

**Elgin Primary Care Rounds and
Primary Care Alliance Meeting
June 17, 2020 12:30 -2 via Zoom**

Minutes

Attendance:

Guest Speaker – Kerry Bastian, SWPH

Guest Speaker - Dr. Scott McIntosh

Guest Speaker – Dr. Bob Jones and Laura Sherwood

Chair: Dr. Jillian Toogood

Members:

Andy Kroeker, Anne Howe, Elsie Osagie, Janet Froud, Judith Wiley, Kate Underhill, Kehinde Olorunsola, Laura Sheridan, Nicole Seymour, Tracy Nancekivell, Tolu Nelly Ayoku, Kellie Scott

- Update from SWPH on current COVID status report by Kerry Bastian and Dr. Joyce Lock.
 - Assessment centres and labs operating near or above capacity most weekdays, but under capacity on weekends
 - Swabs are being directed to labs according to symptoms – symptomatic patient swabs being tested at PaLM to ensure timely results, asymptomatic/screening swabs being directed to Public Health Lab
 - Low percent positivity of Elgin swabs (1.3%) – indicates that there are likely not many undetected infections in the county
- Dr. Scott McIntosh reviewed completion of death certificates.
 - A902 – pronouncement of death in the home
 - A771 – certification of death (completing the death certificate when someone else pronounces)
 - A777 – pronouncement of death (? Other than home)
- Dr. Bob Jones and Laura Sherwood shared information about an Elgin Hospice
 - Currently hospice care is available in London, Woodstock and Chatham-Kent but not in Elgin.
 - There are no longer any dedicated palliative care beds in Elgin
 - St. Joseph's is the Lead Agency
 - Vision is a 15,000 sq ft home-like environment with 10 beds (8 funded by ministry for now) and a palliative care clinic. With a team of palliative care experts including nurses, physicians, PSWs, psychosocial and spiritual care practitioners and specially trained volunteers
 - A Hospice will be a Hub, an anchor for resources, education and navigation, including grief supports
 - Co-Design by community

Death Certificates 101

Dr. Scott McIntosh

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 Ontario Ministry of Government Services Office of the Registrar General

Medical Certificate of Death - Form 16

You must use the Stillbirth Registration Form 8 when registering stillbirths. This form must be completed by the attending physician, coroner, or designated person before a burial permit can be issued. Please provide the information requested to ensure a complete and accurate legal record.

INFORMATION ABOUT THE DECEASED

1. Name of deceased (last, first, middle) _____ 2. Date of death (month - by name, day, year (in full)) _____

3. Sex (M or F) 4. Age _____ 5. If under 1 yr: Days _____ 6. If under 1 day: Hours _____ 7. Gestation age _____ 8. Birth weight _____

9. Place of death (name of facility or location) _____

hospital home residence other (specify) _____

10. City, town, village or township _____ Regional municipality, county or district _____

CAUSE OF DEATH

11. Part I

IMMEDIATE cause of death
 (a) due to, or as a consequence of _____
 (b) due to, or as a consequence of _____
 (c) due to, or as a consequence of _____
 (d) _____

Part II
 OTHER contributing conditions
 contributing to the death but
 not the immediate cause (a) above

12. If deceased was a female, during pregnancy (including abortion and ectopic) _____ within 42 days _____ thereafter _____ and 1 year thereafter _____

13. Was the deceased dead on arrival at the place of death? _____ Yes _____ No _____

14. Was there a surgical procedure within 28 days of death? _____ Yes _____ No _____ Date of surgery (mm/dd/yyyy) _____

15. Reason for surgery and operative findings _____

16. Autopsy being held? _____ Yes _____ No _____ Does the cause of death stated above take account of autopsy findings? _____ Yes _____ No _____

17. Was further information relating to the cause of death available later? _____ Yes _____ No _____

18. Date (mm/dd/yyyy) _____

19. Place of injury (e.g. home, farm, highway, etc.) _____

20. Date of injury (mm/dd/yyyy) _____

CERTIFICATION

By signing below, you certify that the information on this form is correct to the best of your knowledge.

24. Your signature (physician, coroner, RN/IC, other) _____ 25. Date (mm/dd/yyyy) _____

Dr. Scott McIntosh

26. Your name (last, first, middle) _____ 27. Your occupation _____
 Physician Coroner RN/IC Other _____

28. Your address (street number and name, city, province, postal code) _____

Unit 111-417 Wellington Street, St. Thomas, ON N5P5J5 519-631-3223

TO BE COMPLETED BY THE DIVISION REGISTRAR

By signing below, I am satisfied that the information in this Medical certificate of death and the Statement of death is correct and sufficient and I agree to register the death.

