BRITISH COLUMBIA

Ministry of Public Safety and Solicitor General

VERDICT AT INQUEST

File No.: 2008:276:941

An Inquest was held at Coroners Court, in the municipality of Burnaby

in the Province of British Columbia, on the following dates November 8-10, and 12, 2010

before Scott Fleming, Presiding Coroner,

into the death of SANDHU JASDEEP 53 ☒ Male ☐ Female
(Last Name, First Name, Middle Name) (Age)
and the following findings were made:

Date and Time of Death: October 3, 2008 at 2230 Hours

Place of Death: Hwy 17, North of Ladner Trunk Road (Location) Delta (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death:	a) Multiple Blunt Force Injuries
	DUE TO OR AS A CONSEQUENCE OF
Antecedent Cause if any:	b)
	DUE TO OR AS A CONSEQUENCE OF
Giving rise to the immediate cause (a) above, stating underlying cause last.	c)
(2) Other Significant Conditions Contributing to Death:	Mental Illness and Substance Abuse

Classification of Death: ☒ Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Undetermined

The above verdict certified by the Jury on the 12th day of November AD, 2010.

SCOTT FLEMING
Presiding Coroner's Printed Name

Presiding Coroner's Signature

BRITISH COLUMBIA

VERDICT AT INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE INQUEST INTO THE DEATH OF

FILE NO.: 2008:0276:0941

SANDHU	JASDEEP
SURNAME	GIVEN NAMES

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Scott Fleming

Coroner Counsel: Roderick MacKenzie

Court Reporting/Recording Agency: Vivian Kariya

Participants/Counsel: Lawrence Robinson – Counsel for Corporation of Delta
Adam H. Howden-Duke – Counsel for Fraser Health Authority
Daniel L. Kiselback – Counsel for Harbir Rehill

The Sheriff took charge of the jury and recorded 8 exhibits. 25 witnesses were duly sworn in and testified.

PRESIDING CORONER'S COMMENTS:

The following is a brief summary of the circumstances of the death as set out in the evidence presented to the jury at the inquest. The following summary of the evidence as presented at the inquest is to assist the reader to more fully understand the Verdict and Recommendations of the jury. This summary is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.

On October 3, 2008 at approximately 2230 hours, Mr. Jasdeep Sandhu was struck and killed by a motor vehicle that was travelling on Hwy 17, just north of Ladner Trunk Road, in Delta, B.C. Mr. Sandhu had been observed by other motorists walking in a somewhat erratic manner on the roadway and shoulder areas of the highway just minutes before his death.

Mr. Sandhu died as a result of the multiple blunt force injuries which he sustained in the vehicle collision. Postmortem toxicological investigations determined that potentially lethal levels of methadone (a prescribed synthetic opiate substitute used in the treatment of heroin addiction) and venlafaxine (an anti-depressant prescription medication) were found in his liver tissue and blood.

Delta Police witnesses testified that Mr. Sandhu was arrested at a retail store in North Delta as a result of a shoplifting incident which took place at approximately 1200 hours on October 3, 2008. They described Mr. Sandhu as being in an intoxicated condition, presumably as a result of illicit drug use. He was described as being unable to walk, with incoherent and slurred speech. There was no smell of alcohol from his breath.

Although no criminal charges resulted from the incident, Mr. Sandhu was transported in a police vehicle to the jail in Ladner at approximately 1252 hours because the arresting officers were concerned that he was not able to care for himself as a result of his intoxicated condition. Brief attempts by police at locating a family member or address for Mr. Sandhu were unsuccessful.

Mr. Sandhu was placed into a jail cell at 1340 hours after having his personal effects taken from him for safe keeping. These personal effects included a small methadone bottle and a few unidentified pills, as well as an empty prescription pill bottle. A video tape showing Mr. Sandhu being booked into jail cells, and then later being released, was played to the jury.

The jury heard evidence that the methadone bottle was picked up earlier on October 3, 2008 by Mr. Sandhu at the dispensing pharmacy where he would routinely attend to take his witnessed daily dosage of methadone. The bottle contained 90 ml. of methadone to be taken on Saturday and Sunday in equal doses of 45 ml.

