

# Manitoba Ombudsman

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May 7, 2012

The Honourable Ken Champagne  
Chief Judge  
Provincial Court of Manitoba  
5<sup>th</sup> Floor - 408 York Avenue  
Winnipeg, MB R3C 0P9

## INQUEST INTO THE DEATH OF ANDREW SZABO

Dear Chief Judge Champagne:

As you are aware, it is the practice of my office to follow up on inquest recommendations when they relate to a provincial department, agency or municipality.

I am writing to advise you of the results of the inquiries made by my office concerning the inquest report recommendations into the death of Mr. Andrew Szabo. The report dated June 17, 2011 was issued by the Honourable Judge Mary Kate Harvie.

Mr. Andrew Szabo came to his death on August 5, 2006 at the City of Winnipeg in the Province of Manitoba. His death occurred following a fall from the stands of Canad Inns Stadium while attending a Winnipeg Blue Bomber football game. An autopsy determined that the cause of death was "*multiple injuries due to fall from height.*"

The Chief Medical Examiner called for an inquest pursuant to subsection 19(3) of *The Fatality Inquiries Act*. The inquest report was released on June 22, 2011.

In this case, Judge Mary Kate Harvie made 30 recommendations directed to the City of Winnipeg, the Winnipeg Regional Health Authority (WRHA), and Manitoba Family Services and Labour (formerly Manitoba Labour and Immigration). The following are the recommendations and the responses we received:

### **Building Code Recommendations:**

#### **RECOMMENDATION 1**

**The Building Standards Board study the need for hand rails in "bleacher" aisles as well as "exit" aisles, with a view to recommending that hand rails be included in all "bleacher" aisles in Assembly Occupancy Facilities;**

## **FAMILY SERVICES AND LABOUR RESPONSE:**

*In response to Recommendation 1, the Board noted that mid-stair hand rails may act to increase public safety. In order to confirm this supposition, a considerable amount of technical research must be conducted on the various types of assembly type occupancies before a recommendation to include hand rails in "bleacher" aisles can be incorporated into the Manitoba Building Code.*

*Moreover, the Board noted that requirements relating to assembly type occupancies are generally contained in the National Building Code as they are sufficiently nationwide in scope. The Board has, therefore, recommended that this issue be forwarded to the National Research Council (NRC) or the Canadian Commission on Building and Fire Codes for further research, and consideration for inclusion in the National Code. The Office of the Fire Commissioner (OFC) will forward this request to NRC on behalf of the Province for consideration in the new code cycle, presently underway.*

*We are pleased to advise that we have recently learned that during construction of the MTS Centre in Winnipeg, hand rails were installed on all stairways voluntarily by the developer to improve safety within the facility. As well, handrails will be installed in all open stairways planned for the new Winnipeg Blue Bomber Stadium.*

*The OFC will submit code review requests regarding mid-stair hand rails and the definition of "substantial" to the NRC by January 31, 2012. The NRC process requires that the party making a submission provide the following information:*

- identification of the code problem(s),*
- options for consideration to address the code problem(s),*
- objectives and functional statements for each option,*
- cost benefit analysis for each option, and*
- potential enforcement implications for each option.*

*Once requests are received, the NRC will pass them to one or more of their standing committees for review. The NRC's standing committees meet twice a year, in spring and fall. The NRC will communicate the standing committees' decisions to the OFC, at best, in late spring or late fall 2012. If the standing committee agrees that the proposed code change may be needed nationally, they will include the proposals in the next public review of proposed changes to the 2010 National Building Code. Furthermore, if public review and further analysis by NRC staff result in favour of the code changes, the NRC may include the changes during the next code cycle in 2015.*

*The department will review this issue for purposes of addressing recommendation one, related to hand rails, in Manitoba Regulations if the NRC or Canadian*

*Commission on Building and Fire Codes is unable to develop provisions for incorporation into the national code.*

