



February 21, 2019

Ms. Jennifer Fuchinsky
Fatality Inquiry Coordinator
Justice and Solicitor General
9th Floor Peace Hills Trust Tower
10011 109 Street NW
EDMONTON AB T5J 3S8

Dear Ms. Fuchinsky:

Re: Robert Earl Wright – Public Fatality Inquiry, Response to Recommendations

Thank you for providing the Honourable Judge D'Arcy DePoe's report. This letter is to provide a response to the one recommendation impacting AHS.

Recommendation 1

It is apparent that there will be situations in the future where NA [nursing assistant] Constant orders will have to be utilized, particularly in non-secure facilities. In my view, it is imperative in situations where a secure bed is not available, that decisions to issue NA Constant orders should be made at minimum in consultation with a patient's physician, and should not be changed or discontinued without similar consultation. Rules to this effect ought to be implemented. This is the major recommendation I make arising out of this inquiry.

Dr. Lechelt was of the view that her order should not have been changed without her knowledge. This death may not have occurred if there had been a clear line of authority to make this important decision, starting with the patient's physician, and proper communication to and among staff. All such orders should be in writing, recorded on the patient chart, and reviewed with staff every shift change.

Response:

Alberta Health Services (AHS) does not accept the recommendation as written for the following reasons; however, AHS does support the need for improved communications:

The process identified in the AHS procedure "Restraint as a last resort procedure Acute Care Inpatient-Adult" Document # HCS-176-04 does not identify the removal of restraints solely in discussion with an attending physician. Operational challenges with only an "attending" physician having the authority to remove restraints is the part of the recommendation that

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would have a significant impact for patient care and to the organization. Although we value and respect the recommendation, the decision to add or remove NA constant observation is a multidisciplinary decision that should not be limited solely to a physician. Best practice indicates that when removing restraints a comprehensive assessment by an interdisciplinary team rather than reliance on one individual should occur. It is for this reason we have indicated we cannot accept this component of the recommendation. AHS does support the larger context to the recommendation.

- In response, AHS is scheduled to review the “Restraint as a Last Resort” policy suite in February 2019, and the “Restraint as a last resort procedure-Acute Care Inpatient-Adult” will be reviewed as part of this work. AHS will add further details concerning the need for enhanced interdisciplinary communication and ensure we address the need for definitive and clear lines of communication, clear guidelines and supporting documentation in the revised policy.
- AHS will also undertake a full review of other provincial AHS policies which include or refer to observational levels and procedures as it relates to the discontinuation of constant observation. Those policies will be updated as appropriate to ensure clear lines of communication with supporting documentation are contained within the policy.

AHS recognizes the importance of this inquiry and identifies that future policy review and development will be conducted in 2019. In response to this incident, the Royal Alexandra Hospital has implemented technologies (Wander Guard-Safeguard at-risk residents), communication tools (Team Care Initiative and Enhanced Daily Huddles documents) and security measures (Secured Unit) as patient safety measures.

Sincerely,

Original signed

Verna Yiu, MD, FRCPC
President and Chief Executive Officer

C: Dr. Francois Belanger, Vice President - Quality and Chief Medical Officer, AHS
Milton Sussman, Deputy Minister of Health
Aaron Neumeyer, Assistant Deputy Minister - Financial and Corporate Services, Alberta Health