Addiction and Mental Health Strategic Clinical Network™

Emergency Strategic Clinical Network

M.A.P.S Annual Showcase

October 24, 2018

Alberta Health Services

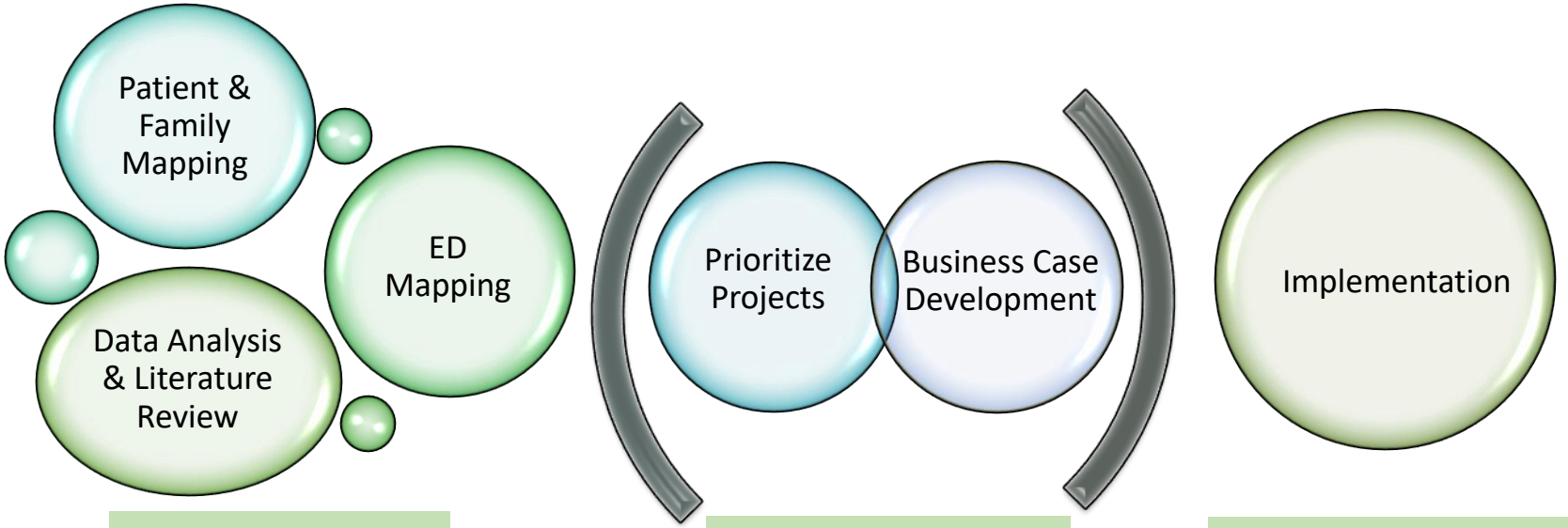
Inspiring solutions. Together.

Strategic Clinical Networks™

Helping Kids and Youth in Times of Emotional Crisis

- Youth presentations to the Emergency Department (ED) for AMH related concerns are increasing
- Valuing Mental Health Report identifies need to improve care at the Emergency Department
- Office of the Auditor General Report identifies concerns with Addiction & Mental Health care in emergency settings
- Patients and families express concerns with care in the emergency

Project Background



PHASE I
Current State Complete February 2018

PHASE II
Starting March 2018

PHASE III
November 2018

Phase I: Collect the Current State

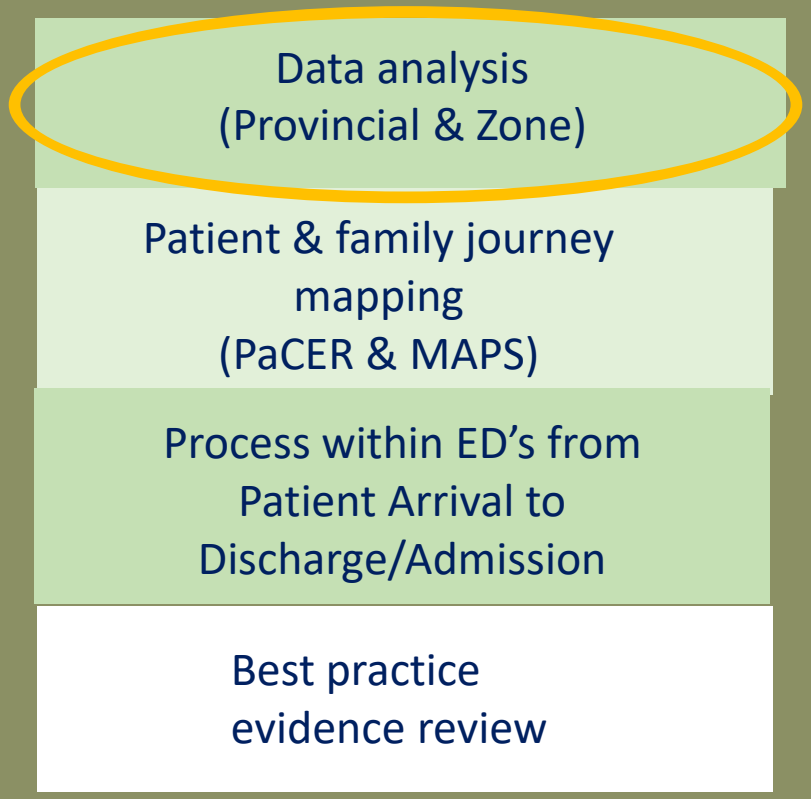
Data analysis
(Provincial & Zone)

