New Brunswick Restigouche Hospital Centre and the Centre of Excellence for Children and Youth with Complex Needs

Report of the External Advisor

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I Introduction

In the latter part of January 2019, WebX Executive Consulting (George Weber) was contracted to review the current operating environment of the Restigouche Hospital Centre (RHC), one of 11 institutions in the Vitalité Health Network (VHN), and the Centre of Excellence for Children and Youth with Complex Needs (COE),[1] and to provide independent findings and advice about both facilities to the Minister of Health of New Brunswick.

Mr. Weber was retained for this study based on his extensive and highly relevant experience, including as President/CEO of the Royal Ottawa Health Care Group (the Royal). The Royal is one of 23 Academic Health Science Centers in Ontario providing bilingual specialized mental health and addiction services (tertiary and quaternary level) to adults (including forensic and correctional services) and youth aged 16 to 18 years. The Royal primarily serves Eastern Ontario, with some programs covering the whole province, Western Quebec, Nunavut and Yukon. It consists of two major hospital sites—one in each of Ottawa and Brockville. It also includes office/treatment centers in four other locations that provide inpatient, outpatient and other community services and activities. The Royal includes a Mental Health Research Institute, and teaching facilities and programs connected to the University of Ottawa and other education institutions in the region.

A. Mandate

The expert advisor was specifically mandated to:

- Provide the Minister with an assessment of the Vitalité Health Network's (VHN) current approach and plans to improve treatment and services at the Restigouche Health Centre (RHC);
- Provide the Minister (and VHN as appropriate) with recommendations concerning the quality and implementation of VHN current plans;
- Propose an approach including a monitoring tool for the continued oversight of the VHN action plans; and
- Provide regular updates on progress of implementation to the Minister (to 2020).

Extensive external reviews have been undertaken and reports developed about the RHC and the COE over the last two years. The advisor's mandate specifically excluded the preparation of another detailed report in favour of a focused assessment of the plans, pace and amount of progress made in implementing recommendations contained in those reviews.

[1] The Provincial Youth Treatment Centre is part of the COE.

B. Approach

The study included multiple approaches to gathering and assessing information on which to develop the recommendations set out later in this report, including the expert advisor's:

- review and consideration of all the reports prepared about/for the RHC and COE within the last two years (see Appendix A);
- face-to-face and telephone meetings with individuals and groups directly or indirectly involved RCH and COE (see Appendix B);
- site visits to the RHC and all of its operating units—including brief conversations with some patients and unit staff, and to the Campbellton Regional Hospital (connected to the RHC through a covered walkway) which provides some services to RHC; and
- observations and perspectives gleaned from the above and from the expert advisor's broader experience.

C. Context

The RHC is currently part of the VHN. It opened originally as a provincial psychiatric hospital in the 1950's, with an approach and mandate similar to many other facilities across Canada at the time. By 2010, RHC had some 174 inpatient beds—a significant reduction from the over 700 beds at its peak. RHC was rebuilt and reopened in 2015 with 140 inpatient beds—divided into seven units of 20 inpatient beds each, including three units rated for forensic services.

Today, the facility is a well-maintained and equipped modern mental health facility with a wide array of service offerings. Its main purpose (in addition to its provincial forensic mandate) is to provide tertiary level mental health inpatient treatment to adults with serious mental illness. The facility also uses one of its units on a temporary basis to provide similar specialized services that are designed specifically for children and youth (aged 12 to 18 years).

D. This Report

In addition to verbal findings and recommendations requested by and presented to the Minister (mid-April 2019), this report sets out key findings of the review by G. Weber (WebX Consulting Ltd) and recommendations to the Minister of Health concerning both the Restigouche Hospital Centre and the Centre of Excellence for Children and Youth with Complex Needs (COE). While the two facilities share important context and some interrelationships (for example, common oversight, shared non-clinical services), recommendations are presented separately for each, as they call for independent actions on the part of each facility.

II General Observations and Findings

Based on document review, site visits, interviews, discussions and observations, a number of findings are evident and provide important context and rationale for the expert advisor's recommendations.

A. Overview of Key Findings

On the right track—from a custodial model to a recovery model

- The overall strategic direction that VHN has adopted (i.e., recovery model) is a best practice—as such, the direction undertaken by VHN is positive as it moves away from a custodial model and toward a recovery model approach to care.