## **RECOMMENDATION 2**

**That the City of Winnipeg Building Inspectors Office require that a Building Inspector attend forthwith to the Canad Inns Stadium to assess the safety of the north end zone exit aisles. In the event that concerns about wear and tear, weathering, or variances in the rise and run of the stairs create safety concerns, the Inspector direct that a hand rail be installed along those stairs. The City of Winnipeg shall bear the cost of the installation of any hand rails, as well as any modifications to the aisles or the seating to accommodate such a hand rail;**

*In satisfaction of this Recommendation, the City arranged for the A/Chief Building Inspector and the Administrator of Plan Examination and Inspections to attend Canad Inns Stadium on August 22, 2011 to perform the recommended assessment and make recommendations on behalf of the City of Winnipeg Building Inspections Branch ("Building Inspections").*

*Building Inspections concluded that their inspection revealed no safety concerns with respect to the wear and tear, weathering, or variances in the rise and run of the aisle stairs. Accordingly, mandatory installation of handrails was not directed or ordered by them at that time. As a result, the City has not directed that a handrail be installed along those stairs.*

*Building Inspections recommended that normal maintenance be continued, including concrete patching of any damaged stair nosings or treads as may become necessary on an ongoing basis by Canad Inns Stadium.*

## **RECOMMENDATION 3**

**That the City of Winnipeg Building Inspectors Office examine the treads of the north end zone bleacher aisles to determine if they "have a finish that is slip resistant" and "have either a color contrast or a distinctive pattern to demarcate the leading edge of the tread and the leading edge of the landing." If the treads do not have this type of finish, or if the color contrast or distinctive patterns are not sufficient to demarcate the leading edge of the tread or the leading edge of the landing, the Inspector shall direct that it be applied forthwith and the City of Winnipeg shall bear the cost of the application;**

### **CITY OF WINNIPEG RESPONSE:**

*Pursuant to the August 22, 2011 inspection, Building Inspections concluded that the bleacher aisles had a finish that was slip-resistant and that the leading edge of the treads already had an acceptable colour contrast demarcation from the remainder of the treads and risers. Accordingly, they concluded that no improvement was necessary to comply with this Recommendation.*

#### **RECOMMENDATION 4**

**That the City of Winnipeg direct the Winnipeg Football Club to take immediate steps to modify the guard rail running along the walkway in the north end zone of the Canad Inns Stadium so that it is brought up to compliance with the 2005 Building Code requirements and that the City of Winnipeg be responsible for any costs related to the changes to the guard rail;**

#### **CITY OF WINNIPEG RESPONSE:**

*Given the current understanding that the Winnipeg Blue Bombers will be playing a portion of their 2012 season at Canad Inns Stadium, Building Inspections has recommended that clear solid panels of plexi-glass or similar material be installed to the existing guard for a minimum 6' width centred at the base of each of the 4 aisles which do not align with the 2 centre stairways leading from the raised walkway to grade. In accordance with their recommendation, the bottom edge of the solid panel shall be no greater than 4" above the walking surface and the top edge shall extend to no less than 36" above the walking surface. The solid panels, supports, and fasteners shall be designed to withstand the loads specified by sentence 4.1.5.15.(2) of the Manitoba Building Code.*

*Building Inspections is satisfied that, once the aforementioned remedial work is performed, the guard rail at the base of each aisle along the walkway in the north end stands will have been brought into compliance with the 2005 Manitoba Building Code requirements concerning guard rails in such buildings.*

#### **RECOMMENDATION 5**

**That the Building Standards Board and The Provincial/Territorial Policy Advisory Committee on Codes (PTPAC) study and consider whether there are issues related to public safety contained within the Building Code that ought to be considered for retroactive applications;**

#### **FAMILY SERVICES AND LABOUR RESPONSE:**

*In response to Recommendation 5, please note that The Buildings and Mobile Homes Act does not allow for regulations under that Act to be made retroactive. This is reflected in provisions of the NRC's National Building Code. The Board was not in favour of retroactive code application. Retro-fitting is often either impossible for existing facilities and/or extremely cost-prohibitive.*

