Ministry of Justice

BRITISH COLUMBIA

VERDICT AT INQUEST

File No.: 2011-0128-18

An Inquest was held at Western Communities Court, in the municipality of Colwood

in the Province of British Columbia, on the following dates June 11-15, 2012

before Matthew Brown, Presiding Coroner,

into the death of ANDREWS Joan 76 ☐ Male ☒ Female
(Last Name, First Name, Middle Name) (Age)
and the following findings were made:

Date and Time of Death: February 10, 2011 at 0748 hours

Place of Death: 2952 Bolanne Place Victoria, BC
(Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Fracture of the right temporal bone with underlying subdural and subarachnoid hemorrhage

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b) Blunt force injury

DUE TO OR AS A CONSEQUENCE OF

Giving rise to the immediate cause (a) above, stating underlying cause last. c) A fall

(2) Other Significant Conditions Contributing to Death:

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

The above verdict certified by the Jury on the 15th day of June AD, 2012.

Matthew Brown
Presiding Coroner's Printed Name

Presiding Coroner's Signature

BRITISH COLUMBIA

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

File No.: 2011-0128-0018

ANDREWS	JOAN
Surname	Given Names

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Matthew Brown

Inquest Counsel: John Orr

Court Reporting/Recording Agency: Verbatim Words West Ltd.

Participants/Counsel: Community Living British Columbia/Pamela Manhas, Richard Meyer; Vancouver Island Health Authority/Gilles Dechon; Dr. Patrick Slobodian/David Pilley.

The Sheriff took charge of the jury and recorded Twenty-five exhibits. Twenty-three witnesses were duly sworn 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.

The jury heard that Miss Andrews suffered from severe developmental delay; the result of a hypoxic event during childbirth. She had the cognitive capacity of a 6-7 year old and was unable to live independently her entire life. As her parents grew older, Miss Andrews lived in care homes set up and funded by a family trust fund and she attended day programs for developmentally delayed adults.

The jury heard that Miss Andrews had a complex medical history with diagnoses of anxiety disorder, obsessive-compulsive disorder and in the months leading up to her death, she began to show symptoms of developing dementia. Her physician testified that in 2009, Miss Andrews began to have outbursts in her home and the physician provided some counseling to Miss Andrews' caregiver as well as prescribed medication to help manage the behaviors. By August 2009, Miss Andrews' mental cognition worsened and examinations revealed the onset of dementia. The jury heard that her conditions created challenges for Miss Andrews' caregiver particularly at night as she would be awake through the night. Attempts to manage this by medications were helpful to some extent but the issue persisted. In response to this, a baby monitor was placed in her room to assist the caregiver in monitoring Miss Andrews' movements at night. A referral was made to the Vancouver Island Health Authority (VIHA) for geriatric services but this was declined as the behaviors demonstrated did not meet their criteria as these were considered mental health in nature.

The jury heard that at the time of her death, Miss Andrews was living in a residence operated by Community Living British Columbia (CLBC) under their "home share" program. The jury heard that she was moved there on an urgent basis after CLBC found out the home she was previously living in had been condemned by the City of Victoria. The philosophy of the CLBC home-share program is that a

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person with developmental delays lives with a family similar to foster care but for vulnerable and at-risk adults. The home-share family is expected to provide care and supervision during the time a person is not at a day program or similar; no other paid staff are involved. The jury heard that a home share caregiver is not required to have any specialized training to assist in caring for adults with complex medical, physical or psychological needs. The caregiver received some respite and in December 2009, the respite was increased as a result of Miss Andrews' increasing needs.

