Trauma Services BC
A service of the Provincial Health Services Authority

Provincial Health Services Authority
Province-wide solutions. Better health.

Ms. Lisa Lapointe
Chief Coroner
British Columbia Coroners Service
Ministry of Public Safety and Solicitor General
5th floor, 910 Government Street
Victoria, BC V8V 1X4

August 10, 2016

Thank you for your letter regarding the Coroner's Inquest into the death of **Mehrdad Bayrami**. Trauma Services has reviewed your recommendations regarding the specific recommendation outlined below as noted in the full document as recommendation #11 and 12.

Recommendation: To Trauma Services BC

11. In order to support ongoing quality improvement, Trauma Services BC should establish a mandatory process for the multidisciplinary review of trauma cases resulting in death.

12. Trauma Services BC should ensure a mandatory performance improvement process for all hospitals involved in BC's system of organized trauma care incorporating clearly defined system performance measures and quality of care indicators.

As a result of this review, we are pleased to provide the following response.

Established in 2012, TSBC is a new office within PHSA with a developing mission to promote optimal performance of the provincial trauma system through collaboration with key partners in organized trauma management. A key priority is the minimization of preventable death and disability due to injury through the provision of high quality care and effective processes across involved organizations. TSBC has built the achievement of these objectives into its current strategic plan and is working to operationalize an active quality assurance program for trauma care where none has previously existed.

After extensive effort over more than two years to implement required institutional information sharing agreements and align administrative and data management support, TSBC's PIPS Committee will become formally active in November 2016. Membership includes representation from both BCEHS and regional health authority trauma programs.

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The Provincial Performance Improvement and Patient Safety (PIPS) Committee purpose is to monitor system performance and provide quality assurance through the following activities:

- monitoring of local peer-review processes for trauma-related deaths in hospitals treating injured patients and evaluating selected cases referred to TSBC with system-level concerns

- evaluating on an ad-hoc basis referred trauma cases with system-level concerns using a confidential and protected multiagency process

- monitoring and evaluating selected patient care quality indicators and system performance measures to strengthen and enhance the provincial trauma system

We strongly support the Coroner's finding of a need for effective quality assurance processes to support the provincial trauma system, particularly with regard to documenting and understanding preventable death, and thank you for engaging us on this matter.

Yours truly,

Catherine Jones- Executive Director, Trauma Services BC

Catherine Jones

Dr. David Evans – Medical Director, Trauma Services BC

August 18, 2016

Ref: 188872

Lisa Lapointe, Chief Coroner
Ministry of Public Safety and Solicitor General
Province of British Columbia
Email: Lisa.Lapointe@gov.bc.ca

Dear Ms. Lapointe:

Thank you for your letter of July 18, 2016 and the attached copy of the Verdict at Inquest Report regarding the recommendations on the death of Mehrdad Bayrami.

In your report, recommendation number 16 was directed to the Ministry of Education specifically advising the Ministry to "Create curriculum for the BC school system that addresses issues of mental health throughout the K-12 education system". The Ministry appreciates the comments from the Presiding Coroner, which outline observations from Mr. Bayrami's daughter related to mental health.

The Ministry is currently in the process of updating the Physical and Health Education curriculum. This newly combined area will provide significant opportunities for all students to learn about issues related to mental health. Starting in Kindergarten students will begin learning about mental well-being. As students mature, they will continue to learn about how to identify and apply strategies to promote strong mental health in addition to strategies for managing issues.

Since 2012, the Ministry has led the Expect Respect and A Safe Education (ERASE) Strategy, which includes a five-year, multi-level training program for educators and community partners. The training has helped educators and community partners proactively foster safe school cultures, prevent bullying and undertake violence threat risk assessment. The training has also helped educators identify signs of domestic violence and mental health issues. A key goal of the training is to improve multi-agency collaboration and develop community protocols for violence threat/risk assessment and information sharing.

To date, over 14,000 public, independent and First Nations educators and community partners have been trained. All four levels of ERASE training will continue to be offered in the upcoming 2016/17 school year and will include strong mental health and social media components, which is responsive to current trends.

