

# The Provincial Implementation Team Report on the Recommendations of the Brian Sinclair Inquest Report

90 Day Report

Respectfully Submitted to the Minister of Health

March 12, 2015

**Manitoba** 



## Introduction

---

On September 21, 2008, Mr. Brian Sinclair died of a treatable bladder infection in the Health Sciences Centre emergency department waiting room. On January 10, 2009, the Chief Medical Examiner of the Province of Manitoba called for an inquest to determine the circumstances under which Mr. Sinclair's death occurred and to determine what, if anything, could be done in future to prevent similar deaths from occurring.

On December 12, 2014, after hearing evidence from 82 witnesses over the course of 40 hearing days between August 6, 2013 and June 13, 2014, Provincial Court Judge Tim Preston released a 200-page report, identifying 63 recommendations to help prevent future harm or deaths from occurring. Judge Preston concludes that "... the acute peritonitis which caused his (Brian Sinclair's) death was avoidable. Brian Sinclair died because he did not receive the initial treatment he required. Hopefully, the recommendations that I make, as a result of hearing from those people who cared for Brian Sinclair during his later years and experts in areas of Emergency Medicine, will help prevent anything like this from ever recurring."

Following its release, Health Minister Sharon Blady accepted Judge Preston's report and recommendations, releasing the following public statement:

*"The death of Mr. Brian Sinclair was a preventable tragedy. The system failed Mr. Sinclair and for that I humbly apologize to his family, friends and loved ones.*

*Today, Judge Preston released his report into Mr. Sinclair's death. I want to take this opportunity to commend Judge Preston for this thoughtful and comprehensive report. I would also like to thank all those who appeared at and participated in the independent judicial inquest.*

*In his report, Judge Preston provided 63 wide-ranging recommendations that will help to improve emergency care across Manitoba. As the minister of health, I accept all of his recommendations.*

*As such, I am assigning my deputy minister, Ms Karen Herd, to lead an implementation team. In 90 days, this implementation team will be expected to assess the feasibility of the recommendations that have been made by Justice Preston and report back to me with a short-term, medium-term and long-term implementation strategy.*

*Regional health authority boards shall ensure their chief executive officers have appointed a senior leader to the implementation team and the CEO has enabled their full participation.*

*We are committed to ensure other families will not face the same tragic and preventable loss that has been faced by Mr. Sinclair's family."*

SHARON BLADY, MINISTER OF HEALTH  
MANITOBA, DECEMBER 12, 2014

The Minister of Health determined all but one recommendation would be applied to all Manitoba regional health authorities (RHA) and provincial health service organizations (PHSO) where appropriate.

As mandated by the minister, this report outlines the actions undertaken to date by the provincial implementation team and the short-, medium- and long-term plans for assessment and implementation of the recommendations.

## Mandate of the Provincial Implementation Team

---

The provincial implementation team, henceforth referred to as "the team", was established by direction of the Minister of Health in response to the publication of the 200-page Report of the Brian Sinclair Inquest. The inquest report was prepared by Manitoba Provincial Court Judge Timothy Preston and will be referred to henceforth as the Preston report. Judge Preston's report and recommendations required actions to be undertaken in the Winnipeg Regional Health Authority, where Mr. Sinclair's death occurred, as well as in all regions. The recommendations apply to, and have implications for, all Manitoba regional health authorities and provincial health service organizations. Fulfilling the recommendations will strengthen the quality of care for Manitobans throughout the province. As such, the scope of the recommendations was broadened for all recommendations to be provincial in nature.

The purpose of the team is to advise the Minister of Health and the Government of Manitoba on the appropriate follow-up actions for each of the Preston report recommendations and the status of implementation thereof.

The team and subcommittees will:

- Complete a comprehensive review of the report.
- Assess and document actions on the recommendations as follows:
  - changes that have occurred since 2008 that address the recommendations;
  - initiatives currently underway that will address the recommendations;
  - identification of policy, legislative, financial and programmatic implications of the recommendations;
  - identification of the scope of application of the recommendations; and
  - identification of the affiliated timelines associated with undertaking the recommendations.
- Provide regular updates on the progress of recommendation implementation to the Minister of Health.

The team was given 90 days to provide the Minister of Health with a short-term, medium-term and long-term implementation strategy.

## Membership of the Provincial Implementation Team

The Provincial Implementation Team is chaired by Deputy Minister of Health, Healthy Living and Seniors, Ms. Karen Herd.

