

September 18, 2018

Lisa Lapointe, Chief Coroner
Metrotower II
Suite 800 - 4720 Kingsway
Burnaby, BC V5H 4N2

Dear Ms. Lapointe,

**Re: Response to Recommendations regarding the Coroner's Inquest into the deaths of:
Brian Geisheimer; Sarah Charles; and Sebastian Abdi**

Further to your request, please find below Fraser Health's response to the jury recommendations regarding the deaths of the above noted persons.

We apologize for the delay in delivering this response. We did prepare a response in March 2017 in reply to the recommendations contained in the jury's verdict. Unfortunately there was subsequent confusion about whether and when we had received the Verdict with Coroner's Comments for all three inquests. We have now confirmed with your legal counsel that we have received the Verdict with Coroner's Comments for the Geisheimer inquest, and that the recommendations are identical for the Charles and Abdi inquests. Accordingly, we are enclosing our original response, which has now been supplemented with updates where applicable.

Recommendation #1:

Consider amending the Code Yellow Policy with the following conditions: Remove the differentiation between pre-code and code procedures; reconceptualise the flow chart and instructions so that procedure is followed based on risk factors/Mental Health Act certification; include the immediate request of police to ping the patient's cell phone if the patient is considered to be high risk and in possession of their cell phone; equip psychiatric units with radios to improve the efficiency of communication between staff when searching for the patient; and permit staff, and possibly contractors, the ability to follow patients, if the elopement is witnessed, at a safe distance as far as is possible, and with radios, in order to improve the accuracy of communication regarding the patient's whereabouts and police ability to safely locate and return the patient to the hospital. Staff should wait for response from police pinging in the cell phone and then call the patient.

Original response from March 2017: Lower Mainland Health Emergency Management BC reviewed our Code Yellow Policy and is amending the policy with the following conditions:

- a) **Remove the differentiation between pre-code and code procedures:** The procedure already allows people to skip a pre-Code and go directly to a Code Yellow if there is sufficient risk identified. Pre-codes are useful because many cases are low risk situations, the person is within the facility, and he/she can be located using only the pre-Code procedures. These pre-code procedures include staff verifying the missing person is not on the unit, overhead announcements requesting the patient/resident return to the unit and a search of the suite common areas conducted by the security contractor.

- b) **Reconceptualize the flow chart and instructions so that procedure is followed based on risk factors/Mental Health Act certification:** Clarification will be added to the Code Yellow procedure that the assessment of the patient/resident's risk factors/MHA certification must be conducted before selecting the stage of Code Yellow response.

Update for September 2018: The code procedures and supporting documentation were updated in June 2017 to prominently outline risk factors and reflect the importance of reviewing risk factors before activation of the Code.

- c) **Include the immediate request of police to ping the patient's cell phone if the patient is considered to be at high risk and in possession of their cell phone; Staff should wait for response from police pinging cell phone and then call patient:** When contacted, Police are told the person's Mental Health Act status and the person's known phone numbers (included in the Missing Patient Police Reporting Form). Once Police are involved, they decide the best method(s) to locate the individual.

Update for September 2018: Requesting Police 'ping' a person's cell phone has been added to the Job Action Sheet for the Emergency Operations Centre Director in Stage 2 Code Yellow.

- d) **Equip psychiatric units with radios to improve the efficiency of communication between staff when searching for the patient:** Some units already employ radio systems or Vocera systems; however for the purposes of conducting a search of a large facility, cell phones are a better communication option. Fraser Health will explore options for staff to have access to Fraser Health cell phones when conducting a search.
- e) **Permit staff and possibly contractors, the ability to follow patients, if the elopement is witnessed, at a safe distance as far as possible, and with radios, in order to improve the accuracy of communication regarding the patients' whereabouts and police ability to safely locate and return the patient to the hospital:** Fraser Health would be in violation of WorkSafeBC direction and the effectiveness of radios has already been addressed above (Recommendation 1, Item d).

