



October 10, 2017

Lisa Lapointe  
Office of the Chief Coroner  
PO Box 9259  
Stn Prov Govt  
Victoria BC V8W 9J4

Dear Ms. Lapointe:

Thank you for your letter to the College of Registered Nurses of British Columbia (CRNBC) dated August 29, 2017 on the *Verdict at Inquest* into the deaths of:

Geisheimer, Brian, BCCS File #2014-0228-0249

Charles, Sarah, BCCS File #2015-0378-0078

Abdi, Sebastien, BCCS File # 2015-0378-0080

In your letter, you have requested that CRNBC act on recommendations 11-13:

*11 – Consider enhancing the standards of documentation to require specific evidence (including chronology) of the care provider’s assessment of suicide risk and development of a collaborative safety plan.*

*12 – Consider mandating annual suicide risk assessment and management re-training for health care and behavioral health professionals in order to maintain registration.*

*13 – Consider creating an education program designed to educate all health care staff on the practical application of all the privacy laws regarding the sharing of health care information and mandate annual training and retraining as part of maintaining professional registration.*

CRNBC’s *Documentation Practice Standard* is fundamental to nursing practice, and this standard clearly sets out requirements for all nurses to document in a chronological order and to carry out more comprehensive, in-depth and frequent documentation when clients are at high risk.

All nurses participate annually in CRNBC’s Quality Assurance Program. To support their ongoing professional development and continued competence, this program requires registered nurses to meet minimum practice hours, complete a self-assessment using CRNBCs Standards of Practice, seek and receive peer feedback, create and implement a professional development plan based on their self-assessment and peer feedback, and evaluate the effect of last year’s professional development on their practice.

CRNBC has learning resources that describe the application of provincial and federal laws to nursing practice. These resources include case studies, an overview document, frequently asked

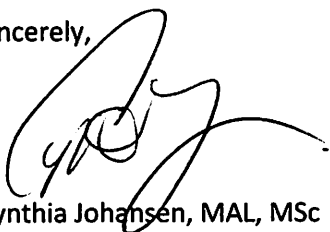
questions, and an online learning module. CRNBC's practice standard on Privacy and Confidentiality references privacy legislation and sets out the expectation that nurses know and follow the specific legislation that applies to their practice. CRNBC has also introduced a jurisprudence learning module for all new applicants. It is also available to all registrants via the CRNBC website.

We believe this information addresses the intentions of recommendations 11-13.

All above documents are available on the CRNBC website at [www.crnbc.ca](http://www.crnbc.ca). CRNBC's Practice Support is also available to nurses regarding any practice-related questions.

If you have any questions, please feel free to contact me or Elizabeth Elliot, Sr. Manager, Policy and Practice at 604.736.7331, local 342 or [elliott@crnbc.ca](mailto:elliott@crnbc.ca)

Sincerely,

A handwritten signature in black ink, appearing to read 'CJ', with a large, sweeping flourish extending to the right.

Cynthia Johansen, MAL, MSc  
Registrar/Chief Executive Officer



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA  
**COLLÈGE ROYAL**  
DES MÉDECINS ET CHIRURGIENS DU CANADA

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October 27, 2018

By Email:

Lisa Lapointe, MD  
Chief Coroner  
Province of British Columbia  
Office of the Chief Coroner  
PO Box 9259  
Stn Prov Govt  
Victoria BC V8W 9J4

**Inquest into the deaths of Brian Geisheimer (BCCS File 2014-0228-0249), Sarah Charles (BCCS File 2015-0378-0078) and Sebastien Abdi (BCCS File 2015-0378-0080)**

Dear Dr. Lapointe:

Thank you for your letter dated August 29, 2017 addressed to Dr. Francoise P. Chagnon, President at the Royal College of Physicians and Surgeons of Canada (Royal College). As Executive Director of the Office of Specialty Education at the Royal College, your letter has been forwarded to me for response.

You have requested that the Royal College provide a response to recommendations #11, 12, and 13 of the coroner's jury, which are:

- 11. Consider enhancing the standards of documentation to require specific evidence (including chronology) of the care provider's assessment of suicide risk and development of a collaborative safety plan.*
- 12. Consider mandating annual suicide risk assessment and management re-training for health care and behavioural health professionals in order to maintain registration.*
- 13. Consider creating an education program designed to educate all health care staff on the practical application of all the privacy laws regarding the sharing of health care information and mandate annual training and retraining as part of maintaining professional registration.*

As background, please be aware the Royal College has a specialty committee established for each of the disciplines it recognizes in Canada. The role of a specialty committee is to advise the Royal College on specialty-specific content issues, such as standards of training, credentials, assessment and accreditation. Following receipt of your letter, we have consulted with the chair of the Specialty Committee in Psychiatry prior to preparing this response.