Membership of the team is made up of regional health authority, regional service organization and departmental senior leadership as follows:

### Manitoba Health, Healthy Living and Seniors (MHLS)

Jean Cox	Assistant Deputy Minister, Regional Policy and Programs
Bernadette Preun	Assistant Deputy Minister, Provincial Policy and Programs
Avis Gray	Assistant Deputy Minister, Public Health and Primary Health Care
Beth Beaupre	Assistant Deputy Minister, Health Workforce
Barry Mathers	Executive Director, Aboriginal and Northern Health Office
Brie DeMone	Executive Director, Acute, Tertiary & Specialty Care
Lorraine Dacombe Dewar	Executive Director, Continuing Care
Tony Kwong	Senior Policy Analyst, Acute, Tertiary & Specialty Care

### Winnipeg Regional Health Authority (WRHA)

Lori Lamont	Vice President & Chief Nursing Officer
-------------	--

### Southern Health-Santé Sud (SHSS)

Kathy McPhail	Chief Executive Officer
Cheryl Harrison	Executive Director, Mid Sector
Marianne Woods	Executive Director, North Sector

### Prairie Mountain Health (PMH)

Penny Gilson	Chief Executive Officer
Shaun Gauthier	Chief Medical Officer

### Interlake Eastern Regional Health Authority (IERHA)

Brenda Neufeld	Chief Nursing Officer
----------------	-----------------------

### Northern Regional Health Authority (NRHA)

Joy Tetlock	Vice President, Planning and Innovation
Ingrid Olson	Executive Director, Clinical Services, The Pas

### Diagnostics Services Manitoba (DSM)

Paul Penner	Chief Operating Officer
Aileen Chmeliuk	Director, Client Services

### CancerCare Manitoba (CCMB)

Venetia Bourrier	Director, Quality, Patient Safety and Risk
------------------	--

### Selkirk Mental Health Centre (SMHC)

Danah Bellehumeur	Chief Executive Officer
-------------------	-------------------------

### Regional Health Authorities of Manitoba (RHAM)

Monique Vielfaure McKenzie	Executive Director
----------------------------	--------------------

The team collectively acknowledges the death of Mr. Sinclair was preventable, and a tragic result of multiple breakdowns in communication and care provision between health care providers and health care sectors. Judge Preston's report clearly demonstrates these breakdowns, and his recommendations seek to ensure the mitigation of circumstances that result in these breakdowns.

The team acknowledges its mandate is not to duplicate the detailed inquiry into the events which led up to the death of Mr. Sinclair or to come to alternate conclusions about the circumstances leading to his death. As the minister had accepted the recommendations in their entirety upon the release of the report, the team was not mandated with, and will not undertake, a review of the quality or appropriateness of the recommendations perspective.

The team initiated its work on December 16, 2014. Priority objectives of the team included:

- identifying the scope of applicability of the recommendations
- developing methods for progress reporting
- determining an approach for each recommendation; specifically, whether the recommendation in question should be addressed by a provincial working group with representatives from all necessary regions/service organizations/ government departments or if the recommendation in question could be carried out independently by each organization
- determining short-, mid- or long-term time lines per recommendation

In undertaking these determinations, the team assessed the relative effects of the recommendation, the efficiency of approaches taken, the relative effort and degree of resources required per recommendation and the complexity of the recommendation.

PAGE 4

## Scope of Applicability

The Preston report recommendations were made based on the context of care delivered by the Winnipeg Regional Health Authority and, as such, reflected the context of care of that health authority. When applying the recommendations broadly, the applicability of recommendations to different health care delivery environments throughout the province needed to be assessed based on the context of care which exists within those environments. For instance, inquest recommendation 20, ***"That all RHAs review the feasibility of a security presence at the entrance to an emergency department"*** is contextually appropriate in emergency department environments that often have more than 15, 25 or 50 people in a waiting room at any given time. As Judge Preston conveys in his report, "...some form of security presence at the entrance to *most* EDs is important to provide clear direction to anyone entering. A security presence also ensures both patient and staff safety."

In emergency departments where the average volume of patients in the waiting room is less than three people per hour, or the total volume of patients seen in the emergency department is less than 15 people per day, there is nearly no risk of a patient presenting and not being noticed imminently by an emergency department staff member and being provided with direction upon entrance. The relative risk to patient and staff safety is also minimal in these care settings.

As such, the team recommends that the scope of applicability of the Preston report recommendations which pertain to emergency department care be limited to emergency departments with more than 10,000 visits per year in Phase 1. Phase 2 will consider applying recommendations to smaller emergency departments, where appropriate, based on an assessment of the emergency department's physical design, staffing patterns, patient demand patterns and the acuity and complexity of care of patients presenting for care.

This recommendation results in the Preston report recommendations being applied to the following emergency departments per region in Phase 1.

**WRHA**

Health Sciences Centre  
St. Boniface General Hospital  
Grace General Hospital  
Victoria General Hospital  
Seven Oaks General Hospital  
Concordia Hospital

**PMH**

Brandon General Hospital  
Dauphin Regional Health Centre  
Swan Valley Health Centre  
Russell Health Centre

**SHSS**

Boundary Trails Health Centre  
Portage District General Hospital  
Bethesda Regional Health Centre  
(Steinbach)

**IERHA**

Selkirk & District General Hospital  
Pine Falls Hospital

**NRHA**

Thompson General Hospital  
Flin Flon General Hospital  
St. Anthony General Hospital  
(The Pas)

In Winnipeg, Phase 2 facilities have been established not on the basis of size or volume, but based on the possibility of issues and capacity. Phase 2 facilities within the Winnipeg region will include: Children's Hospital emergency department, Pan Am Health Centre Urgent Care and Misericordia Health Centre Urgent Care.

