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MAY 15 2019

CHIEF CORONER

May 7, 2019

Ms. Lisa Lapointe, Chief Coroner
BC Coroners Service
POB 9259 STN PROV GOVT
Victoria BC V8W 9J4

Dear Ms. Lapointe:

Thank you for your letter dated March 19, 2019, regarding the death of Juan Carlos Salvany Sailes, who died from cardiac arrest as a consequence of self-inflicted wounds in Coquitlam BC on October 19, 2016.

Interior Health (IH) Mental Health and Substance Use (MHSU) Leadership staff and Physician Leaders have carefully reviewed the recommendations that were directed at the Ministries of Health and Mental Health and Addiction, as well as the Health Authorities and the BC Centre for Substance Use:

Recommendation 1: Implement a standard practice of care in addressing addiction and addiction recovery.

The Health Authorities will work with both Ministries to develop and implement a standard practice of care.

Recommendation 2: Offer addiction recognition training and continued education in addiction medicine to all health care professionals.

The IH MHSU Network is currently working to standardize intake and assessment services as a region wide quality improvement initiative. This work includes a standardized approach to assessment services for substance use disorders. We are also working in collaboration with both ministries on the Supportive Recovery Steering Committee to ensure participation in provincial standardization work for facility based substance use care. Within our region we have recently begun conversations with private and contracted service providers to ensure we are supporting the alignment of best practices with respect to medication for opioid use disorder in facility based substance use care settings. Additionally, we are working to ensure effective transitions to alternative levels of care when required.

We also support the importance of increasing the level of substance use education available to health professionals. To this end, Interior Health has recruited dedicated Addiction Medicine leadership, with an addiction psychiatry and addiction medicine lead, as well as a newly created Substance Use Director position which provides clinical guidance at a regional level. We are committed to the development and implementation of a regional addictions strategy which will be inclusive of substance use education. We have recently updated our core addiction practice curriculum, making it more accessible to facility based staff. This education is offered to our direct service staff, contractors and partner agencies. In addition, our staff are being supported to participate in the BC Centre on Substance Use (BCCSU) education and clinical care guidance for health care professionals, including the Interdisciplinary Addiction Fellowship Program. We are committed to developing an addiction medicine fellowship position within the interior and provide rotations for nurses, nurse practitioners and social workers completing the BCCSU fellowship program.

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We also want to acknowledge the third recommendation made for Last Door Recovery Society and all Health Authorities:

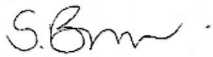
Recommendation 3: Re-examine the importance of mental health treatment in regards to addiction recovery, and to make available mental health services on-site to support clients.

The information available suggests that Mr. Salvany Sailes had a co-morbid mental health and substance use disorder which contributed to his death, following a methamphetamine relapse. Interior Health recognizes the importance of offering treatment services which respond to individuals with complex and concurrent health conditions. Access to timely mental health treatment as part of addiction recovery is an important component of care planning for individuals with concurrent disorders. IH Mental Health and Substance Use (MHSU) services include a central intake to both streams of care in order to ensure access to mental health care for those referred to substance use treatment. Individuals accessing contracted facility based treatment or supportive recovery programming may self-refer or access through a referral from an MHSU Substance Use clinician. Based on the assessment, and subsequent care plan, the IH clinicians can refer to concurrent mental health services for those clients in our care. For all clients, private and those registered to IH, mobile crisis response teams are also available for urgent care and assessment if indicated. These services are available 7 days per week in urban settings. Finally, mental health assessments and care planning can occur in all Emergency Departments within the region.

In closing, IH will collaborate with all involved stakeholders as we continue to improve access to needed services for individuals with co-morbid mental health and substance use conditions.

We thank you for providing us with this opportunity to respond to the recommendations.

Sincerely,



Susan Brown,
President & Chief Executive Officer