#### **RECOMMENDATION 6**

**That the Building Standards Board should recommend a definition for the term "substantial" as it relates to renovations and changes to existing structures or portions of structures.**

## **FAMILY SERVICES AND LABOUR RESPONSE:**

*In response to Recommendation 6, the Board agreed that a standard definition for the term "substantial" as it relates to renovations and changes to existing structures or portions of structures cannot be readily agreed upon across various jurisdictions in Canada as the definition is dependent on the scope of work that is being undertaken at the time of construction. As each authority having jurisdiction over building codes and standards subjectively defines the term "substantial" in this way, the Board was unable to develop a general definition for the term. However, the Board has recommended that this issue be forwarded to the NRC for further consideration. The OFC will also forward this request to the NRC, on behalf of the Province, for consideration in the new code cycle presently underway.*

*There is no standard definition for the term "substantial" as it relates to renovations and changes to existing structures or portions of structures. The term is defined on a case-by-case basis or per construction project. The definition is significantly dependent on the scope and type of work that is being undertaken at the time of construction which varies greatly from project to project. As noted above, the OFC will prepare a related proposal for code change and submit it to the NRC by January 31, 2012. The timeline for response from the NRC cannot be determined at this time.*

*The National Building Code states that:*

### *Section A-1.1.1.1 (1)*

*The successful application of Code requirements to existing construction becomes a matter of balancing the cost of implementing a requirement with the relative importance of that requirement to the overall Code objectives. The degree to which any particular requirement can be relaxed without affecting the intended level of safety of the Code requires considerable judgment on the part of both the designer and the authority having jurisdiction.*

*Similarly, the Manitoba Building Code states:*

### *1.3.5.1. Alterations and Repairs*

*1) This Code applies to the part of an existing building that is altered and repaired. If, in the opinion of the authority having jurisdiction, the alteration will affect the degree of safety of a part of the existing building not altered or repaired, those parts of the existing building shall be improved as required by the authority having jurisdiction.*

*2) If a building is altered or repaired, the level of life safety and building performance shall not be decreased.*

*This section of the Code currently provides guidance to the authority having jurisdiction with respect to alterations and repairs in that consideration must be given to the affect the change has on the safety of an existing building. Given the nature of the issue, and the great variance of changes that can be made to existing buildings, the department defines the term on a case-by-case basis.*

*The applicability of the provision is significantly dependent on the scope and type of work that is being undertaken at the time of construction. Given this, defining the term in a more specific way could create situations where safety would be diminished. A review of this issue at the national level, through the NRC process, will greatly assist in determining whether a definition would be effective or appropriate. Discussions at the national level will guide us in determining whether to define the term "substantial" in Manitoba Regulations.*

**Recommendations directed to WFPS and the WRHA as it relates to paramedic services and triage protocols:**

**RECOMMENDATION 7**

**WRHA/WFPS retain "mechanism of injury" in the trauma triage protocol, including the provision which requires transport to a trauma center if there is a fall from a height 20 feet or more;**

**WRHA RESPONSE:**

*This specific recommendation is scheduled to be discussed further at the WFPS Medical Advisory Committee meeting in November [2011]. However, the current Trauma Triage Policy does have a mechanism of injury provision. It provides that if the individual has fallen 20 feet, they should be taken to the trauma centre. This change in the policy occurred subsequent to the death of Mr. Szabo. The only change in the future would be if there was medical evidence to support a change or removal of this provision. For example, medical evidence could support a change from 20 feet to 15 feet or 25 feet.*

**CITY OF WINNIPEG RESPONSE:**

*It should be noted that "mechanism of injury" has already been included in the Trauma Triage Protocol, which included a provision requiring transport to the trauma centre if there is a fall from a height of 20 feet or more.*

*"Mechanism of injury" will continue to be included so long as its inclusion can be supported by the available evidence.*

