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Manitoba Ombudsman

November 25, 2011

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

INQUEST INTO THE DEATH OF ETTIE JUNE MORRIS

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 of the results of the inquiries made by my office concerning the inquest report recommendations into the death of Ms Ettie June Morris. The report dated September 7, 2005 was issued by the Honourable Judge Timothy J. Preston.

Ms Morris came to her death in Winnipeg, Manitoba on January 4, 2002 as a result of an excessive non-prescribed infusion of a solution containing potassium while a patient on the Surgical Intensive Care Unit of the St. Boniface General Hospital (SBGH).

The Chief Medical Examiner called for an inquest pursuant to subsection 19(3) of *The Fatality Inquiries Act*. The inquest report was released on September 12, 2005.

In this case, Judge Preston made 74 recommendations directed to Manitoba Health and to Manitoba Justice. The following are the recommendations and the responses we received:

RECOMMENDATION 1:

That a review of staffing ratios for Critical Care Nurses in ICUs in the region be undertaken by the Winnipeg Regional Health Authority.

MANITOBA HEALTH RESPONSE:

The WRHA conducts reviews of staffing ratios for Critical Care Nurses in all ICUs on an ongoing basis.

RECOMMENDATION 2:

That St. Boniface General Hospital and the WRHA review the policies with respect to nurses' work shifts.

MANITOBA HEALTH RESPONSE:

The WRHA have completed a number of initiatives related to nurse staffing. These included ensuring appropriate hours of work for nurses, developing guidelines to assist managers in developing schedules and facilitating the development of relief teams. The WRHA also monitors the use of overtime hours and agency staff on a quarterly basis.

RECOMMENDATION 3:

That the SBGH and the WRHA consider adopting a Fatigue Management System, such as the one developed by Professor Drew Dawson, University of Adelaide, Australia (http://www.humantra.com/index.php)

MANITOBA HEALTH RESPONSE:

This Fatigue Management System developed by Dr. Dawson of the University of Adelaide was reviewed in depth by WRHA's Chief Patient Safety Officer. The value of the system is without doubt. However, resource limitations make the implementation of this system not feasible at this time.

RECOMMENDATION 4:

That the staff of the Pharmacy and the staff of the SBGH and the WRHA continue to review the purchase from pharmaceutical companies of standard medications and infusions, versus having a central intravenous admixture (CIVA) programme, versus nurses having to prepare medications and infusions.

MANITOBA HEALTH RESPONSE:

There are a small number of pre-mixed IV solutions available and where appropriate, these are being used throughout the WRHA.

A comprehensive central intravenous admixture (CIVA) program, where 90-95% of intravenous medications would be supplied in a ready to administer format, would be the ideal solution to address this issue. Such a system would require a significant investment in new IV production facilities, equipment and personnel.

RECOMMENDATION 5:

That the staff of the Pharmacy and the staff of the SBGH and the WRHA review the current situation where nurses are required to prepare medications and infusions, especially "high hazard" medications, rather than have them administer unit doses prepared elsewhere.

MANITOBA HEALTH RESPONSE:

The WRHA Medication Safety Committee has reviewed the administration of a number of "high alert" medications including potassium, insulin, Heparin, neuromuscular blocking agents and concentrated sodium chloride. As a result, a number of procedural changes have been made and where possible, unit doses are provided. Since new "high hazard" medications are continually being introduced into the market, the need for such a review process is ongoing.

In September 2008, the St. Boniface Hospital implemented a comprehensive unit dose drug distribution and clinical pharmacy service 8 hours per day, 7 days a week.

In February 2010, a newly constructed satellite pharmacy in close proximity to the Neonatal Intensive Care Unit (NICU) was opened. It is open for 8 hours per day, seven days per week.

As of July 2011, the Adult Intensive Care Units are serviced by a satellite pharmacy, 12 hours per day, 7 days per week. The satellite pharmacy allows for the transfer of medication preparation activities from nursing staff to pharmacy staff in a controlled environment. A measurement of workload indicators did not support the delivery of the service 24 hours per day, 7 days per week.

RECOMMENDATION 6:

That should the preparation of medications and infusions be required, then consideration should be given to conducting a Failure Mode Effect Analysis to review possible hazards and harm related to preparation, for example, in taking nurses away from the bedside and also in the potential for interruptions when the preparation of medications and infusions is being carried out.

MANITOBA HEALTH RESPONSE:

A Failure Mode Analysis Effects Analysis (FMEA) of the Pharmacy/NICU drug distribution was completed. Although the findings are reported as being applicable to the NICU, these findings are applicable to all intensive care units including the SICU.

A number of recommendations resulted from the FMEA including:

The development of a satellite pharmacy with dedicated staffing resources for the Neonatal Intensive Care Unit (NICU);

The development of written medication administration policies for the NICU;

The separation of medication distribution for the NICU from that of adult medication distribution activities and the main pharmacy distribution processes;

The implementation of computerized physician order entry and bar coding technology.

A request has recently been made to expand the hours of operation of the NICU Satellite Pharmacy to 12 hours per day, 7 days per week. At this time, funding has not been identified to expand the hours of operation.

RECOMMENDATION 7:

That the SBGH and the WRHA review their recently implemented process of hand-over between incoming and outgoing nurses whereby the incoming nurse visually inspects and verifies the infusion pump settings and the lines to and from the patient. This verification is accomplished while the outgoing nurse is still present, so as to ensure continuity of care, as well as to provide an opportunity for the incoming nurse to discuss any problems with the outgoing nurse should a discrepancy be noted. Both nurses at the time of the "report to nurse" should sign on and off after the report, confirming the inspection and verification of IV lines and rates of infusion of medications.

MANITOBA HEALTH RESPONSE:

The SBGH Critical Care Quality Improvement Group has reviewed and revised the Intensive Care Unit Flow Sheet. A section has been included that is to be used as a checklist for report during shift change. The expectation for bedside report during shift change now includes a visual review of medication infusions/lines and verification of doses and pump settings.

Since 2003, the WRHA Critical Care Program policy requires a two nurse visual verification of infusion pump medications/lines and infusion rates at the nursing change of shift.

RECOMMENDATION 8:

That the SBGH and the WRHA consider a review of current charting practices and policy and consider adopting the recommendations for charting according to the medication safety principles from ISMP Canada.

MANITOBA HEALTH RESPONSE:

The Hospital Information Project (HISP), begun at SBGH, is planned to be implemented across the entire WRHA in the future.

