Appendix D:

Capital District Health Authority Policy and Practice Review – Community Access Privileges (ECFH)

September 2012

Contents

Executive Summary

The Capital District Health Authority initiated a quality review committee following an incident where a patient on leave from the East Coast Forensic Hospital (ECFH) was involved in a serious incident in the community.

The purpose and the mandate of the Review Committee was to:

- Review current policies, practices and procedures in relation to granting community access privileges to ECFH patients who have been found Not Criminally Responsible (NCR)
- Assess compliance with policies and practices
- Assess current best practices in relation to the granting of community access privileges
- Provide recommendations for changes to current policies and procedures
- Provide a report to the District Quality and Patient Safety Council

Committee Membership:

- Dr Ian Slayter — psychiatrist, Guysborough Antigonish Strait Health Authority (GASHA) – Chair
- Barbara Hall — Vice-President Person Centred Care, CDHA
- Christy Simpson — Capital Health Ethics Support
- Shawna Hudson — Professional Practice, CDHA
- Rod MacDougall — Community Representative

The Committee reviewed an extensive document reference list, existing CDHA/ECFH policies and met with senior leadership, members of the clinical teams, and a group of patients at the East Coast Forensic Hospital.

The Committee engaged an external expert, Dr. Johann Brink, a forensic psychiatrist, a clinical professor of psychiatry at the University of British Columbia, and the medical vice president of the British Columbia Forensic Psychiatric Services Commission. Dr. Brink conducted a review of the relevant academic literature, reviewed best practices across Canada in collaboration with an expert being retained by the Province of Nova Scotia, and conducted a review of existing CDHA policies and procedures. He also conducted an audit of randomly selected charts. The Committee accepted the report of Dr. Johann Brink dated August 5, 2012.

The Committee found that the ECFH has significant strengths in several areas and its policies and procedures regarding patient privileges to be largely in agreement with most other forensic psychiatric hospitals in Canada. Areas for improvement were noted in the manner in which risk for violence is assessed, communicated, and integrated into risk management decisions.

As a result of the Committee's findings and to further support the work of the ECFH in balancing the rehabilitative needs of clients and public safety, the Committee has put forward a number of recommendations for consideration:

Summary of Recommendations

Recommendation 1

That ECFH rewrite its policies relating to community access, levels of privileges, and risk assessment into one overarching, functionally integrated, consistent, and coherent policy or framework, to include:

1. An introductory section outlining the purpose of community access and the need to reasonably ensure public safety.
2. A "guiding principles and values" section that highlights the Criminal Code values and principles as well as any others deemed appropriate, such as those common to other CDHA Mental Health policies.
3. Sections for each of the major criteria and requirements for community access and risk assessment, including:
   a. Criteria and requirements for the first unescorted community access pass,
   b. Criteria and requirements for increasing privileges,
   c. Criteria and requirements for revoking privileges and reinstating privileges

Recommendation 2

That ECFH develop a structured risk assessment process including:

1. Identification of the principal factors and risk measures to be considered, for both risk of violence and risk of elopement (AWOL).
2. Definition of levels of low, medium, and high risk in the short term, for both risk of violence and risk of elopement (AWOL).
3. Guidance as to how the levels of risk for violence and for elopement inform the selection and management of community access privilege levels as well as changes to privileges.

Recommendation 3

That ECFH revise its current policy and Community Access Form to ensure there is a consistent structured process for discussing, deciding, documenting, and forwarding recommendations on community access privileges (and changes), including:

1. Team discussion of the risk assessment and the community access recommendation by all active team members.
2. Incorporation of the opinions, for and against, of all team members present.
3. A process for deciding the risk assessment and community access recommendation; i.e., who decides and by what process (using the structured risk assessment process outlined above).
4. Standardized statements of the risk assessment, including the risk levels for violence and for elopement, and the community access recommendation.
5. Documentation of the risk assessments for violence and elopement, the community access recommendation, and of all opinions for and against the risk assessments and community access recommendation (with documentation by someone present at the discussion).
6. A single document template for reporting the documentation above to the Senior Administrator (without parallel communication by personal conversations, telephone calls, emails, and so on).