This two day dosage of methadone that Mr. Sandhu took with him from the pharmacy is known as his "methadone carry". Being allowed a "methadone carry" is a privilege provided to patients who are assessed by their prescribing physician as being sufficiently stable so as to allow them to take home their weekend methadone, as opposed to them having to attend each day for a "witnessed dosage" of their prescribed daily methadone. As methadone is a strong opiate which can be subject to abuse, strict dispensing and medical management protocols governing the prescribing of methadone to patients are set out by the College of Physicians and Surgeons of British Columbia.

Police and civilian witnesses who dealt with Mr. Sandhu and his bottle of methadone during the 12 hours before his death had varying recollections as to whether the methadone bottle contained any of the liquid medication, or if it was in fact empty at the time they handled the bottle. Of these varying recollections, perhaps the most important is that of the charge nurse at Delta Hospital who was the last person to handle the bottle and return it to Mr. Sandhu as he left the hospital, less than one hour before he was struck on the highway. It was the best recollection of the charge nurse that the bottle of methadone had liquid in it at the time she returned it to Mr. Sandhu.

Approximately two and one half hours after Mr. Sandhu was placed in the jail cell, the guard testified that he was asking for his pills and appeared to no longer be intoxicated. The guard thought that the Staff Sgt. who was in charge of jail operations should assess Mr. Sandhu and he called her to attend the cells. As a result of her conversation with Mr. Sandhu, and discussions which were held with one of the two arresting officers, it was felt by the Staff Sgt. that Mr. Sandhu was no longer intoxicated and that whatever was in his system had since cleared.

It was known to police that Mr. Sandhu was taking medications and was likely a drug and medication abuser. Out of an abundance of caution, the Staff Sgt. thought it best that Mr. Sandhu be assessed by a physician at Delta Hospital after release from jail. One of the original arresting police officers was ordered to take Mr. Sandhu to Delta Hospital to be assessed by a physician. The Staff Sgt. testified that although it was not a common practice, there had been prior instances in which prisoners released from jail, and no longer under arrest, had been taken by Delta Police to Delta Hospital to be examined by a physician.

The police officer took Mr. Sandhu and his personal belongings (including the returned prescription methadone) in the back of his police vehicle the short distance over to Delta Hospital Emergency (ER), arriving at approximately 1626 hours. During a brief exchange with the admitting clerk the police officer advised that Mr. Sandhu may have had a seizure. The police officer then left Mr. Sandhu in the waiting room of the ER with his belongings.

A short time after the police officer had left the hospital, the ER triage nurse who had seen Mr. Sandhu being brought into the ER by police became concerned that insufficient information had been provided to hospital staff about the reason Mr. Sandhu had been brought to hospital. He called Delta Police, and expressed concern about how this transfer was handled and the absence of complete information. Some additional information was provided to him by the police call taker. Although he did not ask for a police officer to come back to the hospital,

the Staff Sgt. asked the police officer who had taken Mr. Sandhu to the ER to go back and provide additional information to the ER staff.

An assessment of Mr. Sandhu was completed by the ER Triage nurse at 1717 hours. The nurse testified that he searched through Mr. Sandhu's belongings and located the methadone bottle and other loose prescription pills. A check of the Pharmanet record (a history of all prescribed medications and the prescribing physician) confirmed that he was receiving anti-depressant medications and was on the methadone program. Based upon the history which he received from Mr. Sandhu, and his assessment of his condition, the ER triage nurse classified him as a CTAS Level 4. The CTAS (Canadian Triage and Acuity Scale) assesses patients on a scale of 1-5, with Level 1 being the highest level of medical acuity requiring near immediate assessment and level 5 being the least urgent.

The ER triage nurse testified that Mr. Sandhu denied any seizure activity but did confirm a history of illicit drug use. Mr. Sandhu was observed to be walking well and communicating without difficulty. There was nothing in his assessment to suggest that Mr. Sandhu was in any medical distress. In the opinion of the ER triage nurse, Mr. Sandhu likely had an earlier drug intoxication which had since resolved. The ER triage nurse concluded that Mr. Sandhu was likely a homeless person that should be seen by the physician. Although he could not force Mr. Sandhu to stay and wait to be seen, the ER triage nurse did take possession of his personal belongings (including the medications) and stored them behind the triage desk in an effort to encourage Mr. Sandhu to wait for what was most certainly going to be a prolonged period of time given the high volume of patients to be seen by the one emergency room physician who was on duty that evening.

