

2024 CarswellOnt 5201

Ontario Coroner

Romanick, Re

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Inquest into the death of: CHAD WILLIAM ROMANICK

Selwyn Pieters Presiding Officer

Heard: March 25, 2024; March 26, 2024; March 27, 2024; March 28, 2024; March 29, 2024;

March 30, 2024; March 31, 2024; April 1, 2024; April 2, 2024; April 3, 2024; April 4, 2024

Judgment: April 4, 2024

Docket: None given.

Counsel: Counsel — not provided

Subject: Civil Practice and Procedure

Headnote

Judges and courts

Selwyn Pieters Presiding Officer:

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JURY RECOMMENDATIONS

TO: Windsor Police Service (WPS)

1 Subject to operational exigencies, ensure that all calls for assistance and/or offers of assistance from the Windsor Police Service Emergency Services Unit that originate from an outside police service, be routed through the E911 Communications Centre to enhance information access, management, and facilitation of efficient communication among the agencies involved.

2 Incorporate the two 911 calls made by Chad Romanick into existing scenario-based training for 911 Communicators with respect to calls involving persons in crisis and consider developing a Checklist for communicators specific to persons in crisis.

3 Provide enhanced training for Windsor Police Service officers, 911 Communicators, dispatchers, and others accessing the CAD system on limitations and query results. Consider generating this training by means of matrices or other reference chart(s), deliverable by memo and/or directive(s).

4 Explore opportunities to enhance 911 Communicator training with scenario-based approaches that include role-playing situations where crisis intervention and de-escalation techniques are needed in cases where calls evolve into PIC (Persons-In-Crisis) calls.

5 Explore opportunities to implement continual refresher training plans or courses for 911 Communicators for crisis intervention and de-escalation techniques with scenario-based approaches that may include role-playing situations.

To: Windsor Police Service (WPS), Windsor Regional Hospital (WRH), and Hotel Dieu Grace Healthcare (HDGH)

6 Working through the Police-Hospital Committee, that the Windsor Police Service consider adding the Crisis Response Team ("CRT"), which includes a social worker and/or Nurse Police Team ("NPT"), which includes a nurse and a patrol police officer, be added to the "Emergency Callout" list on Code 200 calls at the discretion of a Critical Incident Commander.

7 Working through the Police-Hospital Committee, identify opportunities for additional coordination with the WRH, HDGH and WPS, including but not limited to:

- Crisis response teams
- Nurse Police Team (NPT)
- Dedicated Hospital Officer/Code Crisis Pilot Project

This would include establishing more formal arrangements /protocols to determine which mobile crisis team should be strategically deployed to a crisis call and optimizing hours of coverage to meet service demands.

TO: Windsor Regional Hospital (WRH) and Hotel Dieu Grace Healthcare (HDGH)

8 Explore the availability of training and/or resources to enhance the ability of healthcare professionals involved in assessing patients with mental health presentations in their ability to receive and assess the reliability, validity, and potential significance of collateral information, with a view to incorporating into existing training.

9 Review existing training to consider implementation of CALM (Counselling on Access to Lethal Means) training into the existing required training plan for mental health healthcare workers.

10 Collaborate with local mental health and addictions partners, in consultation with other relevant stakeholders, to share resources for families, caregivers, and loved ones of Persons in Crisis (PIC) that will assist with accessing the available supports in community mental health and addiction services.

11 Collaborate with local mental health and addictions partners, in consultation with other relevant stakeholders, to explore opportunities to expand existing follow-up services to include more touchpoints with patients to ensure referral plans are proceeding and to assist in accessing the available supports in community mental health and addiction services.

12 Collaborate with local mental health and addictions partners, in consultation with other relevant stakeholders, to explore feasibility to provide follow-up services for families, caregivers, and loved ones who have experienced trauma as a result of a loved one's mental illness and/or addiction offered through various means (examples include: card, brochure, text/call/email follow-up opt-in) to ensure multiple means of access to existing services in the community.

13 Collaborate with relevant stakeholders on the feasibility of expanding the services offered through the Mental Health Addiction Urgent Care Clinic (MHAUCC) to provide 24-hour coverage for persons in crisis.

14 Collaborate with local mental health and addictions partners, in consultation with Ontario Health and other relevant stakeholders, to establish targets for timely access to mental health and addiction services. This should include developing and implementing evidence-based target timelines in the assessment and treatment of patients presenting with the most urgent categories of mental health and addiction concerns.

15 Collaborate with local mental health and addictions partners, in consultation with Ontario Health and other relevant stakeholders, to: (1) establish a common definition of "wait time" (as many organizations define and track wait times differently); and (2) make wait times available to partners to inform planning and referral.