Phase 2 facilities will be identified by other regional health authorities by December 1, 2015.

It should be noted that, where the efficiency of recommendation implementation is improved through its application to Phase 1 and Phase 2 emergency departments simultaneously and/or to all emergency departments throughout a region regardless of size or patient volume, the recommendation will be applied accordingly.

PAGE 5

## Determination of Recommendation Actions

The Preston report recommendations are broad in scope and complex, applying to and affecting almost all sectors of health care. This report will affect the design and delivery of health care in Manitoba for many years to come. To ensure that continuous progress occurs on completion of the recommendations and that the gains intended through recommendation implementation are upheld, regions and service organizations will report on assigned recommendations on an ongoing basis.

Each recommendation was determined to be provincial, organizational or provincial/organizational in nature and is reflected as such.

Where it was determined that provincial standardization and consistency was of utmost importance, and where fiscal and human resource efficiencies could be gained through collective provincial action, recommendations were determined to be provincial in nature. An example of this is all recommendations with information communication technology (ICT) implications. Provincial recommendations have been assigned to provincial subcommittees and/or existing provincial councils, such as the Provincial Medical Leadership Council. Actions determined by provincial subcommittees and/or provincial councils will be implemented in all in-scope organizations.

Where it was determined that fiscal and human resource efficiencies could not be gained through collective provincial action and implementation at the organizational level was key to the recommendation, recommendations were determined to be organizational in nature. Departmental governance and oversight policies and procedures will ensure key elements are consistently present in all organizational recommendations, thereby ensuring provincial standardization in intent and accountabilities, if not in detailed operational procedures and processes.

In some cases a recommendation is noted as organizational and provincial in nature. For these recommendations, part of the recommendation or a non-electronic solution may be implemented organizationally, while the remainder of the recommendation or an electronic solution is assessed and determined provincially.

Each recommendation was determined to be short (up to nine months), medium (up to 24 months) or long term (24+ months) in nature and is reflected as such.

The following factors were assessed to determine the timeframe for recommendation completion:

- scope and complexity
- human resource requirements
- fiscal requirements
- capital infrastructure implications
- information communication technology implications

Short-term recommendations are predominantly recommendations with the smallest scope and complexity, requiring less human and fiscal resource requirements than other recommendations, and have no or minimal capital infrastructure or ICT requirements. In some recommendations that recommend an electronic procedural change, a non-electronic approach will be implemented in the short term while further assessment and work is undertaken on electronic implementation.

PAGE 6

It is important to note that short-term recommendations still require significant effort and resources. Undertaking policy reviews requires an assessment of the documented policy at each facility as well as an assessment of the effectiveness of that policy through an audit of activities to demonstrate compliance. If a policy, through review or audit, is determined not to be effective or sufficiently address the recommendation made in the Preston report, policies will be redeveloped. Some policy revisions will have effects on fiscal and operational resource requirements. Where there are resource implications, plans to allocate or acquire resources must occur before the policy is implemented. Following implementation, thousands of health care providers will need information and/or training to ensure the revised policies and procedures are upheld.

Medium-term recommendations are recommendations with medium to large scope and complexity. Many of these recommendations have information communication technology or capital infrastructure implications, or will require significant planning and development time and resources.

Long-term recommendations have the most substantial scope and complexity, with significant information communication technology and or capital infrastructure implications.

In both medium- and long-term recommendations, detailed work plans to undertake feasibility assessments are required. An assessment will need to identify the status of each activity or where activities in the planning stages can be adapted to address the recommendation. In addition, an assessment is needed to look at the feasibility of, or resources associated with, a recommendation so recommendations are integrated. These assessments could mean that recommendations will need to be built into a longer-term action plan or require an alternate solution.

The team respectfully submits the recommendation implementation plan, reflecting the outcome of the team's deliberations. For each recommendation, the following information is provided:

- the recommendation as presented in the Preston report, changed as applicable to present the recommendation as provincial in application
- whether the recommendation should be addressed provincially, through a collaborative provincial working group (provincial), or by each organization individually (organizational), or a combination of both approaches
- actions underway on the recommendation
- the timeframe for recommendation completion, be it short- (zero to nine months), medium- (10 to 24 months) or long-term (more than 24 months)

As noted earlier, recommendations will be applied to all regions and to service organizations where appropriate.

The department will review and develop (where required) governance and oversight policies and procedures to ensure the sustainability of the improvements gained by the implementation of the Preston report recommendations.