Recommendation 4

That ECFH develop a structured process for management of community access passes on a day-to-day basis at an ordered community access level, with a view to gradual community reintegration while maintaining reasonable public safety, including:

1. Daily interviews with the patient and review of relevant clinical information by an RN in advance of any passes into the community in order to overall assess and determine the patient's situation and mental status with regard to any changes which might increase the risk for the patient or to others and/or require changes to the plan of care.
2. Ongoing observation and collaboration through the day by RNs or LPNs watching and listening for changes in the patient's appearance, thoughts, emotions, or behaviours suggestive of possible increase in risk for patient or to others.
3. Checking the patient's community access privilege level before allowing the patient out on pass.

4. Cancellation of community passes by any clinical staff where changes are noted suggestive of a possible increase in risk to safety or elopement with subsequent evaluation by an RN or psychiatrist, including support for staff using their judgment to cancel passes.
5. Automatic cancellation of community passes following the use of PRN medication or seclusion or restraints until re-evaluation of the risk and suitability for passes by the psychiatrist.
6. Automatic cancellation of community passes following every AWOL incident until reviewed by the regular team AND the psychiatrist reorders community access privileges.
7. Reinstatement of cancelled passes only upon an order by a psychiatrist following consultation with the team.
8. Documentation of cancellation of passes, including the reasons for doing so; documentation of reinstatement of passes, including evaluation of the risk and of any arrangements made to reasonably manage the risk.

Recommendation 5

That ECFH review options for improving monitoring of patients on pass, including:

1. The use of hospital-provided pagers and cell phones to provide better monitoring and more convenience for patients (freedom from having to stay by landlines).

Recommendation 6

That ECFH include a statement in the policy framework policy for community access describing the role of the "person in charge of the hospital," including:

1. The authority and responsibilities legislated by the *Criminal Code*, including responsibility for the final decision regarding community access privileges.
2. Any additional authority and responsibilities delegated by the Nova Scotia Criminal Code Review Board.

Recommendation 7

That ECFH establish a hospital community access committee, consisting of senior clinical and administrative members, with the following responsibilities:

1. To review the document to the Senior Administrator outlining the risk assessment, community access recommendation, and opinions for and against.

2. To advise the Senior Administrator whether to grant or change the clinical team's community access recommendation.
3. To oversee regular quality reviews of adherence to the risk assessment and community access policies, protocols, and procedures, and to make recommendations as appropriate the Senior Administrator.
4. To oversee problems which may arise with community access privileges, and to make recommendations as appropriate for improvement of community access privileging and related issues the Senior Administrator.
5. To oversee review of all AWOL incidents lasting more than one hour.

Recommendation 8

That ECFH develop and implement a plan for training and maintaining psychiatrists and clinical staff at a level of knowledge and skill in risk assessment and community access level planning and management appropriate to their role, including:

1. Assessment of risk, whether long-term risk, short-term risk at a particular community access level, risk today, or immediate risk in regard to a particular pass.
2. Appreciation by all psychiatrists and clinical staff of the IRRS, and by psychiatrists and psychologists, of the psychological measures of risk used.
3. Understanding by each team member of their role in risk assessment, participation in community access recommendations, and management of changes in risk.

Recommendation 9

That ECFH explore and implement strategies to improve the culture of risk assessment and community assessment with a reasonable balance of safety for the public and community access for patients, including:

1. Exploration of training opportunities to enhance a culture of team cohesion and collaboration, particularly in relation to risk assessment.
2. Introduction of initiatives to monitor and to reduce the AWOL rate, beginning with an AWOL risk assessment as a distinct part of the risk assessment for a particular community access privilege level.
3. Meeting with the Nova Scotia Criminal Code Review Board to discuss and clarify the CCRB's views and expectations regarding the appropriate balance between public safety and the patient's right to liberty.

