

FORENSIC PSYCHIATRIC SERVICES COMMISSION 2012-2013 ANNUAL REPORT



BC Mental Health &
Addiction Services

An agency of the Provincial Health Services Authority



Cover photo: Forensic Psychiatric Hospital in Port Coquitlam. Photo by Jeff Yarske.



Forensic Psychiatric Services Commission Annual Report 2012-2013



*Arden Krystal,
Chair, Forensic Psychiatric
Services Commission*

The mandate of the Forensic Psychiatric Services Commission (FPSC) is to provide court-related forensic psychiatric assessment, treatment and community case management, and to enable the safe reintegration of patients/clients into the community. FPSC provides specialized hospital and community based services for adults with mental disorders who are in conflict with the law.

The Forensic Psychiatric Hospital (FPH) serves individuals referred by the Courts for assessment and treatment. Community based services are provided on an outpatient basis through regional programs coordinated by six community clinics in Vancouver, Victoria, Nanaimo, Prince George, Kamloops and Surrey.

Members of the Commission

Arden Krystal, Executive Vice President, Chief Operating Officer, Provincial Health Services Authority (Chair);

Leslie Arnold, President, BC Mental Health & Addiction Services;

Dr. Soma Ganesan, Department Head and Medical Director, Vancouver Acute and Community; Medical Director, Burnaby Centre for Mental Health and Addiction;

James Deitch, Executive Director of Criminal Justice and Legal Access Policy Division of the Justice Services Branch, Ministry of Attorney General;

Alan Markwart, Assistant Deputy Minister, Ministry of Children & Family Development;

Robert Watts, (former) Provincial Director, Community Corrections, BC Ministry of Justice.



*Leslie Arnold,
President, BC Mental Health
& Addiction Services*



Comments from the Provincial Executive Director, Forensic Psychiatric Services



*Betty Kerray,
Provincial Executive Director*

During the past fiscal year Forensic Psychiatric Services (FPS) developed and participated in numerous initiatives to improve patient and staff safety, and quality of care.

This year Rehabilitation Services was involved in a review of their activities and services incorporating patient and staff feedback. The Rehabilitation Services Violence Risk Assessment made 51 recommendations to improve the safety of these services. We look forward to the implementation of their recommendations. Another safety initiative the Workplace Violence Risk Assessment of the in-patient units was started and is currently underway; we await their recommendations.

We have used the imPROVE process to implement the Nursing Management Model. This includes: including safe shift planning and handover, increased awareness of patient risks and triggers, scenario/role play training, relational security awareness and increased training.

The Regional Clinics are involved in the Probation Review Project that spans several years of work and will be completed by December 2013.

In spring 2012 and into mid July numerous staff and the Lower Mainland Health Emergency Management Team were busy with planning preparations for a potential flooding of our site as heavy rains and spring runoff caused the Fraser River to rise. Our Incident Command Centre was activated and I am pleased to report that no flooding occurred on site.

I would like to extend my sincere thanks to all our staff and physicians and our many partners in community agencies throughout BC, for their dedication and professionalism over the past year. Although by necessity we often seem to focus on systems and processes, this is still very much a people business. Our people are critical to the achievement of our overriding goal which is to foster a culture of safety at the hospital and enable the safe reintegration of our clients and patients into the community.



