Forensic Psychiatric Hospital
2018-2020 Action Plan
Completion Report

June 10, 2020
Version 1.0

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Document History

Version	Date	Author	Description of Changes / Comments

Abbreviations and Acronyms

ATR	Advanced Team Response
BC	British Columbia
BCMHSUS	BC Mental Health & Substance Use Services
BCGEU	BC Government and Service Employees Union
BCNU	BC Nurses' Union
CAMH	Centre for Addiction and Mental Health
CAPE	Competency Assessment, Planning & Evaluation
CSLN	Clinical Security Liaison Nurse
CST	Clinical and Systems Transformation
FPH	Forensic Psychiatric Hospital
FSO	Forensic Services Officer
HEABC	Health Employers Association of BC
HSA	Health Sciences Association
PCC	Patient Care Coordinator
PEA	Professional Employees Association
PHSA	Provincial Health Services Authority
PNA	Patient Needs Assessment
PSLS	Patient Safety Learning System
PVPC	Provincial Violence Prevention Curriculum
SNAP	Structured Nursing Assessment Protocol
SOAP	Subjective, Objective, Assessment, and Plan
T&RS	Therapeutic and Relational Security
TIP	Trauma-informed practice
WHCC	Workplace Health Call Centre
WHITE	Workplace Health Indicator Tracking and Evaluation

Acknowledgements

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1. Background

The Forensic Psychiatric Hospital (FPH) is a secure, 190 bed facility that assesses, treats and rehabilitates individuals who have come in conflict with the law; these patients are some of the most challenging and seriously ill in British Columbia.

FPH provides mental health hospital services for the following categories of patients:

- Adults who have either been found unfit to stand trial or not criminally responsible (NCR) by reason of a mental disorder – these patients are under the jurisdiction of the *Criminal Code* Review Board until granted an absolute discharge by the tribunal.
- Adults who have been remanded into custody and for whom an in-custody assessment has been court-ordered to determine whether the accused person is fit to stand trial or NCR; and
- Adults who are serving a sentence in a provincial Correctional Centre and who are involuntarily certified under the Mental Health Act while serving their sentences. FPH provides specialized mental health services to treat and stabilize these patients, following which they return to the Correctional Centre.

In the spring of 2018, the Vice President, Mental Health and Substance Use Services (BCMHSUS) commissioned an international expert panel[1] to provide advice and recommendations to further improve the effectiveness of Forensic Psychiatric Services (FPS), specifically the Forensic Psychiatric Hospital (FPH), including transition to community and regional clinics, relationship with the BC Review Board, and the overall Model of Care. Objectives and guiding principles for the review are captured in Appendix A – Objectives and Guiding Principles for Expert Panel Review.

The panel reviewed documents and data, and conducted meetings and confidential interviews with over 50 key informants. Recommendations were presented to the Vice President, BCMHSUS, as outlined in the *Forensic Psychiatric Hospital Action Plan 2018-2020* (October 2018). Review recommendations were made in the following areas: patient experience, workforce, safety and security, clinical programs, decision-making and accountability, and patient access and flow.

All recommendations were accepted, and BCMHSUS and FPH Administration immediately prepared the Forensic Psychiatric Hospital action plan – *Safe, Secure, Patient-Centred Care, 2018-2020* – which was publicly released in October 2018.

Action Plan Goals and Outcomes

The Forensic Psychiatric Hospital action plan project was initiated to plan and implement the recommendations over an 18-month period (September 2018 to March 2020), with three primary goals:

1. Improve patient, staff and public safety;
2. Improve clinical service delivery and patient-centered care; and
3. Strengthen leadership, interdisciplinary teamwork and professional development.

FPH action plan outcomes were defined as:

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[1] Dr. James Orloff, Dr. Harry Kennedy and Dr. Michael Doyle

- Patients living meaningful lives, connected with others and community
- Safer communities
- Health and healing care environment
- Care appropriate for patients' needs/goals
- Improved patient experience and outcomes
- Engaged, effective, and committed workforce
- Workplace culture of positivity and hope
- Recognized leader in forensic mental health hospital safety and security

Purpose of Report

This report summarizes the primary planning and implementation activity and achievements toward the action plan goals, remaining activity, sustainment plan, and progress of the evaluation.

2. Scope

2.1. Scope Description

Project scope is described below, by goal and work stream. Scope was managed to include related quality review priorities, and risk mitigation strategies.

A. Improve patient, staff and public safety

1. Invest in therapeutic and relational security training

Develop and deliver comprehensive training in therapeutic and relational security (T&RS) for staff, managers and physicians to:

- Ensure a clinical, health-care oriented approach to safety that focuses on prevention of safety incidents;
- Create a mindset shift from a correctional/custodial setting to a hospital dedicated to providing patient care supporting a recovery-oriented wellness model;
- Encourage recognition of underpinning philosophy of T&RS as fundamental to maintaining a safe environment for staff, patients, physicians and the public; and
- Encourage everybody to be a part of developing research and best practice standards.

2. Improve integrated safety and security training

Develop specialized training and orientation for new clinical leadership and security positions, and integrate new roles into Provincial Advanced Team Response (ATR) training. Enhance existing training, including: violence prevention coaching program (mock Code White), nurse-in-charge training, and comprehensive orientation/onboarding for new staff. Formalize learning structures.

3. **Hire specialized clinical-security roles**

Adopt the best practice model from Rampton Hospital (UK), where standards of care, knowledge and forensic specialty have been greatly enhanced. Create specialized Clinical Security Liaison Nurses (CSLNs) who possess advanced knowledge of therapeutic and relational security, forensic clinical risk assessment and relevant medico-legal systems as the basis for facilitating improvements in patient care, attaining and maintaining best practices and influencing the culture of current hospital care through coaching, education and direct care clinical leadership.

4. **Update and increase awareness of safety and security procedures**

Prioritize, review and update hospital safety and security policies and procedures, and ensure staff and physicians remain aware and up to date through orientation/onboarding, training and clinical meetings. Highest priority procedures, as identified by reviewers, were Child Visiting, Seclusion (i.e. Least Restraint), Suicide Prevention, Security Levels, Code White and Code Blue. Scope includes compliance monitoring and ongoing sustainment/ update processes.

5. **Improve reporting systems**

Develop an integrated approach to reporting from the Patient Safety Learning System (PSLS) and the Workplace Health Indicator Tracking and Evaluation (WHITE™) system to support improved organizational decision support data related to safety and security incidences.

6. **Increase the expertise and presence of Forensic Security Officers**

Increase the presence of Forensic Security Officers, and enhance training to ensure they have the expertise necessary to work within a forensic psychiatric environment.

7. **Reduce environmental risks**

Complete a detailed facility review and prioritize urgent remedial actions based on clinical risk to patients, staff and physicians. Develop capital funding requests for urgent improvements and develop a business case for future remediation.

8. **Facilitate improved facility maintenance**

Work with Shared Services BC and WSI (maintenance service provider) to develop legal agreements that improve the ability of hospital leaders to manage facility maintenance and renovations. Develop, implement and maintain Standard Operating Procedures across partners to ensure clear accountability and appropriate and consistent facility management and improvement processes. Assess longer-term facility improvement options in the context of findings from the integrated risk assessment, patient needs assessment and proposed changes to the Model of Care. Develop a business case to advance the preferred options.

B. **Improve clinical service delivery and patient-centered care**

1. **Align service delivery with patient needs**

   Refresh the current Model of Care in the context of the Patient Needs Assessment, Patient Journey Map, evidence review, utilization data, and stakeholder feedback regarding strengths and opportunities for improvement. Identify priorities for early implementation. Based on a refreshed evidence-based Model of Care, develop the clinical service delivery plan (CSDP).

2. **Conduct a comprehensive Patient Needs Assessment to support aligning service delivery with patient needs**

   A Patient Needs Assessment (PNA) examines "the array of requirements for patients to optimize their recovery, and encompasses a diverse array of biological, psychological, social, cultural, and spiritual factors"[2]. It is conducted to characterize the risks, needs, and stages of recovery of the patient population.

   Confirm the methodology and approach through review of practices and methodologies in other jurisdictions. Conduct PNA data collection and analysis. The output of the PNA informs: Model of Care, clinical programming, therapy and treatment; staff mix; professional practice; continuing education requirements; priorities for facilities; Quality Review Process; and the accreditation process.

3. **Expand trauma-informed practice**

   Build on the existing BCMHSUS trauma-informed practice strategy to develop an FPH-specific plan that provides staff and physicians with the support required to strengthen trauma-informed practice at the hospital.

4. **Expand and strengthen the role of psychologists and clinical counselors**

   Review the scope and role of psychologists and clinical counsellors at FPH. Align roles and functions based on their full scope of practice and the assessment, treatment and staff mix data outcomes from the Patient Needs Assessment. Develop an interdisciplinary team integration plan to ensure effective integration with clinical teams.

5. **Improve BC Review Board reporting**

   Review the FPH Review Board reporting process to improve quality and completeness of information to meet the BC Review Board's needs and expectations, to improve and streamline processes to capture risk-related information and to support timely report preparation, and to clarify roles and responsibilities. Engage BC Review Board members, as well as physicians and staff to solicit their input.

