

Manitoba Ombudsman

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September 21, 2017

The Honourable Margaret Wiebe
Chief Judge
Provincial Court of Manitoba
5th Floor – 408 York Avenue
Winnipeg, MB R3C 0P9

Inquest into the death of Donald Ray Moose
Department: Manitoba Justice
Our file: 2014-0248

Dear Chief Judge Wiebe:

As you are aware, it is the practice of my office to follow up on inquest recommendations when they relate to a Manitoba government 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. Donald Ray Moose. The inquest report, dated May 15, 2014, was released by the Honourable Judge Robert Heinrichs on May 21, 2014.

Mr. Moose, a resident of Headingley Correctional Centre (HCC), died on October 2, 2009 of heart disease at the Grace General Hospital in Winnipeg, Manitoba. The cause of death was identified as Atheromatous Coronary Artery Disease, with a contributing factor of elevated level of Amitriptyline/Nortriptyline.

In his inquest report, Judge Heinrichs made four recommendations which involve Manitoba Justice as follows:

Recommendation One:

That HCC -- and other provincial correctional facilities -- formalize a system for inmate complaints that includes an inmate's committee or an inmate representative from each unit who is delegated to bring complaints or issues to the attention of the staff.

Manitoba Justice Response September 10, 2014: There have not been inmate committees in Manitoba Corrections for many years. The transient population of provincial Corrections, high number of gang members, bullying and harassing behaviours and potential to move contraband throughout a correctional facility were

issues that were identified previously and still exist today. The Department will study the potential for unit based inmate representatives through research of provincial jurisdictions and discussion with Correctional Centre management to determine if this is a viable option for Manitoba.

Manitoba Justice Response June 5, 2015: *The Department surveyed each province, territory and the Correctional Service of Canada to determine their practices in regards to inmate committees and inmate representatives. About half of the jurisdictions did not have inmate committees for the same reasons articulated in our letter to you of September 14, 2014. [sic, incorrect date: should be September 10, 2014.]*

Only three of the jurisdictions surveyed utilized a system of inmate representatives, again due to reasons including transient populations, gang infiltration and influence.

The Department's largest hurdle to any effective inmate committee or inmate representative is the transient nature of our population. With over 65% remanded inmates most days, the turnover in provincial corrections is high. In addition, our new case management system gives every inmate a voice in speaking with their assigned Case Manager. For these reasons as well as what was articulated in our last letter to you, we have decided not to proceed with this recommendation.

Manitoba Justice Response October 14, 2016: *As previously noted in our letter to you of June 5, 2015, Manitoba Corrections will not be proceeding with implementation of this recommendation.*

Recommendation Two:

That HCC -- and other provincial correctional facilities -- continually evaluate, review and improve their medical record keeping including expanding electronic and Drug Program Information Network (DPIN) records as much as possible. This should include the ability to share those records with hospital emergency rooms.

Manitoba Justice September 10, 2014: *Since the passing of Mr. Moose, HCC has undertaken a number of steps to improve communication and record keeping. A process has been developed to ensure that blood work and other medical documentation is reviewed by a doctor and verified by a medical supervisor; the medical manager and supervisor are reviewing files on a regular basis to ensure proper documentation is being completed. A specific request form for medical issues has been developed and in use (previously medical requests were in a generic form that included a number of other areas).*

The Department is working on a revised problem sheet and a process to share it more easily (along with the Medication Administration Record) when an offender is sent out for medical care. We are also looking at the possibility of developing our own electronic health record as well as exploring the options presented to MDs in private practice by Manitoba Health.

Manitoba Justice June 5, 2015: *Medical record keeping and information sharing have long been concerns for Health Service Managers working in correctional centres. This recommendation has resulted in efforts within the Corrections Branch to improve in these two areas. On April 30, 2014 the first “Winnipeg Regional Health Authority (WRHA) / Manitoba Corrections joint meeting” since September 2012 occurred with the focus being on the record keeping and communications between Community Safety and community care providers. Over the next number of months, ongoing discussions will focus on Correctional access to WRHA / Manitoba Health electronic record platforms (eHealth) and as a corollary, the exploration of a possible partnership between Health and Justice in moving toward Correctional access to one of the existing Electronic Medical Record applications.*

Meanwhile Electronic Health Records have been recognized by the Federal, Provincial, Territorial Working Group on Health / Mental Health as a standard that Canadian correctional services need to work toward. The working plan includes having a position paper on the subject prepared for the Heads of Corrections Committee before the end of the year [2015]. As costs and policy implications are still being explored, the target date for Electronic Medical Records implementation is unknown at this time.

Health Service Managers are meeting May 21st and 22nd and will be addressing more immediate responses to the recommendation including:

- *Finalization of Medical Problem Sheet*
- *Development of Policy regarding required information sharing when an offender is taken from a correctional centre to a hospital Emergency Department.*

Once these policies are finalized, they will be shared with Correctional Centre Administrations to guide Standing Order amendments. Target date for implementation of immediate measures is Fall 2015.