## Recommendation Implementation Plan

### RECOMMENDATION 1

That the Office of Public Trustee and the RHAs review their policies and procedures to ensure the primary care giver and service providers of any Committee of the Public Trustee are made aware of the committeeship.

**APPROACH:** Provincial/Organizational

PAGE 7

**ACTIONS UNDERWAY:** Engagement with the Office of the Public Trustee has occurred. RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 2

That RHAs review policies and procedures to ensure that home care updates service providers concerning any hospitalization of their clients.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 3

That RHAs review policies and procedures to ensure that each home care service provider is made aware of the specific care plan for each committee.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 4

That RHAs review policies and procedures to ensure that when a home care medical service is put on hold, suspended or withdrawn from any client for any reason, that there is an alternate plan in place or that the hold be reviewed on a regular basis.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

PAGE 8

### RECOMMENDATION 5

That RHAs review policies and procedures to ensure the provision to service providers of relevant background information of home care vulnerable clients.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 6

That the RHAs and the Office of the Public Trustee continue to review the feasibility of compatible electronic charting of all relevant medical information for clients of the Public Trustee.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** Engagement with the Office of the Public Trustee has occurred and has determined that this recommendation will be addressed by the RHAs/PHSOs provincially, in consultation with the Office of the Public Trustee as required. A feasibility assessment work plan is being developed. Opportunities to integrate the requirements set out in this recommendation with existing or planned ICT systems to maximize resource efficiency will be assessed.

**TIMELINE:** Medium Term – A feasibility assessment work plan will be completed within five months. The feasibility assessment, identification of opportunities for integration and recommendations for further action will be provided within 24 months.

## RECOMMENDATION 7

That the Office of the Public Trustee and the RHAs review their policies and procedures to ensure that when a patient is a Committee of the Public Trustee, the patient's committee status is clearly flagged on that patient's medical chart.

**APPROACH:** Provincial/Organizational

**ACTIONS UNDERWAY:** Engagement with the Office of the Public Trustee has occurred and has determined that this recommendation will be addressed by the RHAs/PHSOs provincially, with consultation with the Office of the Public Trustee as required. RHAs/PHSOs are undertaking reviews of their policies and procedures to ensure that committee status is flagged on paper charts in a non-electronic fashion in the short term. A feasibility assessment work plan is being developed for electronic flagging. Opportunities to integrate the requirements set out in this recommendation with existing or planned ICT systems to maximize resource efficiency will be assessed.

**TIMELINE:** Short/Medium Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months. A feasibility assessment work plan will be completed within five months. The feasibility assessment, identification of opportunities for integration and recommendations for further action will be provided within 24 months.

## RECOMMENDATION 8

PAGE 9

That the RHAs review the feasibility of electronic charting for all facilities.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A feasibility assessment work plan is being developed. Some planned and in-progress ICT systems may be required prior to this recommendation being feasible.

**TIMELINE:** Medium Term – A feasibility assessment work plan will be complete within five months. The feasibility assessment, determination of critical ICT system implementation required to enable this recommendation to be feasible, identification of opportunities for integration and recommendations for further action will be provided within 24 months.

## RECOMMENDATION 9

That the protocol that requires primary care physicians sending patients to an ED to notify the ED in advance by phone be maintained, including verification of whether a letter has been given to a client to present to the ED staff.

**APPROACH:** Provincial/Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited. The College of Physicians and Surgeons of Manitoba and the Manitoba Provincial Medical Leadership Council have been engaged provincially to determine and ensure application of these protocols to non-RHA/PHSO based primary care physicians.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

#### RECOMMENDATION 10

That the RHAs continue to review their policies and procedures to examine the feasibility of letters from primary care physicians to EDs being sent electronically.

**APPROACH:** Provincial/Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are undertaking reviews of their policies and procedures to ensure that protocols require letters from primary care physicians to EDs be sent at minimum via fax. The College of Physicians and Surgeons of Manitoba and the Manitoba Provincial Medical Leadership Council have been engaged provincially to determine and ensure application of these protocols to non-RHA/PHSO based primary care physicians. A feasibility assessment work plan is being developed for electronic sending. Opportunities to integrate the requirements set out in this recommendation with existing or planned ICT systems, to maximize resource efficiency, will be assessed.

**TIMELINE:** Short/Medium Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months. A feasibility assessment work plan will be complete within five months. The feasibility assessment, identification of opportunities for integration and recommendations for further action will be provided within 24 months.

#### RECOMMENDATION 11

That RHAs review policies and procedures to ensure that primary care facilities develop a uniform protocol for the transportation of clients with mobility or cognitive challenges to other health care facilities.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

#### RECOMMENDATION 12

That all RHAs review their policies and procedures to ensure that vulnerable persons, including persons with mobility issues, are assisted by staff with the triage process immediately upon their arrival at an ED.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 13

That paper triage lists at any ED be eliminated and that each presenting person's information be entered electronically into a hospital registration system upon first point of contact by ED staff.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** Paper triage lists are being or have been eliminated at all in-scope emergency departments. RHAs/PHSOs are actively undertaking policy and procedure development to enable a presenting person's information to be entered electronically into an existing hospital registration system upon first point of contact by ED staff.