The pace of change was initially slow and has picked up in the last six months

- VHN (and onsite RHC management) is making steady if slow positive progress on most of the recommendations made in the 2017 external reports and resulting action plans.

- More specifically, while initially slow, the pace of progress on the 2017 recommendations and related action plans has accelerated since fall 2018, and includes the adoption of new tools, procedures and methodologies as recommended. Initially, and rightly so, VHN had to address urgent quality of care issues raised in the report of Dr. Lapierre (March 2017 report) and prepare for the Accreditation Canada team visit (June 2017) and its aftermath (up to June 2018). Since fall 2018, the pace has considerably increased as foundational pieces (such as policies, procedures and trainings on specific issues) have been put in place.

RHC's mandate to provide tertiary level mental health care is a critical factor in the move to a recovery model

- RHC is a tertiary level mental health care facility with forensic programs, to which patients can be transferred directly from correctional facilities. As such, and with patients who have an average length of stay that is considerably longer than that of an acute care hospital, RHC requires a very different operating environment (e.g., with appropriate tools and staff training to deal with the longer stays and a wider range of risks) than that of a community or regional hospital. There are potential positive and negative implications of longer stays. On one hand, staff get to know patients better than in short-stay acute care settings. On the other hand, there is a risk of staff becoming complacent and not being prepared for patients' unpredictable behaviours (such as aggression, assaults, self-harm) because of their underlying mental illness.

  Moreover, the staff-patient relationship is different in RHC compared to facilities providing acute care and without forensic programs. This important distinction must be understood by all directly involved in RHC operations, must be reinforced by corporate management and is an important consideration in accelerating the changes needed to

improve the facility's safety and quality of care. Moreover, it calls for ongoing updating—not a one-time fix—to reflect constantly emerging new knowledge/best practices that RHC management and clinicians must stay on top of. It calls for a different and sustained way of operating.

- It appears that RHC's pace of movement toward a recovery model is partly constrained by the lack of a well-developed and/or well-understood Provincial continuum of adult mental health care (i.e., a step up/step down system). This type of systemic approach would see care moving through a spectrum, starting with tools for prevention and self care (e.g., for mild or some moderate mental illnesses), then moving to various treatment stops (from community-based services to hospital-based acute psychiatric units) and, for the those with the most complex and serious mental illnesses who cannot be stabilized in these settings, being treated at the RHC.

  Note that in some provinces, patients are generally only transferred to tertiary level mental health care facilities (such as the RHC) if they cannot be stabilized within 14 to 18 days or so at acute psychiatric facilities.

- Also with respect to patient flow and pathways, it is evident that at the RHC some patients who were transferred to the forensic program and classified as not criminally responsible (NCR) for reasons of a mental illness should not have been classified as such and sent for treatment. Findings point to a province-wide issue of quality control in dealing with NCR assessments.

B. Selected Key Achievements/Areas of Progress at RHC

Some key findings point to important achievements and accomplishments, including that the RHC has:

- ✪ Dealt appropriately with the quality of care issues related to certain clinicians and has in place clearer accountability guidelines for practicing psychiatrists working within the facility;
- ✪ Discharged 63 patients who no longer required tertiary level care and has thereby been able to temporarily close two 20-bed units and redeploy staff to other units;
- ✪ Created non-union line managers (former clinicians) as heads of all the units, a step in moving toward a dyad model of unit co-leads (i.e., manager/psychiatrist), which is current best practice;
- ✪ Started to roll out regular "safety huddles" on all the units which could reduce the number of code whites (see sidebar, page 7);
- ✪ Cut the length of time to complete forensic assessments from an average of 25 days to an average of 16 days;

- ✪ VHN has developed a psychiatric residency program in affiliation with the University of Sherbrooke Faculty of Medicine; and
- ✪ Hired Dr. Simon Racine (who wrote one of the main evaluations of RHC in 2017) to continue to assist the RHC with implementation of his and other useful recommendations.