Recommendation #2:

Consider mandating the annual review of colour-coded policies for all hospital care providers and support staff.

Original response from March 2017: At present HEMBC recommends the annual review of all emergency code procedures. Code Yellow training is available online and in-person (via HEMBC staff). In-person training includes unit level in-services and leadership level presentations that include table top and full-scale exercises.

Update for September 2018: A recommendation to mandate annual online Code Yellow, Red and Green training is being presented to the Fraser Health Emergency Management Executive Steering Committee.

Recommendation #3:

Consider implementing the use of documentation tools that are specific to the screening, comprehensive assessment and safety planning regarding suicide risk.

Original response from March 2017: Fraser Health Mental Health and Substance Use has a robust Suicide Risk Management Policy and Clinical Practice Guideline (CPG) that reflects the 2011 Provincial Suicide Clinical Framework and other best practice literature. Mental Health and Substance Use will

engage an external expert consultant to review the Fraser Health Suicide Clinical Practice Guideline (CPG) in light of inquest evidence and national/international best practice with particular focus on safety plans, training and documentation.

Update for September 2018: Based on recommendations from the external expert consultant, Dr. Paul Links, Fraser Health has developed and implemented a Safety Plan template and is currently piloting standardized suicide screening and assessment forms.

Recommendation #4:

Consider amending the Suicide Risk Management Clinical Practice Guideline by removing risk categorizations of low, medium and high and replace them with more fluid conceptualizations of suicide risk and the decision-making regarding care planning that follows.

Original response from March 2017: The current Suicide Risk Management Clinical Practice Guideline acknowledges the challenges to accurately identify risks and the potential for fluctuating risk. It specifically addresses fluctuating risk by recommending clinicians consider the persons degree of changeability and suggests increased monitoring or intensity of service when changeability is high. It also recommends an individualized monitoring plan with regular re-evaluation to adjust the plan to the changing circumstances.

Recommendation #5:

Consider implementing a policy akin to Vancouver Coast Health Authority's (VCHA) Family Involvement Policy.

Original response from March 2017: Mental Health and Substance Use (MHSU) reviewed and is in the process of incorporating additional best practices from other jurisdictions as follows:

- Dedicated position (Family Specialist) leads work regarding family involvement.
- Family Involvement Steering Committee (with family representation) steers initiatives.
- Staff training is available at MHSU sites (led by Family Specialist in partnership with family members) on working with families.
- Partnered with BC Schizophrenia Society (BCSS) in providing the family education course – Strengthening Families Together.
- Partnered with BCSS in providing bi-weekly Information sessions for families at acute sites co-led by a MHSU clinical staff person and trained family peer facilitator.
- Partnered with BCSS to have the agency offer a weekly hospital based 1:1 Meet and Greet session for families to meet with a trained family peer facilitator
- Role of family formally imbedded into the service flow (swim lanes) of adult tertiary services.
- Network of local advisory committees (includes family representatives), reporting to the MHSU Manager and regional advisory committee, provide feedback, guidance and recommendations for MHSU services.
- Family involvement on key MHSU committees such as Accreditation, Community Redesign, Housing Recovery Centred Clinical System (RCCS) Steering Committee, Tertiary RCCS Steering Committee, etc.
- Respite funding for families (funded by Fraser Health and administered by BCSS).
- A safety check list is being tested in Tertiary, Community and Acute settings which will meet

Accreditation Canada Required Organizational Practice (ROP) related to the role of promoting safety with clients and family members. The intent is to reflect in documentation the expected practice of informing clients/patients regarding all relevant issues related to safety and ensuring that if there is family involvement they are also informed.

- Online education for staff regarding working with families.
- Developing Sharing of Information policy and Clinical Practice Guidelines (draft expected Fall 2016).
- Developing Policy and Clinical Practice Guidelines for Family Support Inclusion (expected 2017).
- Wellness Recovery Action Plan (WRAP) specifically for families (some family members have attended WRAP workshops with their loved ones already).