29. Your signature _____ 30. Date (mm/dd/yyyy) _____ 31. Registration number _____ 32. Div. reg. code no. _____

For the use of the Office of the Registrar General only

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, S.4 and will be used to register and record the births, still-births, deaths, marriages, adoptions or changes of name, corrections or amendments, provider certified copies, extracts, certificates, search notices, photocopies and for statistical, research, monitoring and administrative purposes. Questions or concerns about the collection of personal information should be directed to the Deputy Registrar General at P.O. Box 4400, Toronto, Ontario, Canada M3J 2J2, Telephone 1 800 461-2156 or 416 522-4305.

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Who cares how I fill it out?

1. It's the law (Vital Statistics Act, Coroner's Act)
2. The Office of the Registrar General
 - * Have the right to request revisions
 - * Have the right to complain to the CPSO
3. Family of the Deceased
4. It's good general medical practice

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CAUSE OF DEATH				
CAUSE OF DEATH	11. Part I Immediate cause of death (a) Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) (c) (d) Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above II			
	Approximate interval between onset & death			
	12. If deceased was a female, <input type="checkbox"/> during pregnancy (including abortion and ectopic pregnancy) <input type="checkbox"/> within 42 days thereafter <input type="checkbox"/> between 43 days and 1 year thereafter did the death occur?			
	13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Date of surgery (mm/dd/yyyy)			
	16. Reason for surgery and operative findings			
	Autopsy particulars	17. Autopsy being held? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Does the cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No
		20. If accident, suicide, homicide or undetermined (specify)	21. Place of injury (e.g. home, farm, highway, etc.)	22. Date of injury (mm/dd/yyyy)
	Accidental or Violent death (if applicable)	23. How did injury occur? (describe circumstances)		

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Cause of Death

Cause of Death: the underlying medical diagnosis(es) that ultimately led to the patient's death.

- * Is usually a chain of events
- * Could be one single diagnosis
- * Could be a chronic condition if no acute illness
- * Is not “Cardiac Arrest/ Respiratory Arrest/Hypoxia” alone these don't explain anything other than death

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CAUSE OF DEATH		I	Approximate interval between onset & death
CAUSE OF DEATH	11. Part I		
	Immediate cause of death	(a) due to, or as a consequence of	
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) due to, or as a consequence of (c) due to, or as a consequence of (d) due to, or as a consequence of	
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above	II	

Immediate Causes of Death – common examples

- Myocardial Infarction, Ventricular Fibrillation Arrest
- Sepsis, Urosepsis, Peritonitis
- Pneumonia, Pulmonary Embolism
- Cerebrovascular Accident
- Cancer- type and location, metastatic?

Antecedents- underlying conditions in logical, time ordered sequence

1. Myocardial Infarction, due to Coronary Artery Disease, due to Hyperlipidemia
2. Urosepsis, due to Bladder Obstruction, due to Benign Prostatic Hyperplasia
3. Pneumonia, due to Chronic Obstructive Pulmonary Disease
4. Pulmonary Embolism, due to Deep Vein Thrombosis, due to Elective Knee Replacement

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CAUSE OF DEATH		I	Approximate interval between onset & death
CAUSE OF DEATH	11. Part I		
	Immediate cause of death	(a) due to, or as a consequence of	
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) due to, or as a consequence of (c) due to, or as a consequence of (d) due to, or as a consequence of	
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above	II	

Other Significant Conditions
Anything else that ACTUALLY CONTRIBUTED but doesn't fit in time sequence
AVOID the Laundry List, CAN leave it blank

1. Myocardial Infarction, due to Coronary Artery Disease, due to Hyperlipidemia,

- OTHER- Smoker, Obesity, Hypertension

2. Urosepsis, due to Bladder Obstruction, due to Benign Prostatic Hyperplasia

- OTHER- Alzheimer's Dementia

3. Pneumonia, due to Chronic Obstructive Pulmonary Disease

- OTHER- Smoker

4. Pulmonary Embolism, due to ... Knee Replacement

- OTHER- Obesity, Diabetes Mellitus

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CAUSE OF DEATH		I	Approximate interval between onset & death
CAUSE OF DEATH	11. Part I		
	Immediate cause of death	(a) due to, or as a consequence of	
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) due to, or as a consequence of (c) due to, or as a consequence of (d) due to, or as a consequence of	
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above	II	

Approximate Time Interval Between Onset and Death
IN ORDER, be specific if you can but not necessary

- Minutes, Days, Weeks, Months, Years, Congenital
- "5 minutes","2 days", "Years"