Section 1 – Introduction

Methodology

The Committee reviewed an extensive document reference list (see Section 7, References, at the end of this appendix), existing CDHA policies, and met with senior leadership, members of the clinical teams, and a group of patients at the East Coast Forensic Hospital.

The Committee reviewed the following ECFH policies as well as supporting tools and documentation:

- Community Access
- Monitoring Passes to the Community
- AWOL
- Approved Persons
- Contraband
- Notification to Police
- Tobacco Free

Expert Consultation

The Committee engaged an external expert, Dr. Johann Brink, a forensic psychiatrist, a clinical professor of psychiatry at the University of British Columbia, and the medical vice president of the British Columbia Forensic Psychiatric Services Commission. Dr. Brink conducted a review of the relevant academic literature, reviewed best practices across Canada in collaboration with an expert being retained by the Province of Nova Scotia, and conducted a review of existing CDHA policies and procedures. He also conducted an audit of randomly selected charts.

The Committee reviewed the report of Dr. Brink, which includes a review of best practices nationally. The Committee has also reviewed a literature review provided by Dr. Brink, Management of Restrictions on Patient Liberties in a Forensic Psychiatric Hospital, dated August, 2006, as well as a June 2012 update. The Committee thanks Dr. Brink for his extensive report and major contributions to the Committee's work.

The Committee received and accepted the report of Dr. Johann Brink dated August 5, 2012.

Section 2 – Review of Philosophy and Policy Framework

Principles/Philosophy

The Committee recognized that the granting of community access privileges requires a balancing of the least restrictions of a person's liberties with the protection of the public.

The primary foundation upon which these policies rest is described in the Criminal Code. In section 672.54, terms of dispositions, the Code states: "Taking into consideration the need to protect the public from dangerous persons, the mental condition of the accused, the reintegration of the accused into society and the other needs of the accused, make one of the following dispositions that is the least onerous and least restrictive to the accused . . ."

In this short statement, the key ethical principles upon which assessments about dispositions and, by implication, passes and privileges are made are clearly outlined. As such, an integrated approach is required to ensure public safety in balance with due consideration of the mental health of ECFH patients and their reintegration into society, while establishing the least restrictive means available for a patient at any point in time. This approach grounds and should inform all policies and practices related to passes and privileges for forensic patients.

In addition, given that the East Coast Forensic Hospital is part of CDHA, its policies and procedures should meet the expectations and requirements of the District, as appropriate for this facility. This means that, at a minimum, the values and principles of person centred care, transparency, consistency, and accountability are relevant for any and all policies related to passes and privileges.

The Committee is of the view that the considerations set out in the Criminal Code need to guide the granting of community access privileges and therefore these considerations should be noted in the policy as guiding principles. Placement in a separate values policy section would help distinguish the statement of values and principles from the opening policy statement of purpose.

As stated by Dr. Brink, the Committee found that the current ECFH policies in relation to community access privileges are generally consistent with the policies at other forensic facilities across the country (See Appendix E).

The Committee also noted that a number of current ECFH policies are relevant to community access privileging. The Committee is of the view that it would be valuable to improve the integration of the various policies.

Accordingly, the following recommendation is made:

Recommendation 1

That ECFH rewrite its policies relating to community access, levels of privileges, and risk assessment into one overarching, functionally integrated, consistent, and coherent policy or framework, to include:

1. An introductory section outlining the purpose of community access and the need to reasonably ensure public safety.
2. A "guiding principles and values" section that highlights the Criminal Code values and principles as well as any others deemed appropriate, such as those common to other CDHA Mental Health policies.
3. Sections for each of the major criteria and requirements for community access and risk assessment, including:
   a. Criteria and requirements for the first unescorted community access pass
   b. Criteria and requirements for increasing privileges
   c. Criteria and requirements for revoking privileges and reinstating privileges

Section 3 – Risk Assessment and Privileges

The East Coast Forensic Hospital commitment to person-centred care was strongly evident throughout our interviews with senior leadership, members of the clinical teams and with patients. Maintaining a reasonable balance between ensuring the safety of the public and protecting patient liberties is a daunting challenge. The Committee and Dr. Brink share the view that the hospital places a strong emphasis on the rehabilitation of patients so that they can make a successful return to the community.