Phase 1, completed in 2007, included the electronic admission/discharge and transfer (ADT) portion of patient records. Specifically, this phase included the creation of patient lists, the viewing of laboratory and diagnostic results and the entry of allergies into the electronic patient record (EPR).

Phase 2, completed in 2009, included computerized physician order entry and medication administration documentation. Plans are for this project to be implemented throughout the WRHA in the future.

RECOMMENDATION 9:

That the SBGH and the WRHA continue to review the feasibility of implementation of electronic charting.

MANITOBA HEALTH RESPONSE:

Phase 2 of the HISP also includes electronic charting of medication administration. Electronic documentation of clinical observations including flow sheet documentation began in 2010.

RECOMMENDATION 10:

That at the time of administering medication to a patient, the following information must be noted on the intravenous line label: 1) the medication; 2) the time; 3) the dose; 4) the signature of the person administering the medication; and 5) the date.

MANITOBA HEALTH RESPONSE:

A practice change has occurred since this incident. All IV medications administered in SBGH SICU are now administered by volumetric infusion pump.

Regional guidelines for the labelling of infusions delivered by volumetric infusion pumps have been developed and implemented. These are consistent with the Institute for Safe Medication Practices (ISMP) recommendations.

In addition, the WRHA Pharmacy Program examined all information that appears on labels generated by the Pharmacy. This review has resulted in changes to labels so that they are easier to read, uncluttered in layout and provide all necessary information needed by the end-user.

Pre-formatted, "fill in the blank" type labels are also provided to ensure that any nurse prepared admixtures are properly labelled. All "high risk" medications prepared by nurses require 2 signatures on the medication label. A duplicate copy of the label affixed to the medication is retained in the patient's health record.

RECOMMENDATION 11:

That at the time of initiation of a medication or IV bag change, the change ought to be checked out and verified by two nurses.

MANITOBA HEALTH RESPONSE:

Both WRHA policy and recommendations from the ISMP require that two nurses independently check and/or visually verify "high alert" medications only. It was not felt to be practical to require this verification for all medications.

RECOMMENDATION 12:

That no nurse ever administer medications prepared by another nurse.

MANITOBA HEALTH RESPONSE:

This requirement has been incorporated in medication administration policies throughout the WRHA. Practically, there are still "exceptional/emergent" situations where the nurse takes responsibility for the administration of medications that were initiated by another nurse. Continuous infusions are an example of this circumstance.

RECOMMENDATION 13:

That no nurse ever sign that they have administered for medications not in fact administered by them.

MANITOBA HEALTH RESPONSE:

This requirement has been incorporated in medication administration policies throughout the WRHA. Practically, there are still some "exceptional/emergent" situations where the nurse documents medications that were administered by another nurse.

RECOMMENDATION 14:

That the SBGH and the WRHA review their policies regarding the administration, labelling and charting of medications.

MANITOBA HEALTH RESPONSE:

Policy Development:

In September 2011, a draft policy was presented to the WRHA policy committee addressing medication safety standards related to the administration of "high alert" medications. The policy will promote the safe prescribing, distribution, labelling, packaging, storage, administration and monitoring of "high alert" medications.

In addition, a compliance survey will be undertaken in 2011 regarding the policy 110.170.040: Medication Order Writing Standards. The purposes of this policy are to ensure that the details of medication orders are clear; that medication orders are legible and comply with order writing standards; and to mandate for all WRHA employees and

members of the medical staff, medication order practices that recognize and promote patient safety by reducing the opportunity for medication errors.

In June 2010, SBGH nursing procedure #110.400.I.01.01 Medication Administration: Policy and Procedure and nursing policy #110.400.I-01 Insulin: Subcutaneous, Intravenous and Intraperitoneal and the High Risk Medication List were approved by the Medication Safety Systems Committee and by the Nursing Practice Committee. A legal size poster outlining the requirements for two person visual verification and independent double check was created along with the revised "high risk" Medication List as an educational resource.

In June 2011, one minor revision was made to the Insulin policy and the "high risk" medication list will be revised to include additional concentrated electrolytes such as calcium, phosphate – sodium and potassium, hypertonic sodium chloride and high potency narcotics/narcotic infusions.

The only outstanding issue is related to the "High Potency Narcotics" directive which has been raised to the WRHA Medication System Safety Committee. SBGH is currently working to resolve the issue of having high potency narcotics on Pyxis override overnight.

Electronic Patient Record (EPR)

The EPR is in use at SBGH. Computerized physician order entry (CPOE) was implemented in 2009.

The SBGH Patient Safety Team reported a 24% reduction in reported medication incidents following the implementation of CPOE and the Medication Worklist.

Over 90% of medication orders are entered directly into the Electronic Patient Record (EPR). Computerized orders eliminate the issues with misinterpreting handwriting.

"Tallman" lettering has been in use on the EPR since its implementation. The Tallman lettering on the EPR was revised in April 2011 to meet the ISMP Guidelines adopted by the WRHA Medication Safety Committee.

The EPR provides specific decision support including a check for conflicting allergy information and dose checking for selected "high risk" medications only.

Order sets, a collection of orders for a specific condition, diagnosis, situation or procedure are also contained in the EPR. Order sets, developed by content experts, promote best and leading practices. They may impact positively on patient safety as the prescriber is selecting from a small number of orders applicable to the condition and/or diagnosis. Most medication orders within an order set are pre-built with the recommended dose and frequency. Associated orders are also present and pre-selected in the order set. The order set may also include appropriate patient assessments and cautions regarding clinical signs and symptoms.

The pharmacist plays a vital role in reviewing medication orders and verifying their appropriateness. The EPR displays an icon that lets the nurses know when an order has not yet been reviewed by Pharmacy. Except in situations where patient harm may result from a delay in the administration of the medication, nurses do not administer the medications until the pharmacist verifies the medication orders.