## **RECOMMENDATION 8**

**Instruct WFPS paramedics that they are allowed to rely upon the medical findings of other paramedic services in assessing the applicability of the trauma triage and other triage protocols;**

### **WRHA RESPONSE:**

*It is important to distinguish in this recommendation between licensed and unlicensed paramedic services. The WFPS protocol already provides that licensed paramedic and bystander assessment is part of their triage assessment protocol. This recommendation is also going to the WFPS Medical Advisory Committee and will be discussed further at the Joint Operations Committee meeting.*

### **CITY OF WINNIPEG RESPONSE:**

*The WFPS continues to rely on its current model, which includes the presence of Medical Supervisors in the field. Medical Supervisors are brought in when there is any doubt or other analogous concerns regarding the application of the existing protocols. WFPS paramedics have always been instructed to rely upon the findings and observations of other witnesses in the field, and such observations should be incorporated into the Patient Care Report (as was done properly in their attendance after Mr. Szabo fell from the stands).*

*WFPS paramedics will continue to be instructed to rely upon their own judgment and observations, with the assistance of the Medical Supervisors, in determining the applicability of protocols.*

## **RECOMMENDATION 9**

**WFPS/WRHA should accept and disseminate to Medical Supervisors, Platoon Chiefs and any other WFPS staff they feel is appropriate information provided by private paramedic companies about the training of the paramedics retained by those private paramedic companies;**

### **WRHA RESPONSE:**

*There are multiple companies with private paramedic services. Most private ambulance companies are not licensed to provide transport services. In our respectful opinion, it is neither feasible nor necessary to ascertain the training of the paramedics retained by those private paramedic companies. The training is not static; it is constantly changing. Individual paramedics on the scene are unlikely to retain the details of the training of every private paramedic they may come across in the scope of their duties.*

**CITY OF WINNIPEG RESPONSE:**

*The City acknowledges and respects the role played by private paramedic companies in a variety of situations and locations, such as football games at Canad Inns Stadium. In fact, it is further acknowledged that many employees of the WFPS also work for various private paramedic companies. Having said that, the WFPS does not intend to actively accept and disseminate information provided by private paramedic companies about their training to WFPS members.*

**RECOMMENDATION 10**

**At the request of any private paramedic company, WFPS/WRHA should provide their transport protocols/triage protocols to those private paramedic companies;**

**WRHA RESPONSE:**

*You have asked the WFPS and the WRHA to provide their transport protocols/triage protocols to private paramedic companies. Again, these protocols are not relevant to paramedics who are not transporting, but those paramedics should be referencing the Provincial Manitoba Emergency Medical Services policies, guidelines and protocols which are accessible on the Manitoba Health website. Those are the relevant transport protocols, policies and guidelines for those companies.*

**CITY OF WINNIPEG RESPONSE:**

*It should be noted that the WFPS is the only entity licensed to transport patients within the City of Winnipeg. In routine consultation with the WRHA, the protocols created for use by the WFPS are designed based upon the specific requirements of the WFPS and the WRHA in the context of transport and triage within the City of Winnipeg.*

*Accordingly, the WFPS does not intend to provide transport/triage protocols to agencies that are not licensed to engage in this activity.*

**RECOMMENDATION 11**

**WFPS/WRHA work together with Criti Care or any other private paramedic company to establish guidelines for patient hand-over and transfer of care;**

**WRHA RESPONSE:**

*The WFPS and the WRHA plan to meet with Criti Care. It is important to clarify that we are only talking about the paramedic to paramedic hand-over at the scene and not a patient hand-over at the hospital. A meeting will be set up in the near*



*future to discuss this issue. Again, this should be limited to a licensed private paramedic company.*

**CITY OF WINNIPEG RESPONSE:**

*The WFPS currently has extensive and sufficient training and guidelines with respect to the handover of patients.*