From the Royal College perspective, the training provided to Psychiatrists addresses recommendation 11. The assessment of suicide and other safety risks is not a static process that can be completed just once during a patient's care; this assessment needs to be carried out and documented at each point of transition and at any point there is a perceived change in the condition or a real change in the level of privileges for that patient. In addition, there is limited evidence that any single tool (rating scale) is valid or reliable in the assessment of suicidal risk.

With the above in mind, residents going through Canadian Psychiatry residency programs receive the following specific training related to this recommendation:

<b>Objectives of Training in the Specialty of Psychiatry 2015, Version 2.0</b>
<p>Medical Expert 1.3: Identify and appropriately respond to relevant clinical issues arising in patient care, including:</p> <p>1.3.16. Suicide, self-harm, or harm directed towards others</p> <p>1.3.16.1. Assessment and management of safety/risk for patient and provider in all settings</p> <p>1.3.16.2. Policy, procedure, and practice dealing with patient and provider safety, including violent and potentially violent situations in all settings</p>
<p>Medical Expert 3.8: Demonstrate proficiency in effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnosis and management plans</p> <p>3.8.2. Develop and implement an integrated biopsychosocial treatment plan</p>
<p>Medical Expert 4.1: Demonstrate proficiency in implementing effective management plans in collaboration with patients and their families, including:</p> <p>4.1.1. Developing and implementing an integrated biopsychosocial treatment plan</p> <p>4.1.2. Assessing suitability for an prescribing appropriate psychopharmacological treatments across the lifespan</p> <p>4.1.4. Demonstrate proficiency in assessing suitability for and prescribing and delivering appropriate psychological treatments, including:</p> <p>4.1.4.1. Cognitive behavioural therapy</p> <p>4.1.4.2. Family or group therapy, and working knowledge of the other</p> <p>4.1.4.3. Psychodynamic therapy</p> <p>4.1.4.4. Supportive therapy</p>
<p>Medical Expert 4.2: Demonstrate effective, appropriate, and timely application of preventative interventions relevant to Psychiatry, including consideration of risk and safety</p>
<p>Medical Expert 4.3: Demonstrate effective, appropriate, and timely application of therapeutic interventions relevant to Psychiatry, including consideration of risk and safety</p>
<p>Communicator 3: Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals</p> <p>3.1. Deliver information to a patient and family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making</p>

Communicator 4: Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care

- 4.1. Identify and effectively explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
- 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making
- 4.3. Encourage discussion, questions, and interaction in the encounter
- 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
- 4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, disclosing adverse medical events, and addressing anger, confusion, and misunderstanding

Communicator 5: Convey oral and written information effectively about a psychiatric encounter

- 5.1. Maintain clear, concise, accurate, appropriate, and timely records of clinical encounters and plans

The Specialty Committee in Psychiatry routinely reviews its national standards and will keep this recommendation in mind during future discussions about revisions to the standards.

With regard to recommendation 12, the Royal College's Maintenance of Certification (MOC) Program is designed to support, enhance and promote the continuing professional development (CPD) activities of MOC Program participants. MOC Program participants are responsible for developing and implementing a personal CPD plan relevant to their roles and responsibilities by engaging in learning activities included within the [MOC Program Framework](#). Two of the underlying principles of the Program are flexibility and self-directed learning. Therefore, specialists develop their CPD plan and select the related learning opportunities at their own discretion. The Royal College does not mandate content. However, Royal College accredited CPD providers, which include National Specialty Societies (NSSs), plan and develop their specific CPD programs and content based on needs. Were an NSS to develop and make available content related to retraining on suicide risk assessment and management, it could be considered a CPD activity eligible for credit within the MOC Program.

Participation in the MOC Program is required to maintain Royal College Fellowship. There is also a requirement for specialists to participate in the MOC Program as a condition of medical licensure under the provincial medical regulatory authorities (MRAs). The MRAs may mandate specific content as part of their licensure requirements.

