

January 19, 2022

Mr. Abid Mavani
Fatality Inquiry Coordinator
Justice and Solicitor General
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Dear Abid:

Re: WILLIAM AAGE WILKIE – Public Fatality Inquiry, Response to Recommendations

Thank you for providing the Honourable Judge James A. Glass' report. This letter is to provide a response to the 9 (nine) recommendations potentially impacting AHS.

Recommendation 1

All staff, correctional and health care, should be required to document recurring absences from the medication line, changes in the demeanor and presentation of inmates in the ORCA system.

Response:

AHS does not accept this recommendation. (Complete)

This recommendation is not applicable to AHS, as ORCA is a JSG record management system. However, AHS would like to provide the Inquiry with relevant background information.

AHS is the custodian of health information from provincial correctional institutions and records this information on the health record.

Health information is shared in accordance with the *Health Information Act* (HIA). Section 35(1)(e) enables correctional health care staff to disclose diagnostic, treatment and care information that identifies an individual without the individual's consent to an official of a prison or other institution where the individual is being held or detained but only to allow health services to be provided to the individual.

The legislative framework and principles of the HIA need to be considered. As custodian, AHS can only disclose the amount of health information that is essential for the purpose for which it is being disclosed.

AHS accepts that absences or changes in demeanor should be documented, however, this information must be documented in the Health Record and not in ORCA.

If there is something essential such as food allergies for a patient, this information is shared with JSG staff and they in turn document in the ORCA system.

If a patient refuses medication or is absent from medication line, this is to be documented by the nursing staff on the medication administration record (MAR).

In order to reinforce the importance of this occurring a communication will be sent to all staff (JSG and AHS) and the healthcare nurse educators will provide an education session for staff (JSG and AHS) at all Provincial Correctional Facilities.

Recommendation 2

All staff should be briefed on any remarkable changes in the presentation of inmates at all shift changes and document those briefings in the ORCA system or readily accessible note book at the guard station.

Response:

AHS does not accept this recommendation. (Complete)

This recommendation is not applicable to AHS. However, as background information, AHS currently shares information on changes in presentation of patients during shift change/shift hand-off between healthcare workers. Concerns regarding the potential safety of any patient or others in the centre are shared with JSG on all sites and this is documented in the Health Record.

Recommendation 3

All correctional staff, including AHS staff, should be required to complete annual training sessions that specifically address inmate suicide signs and suicide prevention techniques.

Response:

AHS accepts this recommendation in principle. (Complete)

This recommendation is not necessary as there is ongoing training for AHS healthcare staff.

All AHS healthcare staff in Correctional Health Services are trained in suicide risk assessment and use a suicide risk assessment tool/checklist. A one page refresher has been shared with both AHS and JSG staff regarding correction specific risks. AHS staff complete a 4 hour annual refresher as well as suicide prevention training every three years.

Recommendation 4

AHS should develop a checklist for new admissions to a correctional facility to include specific reference to determining whether an inmate had prior admissions on ORCA and when readily available, to review patient records from the prior admission.

Response:

AHS accepts this recommendation in principle. (Complete)

This recommendation is not necessary as AHS healthcare staff already go through this process.

A mental health screen is completed for all new admissions. If a patient is identified as having concerns on any part of the screen they are referred to mental health clinician for further assessment. AHS staff check ORCA for previous information which is identified as "suicide active" or "suicide record." Currently AHS is still maintaining paper charts. Those older than 1 year are stored off site. Unfortunately the turnaround time to request previous charts can take several weeks. This will change when the new electronic health record is implemented in the next few years and allow Correctional Health Services to be fully integrated with the rest of the healthcare system. Connect Care is expected to be implemented sometime in 2023 at RDRC.

Recommendation 5

The ORCA system be revised to indicate on an inmate's opening screen whether there had been prior mental health or suicidal concerns, watches or attempts. These warning should not be subject to expiry and removed from the screen, rather an indication that they are either active or inactive be noted.

Response:

AHS does not accept this recommendation. (Complete)

This recommendation is not applicable to AHS, however, AHS does have concerns with retaining health information outside the health record indefinitely. It could also lead to stigma and discrimination if information that is not current and potentially not accurate is maintained indefinitely outside of the health record.

Recommendation 6

Any inmate files that are stored offsite be provided as quickly as possible when the inmate's mental health is noted by staff as a concern or there are prior mental health or suicide alerts noted on the ORCA system.

Response:

AHS accepts this recommendation in principle. (Complete)

This recommendation is not necessary as health records currently stored off site are requested as quickly as possible. However, receiving charts can take several days to two weeks to be received. Many patients are released within a few days, often before older health records have been received. As noted previously, this will change when the new electronic health record is implemented in the next few years and allow Correctional Health Services to be fully integrated with the rest of the healthcare system.

Recommendation 7

Corrections and AHS management review and update their file management practices at the Remand Centre, specifically with respect to file archiving/merging and patient notations to ensure that staff at the facility is fully aware of inmate backgrounds. This would include information received from third parties such as Corrections Services Canada (CSC).

Response:

AHS does not accept this recommendation. (Complete)

This recommendation is not necessary as transfer summaries are completed when patients move internally between provincial correctional centres, between provincial correctional centres and Correctional Services Canada and between provincial correctional centres and AHS Acute Care. These summaries are maintained on the patients' health record.

Recommendation 8

Corrections and AHS management review and make clear to staff at the Remand Centre who has the responsibility for uploading and updating AHS information into the ORCA system. In addition, all Health Care team members should have access to ORCA.

Response:

AHS does not accept this recommendation. (Complete)

This recommendation is not applicable to AHS, however, all healthcare staff have read access to ORCA. ORCA is a JSG information system and AHS staff should not enter data into this system. AHS staff document in the health record. Safety information that is required for ORCA is shared with JSG staff who document in accordance with their procedures and protocols.

Recommendation 9

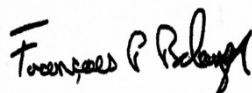
Corrections and AHS staff should be educated annually as to the type of medical information that can be shared and disclosed in regards to an inmate. These guidelines must be followed by all corrections and AHS staff.

Response:

AHS accepts this recommendation in principle. (In Progress)

Healthcare Nurse Educators will develop an information sheet that outlines information that can be disclosed and under what circumstances. The sheet will be shared with AHS and JSG staff and education sessions offered to allow for discussion and clarification.

Sincerely,



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



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

cc: Dr. Verna Yiu, Chief Executive Officer, Alberta Health Services