6. **Increase assessments outside the hospital**

   Increase the number of forensic psychiatric assessments (e.g., fitness to stand trial) conducted outside of the hospital to improve patient outcomes and ensure the best use of existing resources and reduce potentially unnecessary hospital admissions, including expanding the use of existing Telehealth capability and/or leveraging non-FPH providers to complete assessments.

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[2] Adams et al., 2018.

7. **Improve patient flow and communication**

    Facilitate Patient Journey mapping sessions with patients and families to obtain their perspective on their FPH experience. Share findings with staff and physicians and leverage the findings to augment and further validate the Patient Needs Assessment outcomes and the findings from the Model of Care review.

    Conduct clinical flow mapping to identify future state improvements to align with clinical guidelines, standards, patient needs and best practices in forensic mental health.

8. **Develop and implement provincial forensic mental-health guidelines and standards**

    Review standards in other jurisdictions, adopt or adapt best practice, and prioritize implementation. Implement an ongoing environmental scan process to stay aligned with best practice.

9. **Improve clinical documentation and implement electronic health records**

    Prioritize and review current clinical documentation practices at FPH to identify areas for improvement. Implement high priority changes in advance of changes to the Model of Care and to support readiness for Clinical Systems Transformation (CST)[3].

    Develop a roadmap to set out future plans for the Clinical Systems Transformation (CST) at FPH.

C. **Strengthen leadership, interdisciplinary teamwork and professional development**

    1. **Clarify the roles and responsibilities of hospital leaders**

        Review the roles of operational and medical leaders across the hospital and implement improvements to clarify responsibilities and accountabilities. This included the role of the director-in-charge of the hospital under the Criminal Code of Canada and the director of the facility under the BC Mental Health Act.

    2. **Strengthen clinical leadership and supervision**

        Assess unit-based clinical leadership roles and improvements, including clinical nurse leader capacity to educate, mentor and support unit staff, and evening and weekend leadership and support. Review clinical processes and information sharing work flows to support clinical leadership changes.

    3. **Improve committee effectiveness**

        Review current FPH committee structures, purpose, scope, membership and functions to identify improvements and to ensure alignment with overall BCMHSUS committee standards. Prioritize and implement improvements and a regular review /update process.

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[3] The CST project (for Vancouver Coastal Health, PHSA, and Providence Health Care) supports establishing common clinical and process standards, including workflows, order sets, and a common electronic health record to improve the safety, quality and consistency of patient care.

4. **Improve physician and staff engagement**

    Based on feedback during the review and outcomes of the PHSA Work Life Pulse Survey, work with physicians and staff to develop strategies for improving engagement - both broadly, within FPH and, specifically, for the planning and implementation of the FPH action plan.

5. **Generate core competencies in forensic mental health**

    Identify forensic core competencies for clinical roles within FPH. Align with the BCMHSUS core competency framework and assess current state of the FPH staff. Develop a strategy and plan to address gaps, improve existing skills (training and education, coaching) and develop regular review processes to ensure clinical staff continues to improve their knowledge skills.

6. **Invest in professional development**

    Develop and implement comprehensive forensic mental health continuing education and training programs and partner with educational institutions to develop a specialty training curriculum.

7. **Strengthen the psychological health and resiliency of the workforce at FPH**

    Establish the baseline and assess psychological health and resiliency of the workforce at FPH. Review leading practice in similar settings and develop, implement and evaluate a strategy and plans to address any gaps / areas for improvement.

2.2. Phasing

The highest priority work for FPH was initiated in summer 2018 prior to activation of the action plan project: address immediate safety and security issues. Additional Forensic Security Officers (FSO) were immediately hired and trained, with FSOs dedicated to high security units as other safety improvements were addressed. The new site leadership structure was designed, and directors were hired into the positions starting summer 2018, with all director positions filled by January 2019.

In September 2019, with leadership in place, the project was formally launched, prioritizing the 'Top 5 Security Strategies', which included:

1. Invest in therapeutic and relational security training;
2. Hire specialized clinical security roles (CSLNs);
3. Increase the expertise and presence of FSOs;
4. Strengthen clinical leadership and supervision; and
5. Increase staffing to support better patient care.

Once the Top 5 Security Strategies were implemented (by December 2018), a planning workshop was held with the action plan Steering Committee to prioritize work and clarify interdependencies and structure to deliver the greatest impact and to minimize risks for the next 6 months. While activity continued according to plan for all action plan work streams, the project was managed to the following priorities:

- Integrated safety and security training;

- Safety and security policies and procedures;
- Environmental risks;
- Model of Care;
- Patient journey mapping (key dependency for the Model of Care);
- Patient needs assessment (key dependency for the Model of Care);
- Trauma informed practice;
- Review Board reporting;
- Clinical practice, documentation and flow (key dependency for Review Board reporting), and CST planning; and
- Roles and responsibilities of hospital leaders.

Other factors that were considered in project scheduling included: capacity and readiness for the workforce to absorb change; staff lack of familiarity with roles and expectations for participation in structured planning processes; classification and recruitment / orientation timelines; and the training period for new staff to develop expertise in their new positions (e.g., Review Board Liaisons, CLSNs).

3. Project Structure

Project scope was defined within the three primary goals (as described in section 2.1). Due to the project's complex interrelationships and dependencies, working structures were created to effectively manage relationships, in particular for Review Board reporting, Model of Care development, clinical practice, integration and transition to operations, leadership, and engagement and communications. Figure 1 shows the formal reporting and decision-making structure for the project.

Figure 1 – Governance Structure
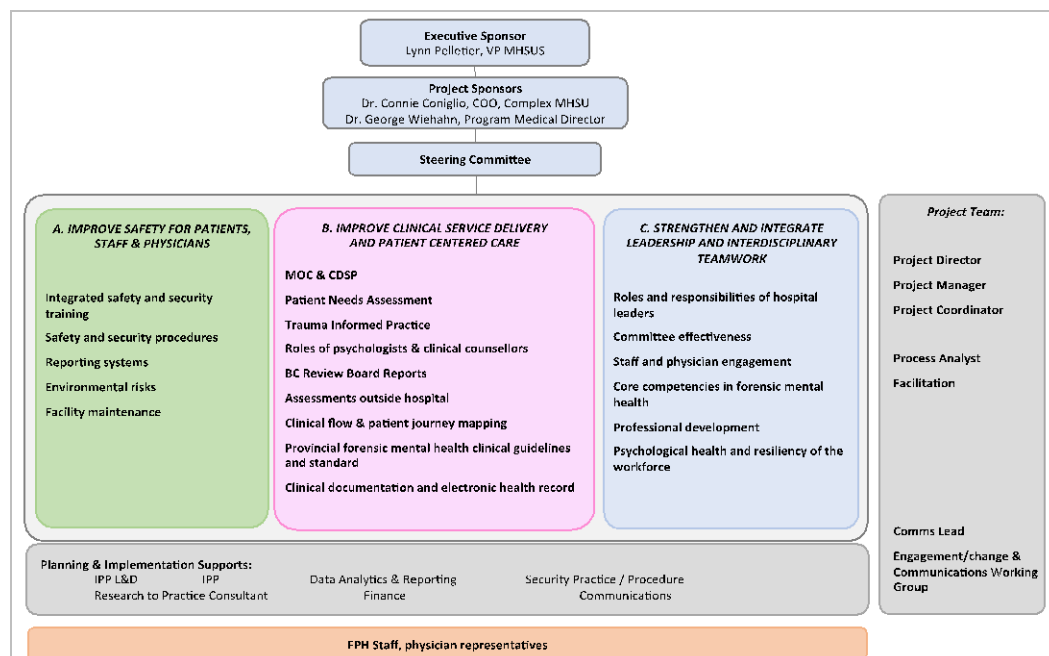
All other work streams were assigned leads, with meetings and teams arranged as needed. Working Group responsibilities are described in Table 1.

Table 1 - Working Groups and Responsibilities	
Clinical Practice / Documentation Working Group	Plan and implement immediate priorities for clinical practice and clinical documentation, including to support BC Review Board implementation, CST implementation, and interim measures to offset environmental risks.
Engagement / Communications Working Group	Develop, maintain and implement engagement and communications plan.
Evaluation Working Group	Develop logic model and evaluation framework, and prepare and implement the evaluation plan.
Integrated Reporting Working Group	Review issues related to data quality for PSLS and WHITE systems, and make recommendations to improve incident reporting.
Integration, Implementation and Operations Transition Working Group	Integrated, coordinated planning for implementation, including consideration of synergy of changes, leadership expectations, supports, with structured plans and timelines.
Leadership Working Group	Develop and implement plans to ensure readiness of FPH leadership roles (e.g., PCCs, CSLNs, practice leads) for planned implementation phases and immediate operations needs.
Model of Care and Clinical Services Delivery Plan Working Group	Establish planning framework, and provide input and guidance to Model of Care development and staged deliverables, including strategic engagement of stakeholders.
Review Board Reporting Working Group	Provide expertise and guidance to review reporting processes; engage stakeholders to confirm workflow and tool enhancements, and to identify clinical practice / documentation dependencies; and implement changes.