Highlights for 2012-2013



Patient Experience Surveys

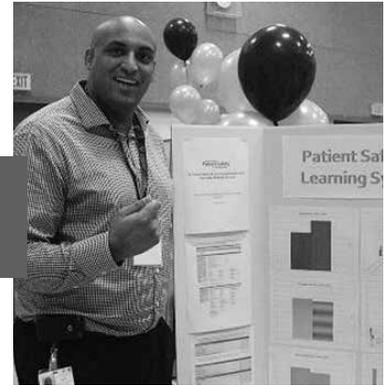
This year, FPH began a new process of ongoing patient surveys. All patients in the hospital are provided with a short survey to fill out every six months. The survey covers topics such as being involved in treatment decisions, being treated with respect, and feeling that they are helped by their stay. The Patient Advisory Committee (PAC) at FPH was instrumental in choosing the questions, distributing surveys, and helping to interpret the results. FPH leaders now have survey results from two time periods. The majority of patients have said they are being helped by their stay, their symptoms are bothering them less, and they get answers to their questions. Patients said they would like to be more involved in their treatment and would like more leisure programs. The FPH leadership will continue to monitor results and make improvements, in conjunction with the PAC. In the next year, the surveys will be expanded to include clients in the FPS outpatient clinics.

Multi-Audit Strategy

The Quality and Safety department, in collaboration with imPROVE, is reviewing the current state of auditing across the service, with the aim of streamlining the amount and type of information collected and reporting cycles. The strategy seeks to optimize the time resources required for audits, while ensuring that monitoring requirements are met.



Highlights for 2012-2013 (continued)



*Dave Bhauruth,
Quality & Safety Leader*

Hand Hygiene Results Demonstrate Continued Excellence

Healthcare associated infections have been identified as the fourth leading cause of death among Canadians. Accreditation Canada has made proper hand hygiene monitoring one of their Required Organizational Practices to ensure agencies are taking the necessary steps to protect their patients. As well, the BC Ministry of Health has identified hand hygiene as a clinical care management guideline. Within FPS, an internal/external audit process has been developed. The health authorities have set a standard seeking to achieve 80% hand hygiene compliance within three years, leading to 100% compliance. The 2012/13 year end result for FPS is 95%, which is the highest across the Provincial Health Services Authority (PHSA).

Contraband Initiative

Contraband at FPH is the third most reported type of safety event, and the second most common concern of direct care staff throughout FPH. Contraband negatively impacts the health and safety of patients and staff, and often leads to property damage. A representative from Quality and Safety is leading a team of direct care staff, nursing leadership, Rehabilitation Services, Learning & Development and Integrated Protection Services staff to identify and implement solutions.

The project is being piloted on one of the medium-security nursing units, where direct care staff are identifying the most common forms of contraband and reviewing how contraband is entering FPH. Solutions generated from this process will be augmented with a literature review and an environmental scan of similarly situated institutions. As new ideas are developed, Plan-Do-Study-Act (PDSA) cycles will be utilized to test different methods to reduce contraband. Once a successful method is identified, Quality and Safety will work with unit champions to customize and roll out the initiative to other areas at FPH.



Highlights for 2012-2013 (continued)



*Nicola Scheu and Selena Wilson,
Professional Practice Leaders*

Staff and Patient Safety Initiatives

A comprehensive Workplace Violence Risk Assessment is taking place at FPH. Quality & Safety is working with direct care staff in each program and work area, to assess risk factors and safety mechanisms related to the full spectrum of patient care, in all locations where that care takes place. Direct care staff rate the risk of staff injury and identify all possible gaps in the existing safety mechanisms. These results are collated to form a comprehensive action plan to improve or expand safety mechanisms.

This past year, the Forensic Nursing Management Model continued its roll out and uptake across the hospital. With Short-Term Assessment of Risk & Treatability (START) as the foundation, the model focuses on ensuring safe handovers for patient care, clinical supervision and coaching, enhanced training for relational security, de-escalation techniques and Code White, and implementation of new tools or revisions to existing tools to support patient and staff safety. As part of this initiative, Daily Management boards have been implemented on Hawthorn, Dogwood House East, and A2, and its roll out to Elm House is underway.

imPROVE Focuses on Processes

In the last fiscal year imPROVE has supported FPS in improving patient care through six Rapid Process Improvement Workshops (RPIW). The first RPIW focused on increasing compliance with the standard handover process as well as increasing the consistency and quality of information that is communicated during handover. As a result, interruption-free handover zones were created and the patient information was revised to facilitate the handover process. The second RPIW focused on improving shift safety planning on A3 by reducing the number of assignment sheet defects. The third RPIW focused on improving the flow of nutrition to patients by revising and standardizing meal times so that meals are served on time. The fourth RPIW focused on developing a standard process for discharge planning and documentation. The fifth RPIW focused on designing and implementing activities for patients on the Ashworth units. The sixth RPIW focused on risk documentation; specifically, on improving the consistency of staff knowledge of patient risks.



