



REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA

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August 16, 2002

Mr. Terry P. Smith
Chief Coroner
Ministry of Public Safety & Solicitor General
Suite 2035 4720 Kingsway
Burnaby BC V5H 4N2

CONFIDENTIAL

OFFICE OF THE CHIEF CORONER

Date: 16-AUG-2002
Refer To: Terry P. Smith
Comments: lodged as 'P'
cc Regional Coroner: Kent Stewart
cc Coroner: Robbie Storchinski

Dear Mr. Smith:

Re: Coroner's Inquiry into the Death of Ester Elsa WINKLER
SCCS Case File # 2000-230-0114

In the Coroner's Judgment of Inquiry, recommendation #6 on page 21 was brought to the Registered Nurses Association of British Columbia's (RNABC) attention for consideration:

That the RNABC considers involvement in offering an educational workshop at Chilliwack General Hospital 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 no restraint policy; and
- d) the importance of reporting abnormal findings.

RNABC has contacted Betty Price, Site Administrator of Chilliwack General Hospital, and met with Elma Pauls, the registered nurse planning and coordinating the hospital's response to the Coroner's recommendations. Chilliwack General Hospital (CGH) is proceeding with the following plans to address each of the practice issues identified in the above recommendations. In the long term, it is anticipated that these plans will more effectively address these issues than a short term educational workshop.

CGH has organized a Professional Practice Committee which consists of nurse managers, nurse coordinators and nurse clinicians to assist with follow-up to the Coroner's recommendations. This group has defined their terms of reference and has set, as their first priority, documentation standards and policies for nursing and other disciplines. In preparation for their September meeting, they are completing a chart audit to use as a beginning reference point so they can evaluate progress in this realm. This committee will not provide immediate changes, but anticipates setting new standards for nurses' documentation and over time, educating the nurses in each clinical area to meet the new standards for documentation.

In relation to the care of the geriatric surgical patient, Marcia Carr, a clinical nurse specialist in gerontology, has agreed to work with the hospital to assess the needs of

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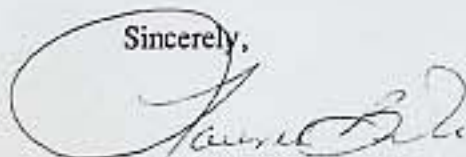
the hospital in relation to geriatric care. She has drafted several audit tools to survey the nurses about: knowledge of geriatrics in acute care; values and beliefs about geriatric patients; judgements when interventions are necessary for geriatric patients; the environment in which geriatric patients are cared for; and documentation. Marcia will be working with a committee, Elderly in Acute Care, which will coordinate this work and will report to the Professional Practice Committee. Their first job will be to report the results of the surveys to the Professional Practice Committee and outline ways to address any deficits. Information on the use of restraints will be elicited in the environmental survey. The Elderly in Acute Care Committee has drafted policies on the use of restraints and falls prevention to be presented to the Professional Practice Committee for approval in September.

Marcia also gave a workshop on July 16, 2002 on delirium in the elderly. She is currently meeting with the planning team to plan for two, two-day workshops for direct care staff on issues in geriatrics including delirium, falls prevention and use of restraints. It is the incorporation of this information into the clinical practice of clinical care providers that will change the outcomes for patients. Marcia will be representing CGH on the Fraser Valley Health Authority Geriatrics Leadership team which is planning to standardize geriatric care programs throughout the region.

At CGH, there is a multi-disciplinary committee that meets to review surgical issues. The committee consists of the surgical nurse manager, the nurse coordinator, the surgical nurse clinician, the physiotherapist, social worker and representatives from the surgeons and the anaesthetists. They have been meeting regularly during the summer to adopt clinical pathways for both hip and knee surgery. This committee has had the support of clinicians who will assist them to implement these pathways into clinical practice. One component of the pathways outlines the standards for documentation and the clinical expectations of practitioners when a patient responds in an abnormal or adverse way.

It is anticipated that successful implementation of the above actions will address the Coroner's recommendations. Thank you for alerting us to the contents of this report.

Sincerely,



Laurel Brunke, R.N., MSN.
Executive Director

cc: Betty Price, Site Administrator, Chilliwack General Hospital