*****Important note*****

"DUE TO, OR AS A CONSEQUENCE OF"

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Yellow Flags

12. If deceased was a female, during pregnancy (including abortion and ectopic pregnancy) within 42 days thereafter between 43 days and 1 year thereafter

13. Was the deceased dead on arrival at the hospital? Yes No 14. Was there a surgical procedure within 28 days of death? Yes No 15. Date of surgery (mm/dd/yyyy)

16. Reason for surgery and operative findings

Autopsy particulars 17. Autopsy being held? Yes No 18. Does the cause of death stated above take account of autopsy findings? Yes No 19. May further information relating to the cause of death be available later? Yes No

Should I call a Coroner?

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Red Flags

Accidental or violent death (if applicable) 20. If accident, suicide, homicide or undetermined (specify) 21. Place of injury (e.g. home, farm, highway, etc.) 22. Date of injury (mm/dd/yyyy)

23. How did injury occur? (describe circumstances)

CALL A CORONER!

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Case 1

Ima Goner, female age 72

- * Presents to Emergency and is admitted to medical floor for Liver Cirrhosis and worsening Hepatic Encephalopathy/decreasing level of consciousness.
- * 25 year history of Alcohol Abuse and acutely unwell x 1 week. She dies 1 day after admission on August 2nd, 2019.
- * PMHx: smoker 40 years, Depression ?years, COPD 5 years, Hysterectomy age 45

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Answer

Ima Goner, Female, 72, St. Thomas E.G. Hospital, Aug 2, 2019

Immediate Cause:

Hepatic Encephalopathy	1 week
... due to Liver Cirrhosis	years
... due to Alcohol Abuse	25 years

Other significant causes: Depression? or none

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Case 2

Ted Andeburied, Male, age 99

- * Lives at Valleyview Home, fell on ice, fractured left femur and had an intramedullary nail same day on December 25th, 2019. He was discharged but over the last 7 days declined and stopped eating.
- * He became congested in the chest, complained of shortness of breath and died January 22, 2020.
- * You get a chest xray back an hour later that showed pneumonia.
- * PMHx: Hypertension, Diet Controlled Diabetes, Osteoarthritis.

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CALL A CORONER!!!

You called the Coroner and they came to examine the body, the Coroner filled out the death certificate as follows:

Ted Andeburied, 99, Jan 22, 2020, Valleyview Home, St. Thomas, Elgin

- * Immediate Cause
 - Pneumonia (7 days)
 - ...due to complications of Left Femur Fracture (4 weeks)

No significant contributing factors

- * Surgery in the last 28 days: Left Hip intramedullary nail Dec 25th, 2019. No Autopsy. No information at a later time.
- * Accident, Place: Nursing Home, Dec 25, 2019
- * Slip and fall on ice, fracture proximal left femur shaft

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Coroner

1-855-299-4100 Ontario Coroner's Dispatch

- * Coroners are all physicians, not there to lay blame or judgment, there to collect information relevant to: the Registrar, Family, Chief Coroner, Safety of the Public.

Main Roles of the Coroner-

- (a) determine Cause and Manner of death
Manner- Natural, Accident, Suicide, Homicide, Unknown
- (b) determine whether or not an inquest is necessary
- (c) to collect and analyze information about the death in order to prevent further deaths in similar circumstances.

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Coroner's Act of Ontario

Duty to give information

Every person who has reason to believe that a person has died:

- (a) as a result of,
 - (i) violence,
 - (ii) misadventure,
 - (iii) negligence,
 - (iv) misconduct, or
 - (v) malpractice;
- (b) by unfair means;
- (c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable thereto;
- (d) suddenly and unexpectedly; (e.g. accidents, suicide, homicide)
- (e) from disease or sickness for which he or she was not treated by a legally qualified medical practitioner;
- (f) from any cause other than disease; or
- (g) under such circumstances as may require investigation, (e.g. person in custody or institution, drivers)

shall immediately notify a coroner or a police officer of the facts and circumstances relating to the death, and where a police officer is notified he or she shall in turn immediately notify the coroner of such facts and circumstances.

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Questions



in·a·ni·tion

/,inə'niSHən/

noun FORMAL

exhaustion caused by lack of nourishment.

- lack of mental or spiritual vigor and enthusiasm.

* I wish you all very long and happy lives!

