

February 23, 2024

Mr. Abid Mavani
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Justice and Solicitor General
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Dear Abid:

Re: Kaitlind Credgeur – Public Fatality Inquiry, Response to Recommendations

Thank you for providing the Honourable Justice Carrie J. Sharpe's report. This letter is to provide a response to the seven recommendations impacting AHS.

Recommendation 1

Although it is impossible to remove all items that are capable of assisting with self-harm, when a patient is admitted to Alberta Hospital Edmonton (AHE), whether voluntarily or involuntarily, if their belongings are contained in a plastic bag, that bag should be immediately and permanently removed from their possession.

Response

AHS accepts this recommendation and had already implemented. All patients who arrive at AHE from an Emergency Department are subject to a search for any/all potential ligatures, including plastic bags. Should a plastic bag accompany the patient from the ED or any other site it is immediately and permanently disposed of.

Recommendation 2

Observations of patients should occur as directed, regardless of an emergency occurring elsewhere or a shift change occurring.

Response

AHS accepts this recommendation as this is already the expectation as reflected by existing policies and procedures.

Recommendation 3

In order to facilitate observations occurring as scheduled without exception, more staff are required on the units at AHE, specifically at night. There should always be at least two nurses or psychiatric aides responsible for observations at any given time. The intended result is that observations would occur as directed, rather than at times 5-10 minutes beyond when they were ordered to occur. This would also encourage very careful, diligent observations, rather than having to rush through to meet the time requirements.

Response

AHS accepts this recommendation in principle. Appropriate staffing levels are consistently monitored and evaluated to ensure a safe practice environment for all patients. Where it is possible and appropriate, additional staff are scheduled to augment existing baseline staffing levels to adjust and respond to increased patient acuity and activity on inpatient units.

Recommendation 4

All nurses and psychiatric aides employed at AHE should have ongoing training as to how to conduct the scheduled observations of patients. This training should include specific training regarding the observation of respiration and should occur, at minimum, annually.

Response

AHS accepts this recommendation and has already implemented. All newly hired regulated professionals receive 2 days of general hospital orientation and unregulated staff receive 1 day of general orientation. Mandatory annual education occurs for existing regulated and unregulated staff. In the case of observation of patients who appear to be sleeping, staff are trained to monitor at least three regular respirations (e.g., direct visualization of chest movement or clear sounds associated with sleep such as snoring or deep breathing) at a frequency equivalent to the patient's observation level. Compliance with this procedure is required by all Alberta Hospital Edmonton employees.

Recommendation 5

A thorough review of all available technology that may assist in completing observations should be conducted at least every six months. This frequency is necessary as the advances in technology are ever evolving.

Response

AHS accepts this recommendation. In May 2023 an electronic medical record suite of tools (Connect Care) was implemented across Alberta Hospital Edmonton. With the introduction of this technology came expanded opportunities for monitoring high risk patients. Ongoing reviews of available technology to improve quality care will continue.

Recommendation 6

All newly admitted patients should be placed in a single room.

Response

AHS does not accept this recommendation, recognizing that the availability of single rooms varies from unit to unit, and that newly admitted patients may not always be at higher risk than other patients. Ongoing assessments of risk and acuity of all patients on a unit will determine the most appropriate room assignments.

Recommendation 7

All newly admitted patients should be placed in a room close to the nurses' station and with good sightlines from the nurses' station.

Response

AHS accepts this recommendation in principle. Room assignments are based on assessments of risk, observation levels, mitigation strategies and individual patient needs. Risk assessments of all patients on a unit, including those who are newly admitted, are used to consider room assignments. All efforts are made to ensure appropriate safeguards are in place to monitor high risk patients.

Sincerely,

Original Signed

Dr. Peter Jamieson
Interim Vice President Quality and Chief Medical Officer
Alberta Health Services

Original Signed

Dr. Sid Viner
Vice President & Medical Director, Clinical Operations
Alberta Health Services

cc: Athana Mentzelopoulos, Chief Executive Officer, Alberta Health Services