C. Selected Remaining Challenges

While progress is evident, a number of key challenges remain for the VHN and RHC management teams as they continue efforts to improve the safety of patients and staff and the quality of care, including:

Human resources issues

The RHC is part of a provincial system of health care, which itself faces a challenge of hiring and retaining a sufficient number of well qualified health care workers, especially psychiatrists and nurses. This challenge is faced in many parts of Canada and in countries around the world. Some of the human resources challenges faced by VHN and RHC require help from the Department of Health and other partners. (As a point of comparison, in 2018, the Royal (Ottawa) and other hospitals in Eastern Ontario were challenged (and continue to be challenged) to recruit up to 30 psychiatrists to fill gaps).

While there will always be an on going need to continuously recruit clinical and other staff including psychiatrists at the RHC, this is similar to most hospitals across Canada given the comings and goings of professional staff. It is a seller's market. In reviewing the RHC unit staffing patterns, they are currently able to maintain the minimal staffing requirements and for some units, an optimal number. This ability has been assisted through the temporary closure of two operating units and as a consequence, the redeployment of some 25 full time equivalents including five (5) nurses and two (2) registered nurse assistants. They are also able to fill vacant slots due to sickness/vacation or departures through the use of a roster of 52 temporary staff. While the latter is not ideal (don't always know the patients as well as regular staff) this is a practice used in almost all facilities across Canada. The challenge here is to be able to get the right skill mix in at the right time.

Psychiatrist supply issues

RHC currently has six (6) psychiatrists working on the units: two (2) are full time and the other four (4) spend time in the community. Since winter 2019, the four psychiatrists working in the community are required to spend at least 20 hours a week on their assigned inpatient units at the facility. Another two (2) psychiatrists are staring to work part time at the RHC which still leaves the facility and the community operations with a gap of six to seven psychiatrists to be at full complement. As noted earlier, VHN will need the support and assistance from the Department of Health and other partners to recruit and retain more psychiatrists.

Legacy issues

There was constant turnover of VHN leadership before 2015 and RHC leadership prior to 2016. In 2013, the RHC introduced a change management process (to move to a recovery model) that was met with major staff resistance. While the operating environment has been greatly improved since then, some residual negativity remains, which RHC leadership must continue to address to enable smooth, timely progress in a new (more positive) operating environment.

Reputational issues

Some negative publicity circulating around the province about the RHC continues to contribute to stigmatizing people with mental illnesses and has created a disincentive for qualified staff to apply for openings at the RHC. This reputation may persist unless there are clear decisions made about the future of RHC and there is a commitment by all partners to support and continue to build on progress made to date.

Leadership issues

It is clear from interactions the expert advisor had with members of the VHN Board of Directors and its key quality and safety committee that all Board members are well aware of the situation of the RHC and of the COE and the importance of the priority to implement plans, and improve (maximize) safety of staff and patients quality of care. Board members continue to be updated on the RHC transformation to ensure management is making progress on its action plans.

The VHN corporate team tasked with overseeing and supporting the implementation of the RHC action plans, and the RHC line management team, both provided indicators and evidence of progress (to the expert advisor) made on the implementation of the RHC's detailed action plans and the issues that remain outstanding. Both of these teams continue to meet regularly. Their detailed plans will provide useful tools to monitor future progress, along with a new overview monitoring tool which has been developed based on specific indicators that the expert advisor and the Department of Health will track.

Risk issues (Code White)

Given the nature of mental illness, it must be accepted that that there is no such thing as "zero risk" in a mental health hospital setting. Patients suffering from severe mental illness would not be in a facility if they could live safely and independently in the community (and many do so). The challenge here is to anticipate the risks while preventing a negative incident (i.e., aggressive behaviour/assaults and similar events) from happening *before* it escalates and, if it persists, to manage it appropriately. (See below: About Code White)

About Code White

In most instances, the most important factor in preventing a patient incident from happening is the quality of the therapeutic relationship between the on-duty clinician and the patient. If the clinician knows the patient well, s/he can anticipate what triggers a negative episode and can deal with it on the spot. When this does not happen, for a variety of reasons, staff are then able to call what is known as a **"Code White" to protect the patient, themselves, other staff and other patients.**

It is important that staff have this mechanism to be able to call for urgent help when a patient, because of their illness, becomes aggressive, assaults someone or starts to harm themselves. Sometimes with the calling of a code white, the agitated patient automatically calms down while in other situations the code reaction team needs to talk the patient down or wait him/her out. In instances when these techniques don't work, physical measures may be necessary as a last resort. While the number of code whites is an important indicator, it is more important to understand what triggered the call and how it was managed.

