Fraser Health
AUTHORITY

September 18, 2002

Terry P Smith, Chief Coroner
Province of British Columbia
Metrotower II
Suite 2035 – 4720 Kingsway
Burnaby, BC V5H 4N2

Dear Sir:

We are pleased to advise you of the actions we have taken, and plan to take, in response to the recommendations made by your office outlined in the Inquiry into the death of Esther Winckler, (BCCS Case File 2000-230-0114).

In June of this year, a multi-disciplinary Project Team was established to review and develop an action plan to address the recommendations. The Project Team called upon expertise within the Fraser Health Authority as well as from professional organizations to form the following teams:

1. Clinical Project Team: Professional Practice
2. Clinical Project Team: Geriatric Care in an Acute Care Setting
3. Clinical Project Team: Surgical Care Quality Improvement

The Project Team has overseen the work of the other teams and continues to assume responsibility for the quality of care and accountability for the improvements. Professional associations and clinical experts within the Fraser Health Authority have assisted with the review of current practice and with the identification of best practice and direction for improvement. As action plans are implemented and evaluated over the next several months, policies, guidelines, clinical pathways, and staff education will ensure patient care and professional practice will be monitored and quality improvement opportunities identified and actioned.

The family of the late Mrs. Esther Winckler also offered recommendations to the Fraser Health Authority. Many of the family's recommendations were similar to those made by your office. The actions taken in response to those recommendations are included at the end of the attached document.

The Fraser Health Authority is committed to the delivery of safe health care and will take every opportunity available to meet that commitment. We trust that the plans we have made to act upon the recommendations of this inquest further demonstrate that commitment.

Sincerely,

*(original signed)*

Kathy Kinloch
Executive Director, Acute

Fraser Health
AUTHORITY

*serving the residents of Simon Fraser, South Fraser and Fraser Valley*

# Coroner's Recommendations

***#1***

***to the Department of Anesthesia & PACU, Chilliwack General Hospital...***

That this case be reviewed for educational purposes with particular attention to:

a) The importance of documenting pre-operative assessments.
b) Signs and symptoms of congestive heart failure.
c) Oxygen de-saturation.
d) The importance of complete and accurate documentation.

**FHA Response:**

- Changes to medical standards for documentation at CGH were completed in 2001 and are now in place.
- Anesthetists at CGH have reviewed their practice. Patients are now admitted the morning of surgery and any changes to the treatment plan are discussed with the surgeon at that time.
- A chart audit tool has been developed to assist in the evaluation of documentation and in the identification of gaps in patient information. The results of this evaluation will be used to make improvements in the documentation system as required.
- Medical Rounds will review the Winckler case in 2002-03 for educational purposes. The Family Practice Residency Program has already reviewed the case from an educational perspective.

***#2***

***to Patient Care Services, Chilliwack General Hospital...***

That this case be reviewed for educational purposes with particular attention to:

a) Complete and accurate documentation that meets the standards set out by the RNABC.
b) The importance of reporting abnormal findings.
c) Signs and symptoms of a head injury.
d) Nutritional requirements of a postoperative patients.
e) The importance of a functioning gastrointestinal system.
f) Current pain management theory.
g) Management of postoperative confusion in the geriatric patient.
h) The effects of sedation on the geriatric patient.

i) The benefits of non-restrictive and non-chemical restraints.

j) The Regional Falls Management Program.

k) Appropriate transfers to an activation unit.

**FHA Response:**

- In January 2001 a Medical Unit Care form was implemented to provide more and specific space to document gastrointestinal function, including monitoring of intake and elimination.
- A program that will focus specifically on the care of the elderly or geriatric patient in the CGH acute care units is being developed. To support this program, best practices have been identified and Marcia Carr, Clinical Nurse Specialist and a Practice Consultant from RNABC have contributed expertise to the program components which include:
  - Falls Management/Least Restraint
  - Pain Management
  - Incontinence
  - Nutrition/Bowel
  - Management of Challenging Behaviors
  - Transfer of Care Between Units
- A number of Medical Staff education sessions have been held, covering topics ranging from the management of post-operative confusion in the elderly to current pain management theory.
- Clinical Nurse Specialist Marcia Carr has met with clinical staff at CGH to review charts, conduct a site tour and discuss various approaches to patients experiencing delirium and exhibiting challenging behaviors. A number of CGH staff attended a one-day workshop presented by Ms. Carr on "Management of Challenging Behaviors". A component of the workshop focused on "Drugs and the Elderly". Understanding behaviors and what they signify is a key component of a successful least restraints program.
- Clinical practice guidelines for the use of restraints are currently at the final approval stage and will be ultimately implemented throughout the Fraser Health Authority.
- Jocelyn Reimer-Kent, Clinical Nurse Specialist (Paint Management) agreed to assist with the development of evidence-based guidelines and education for pain management. Staff education session on Pain Theory and Guidelines for Pain Management will be completed by October, 2002 and will be an ongoing topic for staff education.
- Professional Practice Councils will be established at each hospital site, including CGH. Terms of Reference have been drafted for these Councils and the inaugural meeting at GCH is scheduled for September 30, 2002 and monthly thereafter. The purpose of this multi-disciplinary council will be to facilitate excellence in the provision of patient and family

