BCEHS | BC Emergency Health Services

October 28, 2015

Lisa Lapointe
Chief Coroner
Metrotower II
Suite 800 – 4720 Kingsway
Burnaby BC V5H 4N2

Cliff: 1017676
File: 51020-50

Dear Ms. Lapointe:

Re: Coroner's Inquest into the death of PLANTE, Gaetan Gilbert
BCCS Case File #2014-0380-0001

Thank you for your letter of October 14, 2015, regarding the Coroner's Inquest into the death of Gaetan Plante. BC Emergency Health Services (BCEHS) has reviewed the verdict and jury recommendation. As a result of this review, we are pleased to provide the following response.

Recommendation #1: To prioritize an increase to the number of Advanced Life Support ambulances and paramedics in active service throughout the province.

With respect to the general issue of availability of Advanced Life Support (ALS) units throughout the province, please see our correspondence of June 25, 2015, in response to the inquest into the death of Ryan Jacob.

The verdict notes that Surrey has only one dedicated ALS ambulance on the road at any time. While true, it is important note that this unit forms part of a network of ALS units throughout the Lower Mainland. All of these units act to cover each other, so that if one is engaged at a time when specific ALS skills are required on a call, another can move in and take its place.

In this particular case, paramedics responded quickly and appropriately to Mr. Plante. An ALS crew was dispatched within one minute of us receiving the call, and arrived at the scene less than five minutes later. As Mr. Plante had suffered a major penetrating chest trauma, he required rapid and immediate transport to hospital, and this was initiated. There is no evidence to suggest that earlier ALS attendance would have made a difference as to the outcome; moreover, it is unlikely that increased ALS coverage would have resulted in an ALS crew arriving substantially earlier. A clinical review indicates that the attending paramedics provided optimal care.

Again, thank you for bringing this matter to our attention.

Yours truly,

Jodi Jensen
Chief Operating Officer

fraserhealth Better health. Best in health care.

November 5, 2015

Lisa Lapointe, Chief Coroner
Metrotower II
Suite 800 - 4720 Kingsway
Burnaby, BC V5H 4N2

Dear Ms. Lapointe:

Re: Death of Gaetan Gilbert Plante on January 17, 2014 - Jury Recommendations

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Further to your request, please find below Fraser Health's response to the jury recommendation regarding the death of Gaetan Gilbert Plante.

Recommendation #4: To prioritize an expansion of services at Surrey Memorial Hospital to include an appropriately staffed, equipped and funded Emergency Trauma Centre as is currently found at Royal Columbian Hospital.

Fraser Health has an inclusive trauma system whereby all hospitals are trauma centres but are designated at different levels 1 through 5. Small primary care centres such as Fraser Canyon and Mission are Level 5. Royal Columbian Hospital is the region's Level 1 Trauma Centre and handles all injuries except quaternary issues such as spinal cord injury and burns. Abbottsford is a Level 3 Trauma Centre. It was chosen for this role because of its status as a regional referral hospital and because it made geographic sense to have a higher level centre in the Fraser Valley.

The trauma literature suggests that one Level 1 centre for a population of 1.5-2 million people is appropriate. There are a number of reasons for this.

1. The infrastructure and expertise required for a Level 1 centre is massive and cannot and should not be replicated at every facility within the health authority. This includes specialties of Trauma, Emergency Medicine, Critical Care, Anaesthesia, Radiology and all surgical specialties. Furthermore it includes the physical space to practice and the nursing and allied health expertise to support the program.
2. As with any specialty a critical mass of patients is needed to be comfortable and competent in dealing with this special group of patients. A physician who deals with trauma patients multiple times a day is better at caring for this type of patient. This is especially true of gunshot wounds.
3. In order to make this system function well a pre-hospital destination protocol was put in place so that all patients who met various trauma criteria were diverted to a Level 1 or 3 facility. These are in place in trauma systems across North America and based on good evidence.
4. The evidence shows that mortality rates go down significantly when a trauma system is developed within a health authority allowing the hospitals with the best system of care for trauma patients to receive these patients preferentially.

Surrey Memorial Hospital is a Level 4 Trauma Centre. This means that it is a busy urban hospital that sees significant minor trauma but does not receive high acuity, high risk trauma from the ambulance service. SMH is ten minutes from RCH by ambulance.

Fraser Health Authority
Integrated Risk Management

#400 – 13450 102nd Street
Surrey, BC V3T 0H1

Tel (604) 587-7862
Fax (604) 587-4656

Currently in BC there are 2 Level 1 trauma hospitals. These Hospitals are VGH and RCH and they service the entire Province. VGH has the Quaternary level services for spines and burns. FHA believes in a strong network response and this is supported Accreditation Canada.

I hope this answers your question that we do not believe Recommendation #4 is a viable recommendation to adopt at this time.