4. Outcomes and Achievements

Among the numerous action plan work streams, the following were considered cornerstones for transformation at FPH, paramount to shaping the future of care for patients:

- **Therapeutic and Relational Security:**
  - Patient-centred, recovery-oriented approach.
  - Staff use knowledge and understanding of patients and their environment, and translate that into appropriate responses and care.
- **New and improved operational/clinical leadership:**
  - Clinical security experts (T&RS expertise) to support clinical teams at point of care.
  - Patient Care Coordinators out of count.
  - Evening/weekend nurse supervisors.
  - Operations leadership / structures.
- **Formalized engagement and communication:**
  - Extensive stakeholder consultation, including patients and families.
  - Staff and physician collaboration in planning and development.
- **Facility renovations to address environmental risks and to support the Model of Care.**
- **Review Board Reporting enhancements:**
 - Enhanced process, including new Review Board Liaison roles.

- Increased awareness regarding the parallel and integrated nature of clinical care, risk reporting, and Review Board feedback processes.
- **Early implementation of priority changes for Model of Care:**
    - Staffing to support improved programming and better care.
    - Improvements to transfer of care processes and procedures.
    - Improvements to programs and privileges processes.
    - Admissions and discharge process improvements, including Regional Clinic integration.

Key achievements and activities for action plan work streams are summarized according to goal, below.

A. GOAL: Improve Patient, Staff and Public Safety

1. Reduce safety incidents

- Violent incidents resulting in time loss for staff reduced significantly from 2018 to 2019:
    - Total incidents reduced by 19% : 26 incidents in 2018, and 21 in 2019; and
    - 43.3% reduction in total days lost from 2,175 days 2018, to 1,234 days in 2019.
- 2020 Q1 is showing continued improvement: only 3 incidents, and a total of 90 days lost.
- Overall reduction in WorkSafe BC Orders: 7 orders in 2018/19, and 1 order in 2019/20.
- Reduction in Patient Safety Event Reviews: 2017/18 - 7 reviews; 2018/19 - 9 reviews; 2019/20 - 2 reviews; and 2020/21 to date - 1 review.

FPH Violent Incidents Counts by WSBC Type
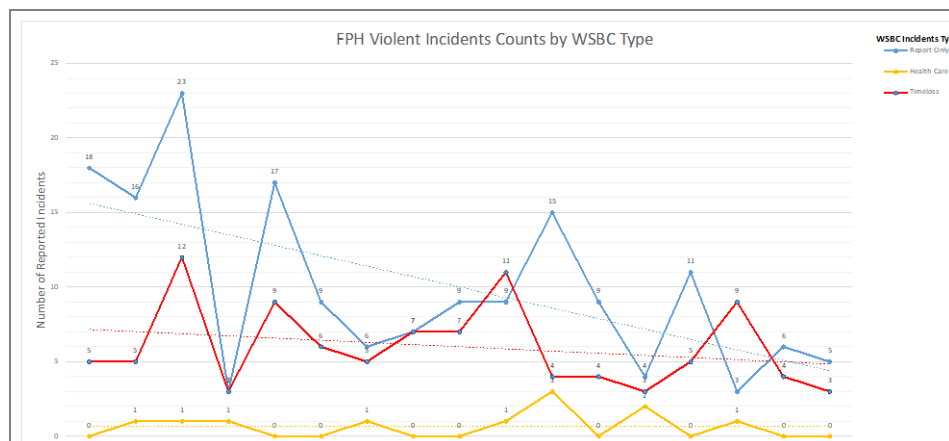
UNION	WSBC Incident Type	2016	2017	2018	2019	2020 YTD*
BCGEU	Reports Only	26	17	25	6	3
	Health Care	3	1	2	2	0
	Timeloss	13	14	14	17	1
	Total	42	32	41	25	4
BCNU	Reports Only	7	22	20	17	2
	Health Care	0	0	2	1	0
	Timeloss	12	14	12	4	2
	Total	19	36	34	22	4

Forensic Psychiatric Hospital – Violent Timeloss Incidents					
	2016	2017	2018	2019	2020 YTD*
Total Violent Timeloss Incidents	25	28	26	21	3
Total Days Lost – Violent Incidents	1,642	1,860	2,175	1234	90

2020 YTD includes data from January 1, 2020 to March 31, 2020

2. **Improve integrated safety and security training**
   - Therapeutic and Relational Security training:
     - T&RS training by Rampton High Security Forensic Hospital experts.
     - Introduced into orientation, with all new staff completing T&RS training within 6 months.
     - CSLNs received specialized T&RS skill development, includ[...] train-the-trainer.
     - Integrated into PVPC curriculum.
     - Expo held in April 2019, attended by 170 staff.
   - Developed specialized training and orientation for new clinical leadership and security positions.
   - Enhanced existing training, including: violence prevention coaches program (mock Code White), nurse-in-charge training, and orientation for new staff.
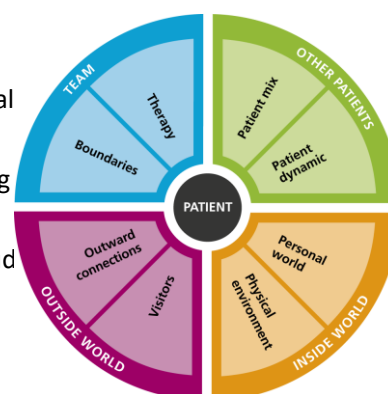
> "Consistency in our decision-making vs. same decision each time."
> - staff member

> "The care planning section was an eye opener. Looking at all the patients on the units as a group … allowed for recognizing gaps in care and areas of concern." – staff member

   - Formalized learning structures.
   - Increased completion rates for safety training:

	Safety Training Completed		
	Mar 2018	**Mar 2019**	**Mar 2020**
T&RS – total # FPH staff trained	n/a	251 staff	352 staff
PVPC curriculum	94%	97%	99%
PVPC refresher	0%	50%	89%
ATR	48%	90%	95%

3. **Hire specialized clinical-security roles**
   - Eight Clinical Security Liaison Nurse (CSLN) positions created, with 7.5 CSLNs hired and trained as forensic clinical security experts (as described in #2 above).

- CSLNs are specialists for T&RS for FPH, with a role for BCMHSUS as trainers and mentors for clinical security.

4. **Update and increase awareness of safety and security procedures**
   - Revised and approved: Child Visiting policy; Suicide Prevention policy; Code Blue policy and procedure; Least Restraint policy; Code White policy and procedure; and Belongings, Person, Patient and Area Search policy and procedure.
   - Code White education and training plan for policy / procedure implementation developed and implemented; Code White education target met.

5. **Improve reporting systems**
   - PSLS/WHITE systems audit completed.
   - Map of contact points for reporting events and 'source of truth' for systems identified.
   - Issue analysis conducted by task team including Occupational Health and Safety, Decision Support, FPH manager and PCC, and included consultation on issues and solutions with direct care nurses and Health Care Workers.
   - One-page reporting navigational tool for staff implemented on units and included in FPH orientation.
   - Reporting resource manual created for managers.
   - Briefing note with recommendations for FPH and PHSA submitted.

6. **Increase the expertise and presence of Forensic Services Officers (FSOs)**
   - 11 FSOs hired (an increase of 4.29 new FTEs); 2 dedicated 24/7 to the hospital's high-security units.
   - FSO job description revised, and position retitled as Forensic Services Officer.
   - FSO wage negotiations completed and Memorandum of Understanding for Special Constable Status in place.
   - FSO training enhanced: includes Force Options, First Aid level 2, x-ray machine training and report writing, and T&RS.
   - FSO incident reporting enhanced.

7. **Reduce environmental risks**
   - Comprehensive environmental risk assessment completed.
   - Submitted capital funding request, and prepared briefing note highlighting risks. *(Note: original scope included business case.)*
   - Facility improvements completed (as part of a related facility improvement project):
     - Exterior lighting fixtures installed in the FPH courtyard, walkways and the perimeter.
     - New camera system - total number of security cameras increased from 130 to 400.
     - 18 bathrooms in Ashworth and Dogwood renovated.
     - Nursing station half doors installed.
     - Seclusion room door hatch trialled.

8. **Facilitate improved facility maintenance**
   - Streamlined process developed for daily maintenance/repair issues; all Patient Care Coordinators (PCCs) and Unit Clerks provided with access and instructions to call the maintenance call centre.
   - To address immediate security issues WSI agreed to include BCMHSUS security requirements in their contracts with providers.
   - Preventative maintenance: annual maintenance plan reviewed, and maintenance plan for core building systems plan developed. *(Note: on April 1 2020 the service provider, WSI, was replaced by CBRE.)*
   - A priority list for future years was prepared with associated capital requests. *(Note: original scope included a business case.)*

B. **GOAL: Improve Clinical Service Delivery and Patient-Centered Care**

1. **Align service delivery with patient needs**

   Multiple, interrelated action plan work streams contributed to 'service delivery alignment to patient needs', and are reported below.

   a. **Model of Care analysis and development:**
      - BCMHSUS Model of Care template developed and reviewed.
      - Best practice review completed.
      - Reviewed current Model of Care, and identified strengths and areas for improvement in our existing care model.
      - Reviewed alignment to PHSA vision, mission and values.

