ALBERTA

Report to the Minister of Justice and Solicitor General
Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the Court House

in the Town (City, Town or Village) of Ponoka (Name of City, Town, Village), in the Province of Alberta,

on the 22nd day of November, 2017 (year), (and by adjournment

on the _____ day of _____, _____ (year)),

before Gordon G. Yake, a Provincial Court Judge,

into the death of Aldo Digiacomo (Name in Full) 48 (Age)

of Calgary, Alberta (Residence) and the following findings were made:

Date and Time of Death: July 3, 2015 between 6:30 p.m. and 8:10 p.m.

Place: The Centennial Centre for Mental Health & Brain Injury, Ponoka, Alberta

Medical Cause of Death:
("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – *Fatality Inquiries Act*, Section 1(d)).

Asphyxia by hanging

Manner of Death:
("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – *Fatality Inquiries Act*, Section 1(h)).

Suicide

Circumstances under which Death occurred:

See attached

Recommendations for the prevention of similar deaths:

See attached

DATED February 8, 2018,

at Red Deer, Alberta.

Original signed by

Gordon G. Yake
A Judge of the Provincial Court of Alberta

Report to the Minister of Justice
and Solicitor General
Aldo Digiacomo Public Fatality Inquiry

Circumstances Under Which Death Occurred

1. Introduction

[1] On July 3, 2015 Aldo Digiacomo was found suspended by a cloth ligature from a tree located on the grounds of the Centennial Centre for Mental Health & Brain Injury ("Centennial Centre") located near Ponoka, Alberta. At the time of his death Aldo Digiacomo was a formal patient under the *Mental Health Act.*

2. Persons Appearing and Evidence Presented at the Fatality Inquiry

[2] Inquiry counsel was Jennifer Stengel. Anthony Friend appeared as counsel for Mr. Digiacomo's treating psychiatrist Dr. Douglas Alan Urness. Jay Guthrie appeared as counsel for Alberta Health Services.

[3] Mr. Digiacomo's widow, Laura Digiacomo attended and at Ms. Stengel's request was allowed to sit at counsel table with Ms. Stengel.

[4] Ms. Stengel called six witnesses:

1. Dr. Urness;
2. Psychiatric nurse Tamera Leahann Olson;
3. Personal care aide Kim Vera Johnson;
4. Psychiatric nurse Jeremy Mah;
5. Registered psychiatric nurse Jerel Troy Caldwell; and
6. Terrance Cecil Gorrell, currently Program Manager for the Adult Inpatient Program at the Centennial Centre.

[5] Laura Digiacomo did not testify or present any evidence.

[6] No witnesses were called to testify by Mr. Friend or Mr. Guthrie.

[7] Three exhibits were entered by consent:

Exhibit 1 – a binder containing documents under Tabs 1-54;
Exhibit 2 – the curriculum vitae of Douglas Alan Urness; and
Exhibit 3- Quality Assurance Review – Summary of Recommendations

3. Facts

[8] All Tabs referred to herein are found in Exhibit 1.

[9] Except as otherwise stated, all of the events described herein occurred in 2015.

The Centennial Centre

[10] The Site Plan of the Centennial Centre is depicted at Tab 38. It is comprised of 550 acres containing various buildings that house and service an Adult Inpatient Program, a Seniors Mental Health Program and the Halvar Johnson Centre for Brain Injury. Other buildings used for supervised recreation and social activities include a cafeteria, a swimming pool supervised by a lifeguard, a gymnasium, a weight room, a woodworking shop, a crafts area, a computer lab, an education centre, an area called Town Centre and a snack bar called the Rendezvous.

[11] The Parragon House where Mr. Digiacomo was lodged has locked doors between it and the general hallway leading to the rest of the facility. When Mr. Digiacomo was granted the privilege of "going off unit" he was allowed to access the buildings beyond the locked doors of the Parragon House. Further security, as described below, was in place to control his access to the exterior grounds.

[12] The exterior grounds include an old baseball diamond, parking lots, walking paths, roads, lawns, parks and treed areas.

[13] Once Mr. Digiacomo was off his unit he could access the exterior grounds only when he was granted privileges to do so. To do so he was required to check in at the main desk near the main entrance. From there he walked a short distance to the main entrance doors, either under the watch of the employee at the main desk or an employee stationed by the main entrance doors.

[14] Records for each patient are kept at the main desk. Only patients who have been granted permission to walk on the exterior grounds are allowed to exit. The dates and times that each patient exits and returns are recorded.

[15] A General Search Plan (Tab 51) governs the action to be taken when a patient fails to return on time.

[16] While there were CCTV cameras at the main entrance and the courtyard, as of July 3 there were no CCTV cameras on the exterior grounds. Since July 3 CCTV cameras monitoring the courtyard have been installed. However, there are currently no other CCTV cameras set up on the exterior grounds.