Documentation of Medication Orders

- ***Legible orders on the Medication Worklist (eMAR)****: Medication orders placed on the EPR appear automatically on the Medication Worklist and are legible, avoiding issues with illegible handwriting.*

- ***No Transcription Errors****: Since orders are not being manually transcribed from the order sheet onto a paper medication administration record (MAR), errors that can occur during transcription of orders are avoided. EPR orders automatically display on the Medication Work list.*

- ***Co-signature for High Risk Medications****: The EPR has a co-signature field that is to be completed whenever a nurse is administering a "high-risk" medication, documenting the name of the second nurse who performed the double-checks as per policy. The nurse named as co-signer for the medications must then sign the task in the EPR.*

- ***Visual Prompts/Medication Schedules****: The Medication Worklist creates task list that shows when medications are due to be given. There is a system that provides a notification when the medication is overdue.*

Automation of Medication Dispensing Activities

The automated drug dispensing technology in use within the WRHA and SBGH, Pyxis, provides other aspects of safety for the distribution, storage, administration and monitoring of medications. These include:

- *Limiting the number of medications that can be accessed without a computerized physician's order;*

- *Verifying oral medications with bar code technology during medication picking in Pharmacy as well as when medications are loaded into the Pyxis cabinet on the unit.*

Pharmacy does not load concentrated potassium products into the Pyxis cabinets unless it is required for peritoneal dialysis solutions. This is one of the most significant safety initiatives resulting from the inquest as per "Potassium Administration, Storage and Patient Monitoring" policy (Admin Manual No.VI-550).

The Pyxis cabinet reduces the chance of a nurse selecting the incorrect medication by restricting the medications to which the nurse has access when removing the medications.

In Pyxis, the nurse must select a patient, then select their medication orders prior to removing a medication from the machine. Orders do not appear on the Pyxis cabinet

until the order has been verified by Pharmacy. Although some medications can be removed using a function called "override" (prior to the computerized pharmacy order being checked by the pharmacist) the number of medications that can be removed in this fashion is restricted.

Medication rooms are equipped with a computer that produces the EPR Medication Worklist. Nurses use the EPR Medication Worklist when removing and preparing medications for administration.

RECOMMENDATION 15:

That the SBGH and the WRHA review the "24 Hour Balance Record Intensive Care Unit Flow Sheet" used to chart the infusion of intravenous fluids and consider revising the form according to Human Factors principles, such as layout, spacing, fonts, shading and flow of information.

MANITOBA HEALTH RESPONSE:

The SBGH 24 Hour Balance Record Intensive Care Unit Flow Sheet, used to record the infusion of intravenous fluids, has been revised to provide more space to chart intake and output, to record infusion pump medications and to record labelling of infusions and lines. Given the work on the electronic patient record, SBGH has taken the lead on documentation standards. The plan is to eventually adopt these practices across the WRHA.

RECOMMENDATION 16:

That the SBGH and the WRHA review the "24 Hours Fluid Balance Record Intensive Care Unit Flow Sheet" used to chart the infusion of intravenous fluids and consider revising the form to ensure the ability of nurses to chart the hospital/serial numbers of any infusion pumps (or similar equipment) used to assist with the infusion of fluids and medications.

MANITOBA HEALTH RESPONSE:

An Asset Number Working Group determined that this method of recording equipment serial numbers would not be feasible. The WRHA policy is to record the serial number of equipment involved in occurrences/critical incidents on the appropriate reporting form. The regional policy regarding critical clinical occurrences (now termed "critical incidents") was revised to include the requirement to secure the scene of the occurrence, including equipment and drugs involved.

RECOMMENDATION 17:

That the SBGH and the WRHA review the Intensive Care Flow Sheet to determine if this sheet functions as a systematic checklist for hand-over or requires revision.

MANITOBA HEALTH RESPONSE:

The SBGH Critical Care Quality Improvement Group has reviewed the hand-over process. The Adult Intensive Care Flow Sheet has been revised and is used as checklist

for report during shift change. The bedside report during shift change includes a visual review of medication infusion/lines and verification of doses and pump settings. The Intensive Care Units at other WRHA facilities have similar hand-off processes.

RECOMMENDATION 18:

That the pump serial number be recorded on the patient's medical chart to allow retrieval of a patient's medication history.

MANITOBA HEALTH RESPONSE:

Recording of equipment serial numbers occurs on occurrence forms completed when a piece of equipment is involved.

RECOMMENDATION 19:

That the actual time of observation of a reading be recorded on the patient's medical chart.

MANITOBA HEALTH RESPONSE:

Phase 2 of the HISP provides for the documentation of clinical observations in the EPR including the entry of the time of the observation.

In emergency situations, a recorder with previous "Code Blue" experience documents all activities at the time of their completion (WRHA policy 110.050.010 "Code Blue Team Resuscitation in Acute Care")

RECOMMENDATION 20:

That all medications delivered to the SBGH SICU be deposited either at the bedside of the patient after alerting the bedside nurse, or to a designated area at the nurses' front desk.

MANITOBA HEALTH RESPONSE:

This recommendation was reviewed by the WRHA's Chief Patient Safety Officer and considered to be unsafe. With the introduction of the satellite pharmacy in SBGH Intensive Care Units, medications are delivered directly to the nurse at the bedside.

RECOMMENDATION 21:

That the SBGH conduct a review to examine the feasibility of the SICU having its own pneumatic tube for delivery of medications.

MANITOBA HEALTH RESPONSE:

The implementation of a satellite pharmacy for the Adult Intensive Care Units addresses this concern as medications will be prepared by Pharmacy and delivered to the nurse at the patient's bedside.

RECOMMENDATION 22:

That the SBGH and the WRHA consider establishing a satellite Pharmacy for the Critical Care Units at SBGH, similar to the one at Health Sciences Centre, so as to provide "just in time" medications and so as to decrease any potential errors and delays in the delivery of medications and other dispensed items.

MANITOBA HEALTH RESPONSE:

The SBGH Intensive Care Units would be best supported by a 24 hour a day, 7 day a week satellite pharmacy, similar to that at the Health Sciences Centre. However, a comprehensive workload analysis did not support the provision of a 24 hours a day service.

The SICU in place at the time of this incident, no longer exists.

As of July 5, 2011, the SBGH Adult Intensive Care satellite pharmacy provides unit dose medications 7 days a week, 12 hours per day to the hospital's two adult intensive care units: Intensive Care Medicine/Surgery (ICMS) and Intensive Care Cardiac Science (ICCS). The satellite pharmacy is staffed by 5.0 EFT pharmacy technicians, 7.0 EFT pharmacists and a 0.6 EFT senior pharmacist. The satellite pharmacy will also provide pharmacy service to the other inpatient Cardiac Sciences units including the Coronary Care Unit, inpatient cardiology unit and the cardiac surgery inpatient unit.

RECOMMENDATION 23:

That the Pharmacies in the SBGH and the WRHA review the staffing patterns for their Pharmacies.

MANITOBA HEALTH RESPONSE:

Improvements to pharmacy staffing levels have been provided with the implementation of the Adult Intensive Care satellite pharmacy at SBGH.

