



Ministry of the Solicitor General

Office of the Chief Coroner

Resident Death Notice Job Aid

The Resident Death Notice (RDN) will replace the Institutional Patient Death Record (IPDR) on March 13, 2023, as the new death reporting form for long-term care homes (LTCH). The IPDR and Service Ontario portal will no longer be accessible after March 13, 2023.

The RDN must be used by facilities for the mandatory report to a coroner that is required when a person dies while residing in a LTCH. If there are indications of intentional harm or if the circumstances of the death do not align with the medical history or end of life trajectory, a coroner should be contacted directly. For the purposes of this reporting requirement, a person is a resident in a LTCH for the duration of their admission, including within 30 days of transfer to hospital.

Completing the RDN

The RDN can be accessed online at the Government of Ontario Central Forms Repository:

[Resident Death Notice - Forms - Central Forms Repository \(CFR\) \(gov.on.ca\)](https://www.gov.on.ca/forms/)

You will need an updated version of Adobe Reader to access, complete and submit the form. You may update your Adobe Reader to the latest version from the [Acrobat Reader download page](#).

Issues with the RDN can be addressed to:

Email: coronerinvestigator@ontario.ca

Phone: 647-930-3637

Toll-free: 833-412-1134

If you need to report a death directly to a coroner or are unsure about whether you should report a death directly to a coroner, you can speak with a coroner by calling OCC Provincial Dispatch at:

416-314-4100 or 1-855-299-4100.

This form must be submitted online using the "Submit" button on the form.

The RDN is submitted in two parts. Part 1 is to be completed by registered staff of the LTCH on the day of death (or as soon as the home receives notice of the death from a hospital). It is to be submitted electronically to the Office of the Chief Coroner (OCC) immediately upon completion. The person completing Part 1 will receive a confirmation email including the Part 1 Submission Reference Number. This number along with a saved electronic copy of the RDN form should be forwarded to the director of nursing and personal care or administrator of the LTCH according to the process developed by each home.

Part 2 is to be completed by the director or administrator or a delegated registered staff member. Part 2 is to be submitted within five days of the death (or within five days of the home receiving notice of the death from a hospital).

The following is a step-by-step guide to complete the RDN.

Note: Fields marked with an asterisk in the form are mandatory*

Part 1

Name and Address

Select the name and address of the LTCH from the drop-down list or enter it manually. To activate the drop-down list, follow the instructions in the attached guide or video.

Your Contact Information

Enter your name and contact information to allow follow up by the OCC if needed. This form must be completed by the doctor (MD), registered nurse (RN), registered practical nurse (RPN), or nurse practitioner (NP) who provided care to the resident and in consultation with the personal support worker(s) who provided care to the resident in the period leading up to their death.

Resident Information

Enter the identifying information about the resident.

Death Location

Enter the location of death. This will usually be the LTCH. If the resident died in hospital, enter the name of the hospital, and note the date of admission to hospital.

Next of Kin Information

Enter the name(s) and contact information for the resident's next of kin or legal representative. Next of kin includes relatives of the resident, persons nominated by the resident to receive information about the resident, and legal representatives of the resident. The primary contact used by the LTCH is sufficient.

Medical Conditions and History

Enter the medical conditions and history that you believe are relevant to the death. Conditions that did not cause or contribute to the death, do not need to be recorded.

Current Medications

Enter the resident's current medications and note any recent changes. To include additional medications, click 'Add Item.' PRN medications not in regular use do not need to be recorded.

Cause of Death

Enter the cause of death if known. This information should be entered even if it is preliminary. If the cause of death has not yet been determined or the information is not yet available, this field may be left blank

Circumstances of Death

Within the circumstances of death section in Part 1 of the RDN, answer each of the questions and provide additional comments if appropriate in the space provided. The questions should be answered based upon the circumstances known to you as a care provider and/or noted in the LTCH, even if the death occurred in hospital.