[17] As of July 3 there was no full time security staff routinely patrolling the exterior grounds. Irregular patrols were made around buildings in areas where patients typically congregate to prevent inappropriate activities.

[18] From the evidence it appears that there is limited night time lighting of the exterior grounds.

Mr. Digiacomo's Recent Psychiatric History

[19] Mr. Digiacomo suffered from severe and treatment resistant obsessive-compulsive disorder ("OCD") with comorbid depression and suicidal ideation. He was first diagnosed at age 16.

[20] From August 7, 2012, and continuing until his transfer to the Centennial Centre on January 19, 2015, Mr. Digiacomo had a history of almost continuous admissions as a psychiatric inpatient to the Calgary Foothills Medical Centre ("FMC") and other hospitals in Alberta. From

November 7, 2013 to January 19, 2015 he was a formal patient at FMC under the *Mental Health Act*.

[21] Before he was transferred to the Centennial Centre, Mr. Digiacomo was treated with electro-convulsive therapy and essentially every known pharmacotherapy for OCD. Cognitive behavioural therapy was also unsuccessfully attempted by several qualified practitioners.

[22] On December 17, 2014 Mr. Digiacomo underwent gamma knife radiosurgery without apparent complications or adverse effects. He was recuperating from that procedure when he was transferred from FMC to the Centennial Centre.

[23] In a letter dated December 31, 2014 sent to the Centennial Centre by Dr. Will White of FMC (Tab 13), Mr. Digiacomo was assessed as markedly symptomatic, profoundly impaired in his functional capacity, requiring substantial external structure in order to elicit basic hygiene and personal care, and unable to manage even the most basic activities of daily living outside the hospital milieu.

[24] In that letter Dr. White noted that although Mr. Digiacomo continuously asked to be released to return home, when he was given passes his family members (wife and brother) always returned him to hospital with reports that he had threatened or attempted suicide, leaving his wife and brother feeling powerless to help him.

Mr. Digiacomo's History at the Centennial Centre

[25] Mr. Digiacomo was transferred to the Centennial Centre for rehabilitation and long term treatment. It was expected that if there were to be any therapeutic effects of the gamma knife radiosurgery it would take several months, and perhaps a year, for those therapeutic effects to manifest.

[26] Upon arrival at the Centennial Centre on January 19 Mr. Digiacomo was housed in the Adult Inpatient Program Unit described as "Parragon", depicted on the Site Plan to be in the northwest corner of the grounds.

[27] He was on his fourth set of Renewal Certificates, and was due for review again on February 1. Pursuant to Renewal Certificates issued by Mr. Digiacomo's treating physician and psychiatrist Dr. Urness at the Centennial Centre on January 28 and January 29 (Tab 11), Mr. Digiacomo's status as a formal patient under the *Mental Health Act* was extended to July 29.

[28] When Dr. Urness interviewed him on admission it was apparent that Mr. Digiacomo presented a significant risk of suicide. Dr. Urness and other staff members at the Centenennial Centre were aware that Mr. Digiacomo had previously seriously attempted suicide. Dr. Urness was aware that he had done so at least five times before he arrived at that facility. Those attempts included attempted asphyxiation, attempted hanging, attempted carbon monoxide overdose and attempted medication overdose.

[29] Neuropsychological testing did not reveal any residual signs of brain injury or cognitive impairment resulting from those attempts.

[30] Because of his history of attempted suicide Mr. Digiacomo was initially designated "acute 15 nil", with the result that that he was to be observed every day by a physician, observed

by nursing staff or therapy staff at least every 15 minutes, and was not allowed to go off his unit unless he was accompanied by a staff member.

[31] The treatment goals at the Centennial Centre were to allow for a period of observation and review of the effects of the gamma knife surgery, to consider possible medication changes and to expose Mr. Digiacomo to the benefits of the therapeutic atmosphere of the Centennial Centre. He was encouraged to attend therapy programs. It was hoped that Mr. Digiacomo would, over time, earn more freedom and privileges by demonstrating that he was stable and not likely to harm himself.

[32] These treatment goals were communicated to Mr. Digiacomo's family members.

[33] Mr. Digiacomo's medications were carefully administered and occasionally varied. The information contained in the Physician's Progress Notes (Tab 15), the Interdisciplinary Care and Case Conference documents (Tab 19), the Observation Records (Tab 20) and the Multidisciplinary Progress Records and Notes (Tab 21) show that he was carefully monitored.

[34] As Mr. Digiacomo progressed, his privileges were gradually extended. As of January 26 he had "courtyard privileges" that allowed him to go to a fenced green space accessible directly from his unit, provided that he was accompanied by a staff member.

