Office of the Chief Coroner
Bureau du coroner en chef

Verdict of Inquest Jury
Verdict de l'enquête

The *Coroners Act* – Province of Ontario
Loi sur les coroners – Province de l'Ontario

We the undersigned / Nous soussignés,

[redacted] of / de Thunder Bay, ON
[redacted] of / de Thunder Bay, ON
[redacted] of / de Thunder Bay, ON
[redacted] of / de Thunder Bay, ON
[redacted] of / de Thunder Bay, ON

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de:

Surname / Nom de famille	Given Names / Prénoms
QUEQUISH	Ruthann Tracy

aged / à l'âge de 31 held at / tenue à 189 Red River Road, Thunder Bay, Ontario

from the / Du 29th July to the / au 16th August 20 24

By / Par Dr. / Dr Michael Wilson Presiding Officer for Ontario / président pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit :

Name of Deceased / Nom du défunt
Ruthann Tracy Quequish

Date and Time of Death / Date et heure du décès
April 1, 2017 at approximately 07:10 am

Place of Death / Lieu du décès
Kingfisher Lake First Nation

Cause of Death / Cause du décès
Undiagnosed & Untreated Diabetic Ketoacidosis

By what means / Circonstances du décès
Undetermined

Original confirmed by: Foreperson / Original confirmé par: Président du jury
[redacted]

[redacted]
Original confirmed by jurors / Original confirmé par les jurés

The verdict was received on the / Ce verdict a été reçu le 16th (Day / Jour) day of / August (Month / Mois) 20 24

Presiding Officer's Name (Please print) / Nom du président (en lettres moulées)	Date Signed (yyyy/mm/dd) / Date de la signature (aaaa/mm/dd)
Dr. Michael Wilson	2024/08/16

Presiding Officer's Signature / Signature du président

We, the jury, wish to make the following recommendations: (see page 2)
Nous, membres du jury, formulons les recommandations suivantes : (voir page 2)

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Verdict of Inquest Jury
Verdict de l'enquête

The *Coroners Act* – Province of Ontario
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Inquest into the death of:
L'enquête sur le décès de:

Ruthann Tracy QUEQUISH

JURY RECOMMENDATIONS
RECOMMANDATIONS DU JURY

Improving the system

To Ministry of Health (MOH), Ontario Health:

1. To facilitate a transition to a single electronic medical record for patients residing in remote First Nation communities:

    (a) Provide information to the Health Director of each First Nation in the North Region about the ONE Network initiative project and how they can get access to it.

    (b) Expedite the certification of the Mustimuhw community EMR to ensure Kingfisher Lake First Nation's EMR is compatible with ConnectingOntario.

To Sioux Lookout Regional Physicians' Services Inc. (SLRPSI), Shibogama First Nations Council (Shibogama), Kingfisher Lake First Nation (KLFN), Meno Ya Win Health Centre:

2. To develop a cohesive approach to the management of lab test results. This would include:

    - Who is responsible to record and track the ordering of lab testing;
    - How the receipt of samples is confirmed;
    - To whom the lab results are provided and where this is documented;
    - Who is responsible to interpret the results;
    - To whom the interpretation should be provided; and
    - Benchmarks to ensure timeliness.

To SLRPSI:

3. To support appropriate use of tools to facilitate virtual medicine:

    (a) Provide training to physicians who provide services in remote First Nation communities on using tools to provide virtual healthcare.

    (b) Ensure that physicians receive experiential training to assess, diagnose and treat patients through consultation with nurses over the phone and virtual consultations, and consider the development of guidelines or standardized questions to use during these consultations.

To Indigenous Services Canada (ISC):

4. Ensure that ISC's Ontario Region nursing orientation program includes up-to-date content on the use of virtual tools to provide healthcare.

5. In order to ensure parity of resources between transferred and non-transferred First Nations, and to ensure that KLFN and Shibogama have access to all the same resources as communities that receive nursing services through ISC:

    (a) Ensure that Shibogama and KLFN are provided with information on opportunities for health funding provided by ISC. Information shall be provided in official languages and Oji-Cree.

    (b) Enter into consultation with stakeholders to ensure parity between KLFN and similar-sized non-transferred First Nations in funding for all areas including nursing program management, clinical supervision, nurse practitioners, and nursing recruitment and retention bonuses.

(c) Enter into consultation with stakeholders to ensure that Shibogama is funded in parity with ISC in relation to clinical supervision of nurses, including with respect to full-time access to practice consultants.

6. Review parameters for Nurse Practitioner funding to stabilize employment opportunities related to recruitment and retention in remote First Nation communities.

To SLRPSI, Sioux Lookout First Nations Health Authority (SLFNHA), MOH:

Collaborate on a workplan to:

7. Consult with physicians working in remote First Nation communities about what supports they need to provide care and what steps can be taken to implement these supports.

8. Explore opportunities and barriers for the creations of "pods" of physicians to provide care to clusters of communities with a view towards increased physician coverage and continuity of care.