1. Did an injury or anything other than disease cause or contribute to this death?
2. Was there evidence of malnutrition or dehydration? (While these findings can occur as part of natural disease, they should still be reported.)
3. Were pressure ulcers present? (While these findings can occur as part of natural disease, they should still be reported.)
4. Were limb contractures present? (While these findings can occur as part of natural disease, they should still be reported.)
5. Were unexplained injuries present?
6. Were there any other concerning findings?
7. Were there substitute decision maker/family/friend concerns regarding this death?
8. Are there institutional/caregiver concerns regarding this death?
9. Are there concerns that this resident suffered intentional harm?
10. Was the death unanticipated given the resident's medical conditions and medical trajectory?

If you answered "yes" or "not sure" to any of the questions, you must notify a coroner immediately by calling the coroner dispatch service. If a call is made, make sure to record the name of the coroner consulted. If all of the answers are "no", you do not have to call a coroner and the coroner's name field is left blank.

If you have any other concerns or comments, please enter them into the form.

You are now ready to submit Part 1 of the form. Click on 'Submit Part 1' at the bottom of the page. If you did not complete the requirements of the form, you will be prompted to review the required fields. If the form is complete, you will be asked to confirm that you want to submit it. You will receive confirmation that the form was submitted. You will also receive an email confirmation sent to the address you entered in the form. This email will contain the unique Submission Reference Number.

Ensure you save a copy of the RDN for each resident according to the process developed by your home. **Forward a copy of the saved RDN form and the Submission Reference Number** to the director of nursing and personal care or administrator of the LTC home according to the process developed by your home.

Part 2

Once Part 1 of the RDN is submitted, Part 2 of the form will be released for completion. Part 2 is to be completed by the director of nursing and personal care or administrator of the LTCH or a delegated registered staff member in consultation with other staff as necessary. It should be submitted within five days of the death (or within five days of receiving notice of the death from a hospital).

Submission Reference Number

The person completing Part 1 of the RDN will receive a confirmation email upon submission, including the Part 1 Submission Reference Number. This number is to be entered in Part 2 of the form that has been forwarded to the director. This will ensure that Part 2 is reviewed with the correct Part 1 of the form that was submitted on the day of the resident's death.

Staff Contact Information

In this section, enter the name, date, position, and contact information of the individual completing the form. This will allow follow up by the OCC if needed.

Circumstances of Death

Within the circumstances of death section in Part 2 of the RDN, you will answer 'Yes,' 'No,' or 'Not Sure,' for the following questions:

- Is there any concern about an increase in deaths at your home?
- Is there any concern about an increase in the number of transfers to hospital from your home?
- Have there been any Ministry of Long-Term Care compliance findings or critical incident reports involving this resident in the last 12 months? (If yes, give a brief description of the incident or complaint.)
- Are there concerns that this resident suffered intentional harm?
- Was the death unanticipated given the resident's medical conditions and medical trajectory?

For each of the questions answered "yes" or "not sure", provide additional comments as necessary.

Note: These questions are asked to identify any upward trend in deaths or transfers that might indicate an outbreak, an undiagnosed illness, intentional harms, or treatment patterns that could require investigation.

Cause of Death

Enter the cause of death and any other significant conditions as recorded on the medical certificate of death or as reported by the physician/RN(EC) certifying the death. If the death occurred in a hospital, you will have to obtain this information from the hospital. If, after reasonable efforts, you are unable to obtain the cause of death from the hospital, you may enter “unknown” and make an explanatory note in the comments. If the death is being investigated by a coroner, the cause of death might not yet be known. In that case, enter ‘Pending’ as the Immediate Cause of Death.

Comments

If you have any other concerns or comments in relation to this death, please enter them in the comment space provided.

You are now ready to submit Part 2 of the form. Click ‘Submit Part 2’ at the bottom of the page. If the form is incomplete, you will be prompted to review the required fields. If the form is complete, you will be asked to confirm that you want to submit it. You will receive confirmation of the submission. You will also receive an email confirmation sent to the address you entered on the form. You should save a copy of the RDN for each resident according to the process developed by your home.