Highlights for 2012-2013 (continued)



*Paul Anderson, Leslie Beleski,
Learning & Development*

Learning & Development Initiatives

The Learning & Development department is responsible for providing orientation, core competency, continuing professional development and educational upgrading services for all staff at Forensic Psychiatric Services. In addition, the department supports the efforts of clinical staff to provide effective patient and family education, and supports student training activities across the service.

Highlights of the 2012/13 year in Learning & Development included:

- a training blitz from mid-January to March 2013 to ensure that 100% of all Forensic Psychiatric Hospital direct care staff were current in three Worksafe BC-mandated violence prevention training programs: Non-violent Crisis Intervention, Code White and START.
- sustained efforts to provide Violence Prevention Rehearsals on “Safety Sundays” both on-unit to practice verbal de-escalation skills and in the central training facility to practice non-violent physical restraint techniques;
- development and implementation of a Patient Handling Skills course in collaboration with our assigned PHSA Human Resources Department ergonomist; and
- orientation for all nurses to new glucometer equipment introduced at FPH as part an initiative to standardize and computerize glucometer equipment in hospital settings province-wide.

In terms of student training, Forensic Psychiatric Services hosted approximately 200 students totalling over 22,000 hours of student training in all major clinical disciplines over the course of 2012/13. Students came from colleges and universities across BC and Canada, and from the United States to gain practical experience in forensic mental health service delivery at both the hospital and in the Regional Clinics.



Highlights for 2012-2013 (continued)



Annual Pacific Forensic Psychiatry Conference

Forensic Psychiatric Services and our partners BC Youth Forensic Psychiatric Services, Alberta Health Services and the Department of Psychiatry at the University of British Columbia presented the 9th Annual Forensic Psychiatry Conference from March 20 - 22, 2013 at the Fairmont Hotel Vancouver. The theme of the convention was "Mental Health and the Justice System - Implications and Applications of Treatment, Research, Policy and Law". The opening keynote speaker was Dr. Kim Meuser, an international authority on psychiatric rehabilitation; with Mr. Howard Sapers, the Correctional Investigator of Canada presenting the second plenary address on mentally disordered offenders in Federal Corrections; and Dr. David Goldbloom, Chair of the Mental Health Commission of Canada providing the final plenary session with a talk on the first five years of accomplishments by the Commission. A total of 342 delegates attended primarily from across Canada, but also included approximately 20 participants from the United States and other international locations.

Canadian Forensic Mental Health Services Network

FPSC is a founding member of the Canadian Forensic Mental Health Network, a national organization to provide a forum for clinical and operational leaders in forensic mental health organizations in Canada. Its aims are: to meet and share information about issues of common interest; to identify opportunities for collaborative action; and to further the practice of forensic mental health through sharing of information about research agendas, knowledge translation and exchange, and best or emerging best practices. FPSC hosted the 8th meeting of the Network in Vancouver in March 2013, in conjunction with the Pacific Forensic Psychiatry Conference. FPSC has also made significant contributions to the creation of a secure community of practice website for use by Network members to support and strengthen the developing relationships among forensic psychiatric services clinical and administrative leaders across Canada.



Highlights for 2012-2013 (continued)



*Dr. Johann Brink,
Vice President
Medical Affairs & Research*

Research

Research activities at FPSC are firmly committed to supporting and advancing the academic mandate of the PHSA, with the strong integration of care delivery, research and education as critical in achieving its vision of “province-wide solutions, better health” forensic psychiatry continued to flourish during the past year, with researchers either leading or co-leading projects focusing on a combination of basic research and the integration of scientific knowledge into clinical practice.