III Recommendations to the Minister of Health

The following recommendations include those for action concerning the Restigouche Hospital Centre (RHC), (including for actions to be taken by the VHN, and recommendations for action concerning the Centre of Excellence for Children and Youth with Complex Needs (COE).

A. Recommendations Concerning the Restigouche Hospital Centre

Based on the assessment of findings and observations gained through document review, interviews, site visits and observations on the current situation of the RHC, the external advisor offers four recommendations to the Minister of Health to improve the safety and services at this facility:

1. Keep the Restigouche Hospital Centre (RHC) open—with the Department of Health continuing to support VHN's established strategic action plan. This includes working with VHN to develop competitive recruitment and retention strategies for specific and essential health care professionals.
2. Accelerate engagement with other government departments to assist the RHC in discharging all patients who no longer require tertiary-care services into program placement that better meet their level of care needs.
3. Develop a provincial treatment system framework/continuum of mental health and addiction care. The framework should include outcome measures to identify gaps. Based on the completed framework, a provincial mental health bed capacity plan should be developed and implemented, with beds repurposed appropriately.
4. Assign an appropriate lead to monitor and ensure quality control of forensic assessments in New Brunswick.

Additional recommendations to the Vitalité Health Network

To further improve the safety and quality of care at the RHC and to provide ongoing monitoring of the implementation of their action plans, the expert advisor offers six recommendations for action by the Vitalité Health Network (VHN):

Quality of care

1. Consider hiring/contracting a number of experienced mental health nurse/educators or equivalents to educate staff directly on care units
2. Ensure sufficient funds allocated for training and development at appropriate courses outside the Province.
3. Consider joining national mental health quality networks (e.g., Mental Health and Addiction Quality Initiative (MHAQI)).

Safety

4. Accelerate rollout of safety huddles on all units and qualify more staff as Omega[2] trainers.

Human resources

5. Develop a specific RHC human resources plan with special emphasis on physician and nurse recruitment – short term (1-2 years) and medium term (2-5 years).

Monitoring and control

6. Set up a monitoring system (dashboard) to measure the following indicators either on a monthly (m) or quarterly (q) basis starting from January 1, 2019:

    a. Restraint usage (including physical/manual, mechanical, seclusion and/or use of acute control medication) (m)
    b. Number of severe incidents and action taken as consequence (m)
    c. Percentage of signed interdisciplinary individual patient treatment plans on each appropriate unit. Ensure system set-up to verify plans are being followed. (m)
    d. Percentage of Alternate Level of Care (ALC) days reported during the period (m)
    e. Average length of stay per unit (m)
    f. Percentage of paid sick hours in the period (q)
    g. Average length of time to fill permanent staff positions (q)

Monitoring and control will also reflect results of client surveys undertaken at the RHC since 2017 and results of staff satisfaction and safety surveys undertaken at the RHC since 2017.

[2] Omega is a best-practice methodology for dealing with agitated patients.

B. Recommendations Concerning the Centre of Excellence for Children and Youth with Complex Needs

In addition to the context set out earlier in this report, additional information set out below provides useful context for consideration of the expert advisor's recommendation concerning the COE.

The proposed COE was not part of the original core mandate of the expert advisor. Given that the New Brunswick Ombudsman raised the issue of staffing in his February 2019 report, the expert advisor was asked by the Minister to look into this matter as part of his overall assessment of the VHN action plans. To this end, the expert advisor reviewed two reports on this issue: "Staying Connected: Report of the Task Force on a Centre of Excellence for Children and Youth with Complex Needs" (March 2011), prepared by a group co-chaired by Bernard Richard and Shirley Smallwood, and a later report (November 2017) by Dr. Bruce Ferguson entitled "Report of the External Consultant on the New Brunswick Network of Excellence for Children and Youth with Complex Needs."

To supplement the review of these important reports, the expert advisor visited the current temporary specialized Child and Youth Mental Health Treatment unit (on Unit C-2 in the RHC).

As background, this unit was closed to adult patients in March 2018 and converted to a temporary 12-bed child/youth unit) of which four (4) beds are for youth forensic patients and the remaining (8) beds are for children and youth with major behaviour issues tied to potential mental illnesses. This temporary unit was opened while awaiting construction of a new 15-bed facility (to include five (5) beds allocated to forensic youth patients). At the time of the expert advisor's visit, the outer structure of the new build was completed, with interiors yet to be finished. Of note, the facility accommodates youth aged 12 to 18 years of age.

