Recommendations of the
Sherry Jean Ball Jury Inquest
Feb 29 - March 1, 2016

1. An optimal compliment of psychiatrists and medical staff is necessary to ensure an appropriate and consistent level of care.

2. Continue to explore additions to the provincial formulary for long acting injectibles.

3. Review and update search policy to ensure that patients may be subject to search upon return from 'punctuals' and/or day passes.

4. Ensure appropriate updated documentation for patients' personal items are kept at all times.

5. Recommend adopting the recommendations of:
   Psychiatric report (addendum) dated January 14, 2016
   by R. Kronfli, MB FRCPC , documented as c-17

Summary of Kronfli recommendations as part of the Coroner's Inquiry into the death of Ms. Ball at the Hillsborough Hospital (in no specific order of priority)

1. Transfers from one facility to another cannot be made over the weekend or on Fridays, unless the transfer is made to a higher level of care as dictated by the clinical condition of a patient.

2. Transfers cannot be made without a clear and comprehensive discharge summary and documentation and direct documented communication between physicians. Even if the transfer is within the same program.

3. Transferred patients need to be evaluated by the receiving psychiatrist within the first 12 hours.

4. Transfer to another "lower level of care" or "chronic" facility, cannot be made when the patient is still actively ill and the medications are still being adjusted. A period of 2 weeks at least of stable mental state and no changes in core medications is required. If exceptions are made, this needs to be documented and extra measures and documentation by transferring and receiving psychiatrists need to be clear and comprehensive.

5. Patient's property upon transfer needs to be checked for any potential use for harm. i.e.: corded lamps, corded radios, sharps, etc…

6. The physical environment needs to be evaluated and remove any fixtures that could be used as anchors. The use of collapsible rods, reversible hooks, door handles facing downward, etc…, need to be adopted.

7. Review of “Patient Observation Levels” and streamlining the process is needed. i.e.: Patient cannot have “punctuals” (unsupervised passes) while being confined in hospital and on 30 minute checks.

8. Admission Policy to Hillsborough Hospital needs to be reviewed. All transfers to Hillsborough are supposed to go to Unit 3. Policy states that exceptions could be made but these need to be identified and remedial measures need to be established and clearly identified if that exception is invoked.

9. Unit staff can place a patient on a higher level of observation and a telephone conversation with the psychiatrist is mandatory and an order is obtained.

10. Patients cannot be moved to a lower level of observation, especially after seclusion, without being assessed by the psychiatrist on site and clear documentation and rationale is filed.