Recommendation #5: To prioritize funding for the implementation and / or expansion of mental health-focused police units akin to the Vancouver Police "Car 86 Program"

Currently there is a signed Memorandum of Understanding ("MOU") between Fraser Health and municipal police or RCMP in every community in the Fraser Health Authority. Each Mental Health Centre has identified employees who partner with police officers, identified as Police Mental Health liaison, for their community. Mental Health employees and police work to respond to crises, do planned joint visits to problematic or difficult to engage individuals in the community. This service is available during Mental Health Centre operation hours (i.e. weekdays, daytime hours).

The Fraser Health Car67/Mobile response program has been a very good and effective partnership between Fraser Health Mental Health & Substance Use and Surrey RCMP. The program has been in place for over 10 years and operates in a similar manner to the Vancouver Police Car 86 Program.

Fraser Health has been collaborating with the RCMP to take all of the MOU's we currently have with various detachments across the health region and create one standardized document.

Fraser Health will continue to work with the municipal police and RCMP to improve liaison and support to individuals who require a combined approach to individuals in crisis in the community.

Sincerely,

Michelle Allen
Coroners Liaison, Integrated Risk Management

cc: Michael Marchbank, President and CEO, Fraser Health

BRITISH COLUMBIA

JAN 27 2016

1041447

Ms. Lisa Lapointe
Chief Coroner
Office of the Chief Coroner
Ministry of Justice
Metrotower II
800-4720 Kingsway
Burnaby BC V5H 4N2

Dear Ms. Lapointe:

Re: Coroner's Inquest into the death of:
Gaetan Gilbert PLANTE
BCCS Case File #2014-0380-0001

Thank you for your letter of October 14, 2015, regarding Recommendation numbers 3 to 5 made as a result of the Coroner's Inquest into the death of Mr. Gaetan Gilbert Plante.

The Ministry of Health (the Ministry) has carefully reviewed the recommendations from a provincial perspective and has the following response:

Recommendation #3: To prioritize an increase to the number of advanced life support ambulances and paramedics in active service throughout the province.

The Ministry and BC Emergency Health Services (BCEHS) remain committed to providing timely, high quality and safe pre-hospital care for patients throughout BC. As BCEHS has the legislated mandate to provide British Columbia residents, visitors and healthcare professionals with pre-hospital emergency services, they will be responding to you directly regarding ALS units in Surrey. With respect to the general issue of availability of Advanced Life Support (ALS) units throughout the province, BCEHS advises they have previously responded to this recommendation in their correspondence of June 25, 2015, in response to the inquest into the death of Ryan Jacob.

BCEHS has also advised the Ministry that in this particular case, paramedics responded quickly and appropriately to Mr. Plante. A clinical review indicates that the attending paramedics provided optimal care and there is no evidence to suggest that earlier ALS attendance would have made a difference to the outcome.

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Recommendation #4: To prioritize an expansion of services at Surrey Memorial Hospital to include an appropriately staffed, equipped and funded emergency trauma centre as is currently found at Royal Columbian Hospital.

The Ministry and the health authorities work collaboratively to ensure British Columbians have access to the care they require. The role of the Ministry is to provide strategic leadership, public accountability and policy direction for British Columbia's health care system. Each of the health authorities is responsible for the planning and delivery of the full range of health services in its region. As such, the Fraser Health Authority (FHA) will be responding directly to you in regard to this recommendation.

I can advise, however, that FHA has an inclusive trauma system whereby all hospitals are trauma centres but are designated at different levels, 1 through 5. Currently in BC there are two Level 1 trauma hospitals, Vancouver General Hospital and Royal Columbian Hospital, and they service the entire Province. Surrey Memorial Hospital is a Level 4 Trauma Centre and is ten minutes from RCH by ambulance.

The trauma literature suggests that one Level 1 centre for a population of 1.5-2 million people is appropriate. There are a number of reasons for this:

1. The infrastructure and expertise required for a Level 1 centre is massive and cannot and should not be replicated at every facility within the health authority. This includes specialties of Trauma, Emergency Medicine, Critical Care, Anaesthesia, Radiology and all surgical specialties. Furthermore it includes the physical space to practice and the nursing and allied health expertise to support the program.

2. As with any specialty a critical mass of patients is needed to be comfortable and competent in dealing with this special group of patients. A physician who deals with trauma patients multiple times a day is better at caring for this type of patient. This is especially true of gunshot wounds.

3. In order to make this system function well a pre-hospital destination protocol was put in place so that all patients who met various trauma criteria were diverted to a Level 1 or 3 facility. These are in place in trauma systems across North America and are based on good evidence.

4. The evidence shows that mortality rates go down significantly when a trauma system is developed within a health authority allowing the hospitals with the best system of care for trauma patients to receive these patients preferentially.

