CANADA
Province of Alberta

Report to the Minister of Justice and Attorney General
Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at The Court House

in the City (City, Town, Village) of Edmonton (Name of City, Town, Village)

on the 30th day of April, 2001 (year), (and by

adjournment on the _____ day of _____, _____ (year),)

before L.J. Wenden, a Provincial Court Judge.

A jury ☐ was ☒ was not summoned and an inquiry was held into the death

of Karen Darlene Rediger (Name in Full) 50 years of age (Age)

of #104, 17323 - 69 Avenue, Edmonton, AB (Residence) and the following findings were made:

Date and Time of Death: 16:45 hours, 22 May 2000

Place: Royal Alexandra Hospital

Medical Cause of Death: ("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – The Fatality Inquiries Act, Section 1(d)).

Hemoperitoneum due to or as a consequence of a ruptured spleen

Manner of Death: ("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental or undeterminable – The Fatality Inquiries Act, Section 1(g)).

The deceased jumped from the High Level Bridge

Circumstances under which Death occurred:

See attached (pages 3 - 6)

No. of additional pages attached 4 (pages 3-6)

Recommendations for the prevention of similar deaths:

None

No. of additional pages attached

DATED this 2nd

of November , 2001
year

A Judge of the Provincial Court of Alberta

Circumstances under which Death occurred:

[1] The deceased had a history of psychiatric illness and on the date of her suicide, was a patient in the psychiatric ward of the Misericordia Hospital. The evidence about this history was given by Dr. Gurke, a psychiatrist. The deceased saw him from 1990 to 1997.

[2] His initial diagnosis was that of increasing depression. After hospitalization for one month, he treated her as an outpatient until August 1997. At that time she was stable and doing relatively well.

[3] He next saw her June 1999. There was a recurrence of her depression, within the context of an impending separation and divorce. As well, on this visit he discovered that she was harboring suicidal ideation. He instituted a treatment plan and saw her ten days later after which, contrary to recommended regular and frequent follow-up, she broke contact.

[4] He next saw her in January 2000. He had her hospitalized for one month at the Misericordia Hospital. Her difficulty was still the same that is her separation and pending divorce.

[5] On the date of her death, Ms. Rediger had been a patient in the psychiatric ward of the Misericordia Hospital since May 2, 2000. Before that she had spent the month of April at the Royal Alexandra Hospital psychiatric ward. She had a history of psychiatric illness dating back to 1990. The witness, Dr. Gurke, treated her for depression from 1990 to 1997. He saw her again in June 1999 for a recurring depression; this time because of an impending separation and divorcing. It was at this date that he discovered that she harboured ideas of suicide. On this date the doctor set up a treatment plan and saw her some ten days later. Though continued regular and frequent follow-up visits were recommended by him, Ms. Rediger ceased contact.

(a) He next saw her in January 2000 and had her hospitalized at the Misericordia for one month. She seemed to respond to treatment and was released. Through February and March there was a relapse that resulted in hospitalizations. She spent the month of April in the Royal Alexandra Hospital psychiatric ward, til May 2, 2000 when she transferred to the Misericordia Hospital.

(b) The one significant incident in this hospitalization occurred on May 13. This was her certification, first by Dr. Taubner and then a second certification within 24 hours by Dr. Gurke. He said that the process of certification involves assessing a patient who requires hospitalization. The criteria used is that the person must be suffering from a psychiatric or mental illness. Coupled with that, the person must pose an immediate danger or harm to themselves or someone else, and wish not to be hospitalized.

(c) In the case of Ms. Rediger, the reason for the certification was that, on May 13th, while out on a day pass, she expressed some suicidal ideation involving jumping off a balcony. The effect of the double certification within 24 hours was to extend the period of certification to 30 days.

[6] One of the last people to talk to the deceased was Mr. Surafudeen Ahmed. On May

22, 2000, he was driving a cab for Co-op Cab. He picked up a fare at the Misericordia Hospital known only to him as Karen. She told him to go to the Ezio Farone Park located on the northwest corner of the High Level Bridge. There was little conversation; the length of the trip and its cost. He drove close to the park and stopped his cab. She gave him $16.00 and told him she would be right back.

[7] He saw her walk on the sidewalk of the bridge. This concerned him as the deceased had said that she was going to the park. His concern caused him to call his dispatcher to request police presence. He drove closer to her, honked his horn to get her attention to the fact that she had left her handbag in the cab. There was no response. He got out of his car and tried to approach her on foot on the roadway. At this point she had started to climb the rail. He shouted for other people to grab her. She simply looked back at him and jumped.

[8] A Gregory Yacyshyn also witnessed the event. He was approximately 20 metres away when he saw the deceased on the rail. In the time that it took him to mentally process the event, she jumped. He recalled hearing a horn (that of the cab driver, Mr. S. Ahmed) while walking on the sidewalk, prior to her climbing the rail and jumping. There was nothing in her actions or demeanour to excite any person's suspicion. At the most, there was 15-20 seconds from the time she got on the rail.