**RECOMMENDATION 12**

**WRHA provide the fax machine numbers for all Winnipeg hospital emergency rooms to any private paramedic company so as to ensure that private paramedic reports are forwarded to the proper number;**

**WRHA RESPONSE:**

*In consultation with the Winnipeg Fire Paramedic Service, it was determined that it would be more efficient if all licensed private paramedic companies phoned the WFPS Communications Centre to ascertain the hospital the patient was in fact transported to and the fax number for that site. Ambulances are periodically redirected en route due to temporary diversions or a change in patient status.*

*Accordingly, even though the private paramedic at the site may believe that the patient is going to Hospital X, a change en route may result in the patient going to Hospital Y. Accordingly, it would be more efficient in those circumstances for them to get the up-to-date information from the WFPS Communications Centre. In addition, fax numbers do change. As there is nil to extremely limited transport by private paramedic companies, it would be difficult to ensure that all their personnel were updated on the fax changes.*

**CITY OF WINNIPEG RESPONSE:**

*The City supports the arrangement proposed by the WRHA concerning the involvement of the WFPS Communications Centre to achieve the objective of this Recommendation.*

**RECOMMENDATION 13**

**WRHA/WFPS examine whether it is feasible to permit private paramedic companies access to the current Electronic Patient Care Reporting (EPCR) system presently in use**

**WRHA RESPONSE:**

*It is important to note that the WFPS already uses their own electronic system to send hospitals the Electronic Patient Care Report (EPCR) for each patient. There are significant costs associated with that. There is no problem if Criti Care or any*

*other licensed paramedic company similarly wish to invest in such a system, buy their own equipment and have the information delivered to the hospital system. This is one-way access only for the flow of information as there is no need for private companies that are not transporting patients to have access to the patient records and live hospital status of the emergency rooms. That information is necessary for the transporting vehicles only. There are significant privacy concerns and the information flow should be limited to a "need to know" basis only.*

**CITY OF WINNIPEG RESPONSE:**

*The WFPS takes no position on this recommendation as such implementation would properly be dealt with between any private paramedic company and the WRHA.*

**RECOMMENDATION 14**

**WFPS/WRHA should amend the trauma triage protocol to allow for medical supervisors and/or paramedics to have some discretion when assessing the application of the trauma triage and other triage protocols under the heading "EMS PROVIDER JUDGMENT";**

**WRHA RESPONSE:**

*The medical supervisor already has discretion when assessing the application of the trauma triage and other triage protocols. For greater certainty, the policy could be amended to spell that out, but the medical supervisors are well aware and do exercise that discretion.*

**CITY OF WINNIPEG RESPONSE:**

*In conjunction with the WRHA, the WFPS has given serious consideration to the role that discretion ought to play in the trauma triage process. It is the hope and expectation of the WFPS that the presence of Medical Supervisors in the field serves to address situations where paramedics are not entirely certain concerning the proper course of action. In those instances, the additional experience and expertise offered through the Medical Supervisor provides the necessary resources to deal with areas of uncertainty.*

*..the Medical Advisory Committee has agreed that a footnote will be added to the Trauma Triage Protocol to emphasize the role of the Medical Supervisors, as aforementioned.*

## **RECOMMENDATION 15**

**WFPS/WRHA should amend the trauma triage protocol to add "when in doubt" provision which would authorize paramedics to transport a patient to the trauma center "when in doubt";**

### **WRHA RESPONSE:**

*Again, the "when in doubt" provision already exists. When a paramedic has some doubt about the application of the trauma triage protocol, then they are to call their medical supervisor. The medical supervisor makes the decision as to where the patient should be sent.*

### **CITY OF WINNIPEG RESPONSE:**

*In a similar vein to the City's response to Recommendation 14, the WFPS has given serious consideration to situations when paramedics may experience doubts concerning the appropriate course of action. The incorporation of Medical Supervisors into this decision-making process is intended to import the availability of sufficient expertise and experience to deal effectively with such situations.*