centered clinical services and organizational system support. This body can address practice issues such as documentation, pain management and reporting.

- Changes in procedure at CGH ensure that patients are admitted for elective surgery on the morning of surgery and stay on the same unit for their entire length of stay to ensure continuity of care.
- Where transfers are appropriate, our policy for some time has been that the individual receiving nurse is to conduct an assessment. Staff education will be provided on an ongoing basis.
- A review of current transfer and discharge practices is underway with a goal to ensure that patients are transferred to the appropriate care areas with information that will best meet the patient's need. An examination of the communication of patient care information between units is ongoing – one tangible result is a card of patient's information that accompanies the patient to his/her new ward. Care paths will further promote continuity of care through ongoing assessment and inter-disciplinary communication, with special focus on variations in the processes and outcomes of care and treatment.

**#3**

***to Patient Care Services, Chilliwack General Hospital...***

That the Chilliwack General Hospital develop and incorporate Care Path/plans related to the care of geriatric patients that includes:

a) Use of restraints
b) Pain Management
c) Sedation
d) Effects of analgesics on the elderly.

**FHA Response:**

- As noted in Recommendation 2, a Care Path that specifically addresses the care needs of the elderly or geriatric patient will be implemented in October 2002. The Care path includes the components of restraint use, pain management, sedation and the effects of analgesics on the elderly. An education program for staff to address the same needs will also begin in October and will be ongoing.
- A number of CarePaths have been revised. As well, we have integrated care paths into individual patient records more effectively and made them a key document for accountability. There are three aspects to these CarePaths: expectations (e.g. degree of recovery to be expected on a given day of a particular illness or condition), addressing variations, and accountability for patient outcomes.

- The revised CarePaths include a variance-tracking tool that capture deviation from expected recovery, specific actions required, and who is responsible for carrying out these actions.
- A revised CarePath for Elective Hip Replacement and Elective Knee Replacement will be implemented in October 2002.
- Across the Fraser Health Authority, we are looking at patient alert devices to help deal with such issues as wandering, unsafe bed/chair exits.

***#4***

***to Vice President of Acute and Strategic Services, Fraser Valley Health Region...***

That Acute and Strategic Services review policies in place at other health are facilities regarding the management of patients receiving analgesics and sedation and develop an appropriate monograph for the Fraser Valley Region.

**FHA Response:**

- This recommendation is addressed in the actions to Recommendations 2 and 3.
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***#5***

***to Chief of Medical Staff, Fraser Valley Health Region...***

That the current consent forms be reviewed and consider changes that allow for a patient to consent to particular methods of anesthesia without jeopardizing the ability of the physician to use alternative methods, if necessary during the course of the procedure, to preserve life or limb.

**FHA Response:**

- The Surgical Consent process and form were revised in 2001 to comply with the recommendations made by the Canadian Medical Protective Association and the Consent Act under Adult Guardianship Legislation.
- The recommendation was reviewed with a decision to not change the consent process (consent is a process as opposed to simply a form). The issue was determined to be one of process and communication between professionals. It was noted that while the issue should remain at a local or health area level, work is underway (Fall 2002) to develop one policy and process (for the FHA)

***#6***

***to RNABC...***

That the RNABC consider involvement in offering an educational workshop at CGH concerning the following nursing care issues:

a) The importance of complete and accurate documentation.
b) Care of the geriatric surgical patient.
c) The use of restraints and non- restraint policies.
d) The importance of reporting abnormal findings.

**FHA Response**

- A Practice Consultant from RNABC participates as an as-hoc member of the Project team to provide expertise on standards of practice and professional responsibility. In addition, RNABC has assisted in the development of a new program that focuses on the care of the elderly patient in acute care.

***#7***

***to the College of Physicians and Surgeons of BC...***

That the College of Physicians and Surgeons review this case for educational purposes deemed appropriate.