In addition, government announced in Spring 2011 support for additional pharmacist staffing resources (7.0 EFT) in WRHA Emergency Departments. Planning for the implementation of these services has begun with an expected implementation date of Spring 2012.

RECOMMENDATION 24:

That the Pharmacy staff and the SICU staff at the SBGH and the WRHA continue to expand a shared model of care, such that there could be greater interaction among pharmacists, doctors and nurses in the SICU.

MANITOBA HEALTH RESPONSE:

The pharmacy and SICU staff has developed a "shared" model of care. Clinical pharmacists participate in interdisciplinary patient care rounds, monitor the effectiveness of drug therapy, provide drug information, and verify medication orders entered into the electronic patient record. Medication reconciliation is also an important part of their activities.

Clinical pharmacy service is available to Intensive Care Cardiac Surgery (ICCS) for 12 hours per day, 7 days per week and to the Intensive Care Medicine/Surgery (ICMS) for 8 hours per day, 7 days per week.

The literature supports the provision of clinical pharmacy services, noting that their availability is associated with reduced patient mortality rates.

RECOMMENDATION 25:

That the Pharmacy staff and the SICU staff at the SBGH and the WRHA consider that this expanded shared model of care be applied in all other Intensive Care Units.

MANITOBA HEALTH RESPONSE:

At this time, satellite pharmacy services are provided to the NICU 8 hours per day, 7 days per week. A proposal to increase the coverage to 12 hours per day, 7 days per week is being considered for funding.

When the satellite pharmacies are not open, there are pharmacists available in the hospital pharmacy until 2330 hours daily. Between the hours of 2330-0730 hours daily, a pharmacist is on call and can be reached for drug related information.

RECOMMENDATION 26:

That the Pharmacy of the SBGH and the WRHA review the use of multi-dose versus single dose medications.

MANITOBA HEALTH RESPONSE:

A WRHA Pharmacy working group examines ways to improve the safety of existing drug distribution systems. The issue of single dose versus multi-dose medications is reviewed on an ongoing basis. The ability to supply medications in this format is dependent upon the way in which the manufacturer packages and distributes their products.

SBGH Pharmacy attempts to control the availability of medications by placing as many as possible in the Pyxis cabinets. One of the determining factors as to whether an injectable item can be placed in Pyxis is its availability as a single dose preparation. Multi-dose items are generally not placed in the Pyxis cabinets at SBGH.

The SBGH Pharmacy Coordinator is a member of the WRHA Logistics Product Review and Evaluation (PRES) committee and advocates for all available single-use injectables to be placed on the Regional contract.

RECOMMENDATION 27:

That the Pharmacy of the SBGH and the WRHA review the policies and procedures for the dispensing of stock labelled "For Pharmacy Use Only".

MANITOBA HEALTH RESPONSE:

The SBGH Pharmacy no longer dispenses stock medication labelled "For Pharmacy Use Only". Concentrated electrolyte solutions and "high alert" medications are controlled through product specific directives and regional policies.

RECOMMENDATION 28:

That the Pharmacy of the SBGH and the WRHA complete and submit a "case report" to the Institute of Safe Medication Practices Canada (www.ismp-Canada.org).

MANITOBA HEALTH RESPONSE:

A case report was submitted to ISMP Canada in the spring of 2005. The WRHA Pharmacy Program supports the sharing of all incidents that might be prevented elsewhere as a result of sharing information with others.

RECOMMENDATION 29:

That the Pharmacy of the SBGH and the WRHA review the policies and procedures for including instructions as to preparation (including dilution) and administration with any medication dispensed.

MANITOBA HEALTH RESPONSE:

The WRHA Pharmacy Program coordinates and maintains a regional Parenteral Drug Therapy Manual. Information, including preparation information, is updated on an ongoing basis or when changes to administration/formulations occur. If the medication is not found in the Parenteral Drug Therapy Manual, procedures are in place to provide pertinent preparation and administration information with the medication when it is dispensed from the Pharmacy. The WRHA Pharmacy Safety Work Group is responsible to ensure that this work is completed.

If a parenteral drug monograph is not available in the Parenteral Drug Therapy manual and the drug must be dispensed, pharmacists create a draft monograph for use on the patient care unit.

WRHA Policy 110.170.030 Parenteral Drug Therapy addresses this issue and applies to all sites.

RECOMMENDATION 30:

That the Department governing physicians, the Pharmacy of the SBGH and the WRHA provide information to interns, residents and attending physicians as to standard times when regularly scheduled medications are administered (unless otherwise ordered).

MANITOBA HEALTH RESPONSE:

The WRHA has developed a Medication Order Writing Standard policy that is in place at all WRHA sites. Education to physicians was included during the policy roll-out.

Phase 2 of the HISP allows the provider ordering the medication to review medication administration times through the viewing of the electronic medication administration record (eMAR).

RECOMMENDATION 31:

That the Departments governing physicians, the Pharmacy of the SBGH and the WRHA provide information to interns, residents working in the Intensive Care Units about how to order certain ICU-specific medications, especially if the medication is not commonly ordered.

MANITOBA HEALTH RESPONSE:

At SBGH, the clinical pharmacists working in the Intensive Care Units (NICU, SICU and MICU) provide orientation to the critical care fellows and residents at the beginning of their rotations to these areas.

The electronic patient record (EPR) contains predefined medication order defaults based on current practice and recommended doses which guide physician/practitioner prescribing. The electronic patient record will be expanded to other sites as resources become available.

RECOMMENDATION 32:

That the WRHA and the SBGH review the use of the terms “millimoles” and “millequivalents” in the ordering, labelling and descriptions of medications and, in particular, consider whether it is appropriate to reference both terms in the ordering, labelling and description of medications.

MANITOBA HEALTH RESPONSE:

Intravenous solutions are now being provided by the supplier labelled in “millimoles”. At this time, “millimoles” are not supported by our current volumetric infusion pumps.

However, infusion pumps that support “millimoles” are now available on the market. The next provincial contract for IV pumps is in January 2014. At that time, updated pumps are expected to be introduced.

RECOMMENDATION 33:

That the WRHA and the SBGH continue to review and adopt a more standard format for orders for electrolytes, medications and fluids.