The Committee acknowledges that determinations of risk are inherently challenging. Safety cannot ever be fully guaranteed. Reintegration into community is the goal of the hospital program, and community access through graduated community access privileges is a major strategy for practising and assessing return to the community. Privileges must be granted in the least restrictive manner possible, while ensuring a reasonable level of public safety. The rehabilitation and reintegration focus of the ECFH staff is applauded and supported. However, the Committee concludes that there is room for improvement in relation to risk assessments and the process for deciding and communicating the granting of community access privileges. A key area of concern is in relation to the consistent application and communication of risk assessment and the impact of that assessment on community access privileges.

The Committee is of the view that the nature and function of risk assessments needs to be clarified and understood by staff and patients. Distinctions need to be made with respect to the risk of violence and the risk of elopement between long-term risk, short-term risk (including for the duration of a current community access level), any current general risk, and any immediate risks in relation to a given pass.

A degree of risk in any of these areas should not necessarily prohibit a patient from having community access privileges, provided the risk is low or reasonably managed, as passes are needed for rehabilitation and reintegration. There should, however, be clearer mechanisms for the assessment of these risks, assessments of changes in risk, and communication of changes (e.g., in behaviour), or concerns which might warrant a change in community access privileges. A structured, collaborative, and consistent approach among all care team members is needed. Risk assessment should be ongoing to ensure maximum community access in keeping with reasonable safety.

In order to ensure the most accurate available information, all team members, particularly those having frequent contact with the patients, need to participate in risk assessment and keep aware of the current levels of risk for violence and elopement. The Committee found that patients' risk assessments need to be better integrated into the community access privileging process and risk-related information consistently and clearly shared among team members.

As noted by Dr. Brink, pursuant to the direction in the *Criminal Code* and the Supreme Court of Canada in the *Winko* case, risk should be managed in the least onerous and least restrictive manner. Patients should be afforded the maximum freedom supported by their risk assessment. Nevertheless, some patients will require a higher level of security in order to be managed safely as a result of their risk. It appears from Dr. Brink's report that ECFH has adopted a more liberal approach to some aspects of community access privileges. It should be noted that any level of unescorted community access privileges, even for one hour, must be considered in light of any risk to public safety associated with unsupervised community access. In meeting with patients, they noted that they would be interested in having monitoring by cell phone if required to facilitate community access (preferably supplied by the hospital).

The Committee also noted that further to the *Criminal Code* provisions, the current policies require that recommendations for a change in privilege levels be made by the clinical team to the Senior Administrative Manager. The Committee understands that information is provided to the decision maker in various forms, including the Community Access Form, email communications and personal communication. The quantity and quality of information provided presently appears diverse. As well, it appeared that the Community Access Form was not always completed by an individual who attended the

access privilege review meeting. Dissenting opinions were not always clearly expressed and usually not documented. The East Coast Forensic Hospital should require a minimum data set of information to be provided to the decision maker in a standard format. This would provide more comprehensive and consistent reporting of the risk assessment process and conclusions, enhance informed decision making, and increase transparency of the decision making process.

Therefore the Committee recommends:

Community Access Privileges and Risk Assessment

Recommendation 2

That ECFH develop a structured risk assessment process including:

1. Identification of the principal factors and risk measures to be considered, for both risk of violence and risk of elopement (AWOL).
2. Definition of levels of low, medium, and high risk in the short term, for both risk of violence and risk of elopement (AWOL).
3. Guidance as to how the levels of risk for violence and for elopement inform the selection and management of community access privilege levels as well as changes to privileges.