To Meno Ya Win Health Centre, SLRPSI, SLFNHA, MOH:

9. Explore ways to reorganize job responsibilities so that if a physician is responsible to answer phone calls from nurses from a remote First Nation community, they are either a dedicated physician serving that community (or communities) or that this is their only responsibility and they are not serving other in-person patients at the same time. If this reorganization requires additional funding, take steps to identify and access funding, to the extent possible.

To Shibogama, KLFN:

10. Given the responsibilities of the Health Director in the communities, ensure that Community Health Directors receive additional training on healthcare leadership and program delivery.

11. Ensure that the Nursing Manager provides a report twice per year to the Health Director at Shibogama on the outcome of chart audits for each First Nation member of the Tribal Council. The report should confirm that chart audits are completed on a consistent basis, and upon review of a critical incident.

12. Create a policy requiring that a cumulative patient profile must be on each patient's paper chart and EMR. Ensure that the form used provides critical elements of the patient's medical history for health-care professionals to quickly understand the patient's overall health. This must be updated regularly, and this should be checked during chart audits.

To Shibogama, KLFN, ISC:

13. In order to ensure that nurses working in remote First Nation communities have information about the community they will be working in, the parties should:

    (a) Continue to prioritize hiring nurses with experience working in remote First Nation communities;

    (b) Collaborate to create a community-specific orientation manual, and to ensure that a nursing orientation checklist includes the review of that manual, acknowledging that a source of resources and supports would need to be identified to ensure the feasibility of this initiative.

    (c) Assign a community liaison that acts as the point person linking health care providers to community culture and events. This person should be a resident member of the community.

To ISC, Shibogama, SLRPSI:

14. Explore opportunities to make in-person Indigenous training available to all healthcare providers, such as "Repairing the Sacred Circle: An Indigenous Cultural Awareness and Education Primer" developed by St Joseph's Care Group, Indigenous Health N'doo'owe Binesi, or similar in-person training which requires reflective engagement. Such training could be provided during ISC's Ontario Region nursing orientation program.

Diabetes Care

To Shibogama, KLFN, ISC:

15. Create and implement a guideline that a blood glucose check be added to the full set of vital signs documented for every diabetic patient, including those that are non-insulin dependent, assessed in a nursing station.

16. Collaborate to ensure that up-to-date diabetes diagnostic and screening criteria, including guidelines from Diabetes Canada, form part of regular mandatory nurse practitioner and registered nurse training for providing care for Indigenous patients.

To KLFN, Shibogama:

17. Develop a policy requiring the adoption and use of a critical care flow chart for diabetes management for health care providers at nursing stations.

18. Explore options of a community garden or greenhouse to help address food insecurity. Provide workshops on learning food preparation and preservation. Consider opportunities for elementary and secondary school students to gain knowledge on traditional foods and food sovereignty.

To SLRPSI:

19. Given the prevalence of diabetes in the region, encourage physicians working in remote First Nation communities to attend the training referred to in Recommendation 16 (above).

20. Consider preference to the prescribing of alternative glucose monitoring systems that promote patient's own compliance due to ease of use, easing the burden of finger poke glucose testing at home (i.e., Libre, Dexcom, etc.) and increasing consistent glucose monitoring and compliance in First Nation communities.

To MOH:

21. Ensure that Shibogama receives ongoing, consistent and increased funding for its Diabetes Prevention Strategy with the goal of funding levels increasing to a level commensurate with the serious, endemic nature of diabetes in the Shibogama First Nations.

To KLFN, ISC:

22. In addition to diabetes funding sources currently in place in KLFN, explore alternative opportunities for funding, such as ISC's Health Equity Fund, for the following:
    (a) Initiatives for the prevention and management of diabetes in the community (i.e., alternative glucose monitoring devices); and
    (b) Traditional and land-based diabetes prevention strategies and education programs.

To KLFN:

23. Create a walking trail in KLFN specifically aimed at people living with diabetes. Invite the community to provide input on the name of the trail.

Health Services in KLFN

To KLFN, Shibogama:

24. To support a vision of members of Indigenous communities providing health care in their own communities, explore opportunities to expose youth in KLFN to careers in healthcare, including at a summer mentorship program.

25. Consider the creation of a scholarship program for community members wishing to pursue careers in healthcare.

To KLFN:

26. Explore the feasibility of shifting the opening hours of the nursing station (for example:10:00 a.m. to 6:00 p.m) and/or the possibility of staggering nursing shift start times to allow for further staffed hours and decrease need for on call hours.

27. Assess and pursue funding opportunities for the development of adequate, professional housing for nurses and other medical professionals.

28. Assess option to have an additional medical driver on call available in the event further physical assistance is required for patient transfers.

To ISC, KLFN:

29. Engage in regular discussions regarding the progress of KLFN's feasibility study for the construction of a new nursing station and commit to further discussions regarding the additional steps to be taken upon completion of the feasibility study. These discussions should include:

    - Forecasts for population growth and service needs;
    - Adequate space for visiting specialists and other health service providers;
    - Adequate housing for visiting medical professionals; and
    - Adequate space for traditional medicine, cultural practices, and community initiatives.