Recommendation 13 is already addressed through the training of residents in Psychiatry based on the following training standards in place:

### **Objectives of Training in the Specialty of Psychiatry 2015, Version 2.0**

Medical Expert 2.1: Establish, apply, and maintain knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to Psychiatry across the lifespan and at the designated level of introductory, working knowledge, or proficient, for purposes of core competence:

2.1.1. Psychiatrists will be proficient in the following:

2.1.1.2. Health care and other regulations, including but not limited to legislation



pertaining to mental health, privacy and confidentiality, child welfare, dependent adults, and young offenders

Communicator 3: Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals

3.1. Deliver information to a patient and family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making

With respect to recommendation 13, the Royal College does not mandate educational content related to privacy laws under the requirements of the MOC Program. If Royal College accredited CPD providers, such as the NSSs, were to develop CPD content related to privacy laws, it could be considered a CPD activity eligible for credit within the MOC Program.

With regard to mandating retraining, as mentioned above regarding recommendation 12, specialists develop their CPD plan and select the related learning opportunities at their own discretion. The Royal College does not mandate specific CPD activities or training. There is a requirement for specialists to participate in the MOC Program as a condition of medical licensure under the provincial medical regulatory authorities (MRAs). The MRAs may mandate retraining and/or specific content as part of their licensure requirements.

Should you wish to review the Royal College's MOC Program requirements, please feel free to visit our website at: [About the MOC Program](#)

Should you wish to review the national standards reflected in the OTR for Psychiatry, please feel free to visit our website at: [Psychiatry Training Standards](#)

Based on our consultation with the Specialty Committee in Psychiatry, the Royal College feels the recommendation outlined in the coroner's report are already in place.

If you have any additional questions or require any further information, please do not hesitate to contact me.

Sincerely,



Kenneth A. Harris, MD, FRCSC  
Deputy CEO and Executive Director, Office of Specialty Education

KH/jls

CC: Dr. Andrew Padmos, Chief Executive Officer, Royal College  
Dr. Kim St. John, Chair, Specialty Committee in Psychiatry





College of Pharmacists  
of British Columbia

October 31, 2017

Lisa Lapointe  
Office of the Chief Coroner  
PO Box 9259  
Stn Prov Govt  
Victoria, BC V8W 9J4

Dear Ms. Lapointe:

Thank you for your letter to the College of Pharmacists of BC dated August 29, 2017 on the Verdict at Inquest into the deaths of:

Geisheimer, Brian, BCCS File #2014-0228-0249  
Charles, Sarah, BCCS File #2015-0378-0078  
Abdi, Sebastien, BCCS File # 2015-0378-0080

In your letter, you have requested that College of Pharmacists of BC act on Recommendation 13:

*13 - Consider creating an education program designed to educate all health care staff on the practical application of all the privacy laws regarding the sharing of health care information and mandate annual training and retraining as part of maintaining professional registration.*

As our mandate is to serve and protect the public, it is imperative that we identify opportunities to address and prevent patient harm. We appreciate you bringing this issue to our attention.

The College of Pharmacists of BC's Bylaws and Code of Ethics lays out specific requirements on patient privacy, including when it is appropriate to disclose and provide access to personal information.

Section 72 of the College's [Health Professions Act Bylaws](#) outlines requirements regarding disclosure of personal information. This section identifies when a registrant may disclose personal information about a patient. In particular, Section 72(k) and (i) state that a registrant may disclose personal information about a patient:

*(k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,*

*(l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted.*



Section 80 of the College's *Health Professions Act* Bylaws sets out requirements for patient access to personal information, including when a pharmacy professional can provide or refuse to provide patient's representative with a patient's personal information:

*80(2) If a patient or a patient's representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by*

*(a) providing access to the patient or patient's representative,*

*(b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3) can reasonably be severed, or*

*(c) providing written reasons for the refusal of access to the personal information or to any portion thereof.*

*80(3) The registrant may refuse to disclose personal information to a patient or a patient's representative*

*(a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,*

*(b) if there is a significant likelihood of harm to a third party, or*

*(c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.*

The College also has a Practice Review Program which includes a section on confidentiality and personal health information. Under the program, every pharmacy and pharmacy professional will be reviewed to ensure they meet College standards. Practice reviews can also help registrants better understand legislative requirements and improve their compliance. They provide an opportunity for registrants to ask questions and learn more about specific requirements, such as the handling and disclosure of personal health information. More information on the program is available at [bcpharmacists.org/prp](http://bcpharmacists.org/prp).