Recommendation 3

That ECFH revise its current policy and Community Access Form to ensure there is a consistent structured process for discussing, deciding, documenting, and forwarding recommendations on community access privileges (and changes), including:

1. Team discussion of the risk assessment and the community access recommendation by all active team members.
2. Incorporation of the opinions, for and against, of all team members present.
3. A process for deciding the risk assessment and community access recommendation; i.e., who decides and by what process (using the structured risk assessment process outlined above).
4. Standardized statements of the risk assessment, including the risk levels for violence and for elopement, and the community access recommendation.
5. Documentation of the risk assessments for violence and elopement, the community access recommendation, and of all opinions for and against the risk assessments and community access recommendation (with documentation by someone present at the discussion).

6. A single document template for reporting the documentation above to the Senior Administrator (without parallel communication by personal conversations, telephone calls, emails, and so on).

Ongoing Management of Privileges

Recommendation 4

That ECFH develop a structured process for management of community access passes on a day-to-day basis at an ordered community access level, with a view to gradual community reintegration while maintaining reasonable public safety, including:

1. Daily interviews with the patient and review of relevant clinical information by an RN in advance of any passes into the community in order to overall assess and determine the patient's situation and mental status with regard to any changes which might increase the risk for the patient or to others and/or require changes to the plan of care.
2. Ongoing observation and collaboration through the day by RNs or LPNs watching and listening for changes in the patient's appearance, thoughts, emotions, or behaviours suggestive of possible increase in risk for patient or to others.
3. Checking the patient's community access privilege level before allowing the patient out on pass.
4. Cancellation of community passes by any clinical staff where changes are noted suggestive of a possible increase in risk to safety or elopement with subsequent evaluation by an RN or psychiatrist, including support for staff using their judgment to cancel passes.
5. Automatic cancellation of community passes following the use of PRN medication or seclusion or restraints until re-evaluation of the risk and suitability for passes by the psychiatrist.
6. Automatic cancellation of community passes following every AWOL incident until reviewed by the regular team AND the psychiatrist reorders community access privileges.
7. Reinstatement of cancelled passes only upon an order by a psychiatrist following consultation with the team.
8. Documentation of cancellation of passes, including the reasons for doing so; documentation of reinstatement of passes, including evaluation of the risk and of any arrangements made to reasonably manage the risk.

Recommendation 5

That ECFH review options for improving monitoring of patients on pass, including:

1. The use of hospital-provided pagers and cell phones to provide better monitoring and more convenience for patients (freedom from having to stay by landlines).

Community Access Oversight

Recommendation 6

That ECFH include a statement in the policy framework policy for community access describing the role of the "person in charge of the hospital," including:

1. The authority and responsibilities legislated by the *Criminal Code*, including responsibility for the final decision regarding community access privileges.
2. Any additional authority and responsibilities delegated by the Nova Scotia Criminal Code Review Board.

Recommendation 7

That ECFH establish a hospital community access committee, consisting of senior clinical and administrative members, with the following responsibilities:

1. To review the document to the Senior Administrator outlining the risk assessment, community access recommendation, and opinions for and against.
2. To advise the Senior Administrator whether to grant or change the clinical team's community access recommendation.
3. To oversee regular quality reviews of adherence to the risk assessment and community access policies, protocols, and procedures, and to make recommendations as appropriate the Senior Administrator.
4. To oversee problems which may arise with community access privileges, and to make recommendations as appropriate for improvement of community access privileging and related issues the Senior Administrator.
5. To oversee review of all AWOL incidents lasting more than one hour.

The Committee also notes that, while outside of the mandate of the Committee's work, discussions with staff reflected concerns in relation to the perceived weakness of current search policies with respect to bringing contraband into the hospital. ECFH management may wish to discuss this further with staff and review the existing search policy and its application.

Section 4 – Training

It is essential in complex organizations such as forensic mental health facilities that the roles and responsibilities of team members be clearly defined, articulated and communicated. This is especially important in risk assessment and the risk related decisions that are required at each level of privilege, as well as first unescorted community access. Registered psychologists and psychiatrists are the appropriate team members to conduct formal risk assessments such as the PCL-R, VRAG, and HCR-20. Psychiatrists, psychologists and Registered Nurses if suitability trained, are appropriate to complete IRRS assessments. Members of the nursing staff are best positioned to monitor their patients for day-to-day changes and to conduct daily assessments. All team members, however, require some understanding and awareness of risk assessment and should be provided with appropriate levels of orientation to assessment tools. For example, all clinical disciplines should be familiar with the IRRS and be able to interpret the results.

