Provincial Health Services Authority
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Carl Roy
PRESIDENT AND CEO

December 12, 2019

Via email: lisa.lapointe@gov.bc.ca

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

Dear Ms. Lapointe:

Re: Inquest recommendations arising from the death of:
GRAHAM, Bradley Gregory Martins
BCCS Case File: 2016-1004-0041

Thank you for your letter dated November 18, 2019, in which you outline four recommendations for the Provincial Health Services Authority (PHSA) to consider in relation to the death of Mr. Bradley Gregory Martins Graham. Mr. Graham passed away on March 6, 2016, more than a year before PHSA took on responsibility for the operation of Correctional Health Services (CHS). Since October 1, 2017, the date on which we assumed responsibility, we have made improvements that will reduce the likelihood of a reoccurrence of such an unfortunate event. For ease of your review, I have outlined the six recommendations followed by my response.

Recommendations to the Provincial Health Services Authority:

1. **To consider immediate referral of inmates who disclose drug use or who are visibly in withdrawal at intake.**

   PHSA Response: The PHSA CHS standard practice is to make a referral to a physician for clients who are experiencing withdrawal symptoms. The acuity level of the withdrawal symptoms determines next steps. If the client is experiencing acute withdrawal, the intake nurse contacts the physician-on-call immediately and obtains medical orders. If the patient is experiencing mild withdrawal symptoms that don't require immediate attention, the intake nurse will schedule an appointment for the client with the health clinic physician the following day who will then refer to counselling as required.

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PHSA has focused its efforts on addressing the high rates of substance use in our client population by providing in-depth and continuous education for physicians, nurses and other clinical staff on opioid antagonist therapy (OAT) and addictions treatment. We currently have no wait list for patients who wish to start addictions treatment.

Regular chart audits are performed to ensure staff are correctly identifying clients who are experiencing withdrawal symptoms and reporting them to the health care team in accordance with our policies and procedures.

2. To consider joint mental health and medical assessments at intake to ensure the complete collection of all relevant inmate information.

PHSA Response: All inmates undergo an initial health assessment (IHA) and a mental health assessment using the jail assessment screening tool (JSAT) within 24 hours of arrival into the care and custody of a provincial correctional center. The IHA, which includes a mini-mental health assessment and a substance use review, is performed by the intake nurse and the JSAT is conducted by a mental health professional. These assessments are sequential, and the notes from the first assessment are available to the second clinician, thereby ensuring we obtain a complete clinical picture of the client.

3. Through collaboration with other social agencies, enhance support for inmates' transition to the community upon release.

PHSA Response: When PHSA took on responsibility for CHS in 2017, we increased support for clients transitioning into the community by creating an access and transition nurse role in eight out of the ten sites. The primary responsibility of this role is to prepare clients for release and link them to community health resources such as general practitioners, specialized health services, mental health and substance use recovery and support programs, indigenous supports, etc. In January 2019, we added community transition teams (CTTs) in five communities with funding from the Ministry of Health's Opioid Overdose Fund. These teams, which consist of a social worker and peer support worker, support clients diagnosed with an opioid use disorder (OUD) during transition into community. The goals of all community transition services are to:

- Reduce the risk of post-release overdose and death;
- Reduce harms associated with substance use;
- Enhance clients' health literacy skills and self-efficacy;
- Expand service options for clients with problematic substance use, with or without mental illness;
- Strengthen transitions in care through integrated treatment planning and improved information sharing;
- Achieving cultural competency by delivering care that is trauma informed, client-centered and sensitive to individual needs.

4. Explore the feasibility of the community transition team providing more than 30 days of support if additional time is required.

PHSA Response: Although most clients are supported up to thirty days post-release, we recognize that some individuals require a longer period of support. If they have capacity and if it is clinically indicated, CTTs will support clients beyond 30 days. An example of a clinical indication for an extension is if the CTT identifies a client at high risk of relapse.

5. To consider proactive nurse outreach in addition to current system of self and staff referral.

PHSA Response: PHSA CHS has recently implemented protocols to ensure that nursing staff communicate regularly with correctional officers on how to recognize potentially serious health problems in inmates and encourage them to present to healthcare. Nursing outreach is also conducted on the units as needed.

Recommendations to BC Corrections and Provincial Health Services Authority:

12. To gather and analyze the data on reported non-lethal overdoses for prevention purposes.

PHSA Response: BC Corrections and PHSA CHS will work collaboratively to share statistics obtained from our respective event reporting systems to aid in the identification of possible non-lethal overdoses and problematic locations across the province.

Thank you for the opportunity to respond.

Sincerely,

Carl Roy
President & CEO

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cc: Susan Wannamaker, Executive Vice President, Clinical Service Delivery, PHSA
Lynn Pelletier, Vice President, Mental Health and Substance Use Services, PHSA