[9] Captain McPherson, a member of the Emergency Response Team, was in command of the team that pulled the deceased from the river. His team was dispatched at 15:37 and arrived at the location east of the Walterdale Bridge at 15:58.

[10] There was no delay launching the boat. The body was rapidly located half way between the High Level Bridge and the Walterdale Bridge, close to the south shore. Ms. Rediger was placed in a wire stretcher, loaded on the boat, and taken to shore. Once ashore, he saw EMS personnel administer medical procedures.

[11] Filed as Exhibit 6 was the report of the Edmonton Ambulance Association. That report states that from the time the deceased was removed from the boat, up to the time that she was delivered into the care of Dr. Stagg, resuscitation procedures were continuously carried out.

[12] The medical attention given to the deceased was described by Dr. Stagg who practices emergency medicine at the Royal Alexandra Hospital. He said that at the time that he first saw her, there was evidence of ongoing attempts at resuscitation. Her condition when he first saw her was what he described in medical terms as pulse less electrical activity arrest, that is, there was no heart beat. Though an electrical monitor showed some electrical activity, it was not such that it could create a pulse.

[13] Tubes were inserted in both her chest cavities in order to find out if blood was collecting there. As well, they inserted a tube to deliver medicines to resuscitate the heart. An additional procedure was done to see if there was any blood in the sac surrounding the heart. No blood was found by any of the procedures. Medication was given in an attempt to restart the heart, to no avail. He pronounced her dead at 16:45 hours, approximately one hour after the event.

[14] The Misericordia at that time has established the following levels of observation for

patients on the ward:

a. Constant Observation: At this level a patient is observed 24 hours without cease;

b. Close Observation: At this level a patient must be observed by nursing staff every 15 minutes when awake, and 30 minutes when asleep;

c. General Observation: At this level a patient must be observed once per hour.

[15] Movement between these levels is fluid and can change on a daily basis. Nursing staff have the authority to change the level of observation to one that is more restrictive. Only psychiatrists are authorized to change the level from a restrictive one to one that is more relaxed.

[16] There was also in place a pass-system that allowed people who were on general observation to leave the hospital for limited periods of time. The decision to grant a pass was the result of a multi-discipline consideration made by all people (except security) who had interacted with a patient over the preceding week. Granting of passes was an integral part of the treatment process. By allowing patients out in the community on a limited time basis, medical staff could gauge just how ready an individual was for total reintegration in the community. The meetings to decide upon passes were held each Thursday, so that the pharmacology department could prepare any medications that might be needed.

[17] Ms. Epp, a registered nurse with thirty years nursing in psychiatry, testified about the procedure that was followed when a patient such as Ms. Rediger, under a certificate, but on general observation, left the hospital on a pass. Patients are to report to their nurse ahead of the time that they intend to actually go out.

[18] In the case of Ms. Rediger, she said that the reason for reporting earlier was "Because in some cases she may need medications sent with her." (Transcript, page 107, lines 25-27). This seems to be contrary to the evidence of Dr. Gurke, who testified that one of the reasons why the granting of passes was considered on Thursdays was to allow pharmacy the time to prepare medication.

[19] The last step in the procedure prior to actually leaving the ward is to record the pertinent information and sign a book that was at the nursing station. Patients did not have to ask anyone for the book, as there is free access to it.

[20] According to Dr. Gurke, the intent of the protocol was that the patients were expected to speak to the nurse when they signed out. It was expected that there would be someone at the nursing stations at all times in order to monitor people when leaving and upon return. In the case of Ms. Rediger, this did not take place. The evidence appears to indicate that no one was at the nursing station when the deceased signed herself out on a pass. The last contact that Ms. Epp had with the deceased indicated that she was settled, had no plans for the day and did not intend to use the pass. According to records, Ms. Rediger signed out on a pass at 3:10 p.m. on May 22, 2000. Ms. Epp has no recollection of this, and does not recall when she

became aware of this fact. Indeed it seems from her evidence that she was not apprised of the fact until the evening, when she was off shift and received a phone call inquiring into the whereabouts of the deceased.

[21] On May 22, 2000, when the deceased left on a pass, it appears as if her psychiatric condition was stabilizing. She was on general observation, the lowest level of supervision. There is no doubt that Dr. Gurke, as well as the rest of the medical personnel, were very cognizant of her suicidal ideations. Exhibit 5, the binder containing the photostated copies of the nurses notes and other documents makes it quite clear that the staff at the hospital were very aware that the deceased harboured thoughts of suicide, and made every effort to assist her.

[22] Indeed their concern was such that she was twice certified within 24 hours, the effect of which was to extend the life of the certificate to 30 days. The decision to grant a pass nine days after this certification was made after careful consideration of the input of the multi-disciplinary team that had observed and assessed her over the preceding week. Passes are an integral part of the treatment program, designed to determine whether or not a person can shortly be integrated into the community. The granting of a pass to the deceased on the date in question was well within the bounds of recognized psychiatric practice.