[35] That progress was interrupted on May 8 when Mr. Digiacomo tied a string around his neck in an apparent suicide attempt. As a result he was put in seclusion. When questioned by staff he denied attempting suicide and said that he was trying to "experience a buzz".

[36] From May 8 to May 10 he was observed every 15 minutes and he was restricted to his room. On May 10 his room restriction was removed and he was allowed to leave his room when accompanied by staff (described as "Q15" in the Physician's Progress Notes found under Tab 15)

[37] On May 19 he was allowed accompanied walks and his observation level was extended to once every 30 minutes (described as "Q30A" in the Physician's Progress Notes found under Tab 15 and in the Multidisciplinary Note for May 19 found under Tab 21).

[38] The Physician's Progress Notes (Tab 15) and the Multidisciplinary Notes (Tab 21) show that from May 10 forward Mr. Digiacomo was monitored closely and that he interacted with Dr. Urness and staff regularly. Over that period of time his suicidal ideation appeared to abate somewhat, although he was continuously distressed by thoughts indicative of his obsessive compulsive disorder. He made many requests to be allowed to go home to Calgary for an overnight visit.

[39] From the Physician's Progress Note dated June 19 (Tab 15) and the Multidisciplinary Note for that date (Tab 21), it appears that on June 19 Mr. Digiacomo's status was changed to "Q30A" and Q30U x 2/shift", allowing him to walk unaccompanied off of his unit, around the Centennial Centre and its grounds, twice per shift for 30 minutes at a time. He was not allowed unaccompanied off-unit privileges after 7 p.m. (Tabs 50 & 51)

[40] By June 22 Mr. Digiacomo was allowed to attend talk therapy groups unsupervised for up to 60 minutes. (Tab 16)

[41] I understand the decision to allow Mr. Digiacomo the privilege of unaccompanied walks was made by Dr. Urness in order to encourage Mr. Digiacomo to more frequently access activities that took him away from his OCD distractions. It is clear Dr. Urness carefully attempted to balance Mr. Digiacomo's safety with his right to and his need for autonomy and personal dignity. In this regard, I note that Alberta Health Services Use of Observation, Privileges and Passes Policy (Tab 22) states, *inter alia*:

> Patients have a right to the least restrictive care, based on their level of functioning, and a right to information regarding their assigned observation level.

[42] On June 27 Mr. Digiacomo was granted an overnight leave of absence to visit his wife, his son and his brother Ross in Calgary. His brother picked him up at the Centennial Centre on June 27 and returned him to the Centennial Centre on June 28.

[43] Mr. Digiacomo's brother reported that the visit went well. Dr. Urness testified that Mr. Digiacomo said that his home visit went reasonably well.

[44] On June 30 at 7:15 a.m. Mr. Digiacomo's wife reported by telephone that during his visit to Calgary Mr. Digiacomo was argumentative, angry, extremely agitated, and displayed an unpredictable mood. She said that she thought he was suicidal, but he had not taken any suicidal action. She thought that he needed constant monitoring.

[45] The evidence presented shows that Mr. Digiacomo was closely monitored at the Centennial Centre both before and after June 30. There is no evidence that Dr. Urness or any staff member failed to comply with Alberta Health Services Policies, found at Tabs 22 to 28 inclusive, relating to observation, privileges and passes, suicide risk screening, assessment and management, safety planning or actions to be taken after a suspected or confirmed inpatient attempted suicide.

[46] The evidence describing the observations made of Mr. Digiacomo must be considered in conjunction with the testimony that Dr. Urness gave that Mr. Digiacomo's risk of suicide changed from day to day, and that the dynamic nature of suicide risk is well recognized.

[47] The Multidisciplinary Notes (Tab 21) and the Physician's Progress Notes (Tab 15) record particularly relevant observations of Mr. Digiacomo from June 30 to July 3.

[48] On June 30 he was anxious, his affect was "blunted", he complained of and was provided medication for a stomach ache and he was upset about a plan that had been put in place to schedule his telephone contact with his family members to address concerns about his excessive telephone calls.

[49] On July 1 he followed his care plan requirements and reported his anxiety level as "medium". He made eye contact and engaged with staff when approached. He utilized his privileges and unsuccessfully attempted to use the telephone to call home. At 9:50 p.m. he was seen pacing and becoming noticeably more anxious.

[50] On July 2 he briefly used his privileges and at 2:00 p.m. he expressed a desire to go home. At 9:45 p.m. he was seen pacing in the dining hall and was unwilling to participate in activities. He challenged and then accepted explanations of the limits on his privileges. He was noted by Dr. Urness to be anxious, intensely staring and to express fleeting suicidal thoughts. Dr.

Urness consulted Dr. Nordal about the possibility of using electroconvulsive therapy to treat Mr. Digiacomo for depression, but that course of treatment was not followed because Dr. Nordal said that it was not recommended for a full year after gamma knife radiosurgery.