      - Defined philosophy of care and core principles.
      - Defined expectations for partnership relationships.
      - Reviewed patient journey map and output of patient needs assessment / stakeholder feedback, and defined client population.
      - Defined FPH intake and discharge criteria, mapped FPH patient flow, developed patient mix / unit structure, drafted unit admission criteria, and defined levels of secure care.
      - Initiated review of programming.
      - Actively engaged patients, staff and physicians in Model of Care development.

> *Staff feedback – Model of Care planning day*
> - "There were a lot of clever ideas from staff members on how to make our services more efficient and effective"
> - "Most staff have a shared purpose and goal"
> - "People are committed to making change across FPH"
> - "Passionate voice of co-workers"
> - "They were focused on INTERDISCIPLINARY treatment plans and also interested in making patient care first"
> - "Hoping to keep this wave of optimism and change growing"

b. **Early Model of Care and Clinical Services Delivery Plan implementation**
   - Staffing gaps closed, including clinical positions and allied health positions.
   - Hospital-wide patient programming increased by approximately 30%.
   - Created the following positions (in addition to clinical leadership/security), with hiring completed for most positions:
     - 3.5 Rehab Workers;
     - 1 Health Care Worker / Instructor;
     - 2.84 Health Care Worker for Elm North and South;
     - 1.0 Social Worker;
     - 1.0 Psychologist;
     - 1.0 Recreation Therapist;
     - 0.5 Spiritual Health Practitioner;
     - 1.0 Concurrent Disorders Counsellor; and
     - 1.0 Concurrent Disorders Peer Support Coordinator and Peer Support Worker.
   - All FPH scheduling consolidated onto Workforce Central.
   - Confirmed through Model of Care planning that interdisciplinary team / staff mix is correct; the Model of Care requires a review and refresh of therapeutic programming to ensure it aligns with evidence and best practice.
   - Interdisciplinary integration is included in scope of clinical practice / care planning.
   - Access and Transitions: Committee Terms of Reference revised; Transfer of Care procedure, processes and associated documentation revised.
   - Programs and Privileges: Committee Terms of Reference revised; Programs and Privileges procedure, processes and associated documentation revised.
   - Improved communication processes with Regional clinics for admissions and discharges.
   - Dr. Jim Ogloff, expert panel member, met with senior leadership, staff and physicians in Dec 2019, during which he completed a site tour, reviewed progress and developments with the action plan, and offered observations and recommendations.

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Model of Care Engagement

Feb-Mar 2019 – Patient Journey Map:
- Developed Patient Journey Map with patients, and reviewed with direct care staff.

May 2019 – Town Hall:
- Shared preliminary PNA and Patient Journey Map findings, and obtained input from staff ('What stood out?', 'What surprised you?', 'What questions do you have?').

Jun 2019 – Town Hall Model of Care World Café:
- Questions posed to staff and physicians: 'What is a Model of Care?', 'What is working in the current MoC?', and 'What is not working in the current MoC?'. Highlights shared across FPH.

Sep-Oct 2019 – Continued staff and patient engagement:
- Staff prioritized the June feedback at a staff breakfast: 'What you care about most about what works / doesn't work'.
- Patient consultation re key themes from PNA and Patient Journey Map. Patients were asked 'What is most important to you?', 'What concerns you?', 'What needs to change?', and 'What's missing?'.

Oct-Nov 2019 – Continued consultation:
- Staff and physician consultation. Key findings from the PNA were shared, facilitating discussions about the Model of Care.
- Consultation with JOHSC and Labour Relations committees.

Dec 2019 – Model of Care planning day; site visit by panel expert:
- Model of Care planning day – a staff and physicians developed a declaration statement and provided input into future state, including unit mix, flow and transition criteria.
- Dr. Jim Ogloff met with senior leadership, staff and physicians.

Jan 2020 – Continued consultation:
- Consultation with physicians re patient mix, unit structure and continuity of care.
- Interdisciplinary task team provided input into transfers, privileges, patient mix, and unit structure.
- Draft unit structure, patient mix and patient pathways created.

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c. **Improve patient flow and communication**
- Patient journey map created via a facilitated session for patients exclusively, followed by a facilitated session with direct care staff to review the patient map, and provide input.
- Highlights of the map were shared and discussed with staff and physicians at the May 2019 Town Hall, with output contributing to Model of Care planning.
- Clinical workflow maps developed (referral, admission, and discharge) during three staff and physician consultation workshops in February and March 2019.
- Regional clinic/FPH integration planning to improve admissions and discharge
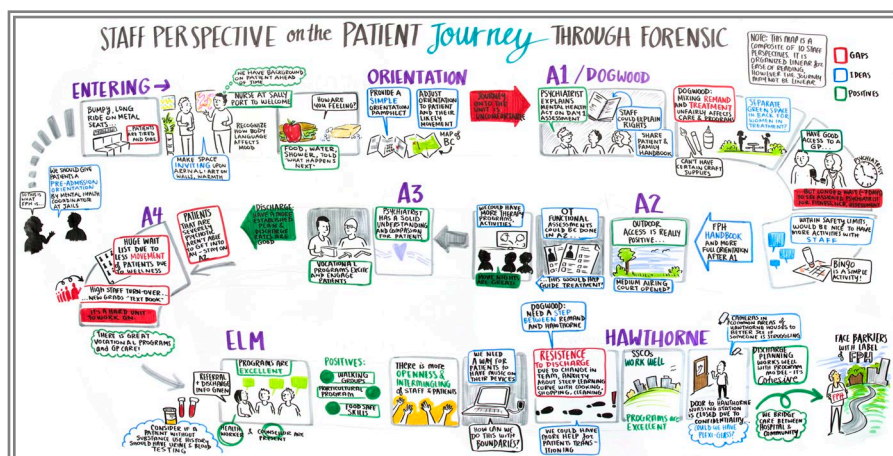
processes.

d. **Patient Needs Assessment to support aligning service delivery to patient needs**
   - PNA methodology and collection tool developed.
   - PNA data collection completed by researchers and FPH nursing staff.
   - Data synthesized and results presented to FPH leadership.
   - Key findings shared with FPH staff, physicians and patients to inform the Model of Care refresh.
   - Highlights shared with patients to obtain their feedback regarding 'what is important to you' and 'what you are concerned about'.

e. **Expand and strengthen the role of psychologists and clinical counselors**
   - Psychology integrated into one clinical program across BCMHSUS.
   - Psychology and Clinical Counsellors continuum of care mapped.
   - Practice leader for Psychology and Director of training positions established.
   - Stakeholder analysis, risk management plan, and communications plan completed.
   - Education session with psychologists and psychiatrists held in November 2019 to discuss psychologist scope of practice.
   - Psychology workload tracking tool trialled.
   - Implementing compressed workweek for full-time psychologists.
   - Compensation work is progressing (HR leading).
   - Psychology contractor hourly rate increased.
   - Business case for increased salary rates prepared for Health Employers Association of BC (HEABC).

f. **Increase assessments outside the hospital**
   - Significant increases in video fitness assessments.
   - Discussion with Correctional Health Services on how to provide assessments in the Correctional environment. Further increases / expansion require operational changes for Correctional Health Services (e.g., support resources), which was a scope exclusion for the FPH action plan; this will be explored further with Clinical Services Delivery Plan development.
   - Psychiatrist rotations developed to clear waitlist.
   - Quality improvement project is underway to examine the delivery of overnight assessments with a focus on piloting Telehealth assessment clinics; proceeding with plans for first response for video fitness assessment with BC Corrections.

2. **Expand trauma-informed practice**

   - Trauma-informed practice (TIP) planning is underway at BCMHSUS level. TIP best practice research and current state assessment completed.
   - Patient partners identified and frameworks reviewed.

- Adopting evidence-informed organizational assessment that aligns with SAMHSA (Substance Use and Mental Health Services Administration) framework, which will inform the BCMHSUS master plan and FPH plan.
- A frontline leader working group has been formed (other working groups to be formed).

3. **Improve BC Review Board reporting**

BC Review Board

The BC Review Board is an independent tribunal under the *Criminal Code* at the same level as the Supreme Court of BC, with responsibility for protecting the rights of people who are found NCR or unfit to stand trial, and responsibility for protecting the public from patients and clients who have been found NCR or unfit to stand trial. Everyone who is subject to the BC Review Board receives an annual hearing of their case, following which the Board will make a decision for the patient/client: a custody order (remain in treatment at FPH for 12 months, with annual hearings); a conditional discharge, requiring treatment within the community and subject to Board reviews / annual hearings; or a full discharge (no supervision in the community, and no longer subject to Board reviews).