**TIMELINE:** Short/Medium Term – Elimination of paper triage lists will be completed within four months at all in-scope emergency departments. Electronic registration procedures at first point of contact will be implemented within 24 months.

### RECOMMENDATION 14

That RHAs review the floor plan of all EDs to ensure that no persons in the ED waiting room requiring medical care face away from the triage desk.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively reviewing the floor plans of all in scope EDs, and where possible within existing infrastructure, revising the floor plans accordingly. Where existing infrastructure prevents this from occurring, RHAs/PHSOs will submit proposals for capital revisions identifying resource implications.

**TIMELINE:** Medium Term – Revisions to floor plans, or capital plans, will be submitted within 24 months.

PAGE 11

### RECOMMENDATION 15

That RHAs review their policies and procedures to ensure that persons in ED waiting rooms are awakened at regular intervals.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 16

That the RHAs review the feasibility of secondary traumatic stress training for all ED staff.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment and implementation work plan to create provincially-standardized curricula and maximize resource utilization in development and implementation.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

### RECOMMENDATION 17

That the RHAs review their policies and procedures to ensure that staff intervenes when a person is vomiting in an ED.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 18

That the RHAs review their policies and procedures with respect to interview notes taken on behalf of hospital administration after the occurrence of critical incidents, with a view to having the notes dated and initialed or otherwise authenticated by the interviewee.

**APPROACH:** Provincial/ Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited. If/where this recommendation affects provincial policy and/or legislative guidelines, provincial direction will be provided.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

PAGE 12

### RECOMMENDATION 19

That the RHAs review handover policies in the ED to ensure that the oncoming triage and reassessment nurses are fully briefed on the status of persons present in the waiting room.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking policy and procedure reviews and audits. Where necessary, policies and procedures will be revised, implemented and audited.

**TIMELINE:** Short Term – Policy and procedure reviews will be completed within four months. Where necessary, revised policies and procedures will be developed within nine months.

### RECOMMENDATION 20

That all RHAs review the feasibility of a security presence at the entrance to an ED.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking feasibility and necessity assessments.

**TIMELINE:** Medium Term – Feasibility and necessity assessments with recommendations for future action will be completed within 24 months.

## RECOMMENDATION 21

That ED security staff receive training in the areas of substance abuse and dealing with persons with physical or mental challenges.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment and implementation work plan to create provincially-standardized curricula and maximize resource utilization in development and implementation.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

## RECOMMENDATION 22

That all RHAs review the feasibility of implementing the recommendations of the Brian Sinclair Critical Incident Review Committee.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** Learnings from the critical incident review have been shared provincially. A site review of implementation of findings was undertaken in 2013. RHAs/PHSO are actively implementing the findings where feasible/applicable.

**TIMELINE:** Medium Term – RHA/PHSO implementation of findings continues to occur where feasible/applicable and will be completed within 24 months.

PAGE 13

## RECOMMENDATION 23

That all RHAs review the feasibility of the presence of a community support worker for EDs, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment work plan.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

## RECOMMENDATION 24

That all RHAs review the feasibility of creating a distinct pre-triage area for EDs, where deemed appropriate.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are actively undertaking feasibility assessments for creation of distinct pre-triage areas for in-scope emergency departments.

**TIMELINE:** Medium Term – Feasibility assessments and recommendations for future action will be determined within 24 months. Where a low-cost solution can be implemented, implementation will occur within 24 months.

#### RECOMMENDATION 25

That all RHAs review the feasibility of replicating the HSC ED front-end procedures throughout the system, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group will be established to assess the feasibility of replication of HSC ED front end procedures at in-scope EDs.

**TIMELINE:** Long Term – The feasibility work plan will be completed within six months. Recommendations for future action will be provided within 24 months.

#### RECOMMENDATION 26

That the RHAs continue to review, create and implement long-term strategies for the recruitment and retention of nurses.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is documenting existing and ongoing strategies and processes that exist to create and implement short-, mid- and long-term initiatives for the local, regional and provincial recruitment and retention of nurses.

**TIMELINE:** Short Term – Documentation of existing and ongoing strategies will be completed and communicated within nine months.

PAGE 14

#### RECOMMENDATION 27

That the RHAs continue to review a rotation of roles and hours of work for ED nurses in an effort to reduce fatigue.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A tri-partite committee of the Manitoba Nurses Union (MNU), the College of Registered Nurses of Manitoba and RHAs/PHSOs will be engaged to undertake this review and provide recommendations for action.

**TIMELINE:** Medium Term – Review and recommendations for future action will be provided within 24 months.

#### RECOMMENDATION 28

That RHAs, health care site directors, nurse directors and MNU representatives continue to convene ongoing meetings focused on an interdisciplinary, integrated health care model for emergency medicine.