[51] On July 3 he slept through the morning hours. At 1:30 p.m. he had to be prompted to get out of bed, missed a weight room activity and complained of an upset stomach. He was seen pacing and he reported ongoing anxiety, but denied suicidal ideation and was noted to be evasive when staff attempted to engage him in conversation. At about 4 p.m. he had a five to ten minute meeting with Dr. Urness and registered psychiatric nurse Jerel Troy Colwell. They had no concern that Mr. Diagacomo was thinking about committing suicide that day.

[52] At 5 p.m. Mr. Digiacomo ate supper. At 5:45 p.m. he went for a walk around the exterior grounds of the Centennial Centre and returned at 6:10 p.m.

[53] At 6: 30 p.m. Mr. Digiacomo went for another walk around the exterior grounds. He was signed out by Personal Care Aide Kim Vera Ellen Johnson, who was working at the desk by the main entrance. She was familiar with him. She had a brief conversation with him during which she reminded him that he had to be back by 7 p.m. and he said he was aware of that requirement. Ms. Johnson did not notice anything unusual in Mr. Digiacomo's conversation or appearance.

[54] At 7:05 p.m. Ms. Johnson realized that Mr. Digiacomo had not returned from his walk. She therefore notified staff members and a search of the Parragon House and the snack bar area was conducted. This was essentially a quick Level One Search as described at Tab 54 (General Search Plan).

[55] When Mr. DiGiacomo was not found at those locations a Level Two Search as described at Tab 54 was conducted. Central Services Manager Jerry Mah testified that he first heard that Mr. Digiacomo was missing at 7:35 p.m. and that he called for the Level Two Search at 7:36 p.m. That search started at 7:40 p.m.

[56] There were three designated search areas (Adult Psychiatry Centre, Ferintosh House and Orion House). Staff members were summoned to their designated respective search area and they fanned out from those areas to search.

[57] A coordinator was assigned to each search area. The coordinators communicated with each other through Spectra phones.

[58] At 8:00 p.m. a *Mental Health Act* Form 3 was issued to notify the RCMP of Mr. Digiacomo's absence. At about the same time, Mr. Mah called the Ponoka RCMP to provide verbal notice of Mr. Digiacomo's absence, and to provide the RCMP with his physical description.

[59] At 8:10 p.m. Mr. Digiacomo was found by two staff members hanging from a tree with a ligature around his neck. He was found at a fairly heavily treed area west of the Parragon House.

[60] The photographs at Tab 10 show that the ligature appears to have been made from cloth bandages. There is a policy in place that restricts patients' access to refuse, including old bandages and other items that patients could use to harm themselves. There is no evidence explaining how Mr. Digiacomo acquired the bandages that he used to construct the ligature he used.

[61] Mr. Colwell was called to the scene. He discovered that no scissors or other cutting implements were available at the scene. Mr. Digiacomo remained hanging from the tree until about 8:15 p.m. when a knife was brought to the scene. Mr. Digiacomo was then cut down, placed on the ground and CPR was started. At about 8:35 p.m. a defibrillator ("AED") was applied, but after about 30 rounds without a shockable rhythm Mr. Digiacomo was pronounced dead by Dr. Gates.

[62] Terrence Cecil Gorrell, the Program Manager for Adult Inpatient Programs, testified that since Mr. Digiacomo's death a quality assurance review has been conducted. As a result, the content of physician's backpack brought to medical emergencies on the exterior grounds has been expanded to include a functioning AED, and that the contents of that backpack are audited monthly. Also, the scissors or shears have been added to the searchers' backpacks, and those backpacks are also audited monthly.

[63] Mr. Colwell also testified that, as a result of the quality assurance review:

(a) the policy relating to the initial code yellow (i.e. Level One) searches has been updated;
(b) staff are now provided with single page checklist describing the areas to be searched, with time targets for each step in that search protocol. (Tab 35);
(c) more education relating to code yellow is offered to staff on a regular basis;
(d) a search map has been created that depicts the paved surfaces on the exterior grounds in order to assist operators of search vehicles;
(e) an infrared camera is available to searchers; and
(f) some additional security personnel have been hired.

Recommendations for the prevention of similar deaths:

[64] In light of the circumstances of the death of the Deceased and the determination of the issues that arise in relation thereto I make the following recommendations:

(a) a comprehensive CCTV system should be set up to monitor the exterior grounds to which patients have access, with specific policy developed to ensure 24 hour monitoring and recording;
(b) lighting of the exterior grounds should be improved to aid searchers at night and to aid night time CCTV recording of the exterior grounds;
(c) staff members who are assigned to conduct searches should receive training in search and rescue techniques from qualified search and rescue instructors; and
(d) a regular schedule of security patrols of the exterior grounds should be established and sufficient qualified security personnel should be hired to meet that schedule.