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Ministry of Education | Office of the Minister | Mailing Address: PO Box 9045 Stn Prov Govt Victoria BC V8W 9E2 | Location: Parliament Buildings Victoria

The Ministry is also a key partner in cross-ministry work on improving mental health services and supports. A Cabinet Working Group on Mental Health is currently reviewing government's existing mental health programs and services, and developing a cross-system response to this challenging issue. This response will build on the significant and positive work already underway to address mental health in British Columbia, and consider how we can work in a more integrated way to improve services.

The updated curriculum will be available shortly on our website at www.curriculum.gov.bc.ca. I encourage you to review what will be available for the upcoming school year. If you have any questions or require further information, please contact Brent Munro, Assistant Director, Curriculum by phone at (250) 508-4532 or by email at Brent.D.Munro@gov.bc.ca.

Again, thank you for writing and sharing the report.

Sincerely,

Mike Bernier
Minister

pc: Brent Munro, Assistant Director, Curriculum

BRITISH COLUMBIA

August 29, 2016
Ref: 517002

Lisa Lapointe, Chief Coroner
BC Coroners Service
Ministry of Public Safety and Solicitor General
Metrotower II
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Dear Ms. Lapointe:

Thank you for your July 18, 2016 letter regarding the verdict and jury's recommendations resulting from the Coroner's Inquest into the death of Mr. Mehrdad Bayrami (BCCS Case File # 2012-0381-0049). I have reviewed the recommendations addressed to me in my role as the Director of Police Services as per s.40 of the BC *Police Act*. My responses to your recommendations 2 through 9 follow:

Recommendation 2 addressed provincial reporting of ERT:

> *Include a review of the specific arrangements for provision of Emergency Response Team (ERT) services as a component of the reporting required by Police Bodies in British Columbia.*

Effective this year, the Policing and Security Branch will require police agencies with ERT teams in British Columbia to provide aggregate data to my office in a new section of the existing *Policing and Security Branch Annual Aggregate Use of Force Survey*. The data request will support the provision of information on the number and structure of ERT teams, as well as additional high-level information on the number and type of operations conducted.

Recommendation 3 addressed the creation of *BC Provincial Policing Standards* (BCPPS) for ERT teams:

> *Establish and publish provincial standards for ERT services including:*
>
> - *The structure and composition of ER Teams, including required experience and qualifications of members.*

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- *Recruitment and ongoing assessment of participants.*
- *Training, with proportionate attention to approaches such as de-escalation in all aspects of ERT operations.*
- *Communication plan for dealing with affected family members.*

The existing BC Association of Chiefs of Police (BCACP) ERT Standards and the *Continuation of Policing Standards Established by the Former British Columbia Police Commission (BCPC)* which relate to ERT are relevant. While we do not have any current projects to develop new ERT BCPPS; the topic is under consideration. I've written to the police agencies reminding them of the standards.

Recommendation 4 addressed establishing a review process of ERT cases:

> *Implement a non-fault finding timely, external, expert operational review of all ERT cases with adverse outcomes including this case. This should focus on review of all three aspects of these operations with the view to directly informing the ongoing improvement of training, and supporting the modification or addition to guidelines and standards of practice described above.*

In the event that my office undertakes to develop new ERT *BCPPS*, this recommendation will be considered at that time. In the interim, I have written to the police agencies and asked each to provide my office with their current procedures for reviewing and implementing improvements to ERT training and operations.

Recommendation 5 addressed data collection of police-related deaths:

> *Public reporting of an aggregate analysis of police involved deaths in BC, including trends, lessons learned and plans for prevention and mitigation of harm.*

The Branch currently collects aggregate data concerning police-related deaths through the *Annual Aggregate Use of Force Survey*. I have written to the police agencies and asked each to provide my office with their current procedures for reviewing and implementing police-involved deaths that have occurred with a view to preventing further deaths if possible.

Recommendation 6 addressed a process to flag multiple calls relating to one person:

> *Creation of a system or process that will flag and automatically initiate a review of multiple calls/files relating to a single person, with the goal to initiate intervention as needed.*

Recommendation 7 addressed formal agreements between ERT and psychologists.

