

Coroner's inquest a daunting but important task



One of the great joys of being your president is the opportunity to advance RNAO's mission to speak out for health and speak out for nursing. One of my

most recent opportunities to influence the health of our patients came during testimony I gave at a coroner's inquest. Now, that can be a tad scary, and any of you who have been to one will know why. A sinking feeling is inescapable when you are involved in a formal legal proceeding, even one in which you are being asked to testify not about your own practice, but rather nursing practice in general.

For those of you who aren't familiar with inquests, let me share some insight on the process. An inquest is intended to explore the circumstances of a specific death or deaths, with the purpose of developing recommendations that will prevent future tragedy in similar circumstances. The expert testimony of registered nurses brings a powerful voice to inquest proceedings. We work with patients 24/7. We are knowledgeable professionals who are able to critically analyze both immediate situations and potential future ones. And, we are committed advocates for continuous improvement in the health-care system.

In September, I testified at the inquest reviewing the death of Jeffrey James, an individual who had a long and complex mental health history. His many health challenges were important to the inquest proceedings. Mr. James, like all of us, had family, had challenges, had personal experiences that made him a unique individual. Unfortunately the last days of his life were particularly difficult, for him and the staff caring for him. Restraints were a part of his care in those final days, and that was the focus of the inquest. Many who cared for Mr. James testified over a period of several weeks, as did experts in many areas.

RNAO and each of those witnesses extended to his family, and those who knew him, our sympathy at a difficult time.

From RNAO's perspective there were systemic issues that we wanted to focus on for the jury. The first of these dealt with the need to ensure staffing practices that support nurses in delivering excellent

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patient care. Specifically, we discussed the benefits of ensuring hour-to-hour and day-to-day continuity of care and caregiver. We also advised jurors that it's our view that the most experienced nurses – in terms of education and number of years in practice – be assigned to the most unstable patients. Staff education must also be readily available to support everyone in understanding the routine and emergency policies and procedures in their area of practice.

Our testimony on this issue was successful when you consider two recommendations from the jury outlined the need to:

"ensure that where continuous observation is being provided...it should be done by a small cadre of nurses who would then become familiar with the client and be aware of, and sensitive to, changes in the clients status" and "assign a primary nurse and an associate nurse whose duties should be to provide as much of the constant observation of a client in restraint as possible."

I also spoke about the use of restraints. There is not as yet one comprehensive, system wide, standard expectation related to the use of restraints. Neither is there a best practice guideline (BPG) on this topic. It was RNAO's testimony that a BPG would be immensely helpful to nurses and other caregivers who work in our health-care system. The process by which a BPG is funded, developed, tested, evaluated, distributed and revised was reviewed in detail for the jury. I am pleased to say that our message was heard and broadly supported by other stakeholders participating in the inquest. And the jury did recommend that the Ministry of Health provide funding to RNAO for such a BPG. We look forward to working with those nursing experts throughout our system who know the difficulties and challenges associated with the use of restraints.

And so it may be that out of the sadness of this particular situation there is an opportunity to move forward, to develop supports and tools that will assist nurses, other health-care providers and patients in similarly difficult circumstances. If so, that would be a legacy of great value from a life that once belonged to Mr. James and that was, at times, most difficult.

I'd like to close with a wish that each of you moving towards a season of reflection will, in whatever cultural or religious faith that is your unique heritage, be blessed with joy, health and time for renewal as the start of a new year looms. **RN**

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PRESIDENT OF RNAO.