The College's Practice Support Resource is also available to registered pharmacists and pharmacy technicians for any practice-related questions.

To help educate all registered pharmacy professionals on the practical application of all the privacy laws regarding the sharing of health care information, the College plans to develop a ReadLinks article on the topic. In particular, the article will focus on where it is appropriate and in the best interests of the patient to disclose personal information about the patient to their family or representative.





The College anticipates publishing the ReadLinks article in early 2018.

College [ReadLinks](#) articles are an effective tool for the College in educating registrants on important practice issues. The College's ReadLinks site receive an average of over 7,000 views a month and articles are also distributed to all registrants through a monthly newsletter in addition to being shared through the College's social media.

Under [Professional Practice Policy 3: Pharmacy References](#), community pharmacies are required to retain or have ready-access to the most recent three years of [ReadLinks](#) articles found on our website.

We believe our existing requirements together with a ReadLinks article on the issue address the intentions of Recommendation 13.

If you have any concerns, please feel free to contact me at [registrar@bcpharmacists.org](mailto:registrar@bcpharmacists.org).

Sincerely,

Bob Nakagawa, B.Sc.(Pharm), RPEBC, ACPR, FCSHP, R.Ph.  
Registrar

Lisa Lapointe, Chief Coroner  
Ministry of Public Safety and Solicitor General  
BC Coroners Service, Office of the chief Coroner  
PO BOX 9259, Stn Prov Govt  
Victoria, BC V8W 9J4

October 6, 2017

Dear Ms. Lapointe,

**Re: Verdict at Inquest into the deaths of:**  
**GEISHEIMER, Brian/BCCS File# 2014-0228-0249**  
**CHARLES, Sarah/BCCS File# 2015-0378-0078**  
**ABDI, Sebastian/BCCS File# 2015-0378-0080**

I write to acknowledge your letter dated August 29, 2017 addressed to the BC College of Social Workers ("BCCSW"). In this letter you kindly request that the BCCSW consider the jury's recommendations in regards to the three files noted above, and to provide a response as to what action we have taken, or plan to take, with regards to the relevant recommendations. The responses to each recommendation directed to the BCCSW are provided below. These responses have been approved by the Board of the BCCSW.

*In regards to recommendation #11:* The BCCSW Standards of Practice (the "Standards") on documentation currently require social workers to keep systematic, dated and legible records for each client or client system served. The Standards go on to detail what that record may include (see standards 4.9, 4.10, 4.11) as well as record maintenance, access and correction of information in a record and disclosure of information in a record. The Standards also acknowledge that Registered Social Workers ("RSW") may work in a multi-disciplinary or collaborative team. Social Work is a very broad profession and the BCCSW regulates social workers who work in a variety of practice settings and the Standards must apply to all areas of practice. The Standards therefore do not address specific areas of practice such as suicide risk assessment, but instead reflect that social workers may need to be familiar with various types of assessments depending on their area of practice. Furthermore, the Standards require RSWs to ensure that any professional recommendations or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge and their written report must include this information (Standard 2.4). We are therefore of the opinion that the Standards sufficiently address the concerns identified in the Verdict and the Presiding Coroner's Comments. We are however in the process of revising our Standards of Practice and will take the recommendations into consideration during this revision process to ensure the principles are incorporated in either the Standards of Practice or accompanying practice Guidelines.

*In regards to recommendation #12:* The BCCSW currently has a Continuing Professional Development (CPD) Program which is based on a self-directed model. The intent of the program is to ensure that Registered Social Workers identify their area of practice and self-assess their areas of knowledge that require improvement, and then seek out activities to fill this knowledge gap. Furthermore, the CPD

Program is consistent with the other provincial Social Work regulators, none of which currently mandate suicide risk assessment and management.

As mentioned in the response to the previous recommendation, the BCCSW regulates social workers who work in a variety of practice areas, which include but are not limited to areas such as private practice, community development, social policy, education, research, management and administration. Not all social workers work in health care therefore it is not reasonable to set different requirements for different social workers. This would not be consistent with our mandate of public protection which is done through the establishment, monitoring and enforcement of the Standards of Practice and entry level requirements which set minimum threshold competencies for all social workers to practice safely, effectively and ethically within their particular scope of practice.