**APPROACH:** Organizational

**ACTIONS UNDERWAY:** RHAs/PHSOs are documenting procedures for how this recommendation is presently enacted, will be enacted or will be further enhanced.

**TIMELINE:** Short Term – RHA/PHSO documentation will be provided demonstrating ongoing compliance with this recommendation within nine months.

### RECOMMENDATION 29

That RHAs review the feasibility of establishing transition centres for vulnerable patients discharged from urban EDs, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment work plan.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

### RECOMMENDATION 30

That the RHAs identify staffing demands in all EDs and strategically plan to supply adequate staffing for all EDs.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Provincial Medical Leadership Council and the Manitoba Acute and Speciality Health Care Services Council are developing work plans to undertake these assessments and make recommendations on staffing demands and adequate staffing.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

### RECOMMENDATION 31

That an ongoing review of staffing ratios for all EDs be undertaken by all RHAs to match supply to demand.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** It is recognized that the context of this recommendation in Judge Preston's report is specific to nursing. As such, a tri-partite committee of the Manitoba Nurses Union, the College of Registered Nurses of Manitoba and RHAs/PHSOs will be engaged to undertake this review and provide recommendation for action.

**TIMELINE:** Medium Term – Review and recommendations for future action will be provided within 24 months.

### RECOMMENDATION 32

That the RHA directors, site directors, ED directors and the Ministry of Health review the feasibility of strategic planning to implement accountability structures, including measurement and reporting systems.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Planning, Accountability and Enterprise Risk Management Council will document existing, ongoing and planned strategies and processes to address this recommendation.

**TIMELINE:** Short Term – Documentation of existing, ongoing and planned strategies and processes will be completed and communicated within nine months.

### RECOMMENDATION 33

That the RHAs review the feasibility of creating a region-wide overcapacity protocol, such as the Alberta Overcapacity Plan, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Acute and Speciality Health Care Services Council is developing a feasibility assessment work plan to undertake this assessment and make recommendations on future actions.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

### RECOMMENDATION 34

That the RHAs review the feasibility of providing on-site diagnostic equipment in EDs, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Acute and Speciality Health Care Services Council, Provincial Medical Leadership Council and Diagnostics Services Manitoba will work in partnership to develop a feasibility assessment work plan to undertake this assessment and make recommendations on future actions.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

### RECOMMENDATION 35

That the RHAs review the feasibility of a seven-day work week for the office of the home care coordinator.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Continuing Care Council will develop a feasibility assessment work plan to undertake this assessment and make recommendations on future actions.

**TIMELINE:** Medium Term – Work plans will be complete within six months. Recommendations for future action will be provided within 24 months.

### RECOMMENDATION 36

That the relevant utilization representative(s) meet with the Ministry of Health, Housing and Healthy Living representatives to continue to review bed registry and guidelines for transfers and discharge of patients from hospital, including the feasibility of a seven-day work week.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Acute and Specialty Health Care Services Council will review bed registry and guidelines for transfers and discharge of patients from hospital, including the feasibility of a seven-day work week, and make recommendations for future action. Mechanisms will be developed to enable utilization managers to identify impacts of housing on hospital discharge. Manitoba Housing will be engaged to collaboratively problem-solve housing challenges impacting hospital admission and discharge.

**TIMELINE:** Medium Term – Recommendations for future action will be provided within 24 months.

### RECOMMENDATION 37

That RHAs review the feasibility of the implementation of the delivery of primary care, after-hours, urgent services, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial primary care working group will document existing, ongoing and planned strategies and processes to address this recommendation.

**TIMELINE:** Short Term – Documentation of existing, ongoing and planned strategies and processes will be completed and communicated within nine months.

### RECOMMENDATION 38

That the RHAs review the feasibility of community health care facilities with integrated models of care.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial primary care working group has been established to undertake a feasibility assessment workplan and make recommendations for future action.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

### RECOMMENDATION 39

That RHAs continue to review the feasibility of incorporating more nurse practitioner positions in EDs, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Provincial Health Workforce Secretariat, working in partnership with the Provincial Medical Leadership Council and the Manitoba Acute and Specialty Health Care Services Council, is developing a feasibility assessment work plan and will make recommendations for future action.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

### RECOMMENDATION 40

That RHAs review the feasibility of recruiting and retaining hospitalists, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Provincial Medical Leadership Council is developing a feasibility assessment workplan and will make recommendations for future action.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

#### RECOMMENDATION 41

That RHAs review the feasibility of the implementation of “one way consults” from the ED to the hospital ward, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Provincial Medical Leadership Council is developing a feasibility assessment work plan and will make recommendations for future action.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

#### RECOMMENDATION 42

That the RHAs review the feasibility of hiring and retaining physician assistants to work in EDs, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Provincial Health Workforce Secretariat, working in partnership with the Provincial Medical Leadership Council, is developing a feasibility assessment work plan and will make recommendations for future action.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

PAGE 18

#### RECOMMENDATION 43

That the RHAs review the feasibility of creating a process to establish a deadline for admitting a “boarded” ED patient to a hospital bed, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** This recommendation will be merged with, and incorporated into actions being undertaken for recommendation 41. The Provincial Medical Leadership Council is developing a feasibility assessment work plan and will make recommendations for future action.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

#### RECOMMENDATION 44

That the RHAs create a Hospital Length-Of-Stay Reduction Committee to monitor and optimize patient flow in RHA hospitals.