The ER triage nurse testified that ER social workers are used by hospital nurses during the triage process to obtain additional background history for patients. On October 3, 2008, Delta Hospital had social worker coverage only until 1600 hours. The ER triage nurse testified that had a social worker been available to him he would have used this resource to assist in the management of Mr. Sandhu given his presenting history, and the lengthy wait that would be required before he would be seen by a physician.

The ER triage nurse further testified that an Electronic Medical Record (EMR) history of patient visits to hospitals within the Fraser Health Authority was available online to ER nurses and physicians had they wished to refer to these electronic records. However, a review of EMR records to review prior hospital admissions and chief complaints is not typically something that is done during the triage process. These records may however, be used by the physician at the time he or she assesses the patient.

A review of the EMR history for Mr. Sandhu would have shown the recent admissions that Mr. Sandhu had at Surrey Memorial Hospital (SMH) on September 30 and October 1, during which time he was assessed for a decreased level of consciousness as a result of a drug overdose. The triage nurse agreed that reviewing these records would have been useful to him in better understanding Mr. Sandhu's history and presentation to the ER.

A video tape of Mr. Sandhu's attendance and movements around the ER was played to the jury. The video tape showed that at one point Mr. Sandhu came to the triage desk to obtain his personal belongings. He was seen putting on his coat in the waiting room, and then leaving the ER at approximately 1755 hours without notifying any of the hospital staff.

Mr. Sandhu made his way over to the nearby Ladner Leisure Centre where he spoke to a number of the staff. He was observed to have red watery eyes, was somewhat disheveled, and was acting in a way that suggested he had a

"numb" affect. He spoke with slurred speech, was unsteady on his feet and appeared to be intoxicated, although no smell of alcohol could be detected. It was clear to the staff that there was definitely something wrong with him. Staff members were aware of the fact that Mr. Sandhu had reportedly come from seeing a Doctor and that he wanted to go to the bus loop.

A phone call was made to a telephone number that Mr. Sandhu provided. A woman was spoken to by a staff member. The woman advised the staff member that Mr. Sandhu was estranged from his family and that they wanted nothing to do with him. Staff then called Delta Police for assistance and an officer attended at the Leisure Centre to assess the situation.

The police officer attended the Leisure Centre and spoke with Mr. Sandhu. Although she could not recall the specifics of the conversation, Mr. Sandhu did tell her that he had previously been at Delta Hospital. The police officer checked with her supervising officer who confirmed that Mr. Sandhu had been arrested by police earlier in the day, held in jail, and subsequently taken by police to the ER for assessment. The police officer understood that Mr. Sandhu had actually been seen by a physician when in fact he had left the ER without being assessed.

Mr. Sandhu told the police officer that he wanted to go home and showed her two addresses, both of which were in Surrey. The police officer saw that he had a small amount of money, and assessed him as being lucid and capable of taking the bus. In the police officer's opinion, Mr. Sandhu was not intoxicated but did appear to be "quite distant" in his interactions. As it was just starting to rain, the police officer gave Mr. Sandhu a ride to the nearby bus loop at approximately 1850 hours.

Mr. Sandhu did not take a bus home, but instead returned to Delta Hospital and entered the ER once again at approximately 1910 hours. His return was observed by the triage nurse. Mr. Sandhu once again went to the waiting area of the ER and continued to appear quite restless. At approximately 2000 hours, a contract security guard employed by Delta Hospital was asked by nursing staff to "keep an eye" on Mr. Sandhu because of his wandering and restless behaviour. At 2055 hours Mr. Sandhu was put into a treatment room by a nurse and the security guard in an effort to better handle his restlessness. The security guard testified that Mr. Sandhu was generally compliant and was not creating any disturbance.