*In regards to recommendation #13:* The creation of an education program does not fit within the mandate of the BCCSW which is public protection. This recommendation is best suited to the BC Association of Social Workers (BCASW) whose mission is to support and promote the profession of social work and advocate for social justice. The BCASW is a member-services voluntary association which promotes educational opportunities for social workers in the province. We would be pleased to inform the BCASW of this recommendation and encourage the development of an educational program for health care social workers.

In regards to the secondary part of this recommendation which is to mandate annual training and retraining as part of maintaining professional regulation regarding privacy laws, I would be pleased to present this to the Quality Assurance Committee to consider as privacy law is a piece of legislation that would be applicable to all areas of social work practice. However, part of the Quality Assurance Committee and Board's consideration on this recommendation is to ensure that training is reasonably available throughout the province as it would not be reasonable to require training that is not available to the RSWs.

I thank you for bringing these matters to our attention and for the opportunity to respond to the recommendations. We strive to make continual improvements to the work we do in protecting the public. Finally, I would like to inform you that we have also taken the opportunity to educate the Registrants about the Coroners recommendations by writing an article in our fall newsletter, the College Conversation. This newsletter is due to be published and sent to all BCCSW Registrants in mid-October.

Sincerely,



Chelsea Cooledge, RSW  
Registrar & CEO

pc: Ms. Donita Kuzma, Presiding Coroner



SEP 21 2017

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

Dear Ms. Lapointe

Your September 1, 2017 letter, regarding the verdicts and recommendations concerning the deaths of Mr. Geisheimer, Ms. Charles, and Mr. Abdi, addressed to the Honourable Mike Farnworth, has been referred to me. Thank you for bringing Recommendation #14 directed to the Ministry of Public Safety and Solicitor General, regarding victim services and supports for families of suicide victims involved in a BC Coroner Service inquest, to the ministry's attention.

*Recommendation 14:* Consider expanding the scope of Victim Services to provide access to trained trauma counsellors and to include support for families involved in a BC Coroner Service inquest regarding their loved one's death.

The Ministry of Public Safety and Solicitor General delivers and funds a range of programs and services for victims, witnesses and family members impacted by crime and violence. This includes over 160 Police-Based and Community-Based Victim Service Programs that provide emotional support, information, referrals and practical assistance to victims of crime and trauma across BC. In the past, some of the ministry's Police-Based Victim Service Programs have developed supportive relationships with families from the time of the death and continued to support families through the coroner inquest process.

The ministry will consider this recommendation and work closely with your office to explore options for strengthening the relationship between victim services and BC Coroners Service. In particular, we look forward to working together to see how victim services programs can best support the work of the new Affected Persons Liaison and Community Outreach Specialist position with the BC Coroners Service.

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Ministry of Public Safety  
and Solicitor General

Office of the  
Deputy Solicitor General

Mailing Address:  
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Ms. Lisa Lapointe  
Page 2

Thank you for the opportunity to respond to the Coroner's Recommendation. Please feel free to contact Ms. Patricia Boyle, Assistant Deputy Minister with the Community Safety and Crime Prevention Branch at 604-660-5272, should you have any questions regarding our response.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Sieben', with a long horizontal flourish extending to the right.

Mark Sieben  
Deputy Solicitor General

pc: Ms. Patricia Boyle



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA  
**COLLÈGE ROYAL**  
DES MÉDECINS ET CHIRURGIENS DU CANADA

September 18, 2017

Ms. Lisa Lapointe  
Chief Coroner  
Province of British Columbia  
Ministry of Public Safety and Solicitor General  
Office of the Chief Coroner  
P.O. Box 9259  
Stn Prov Govt  
Victoria, BC V8W 9J4

Dear Ms. Lapointe,

On behalf of the Royal College of Physicians and Surgeons of Canada, I would like to acknowledge receipt of your letter dated August 29, 2017, regarding the request for feedback in relation to the deaths of Brian Geisheimer, Sarah Charles and Sebastien Abdi.

Please be assured that your letter is being reviewed by our Executive Team, and a response will be provided within the requested 60 day deadline.

Should you require further assistance at this time, please do not hesitate to contact my office.

Sincerely,

Andrew Padmos, BA, MD, FRCPC, FACP  
Chief Executive Officer