**APPROACH:** Provincial/Organizational

**ACTIONS UNDERWAY:** RHAs and applicable PHSOs are creating hospital length-of-stay reduction committees to monitor and optimize patient flow in hospitals where such committees do not presently exist. A provincial working group with representatives from various provincial councils and working groups (Continuing Care Council, Provincial Medical Leadership Council, Acute and Specialty Health Care Services Council and Primary Care) will be established to consider outputs and recommendations of regional committees to assess and identify common provincial strategies and opportunities to optimize patient flow.

**TIMELINE:** Short Term – Regional and provincial committees will be established within nine months. Activities of the committees will be ongoing, resulting in recommendations to the Health Senior Leadership Council on a periodic basis.

#### RECOMMENDATION 45

That the RHAs engage in strategic planning with the Ministry of Health and Manitoba Housing for the funding and construction of more long-term care facilities.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Continuing Care Council will document existing, ongoing and planned strategies and processes to address this recommendation.

**TIMELINE:** Short Term – Documentation of existing, ongoing and planned strategies and processes will be completed and communicated within nine months.

#### RECOMMENDATION 46

That RHAs continue pursuing the feasibility of the recruitment and retention of more nurse practitioner services in personal care homes.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Provincial Health Workforce Secretariat, working in partnership with the Provincial Continuing Care Council, will document existing, ongoing and planned strategies and processes to address this recommendation.

**TIMELINE:** Short Term – documentation of existing, ongoing and planned strategies and processes to address this recommendation will be completed within nine months.

PAGE 19

#### RECOMMENDATION 47

That the RHAs review the feasibility of the creation of a single electronic health record accessible to all health care facilities.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** eChart Manitoba is Manitoba's provincial single electronic health record. eChart is a secure, electronic system that connects authorized health care providers with a summary of health information such as drug prescriptions that have previously been filled, immunization histories and results from participating labs. Expansion of eChart to include additional health information sources as they become available and widespread implementation of eChart is ongoing. More information on eChart Manitoba can be found at: [www.echartmanitoba.ca](http://www.echartmanitoba.ca).

**TIMELINE:** Long Term – Expansion of eChart information sources to include additional health information sources as they become available and widespread implementation of eChart is ongoing.

#### RECOMMENDATION 48

That the Ministry of Health and the RHAs review the feasibility of the expansion of Primary Care Networks.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial primary care working group will document existing, ongoing and planned strategies and processes to address this recommendation.

**TIMELINE:** Short Term – Documentation of existing, ongoing and planned strategies and processes will be completed and communicated within nine months.

#### RECOMMENDATION 49

That the RHAs review the feasibility of the expansion of nurse practitioner-operated Quick Care Clinics to help ease wait times at EDs and Primary Care Physicians' offices.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial primary care working group will document existing, ongoing and planned strategies and processes to address this recommendation.

**TIMELINE:** Short Term – Documentation of existing, ongoing and planned strategies and processes will be completed and communicated within nine months.

#### RECOMMENDATION 50

That the RHAs and the Ministry of Health continue to create strategies to educate the public about the existence, function and location of community health care centres.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial primary care working group, working in collaboration with communications services partners throughout the RHAs/PHSOs, will document existing, ongoing and planned strategies and processes to address this recommendation and make recommendations for further action.

**TIMELINE:** Short Term – Documentation of existing, ongoing and planned strategies and processes and recommendations for further action will be completed and communicated within nine months.

#### RECOMMENDATION 51

That the RHAs review the feasibility of creating an integrated "engagement and diversion" program for the homeless.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment work plan.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

## RECOMMENDATION 52

That the RHAs review the feasibility of the installation of an electronic board to monitor the status of the patients in the ED, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** Where the Emergency Department Information System (EDIS) has been implemented (throughout WRHA, in Brandon Regional Health Centre), electronic boards are in place. As EDIS is implemented in regional EDs, electronic boards will be implemented.

**TIMELINE:** Medium/Long Term – The implementation of EDIS in regional emergency departments is planned and ongoing over the next five years. At some sites, this will depend upon the upgrade and/or implementation of admission, discharge and transfer systems.