At approximately 2100 hours the security guard had to leave the ER in order to complete his other security duties throughout Delta Hospital. He spoke to the charge nurse and told her that he would have to leave Mr. Sandhu unsupervised in the treatment room. He testified that if the charge nurse had asked him to continue to stay with the patient, or had he been contacted by radio communication to return to the ER from his other duties, he would certainly have done so.

Between 2100 hours and 2125 hours, Mr. Sandhu left the treatment room where he had been waiting and wandered into the acute treatment areas of the ER. The charge nurse became concerned about his constant wandering around the ER, but was unable to understand his behaviour. She was aware that he had come to the ER with prescription methadone, and was concerned that he may be trying to access medications from other areas of the ER. Although Mr. Sandhu was not being disruptive, the charge nurse decided to give Mr. Sandhu a choice: he could stay in the treatment room and wait to be seen by a physician, or he could leave the hospital. The nurse was hoping that by giving him this choice, Mr. Sandhu would agree to return to the treatment room and wait to be seen.

However, in a decision that came as something of a surprise to the charge nurse, Mr. Sandhu said that he wished to leave. He was told by the charge nurse that if he did leave his hospital wrist band would be cut off, and that should he return, he would once again start at the bottom of the list of patients waiting to be seen. Mr. Sandhu was then shown to the exit door of the ER by the charge nurse, his wrist band cut off, and his medications returned to him. It was the best recollection of the charge nurse that returned the medications to him and cut off his wrist band that the methadone bottle contained liquid methadone at the time she returned it to him.

At approximately 2150 hours, a bus driver at the Ladner bus loop had a brief interaction with Mr. Sandhu as he attempted to enter his bus. The driver described Mr. Sandhu as walking with a slight sway, although not smelling of alcohol. He was appropriately dressed, very docile and had a noticeable "glassy eyed" appearance. He was described as being coherent in his speech, but with a very slow "reaction time".

Mr. Sandhu stated: "Take me away from here". The driver explained that the bus was out of service and returning to Richmond. The driver offered to take him to Richmond if he was going in that direction. Upon learning that Mr. Sandhu was not going to a Richmond address the driver told him that he could not take him and Mr. Sandhu left the bus. Mr. Sandhu never indicated to the driver where he wanted to go.

At approximately 2217 hours, Deas Island RCMP received a dispatch call advising of a male having been seen by a civilian witness on Hwy 99 Northbound near the Deas Island tunnel at approximately 2210 hours. Both of the on-duty officers were on a meal break at the time of the call. The RCMP asked the contract highways service provider to do a drive through the tunnel in an attempt to find the reported person. The contractor reported back that they had checked the tunnel camera and driven through the tunnel and were unable to find anything unusual. It was subsequently determined that the report made to the ECOMM 911 operator by the civilian witness had been in error, and that in fact the person had been seen on Hwy 17 in the vicinity of Ladner Trunk Road, and not on Hwy 99.

Testimony from the investigating RCMP police officer confirmed that various witness accounts that came to the attention of police the day following the accident reported a male being seen on or near Hwy 17 at Ladner Trunk Road starting from approximately 2210 hours. The driver of the motor vehicle that struck Mr. Sandhu at approximately 2235 hours testified that he had just completed a left turn from eastbound Ladner Trunk Road onto northbound Hwy 17 when he struck what he believed to be a large object that suddenly came into his peripheral view. The weather conditions were poor with heavy rain, reduced visibility and darkness. The driver pulled over and called police. Less than a minute later, a bus that was traveling north on Hwy 17 from the Ladner Bus loop to Richmond came into contact with Mr. Sandhu's body resulting in it becoming lodged in the undercarriage of the bus. Mr. Sandhu's body was carried under the bus for approximately 5 km until the bus stopped for an apparent mechanical problem at the next stop at the Steveston off-ramp, just north of the tunnel.

The brother of Mr. Sandhu testified about Mr. Sandhu's family history and background after coming to Canada. He testified about the struggles that the family had in trying to assist Mr. Sandhu with his addiction and mental health issues.