MANITOBA HEALTH RESPONSE:

The WRHA Medication Order Writing Standards, along with guidelines identified for "high risk" medications, address this recommendation. They reflect "best practices", and are endorsed by ISMP Canada and are implemented in all WRHA sites. The WRHA Medication Order Writing Standards policy was completed in 2006, and is currently undergoing a compliance review, to determine the level of policy review required.

A "high risk" drug policy is undergoing the final stages of policy development and should be completed in September 2011.

Physician order entry in the HISP is standardized for all medications and electrolyte orders as a "forced function", one which must be addressed prior to being able to complete the order in all cases.

RECOMMENDATION 34:

That the standard format for orders for electrolytes, medications and fluids used in the SBGH be aligned with those used in the WRHA.

MANITOBA HEALTH RESPONSE:

SBGH and all WRHA sites use the standard format identified in the WRHA Medication Order Writing Standards in conjunction with guidelines identified for "high risk" medications.

RECOMMENDATION 35:

That the recommendations from the Institute of Safe Medication Practices (www.ismp-Canada.org) be considered with respect to the format of orders for electrolytes, medications and fluids.

MANITOBA HEALTH RESPONSE:

The ISMP recommendations were used in the development of the Medication Order Writing Standards and reflect "best practices" in the area.

RECOMMENDATION 36:

That all medication administered to a patient be entered on the patient's chart.

MANITOBA HEALTH RESPONSE:

This requirement is reflected in both the SBGH and the WRHA's medication administration policies.

RECOMMENDATION 37:

That no glass medication vials ever be deposited in the garbage at a hospital ward or unit.

MANITOBA HEALTH RESPONSE:

A Hazardous Waste Working Group was convened at SBGH to provide recommendations on the safe handling of both medical and biohazardous waste.

The report developed was based on the CSA standard CAN/CSA-Z317.10-01 "Handling of Waste Materials in Health Care Facilities and Veterinary Health Care Facilities". This initially included a review and audit of waste management at SBGH utilizing the clinical consultant from the Vendor/Manufacturer. This work evolved to include specific waste management streams for biohazardous materials/sharps, pharmaceutical waste, cytotoxic waste, inhalers, and vaccines.

An educational poster with accompanying notes was created and widely distributed. Ongoing discussions occur with the Nursing Pharmacy Liaison Committee. The size and types of containers chosen were intended to streamline the number of products required, to address weight/ergonomic concerns and to meet the clinical needs of the area.

RECOMMENDATION 38:

That the SBGH and the WRHA consider reviewing the size and design of the small Sharps containers kept at the bedside.

MANITOBA HEALTH RESPONSE:

The WRHA undertook these activities with the introduction of safety engineered needles in 2006.

RECOMMENDATION 39:

That the SBGH and the WRHA consider reviewing the size and design of the large Sharps container in Medication Rooms and Dirty Utility Rooms.

MANITOBA HEALTH RESPONSE:

The WRHA policy is consistent with provincial legislation.

Our office made further inquiries with the Department to confirm that this relates to provisions of *The Workplace Safety and Health Act.*

RECOMMENDATION 40:

That all unused medications in vials or glass be discarded in a safe Sharps container.

MANITOBA HEALTH RESPONSE:

WRHA does not have a policy with respect to the disposal of unused medication. Provincial legislation does not include unused meds in vials or glass as part of the Category 1 sharp category.

SBGH has implemented separate streams for medication disposal. In 2009, a dedicated pharmaceutical waste container was implemented when it became available. Prior to this product being available, a cytotoxic container was used for the disposal of all unused pharmaceuticals.

RECOMMENDATION 41:

That "high hazard" drugs in concentrated forms be packaged in such a fashion so as to distinguish them from other vials and ampoules of medications.

MANITOBA HEALTH RESPONSE:

The WRHA Medication Safety Committee and WRHA pharmacies have standardized the warning labels attached to a number of "high hazard" medications. The review for "high hazard" medications will be ongoing.

RECOMMENDATION 42:

That there ought to be a clearly visible warning on such medications such as "DILUTE BEFORE USE' or "FATAL IF INJECTED UNDILUTED".

MANITOBA HEALTH RESPONSE:

The WRHA Medication Safety Committee and WRHA pharmacies have standardized the warning labels attached to a number of "high hazard" medications. The review for "high hazard" medications will be ongoing.

RECOMMENDATION 43:

That the SBGH and the WRHA periodically review the guidelines in place with respect to the handling of concentrated potassium to ensure that they are consistent with ISMP Canada recommendations.

MANITOBA HEALTH RESPONSE:

The current guidelines are consistent with ISMP Canada recommendations. The WRHA Medication Quality and Safety Committee are responsible for the ongoing oversight of this area. The committee's terms of reference provide for an increased level of

accountability for system compliance with the development and maintenance of guidelines for all "high risk" drugs.

ISMP guidelines are reviewed on an ongoing basis to ensure that all applicable ISMP recommendations have been addressed.

RECOMMENDATION 44:

That the WRHA and the SBGH continue to carry out audits of all nursing units and pharmacy departments to ensure that there is compliance with the concentrated potassium guidelines.

MANITOBA HEALTH RESPONSE:

Audits, for both nursing and pharmacy processes, at WRHA sites are conducted every six months and coordinated through the WRHA Medication Quality and Safety Committee. The results are then reported to the Professional Advisory Committee.

RECOMMENDATION 45:

That the WRHA and SBGH implement guidelines regarding the handling and administration of all drugs identified as "high hazard" medications by ISMP Canada.

MANITOBA HEALTH RESPONSE:

The WRHA Medication Safety Committee reviews the use of "high hazard" medications (including their preparation) through the Medication System Safety Committee. This review is ongoing as "high hazard" medications are continually being introduced into the market.

RECOMMENDATION 46:

That the Pharmacy of the SBGH and the WRHA consider re-visiting the decision to include potassium acetate in the Parenteral Drug Manual.

MANITOBA HEALTH RESPONSE:

A monograph for potassium acetate continues to be a part of the WRHA Parenteral Drug Therapy Manual. There are three separate drug monographs for potassium products; potassium acetate, potassium chloride and potassium phosphate. They are updated regularly and in compliance with WRHA and SBGH policies with respect to the administration of products containing potassium.

RECOMMENDATION 47:

That the process for alerting staff to critical blood results be reviewed by the WRHA.

MANITOBA HEALTH RESPONSE:

WRHA and Diagnostic Services of Manitoba (DSM), responsible for laboratory testing services, have developed a general policy intended to supplement individual disciplines' documents related to reporting critical blood results in 2009.