Integrative Nature of Clinical Care and Reporting

The Review Board relies on reports submitted by FPH and the attending psychiatrist to make decisions at patients' annual hearings. Completeness and accuracy of reports is heavily dependent on the quality of clinical documentation and risk assessments completed by interdisciplinary teams. Improvements to Review Board reporting involved a full review of reporting processes, tools, and roles, as well as creation of new positions to support the reporting process. Increasing awareness of the Supreme Court process, and the parallel and integrative nature of clinical care and Review Board reporting/feedback has been, and will continue to be, an important element for successfully sustained change.

Enhancements to BC Review Board Reporting:

- Completed current state review, environmental scan and consultations with physicians, staff, and BC Review Board.
- Developed future state process, and defined roles and responsibilities for FPH team members, including standardized processes for provider input, data collection and report preparation, and quality assurance process to ensure improvements are sustainable.
- Developed feedback / communications loops with interdisciplinary team.
- Completed planning with Regional Clinics to address integration points for Review Board workflows. Changes included notifications to clinics on admission, adjustments to clinic admission forms for returning patients, and improved planning at discharge (patient risk plan review).
- Revised the hospital report template.
- Developed and adjusted tools to support the revised process and to improve accountability, including: risk matrix, pre-conference checklist, regular post-hearing synopsis, and Regional Clinic notification tracking (of admissions, discharges, and hearings).
- Adjusted the Monthly Nursing Summary to provide information for the hospital report.

- Enhanced administrative processes: report tracking, restructured directories, administrative procedures, and scheduling for pre-hearing conferences.
- Restructured the Review Board team and revised job descriptions for Review Board Liaisons (2 nurse positions, and 2 social work positions), Manager and Administrative Assistant.
- Hired three of four Review Board Liaison positions.
- Review Board Liaisons are presenting at Hearings, and Hospital Reports are submitted as evidence.
- Review Board Liaisons deliver education to new hires at FPH, and build awareness about the reporting process and importance of data quality at unit and staff meetings.

4. **Improve clinical documentation and implement electronic health records**

   Priorities for clinical documentation and practice were established in consideration of dependencies for Review Board reporting and with implementation plans for CST.

   a. **Priority 1: Risk based charting and standards, a dependency for Review Board reporting**
      - Consultation with staff and clinical leadership.
      - Current state review of clinical documentation.
      - Documentation improvements:
        - Shift documentation that reflects patient status, including risk;
        - SOAP (subjective, objective, assessment, and plan) charting under pre-determined headings; and
        - SNAP (Structured Nursing Assessment Protocol) tool retired.
      - Education and support provided for completion of Mental Health Act forms.
      - Monthly PCC chart audit revised and implemented.

   b. **Priority 2: Care planning and interdependent tools, and planning for CST**
      - Interdisciplinary working group formed, with regular planning meetings.
      - Current state assessment of care planning processes and policy.
      - Confirmed care plan will be interdisciplinary.
      - Developed care planning definitions.
      - Defined health outcomes.
      - Completed review of rounds process.
      - Care planning education sessions held for Working Group and other staff, led by Rampton T&RS expert.
      - Implemented a risk behavior tracking tool, the Aggressive Incident Scale (AIS), which supports Review Board reporting; request submitted for AIS to be embedded in CST.
      - Timeline confirmed for CST implementation at FPH, placing care planning on hold due to resource demands. *(Note: PHSA was scheduled to begin its transition to CST Cerner in late 2019, starting with Burnaby Health Centre, and October 2020 for FPH; this has since been rescheduled due to COVID-19 pandemic priorities.)*

5. **Physician recruitment and retention**

   Note: This work stream was added to action plan scope in summer 2019.
   - New psychiatrist started mid-November 2019; two additional new psychiatrists starting June 2020.
   - Australian psychiatrist completed a 5-week locum to address urgent wait list issues.
   - Governance committee for physician/administration engagement in place.
   - Physician HR plan developed.
   - Regular meetings between FPH leadership and Forensic Physician Engagement Society.

C. **GOAL: Strengthen Leadership, Interdisciplinary Teamwork and Professional Development**

   1. **Clarify the roles and responsibilities of hospital leaders**
      - Leadership team restructured with an increased focus on clinical and risk management; positions include: Chief Operating Officer (for FPH, Centre for Mental Health and Addictions, and Heartwood Centre for Women), Senior Director Patient Care Services, Director Access Transitions and Forensic Clinical Risk, Director Professional Practice; and Director Allied Health.
      - Town Hall in January 2019 to introduce new roles and meet the FPH leadership team.
      - Person-in-charge designation completed.

   2. **Strengthen clinical leadership and supervision**
      - Unit-based clinical leadership roles were reviewed, including clinical nurse leader capacity to educate, mentor and support unit staff.
      - Eleven Patient Care Coordinators were removed from the nursing rotation; PCC roles were formalized.
      - Three Patient Care Supervisor (PCS) positions were created to increase clinical leadership and support for unit staff on evening and weekends.
      - Daily hospital census updated, and distributed to all staff.

   3. **Improve committee effectiveness**
      - Completed review and refresh of committees
        - FPH Committees (12 committees replaced with the following five):
          - FPH Operations Committee;
          - FPH Leadership Committee;
          - Access and Transitions Committee;
          - Programs and Privileges Committee; and
          - Patient Advisory Committee.
        - BCMHSUS-wide committees:
          - Quality and Patient Safety Committee;
          - Infection Control Committee;

- ▪ Pharmacy and Therapeutics Committee; and
- ▪ Medical Advisory Committee.
  - o Clinical Practice Committee disbanded, and restructured under the leadership of Interprofessional Practice (in process).
- Patient Advisory Committee well attended and engaged.

4. **Improve physician and staff engagement**

   Note: Scope of work was broadened to include other stakeholders, including patients. Refer to section C- 4.1 Stakeholder Engagement and Communications.

5. **Generate core competencies in forensic mental health, and develop and implement provincial forensic mental-health standards**

   Note: Due to relatedness of work, two work streams ('core competencies' and 'standards') were merged midway through project planning.

   - Interprofessional Practice conducted an environmental scan with CAMH (Centre for Addiction and Mental Health) and other forensic centres in Ontario, Alberta, Saskatchewan and Manitoba, and investigated work by the Canadian Nursing Association in Ontario and the International Federation of Mental Health.
   - Vice President and COO completed site visits to CAMH, Ontario Shores and Waypoint in spring 2019.
   - Senior Director completed site visits to Waypoint and Ontario Shores in August 2019.
   - Clinical core competencies developed. A competency framework for a CAPE (Competency Assessment, Planning and Evaluation) tool was created, and CAPE has been included in FPH orientation.
   - Social Work core competency discussion completed.
   - A UBC masters student completed a 70-hour practicum at FPH.
   - Work is underway for BCMHSUS to build on the framework and identify forensic core competencies and other competencies (e.g., medical).

6. **Invest in professional development**

   - T&RS training provided to FPH staff (see section A-2), and T&RS training expanded from FPH to BCMHSUS and partners, including Burnaby Centre, Correctional Health Services and Heartwood Centre for Women.

- Social Work role and team development was held in Aug 2019.
- CSLN role and team development planning day was held in Jan 2020.
- Provincial leadership forum held in which Ministry and Health Authority leaders were oriented to the T&RS model.
- Collaborated with the Justice Institute to customize existing program to meet the needs for FPH FSOs.
- Met with Douglas College regarding opportunities for specialized education.
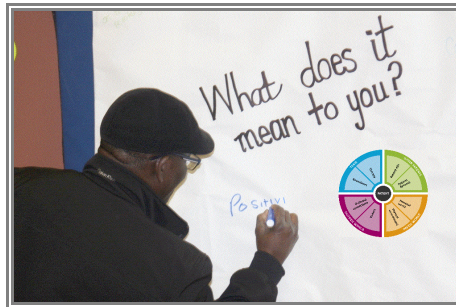
7. **Strengthen the Psychological health and resiliency of the workforce at FPH**

- Partnership working group formed with membership including BCMHSUS, WorkSafe BC, union leadership (BCGEU, BCNU, PEA), Doctors of BC, and health authority leadership.
- Partners planned the strategy for survey, assessment and implementation of 'Guarding Minds at Work' survey.
- Survey (modified for use at FPH) was launched at the FPH Town Hall in December 2019, and was completed by 222 staff and physicians.
- The partnership group has developed and is implementing a communication strategy to disseminate results to unions, FPH clinical leadership, JOSHC and FPH staff.

4.1. Stakeholder Engagement and Communications

Engagement and communications for the action plan was planned and managed at both the agency and project levels:

1. **PHSA / BCMHUS communications and stakeholder engagement:**

   PHSA Communications developed and implemented a detailed stakeholder communications plan in collaboration with FPH leadership. External-facing deliverables included PHSA website postings: an action plan review summary, a T&RS video, and monthly updates about key action plan achievements.

2. **FPH project-specific engagement and communications:**

   The FPH leadership team recognized the significant impact the action plan would have for patients, staff and physicians, and other key stakeholders (e.g., BC Review Board, other BCMHSUS services), and the risks associated with implementing change without a robust engagement strategy. A Working Group was established to review the needs and the roles

of specific stakeholders, and to provide direction and leadership to an engagement strategy and plan.