FHA believes in a strong network response and this is supported by Accreditation Canada. The Trauma Network Leadership Team for FHA has met to review Recommendation 4 and for the reasons shared above do not believe it is a viable recommendation to adopt at this time.

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Recommendation #5: To prioritize funding for the implementation and/or expansion of mental health-focused police units akin to the Vancouver police "car 86 program".

The Province of British Columbia (the Province) invests almost $2 billion per year in mental health and substance use services. These services vary depending on the type and severity of a patient's problems, but in general, BC's mental health and substance use system provides care through: mental health promotion strategies, targeted prevention and risk/harm reduction strategies, community-based services, and inpatient care.

The Province is committed to providing the best supports for people facing challenges associated with mental health and substance use problems. Health authorities have developed a continuum of Mental Health and Substance Use (MHSU) services including crisis response and emergency mental health and substance use services such as Crisis Lines, Mobile Crisis response teams such as Car 67 in Surrey, Community Crisis Stabilization beds and partnerships between health and police services.

The Ministry of Health recently implemented a $25.25 million action plan to address the needs of people with severe substance use and or mental illness, which includes an Assertive Outreach Team in Vancouver; an Acute Behavioural Stabilization Unit at St. Paul's Hospital; new bed-based services for adults and youth across the province; and additional Intensive Case Management and Assertive Community Treatment teams in various communities. These services have resulted in reductions in inappropriate use of police and emergency services.

A specific provincial initiative presently underway to better support people with mental health and substance use problems in contact with the criminal justice system, include the development of overarching provincial police-health guidelines for the development of local/regional protocols for people experiencing a mental health and substance use crisis that come into contact with police. These guidelines are presently under development by the Ministry in partnership with the Ministry of Justice and will build on existing best practices and evidence-based models of care.

Also, a number of local initiatives are underway that involve partnerships with MHSU services and local police agencies with the aim to improve service delivery and response for individuals experiencing mental illness and/or substance use problems both in the community and the emergency department. The development of protocols between local hospital emergency and police departments in Vancouver Coastal Health Authority and FHA include changes to the sharing of information between police and the hospital emergency department and intake process of mental health patients detained under section 28 of the *Mental Health Act*. This results in more streamlined patient intake processes, reduced wait times for police and facilitation of more timely and comprehensive patient care.

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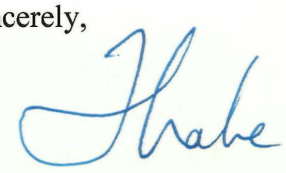
In addition, there are collaborative initiatives improving the support, urgent response and follow up to individuals in mental health and substance use crisis situations; such as the New Westminster Community Health Intervention Partnership between the FHA and the New Westminster Police Department - through a dedicated police officer and designated mental health professionals.

This work will result in strengthened MHSU services and supports through an integrated and coordinated approach that respond to the individual care needs of the patient. This will assist in the reduction of MHSU crises and involvement with the criminal justice system.

Thank you again for bringing these matters to my attention. The Ministry respects the recommendations proposed by the coroner and appreciates the opportunity to respond.

Sincerely,



Terry Lake
Minister

pc: Mr. Doug Hughes, Assistant Deputy Minister, Health Services Policy Division, Ministry of Health
Ms. Brynne Redford, Regional Coroner, Fraser Region
Mr. John Knox, Presiding Coroner
Ms. Judith Hockney, Executive Director, RCH, Fraser Health Authority

"E" DIVISION CRIMINAL OPERATIONS
Core Policing

March 30, 2016

Lisa Lapointe, Chief Coroner
Province of British Columbia
Metrotower II Suite 800 - 4720 Kingsway
Burnaby BC V5H 4N2

Dear Ms. Lapointe

Re: Coroner's Inquest into the death of:
Gaetan Gilbert PLANTE
BCCS Case File: 2014-0380-0001
E DIV RCMP File: 2014CP-0024

I have reviewed the Verdict at Inquest provided by your office concerning the death of Mr. Gaetan Gilbert Plante on January 17th, 2014. I note, specifically, the Jury's Recommendations directed to the Commanding Officer of the Royal Canadian Mounted Police "E" Division in points one (1) and two (2) of the Verdict.

The first recommendation is:

1. TO IMPROVE THE QUALITY OF THE FIRST AID KITS CURRENTLY PROVIDED TO GENERAL DUTY MEMBERS TO ENSURE THEY ARE BETTER EQUIPPED TO PROVIDE INTERIM EMERGENCY MEDICAL ASSISTANCE FOR SERIOUS TRAUMATIC INJURIES PRIOR TO THE ARRIVAL OF PARAMEDICS.