**FHA Response**

- Dr. David Williams, chair of the former Medical Quality Improvement Committee of the Fraser Valley Health Region has sent a letter to the College requesting information regarding what action the College plans to take regarding this recommendation. To date, a response from the College has not been received.

# Winckler Family Recommendations

***The family recommended that the Registered Nurses Association's Professional Conduct Committee thoroughly review the actions of the nurse involved in the care of Esther Winckler to ascertain whether care was in conformity with standard practice.***

- The FHA conducted a review involving meetings with individual nurses, as well as reviewing in detail many other aspects of care including transfers between units, staff, etc. Resulting changes include a decision to limit the number of transfers among units and the involvement of a Patient Care Coordinator to facilitate transfers when they are required, and to review each patient daily, for better continuity of care.

***The family recommended that the role of Patient Advocate be clearly defined by the Health Region and their presence made known to families prior to a patient's death.***

- As one of the initial steps in strengthening patient advocacy in the FHA, Bob Smith, CEO of the FHA, Cathy Weir, Director of Quality Improvement, Risk Management, and Helen Carkner, Director of Communications have met to discuss an FHA approach to customer service ensuring access to information, and opportunities for patients, clients and families to provide feedback and have their concerns addressed. (in Fall 2002)This strategy will be implemented in a timely and effective manner. A component of this will be to provide information brochures to patients and their families.

***The family recommended that the hospital re-look at the availability of medical personnel (on site and on call) on weekends.***

- The Fraser Health Authority is working to establish a Hospitalist Program at all acute sites in the region. A hospitalist is a physician who is contracted by the hospital to act not only as a provider of care, but as a coordinator of care throughout the patient's stay. They work with the patient, family, nursing staff and specialists, providing timely, efficient and effective care. With hospitalists on site, physician response time for assessing the patient and beginning diagnostic work-up is significantly reduced. The availability allows for timely reevaluation of the patient as well as greater communication between the hospitalist and other professional care providers resulting in improved continuity of care for each patient. At CGH, participants in the hospital's residency program will link with the hospitalists.

***The family recommended that the Hospital Administration take a hard look at a culture that has developed internally which has nurses telling a family who is insisting on seeing a doctor, that they aren't encouraged to call the doctors on a weekend unless there is a good reason.***

- The FHA is working hard to build a patient-focused culture across the organization by supporting our front-line care providers. One tangible example of this is the new role of the Patient Care Coordinators who provide nursing staff with on site clinical leadership. We have developed a policy and protocol for interdisciplinary working relationships to identify and resolve communication issues, and are holding educational sessions about this policy.

***The family recommended that families be given a brochure or some written explanation that clearly outlines what a DNR order means and what the ramifications will be once the family signs this form. Different medical personnel explain it differently to each family and this should be a standard.***

- Under the direction of Dr. Robert Halpenny, we are working to standardize advance directives and DNR policy and procedure across the Fraser Health Authority, which meets

best practices in the industry. A significant component of the process will be based on communication between health care providers, patient and families. It is anticipated that the initiative will be completed in 2003. The importance of clear, readily understood information for families, and of education and monitoring, will be a strong focus of this work.

***The family recommended that family members be brought into the process more effectively. That if there are shortages in staffing, the family is alerted so that they can make arrangements to sit by the patient as opposed to having long periods of restraints and an "out of sight, out of mind" treatment mentality. As well, if the patient IS to have restraints, or has fallen, the family should be immediately notified.***

- It is our responsibility to provide safe levels of staffing. The involvement of family is welcomed. Our least restraint policy and falls prevention strategy, to be implemented across the FHA, both highlight the need to inform and involve family.
- New, soft cloth magnetic restraints, now in use, allow for greater patient mobility when restraints are indicated.
- This is an area where we recognize the need to continue working, if we are to make family involvement part of the culture, and of our expectations of nursing leadership.

***The family recommended that liquid and food intake be charted. The family noted that food workers came in and out taking the food without lifting the lid to see if anything has been ingested. No one appeared to be monitoring dehydration or nutrition levels.***

- This underlines the importance of assessment, e.g. monitoring intake of fluids and food. We are continuing to work on this area and seeking significant improvements as our new Food and Nutrition Services leadership works closely with clinical staff.
- The Medical Unit Care Record was developed and implemented. The document provides more and specific space to document gastrointestinal function, including monitoring of intake and elimination.
- CarePaths include the monitoring of food and fluid intake, and have been enhanced to ensure that more accountability is "built-in" to ensure that findings are documented and nurses sign off on each intervention with patients.