An 'engagement as a philosophy' approach to change was adopted by the Working Group, i.e. collaborating to deliver organizational change together, rather than implementing a 'change management program'. The plan leveraged existing structures to optimize engagement (e.g., opportunities for dialogue with staff and physicians) and used supportive processes, such as: addressing immediate problems (e.g., personal security, clinical leadership/support, weekend support resources), backfill to participate on planning teams / training, input and participation, leadership development, coaching, training, and regular and purposeful communications.

Engagement and communications achievements:
- Regular Senior Director emails highlighting Action Plan progress and next steps.
- Action plan updates and achievements posted monthly on the BCMHSUS website.
- Action plan journey poster created and distributed.
- 'Next 3 months' action plan posters distributed internally.
- Interdisciplinary consultation and representation on task teams, e.g., clinical practice and documentation, work flows / improvements, care planning, Model of Care planning, Programs and Privileges, BC Review Board reporting processes, integrated reporting, and unit clerk scheduling processes.
- Eight Town Hall sessions were held:

Sep 2018:	Worklife Pulse results
Dec 2018:	Safety and Security Initiatives across FPH
Jan 2019:	Review of Action and Meet the new FPH Leadership Team
Mar 2019:	Review of patients' input to their FPH journey and the Patient Needs Assessment preliminary results
Jun 2019:	Model of Care world café
Nov 2019:	Guarding Minds at Work Survey introduction
Jan 2020:	Action plan progress and 2019 violent incidents review
May 2020:	COVID-19 and update on projects

Town Hall feedback from staff

- "Positive change in communication."
- "More trauma-informed education now and practiced here."
- "More transparency and honesty and working together as a group. Management and nursing are working together."
- "You're making a difference and we feel it."
- FSOs are "not coming in as a force anymore, but have time to interact with patients, build a relationship … FSOs are part of the team."
- "Been here 19 years and seen things come and go, but seeing a real difference. Want it to be sustainable."

- T&RS Expo held at FPH in April 2019.
- Held Model of Care World Café Town Hall to solicit input from staff and physicians, and then shared results with FPH.
- Two breakfast sessions during which staff reviewed and prioritized the feedback from the Model of Care world café; and to celebrate Nurses Week.
- Patient consultation on each of the units: key themes from the PNA and Patient Journey Map shared with patients to obtain further input.
- Consulted interdisciplinary staff and physicians on each unit regarding PNA findings. Staff shared their perspective on the results including what surprised them and how Model of Care refresh could address the issues.
- Facilitated a staff Model of Care planning day in Dec 2019: 70 staff and physicians participated and worked in groups to provide input to the Model of Care by developing innovative ideas for the future unit structure, patient mix and flow.

- A staff and physician walk-through was held on July 17th to review updated Review Board processes and documentation. Over 50 staff and physicians provided feedback.
- Staff recognition, including staff kudos posted on PHSA intranet.
- Roy Johnston facilitated 'Respectful Workplace' sessions with staff.
- Strengthened relationships with internal and external stakeholders/ partners:
    - WorkSafe BC:
        - FPH action plan / Worksafe BC working group was formed
        - Regular collaborative meetings held with union leadership and WorkSafe BC Executives with a focus on the action plan
    - Working groups formed with BCNU and with BCGEU.
    - Review Board: Meetings with Review Board members and Crown completed
    - Roy Johnston facilitated 'Respectful Workplace' session with FPH's Joint Occupational Health & Safety Committee (JOHSC).
    - Consultation with Patient Advisory Committee, and commitment to increase patient partnerships.

5. Remaining Activity

The Steering Committee completed the action plan scope through four sequenced stages, as depicted below. The project team supported leadership and task teams through 'plan' and 'implement' stages, and into the 'stabilization period' as the work transitioned to operations.

Sequenced phases:

Work streams with activities carrying over into 2020/21 are shown in Table 2. For some work streams the timelines for planning and development extended over a 12-month period (e.g., Review Board reporting, which required recruitment of key positions to complete planning and to begin implementation). In other cases, dependencies on other work streams affected the pace of development (e.g., engagement of patients, staff and physicians for Model of Care planning was dependent on the patient needs assessment results, and was an iterative consultation process). Some work streams were scheduled to implement and stabilize in March / April 2020, however these were temporarily suspended due to COVID-19 pandemic priorities (the table indicates the revised target completion date).

Table 2 – Remaining FPH Action Plan Activity		Completion Date	Strategic Plan Integration
A. Improve patient, staff and public safety			
Safety policies	• Least restraint procedure education. • Security Levels: revising to reclassify 'privilege' levels and rename as 'pass' levels.	Sep 30	Operations Workplace Health and Safety Plan
T&RS	• Update orientation / education pathway.	Sep 30	Operations Competency Framework and Education Plan
Reduce environmental risks	• Seclusion room renovations – planned to begin in March 2020 with Ashworth acute units, and complete for all units by 2022. (Work restarted June 2020.)	2021/22	Facilities Integrated Risk Register and Mitigation Plan
B. Improve clinical service delivery and patient-centred care			
Align service delivery with patient needs	• Complete development of Model of Care document, and engage stakeholders in review. • Initiate development of CSDP. • Continue early implementation of Model of Care / CSDP.	Sep 30 – Model of Care Mar 31 - CSDP	Operations, Inter-professional Practice Quality, Safety, and Client Experience Plan
Expand & strengthen the role of psychologists & clinical	• Recruit two positions that were redesigned to create career development opportunities (Psychology Practice Leader, and Director of	Sep 30	Director Psychology, Operations HR/Workforce Plan

Table 2 – Remaining FPH Action Plan Activity			
counselors	Training).		
Improve BC Review Board reporting	• Recruit 4th Review Board Liaison. • Complete implementation of FPH-Clinic integration recommendations.	• Sep 1 • Sep 30	Operations Quality, Safety, and Client Experience Plan
Improve clinical documentation & implement electronic health records	• Remaining AIS implementation on A1, DWE, Elm, and Hawthorne. • Plan and implement CST.	• Sep 30 • TBA	• Interprofessional Practice Quality, Safety, and Client Experience Plan • Operations, Interprofessional Practice Clinical System Transformation (CST) Plan
Physician recruitment & retention	• Ongoing physician recruitment including Medical Director.	Sep 30	Chief Medical Officer HR/Workforce Plan
C. Strengthen leadership, interdisciplinary teamwork and professional development			
Generate core competencies in forensic mental health	• BCMHSUS continue planning to build a core competency framework, including Forensic core competencies for FPH. • Learning and Development to design a learning day re core competencies for all staff (e.g., TIP, cultural safety, safety of self and others).	• Mar 31/21 • Mar 31/21	Interprofessional Practice Competency Framework and Education Plan
Strengthen the psychological health and resiliency of the workforce at FPH	• Develop and implement strategy to improve the psychological health and resiliency of staff to be developed.	Sep 1	Operations, Inter-professional Practice Workplace Health and Safety Plan
Invest in professional development	• Professional development plans to be developed for all staff. • Establish BCMHSUS PCC community of practice.	• Sep 30 • Sep 30	Operations, Inter-professional Practice, Learning and Development Competency Framework and Education Plan
Leadership role integration and team development	• Leadership summits for CSMs, CSLNs, PCCs, PCSs, and Practice Leaders.	Aug 1	Operations, Learning and Development, Interprofessional Practice Competency Framework and Education Plan
Succession planning / knowledge generation	• Develop plan.	Dec 31	Operations HR/Workforce Plan

6. Sustainment Plan

A detailed sustainment plan is in place for FPH; it outlines responsibilities, roles and key indicators associated with sustaining change. The COO and FPH directors are overseeing sustainment, with direct assignments to directors and managers. An overview of sustainment for the action plan is presented in Table 3, below. (Many action plan activities have been implemented that do not require a sustainment plan.)

A transformational journey of this magnitude takes time to plan and implement, and perhaps years to embed in culture as "the way we do things". This is particularly true for therapeutic and relational security, workflows and procedures, clinical leadership roles and practice, shifts in Review Board processes, and engagement practices.