> *Requirement for all Provincial ERT to create and maintain a formal agreement with a number of psychologists who are retained to support the negotiators during incidents involving the ERT.*

Recommendation 8 addressed affected family support:

> *Requirement to have a victim services worker assigned to the family members from the point of contact to provide support, including transportation, communications and advocacy.*

Recommendation 9 addressed the recording of ERT incidents:

> *Record incident through phone, blackberry or other pertinent communication devices in a way that does not require human intervention, with the goal to provide increased evidence for future reviews or inquiries.*

With respect to recommendations 6 through 9, all police agencies have also been asked to provide to my office with information concerning their current or planned policies and/or procedures that may address each of these recommendations. This information will be held by my office pending a decision to create standards.

Thank you for bringing the jury recommendations to my attention.

Yours truly,

Clayton J. Pecknold
Assistant Deputy Minister
and Director of Police Services
Policing and Security Branch

BRITISH COLUMBIA

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Ms. Lisa Lapointe
Chief Coroner
British Columbia Coroners Service
Ministry of Public Safety and Solicitor General
PO Box 9259 Stn Prov Govt
Victoria BC V8W 9J4

Dear Ms. Lapointe:

Re: Coroner's Inquest into the death of:
Mehrdad BAYRAMI
BCCS Case File #2012-0381-0049

Thank you for your letter on July 18, 2016, regarding Recommendation numbers 10 to 14 made as a result of the Coroner's Inquest into the death of Mr. Mehrdad Bayrami.

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

Recommendation #10: In order to support the full range of evidence-based bio/psycho/social care in mental illness, family doctors and others should have access to supportive services for their patients including psychological support in conditions such as depression.

The Ministry of Health accepts this recommendation. The Ministry has identified both primary care and the Mental Health and Substance Use (MHSU) care as top priorities in the health system. The Ministry also acknowledges that family physicians play a key role in the diagnosis and treatment of people living with mental health and substance use conditions, including depression. Over the next three years, the Ministry is working with physicians and health authorities to establish Primary Care Homes (PCH) as the foundation of the BC health care system for communities across the province.

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A PCH is a community-based network of full-service family practices linked with health authority-delivered primary care services. Family practices in PCHs will use an interdisciplinary, team-based approach to meet the majority of patients' primary health care needs, including the needs of people with mild to moderate MHSU problems. The PCH will be linked to specialized MHSU services for people with moderate to severe MHSU, in order to improve access to the array of evidence-based biopsychosocial services. Areas of focus include strengthening community-based resources, simplifying pathways of care and making it easier for clients, families and service providers to navigate and access services specific to their needs in a timely manner.

A range of evidence-based biopsychosocial services are currently available through the MHSU programs and services provided by the health authorities. The services are offered through 87 Mental Health and Substance Use Centres, (see http://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/mhsucs.pdf), operated throughout the province by the five health authorities, (see http://www.health.gov.bc.ca/healthy-minds/services.html), and especially support people with moderate to severe MHSU disorders such as severe depression.

Bounce Back, introduced in BC in 2008, offers a free, two-part cognitive behavioural self-help program for people who are prone to depressive thinking or behaviour. With a physician referral, clients have access to telephone coaching and the use of workbooks. This program is most effective for people with mild to moderate depression.

Additionally, a number of resources to support family physician working with MHSU patients currently exist. The Ministry, in partnership with the Doctors of BC, has published evidence-based guidelines, including:

- *Major Depressive Disorder in Adults: Diagnosis and Management Guideline* provides recommendations on how to diagnose and manage major depressive disorder in primary care settings;
- *Anxiety and Depression in Children and Youth Guideline* presents recommendations for early diagnosis, intervention, and maintenance treatment of depression and anxiety disorders in children and youth; and
- *Problem Drinking Guideline* provides practitioners with practical information on how to conduct screening for problem drinking in adults.

The *Family Physician Guide for Depression, Anxiety Disorders, Early Psychosis, and Substance Use* provides a practical, office-based tool to help family physicians support people who present with these needs.

Rapid Access to Consultative Expertise (RACE) Line: RACE is an innovative model of shared care involving a telephone advice line where a family physician can call one phone number and choose from a selection of specialty services for real-time telephone advice.

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Recommendation #11: In order to support ongoing quality improvement, Trauma Services BC should establish a mandatory process for the multidisciplinary review of trauma cases resulting in death.