Mr. Sandhu's treating psychiatrist provided the jury with further background into Mr. Sandhu's mental health and treatment during the five years preceding his death. Mr. Sandhu had a long history of anxiety and chronic depression with known alcohol and illicit substance abuse. He was diagnosed as having chronic refractory depression with poly-substance abuse disorder – a condition more commonly referred to as "dual diagnosis". Mr.

Sandhu was treated with supportive psychotherapy and anti-depressant medication. The treating psychiatrist was also aware of the fact that Mr. Sandhu was a long term methadone patient and was continuing to receive methadone from another physician who was responsible for treatment of his underlying opiate addiction through prescribed methadone.

The psychiatrist testified that with the exception of an admission to SMH in April 2006, he never received copies of medical discharge records from SMH during the time that he treated Mr. Sandhu. In particular, he had no knowledge of three separate visits that Mr. Sandhu made to SMH ER in the three days immediately preceding his death, two of which were overnight admissions, including one for an opiate overdose.

The psychiatrist testified that knowing about this recent history would have been useful to him in his continued management of Mr. Sandhu. The psychiatrist recalled only a single interaction with a mental health caseworker from Fraser Health Authority when he was contacted to confirm that he was seeing Mr. Sandhu on an ongoing basis. He describe Mr. Sandhu as having little motivation to deal with his chronic substance abuse issues, notwithstanding the fact that there were addiction treatment programs available which he had accessed, and failed treatment, on several prior occasions. His psychiatric treatment was directed at attempting to manage Mr. Sandhu in the community and provide supportive psychotherapy.

Videotape testimony was heard from Mr. Sandhu's treating methadone physician. Mr. Sandhu had been on the methadone program for treatment of his opiate addiction for approximately 10 years by the time his present methadone physician took over his care in February, 2007. Urine testing for illicit drugs determined that Mr. Sandhu continued to use crack cocaine. The methadone physician was employing a "harm reduction" approach to managing Mr. Sandhu's opiate addiction, recognizing that complete cessation of all illicit drugs was not a reasonable expectation given the long history of poly-substance and alcohol abuse.

The methadone physician testified that he was aware of the ongoing treatment and medications being prescribed to Mr. Sandhu by his treating psychiatrist, although he never spoke with him during the 20 months he treated Mr. Sandhu prior to his death. Although he had received a written referral and history from Mr. Sandhu's GP at the time of accepting him as a patient, there was similarly no follow up with any GP that Mr. Sandhu was seeing during the course of his treatment. It was understood by the methadone physician that Mr. Sandhu did not have a regular GP but was instead attending various walk in clinics as needed.

The methadone physician testified that his office received a call from SMH ER on Oct 3 requesting that Mr. Sandhu's weekend "methadone carry" be suspended given his recent relapse and attendance at SMH hospital for an opiate overdose. This request came to the attention of the methadone physician, but by the time the pharmacy was contacted, Mr. Sandhu had already attended the pharmacy earlier that morning and obtained his weekend "methadone carry" of 90 ml. The methadone physician testified that requests of this nature coming from a hospital ER were not unusual, but typically they would be for clients that were more "unstable" than was the case for Mr. Sandhu. The methadone physician testified that in retrospect he wished that he had made a greater effort to see that Mr. Sandhu had a regular GP. He further testified that given Mr. Sandhu's level of tolerance for methadone, he considered that the postmortem methadone levels found in Mr. Sandhu's liver to be within the therapeutic range.

As was the case with the treating psychiatrist, the methadone physician had not received copies of any of the multiple admissions that Mr. Sandhu had to SMH in the months preceding his death. He testified that he would

have expected to have been made aware of admissions that related to decreased levels of consciousness, and suspected overdoses. In particular, the methadone physician was not aware of the admission just days prior to Mr. Sandhu's death for a suspected heroin overdose.

The forensic pathologist who conducted an examination of Mr. Sandhu's body testified that in her opinion Mr. Sandhu's principal cause of death was as a result of multiple blunt force injuries which he sustained after being struck by the motor vehicle. She was of the further opinion that the level of methadone found in Mr. Sandhu's body during post-mortem toxicological testing may have been a contributing factor in his death, depending upon his history of use and the level of tolerance which he had developed for the medication.