- Looking for a 2-3 acre site in or just outside St. Thomas as a central location
- Fundraising goal of \$9.5M
 1. Capital Budget of \$6.85M. MOH committed to \$1.6M
 2. Start Up \$850,000
 3. Sustainability Funding for 5 years at \$1.8M
- Target 24-36 months
- Your support as health care providers are the #1 driver of donations and community support
- Visit elginhospice.com to sign up for updates

Resource update (see presentation)

- Lyme disease map, Specific requisition for submitting Ticks for testing (only ticks found on humans)
 - [2020 06 10 MOH Advisory - Lyme Disease Risk Area Map.pdf](#)
- Stress Tests at STEGH – please help triage referrals by marking an urgency on the form
- New forms from STEGH MH – attached
- New services offered through Dr Sardar's office (home holter monitoring, chest pain clinic, obesity clinic)
 - Referral forms have been submitted to the Digital Coalition to convert to ERM forms
- Elgin MHAN update on local mental health and addiction network services
- Need a Primary Care Rep for the Elgin Mental Health and Addiction Network
- Need a Primary Care Rep for a local Infection Prevention and Control (IPAC) working group – working on creating a team to help support

Duplicate/Unnecessary Reports

- Things we don't need like blood bank notifications, hourly blood glucose, Fall risk assessment
- Duplicate reports being triggered somehow when a hospital doc enters their mailbox
- Email report distribution office at LHSC: reportdistribution@lhsc.on.ca

Elgin Mental Health and Addictions Network

Services at a Glance



Canadian Mental Health Association
Elgin County
Mental health for all

CMHA Elgin- Middlesex in Elgin County

Online and Telephone Support

Monday to Friday:
8:30am - 4:30pm

Reachout: 24/7

519-433-2023

MH Response:
Monday to Friday:
7:00am – 11:00pm

24/7
Web Chat

[More Info](#)



Addiction Services of Thames Valley

Online and Telephone Support

Rapid Access Addiction Medicine Clinic: Open

Monday to Friday:
10:00 am – 3:00 pm

Supportive Information Sessions

519-673-3242

[More Info](#)



Alzheimer Society of Elgin-St. Thomas

Online and Telephone Support

Individual and Group Counselling

Monday to Friday:
9:00am - 4:00pm

519-633-4396

[More Info](#)



Central Community Health Centre

Monday to Friday:
8:00am to 5:00pm

Harm Reduction Supplies and Hit Kits available to the public

[More Info](#)



Clinic 217 St. Thomas RAAM Clinic

Monday: 9:00am - 11:30am; 1:00pm - 3:30pm;
4:30pm – 7:00pm

Tuesday: 8:00am - noon

Wednesday: Closed

Thursday: 8:30am - 11:30am; 1:00pm – 3:30pm

Friday: 8:30am – 11:30am; 1:00pm - 3:30pm

519-631-9040

[Email Clinic](#)



ELGIN COUNSELLING & MEDIATION CENTRE

Elgin Counselling & Mediation Centre

Online and Telephone Support
Fee for Service

Varied hours
Evenings available

519-633-4423

[More Info](#)



St. Thomas Elgin General Hospital

Inpatient Unit and Emergency Room: 24/7

Outpatient Unit:

Monday and Friday:
8:30am - 4:30pm

Tuesday to Thursday:
8:30am - 7:00pm

Outpatient Telephone Support
Psychiatry by OTN

[More Info](#)



Psychiatric Survivors Network of Elgin (PSNE)

In-person, Online and Telephone Support

Drop-In Center: Open

Sunday to Saturday:
10:00am - 6:00pm

519-631-1580

Updates

[More Info](#)



Southwest Centre for Forensic Mental Health Care

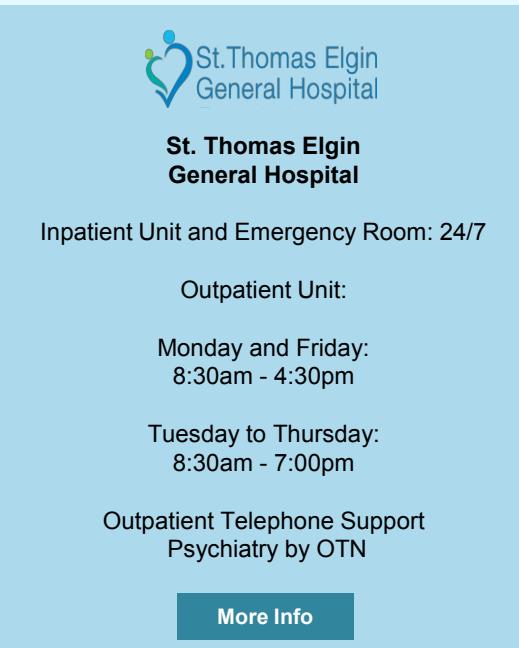
Part of St. Joseph's Health Care London

Inpatient Support: 24/7

Virtual assessments and interventions

519 646-6100 ext. 49354

[More Info](#)