## **RECOMMENDATION 16**

**If the WFPS/WRHA should choose not to allow paramedics or medical supervisors in the field to have any discretion when applying the triage protocols, then an "online" medical control system should be introduced, allowing paramedics and/or medical supervisors access to an emergency room physician for consultation purposes.**

### **WRHA RESPONSE:**

*With all due respect, the online medical control system is not applicable to a small centre such as Winnipeg. In Ontario, there is an online medical control system. The only difference it makes is with respect to the destination the patient is transported to. Ontario is very diverse geographically and there are numerous decisions to be made with respect to destination. Winnipeg is geographically limited and also has limited destinations for the ambulances. The established triage protocols work within the system. Furthermore, all WFPS paramedics have access to their medical supervisors who also have direct access to a physician who serves as the WFPS Medical Director.*

### **CITY OF WINNIPEG RESPONSE:**

*In consultation with the WRHA, the WFPS has seriously considered whether an "online" medical control system, such as one that exists in Ontario, would provide an effective enhancement to patient care here in the City of Winnipeg. The WFPS*

*has noted that the doctors involved in such systems are typically relied upon as substitutes for a properly functioning triage protocol. In other words, the doctors involved in the online medical system are tasked with determining where a patient is to be conveyed, particularly in regions with disparately located facilities.*

*Having weighed the relative benefits of such a system, the City does not believe that this would provide enhanced patient care in the City of Winnipeg. The WFPS is further encouraged by every audit of the WFPS Trauma Triage Protocol that has been performed, all of which have overwhelmingly confirmed that the Protocol is working properly and within internationally recognized guidelines.*

## **Recommendations Re: Grace General Hospital**

### **RECOMMENDATION 17**

**The Grace General Hospital should direct emergency room nursing staff that all trauma patients, regardless of their initial presentation, should:**

- Receive 100% oxygen at a high flow until all injuries have been identified and assessed;**
- Have two IVs established in the event that rapid infusion of blood or fluids is required;**
- Have laboratory tests of blood types and screen, complete blood count chemistry (commonly the electrolyte sodium, potassium, chloride, glucose and creatinine and drug and alcohol analysis).**

**It should be noted that the forgoing tests are recommended by the Emergency Nursing Association 2007.**

- That trauma patients who present with a history of alcohol consumption be tested to confirm their blood alcohol level.**

### **WRHA RESPONSE:**

*The recommendations contained in item #17 reflect the standard of care recommended by the Emergency Nurse Association (ENA). Beginning in 2006, these standards have been incorporated into the trauma training taught to every new emergency nurse hired to work in an emergency department or urgent care in regional orientation in both General Orientation IA (meaning within 3 months of hiring) and again in the Resuscitation Orientation (at 6-12 months of hiring). Since 2006, trauma training has been adjusted to be consistent with the most current best practice standards (including the ENA standards and the ENA trauma training course TNCC).*

## **RECOMMENDATION 18**

**The WRHA consider whether the above recommendation should extend to all community hospital emergency room nursing staff;**

### **WRHA RESPONSE:**

*See the response to #17 above as it has been applied regionally.*

## **RECOMMENDATION 19**

**That WRHA/WFPS work in consultation with the Grace General Hospital with a view to directing paramedics and staff that patients assessed a CTAS 1 or 2 be the subject of a direct report between the paramedics and the bedside nurse and the attending emergency room physician;**

### **WRHA RESPONSE:**

*Paramedics report to both the bedside nurse and the emergency physician on patients assessed as CTAS 1. As CTAS level 2 patients may be medically stable, it may not be appropriate or safe to require direct reporting from the paramedic to a potentially single physician covering the entire emergency department in all cases. The WRHA and WFPS Joint Operations Committee will review and discuss the development of a mechanism to ensure paramedic to physician and bedside nurse reporting in cases where the patient's condition is uncertain, appears to have changed during transport, the circumstances of the illness/injury are highly unusual or concerning to the paramedic or the paramedic has questions or concerns he/she wishes to communicate to the physician.*