With respect to the first recommendation, efforts were underway to improve the range of first aid equipment available to "E" Division RCMP officers prior to the inquest. Each front-line RCMP officer in British Columbia was issued a tourniquet in 2015, to be carried with duty related equipment. The "E" Division RCMP will continue to evaluate a variety of medical field dressing products which can be incorporated into existing first aid kits and which will enhance the quality of the first aid kits currently available to General Duty officers throughout the province of British Columbia.

Independent of this, the first aid training, provided to RCMP officers during the course of their regular Operational Skill Training re-certifications at the Pacific Regional Training Centre, has recently been evaluated and improved. The improved first aid training has an enhanced focus on the first aid treatment of traumatic injuries similar to those which police officers might encounter as first responders in emergency situations.

The second recommendation is:

2. TO INCREASE ACCESS TO ASSISTED VISION TECHNOLOGY FOR THE PURPOSE OF IMPROVING SAFETY FOR OFFICERS AND THE GENERAL PUBLIC IN LOW LIGH CONDITIONS.

With respect to the second recommendation, it is noted that "E" Division RCMP officers currently have limited access to a small range of assisted vision tools. The "E" Division RCMP provides policing services in a diversity of environmental settings throughout British Columbia, and we continue to evaluate new assisted technology products as they become available to ensure that such products are both cost effective and address the diversity of operational policing environments in which this technology will be put to use. The "E" Division RCMP is currently in the process of procuring additional assisted vision equipment with a mind to upgrading and/or replacing existing equipment with more modern assisted vision technology and building on existing stores of assisted vision equipment which has already been deployed. It is anticipated that additional assisted vision equipment will be deployed strategically throughout the province over the next several years.

In addition to the two recommendations direct to the Commanding Officer of the Royal Canadian Mounted Police "E" Division, I also note the Jury's Recommendation in point five (5) of the Verdict, which is directed, in part, to "THE COMMANDING OFFICERS OF ALL POLICE AGENCIES IN BRITISH COLUMBIA" and reads:

5. TO PRIORITIZE FUNDING FOR THE IMPLEMENTATION AND / OR THE EXPANSION OF MENTAL HEALTH-FOCUSED POLICE UNITS AKIN TO THE VANCOUVER POLICE "CAR 86 PROGRAM".

At the time of the incident which was the subject of this Inquest, Surrey Detachment was operating a "Car 67 Program" which is similar in nature to the "Car 86 Program" in operation in Vancouver. The Surrey RCMP's Car 67 Program is a mobile crisis response unit that had been in operation since 2000. Similar programs have also been in operation at other RCMP Detachments in British Columbia where the volume of mental health related calls and psychiatric resources make it feasible. This includes the Integrated Mobile Crisis Response Team in the Capital area; the "Car 40" program in Kamloops; and the "Car 60" program in Prince George. While these programs are valuable to police in dealing with mental health matters, the attendance of mental health focussed police resources, such as those assigned to the Car 67 Program, must remain limited to call locations which are already secured. This limitation is to ensure the safety of the civilian psychiatric nurses who form part of the Car 67 Program.

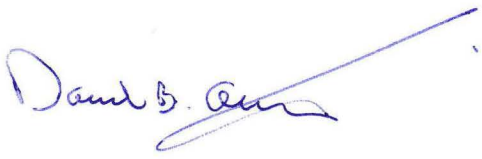
Aside from crisis response services, Police Mental Health Liaison Officers work with health care partners and police first responders to case manage chronic and/or high risk clients to ensure a safe and effective response. At present there are 24 positions throughout the Province. In April of 2015, the "E" Division RCMP Pacific Regional Training Centre began working with the Lower Mainland District RCMP to create a four day Police Mental Health Liaison course training standard for RCMP officer occupying future Police Mental Health Liaison positions. This course training standard is on track to be completed in the summer of 2016 and will be available

to RCMP officers upon its completion.

In addition to these resources the "E" Division RCMP has a full time Mental Health Coordinator who works with detachments and partners throughout the province to enhance and expand existing joint programs. These include Assertive Community Treatment Teams and Local Action Teams.

I would like to confirm that the "E" Division RCMP remains committed to prioritizing the support for mental health focused police training and resources. The "E" Division RCMP continues to meet the Provincial Police Standard established by the Ministry of Public Safety and Solicitor General, Police Services Division, with respect to ensuring that all RCMP Officers serving in "E" Division have received Crisis Intervention and De-escalation (CID) training and re-certify in CID training every three years.

Yours respectfully,



C/Supt. Dave Attfield,
Deputy Criminal Operations Officer (CORE Policing)
"E" Division RCMP - Headquarters
14200 Green Timbers Way - Mail Stop # 308
Surrey BC V3T 6P3

CC: A/Commr. Dan Malo, Lower Mainland District Officer