their College.

Q: Has Health Canada specified exactly which medications are to be used/dosages per weight/etc? Or is this left up to the physician?

A: Health Canada has not specified the medications. In Alberta, we have worked to provide a standardized protocol that is available to all pharmacists, physicians and nurse practitioners, and does specify the medications, including dosages. A medication protocols document is available through the Colleges in the MAID section of their website: [Alberta College of Pharmacy](#), [College of Physicians and Surgeons of Alberta](#).

OTHER QUESTIONS

Q: What is the definition of palliative care service? A physician or nurse practitioner could be providing informal but effective palliative care.

A: In Alberta, palliative and end of life care is special medical care for adults and children diagnosed with a serious illness that will shorten their life (a life-limiting illness). This type of care is focused on helping patients to be comfortable, with the best quality of life possible. If the care being provided is, in the opinion of the practitioner, palliative care, this could be reported.

Q: Does 'disability support services' apply when a patient is in a hospital or hospice?

A: If an individual is in hospice receiving a hospice service to assist them with various measures that are required prior to their death for their comfort and symptom control, the understanding is that this is not a disability support but rather is part of palliative care. On the other hand, if they have been in hospital and they have been quite disabled and receiving services, then make a decision to receive MAID whether or not they have continued with those services – that would be reportable. This topic will be investigated further for better clarification.

Q: Will there be emotional support services for providers who may experience unforeseen emotional distress after providing MAID?

A: Yes. There are a variety of resources available to assist any provider who experiences distress after providing MAID.

- AHS employees: contact EFAP for access to support
- Nurse Practitioners: access the AHS EFAP
- Pharmacists: available through the Alberta Pharmacists Association
- Physicians: [Physician and Family Support Program](#)

Q: Do you anticipate any further education/training for MAID providers (physicians/nurse practitioners) in the near the future?

A: This is a continuous learning for everyone involved. There will be opportunity for more education tools as we continue to move forward. As things are created they will be added to ahs.ca/MAID. In the meantime, if there are concerns or questions, the Care Coordination Service is there to assist.

Q: Was anyone who provides MAID involved in the creation of these forms and discussion of the burden placed on providers by these Federal requirements, and the anticipated attrition of providers likely to result?

A: In Alberta, we have taken steps to attempt to put in place processes and forms to mitigate the extra burden providers may feel. If there are issues with the forms as they are used, we want to know so that we can continue to make it easier for providers or assessors; but recognize, we are fully constrained by the reporting requirements within the Federal regulations which are under the criminal code.