Update for September 2018: Fraser Health MHSU has developed and implemented a Sharing of Information Policy and Clinical Practice Guideline. It is also implementing a Family Inclusion and Support Clinical Practice Guideline later in 2018. Fraser Health MHSU continues to have an effective Family Support and Inclusion Steering Committee and continues to improve and develop new services, such as the Family Support Program, Family Peer Engagement Specialist position, weekly family support group with phone base outreach, and training to support staff working with families effectively.

Recommendation #6:

Consider setting up a separate admitting area in the emergency department for the intake of suicidal patients to maintain patient privacy.

Original response from March 2017: Current best practice is to establish separate admitting areas in Emergency Departments (i.e. Surrey Memorial Hospital Mental Health and Substance Use Zone, Royal Columbian Hospital Psychiatric Emergency). Planning is currently underway for MHSU emergency department renovations at Burnaby Hospital, Langley Memorial Hospital, Peace Arch Hospital and Abbotsford Regional Hospital & Cancer Centre.

Recommendation #7:

The community care worker should review patient files when the patient is release from hospital as it pertains to certification or decertification. Intention: to compare patient release conditions to intake conditions. This is to ensure that the patient is not being re-released into an environment that contains all of the same stressors that brought on acute care. If a patient left the hospital against medical advice, the community care worker should be made aware of this.

Original response from March 2017: Fraser Health MHSU has comprehensive emergency and inpatient transition of care to community protocols that inform community mental health services of a discharge. The physician discharge summary sheet has a section to specifically flag a discharge against medical advice (DAMA). When the community clinician receives the transition notification then she/he can access the detailed hospital care records using the Unifying Clinical Information (UCI) Network.

Fraser Health MHSU has implemented Integrated Transition of Care Teams (ITCT) at Abbotsford Regional Hospital & Cancer Centre, Surrey Memorial Hospital and Royal Columbian Hospital. These teams provide enhanced short-term support for vulnerable clients being discharged from acute psychiatric care to community based services.

Update for September 2018: A Case for Change (C4C) funding request has been made to improve this process, including electronic DAMA flags in the Unifying Clinical Information (UCI), during the next system upgrade in 2019.

To Fraser Health Authority and Garda Security

Recommendation #8:

Considering developing a procedure that allows quick access to video footage of patients who are the subject of a code yellow, and protocols that allow the footage to be immediately shared with police agencies when a Mental Health Act Warrant is enacted.

Original response from March 2017: The Providing Patient/Resident/Client Information to Law Enforcement Agencies (Routine/Urgent/Emergent Situations) Policy already allows for quick or immediate access to information when the Mental Health Act is involved or if there is a compelling or life threatening concern.

Recommendation #9:

Consider reviewing the response protocols for security guards with a view to improve and coordinate responses to colour coded incidents. Conduct mock colour code incidents on a regular basis.

Original response from March 2017: All sites have mock codes as current practice.

To Fraser Health Authority and Minister of Health

Recommendation #10:

Consider expanding the mandate of Critical Incident Stress Debriefing to support families and community care providers following a death by suicide.

Original response from March 2017: The MHSU clinical staff assesses the needs and provides support to the family survivors of people who have died by suicide. They are available for initial debriefing and then more targeted therapeutic care and and/or referral if needed. In most cases senior clinical administrative and medical leadership will also be in contact with the family, providing them an opportunity to request additional services if necessary.

Sincerely,



Alexis Kerr
General Counsel

cc: Michael Marchbank, President and CEO, Fraser Health
Dr. Victoria Lee, VP, Population Health and Chief Medical Officer
Andy Libbiter, Executive Director, Mental Health and Substance Use
Dr. Anson Koo, Regional Department Head/Program Medical Director, Mental Health & Substance Use
Stan Kuperis, Clinical Director, Mental Health and Substance Use