RECOMMENDATION 48:

That the SBGH and the WRHA review their protocol(s) currently in place throughout the region for investigating unexpected deaths and other adverse outcomes.

MANITOBA HEALTH RESPONSE:

The policy with respect to the reporting/investigation of unexpected deaths and other adverse events was last revised in October 2009.

In November 2006, amendments were made to the Regional Health Authorities Act and the Manitoba Evidence Act that made reporting of "critical incidents" (formerly known as critical clinical occurrences) to the Minister of Health mandatory for regional health authorities and provincial organizations include Cancer Care Manitoba, Diagnostic Services of Manitoba and the Selkirk Mental Health Centre.

RECOMMENDATION 49:

That the protocol(s) ought to deal with the following:

a. how and when patients and personnel are to be safeguarded should there be an adverse event and/or outcome that affects or could affect them;

b. what equipment ought to be secured and how;

c. if equipment is secured, how and when the equipment should be tested before it is returned to service;

d. if equipment with memory is secured, how and when the memory should be downloaded, before the equipment is returned to service;

e. under what circumstances should syringes, vials and other items be saved, and if saved, how and when they should be tested;

f. how and when to secure the environment in which the adverse event or outcome occurred, until the safety of other patients or personnel in the same environment can be secured.

MANITOBA HEALTH RESPONSE:

In 2007, the WRHA Critical Incident Management and Learning Policy was revised to include the following:

"Any individual who observes or has knowledge of a Critical Incident (CI) or Provisional CI (this term is no longer used) shall:

4.1.1 Ensure that the patient(s) and personnel are safeguarded;

4.1.2 Identify and secure any pertinent equipment/supplies. Determine if the room or scene needs to be secured e.g. in the case of a suicide, homicide or suspicious death." "Any individual who observes or has knowledge of a Critical Incident (CI) or Provisional CI (term no longer used) shall:

4.1.3 Ensure that the patient(s) and personnel are safeguarded;

4.1.4 Identify and secure any pertinent equipment/supplies. Determine if the room or scene needs to be secured e.g. in the case of a suicide, homicide or suspicious death."

RECOMMENDATION 50:

That the nurse in charge, if present in the hospital, remain on or return to her ward or unit when a resuscitation code is called.

MANITOBA HEALTH RESPONSE:

WRHA policy specifies that the nurse in charge of a ward or unit where a resuscitation code is called, shall remain on or return to the unit immediately.

RECOMMENDATION 51:

That all medical equipment used on a patient be included as part of the equipment seized in a death in a hospital due to accident, suicide, violence, homicide or unexplained death.

MANITOBA HEALTH RESPONSE:

In 2007, the WRHA Critical Incident Management and Learning Policy was revised to include the following:

"Any individual who observes or has knowledge of a Critical Incident (CI) or Provisional CI (this term is no longer used) shall:

4.1.1 Ensure that the patient(s) and personnel are safeguarded;

4.1.2 Identify and secure any pertinent equipment/supplies.
Determine if the room or scene needs to be secured e.g. in the case of a suicide, homicide or suspicious death."

RECOMMENDATION 52:

That the SBGH and the WRHA review the systematic criteria for determining when an ICU review should be carried out and how quickly.

MANITOBA HEALTH RESPONSE:

The WRHA Critical Care Program adheres to the WRHA Critical Incident Reporting policy. In addition, the WRHA Critical Care Standards Committee audits charts to ensure adherence to practice standards.

The WRHA Critical Care Program also has a "Heads Up" program that encourages staff to report any clinical case that is of concern. These cases are reviewed by the Standards Committee, a multidisciplinary review committee.

RECOMMENDATION 53:

That if there is not some form of systematic criteria, then consideration be given either adopting or developing one.

MANITOBA HEALTH RESPONSE:

The WRHA Critical Incident Reporting Policy is used as the basis for this reporting. The WRHA Critical Incident Reporting Policy is in keeping with the Manitoba Health Critical Incident Reporting and Management Policy.

RECOMMENDATION 54:

That a similar review be applied to Operating Theatres and Recovery Rooms, the wards, and the Emergency Departments in the SBGH and the WRHA.

MANITOBA HEALTH RESPONSE:

There are standardized procedures for the review of a critical incident that occurs in any area of the regionbal health authority.

The Critical Incident Review Process is intended to "ensure timely, comprehensive and factual reporting and investigation of CIs in order to promote learning and enhance patient safety through the implementation of system improvements" (WRHA policy # 10.50.040). This process ensures that the responsibilities, as outlined in The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act are fully supported.

Clinical staff are informed about the process of reporting a critical incident via the Critical Incident Reporting and Support Line (CIRSL). Posters are located strategically throughout facilities about the reporting line.

All staff receive education regarding critical incidents and the reporting process after being hired within the WRHA.

Once notification of a critical incident is sent to the facility from the WRHA, a CI review committee is established and notification of appropriate individuals occurs within 24 hours. The investigation plan is formulated following this notification.

Each critical incident review is required to be completed within 90 days according to the legislation. Once the critical incident review is completed, a de-identified, summarized version of the final report is created. This is posted on the Patient Safety page of both the SBGH Intranet and the WRHA Patient Safety website to allow for sharing of the learning from the investigation.

The achievement of standards is also included in the realm of quality. Standards refer to a desired and achievable level of performance against which actual performance can be compared.

Each Clinical Program of the WRHA has a Program Standards Committee. The chair of each of these clinical program standards committees reports to a larger WRHA Standards Committee. The standards committees utilize a peer review process for the purposes of education not that of discipline.

Standards Committees engage in a variety of activities including the following:

• Organizing and supervising all activities of the program relating to the standards of health care practice;

• Undertaking health care audits and profession specific peer reviews for effective surveillance of the quality of care rendered to patients within the program;

• Ensuring the incorporation of professional association guidelines and "best practices" within various programs and at all sites delivering the program;

Standards Committees function within the provision of Section 9 of the Manitoba Evidence Act. This means that individuals participating in Standards Committee meetings cannot be compelled in any legal proceeding to answer questions concerning their deliberations at Standards meetings. This facilitates open discussion without concern for expressing individual views and opinions.

RECOMMENDATION 55:

That the WRHA conduct educational seminars for all hospital staff to review the policy of prompt critical incident reporting.

MANITOBA HEALTH RESPONSE:

In 2006/07, with the introduction of mandatory critical incident reporting, the WRHA conducted approximately 57 educational seminars with a total attendance of 2,500 staff.