## RECOMMENDATION 53

That the RHAs and MNU continue to review the feasibility of persons presenting at EDs seeing a nurse first.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Acute and Speciality Health Care Services Council is developing a feasibility assessment work plan to undertake this assessment and make recommendations on future actions.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

## RECOMMENDATION 54

That the RHAs review policies and procedures with a view to implementing uniform pre-triage systems at all EDs.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** RHAs/PHSOs will review policies and procedures to inform a feasibility assessment. The Manitoba Acute and Speciality Health Care Services Council will develop a feasibility assessment work plan to undertake this assessment and make recommendations on future actions.

**TIMELINE:** Medium Term – Policy and procedure reviews and work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

## RECOMMENDATION 55

That the RHAs review the feasibility of incorporating training in the area of emotional safety for health care professionals.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment and implementation work plan to create provincially-standardized curricula and maximize resource utilization in development and implementation.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

#### RECOMMENDATION 56

That the RHAs review the feasibility of recruiting and retaining an Indigenous Elder for EDs, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The provincial Aboriginal and Northern Health Office, with representation from RHA aboriginal health services and in consultation with aboriginal stakeholders, will establish a working group to undertake the development of a feasibility assessment work plan.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

#### RECOMMENDATION 57

That Aboriginal Health Services continue to make efforts to recruit and retain the services of Indigenous Elders to be present in the HSC ED during peak hours, seven days a week.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The provincial Aboriginal and Northern Health Office, with representation from regional aboriginal health services and in consultation with aboriginal stakeholders, will establish a working group to document what services are currently in place province-wide, and to make recommendations on future actions.

**TIMELINE:** Medium Term – Documentation and recommendations for future action will be completed within 24 months.

PAGE 22

#### RECOMMENDATION 58

That the RHAs review the feasibility of the hiring and retention of Aboriginal discharge planners, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The provincial Aboriginal and Northern Health Office, with representation from RHA aboriginal health services and in consultation with aboriginal stakeholders, will establish a working group to document what services are currently in place province-wide, and to make recommendations on future actions.

**TIMELINE:** Medium Term – Documentation and recommendations for future action will be completed within 24 months.

#### RECOMMENDATION 59

That Aboriginal Health Services review their informational pamphlets at each hospital site to ensure that the pamphlets are available in Manitoba's Indigenous and Inuit languages.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The provincial Aboriginal and Northern Health Office, with representation from RHA aboriginal health services and in consultation with aboriginal stakeholders, and with RHA/PSHO communication services, will review existing information pamphlets and where appropriate create and produce provincially-standardized information pamphlets in Manitoba's Indigenous and Inuit languages and make these information pamphlets available in RHA/PHSO facilities.

**TIMELINE:** Short Term – Pamphlets will be reviewed, and when appropriate, created and distributed within nine months.

#### RECOMMENDATION 60

That the RHAs strategically plan with Manitoba First Nations to review the feasibility of the establishment of rural Indigenous personal care homes in the Province of Manitoba, where deemed appropriate.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The Manitoba Continuing Care Council, working in partnership with RHA Aboriginal Health Services and in consultation with aboriginal stakeholders, will develop a feasibility assessment work plan and will make recommendations for future action.

**TIMELINE:** Medium Term – Work plans will be completed within six months. Recommendations for future action will be provided within 24 months.

#### RECOMMENDATION 61

That the RHAs review the feasibility of expanding the Aboriginal Resource Worker position to include weekends.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** The provincial Aboriginal and Northern Health Office, with representation from RHA aboriginal health services and in consultation with aboriginal stakeholders, will establish a working group to document what services are currently in place province-wide, and to make recommendations on future actions.

**TIMELINE:** Medium Term – Documentation and recommendations for future action will be completed within 24 months.

#### RECOMMENDATION 62

That the RHAs review the training of all ED security personnel to ensure that they receive cultural safety training.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment and implementation work plan to create provincially-standardized curricula and maximize resource utilization in development and implementation.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

## RECOMMENDATION 63

That the RHAs develop and initiate policies for the implementation of mandatory and ongoing cultural safety training for all health care workers and that the RHAs ensure that cultural safety training includes a component that has been designed and delivered with the assistance of Aboriginal persons.

**APPROACH:** Provincial

**ACTIONS UNDERWAY:** A provincial working group is undertaking the development of a feasibility assessment and implementation work plan to create provincially-standardized curricula and maximize resource utilization in development and implementation.

**TIMELINE:** Medium Term – The feasibility assessment work plan will be developed within six months. Completion of work plans with recommendations for further action will occur within 24 months.

## Conclusion

---

Manitoba regional health authorities, provincial health services organizations and Manitoba Health, Healthy Living and Seniors are committed to completing the recommendations in the timelines proposed. Organizational and provincial recommendation implementation requires the efforts and dedication of hundreds of health care providers, administrators and staff throughout Manitoba. Through collective efforts, dedication and commitment, Manitoba health care organizations can work to prevent tragedies, such as the death of Mr. Sinclair, from occurring in the future.



