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October 24, 2016

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

Dear Chief Judge Wiebe:

Inquest into the death of Maurice Paul Thomas Our file 2011-0429

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 and recommendations by the Provincial Court Judge Wanda Garreck on July 15, 2011. Please note that I delayed issuing my report in order to obtain information that was not available at the time of our initial inquiry made jointly to Manitoba Health, Seniors and Active Living (MHSAL) and the City of Winnipeg, and the Winnipeg Regional Health Authority (WRHA) on December 12, 2011.

This report reflects the WRHA's responses, in collaboration with MHSAL and the City of Winnipeg, to the judge's recommendations, which we received at intervals in 2012, 2014, and 2016. We contacted the WRHA and Main Street Project this fall and requested updates, particularly with respect to action pending on recommendations. These updated responses are included in this report.

Mr. Thomas came to his death on May 7, 2008. He was transported by members of the Downtown Business Improvement Zone Patrol and, pursuant to *The Intoxicated Persons Act*

(IPDA), admitted to Main Street Project (MSP). Mr. Thomas was subsequently transported to Health Science Centre where he remained until he was pronounced dead. The cause of death was an anoxic brain injury due to or as a consequence of respiratory arrest due to or as a consequence of acute alcohol intoxication.

The following are the recommendations and the responses we received to our inquiries:

RECOMMENDATION ONE

Funding for Main Street Project to employ paramedics up to the advanced care level, 24 hours, seven days a week as currently committed.

RESPONSE FROM THE WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: The Winnipeg Regional Health Authority (WRHA) provided funding to the WFPS (Winnipeg Fire Paramedic Service) in April 2011 to provide Advanced Care Paramedic staffing at the Main Street Project (MSP) on a 24 hour, seven days per week basis. The WFPS implemented the 24/7 staffing of MSP Paramedics on May 27, 2011. The MSP Paramedics perform an initial medical assessment of the IPDA client prior to the client being accepted into the IPDA facility. If the medical assessment findings suggest potential for underlying medical illness the patient is transferred to a health facility by an appropriate means of transport. In most cases this involves the use of an emergency ambulance based on paramedic medical assessment findings. (February, 2014)

RECOMMENDATION TWO

Funding for cameras in each of the remaining fifteen cells and for updating the computer monitoring system to accommodate the cameras in the IPDA unit at Main Street Project.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: Cameras were purchased and installed in January 2012 for the remaining 15 cells, through a donation from the Manitoba Lotteries Commission. The donation also covered the cost of a DVR, hard drive, monitor, and installation expenses. (February, 2014)

Main Street Project advised that there are currently 20 cells in the IPDA; all of them monitored by motion sensor cameras. Cameras are located throughout the facility, from the point of entry to discharge from MSP. (August, 2016)

RECOMMENDATION THREE

Funding for EMR training to be provided to all IPDA unit staff of Main Street Project.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Partially Completed and In Process: No funding has been provided for EMR (Emergency Medical Responder) training, and MSP has confirmed the costs for training are not included in the per diem paid by Winnipeg Police. However, WFPS paramedics provide regular coaching and mentoring opportunities to MSP staff members with regard to the ongoing monitoring of IPDA clients while the client is detained. The issue of training costs will be considered as part of the overall funding model review, as referenced in the response to Thomas Recommendation 9. (February, 2014)

The WRHA, WFPS and WPS along with other community partners, both from the public and private sectors are working together to ensure safety for those who are publicly intoxicated and detained under the Intoxicated Person's Detention Act. This will include an overall review and revision of the funding model for Main Street Project.¹ (September, 2016)

RECOMMENDATION FOUR

Funding for the IPDA unit managers along with Main Street Project paramedics to develop a training manual for staff. The manual should include how to conduct the assessments at the regular checks and what to look for, including signs that should cause concern, changes to watch for and how changes are to be interpreted. It should include guidance on when to call for re-assessment or assistance from the paramedics.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: WFPS reviewed MSP policies with MSP management staff. WFPS developed medically approved protocols and patient assessment check sheets to be utilized by MSP staff during the monitoring of IPDA facility clients. (February, 2014)

RECOMMENDATION FIVE

Funding to fully train the IPDA unit staff at Main Street Project on the procedures contained in the manual developed in recommendation 3², as well as funding for ongoing training in the area of assessments and what to look for when monitoring detainees. This training would be for all new staff and current staff as refresher training, to be repeated at regular intervals.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Partially Completed and in Process: No funding has been provided for training, and MSP has confirmed the costs for training are not included in the per diem paid by Winnipeg Police. However, WFPS paramedics provide regular coaching and mentoring opportunities to MSP staff members with regard to the ongoing monitoring of IPDA

¹ The WRHA was not able to provide a time frame for decisions relating to the funding model. Reference to the funding model for MSP is made in response to Recommendations 3, 5, 9 and 17.