A forensic toxicologist testified that postmortem testing of liver samples confirmed the presence of the antidepressant medication venlafaxine as well as methadone at high levels. The level of methadone found in the liver is difficult to assess in terms of it being within a therapeutic or lethal range due to the fact that methadone is a drug that is known to accumulate in the liver and for which the patient develops a level of tolerance. However, the toxicologist testified that the level of methadone detected falls within a range in which other toxicologists, in published case findings, have reported a fatal overdose. This does not mean that the person would immediately die from the effect of the methadone, but rather that the person is severely intoxicated by the drug.

A leading expert in the treatment and management of dual-diagnosis patients provided testimony to assist the jury in better understanding the social and medical problems that are encountered in dealing with such patients. Management of such highly traumatized people requires that a high level of trust and acceptance be developed. Supportive housing, with ongoing medical, nutritional and social supports is a key element of successful treatment. Employing a harm reduction treatment model is often the only effective means of approaching the treatment and management of this particularly difficult patient population.

The expert testified that his review of the case suggested that people were all acting as they best could to deal with each acute situation – a case of "putting out fires". There appeared to be little coordination between the multitudes of caregivers that were seeing Mr. Sandhu throughout his life. The division of primary care between Mr. Sandhu's prescribing methadone physician, and whatever GP Mr. Sandhu happened to access, was not an optimal model of care. The complete absence of a "conductor" or "coordinator" to deal with the overall management of such complex dual-diagnosis patients was apparent to this expert based upon his review of the case. Finally, addiction treatment programs as presently provided are, in the opinion of the expert, insufficient in both availability and duration to effectively treat the underlying addiction of these types of patients.

Executive Directors from Fraser Health Authority with responsibility for Acute Care as well as Mental Health and Addictions were called to testify. The Executive Director with responsibility for the SMH and Delta Hospital ER conducted a complete review of the 124 interactions which Mr. Sandhu had with the various hospitals within the Fraser Health Authority. In each of these dealings it was the view of the witness that Mr. Sandhu received appropriate care and was provided with many community supports. In some instances it was assumed that Mr. Sandhu accessed these resources, and in other instances, he appeared disinterested. In the opinion of the witness, there was nothing which she identified which could have been done differently which might have made a difference in this case.

The ability to "flag" certain patient records on the EMR system was reviewed. At present, patient records can be flagged to record such matters as instances of past aggressive behaviour by the patient or for infectious disease

concerns. Practical difficulties in flagging a patient record, and the appropriate use of such information in the triage assessment of a patient, were reviewed by the witness.

The practice of copying hospital discharge records to treating physicians was reviewed. Typically the reports are only provided to the GP (if known), and not the methadone physician unless the patient requests that the information be provided to that physician. If such information is not provided by the patient, the reports are not provided to other treating physicians although the identity of the methadone physician can be determined from a review of the Pharmanet history. The witness agreed that the acute admissions for opiate overdose which were treated at SMH on September 30 and October 1 were not copied to the methadone physician or treating psychiatrist.

The Executive Director of Mental Health and Addictions is responsible for all addiction and mental health services provided across the Fraser Health Authority. The witness discussed the evolution and future plans for community outreach services as new service delivery models are being developed. The witness reviewed ongoing initiatives to develop additional assisted housing resources throughout the service area, including much needed "low barrier" housing that is available to those who continue to suffer from continuing addiction.

The development of additional mental health facilities which will include both psychiatric and addiction treatment facilities adjacent to SMH was reviewed. The new facilities will include a "sobering centre" which would be available to care for those persons found to be under some form of intoxication. The witness reviewed various options which might have benefited Mr. Sandhu including the flagging of EMR records, better transportation alternatives for patients leaving a hospital, improved training and education of hospital staff on addiction and mental health issues and staffing levels for social workers and psychiatric nurses in the emergency department.

The jury heard evidence that as a result of an internal review of Mr. Sandhu's death, Fraser Health Authority developed a binder which includes information on available mental health and other community resources. This binder is kept at a specific location in the ER and is available to all staff who may be dealing with patients that require assistance and support.