Manitoba Justice October 14, 2016: *As a result of this recommendation, Corrections Health Services has reviewed and amended the inmate Medical Problem List to include acute as well as chronic problems. This affords a more concise and complete health picture for anyone who receives a copy for the purpose of care continuity. We have also added space for allergies which will increase treatment safety when patients are unable to speak for themselves. To ensure information is shared in a timely manner with emergency departments (thus meeting the spirit of the recommendation), policy has been written making the sharing of current medication administration and our new Medical Problem List mandatory when sending an inmate to any hospital emergency department. The policy on this issue has been implemented and a copy is enclosed for your review.¹*

In collaboration with the WRHA and Manitoba Health, work continues towards Correctional Health Services gaining access to Manitoba Health’s eChart and limited access to Panorama. EChart will however only allow information to flow to Corrections. Panorama access (for the uploading of immunization information) will be limited to three correctional centres per

¹Please note that the Corrections Division Custody Policy enclosed will not be posted publicly on the Manitoba Ombudsman website as it is an internal policy.

Manitoba Health / WRHA requirements. User agreements which represent the main hurdle to acquiring access to eHealth are currently being reviewed by the Legal Services Branch.

The cost to the Department of Justice / Community Safety Division for acquiring and maintaining an independent Electronic Medical Record (EMR) is prohibitive. Even if Community Safety could cover those costs, the ability to share health information with the Manitoba Health and RHA platforms would remain an issue. Only a few Manitoba hospitals employ integrated EMRs which are inaccessible by care providers outside their walls. Additionally, medical practitioners in the community who have EMRs, are unable to integrate with the eChart/eHealth system.

Until Manitoba decides to invest in a broad platform EMR for all citizens, two way electronic sharing of health information will remain limited.

Recommendation Three:

That HCC extend nursing hours to 2300 hours as soon as possible.

***Manitoba Justice September 10, 2014:** Recruitment is an ongoing issue for all medical facilities with great competition for candidates. HCC will continue to make a concerted effort to have vacant positions filled so that nursing services can be extended to 2300 hours daily. A recent competition that was expected to yield 2.6 qualified applicants only resulted in one new hire. The Department will be advertising shortly again to attract candidates to fill our vacancies. Departmental staff are also working on developing a schedule that extends nursing hours to 2300 hours that can be implemented within current staffing resources once all vacancies are filled.*

***Manitoba Justice June 5, 2015:** As of April 1, 2015, shifts were added to the HCC Health Service schedule, lengthening medical coverage to 23:00 hours. Unfortunately, recently a number of vacancies have occurred at HCC, which prevents continuation of the schedule in the short term.*

Recruitment efforts are ongoing and we anticipate that the nursing compliment of the HCC Health Service will increase in the near future, allowing a consistent level of medical coverage to 23:00 hours.

Further, an executive decision has been made to develop position descriptions, classification specifications and a hiring strategy to add Emergency Medical Technicians to our Health Service team at HCC and other correctional centres. Emergency Medical Technicians will help us meet the intent of the Court's recommendation and provide a greater breadth of care for offenders.

***Manitoba Justice October 14, 2016:** Unfortunately due to a retirement and some long term sick leave, we have been unable to achieve our goal of having nursing coverage until 2300 hours at HCC. The Department continues to work through the staffing and recruitment process to make this goal a reality.*

In addition, the Department continues to work on the goal of having EMTs conduct medical assessment, treatment and medication distribution in our Correctional Facilities. As described in our last update on this recommendation, it is believed that EMTs will assist in areas where hiring of qualified nurses has been difficult.

Recommendation Four:

That HCC and other Provincial Correctional facilities develop and regularly offer a public health information program or workshop for inmates that is specifically geared towards heart disease.

***Manitoba Justice Response September 10, 2014:** Offenders incarcerated in Manitoba face many health challenges and our nursing staff attempt to address these challenges within a very busy work environment. In some facilities Public Health Nurses (PHN) are assigned from the local Regional Health Authority to assist in conducting presentations to inmates. Currently at HCC the PHN facilitates parenting courses, information sessions on tattooing and sexually transmitted diseases along with other duties.*

Manitoba Corrections has identified posters and information sheets published by and available from the Heart and Stroke Foundation and will be discussing how best to disseminate that information and ensure follow up.

***Manitoba Justice Response June 5, 2015:** As of this date, all Manitoba correctional health service units are providing or are in the process of acquiring print information regarding Cardiovascular Disease for distribution to offender populations. This should be completed by July 1, 2015. As previously noted, heart disease is one of many health issues our Health Services may see and treat; however, it is less common in the main age demographic our clientele represent.*

Our Correctional staff, through our Case Management process, are aware of those offenders with literacy issues and, with any medical or other critical information, will work with the offender to ensure that there is understanding of the subject matter.

The Department continues to work on these recommendations and will keep the Office of the Ombudsman updated as to our progress.

***Manitoba Justice Response October 14, 2016:** Information on cardiovascular as well as other diseases is available in all our correctional centres. Medical staff along with Correctional Case Managers work with offenders to ensure that an understanding of this and other health challenges are understood.*

Given that the department has provided its full response to the judge's recommendations, we will be concluding our monitoring of the implementation of the Donald Ray Moose inquest recommendations.

Please note, an electronic copy of this report will be posted on the Manitoba Ombudsman website: www.ombudsman.mb.ca. As noted on page 3, the enclosed internal corrections Custody Policy will not be posted on the Manitoba Ombudsman website.

Yours truly,



Charlene Paquin
Manitoba Ombudsman

cc: Mr. Dave Wright, Deputy Minister of Justice and Deputy Attorney General
Dr. John Younes, A/Chief Medical Examiner, Manitoba Justice

Enclosure