² note: "a training manual for staff" is discussed in recommendation #4, not recommendation #3

clients while the client is detained. The issue of training costs will be considered as part of the overall funding model review, as referenced in the response to Thomas Recommendation 9. (February, 2014)

The WRHA, WFPS and WPS along with other community partners, both from the public and private sectors are working together to ensure safety for those who are publicly intoxicated and detained under the Intoxicated Person's Detention Act. This will include an overall review and revision of the funding model for Main Street Project. (September, 2016)

RECOMMENDATION SIX

Development and implementation of a procedure for paramedics to re-assess Main Street Project detainees at regular intervals.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: Ongoing monitoring of IPDA clients is performed by MSP staff every 10 minutes. The MSP staff record their observations on a 10 minute check form which details the position of the client and indicates if the client is awake or sleeping. An assessment form has been developed to track the client's body movement, positioning, level of mentation, speech, respiratory count and skin perfusion. An MSP paramedic had input into the development of these forms and the process for their utilization. MSP staff report concerns they may have regarding the status of a client to the paramedic. WFPS paramedics conduct periodic checks/reassessments on IPDA clients based on established intervals and the general medical impression that the paramedic establishes during the initial medical assessment conducted prior to admission to the Centre. If abnormal findings are found at the time of intake, the client will be re-assessed by a paramedic until such time that those findings are resolved. If there is no improvement in patient conditions or deterioration in condition is noted, then the MSP paramedic will initiate emergency care in accordance with WFPS protocols and ambulance transport to an emergency department occurs.

Upon discharge from MSP, each detainee is asked a series of questions, including but not limited to:

- 1. Is this your first time here?*
- 2. Do you know where you are?*
- 3. Do you have any plans to harm yourself?*
- 4. Do you have a plan on getting to a safe place?*
- 5. Would you like a sandwich and/or coffee?*
- 6. Do you need additional clothes/socks/shoes?*
- 7. Do you know what services we provide?*

Clients are also provided with a brochure regarding MSP services and answers to any further questions they may have during the discharge process. (February, 2014)

RECOMMENDATION SEVEN

Finalization and implementation of the protocol for clearing intoxicated persons in the field, currently under development by the Medical Advisory Committee and the Medical Director for the Winnipeg Fire Paramedic Service.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: WFPS implemented the protocol for the assessment of intoxicated persons at MSP following approval of the protocol by WRHA/WFPS Medical Advisory Committee November 2011. The protocol will be forwarded to the recently formed Manitoba Emergency Services Office of the Medical Director (OMD) for consideration by other regional health authorities. At the present time, this protocol is utilized only at the MSP by the MSP paramedics. Review of the 25,000 cases that have been cleared at MSP using this protocol indicates the protocol is appropriate for utilization by paramedics in the field, without any further revisions, and will be implemented in Winnipeg effective December 2013. (February, 2014)

Manitoba Health, via the EMS Branch has taken steps in the implementation of the Provincial Office of the Medical Director (POMD) including regulatory changes which came into force November 1, 2015 establishing the authority of the Provincial EMS Medical Director to move forward with the setting of scope of practice for licensed paramedics in Manitoba as well as setting standards for quality assurance in Manitoba EMS. (May 2014 and September 2016)

RECOMMENDATION EIGHT

All assessments of intoxicated persons for clearance to the Main Street Project include a set of questions designed to illicit information for predicting an increasing alcohol level. These questions would illicit drinking history including what the person has consumed, how much they have consumed and their drinking pattern.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: All assessments of intoxicated persons for clearance to the Main Street Project now include a set of questions designed to elicit information for predicting an increasing alcohol level. These questions have been validated by the MSP Paramedics and WFPS Medical Director and are included in the MSP training package. (February, 2014)

RECOMMENDATION NINE

Finalization of a written agreement as soon as possible between Main Street Project and the Winnipeg Police Service with respect to the fee paid for each person detained at Main Street Project under the Intoxicated Persons Detention Act. This agreement would set out the fee which reflects the actual cost of providing the service, the expected service to be provided, the length of the agreement and the renewal options for the agreement.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

In Process: Currently there is no written agreement in place between MSP and the Winnipeg Police Service (WPS) related to the fee (per diem) paid for each person detained at MSP. An external audit of MSP conducted by WRHA in March 2013 identified several recommendations including the need to re-evaluate the MSP funding model in recognition of the continuum of care and services provided by MSP. As part of the work associated with the recommendations, WRHA has agreed to lead discussion with MSP, WPS, and other key stakeholders to review the funding model. (February, 2014)

The WRHA, WFPS and WPS along with other community partners, both from the public and private sectors are working together to ensure safety for those who are publicly intoxicated and detained under the Intoxicated Person's Detention Act. This will include an overall review and revision of the funding model for Main Street Project. (September, 2016)