Table 3 – Sustainment Plan		
Sustainment Activity		**Strategic Plan Integration**
A. Improve patient, staff and public safety		
Sustain low incident rates	• Monitoring by directors and managers.	Operations Quality, Safety, and Client Experience Plan Workplace Health and Safety Plan
Safety policies	• BCMHSUS policy review process and structure is in place; this will support future review of safety and security policies. • Compliance monitoring is the responsibility of directors and managers to ensure policies / procedures being followed.	Operations Workplace Health and Safety Plan
FSO expertise	• Ongoing training. • Incident reporting (sustain, and expand to 'temporary absence' patients).	Operations Competency Framework and Education Plan Integrated Risk Register and Mitigation Plan
Therapeutic and relational security	• Continue T&RS training (and complete for all staff). • CSLNs continue to strengthen awareness and skill with staff.	Operations, Learning and Development Competency Framework and Education Plan
B. Improve clinical service delivery and patient-centred care		
Align service delivery to patient needs (early Model of Care, CSDP implementation)	• Maintain / improve therapeutic programming changes that have been introduced. • Monitor / review implemented processes (e.g., integration with Regional clinics). • Maintain / monitor Review Board feedback processes to inform patient care. • Assessments outside of the hospital sustained	Operations, Interprofessional Practice Quality, Safety, and Client Experience Plan

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Table 3 – Sustainment Plan		
Sustainment Activity		**Strategic Plan Integration**
	and further expanded.	
Expand and strengthen the role of psychologists and clinical counselors	• Ongoing recruitment for 'difficult to fill' positions.	Director Psychology, Operations HR/Workforce Plan
Improve BC Review Board reporting	• Maintain/improve reporting and quality processes and tools – reporting, tracking, checklists, scheduling, communications, etc. • Sustain / enhance Review Board Liaison roles and process, including case assignments and report development, pre-conference meeting leadership, presentations at Review Board Hearings, and education for staff.	Operations Quality, Safety, and Client Experience Plan
Improve clinical documentation and implement electronic health records	• Audits for risk-based charting / headings, and monthly summary for Review Board reporting. • Seclusion room audits. • Monitor Patient Care Supervisor clinical reporting. • Monitor hospital census reporting. • Monitor implementation and uptake of AIS tool.	Interprofessional Practice, Operations Quality, Safety, and Client Experience Plan Clinical System Transformation (CST) Plan
C. Strengthen leadership, interdisciplinary teamwork and professional development		
Improve committee effectiveness	• COO and Directors continue to review effectiveness of committees and related process as part of ongoing responsibilities.	Operations Quality, Safety, and Client Experience Plan
Engagement and communications: patients, physicians, staff, and other stakeholders	• Implement 2020/21 engagement and communications plan to maintain and strengthen stakeholder relationships (e.g., patient partnerships, union relationships, WorkSafe BC. • Review WorkLife Pulse to assess changes for engagement; use Guarding Minds survey data to determine plan for psychological health and safety, and contribute to engagement planning.	Operations, Interprofessional Practice, Learning and Development Quality, Safety, and Client Experience Plan Workplace Health and Safety Plan
Invest in professional development	• Professional development plans implemented / refreshed.	Operations, Interprofessional Practice, Learning and Development Competency Framework and Education Plan
Succession planning	• Plan developed and implementation activities underway; supported by PHSA	Operations HR/Workforce Plan

7. Evaluation

The objective for the action plan evaluation is to determine whether there have been measurable impacts related to the FPH action plan's goals – i.e., that the work was carried out as intended, and to assess that progress has been made towards the intended outcomes.

An action plan Evaluation Working Group, assembled in March 2019, completed the following:
- Confirmed that the focus for the evaluation is on impact, ensuring prioritization, efficiency, collaboration and transparency of information.
- Developed the logic model (see Appendix B – Logic Model), which outlines the outputs – the 'results' of key activities, and the outcomes – the intended impacts of activities and outputs.
- Develop the evaluation framework, which outlines how outputs and short-term outcomes are defined and measured. The framework (see Appendix C – Evaluation Framework) is a living document, updated and refined based on progress, feasibility considerations, and suitability of the data.
- Developed a stakeholder matrix, outlining type of input provided by stakeholder, and involvement in data collection and interpreting of results. Engaged stakeholders for feedback via focus groups and meetings with patients, FPH staff and physicians, BCNU, BCGEU, WorkSafe BC, FPS Regional Clinics, and the FPH Action Plan Steering Committee.
- Identified data sources (organizational documents, administrative data, and stakeholder consultations), and strategies for data collection.

Remaining activity and progress (dates shown below have been adjusted due to pandemic priorities):
- Evaluation framework – nearing completion, to be finalized June 2020.
- Data collection for short-term indicators will begin June 2020.
- Preliminary report on findings planned for August 2020.

Appendix A – Objectives and Guiding Principles for Expert Panel Review

Objectives:

1. To examine access to and quality of patient care provided by the Forensic Psychiatric Hospital (FPH) and the degree to which the services meet the needs of the patients and families.

2. To determine whether evidence-based forensic psychiatric services standards and guidelines are being followed and the degree to which the staff are adequately orientated and trained to provide high quality patient care.

3. To determine whether the current Model of Care (implemented in 2015) is the most effective way to provide services to the patient population.

4. To determine the extent to which the various disciplines providing care and services (i.e. nurses, program therapists, rehabilitation workers, psychologists, physicians, health care workers and others) work in integrated, interdisciplinary teams to achieve improved patient experience and outcomes.

5. To examine the extent to which the current organizational structure and expert opinion to the Review Board ensure adherence to the requirement of the Criminal Code that public safety be the priority.

6. To determine whether the organizational structure and decision-making bodies (i.e. committees, councils and task groups) facilitate teamwork and effective decision-making about patients.

7. To determine the degree to which the available training programs, facilities, equipment, policies and procedures and committees ensure patient and staff safety and security across the service as well as public safety.

Guiding Principles:

- Our patients will receive respectful, high-quality treatment, rehabilitation and care in a safe and secure environment, and will be engaged in the decisions that affect them.

- Staff and physician safety are paramount. Everyone should be free from aggression in the workplace.

- Our clinicians and support staff work in a higher-risk environment than most health-care providers. We will provide the specialized training they need to effectively balance patient care with safety and security.

- The best solution to the potential for aggression is prevention, which we endeavor to achieve through developing safe, trauma-informed and evidence-based therapeutic relationships with patients.

- Sustainable improvement requires active physician and staff participation that is supported by strong clinical, operational and medical leadership.

- All service improvements will be informed by evidence and monitored and evaluated to assess outcomes on a regular and ongoing basis.

Appendix B – Logic Model

Performance Areas	Outputs	Short-term outcomes (Apr. 2020)	Mid-term outcomes (Apr. 2021)	Long-term outcomes (Out of scope)
Safety & Security	• Therapeutic & relational security plan for staff & physicians • New safety & security positions/ personnel • Updated safety & security policies & procedures • Integrated safety & security reporting processes • Legal agreements & Standard Operating Procedures • Modifications to physical environment	• Increased capacity & competencies relating to safety & security • Strengthened safety & security structures & processes & alignment with applicable standards • Safer & more therapeutic environment for patients, staff, & physicians	• BCMHSUS is a recognized leader in forensic mental health hospital safety & security	(Former) Patients living meaningful lives, connected with others & community
Clinical Service Delivery	• Clinical Service Delivery Plan • Model of care • Provincial forensic mental health clinical standards • Additional clinical positions/ personnel • Full complement of physicians • Changes to clinical leadership roles, functions, & scheduling • New/ revised clinical documentation processes • Patient Needs Assessment • Trauma-informed practice plan • Patient journey & clinical flow mapping • New partnerships to support transitions in care • New/ revised Review Board reports & processes • New/ revised processes to facilitate off-site assessments	• Greater alignment of service delivery with best practices • Greater clinical supervision & support for clinical staff • Shift toward more team-based, patient-centred, & trauma-informed care • Improved transitions along care pathways	• Patients receive care appropriate for their needs & goals • Improved patient experience & outcomes	Safer communities Healthy & healing care environment at FPH
Workforce Capacity & Culture	• Workforce psychological health & resiliency plan • Physician & staff engagement plan • Core clinical competencies • Continuing education & training programs	• Improved staff & physician wellness • Increased staff & physician engagement • Increased professional development opportunities	• Engaged, effective, & committed workforce • Workplace culture of positivity & hope	

Appendix B – Evaluation Framework

Performance Area	Indicators	Data source — Organizational documentation	Administrative data	Stakeholder Input — Survey	Focus Group/	Time frame for data collection
DRAFT FPH AP Evaluation Framework						
KEY OUTPUTS						
Safety & Security						
Therapeutic & relational security plan for staff & physicians	% staff completed TR&S	BCMHSUS L&D record				Sep 2018 - April 2020
	Participant perception of TR&S training sessions			TR&S Evaluation survey/ feedback form		Sep 2018 - April 2020
	% Clinical Security Liaison Nurses completed TR&S train the trainer	BCMHSUS L&D record				Sep 2018 - April 2020
	% staff completed PVPC (classroom, ATR, refresher)		PHSA Workplace Experience Network			Sep 2018 - April 2020
	% staff completed code white e-learn		Learning Hub (L&D)			Sep 2018 - April 2020
	% staff passed code white e-learn quiz		Learning Hub (L&D)			Sep 2018 - April 2020
	% staff completed seclusion care e-learn		Learning Hub (L&D)			Sep 2018 - April 2020
	TR&S rollout plan	TR&S rollout plan				
New safety & security positions/ personnel	# FSOs & Clinical Security Liaison Nurses hired	HR record				Sep 2018 - April 2020
Updated safety & security policies & procedures	#/nature changes to child visiting, suicide prevention, seclusion (least restraint), security levels, code blue, & code white policies & procedures	BCMHSUS Policy Office record				Sep 2018 - April 2020
	Policy & Procedure Education & Training Plan	Policy & Procedure Education & Training Plan				Sep 2018 - April 2020
	% of policies updated & posted on SHOP as intended	SHOP				Sep 2018 - April 2020
Integrated safety & security reporting processes	#/nature of changes to safety & security related reporting into/from PSLS & WHITE systems	FPH Integrated Reporting Briefing Note				Sep 2018 - April 2020
	Incident Reporting Navigation Tool	Incident Reporting Navigation Tool				Sep 2018 - April 2020
Legal agreements & Standard Operating Procedures	#/nature legal agreements with Shared Services BC & WSI, & SOPs with partners	BCMHSUS Shared Services Record				Sep 2018 - April 2020
Modifications to physical environment	#/nature changes to physical environment	Forensic Psychiatric Hospital Facility Improvement Update document				Sep 2018 - April 2020
Clinical Service Delivery						
Clinical Service Delivery Plan	Clinical Service Delivery Plan	Clinical Service Delivery Plan				Sep 2018 - April 2020
Model of Care	Model of Care	Model of Care				Sep 2018 - April 2020
Provincial forensic mental health clinical standards	#/nature standards developed	Provincial forensic mental health clinical standards				Sep 2018 - April 2020
Additional clinical positions/ personnel	#/nature changes to workforce roles/functions	HR record				Sep 2018 - April 2020
	% of new clinical positions filled	HR record				Sep 2018 - April 2020
Full complement of physicians	#/nature physician staffing vacancies	HR Record				Sep 2018 - April 2020
Changes to clinical leadership roles, functions, & scheduling	#/nature changes to clinical leadership roles, functions, & scheduling	HR Record				Sep 2018 - April 2020
New/ revised clinical documentation	#/nature of changes to clinical documentation	TBD (Barb)				Sep 2018 - April 2020