The jury heard that in the latter part of 2009, Miss Andrews began to have falls at her home and on November 3, 2009, she was found by her caregiver on the floor and incontinent. She was taken to hospital where she remained for three weeks. Tests done at the hospital were consistent with Miss Andrews having a fall or a series of falls and the hospital physician testified that Miss Andrews sustained bruising as well as impaired renal function caused by lying in one place as a result of being unconscious While in hospital, Miss Andrews was seen by a psychiatrist whose assessment including collateral information from her caregiver, revealed that she suffered from delirium, could be combative at times and was showing signs of dementia. A computed tomography scan (CT) of her head revealed findings suggestive of atrophy and shrinkage of the brain also consistent with dementia. He testified that the level of care required for one with such a presentation varies depending on the extent of dementia and a compounding issue was the fact that Miss Andrews also had a developmental delay. The psychiatrist testified that Miss Andrews required help with all aspects of her daily living such as bathing, dressing, dental care, meal preparation, etc. At the end of the three week hospitalization, Miss Andrews was discharged to the caregiver's home.

Upon return to her home, Miss Andrews continued to have difficulties sleeping. A hospital bed was provided by the Red Cross with the hope that the rails would keep Miss Andrews from falling out of the bed; this unfortunately did not work. Miss Andrews had three significant falls in December 2009 one of which resulted in a fractured nose. The caregiver testified that she was under the impression that Miss Andrews was on the waitlist for long term care as she was advised of this by her CLBC worker.

In early 2010, the jury heard that Miss Andrews' condition continued to deteriorate and the caregiver's capacity to care for Miss Andrews proved more challenging. In May 2010, the Home Share contract was increased and some respite was provided and while there was some indication that Miss Andrews was on a list for long term care, she continued to reside in the same home. The jury heard that there had been discussion between CLBC, the caregiver, and advocate that Miss Andrews was on a waitlist for long term care that would provide 24 hour support; however, the jury heard that there were no suitable placements available. The jury heard that there was a bed available in January 2010; however, the advocate and CLBC determined that Miss Andrews' needs could be met while staying in her current placement.

Over the course of 2010, the jury heard that Miss Andrews' condition continued to decline. She was determined to be at risk for falls and required assistance at all times when walking. Funding for her day program was declined in April 2010 due to budgetary restraints resulting in Miss Andrews being left at

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home 24 hours a day. Additional support was provided for 12 hours of respite plus 3 overnights of respite a month for the caregiver.

The jury heard that in early 2011, Miss Andrews' condition worsened including less sleeping, decrease in mobility, and difficulties eating.

In February 2011, she developed a cold which worsened in her chest. The home-share caregiver took her to a walk-in clinic where she was diagnosed with probable bronchitis and was prescribed an antibiotic and puffers to help her breathing. Her breathing appeared to improve over the next couple of days though she was showing signs of further neurological impairment in particular, an odd gait.

Prior to the respiratory infection, she was sleeping on a mattress on the floor to reduce the risk of falls; however, with the respiratory infection she appeared to sleep better when placed at an angle so she went back to using her bed which was a full hospital bed with railings.

On the morning of February 11, 2011, Miss Andrews was found on the floor of her bedroom. It was apparent that she had climbed over the bedrails and fallen which was something that had happened frequently before with the bed rails up. She was in obvious distress and the caregiver called 911. She became unresponsive and despite resuscitative efforts by emergency personnel, she died at the scene.

The jury heard that an autopsy found a severe fracture of the right temporal bone as well as a subdural and subarachnoid hemorrhage all consistent with the fall from the bed.

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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: Community Living British Columbia (CLBC)
Interim CEO Doug Woollard
7th Floor Airport Square 1200 West 73rd Avenue
Vancouver, BC V6P 6G5

1. That CBLC implement a training program for all home share providers. This training should include information about the health care system, basic medical terminology, pharmaceutical administration, and expectations regarding communication with both relevant professionals and identified and involved family members. The training should include the uniques aspects of behavioural and medical issues with respect to individuals with developmental disabilities, and the specific needs and stage of life of the individual being supported. Consideration be given to modelling the training program off of current college and/or community health workers programs

Coroner's Comments: The jury heard evidence that caregivers in the home share program do not receive any formalised training to care for clients who can have complex medical, physical or psychological needs.