The Committee therefore recommends:

Recommendation 8

That ECFH develop and implement a plan for training and maintaining psychiatrists and clinical staff at a level of knowledge and skill in risk assessment and community access level planning and management appropriate to their role, including:

1. Assessment of risk, whether long-term risk, short-term risk at a particular community access level, risk today, or immediate risk in regard to a particular pass.
2. Appreciation by all psychiatrists and clinical staff of the IRRS, and by psychiatrists and psychologists, of the psychological measures of risk used.
3. Understanding by each team member of their role in risk assessment, participation in community access recommendations, and management of changes in risk.

Section 5 – Culture

The Committee was of the view that generally the ECFH policies in relation to responding to AWOLS were appropriate. The Committee heard comments of concern, however, about "a culture of AWOL" that has developed in the ECFH to be accepting of AWOL activity. This would suggest that patients and staff have become less concerned about incidents where patients fail to return from community passes. This may be the result of a combination of possible factors, including the perception by some patients that going

AWOL is considered by staff in a less serious than anticipated manner (thus providing incentive to go AWOL), less-than-expected severity in the hospital's response to incidents of AWOL (thus little in terms of disincentive), or inconsistent responses between clinical teams in the way AWOL is viewed and responded to (signalling a lack of cohesion in the position of the hospital regarding AWOL incidents). Patients indicated a desire for more consistency in the handling of AWOLs.

Community access privileges after AWOLs should always be reviewed by the clinical team. For AWOLs lasting longer than an hour, a quality review process should be established to review the circumstances. Such a review should be conducted in collaboration with the clinical team to review the clinical and risk relevant characteristics of the patient, and to identify any gaps in service design as well as opportunities for learning and improvement.

Similarly, there was concern that a culture has developed where the perception of staff is that the balancing of patient rights and public safety must weigh in favour of patient access. While the Committee is supportive of patient rights and encourages maintaining a strong rehabilitative focus, the Committee is also of the view that the culture should support staff and psychiatrists in establishing reasonable limits on access based on risk and the principles contained in the *Criminal Code*.

An additional and important factor may also relate to the perception by staff that the CCRB encourages the adoption a progressive and liberal stance toward patient rehabilitation in general, and the granting of liberties in particular.

In order to shift the culture and ensure cohesion and consistency, it is imperative that the extent to which physicians and staff comply with existing policies and protocols be subject to regular review by quality processes so that deficiencies and areas in need of improvement can be identified and addressed.

Recommendation 9

That ECFH explore and implement strategies to improve the culture of risk assessment and community assessment with a reasonable balance of safety for the public and community access for patients, including:

1. Exploration of training opportunities to enhance a culture of team cohesion and collaboration, particularly in relation to risk assessment.
2. Introduction of initiatives to monitor and to reduce the AWOL rate, beginning with an AWOL risk assessment as a distinct part of the risk assessment for a particular community access privilege level.
3. Meeting with the Nova Scotia Criminal Code Review Board to discuss and clarify the CCRB's views and expectations regarding the appropriate balance between public safety and the patient's right to liberty.

Review Committee Terms of Reference

Purpose:

- The District Quality and Patient Safety Committee of the Capital Health Board of Directors, along with the District Quality & Patient Safety Council, DMAC Quality Committee and Capital Health's employees, physicians, volunteers, learners and agents works to advance quality and patient safety toward achieving Capital Health's Promise to be a world-leading haven for people-centred health, healing and learning.
- The District Quality and Patient Safety Council wishes to engage a committee (the "Review Committee") to conduct a quality review of the policies and practices at the East Coast Forensic Hospital ("ECFH") in relation to pass privileges for patients of ECFH who have been found to be Not Criminally Responsible (NCR) and are subject to the jurisdiction of the Criminal Code Review Board.
- The Review Committee will report its findings to the District Quality and Patient Safety Council. The District Quality and Patient Safety Council will work with DMAC Quality, the Mental Health Program Quality Council, the staff and physicians of the ECFH and other stakeholders in relation to any recommendations arising from the report of the Review Committee relating to policies, plans and initiatives to improve and sustain the quality of care provided to Capital Health's citizens and patients.
- The Review Committee report shall be provided through the VP of Performance Excellence to appointed representatives from the Departments of Justice and Health and Wellness to inform and assist in a systemic review of processes in relation to the granting of community access privileges to NCR individuals.
- The Review should provide a comprehensive understanding of the current policies and practices in relation to the provision of community access privileges at ECFH and current practices in this regard and make recommendations in relation to these policies and practices at ECFH.

Responsibilities:

- To engage in a one-time review of the current policies, procedures, processes, practices, legislative requirements and their application by staff and physicians of ECFH in relation to granting community access privileges for patients of ECFH who have been found to be Not Criminally Responsible (NCR) and who are subject to the jurisdiction of the Criminal Code Review Board.

- Retain an expert (with the necessary knowledge, skills and experience in the opinion of the Review Committee) in the area of forensic mental health who is external to Capital Health to assist the Committee in conducting its work and to prepare such relevant written advice as may be required by the Committee.
- Determine a mechanism for obtaining, and seek out, input and feedback from the Capital Health forensic mental health community including but not necessarily limited to front-line staff and physicians working within Capital Health's forensic service.
- Assess compliance with current policies and procedures.
- Assess current best practices in relation to the granting of community access privileges to NCR patients in order to evaluate any required changes or improvements to current policies and procedures.
- Based on its findings and analysis, make recommendations for system-level improvements in the application of community access privileges to NCR patients at ECFH.
- Recommend appropriate actions to the District Quality and Patient Safety Council to address recommendations for changes to current policies and procedures.
- Provide a report to the District Quality and Patient Safety Council documenting the findings of the Review Committee including recommendations.

Membership:

- Review Committee Chair — to be a psychiatrist or psychologist, not currently employed or privileged by Capital Health (1)
- Representative from Capital Health Ethics Support (CHES) (1)
- Representative from Capital Health Professional Practice (1)
- The V.P. Person Centred Care responsible for Mental Health Services at Capital Health
- Patient, family member, citizen representation (1)

Appointments shall be made by the Co-Chairs of the District Quality and Patient Safety Council.

Appointments shall be for the duration of the review.

Appointments will to the maximum extent possible represent a balance between the required knowledge and skill to engage in the review and appropriate stakeholder input from Capital Health.

The external expert retained by the Review Committee shall act as a resource and advisor to the Review Committee. The Committee shall also have the discretion to seek out additional input and information from stakeholders, content experts and relevant individuals or groups as determined by the Review Committee for purposes of providing advice and evidence to the Committee, relevant to its deliberations under these terms of reference.

Accountability:

The Review Committee is accountable to the District Quality and Patient Safety Council. The Review Committee will report on its progress on at least a biweekly basis. The Review Committee shall immediately notify the District Quality and Patient Safety Council if the Review Committee believes it cannot discharge its duties within the Term as provided below.

Documents Reviewed

The following documents were reviewed and considered by the Review Committee:

- Report of Dr. Johann Brink — August 5, 2012 (see Appendix E)
- Chart of forensic psychiatric facilities survey results — June 26, 2012
- Chart of policies reviewed by Dr. Brink
- *Criminal Code of Canada* — Mental Disorder provisions
- ECFH policies, including supporting forms and tools:
- Community Access Levels — CC65-055
- Monitoring Passes to the Community — ECFH No. 1973
- Absent without Leave (AWOL) — ECFH No. 1937
- Approved Persons — ECFH No. 1902
- Contraband Control ECFH — CC65-050
- Notification to Police — ECFH No. 1900
- Tobacco Free Policy — ECFH No. 1906