		DRAFT FPH AP Evaluation Framework				
Performance Area	**Indicators**	**Data source**				**Time frame for data collection**
		Organizational documentation	**Administrative data**	**Stakeholder Input**		
				Survey	**Focus Group/**	
New/ revised clinical documentation processes	CST readiness plan	CST Readiness Plan Final Report				Sep 2018 - April 2020
Patient Needs Assessment	Patient Needs Assessment	PNA Final Report/ Findings				Sep 2018 - April 2020
Trauma Informed Practice plan	TIP plan	BCMHSUS TIP Standards & Curriculum				Sep 2018 - April 2020
Patient journey & clinical flow mapping	Patient Journey maps	Patient Journey Map				Sep 2018 - April 2020
	Clinical Workflows	Clinical Workflows				Sep 2018 - April 2020
New partnerships to support transitions in care	# new/changes to existing partnerships intended to support transitions in care	TBD				Sep 2018 - April 2020
New/ revised Review Board reports & processes	#/nature changes in RB report related roles & responsibilities	RB Liaison Job Description				Sep 2018 - April 2020
	#/ nature changes to RB report writing processes & tools	RB Report Workflow & Reporting Tools				Sep 2018 - April 2020
New/ revised processes to facilitate off-site assessments	#/nature changes to facilitate off-site assessments	TBD				Sep 2018 - April 2020
		Workforce Capacity & Culture				
Workforce psychological health & resiliency plan	Workforce psychological health & resiliency plan	Workforce psychological health & resiliency plan				Sep 2018 - April 2020
Physician & staff engagement plan	Physician & staff engagement plan	Physician & staff engagement plan				Sep 2018 - April 2020
Core clinical competencies	BCMHSUS Core clinical competencies	BCMHSUS Core clinical competencies				Sep 2018 - April 2020
	Core Competencies in Forensic Mental Health	Core Competencies in Forensic Mental Health				Sep 2018 - April 2020
Continuing education & training programs	Specialized continuing education & training programs	BCMHSUS L&D Record				Sep 2018 - April 2020
SHORT-TERM OUTCOMES (April 2020)						
		Safety & Security				
Increased staff capacity & competencies relating to safety & security	Awareness & adherence to *See Think Act*			All staff & physicians supposed to receive T&RS	Patients	Sep 2018 - April 2020
	extent to which staff specializing in safety & security (i.e., PCCs, PCSs, CSLNs, & FSOs) are scheduled as intended (over time & per unit as applicable)		HR or scheduling record			Sep 2018 - April 2020
Strengthened safety & security structures & processes & alignment with applicable standards	Awareness of & adherence to safety & security policies & procedures			Unit staff & physicians		Sep 2018 - April 2020
	Frequency and nature of safety & security related report distribution	Hazard Reporting record	Perf Planning & Management record; PHSA Workplace Experience Network record			Sep 2018 - April 2020
	#/nature WorkSafeBC orders, penalties, & injunctions		WorkSafeBC Record			Sep 2018 - April 2020

FPH Action Plan Completion Report

Performance Area	Indicators	Organizational documentation	Administrative data	Survey	Focus Group/	Time frame for data collection
**DRAFT FPH AP Evaluation Framework**					
		Data source		Stakeholder Input		
Safer & more therapeutic environment for patients, staff, & physicians	# reported patient to staff aggression events		Clinical database &/or HR			Sep 2018 - April 2020
	# reported patient to patient aggression events		Clinical database			Sep 2018 - April 2020
	# Care provider injuries from reported aggression events		Clinical database &/or HR			Sep 2018 - April 2020
	# reported aggression related days lost		PeopleSoft/HR record			Sep 2018 - April 2020
	# Patient injuries from reported aggression events		Clinical database			Sep 2018 - April 2020
	#/nature of hazard reports	Hazard Reporting record				Sep 2018 - April 2020
	# & severity of PSLS reports (i.e., level 3 or above)		PSLS/clinical database			Sep 2018 - April 2020
	Use of seclusion/ least restraint (# & total days)	Clinical database				Sep 2018 - April 2020
	# code blue alerts	Clinical database				Sep 2018 - April 2020
	# patient suicide attempts	Clinical database				Sep 2018 - April 2020
	# patients supervised for suicidality	Clinical database				Sep 2018 - April 2020
	Patient & staff perspective re safety & security				Patient & unit level staff	Sep 2018 - April 2020
	Extent to which modifications to physical environment contribute to patient & care provider safety			Unit staff & physicians		Sep 2018 - April 2020
Clinical Service Delivery						
Greater alignment of service delivery with best practices	Reach & uptake of evidence based practices			Unit staff & physicians		Sep 2018 - April 2020
Greater clinical supervision & support for clinical staff	Extent to which clinical staff receive clinical supervision & support			Unit staff		Sep 2018 - April 2020
	Extent to which clinical leaders adhere to leadership core competencies			TBD		Sep 2018 - April 2020
Shift toward more team-based, patient-centred, & trauma-informed care	Extent to which team-based, patient-centred, & trauma-informed care in place & operational			unit staff & physicians	unit staff & physicians & patients	Sep 2018 - April 2020
	#/nature Patient Advisory Council meetings over time	clnical database				Sep 2018 - April 2020
	Nature patient privillege application process	TBD				
	#/nature Community Meetings over time	clnical database				Sep 2018 - April 2020
Improved transitions along care pathways	Extent to which patient transitions improved (in, through, and to CHS and reg clinics)			unit level staff & physicians, key service partners (reg. clinics, CHS)	Patients	Sep 2018 - April 2020
	Time from deemed safe to transition to actual transition date	Clinical database				Sep 2018 - April 2020
	# clients on waitlist (after deemed safe)	clinical database				Sep 2018 - April 2020
	# of assessments done offsite	Nathan's team				Sep 2018 - April 2020
	% assessments completed as scheduled/ intended	clinical database				Sep 2018 - April 2020
	% transfer meetings completed as scheduled/ intended	clnical database				Sep 2018 - April 2020
	#/% assessments completed prior to patient leaves	clinical database				Sep 2018 - April 2020

FPH Action Plan Completion Report

Performance Area	Indicators	Data source				Time frame for data collection
		Organizational documentation	Administrative data	Stakeholder Input		
				Survey	Focus Group/	
	#/nature staff supported community outings	clinical database				Sep 2018 - April 2020
	#/nature unstructured & structured day leaves	clinical database				Sep 2018 - April 2020
	#/nature visit leaves	clinical database				Sep 2018 - April 2020
	#/nature review board report processes completed as intended	TBD				Sep 2018 - April 2020
Workforce Capacity & Culture						
Improved staff & physician wellness	# of absences		HR record			Sep 2018 - April 2020
	Self-reported reason for absence (recorded in PEARL)		HR record			Sep 2018 - April 2020
	#/nature unfilled vacancies		HR record			
	#/nature of WorkSafeBC claims		TBD			Sep 2018 - April 2020
	Level of staff & physician psychological health & safety			Staff & physicians	Patient	Sep 2018 - April 2020
Increased staff & physician engagement	Extent to which staff & physicians are engaged with their work			staff & physicians		Sep 2018 - April 2020
	#/nature physican collaboration meetings	TBD				
	voluntary turnover		HR record			Sep 2018 - April 2020
Increased specialized professional development opportunities	#/nature specialized professional development opportunities available to staff	BCMHSUS L&D record				Sep 2018 - April 2020
	# staff completed (& enrolled)	BCMHSUS L&D record				Sep 2018 - April 2020
	Trainee perception of training & opportunities broadly			staff & physicians		