New employees to the WRHA are provided with information around the reporting of Critical Incidents, occurrences and "near misses" at the new employee orientation. In many hospitals, this presentation is provided by one of the WRHA patient safety consultants. They emphasize the "no blame" focus of reporting. The Legislation's "no retaliation" clause is also highlighted as well as the ultimate goal of learning how to make the health care delivery system safer. This is the focus of the critical incident reporting process.

RECOMMENDATION 56:

That a critical clinical incident occurring in a hospital at any time of day or night be reported immediately to supervisory medical personnel.

MANITOBA HEALTH RESPONSE:

WRHA policy specifies that supervisory medical personnel are to be notified immediately of a critical incident regardless of the time of day or night.

4.1 Any individual who observes or has knowledge of a Critical Incident (CI) shall:

4.1.3 Report the CI by calling the WRHA Critical Incident Reporting and Support Line (CIRSL), 24 hours a day, 7 days a week. Callers who may choose to remain anonymous.

4.1.4 At the caller's discretion, notify his/her manager/supervisor to provide assistance/support. Employees are encouraged to provide the information to their manager/supervisor, following usual lines of communication.

4.3 A CI notification e-mail will automatically be sent from Critical Incident Reporting and Review Application (CIRRA) to identified recipients at the involved facility, the WRHA Programs, WRHA Patient Safety, and Manitoba Health.

4.6 When a CI has been reported to the WRHA CIRSL, after hours (between 17:00 and 08:00), or on a weekend or statutory holiday:

4.6.1 A designated representative from the facility/program/setting (as designated by the facility/program/setting), if aware of the CI, shall notify the WRHA Administrator on Call by paging him/her.

4.6.2 The WRHA Administrator on Call, if aware of the CI, shall notify Manitoba Health by calling the afterhours number.

Each facility/program/setting will then have an internal means of communicating a reported Critical Incident.

RECOMMENDATION 57:

That the Clinical Risk Department of a hospital be immediately notified of any unexplained incident or occurrence.

MANITOBA HEALTH RESPONSE:

At this time, not all hospitals still maintain a department designated to manage clinical risk. If not, there are other key managerial personnel who are designated to receive notification of a Critical Incident. The WRHA Critical Incident Reporting and Review Application (CIRRA) generates an automatic e-mail message to identified recipients according to a predetermined listing.

RECOMMENDATION 58:

That in the identification of a critical incident at a hospital there must be an easy-to-use reporting system supported by appropriate policy and practice.

MANITOBA HEALTH RESPONSE:

The Critical Incident Reporting and Support Line (CIRLS) is available 24 hours a day, 7 days per week. Anyone, whether a patient or a family member, can report a critical incident. The information is collected on a web based form and sent to the Critical Incident database. This action triggers a CI notification e-mail to the involved WRHA sites/programs or settings and to the CI Coordinator and Manitoba Health.

RECOMMENDATION 59:

The creation at all hospitals of a critical incident database to help collate, analyze trends or causes and thereby improve patient safety.

MANITOBA HEALTH RESPONSE:

The WRHA operates a Critical Incident Reporting and Review Application (CIRRA). This web based application provides for centralized and distributed input and access in a Personal Health Information compliant (firewall/password protected and audited) environment. There exists within the application the ability to track CI reporting, notification, disclosure, investigation and recommendation implementation.

RECOMMENDATION 60:

That the WRHA continue to review its policy pertaining to the reporting of a Critical Clinical Occurrence.

MANITOBA HEALTH RESPONSE:

The Critical Incident (prior to 2006 referred to as "critical clinical occurrence") Management Policy was last reviewed in 2009. All WRHA policies are reviewed within five years from the date of approval.

RECOMMENDATION 61:

That the SBGH and the WRHA consider setting up a healthcare safety investigation team to review adverse events and outcomes of a designated level of severity.

MANITOBA HEALTH RESPONSE:

The WRHA employs a number of patient safety consultants, at least one in each acute care facility, as well as a number who are part of the regional patient safety team. Their primary role is to investigate critical incidents that occur anywhere within the WRHA.

RECOMMENDATION 62:

That the SBGH and the WRHA consider providing appropriate training to the individuals who will carry out healthcare safety investigations.

MANITOBA HEALTH RESPONSE:

The WRHA Patient Safety Consultants receive education in how to conduct a safety investigation. New Patient Safety consultants are mentored in the process of conducting critical incident reviews and writing critical incident reports by experienced patient safety consultants.

The WRHA also conducts workshops for supervisory staff related to critical incident determination and reporting requirements. From its introduction in 2005 to September 2010, this one day workshop has been attended by 707 supervisors.

RECOMMENDATION 63:

That the SBGH and the WRHA limit the individuals involved as healthcare safety investigators to those who do not carry any administrative responsibilities.

MANITOBA HEALTH RESPONSE:

The WRHA employs a number of patient safety consultants, whose job is to lead and/or participate in the investigation of critical incidents that occur anywhere within the WRHA. The Critical Incident Management Policy indicates that in order to lead a CI Review Committee, an individual must have completed one of the workshops offered by the WRHA.

Individuals excluded from leading a CIRC include anyone who has a conflict of interest in the CIRC e.g. manager of the involved unit; was or is directly involved in providing

care to the client; has a potential future role in disciplinary matters arising from that CI or the program or site involved; or is the ongoing patient/family support person.

RECOMMENDATION 64:

That the WRHA and the SBGH implement a policy setting out under what circumstances the police ought to be notified about an adverse outcome or event for the purpose of commencing a criminal investigation.

MANITOBA HEALTH RESPONSE:

Notification of the Winnipeg Police Services occurs on a case by case basis.

RECOMMENDATION 65:

That the Province of Manitoba review the merit of including definitions of causes of death in *The Fatality Inquiries Act.*

MANITOBA JUSTICE RESPONSE:

The Department has given reasonable consideration to this recommendation and have decided not to support the legislative amendment.

RECOMMENDATION 66:

That the WRHA develop informational material for staff on the topic of Critical Incident Reporting.

MANITOBA HEALTH RESPONSE:

In 2007, posters and cards were developed and circulated broadly to inform WRHA staff, patients and families of the importance of reporting a critical incident to the Critical Incident Reporting and Support Line (CIRSL). The line is staffed by crisis counsellors employed through the Klinic Community Health Centre. The phone number and criteria are also found on the WRHA Internet and Intranet sites.