Some examples of projects underway:

- 1. BC Air Ambulance Study** – this project, in collaboration with the BC Ambulance Service, Interior Health, and Child and Youth Mental Health, commenced during 2012, and has developed evidence based assessment and sedation protocols for psychiatric patients who are transported by air ambulance in BC. A pilot project was designed and will continue throughout 2013. The results of this project will form enhanced protocols for assessment and sedation requirements to ensure optimal safety for those transported by air ambulance.
- 2. Probation Study** – this project realigns forensic mental health services for probation clients in accordance with Risk-Need-Responsivity (RNR) principles. The RNR model of service design is empirically informed and strives to ensure that treatment intensity is titrated according to assessed risk. The Probation Study aims to develop appropriate evidence-based assessment and treatment strategies towards optimal clinical outcomes while managing public safety concerns.



Highlights for 2012-2013 (continued)



*Barbara Lohman,
Manager, Director's Office,
FPH Clinical Services*

- 3. Risk Assessment** – FPSC researchers continue to develop and improve measures for the assessment and management of risk to self and others. A version of the START for use in adolescent populations has been developed and implemented in select international pilot sites, with conceptual issues and initial evaluation results published in the academic literature. Validation studies on the adult version of the START are ongoing. The START team has continued to contribute to knowledge transfer by delivering START training workshops to local, national and international clinical groups. A new measure, the Structured Nursing Assessment Protocol (SNAP) has been developed and implemented to assist nurses with the day to day assessment of risk for untoward events in forensic hospital populations. The SNAP has been embedded in a newly developed nursing management model that will be evaluated over the next year. A user manual is in development and the model has attracted national attention.
- 4. Patient Engagement Study** – funded by the Canadian Health Research Foundation, this was one of twelve (and the only forensic) research teams to explore ways to improve the engagement of patients in the planning and delivery of care. The project concluded during this past year but will continue to work towards full implementation of the learnings from the study, and several scientific papers focusing on various aspects of the study were published in the past year. Consisting of three components (patient advisory, peer support, and a research project designed and conducted by patients in the Forensic Psychiatric Hospital). The study demonstrated that patients can successfully be engaged in advocacy for patient related issues through a representative Patient Advisory Committee, that patients can successfully be engaged in the planning and delivery of their care, and that peer support is a powerful vehicle for engaging patients in care planning and therapeutic activities.



Highlights for 2012-2013 (continued)



5. **Trauma Informed Care** – this project is under development and will develop, implement and evaluate empirically informed models of care for those in forensic psychiatric care with significant trauma histories.
6. **Resilience** – this project focuses on the identification of barriers to recovery and strength factors that influence the degree of resilience in forensic patients. This study is part of an ongoing agenda of research that seeks to identify and develop improved intervention strategies for those with mental disorder and in conflict with the law.
7. **National Trajectory Project** – an investigation of the clinical and legal trajectories through forensic systems in British Columbia, Quebec and Ontario, of persons who are found Unfit to Stand Trial or Not Criminally Responsible on account of Mental Disorder. This project, funded by the Mental Health Commission of Canada, has concluded with initial results published. A new aspect of this project has commenced and will focus on the interaction of homeless persons with the criminal justice system.



Financial Statements

AUDITORS' REPORT



June 27, 2013

Independent Auditor's Report

To the Board of Commissioners of Forensic Psychiatric Services Commission

We have audited the accompanying financial statements of Forensic Psychiatric Services Commission, which comprise the statements of financial position as at March 31, 2013 and March 31, 2012 and April 1, 2011 and the statements of operations and accumulated operating surplus, changes in net financial assets and cash flows for the years ended March 31, 2013 and March 31, 2012, and the related notes, which comprise a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation of these financial statements in accordance with Section 23.1 of the Budget Transparency and Accountability Act of the Province of British Columbia, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. These standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating overall presentation of the financial statements.