Finally, the Executive Director of Mental Health and Addictions listed a number of recommendations which she felt might be considered by the jury including: additional supportive housing, including low barrier housing; greater outreach work for the most complex patients; greater public awareness surrounding harm reduction and relapse; opportunities for increased partnership with police in responding to mental health calls; developing opportunities for earlier interventions to support complex patients through the use of Assertive Community Management Teams.

SANDHU	JASDEEP
SURNAME	GIVEN NAMES

Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:

JURY RECOMMENDATIONS:

To: Fraser Health Authority
Sandra Parkins, Director, Integrated Risk Management
300 – 10334 152A Street
Surrey, B.C. V3R 7P8

1. We recommend the Fraser Health Authority establish a system of alerts on the EMR (Electronic Medical Records) System to prompt staff to do further history checks of mental health and substance abuse patients.

Coroner's Comment: The jury heard evidence from the triage nurse and other Fraser Health witnesses that the EMR system presently "flags" patient records for certain matters including infectious disease concerns and prior instances of aggressive patient behavior. Mr. Sandhu had a long history of frequent visits to Fraser Health facilities for mental health and substance abuse issues. The jury also heard evidence from the triage nurse that knowing of Mr. Sandhu's prior admissions would have been helpful in better understanding Mr. Sandhu's history and presentation to the ER.

2. We recommend the Fraser Health Authority establish a coordinated team system (electronic based) to support patient care involving outreach workers, doctors (GP, psychiatrist, prescribing methadone), social workers and other health care providers for patients with mental health and addiction issues.

Coroner's Comment: The jury heard evidence from several witnesses as to the importance of ensuring a central point of management, similar to that of a "conductor", having primary responsibility for coordinating the management of patients with complex addiction and mental health issues as they access various health care resources.

3. We recommend the Fraser Health Authority establish sobering centers and housing facilities for patients with mental health and addiction issues.

Coroner's Comment: The jury heard evidence as to the development of sobering centers in the Lower Mainland and the role they play in providing safe care to patients with addiction illness. The jury also heard evidence as to the important role that assisted housing facilities play in the effective treatment of patients with mental health and addiction issues and the urgent need to improve housing conditions for those with ongoing addiction illness through the development of "low barrier" housing.

4. We recommend that Fraser Health Authority, upon patient discharge, provide support to patients to return safely home by calling family, providing bus tickets and schedules, etc.

Coroner's Comment: The jury heard evidence as to the circumstances surrounding Mr. Sandhu's departure from the ER after discussions with the charge nurse. Testimony was also heard as to the somewhat variable practices followed by nursing staff in determining whether a patient can safely return home after discharge.

5. We recommend Fraser Health Authority evaluate adequate staffing levels for security guards at individual hospitals.

Coroner's Comment: The jury heard evidence that one security guard was on duty at Delta Hospital during the time that Mr. Sandhu was in attendance. The security guard was utilized by the charge nurse to assist in monitoring and controlling Mr. Sandhu's movements around the ER given his restless behavior. The security guard was not able to keep a watch on Mr. Sandhu for the final one-half hour before Mr. Sandhu left the ER shortly before his death because he had other security duties that he had to perform around the hospital. Mr. Sandhu returned to his restless behavior and was found wandering around the acute care area of the ER, resulting in the charge nurse giving Mr. Sandhu the choice of either returning to the treatment room or leaving the ER, at which point Mr. Sandhu left the hospital.

To: Ministry of Health Services
Honourable Colin Hansen
P.O. Box 9050, Stn Prov. Govt.
Victoria, B.C. V8W 9E2

6. We recommend to the Ministry of Health Services that the practice of methadone carries be stopped.

Coroner's Comment: The jury heard evidence that Mr. Sandhu had been granted weekend "methadone carry" privileges by his methadone physician and had picked up his weekend dosages from the dispensing pharmacy early in the day of his death, October 3, 2008. Later that same day an ER physician at SMH had treated Mr. Sandhu for an opiate overdose and requested that Mr. Sandhu's weekend methadone carry be cancelled. However, by the time this message was conveyed to the methadone physician and the pharmacy contacted by the methadone physician, Mr. Sandhu had already picked up his weekend methadone carry.