2. That CLBC amend their current standards to increase the frequency of home visits to home share providers from one visit a year to quarterly. Such home visits should include a visual inspection of the relevant living quarters, a safety audit of the household, and a face-to-face interaction with the individual being supported (if possible without the care provider present). Furthermore, that random and unannouced home visits be conducted by either CLBC staff or contracted agencies

Coroner's Comments: The jury heard evidence that the current requirements for home visits are once per year and that additional visits would provide CLBC staff with a more fullsome and up to date understanding of the client's needs.

3. That CLBC (or other contracted agencies) amend their standards to include three collateral checks be done when completing annual reviews of home share providers prior to a new contract being signed.

Coroner's Comments: The jury heard evidence that when completing an annual review of a home share provider, there are no additional verbal or written checks done to ascertain how the client is doing in the home. The jury heard that checks with a client's physican or day program provider may be helpful to assess and plan for the needs of the client for the short and long term.

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4. That CLBC alter practise to ensure that when a Consent for Release of Information form is signed by an individual, it is explained thoroughly to the individual by the CLBC staff or staff of the contracted agency and it is signed in the presence of ONLY a CLBC staff member or staff of the contracted agency.

Coroner's Comments: The jury heard evidence that when Miss Andrews was signing consents for release of information, decisions and conversations appeared not to have been with her but rather, others present.

5. That CLBC amend their current home standards to require a home visit be conducted by either a CLBC staff member or a staff member of the contracted agency when an individual has had a major event in their life. A major event could be characterized as, but not limited to, a serious critical incident when the individual sustained injuries, where the individual is hospitalized for a period of time, a recent move, etc.

Coroner's Comments: The jury heard evidence that despite a significant change in Miss Andrews' conditions and medical requirements, there were no home visits conducted. Home visits would serve as an opportunity to assess and plan for the needs of the client.

6. That a Practice Bulletin be created and provided to all CLBC staff in the province that outlines the requirements and reminds all CLBC staff that documentation be completed in all files to the standards required by the applicable accreditation body.

Coroner's Comments: The jury heard evidence that there were gaps in the documentation on Miss Andrews' file.

7. That a Practice Bulletin be created and provided to all CLBC staff in the province reminding them of the standards with respect to involving family and next of kin in all aspects of the planning and notification during major events in an individual's life, such as, but not limited to, injuries requiring medical attention, hospitalizations, moves and major changes in daily routines.

Coroner's Comments: The jury heard evidence that there was limited contact with Miss Andrews' next of kin and she was not aware of Miss Andrews' changing medical condition, hospitalizations or general updates.

8. That CLBC amend their current standards to ensure that advance care planning is discussed, documented and reviewed annually with an individual as part of their Personal Support Plan process. This will ensure that the individual's voice is included in any future health care decisions and any other decisions affecting their life.

Coroner's Comments: The jury heard evidence that there was limited discussion with Miss Andrews to ascertain her wishes as it related to care and planning surrounding her care. While it was recognised that her cognitive capacity might impact these choices, additional consideration should be provided to the client to speak about their wishes directly with their CLBC worker.

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9. That a case manager (at either CLBC or the contracted agency) be designated for each individual involved in the home share program.

Coroner's Comments: The jury heard evidence that an individual residing in a home share program is not assigned a specific worker which could ensure a seamless transmission of information through one direct worker as opposed to the existing program whereby an individual's plan could be managed by several CLBC staff at the same time.

To: Vancouver Island Health Authority (VIHA)
President and CEO – Dr. Brendan Carr
1952 Bay Street
Victoria, BC V8R 1J8

10. That VIHA formalize a process for advising the individual, relevant agencies and partners, family members and other relevant care/service providers of an individual's status on the long-term care facility, group home facility, or other wait list.

Coroner's Comments: The jury heard evidence that people involved in Miss Andrew's life, were uncertain as to the status of a referral for a long term care facility. That is, some believed she was on a waitlist and had been for some time while others were unsure largely as a result of minimal communication between CLBC and VIHA. A formalized process would ensure that all parties would be aware of the status for future planning purposes.