St. Thomas Elgin Social Services

Online and Telephone Support

Monday to Friday:
8:00am – 4:30pm

519-631-9350

[More Info](#)



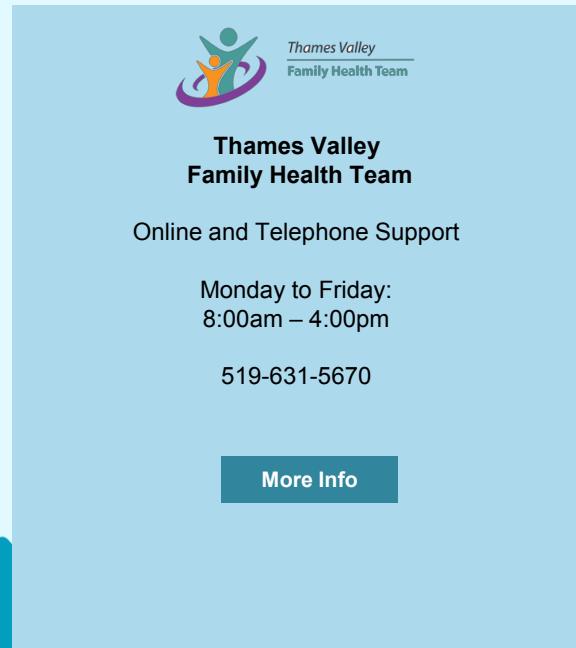
Thames Valley Family Health Team

Online and Telephone Support

Monday to Friday:
8:00am – 4:00pm

519-631-5670

[More Info](#)





Victim Services Elgin

Telephone Support
VQRP+ Programs

Monday to Friday:
8:00am - 9:00pm

519-631-3182

24/7 Emergency Support

[More Info](#)



Violence Against Women Services Elgin County

24 Hour Help Line
24 Hour Walk In Support
24 Hour Emergency Shelter

45 Princess Avenue, St. Thomas
No appointment necessary

519-633-0155 or
1-800-265-4305

[More Info](#)



Wellkin Child & Youth Mental Wellness

Online and Telephone Support

Monday to Thursday:
8:30am - 4:30pm
Friday:
8:30am - 4:00pm
1-877-539-0463



[More Info](#)



West Elgin Community Health Centre

Online and Telephone Support

Monday to Friday:
9:00am – 5:00pm
Evenings available

519-768-1715

[More Info](#)

Crisis and Provincial Resources

Bounce
Back

Mental Health
Commission
of Canada –
COVID Hub

Big White
Wall

Southwestern
Public Health

Centre for
Addition
and Mental
Health

Date of Referral: _____ MRN# _____

Please note: Our service is not able to provide immediate support in an emergency.

If your patient is experiencing a mental health crisis and requires immediate help – advise them to contact REACH OUT (24 hour crisis line) 1-866-933-2023; or go to their nearest emergency department.

We are unable to provide Independent Medical Evaluations for Court, CAS Assessments; ODSP, WSIB, Forensics or Capacity Assessments.

Patient Information

Last Name: _____ First Name: _____ Age: _____ (*18 years+)

DOB:(YYYY/MM/DD): _____ OHIP #: _____ VC: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Voice Mail OK? Yes

No emailing or texting is available.

If patient has a family doctor or psychiatrist, please consult treating physician prior to referral.

Family Physician: _____ **Psychiatrist:** _____

Current Safety Risk Factors (Assess and check all that apply and provide details below)

<input type="checkbox"/> Active suicidal thoughts	<input type="checkbox"/> Passive suicidal thoughts	<input type="checkbox"/> History of suicide attempt
<input type="checkbox"/> Current intentional self-harm behaviours	<input type="checkbox"/> Current substance abuse	
<input type="checkbox"/> History of violence/aggression	<input type="checkbox"/> Thoughts to harm others	
<input type="checkbox"/> Behaviour influenced by delusions/command hallucinations		

Reason for Referral and Goals for Treatment (Attach relevant notes/assessments, if available)

Physical Health (Note any relevant medical history)

All Current Medications (List dose, frequency and date started)

Current Medication List or Cumulative Patient Profile Attached

Prior Psychiatric Medications: _____

Current Supports and Resources

Referral Source

Name: _____ Phone #: _____ Fax#: _____

Address: _____ City: _____ Postal Code: _____

Family Physician Nurse Practitioner ED Physician Walk-In-Clinic Physician

Signature: _____