

July 19, 2023

Mr. Abid Mavani
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Justice and Solicitor General
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Dear Abid:

Re: MICHAEL STAPLES – Public Fatality Inquiry, Response to Recommendations

Thank you for providing the Honourable Judge Cochard's report. This letter is to provide a response to the recommendations impacting AHS.

Recommendation 1

In view of the high number of persons entering Edmonton Remand Centre (“ERC”) with addiction issues (50 per cent), all Correctional Officers should receive training on the use and administration of Narcan as well as the signs of a possible overdose.

Response

This recommendation would be most appropriately responded to by Correctional Services Division (CSD). AHS maintains a strong commitment to supporting CSD in all provincial correctional centres as required.

Recommendation 2

Narcan should be readily available and accessible on each pod at all times, including nighttime to allow for rapid administration in emergencies.

Response

This recommendation would be most appropriately responded to by CSD. AHS maintains a strong commitment to supporting CSD in all provincial correctional centres as required.

Recommendation 3

Although the *Health Information Act* contains restrictions on the sharing of information by AHS to Correctional Officers, in view of the inherent dangers of methadone, Correctional Officers should be allowed access to information that an inmate is on methadone so that behaviours and symptoms can both be monitored more closely.

Response

AHS accepts this recommendation in principle. This practice already exists as all patients receive their methadone in a separate medication administration process that includes correctional officer monitoring post ingestion. AHS will collaborate with CSD on ensuring communication to front line staff of those monitored.

Recommendation 4

The updated Opioid Withdrawal Management Procedure be implemented as soon as it is completed. This will provide AHS staff and prescribers as well as Correctional Officers with an update on the best practices to treat opiate withdrawal.

Response

AHS accepts this recommendation in part. Correctional Health Services Opioid Withdrawal Management Procedure was updated and implemented on October 17, 2022. An audit of implementation was completed in April 2023. While Withdrawal Management Procedure is a healthcare procedure, it would be shared with Correctional Officers if the patient poses an institutional safety risk, in alignment with the Health Information Act and Corrections and Conditional Release Act.

Recommendation 5

Any individual on the methadone program should be seen and interviewed by a nurse practitioner on a daily basis to monitor for any behavioural and health changes, particularly where the inmate has pre-existing health concerns such as cardiac issues.

Response

AHS proposes an alternate solution to this recommendation: Nurse practitioners are not available nor used at every center. There are a variety of authorized prescribers that could and would be prescribing methadone, including psychiatrists and general practitioners, in addition to nurse practitioners. All methadone prescribers are required to complete a methadone certification program that includes all assessment, monitoring, and treatment guidelines. Patient specific orders for assessments and follow-up are individual to each patient based on prescriber assessments and within their prescriber required training for methadone treatment.

Methadone patients are monitored and assessed by nursing staff each day upon administration with issues identified and referred to the prescriber as needed, unless specific orders identify an individual need. This is in line with community and other correctional jurisdiction standards of care for methadone treatment.

Recommendation 6

AHS develop and implement a standardized patient education regarding the uses and dangers of methadone that is more detailed than what is currently available and ensure that the patient understand the risk of methadone usage. The consent to methadone program must be signed by the inmate prior to administration of methadone.

Response

AHS accepts this recommendation in part. Current patient education information will be strengthened to clearly outline the risks and benefits of methadone. Informed consent to receive methadone is already in place, and risks are reviewed with the patient by the prescriber as per the requirements of prescriber certification. The current informed consent will be reviewed to ensure that risks and benefits of the medication are highlighted as a prompt to ensure review with prescriber upon initiation.

Recommendation 7

I accept Ms. Poshtar's recommendation that a peer health education module specifically designed for provincial correctional centres be designed and implemented. This would also educate inmates to recognize more easily signs of overdose and/or medical distress that may lead to earlier reporting.

Response

AHS proposes an alternate solution.

Peer health education systems function well within federal correctional facilities wherein training and screening for the peer educators is possible, considering length of sentence of over 2 years. This program also includes necessary security clearances for patients to go on different units to ensure no safety or security concerns passed from patient to patient.

Provincial remand facilities are considered maximum security facilities, and composed of numerous security subpopulations that are not to mix with each other. In addition, within the provincial system, the average length of stay is approximately 15 days. These factors are not amenable to being able to screen, train, and utilize peer educators within the provincial centers.

AHS proposes a strengthened patient education program related to methadone which would include patient review and input into the materials developed provided to patients, and improved mechanisms of sharing the developed materials with the facility population.

Recommendation 8

Mental health and addiction services be increased at correctional institutions to allow more access by inmates to individual and group counselling.

Response

AHS accepts this recommendation in principle.

AHS has initiated a structured evaluation of available AMH resources and services for Correctional Health Services, including individual counselling and groups . Timeline for completion is December 2023.

Sincerely,

Original Signed

Dr. Francois Belanger
Vice President Quality and Chief Medical Officer
Alberta Health Services

Original Signed

Deb Gordon
Vice President & Chief Operating Officer, Clinical Operations
Alberta Health Services

CC: Mauro Chies, President & Chief Executive Officer, Alberta Health Services