My office made further inquiries with the WRHA and was advised that:

*As described above, the work is underway through the Joint Operating Council with WFPS but this item is not yet resolved given the complexity of the issues.*

## **RECOMMENDATION 20**

**The Grace General Hospital continue to make efforts to ensure that the charts be compiled and transferred with the patient to ensure that all information is available to nursing and physician staff;**

### **WRHA RESPONSE:**

*Chart organization is achieved by colored clip boards assigned to areas and dividers provided for each clipboard. The triage nurse accompanies patients triaged as CTAS 1 and 2 to give a report personally if no paperwork is available.*

## **RECOMMENDATION 21**

**The Grace General Hospital consider and clarify whether nursing staff can or should be authorized to order lab test/blood work, and if so, in, what circumstances;**

### **WRHA RESPONSE:**

*The Grace Hospital has been piloting nurse initiated lab test/blood work.... A standardized regional protocol will replace it this fall. The content of the regional protocol is consistent with that piloted by the Grace.*

*In June 2010, nurse initiated standing orders were implemented at the Grace Emergency Department. They were adapted from the ones used at St. Boniface Hospital. The orders are initiated on the basis of a combination of nursing assessment and clinical judgment. Orders are grouped into the presenting complaint (e.g., abdominal pain, chest pain, ETOH intoxication, GI bleed, etc.). These standing orders include such items as blood work, IV insertion, EKG, PEN consult.*

*... a standardized regional protocol is intended to replace this pilot of nurse initiated lab tests/blood work that is being used at Grace Hospital. The content of the regional protocol is consistent with that, that is already in place and being piloted by the Grace.*

## **RECOMMENDATION 22**

**That the WRHA explore ways to provide trauma training and re-training to a nursing staff working in the emergency room in community hospitals on a regular basis;**

### **WRHA RESPONSE:**

*A regional "nurse initiated lab test protocol" has been completed and is in use at the Grace Hospital. Emergency nurses hired into the WRHA Emergency Program (all emergency departments or urgent care) receive trauma training that incorporates current best practice and the Emergency Nurses Association Standards in General Orientation 1A (within 3 months of hiring) and receive additional, training in the Resuscitation Orientation (at 6-12 months of hiring).*

*Trauma training is reinforced during clinical orientation at the home site by the site clinical educator as part of the orientation sessions (1A and Resuscitation). The Emergency Program is working on a regional plan to include trauma retraining in recertification education events that occur in each emergency department annually.*

My office made further inquiries with the WRHA and was advised that:

.... WRHA continues to aim to implement this in September 2012.

### **RECOMMENDATION 23**

**That the Grace General Hospital require that emergency room nursing staff participate in regular trauma training/re-training, whether through courses which are certified or through "in-house" training;**

#### **WRHA RESPONSE:**

*Adult and Pediatric trauma education is done at the regional level. Basic trauma is covered during initial orientation. Multiple traumas and resuscitation is taught at the Resuscitation Orientation. Reinforcement of content occurs in the department by the site educator.*

*A plan has been developed to use the learning centre and simulation lab to do mock trauma training for staff at the Grace Hospital.*

*Emergency nurses hired into the WRHA Emergency Program (all emergency departments or urgent care) receive trauma training that incorporates current best practice and the Emergency Nurses Association Standards in General Orientation 1A (within 3 months of hiring) and receive additional training in the Resuscitation Orientation (at 6-12 months of hiring).*

*Trauma training is reinforced during clinical orientation at the home site by the site clinical educator as part of the orientation sessions (1A and Resuscitation).*

*The Emergency Program is working on a regional plan to include trauma retraining in recertification education events that occur in each emergency department annually.*

### **RECOMMENDATION 24**

**Subject to any limitations arising from *The Personal Health Information Act*, that the Grace General Hospital assign a staff person to communicate with family or others who attend to the hospital regarding the status of the patient;**