Trauma Services BC is a program that is managed by the PHSA so we have forwarded this recommendation to them for a response.

Recommendation#12: Trauma Services BC should ensure a mandatory performance improvement process for all hospitals involved in BC's system of organized trauma care incorporating clearly defined system performance measure and quality of care indicators.

Trauma Services BC is a program that is managed by the PHSA so we have forwarded this recommendation to them for a response.

Recommendation #13: Undertake a review with the goal of prevention, including exploration of the range of best practices in early counselling support in intimate partner violence for all involved persons should be considered. The availability of these at multiple access points at a variety of times and settings including through the health and criminal justice systems should also be considered.

The Ministry accepts this recommendation. Best practices to address high-risk domestic violence are in place and the Ministry works collaboratively with the Provincial Office of Domestic Violence (PODV) that is hosted by the Ministry of Child and Family Development and works cross-ministry.

A Trauma Informed Practice Guide, (see http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf), completed in 2013, provides guidance to health practitioners and other professionals who work with individuals and families who may be impacted by trauma. Principles and practices of trauma-informed practice are outlined in the guide and are being integrated across all MHSU services.

Best practices for responding to high-risk domestic violence exist and are being implemented in BC. One of these is the Interagency Case Assessment Teams (ICAT). ICATs are multidisciplinary partnerships of local agencies including police, child welfare, health, social services, victim support and other anti-violence agencies. This group responds to referrals of suspected highest risk cases of domestic violence with a goal of increasing safety. (http://endingviolence.org/prevention-programs/ccws-program/interagency-case-assessment-teams-icats/).

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Risk assessments are conducted using the BC Summary of Domestic Violence Risk Factors (see ICAT Best Practices at: http://endingviolence.org/publications/icat-best-practices-guide/). In the Bayrami case, multiple highest-risk factors were present (relationship status, escalation in abuse, stalking and mental illness; in addition, access to weapons/firearms is a risk factor). The Bayrami case was not identified to an ICAT by police or health. If the case had been identified, it would have triggered risk management for Mr. Bayrami, his ex-partner and other family members, as well as victim safety planning (including counselling).

The Ministry will continue to support and strengthen inter-agency coordination to respond to domestic violence, including the highest risk cases.

In 2016/17, the Ministry will develop standardized training for healthcare professionals to increase their capacity to identify gender-based violence, to appropriately inquire and respond to increase safety and prevent future violence, and to refer to specialized services. This training will include risk/lethality assessment.

In addition, the Ministry is scientifically evaluating the impacts of intensive public health nurse training to prevent and respond to intimate partner violence during pregnancy and for up to two years following birth.

In March 2012, the PODV was established as the permanent lead for government, responsible and accountable for a coordinated response to improving and strengthening the services and supports for children, women and families affected by domestic violence. As a central coordinating office, the PODV provides expertise, leadership and monitoring to ensure a strengthened systemic and coordinated approach to address domestic violence in BC. Monitoring, evaluating and reporting on progress are key functions of the office.

The Provincial Domestic Violence Plan, a three-year provincial plan to address domestic violence in collaboration with community and government partners, was released in 2014. Achievements related to recommendation #13 include:

- $1 million investment to provide direct services for perpetrators of domestic violence prior to potential involvement with the criminal justice system. The investment will support the delivery of direct services to domestic violence perpetrators or potential abusers.
    - To support the delivery of direct services to domestic violence perpetrators, $1 million has been made available to work on programming to help them before they are charged, convicted or sentenced for an offence, including the enhancement and evaluation of culturally appropriate programs.
    - To support this work, a reference group of stakeholders was assembled and consulted and information has been gathered from literature and interviews with service providers who have experience with domestic violence prevention programming.

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  - In addition, in November 2015, three existing culturally-responsive domestic violence men's programs that serve Aboriginal communities were supported to enhance their program or service. The work is focussed on addressing the issues of domestic violence in a manner that reflects their respective community needs, while incorporating both culture and traditions.

- $2 million investment to develop and deliver programs specifically for Aboriginal women, men, children and youth who have been or are at risk of being affected by domestic violence (this includes potential abusers/perpetrators). Programs will reflect best practices and will be delivered by First Nations communities, Métis agencies and Aboriginal organizations. The investment will support program capacity building in the delivery of direct services to victims, children and perpetrators of domestic violence in communities.