We believe the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

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* PwC refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership



Financial Statements (continued)

FORENSIC PSYCHIATRIC SERVICES COMMISSION

Statement of Financial Position

(Amounts expressed in thousands of dollars)

March 31, 2013, with comparative figures for March 31, 2012 and April 1, 2011

	March 31, 2013	March 31, 2012	April 1, 2011
Financial assets			
Cash and cash equivalents	\$ 177	\$ 228	\$ 185
Accounts receivable	15,220	16,290	17,098
BC Public Service Long Term Disability Plan	42	-	-
	15,439	16,518	17,283
Liabilities			
Accounts payable and accrued liabilities	7,621	6,521	7,176
Deferred research and designated contributions	101	-	-
Asset retirement obligations	459	427	368
Retirement allowance	1,543	1,474	1,462
Deferred capital contributions	2,269	2,676	2,479
	11,993	11,098	11,485
Net financial assets	\$ 3,446	\$ 5,420	\$ 5,798
Non-financial assets			
Tangible capital assets	\$ 2,443	\$ 2,894	\$ 2,774
Inventories held for use	64	79	79
Prepaid expenses	2,950	466	18
	5,457	3,439	2,871
Accumulated operating surplus	\$ 8,903	\$ 8,859	\$ 8,669



Financial Statements (continued)

FORENSIC PSYCHIATRIC SERVICES COMMISSION

Statement of Operations and Accumulated Operating Surplus

(Amount expressed in thousands of dollars)

Year ended March 31, 2013, with comparative figures for 2012

	Budget	2013	2012
Revenues:			
Provincial Health Services			
Authority contributions	\$ 55,156	\$ 56,040	\$ 49,553
Medical Services Plan	5,739	5,184	5,424
Amortization of deferred capital contributions	738	654	657
Other	222	396	522
Other contributions	553	360	360
Research and designated contributions	-	129	-
	62,408	62,763	56,516
Expenses:			
Mental Health & substance use	62,202	62,399	56,326
Corporate	206	320	-
	62,408	62,719	56,326
Annual operating surplus	\$ -	\$ 44	\$ 190
Accumulated operating surplus, beginning of year	8,859	8,859	8,669
Accumulated operating surplus, end of year	\$ 8,859	\$ 8,903	\$ 8,859



Statistical Summary

FPSC 2012/13: The Quick Picture

Annual operating budget:	\$61,669,783
Number of inpatients admitted:	393
Number of outpatients admitted:	3,125
Average wait time for admission:	3 days
Number of inpatient beds at the Forensic Psychiatric Hospital:	190
Number of regional clinics:	6

Admissions by FPS Location

Location	Treatment	Assessment	Total
FPH	123	270	393
Surrey	463	261	724
Victoria	217	161	378
Vancouver	678	143	821
Kamloops	204	139	343
Nanaimo	165	78	243
Prince George	158	104	262
On-call assessment	n/a	354	354
Total	2,008	1,510	3,518

Admissions by Referral Source

Referral Source	FPH		Clinics	
	#	%	#	%
Court	279	71	1,529	49
Correctional Facility	67	17	32	1
Bail-Probation	1	0	1,462	47
FPS Clinics	41	10	15	0
Mental Health Team	1	0	1	0
FPH	0	0	56	2
Review Board	0	0	2	0
Other	4	1	28	1

Number of Clients Discharged

Location	Treatment	Assessment	Total
FPH	128	256	384
Regional Clinics	1,920	1,221	3,141
Total	2,048	1,477	3,525





BC Mental Health & Addiction Services

An agency of the Provincial Health Services Authority

FORENSIC PSYCHIATRIC SERVICES COMMISSION

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