

SIX MONTH UPDATE • MARCH 2013

JOINT REVIEW OF THE EAST COAST FORENSIC HOSPITAL'S COMMUNITY ACCESS PRIVILEGES

ACTIONS COMPLETE ARE BLUE • ACTIONS IN PROGRESS ARE GREEN

COMMUNITY ACCESS

1. Develop a structured risk assessment process that includes
 - specific criteria to assess a patient's risk of violence and AWOL
 - definitions of low, medium, and high risk in the short and long term
 - clear guidance on how risk impacts community access decisions
2. Develop a protocol for a daily assessment of a patient's mental state before proceeding with a leave; require more patient and staff interactions.
3. Revise policies to provide clarity around the quality and quantity of documentation expected in community access privilege decisions.
4. Develop mechanisms that ensure that
 - observations and recommendations of all staff in contact with the patient are included in risk assessment and decisions around community access
 - dissenting opinions are documented
 - community-access recommendations are signed by all staff
5. Ensure that everyone involved in risk assessment is trained to a level appropriate to their involvement.
6. Include a statement about the role of the "person in charge of the hospital" in the *Community Access Levels Policy*.
7. Amend *Community Access Levels Policy* to confirm that only supervised community access privileges will be granted to patients awaiting a disposition hearing by the Review Board.
 - Minister to direct CDHA to provide onsite smoking facilities
8. Establish a committee of senior clinical and administrative members, external to the patient's clinical team, to advise the person in charge of the hospital whether to approve the proposed level of community access against an explicit set of criteria.
9. Suspend leaves after an AWOL incident until the appropriateness of community access is reviewed. Identify a process for reassessment and reinstatement.

10. Develop written procedural guidelines for the CCRB.
11. Prepare detailed written reasons for each CCRB disposition order. Develop criteria for decisions, including key facts, evidence, issues, and reasoning related to the CCRB legal mandate.

PUBLIC NOTIFICATION

12. Define absent without leave in the AWOL policy.
13. Include identification of any risks to potential victims and any related notifications that need to take place in the AWOL policy.

PATIENT SURVEILLANCE

14. Explore the possibility of using cell phones and pagers to monitor patients on leave.
15. Strengthen tracking of AWOL statistics:
 - provide the Deputy Ministers of Justice and Health and Wellness with an annual AWOL report

OVERSIGHT

16. CDHA will adopt an audit and regular quality review process.
17. CDHA will develop a review process for every AWOL incident including clinical review of the leave decision.
18. Commence meetings focused on information sharing, reporting, and performance:
 - CCRB to meet quarterly with CDHA, ECFH, and legal counsel representatives who appear regularly before the CCRB
 - CDHA and ECFH to meet with the CCRB to discuss the implementation of dispositions
 - CCRB to meet annually with the DMs Justice and Health and Wellness, CDHA, and ECFH to discuss the performance of the forensic psychiatric system
 - CCRB to liaise regularly with CCRBs in other provinces/territories to discuss issues and best practices