30. Consider including relevant stakeholders in discussions for input on a new KLFN Nursing Station (i.e., nursing, physicians, Community Health Representatives (CHRs), local health director).

To MOH, ISC, KLFN, Shibogama:

31. Conduct an inventory of point-of-care testing needs in KLFN and discuss the feasibility of additional point-of-care capabilities (for example, retinal cameras, i-STAT) in order to reduce need for reliance on external testing where possible.

To ISC and KLFN:

32. Review current funding for the suboxone program to explore how funding can be maximized to offer land and community-based initiatives for community members involved in the program.

To ISC,MOH:

33. Recognizing that citizens of remote First Nation communities in Ontario often have complex healthcare needs and the least access to care, the following steps have the goal of improving patient access to emergency, nursing and community-based care. Engage stakeholders with the intention of:

    (a) Providing ongoing, consistent funding to Shibogama in order to provide public health nursing services in the community.

    (b) Ensuring that Shibogama and KLFN are made aware of and are provided the opportunity to access available funding pots related to healthcare services.

    (c) Within the next year, initiating negotiations of SLRPSI main frame agreement (the vehicle for funding physician services in Sioux Lookout and the surrounding communities) and report progress on efforts to Shibogama.

    (d) Working towards having physicians in KLFN at all times. Identify recruitment, retention and compensation options to meet this target.

    (e) Providing funding for KLFN to employ a community member as an on-call translator to ensure that translation services are available as needed.

    (f) Providing funding for the training and hiring of community first responders in KLFN on an ongoing basis to ensure re-certification on an as required basis

    (g) Funding KLFN to hire additional community health nurses (CHNs), so that there are at least 4 CHNs plus a Nurse in Charge (NIC) in KLFN at all times.

    (h) Providing ongoing, consistent funding to Shibogama in order to ensure the continuation of the home and community care program.

    (i) Providing ongoing, consistent funding for the provision of nurse practitioner (NP) services in the community as to ensure one NP is available in the community at all times.

    (j) Funding KLFN for the recruitment, training, and employment of one additional CHR for community-identified healthcare needs.

Quality Assurance and Critical Incident Reviews

To SLFNHA, SLRPSI, MOH, ISC, Shibogama, KLFN:

34. Consider developing a protocol for a coordinated debrief of critical incidents amongst all organizations and providers involved in patient care, including identifying a point of contact when such incidents occur. Ensure involvement of ISC regional patient safety officers in the development of this protocol. Document those debriefs to help identify issues and develop best practices to prevent future incidents,

including reviewing, analyzing, and learning from patient deaths and serious patient outcomes, doing root- and systemic-cause analyses, and involving family members and the community.

To Shibogama, KLFN, ISC:

35. In order to facilitate ongoing learning from this inquest, the evidence will be distilled into a case study for the training and education of nurses and physicians working in the community nursing stations. ISC Nursing Practice Consultant support will be provided to Shibogama to facilitate the creation of this learning resource. The family will be afforded the opportunity to review and provide input on their lived experience prior to its use.

To Shibogama, ISC:

36. Shibogama and ISC should work together to improve awareness of wellness supports for healthcare employees in transferred communities, such as the Operational Critical Incident Stress Management program.

Patient Advocacy

To ISC, KLFN, Shibogama:

37. Explore the feasibility of creating a patient advocate position in KLFN. A patient advocate would receive training in advocacy, community health best practices and navigating power dynamics in a healthcare setting.

To Shibogama, KLFN, SLRPSI:

38. Support the development of the patient advocate position by:

    (a) Ensuring that the position is staffed by a person who speaks the language;

    (b) Developing policies that provide pathways the patient advocate can use to facilitate engagement with health services inside the community (including the advocate's ability to direct a nurse to consult with a physician) and outside the community by helping a patient get a second opinion; and

    (c) Developing a protocol for nurse interactions with the patient advocate.

39. Develop a protocol for patients to obtain a second opinion which includes the following three pathways:

    (a) By direction to the nurse by the patient advocate (in the absence of patient advocate, a designated community member);

    (b) After three visits to the nursing station for substantially the same serious medical issues in the same 10-day period; and

    (c) By the patient advocate's direct request to the provider of the second option or governing organization (in the absence of patient advocate, a designated community member).

To KLFN:

40. Create a contact list with the names and contact information of community members who can be engaged in the event of concerns about treatment at the nursing station. Consider posting this list in public areas (i.e., nursing station waiting rooms, band office, general store, etc.), and distribution to community members at community discretion (online, hardcopy, etc).

Supporting Implementation

To all parties to whom recommendations are made:

41. When responding to and implementing this Inquest's recommendations, the parties should be guided by the principles of reconciliation, including the Truth and Reconciliation Commission's Calls to Action on Healthcare (#18-#24); respecting the treaty rights of others and working together towards fulfilling treaty obligations to healthcare; and the principle that First Nation governments should be supported to exercise their inherent rights to run their own healthcare systems.

To the Office of the Chief Coroner:

42. For greater transparency, ensure that the verdict, verdict explanation, and recommendations be translated into Oji-Cree, Cree, and Ojibway and be made accessible to citizens of the Nishnawbe Aski Nation.