The Regional Health Authorities of Manitoba Quality and Risk Management Network developed two informational pamphlets on the topic of critical incident reporting: one for patients and families who have experienced a critical incident and one for staff who are involved in a critical incident. The development and printing of these resources was supported by Manitoba Health and the Manitoba Institute for Patient Safety (MIPS).

RECOMMENDATION 67:

That all hospitals implement protocols for initial response to unexplained or unexpected deaths or near-deaths, to include immediate notification to the CME and preservation of the scene.

MANITOBA HEALTH RESPONSE:

This situation is addressed in the WRHA Critical Incident Management and Learning Policy.

RECOMMENDATION 68:

That a pre-designated individual be assigned to secure, preserve and record details of such an incident scene prior to the arrival of the investigative team or individual or CME representative.

MANITOBA HEALTH RESPONSE:

The WRHA Critical Incident Management and Reporting Policy requires "any individual who observes or has knowledge of a critical incident identify and secure any pertinent patient care equipment and supplies".

The WRHA Patient Safety and Quality Research Committee meet approximately ten times per year to discuss various aspects of the CI management process. The work of this Committee is protected under Section 9 of the Manitoba Evidence Act.

RECOMMENDATION 69:

That the WRHA and SBGH continue in their efforts to establish a safety culture where patient safety is considered a core value and guiding principle throughout their organizations.

MANITOBA HEALTH RESPONSE:

Patient safety has been identified as an organizational priority for the WRHA in both their 2005-2010 and 2011-2016 strategic plans.

The Quality, Patient Safety and Innovation Committee was established in 2009. Their mandate is to:

1. *Provide leadership in promoting and supporting Board education related to governance standards and practices to improve quality, patient safety and innovation in healthcare;*

2. *Recommend for Board approval quality and patient safety indicators for incorporation within the WRHA governance dashboard;*

3. *Track progress toward achievement of strategic plans through the monitoring and review of Board approved quality and patient safety performance indicators;*

4. *Review proposed major changes in clinical services;*

5. *Monitor and review systems and resources for client, patient, resident, family, staff and community input and feedback; recommend appropriate system*

responses to client, patient, resident and community experiences or satisfaction with care and service;

6. *Recommend quality, patient safety and innovation related policies and standards for Board approval;*

7. *Review safety learning summaries and monitor actions taken to address recommendations for improvement; when appropriate, review specific critical incidents;*

8. *Monitor continuity of services with particular emphasis on the structures, processes and expectations of behavior at transfer points of care;*

9. *Advise on systems and processes for key quality, patient safety and innovation communication;*

10. *Monitor compliance with accreditation standards and the implementation of recommended change in quality and patient safety;*

11. *Review the results from the Canadian Institute for Health Information and other pertinent reports;*

RECOMMENDATION 70:

That the WRHA and the SBGH continue their efforts to establish a reporting culture within their organizations. To this end, they ought to review their policies with respect to reporting critical clinical occurrences to clarify to staff that with limited exceptions, reporting will not lead to disciplinary responses nor impact negatively on performance appraisal, but will be used as a learning opportunity for the organization.

MANITOBA HEALTH RESPONSE:

All staff new to the WRHA are provided with information concerning the reporting of Critical Incidents, near misses and occurrences during the new Employee orientation. In many hospitals, this presentation is provided by one of the WRHA patient safety consultants. They emphasize the "no blame" focus of reporting, the goal of improving system safety and the "no retaliation" clause of the relevant legislation.

RECOMMENDATION 71:

That the Government of Manitoba review the feasibility of the inclusion in *The Manitoba Evidence Act* of a provision to allow the creation of a Critical Incident Review Committee or similar entity with powers to interview, on a confidential basis, medical personnel, for safety investigations.

MANITOBA HEALTH RESPONSE:

The Regional Health Authorities (RHA) Act and the Manitoba Evidence Act were proclaimed on November 1, 2006. This legislation outlines requirements for the reporting and investigation of critical incidents occurring during the provision of health care by the Regional Health Authorities, provincial organizations and health care corporations.

The RHA Act and The Manitoba Evidence Act outline restrictions on access to, and use in legal proceedings of, information and reports generated by a Critical Incident Review Committee.

RECOMMENDATION 72:

That the recommendations from this Inquest be distributed as widely as possible, at minimum:

a. through the Office of the Chief Medical Examiner to other Chief Medical Examiners and Chief Coroners of Canada;

b. through the Council of Chief Executive Officers (or equivalent) of hospitals for the Province of Manitoba and for Canada;

c. through the Institute of Safe Medication Practices Canada (www.ismp- Canada.org)

d. Through the Canadian Patient Safety Institute (www.cpsi-icsp.ca)

MANITOBA JUSTICE RESPONSE:

This information was circulated as recommended on November 2, 2005.

MANITOBA HEALTH RESPONSE:

In 2006, Manitoba Health distributed the recommendations of this Inquest to the following groups/organizations:

- *The Office of the Chief Medical Examiner and other Chief Medical Examiners and Chief Coroners of Canada*
- *The Council of Chief Executive Officers of the Regional Health Authorities of Manitoba (RHAM) who have responsibilities for Manitoba hospitals*
- *The Institute for Safe Medication Practices, Canada*
- *The Canadian Patient Safety Institute*

The WRHA also widely distributed the recommendations of this inquest within the region.

RECOMMENDATION 73:

That the attending staff of the SICU at SBGH consider submitting a report to the medical profession describing this case.

MANITOBA HEALTH RESPONSE:

> *This recommendation was assigned to the Co-Director for Intensive Care Medicine/Surgery (ICMS) and Intensive Care Cardiac Surgery (ICCS) at SBGH for consideration.*

RECOMMENDATION 74:

That the Pharmacy Department at SBGH or WRHA complete and submit a case report to ISMP Canada.

MANITOBA HEALTH RESPONSE:

> *The SBGH and WRHA Pharmacy Program submitted a case report to ISMP Canada in 2005.*

As we have now received and reported upon the responses from the departments to which recommendations were made, our file on this matter will now be closed.

Yours truly,

Original signed by

Irene A. Hamilton
Manitoba Ombudsman

cc: Mr. Milton Sussman
Deputy Minister of Health

Mr. Jeffrey Schnoor, QC
Deputy Minister of Justice and Deputy Attorney General

Dr. Thambirajah Balachandra
Chief Medical Examiner

Ms Arlene Wilgosh
CEO, Winnipeg Regional Health Authority

Dr. Michel Tétreault
President and CEO, St. Boniface General Hospital