RECOMMENDATION TEN

Winnipeg Fire Paramedic Service paramedics continue to use the patient care reports by fully documenting and completing the narrative portion with respect to observations and evaluations completed in the field, when assessing intoxicated persons.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: WFPS paramedics continue to use an electronic patient care reporting system in the field and at the MSP. The department has strict documentation requirements for patient care reporting as outlined in department General Operating Guidelines. Medical Supervisor staff members conduct random and targeted reviews of patient care reports to ensure that prehospital care is being conducted in accordance with medical protocol. The WFPS Quality Improvement Branch generates automated reports identifying patient care reports requiring further review by Medical Supervisors, and if necessary by the Medical Director. (February, 2014)

RECOMMENDATION 11

Funding to allow paramedics at Main Street Project to carry radios with them at all times so IPDA unit staff can contact them immediately as needed.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: The MSP has provided the MSP paramedics with MSP portable radios since April 2011. The MPS paramedic carries this radio at all times allowing staff within MSP to contact the paramedic at any time. The paramedic is also equipped with A WFPS portable radio and a cell phone which allows immediate access to the WFPS 911 Communications Centre. (February, 2014)

RECOMMENDATION 12

There is no recommendation 12 identified in the inquest report.

RECOMMENDATION 13

Continue the current practice of having masks for CPR and gloves available outside each cell in the IPDA unit at Main Street Project.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: MSP continues the practice of providing masks for CPR and gloves outside each cell. (February, 2014)

RECOMMENDATION 14

Continue the current practice of IPDA unit staff at Main Street Project carrying cell door keys at all times.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: MSP continues the practice of having MSP IPDA staff carrying cell door keys at all times. (February, 2014)

RECOMMENDATION 15

Continue the current practice of two staff members dedicated to the IPDA unit at Main Street Project and these staff give first priority to the IPDA unit at all times.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: MSP continues the practice of having two staff members dedicated to the IPDA unit at MSP and these staff give first priority to the IPDA unit at all times. (February, 2014)

At peak periods, MSP may dedicate a third staff member to the IPDA unit. (September, 2016)

RECOMMENDATION 16

Each shift in the IPDA unit of Main Street Project have one person designated as the person responsible for communicating information to outside medical personnel in any critical incident or incident involving their attendance.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

Complete: For any patient requiring outside medical attention, the MSP paramedic provides a verbal patient report and a written transfer referral form regarding the patient status to the transporting ambulance paramedics or other health care provider. A Critical Incident (CI), by true definition as per provincial legislation, involving care provided by the WFPS paramedic would be managed by the WFPS in collaboration with the WRHA and the MSP and would be conducted utilizing established practices and statutory notification requirements. (February, 2014)

RECOMMENDATION 17

Funding to upgrade cells in the IPDA unit at Main Street Project as necessary, including replacement of windows in the cell doors to prevent obstruction of view during the fifteen minute assessments done by staff.

RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY

In Process: No funding has been received to upgrade the cells. MSP is concerned the glass on the cell doors is getting very cloudy, affecting visibility into the cells.³ Major infrastructure costs such as this are not covered through the per diem – the per diem only covers staffing, lights, heat, etc. This issue will be considered as part of the overall funding model review, as referenced in the response to Thomas Recommendation 9. (February, 2014)

The WRHA, WFPS and WPS along with other community partners, both from the public and private sectors are working together to ensure safety for those who are publicly intoxicated and detained under the Intoxicated Person's Detention Act. This will include an overall review and revision of the funding model for Main Street Project. (September, 2016)

The WRHA, in collaboration with MHSAL, and the WFPS, has provided its full response to 12 of the 16⁴ recommendations. The remaining four recommendations appear to be contingent upon a new funding model, which is a matter under continuing review by the WRHA with its community partners. However, with no timeline provided for approval of a new funding model, and given that the inquest report was issued over five years ago, I believe that it is reasonable for our office to conclude ongoing monitoring of the inquest recommendations.

³ In discussions with MSP in September 2016, cloudy glass on cell doors affecting visibility into cells continues to be a concern.

⁴ For clarification, recommendation 12 was not identified in the inquest report, therefore, the total number of recommendations is 16, not 17.

If the WRHA develops a new funding model in the future and shares that information with our office, we will ensure it is provided to your office and appended to this report.

Please note, an electronic copy of this report will be posted on the Manitoba Ombudsman website: www.ombudsman.mb.ca.

Yours truly,

A handwritten signature in black ink, appearing to read 'CPaquin', is centered on a light gray, textured rectangular background.

Charlene Paquin
Manitoba Ombudsman

cc: Milton Sussman, President and CEO, WRHA
Karen Herd, Deputy Minister, Health, Seniors, and Active Living
Douglas D. McNeil, CAO, City of Winnipeg
Rick Lees, A/Executive Director, Main Street Project
Dr. John Younes, A/Chief Medical Examiner