Plans for the Provincial Youth Treatment Centre (part of the COE) are in good shape

The expert advisor held discussions with patients and unit staff, as well as with the Child and Youth clinical and management team (including the lead psychiatrist) to review their plans for the proposed COE. Discussions encompassed their mandate, clinical and patient flow plans (e.g., referral process), treatment modalities and current and future staffing patterns and skill mix. Discussions, as well as first-hand observations, contributed to the advisor's perspectives, including that the unit is well equipped (as is the case for other units in RHC) and that the unit had (at the time of the visit) a good staff/patient ratio.

The expert advisor's opinion is that plans for the COE are reasonable and that current and future staffing requirements are, in many ways, in good shape at this stage.

Attention needed for youth who have aged out

That said, one area that calls for further consideration is the patients who have "aged out" of the unit (i.e., who are over age 18 years) and who are not stable enough to be discharged to the

community. The expert advisor's experience points to a population with the biggest unmet needs now and in the future—transitional youth between the ages of 18 to 25 years. It is well accepted that the brain is not fully developed until approximately age 25 years. When it comes to diagnosis and treatment, some patients have one foot in the younger (aged 12 to 18 years) grouping and one foot in the adult arena. This "transition" population may need special handling that calls for flexibility between a youth unit and an adult unit, as well as interfacing protocols and close collaboration. This would also be the case for forensic patients in the transition years.

Of note, the work done to prepare for the proposed opening of the COE is impressive. The expert advisor supports Dr. Ferguson's report and his recommendations, including for work that needs to be done prior to opening of the proposed COE, and his proposal to call the whole enterprise a "Network of Excellence" (as opposed to Centre). The proposed Network would include various components in different locations, including a specialized Provincial Youth Treatment Centre (PYTC) in Campbellton with a satellite resource centre which would also support all the components of the Network. It is the expert advisor's opinion that most, if not all of Dr. Ferguson's recommendations should be implemented (if they have not already been completed).

Specific recommendation to the Minister concerning child and youth mental health and the Centre of Excellence for Children and Youth with Complex Needs:

1. Accelerate work focused on the development of a provincial treatment system framework/continuum of care for children and youth with complex mental health needs. Develop and implement a provincial treatment framework for this population, including transitional youth aged 18 to 25 years. The framework should include outcome measures to identify gaps.

   To supplement this recommendation, establish a formal arrangement with pediatric psychiatrists and maintain a reasonable number of other qualified staff that are in place to support the PYTC in Campbellton. All these actions should take place prior to the opening of the new PYTC.

IV Conclusion

Based on extensive review of recent documents, reports and expert recommendations, as well as interviews, site visits, first-hand observations and extensive experience with adult and youth mental health, it is the opinion of the expert advisor that a lot of very good work has been done to evaluate the situation of the RHC by well qualified external consultants in 2017, including for the Centre of Excellence for Children and Youth with Complex Needs.

The RHC action plans to address the safety and quality of care issues are detailed and are being acted upon. While it is taking time to implement the action plans, they have made good progress. It is clear that there is now increased momentum to accelerate implementation as well as realization by all involved that that *Simple Fixes Do Not Work Any More*.

- Consistent implementation is key.
- Implementation is a journey, not an event.
- The pace of implementation needs to be accelerated.
- Implementation requires dedicated leadership, drive, energy and courage.

As part of the Provincial Health Care System, the VHN will need the ongoing support and encouragement of the Department of Health, other departments and other partners. By working together and expeditiously, New Brunswick has an opportunity to get it right by developing and implementing an appropriate Adult and Child/Youth Patient's Continuum of Mental Health Care, in the form of a step up / step down system.

Appendix A: Reports and Documents Reviewed

The following documents, reports and presentations were reviewed by the expert advisor. This list is not exhaustive.