  - $1.5 million has been distributed to 24 Aboriginal partner agencies. Seven projects each received $25,000 to enhance current projects or programs and 17 received up to $70,000 to start new projects or programs.

Recommendation #14: Create a directory of services identified in recommendation 13 which is accessible by both the medical community and general public, with an eye to improve access to support for people in distress.

The Ministry accepts this recommendation. Directories of services are available for physicians and the general public to support people in distress, including people who have experienced violence and/or MHSU problems.

HealthLink, (see http://www.healthlinkbc.ca/servicesresources/), available on-line and through the call centre at 811, provides resource information to physicians and to the general public, to assist people with navigating to the most applicable health services and related information. See the HealthLink website topic Domestic Violence, at http://www.healthlinkbc.ca/healthtopics/content.asp?hwid=te7721, for links to information and resources specific to domestic violence issues.

MHSU Crisis and Information and Support Lines, (see http://www.crisislines.bc.ca/), are funded through the health authorities to provide telephone access to trained volunteers offering emotional support, crisis and suicide assessment/intervention, and resource information. These twelve regional/local lines operate 24 hours a day, seven days a week, are staffed by paid and volunteer staff, and answer over 150,000 calls per year[i]. The Crisis Line Association of BC, funded by the Provincial Health Services Authority, provides linkage to the twelve crisis lines using an electronic routing system.

Consolidation of this province-wide service is underway and includes:

- standardization of training for all health authority-funded crisis lines;
- creation and implementation of standardized data collection mechanisms;
- resolution of technical routing issues and reporting;
- consultation and planning for transition to a single number for the province; and
- consolidation of the crisis lines to one provincial phone number.

Individuals, family members, physicians and members of the general public can call the crisis and information lines to receive support and assistance in finding the services needed for a person with MHSU problems.

Directories of services (including counselling services for perpetrators and victims of intimate partner violence) exist. These include anti-violence services available in the community, transition houses, safe homes, second stage housing, (see http://www.bchousing.org/Options/Emergency_Housing/WTHSP/Access), and community-based counselling and prevention programs, (see http://endingviolence.org/need-help/services/).

VictimLink BC, (see http://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/victimlinkbc), provides 24-hour referral and support services. All VictimLinkBC staff are trained victim services workers and can connect people to a network of community, social, health, justice and government resources, including victim services, transition houses and counselling resources. They also provide information on the justice system, relevant federal and provincial legislation and programs, crime prevention, safety planning, the protection order registry, (see http://www2.gov.bc.ca/gov/content/safety/crime-prevention/protection-order-registry), and other resources, (see http://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/victimlinkbc).

- VictimLink BC Campaign – To raise awareness about VictimLink BC, government placed advertisements in rural BC newspapers and on Facebook and Google, and ran radio public service announcements. There were 8,176 visits to the VictimLink BC website during the week of the 2014 spring campaign, more than 14 times the number of visits over the previous week, and more than 19 times the weekly average of visits since May 2012. VictimLink BC provides service in more than 110 languages, including 17 North American Aboriginal languages. In 2015/16, 13,894 British Columbians were helped by VictimLink BC.

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- The VictimLink BC awareness campaign supports recent initiatives to provide multi-lingual information related to domestic violence to diverse populations. For example, the government has translated several publications into Chinese, Punjabi and French, including the *For Your Protection: Peace Bonds and Family Law Protection Orders*, (see http://www.clicklaw.bc.ca/resource/1319), pamphlet and *Help Starts Here*, (see http://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/if-you-are-a-victim-of-a-crime/publications-for-victims-of-crime), a series of resources for victims of crime.

- The government recently updated the Victim Impact Statement Form and Guide and translated it into nine additional languages: Chinese, Filipino, French, Hindi, Korean, Persian, Punjabi, Spanish and Vietnamese. A victim impact statement is a written account of how a crime has affected a victim. While it is not mandatory to fill it out, when completed, judges can use it to consider how to sentence a person convicted of a crime.

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

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[i] Retrieved from Crisis Line Association of BC website at http://www.crisislines.bc.ca/ on August 10, 2016

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