#### **WRHA RESPONSE:**

*Direction has been provided to emergency staff that the physician and nurse assigned to the care of a patient are responsible for having regular contact with families and others throughout the emergency department stay to ensure that they are informed. In a crisis situation this responsibility can be delegated to another member of the emergency team. Communication is a professional responsibility*

*and any of those persons could take responsibility or logically share it if patient demands required flexibility. Ideally the team would identify the best person to take responsibility for communicating based on the situation they find themselves in at that time.*

#### **RECOMMENDATION 25**

**The WRHA should consider whether Recommendation #8 should apply to all community hospitals;**

#### **WRHA Response:**

*See #24 above*

#### **RECOMMENDATION 26**

**The Grace General Hospital actively maintain a relief/float position that the emergency room can call upon when a patient surge makes patient care difficult. Alternatively, the Grace General Hospital should develop a site plan that would allow more support staff to be available for the emergency department and other high risk areas.**

#### **WRHA RESPONSE:**

*An Emergency Program/Critical Care Program agreement was developed in October 2010 whereby cross coverage is provided when insufficient staff, high patient acuity or simultaneous resuscitations occur at the Grace.*

*Code Purple is called to determine the availability of contingency beds to move admitted patients.*

*The Facility Patient Care Manager, Manager on-call is contacted when workload overwhelms the department to facilitate heavy relief either by calling in extra staff or seconding staff from another area.*

#### **RECOMMENDATION 27**

**Grace General Hospital administrators who are conducting a Critical Incident Review or who are interviewing staff should consider asking staff to read and sign any statements taken or interview notes;**

#### **WRHA RESPONSE:**

*Critical Incident processes are legally privileged pursuant to The Regional Health Authorities Act and The Manitoba Evidence Act. This recommendation is not accurate as it was Critical Clinical Occurrence (CCO) notes that were*



*presented to the Inquest, not Critical Incident interview notes. The CCO process existed prior to the legislative amendments and was not privileged.*

#### **RECOMMENDATION 28**

**Grace General Hospital Nursing Workload Staff Report forms should be reviewed by Hospital administration/senior management with a view to identifying and responding to issues on short and long term basis;**

#### **WRHA RESPONSE:**

*Workload reports are summarized and reviewed for trends at Grace's monthly Nursing Advisory Council which is attended by managers/directors and union representatives.*

#### **RECOMMENDATION 29**

**The Grace General Hospital/WRHA work together to introduce and support the Team Stepps program and to continue to identify new ways to improve communication between physicians and nursing staff;**

#### **WRHA RESPONSE:**

*The Emergency Program is planning to implement Team Stepps at all emergency departments beginning with the Grace Hospital in 2011-2012.*

The WRHA later provided clarification and advised our office that:

*As previously indicated, the Grace Hospital will be starting the Team Stepps training at the next intake session which is scheduled for the fall of 2012. There are also significant initiatives underway to enhance collaborative care and inter-professionalism.*

#### **RECOMMENDATION 30**

**That the Grace General Hospital support and enforce the WRHA's Respectful Workplace Policy and work to ensure that it is enforced.**

#### **WRHA RESPONSE:**

*Several respectful workplace sessions have been held for the emergency staff. Additional sessions will continue to be offered. Focused development work is underway with specific individuals. Senior Management is currently developing plans to address department culture and emergency room team building.*

Based on our review of this matter, it would appear that reasonable consideration has been given to the above noted recommendations. As such, our files concerning the Andrew Szabo inquest report have been closed.

Yours truly,

Original signed by

Mel Holley  
A/Ombudsman

c. Ms Arlene Wilgosh,  
CEO, Winnipeg Regional Health Authority

Mr. Phil Sheegl,  
Chief Administrative Officer, City of Winnipeg

Mr. Jeff Parr,  
Deputy Minister, Manitoba Family Services and Labour

Dr. Thambirajah Balachandra,  
Chief Medical Examiner