7. We recommend to the Ministry of Health Services that they support Health Authorities to have psychiatric nurses or other staff trained in mental health issues available 24 hours.

Coroner's Comment: The jury heard evidence that at the time of Mr. Sandhu's death there was no psychiatric nurse coverage for the Delta Hospital ER. There was, however, a social worker available in the ER but only until the completion of her shift at 1600 hours. Subsequent to Mr. Sandhu's death additional staffing hours for the ER social worker have improved coverage, however there is not presently 24 hour coverage provided.

8. We recommend to the Ministry of Health Services that they support Fraser Health Authority with funding for their initiatives regarding mental health, in particular for patients with dual diagnosis.

Coroner's Comment: No additional comment required.

To: Ministry of Health Services and Fraser Health Authority
Honourable Colin Hansen
P.O. Box 9050, Stn Prov. Govt.
Victoria, B.C. V8W 9E2

Attention: Sandra Parkins – Director: Integrated Risk Management
300 – 10334 152A Street
Surrey, B.C. V3R 7P8

9. We recommend that the Ministry of Health Services and Fraser Health Authority support families of addicted family members with information and education regarding interactions with addicts, showing support for the addicted person while establishing boundaries.

Coroner's Comment: The jury heard testimony from the brother of Mr. Sandhu in which he described the family's efforts in obtaining treatment for Mr. Sandhu during the earlier stages of his addiction and mental health illnesses. The brother described the frustration and difficulty of trying to care for Mr. Sandhu in the absence of greater understanding and education into his condition.

To: Ministry of Public Safety and Solicitor General
Honourable Rich Coleman
P.O. Box 9290,Stn. Prov. Govt.
Victoria, B.C. V8W 9J7

10. We recommend to the Ministry of Public Safety and Solicitor General that they instruct police forces to use ambulances to transport persons to the hospital if unsure of mental or physical state.

Coroner's Comment: The jury heard evidence that upon Mr. Sandhu's release from Delta Police jail cells they were sufficiently concerned about his condition that they thought it important that he be seen and assessed by a physician. They therefore took him the short distance to Delta Hospital in the back of a police car and left him in the ER. Evidence was heard by the jury as to the inadequacy of information exchange between the police and hospital staff. Typically such patients are transferred by ambulance, in which case ambulance attendants remain with the patient.

11. We recommend to the Ministry of Public Safety and Solicitor General that they provide ongoing education for patrol officers regarding assessment of mental health and addiction issues encountered on patrol.

Coroner's Comment: The jury heard evidence about the Community Health Intervention Partnership (CHIP) between Delta Police and Fraser Health Authority which was developed to respond to the increasing frequency of mental health calls which police respond to and the desire to respond more effectively to such calls. Evidence

was heard as to the value of such programs and the role that increased education for all police officers plays in more effectively responding to mental health calls.

12. We recommend to the Ministry of Public Safety and Solicitor General that they ensure that ECOMM 911 operators are instructed to ask pertinent questions to verify incident location accurately.

Coroner's Comment: The jury heard evidence that a call received by ECOMM 911 at approximately 2212 hours on October 3, 2008 reported a person on Hwy 99 "near the tunnel". It was subsequently determined that the person making the call was mistaken about the location, and that the person had in fact been seen on Hwy 17 near Ladner Trunk Road. The jury heard evidence that the call taker did not ask for any further details to confirm where the person had been seen, and that had such enquiries been made, it was perhaps possible that the mistake made by the caller in describing the location would have been caught at that time. Had that occurred, police would have responded to the location where Mr. Sandhu in fact was, approximately 10-15 minutes earlier than when they were subsequently dispatched to that location at 2229 hours as a result of another call from a driver in the area seeing a person on Hwy 17.

To: The College of Physicians and Surgeons of British Columbia
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13. We recommend that the College of Physicians and Surgeons of British Columbia provide in their standards of methadone practice that in a case of a suspected breach of methadone use or other substance abuse, the ER doctor have the ability to place the patient's standing order for methadone carries on hold until contact can be made with the prescribing methadone doctor.

Coroner's Comment: See comment made in respect to Recommendation No. 6.