Documents received from Department of Health

- PowerPoint presentation on Health System Governance
- Failure to Protect – New Brunswick Ombudsman – February 7, 2019
- Standing Committee on Procedure, Privileges and Legislative Officers – minutes from February 7, 2019 concerning New Brunswick Ombudsman release of Failure to Protect
- Vitalité Health Network / Restigouche Hospital Centre Interim report – January 2019
- Rapport sur l'organisation et le fonctionnement – Dr. Simon Racine – March 2017
- Avis au PDG – Dr. Patrick Lapierre – March 2017 *(received by VHN during March visit*)
- Staying Connected – a report of the Task Force on a Centre of Excellence for Children and Youth with Complex Needs – March 2011
- Report of the External Consultant on the New Brunswick Network of Excellence for Children and Youth with Complex Needs – November 2017
- Document with media clips following release of Failure to Protect document
- Vitalité Health Network – relevant organizational charts
- Vitalité Health Network – list of Board of Directors
- Accountability Agreement between Minister of Health and Regional Health Authorities
- New Brunswick Mental Health Act
- Proceedings on Working Towards a Shared Vision for Forensic Mental Health Services in New Brunswick

Documents received from Vitalité Health Network (VHN)

- Information binder : « service l'unité pour jeunes Campbellton » (unité provisoire centre de traitement provincial pour jeunes)
- Copies of the RHC Detailed Action Plans (segmented into five separate interlinking projects)
- Detailed RHC staffing charts for all five operating units
- Accreditation Canada Final Report on VHN
- Copies of Appropriate policies affecting VHN/RHC operations (e.g., Transparency and Openness Framework for Communication and Publication of Results)

- PowerPoint presentation on the Restigouche Hospital Centre organization and its operations
- Relevant press releases related to RHC operations
- VHN individual expectations of members of the Psychiatry Department (Zone 5) including administrative rules and duty definitions
- PowerPoint presentation on the transformation of the Restigouche Health Centre

Appendix B: Key Informants

The expert advisor met with or had telephone discussions with a wide range of individuals in New Brunswick, either one-on-one or in groups, including (but not limited to) the following. In many cases, more than one meeting, briefing and/or site visit was undertaken with the same individuals.

Government of New Brunswick

Department of Health

- Minister Flemming
- Deputy Minister Tom Maston
- Associate Deputy Minister Claude Allard
- Executive Director AMH Gisèle Maillet
- Director AMH Yvette Doiron
- Bruce MacFarlane, Director of Communications

Department of Social Development

- Deputy Minister Eric Beaulieu
- Assistant Deputy Minister Jean Rioux
- Assistant Deputy Minister Lisa Doucette
- Director Bill Innes

Department of Justice

- Assistant Deputy Minister Charbel Awad
- Director Joanne Higgins

New Brunswick Health Council

- Stephane Robichaud, Chief Executive Officer
- Michelina Mancuso, Executive Director, Performance Measurement

Ombudsman's office

- Charles Murray

Vitalité Health Network

- Board of Directors
- Gilles Lanteigne, President/CEO
- Members of the senior management team
    - Giselle Beaulieu, Vice President, Performance Quality and General Affairs
    - Jacques Duclos, Vice President of Community Services and Mental Health
    - Dr. Nicole Leblanc, Regional Medical Chief of Staff
    - Dr. France Desrosiers, Vice President, Medical Services, Training and Research--

- Medical Staff
    - Dr. Catherine Benoit, Local Medical Chief of Staff
    - Dr. Martin Robichaud, Medical Director
    - Dr. Simon Racine, Acting Chief, Department of Psychiatry

- Department of Human Resources
    - Réjean Bédard, Director, Human Resources
    - Claire Morin, Human Resources Advisor (assigned to RHC)

- Mental Health Section – Adult, Community and Addiction Services
    - Rino Lang, Director, Adult Mental Health and Addiction Services
    - Management Team

- Communications Section
    - Jean Rene Noel, Director, Communications and Community Engagement

- Directorate, Centre of Excellence for Youth
    - Carole Gallant, Director, Youth Services
    - Christine Gallant, Centre Manager
    - Dr. Grant, Lead Pediatric Psychiatrist

Restigouche Hospital Centre

- Martin Brosseau, Acting Director, Tertiary Level Psychiatry and Forensic Services
- Management Team—including Unit managers
- Forensic Unit (F1 Psychiatric Assessments)
    - Dr. Christopher Bryniack, Lead Forensic Psychiatrist
    - Jill Doucet, Unit Manager

- A number of patients and RHC Unit clinical staff