Patient & family journey mapping
(Patient and Community Engagement Research – PaCER
and MAPS Alberta Capital Region - MAPS)

Process within ED's from Patient Arrival to Discharge/Admission

Best practice evidence review

Phase I: Collect the Current State



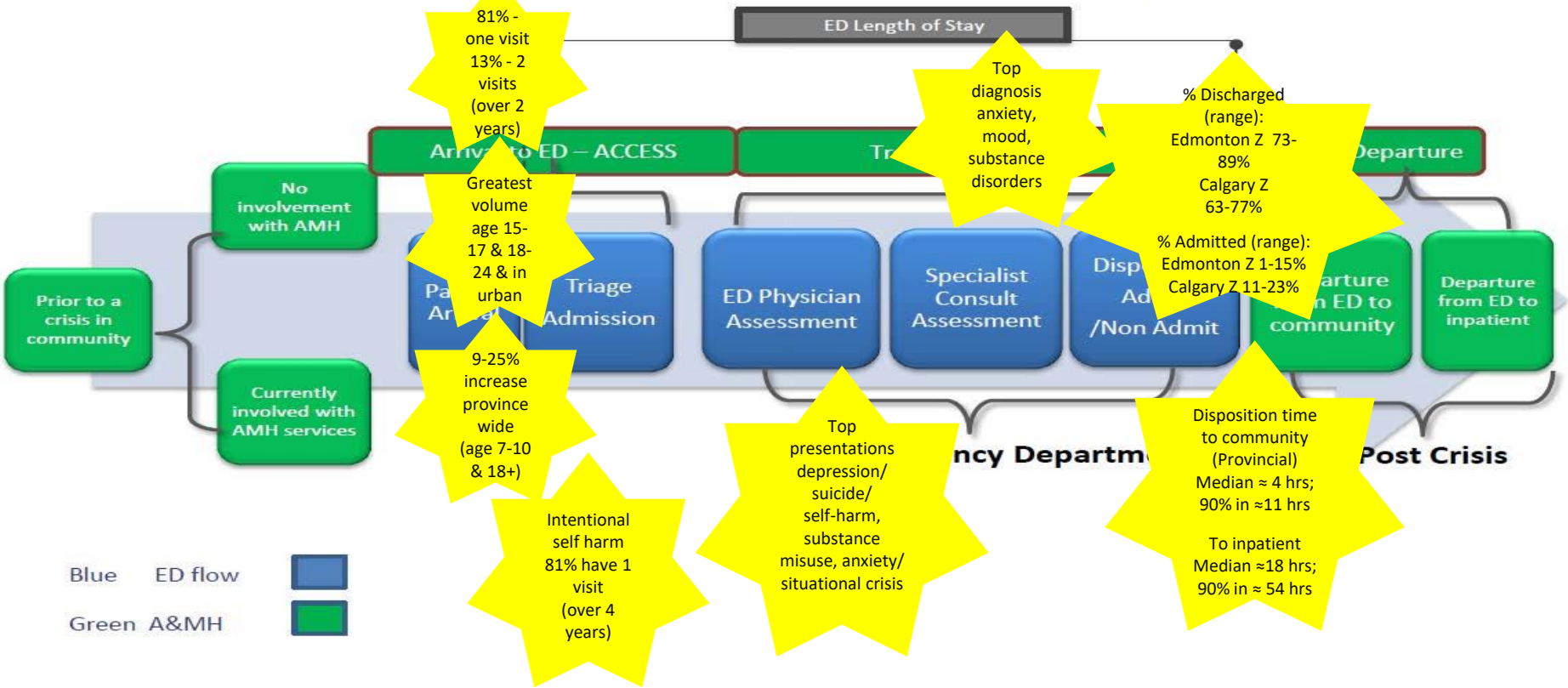
Zone and provincial level data gathered with support from AMH and ED analysts:

- Pre-crisis
- At the ED
- Post-ED visit

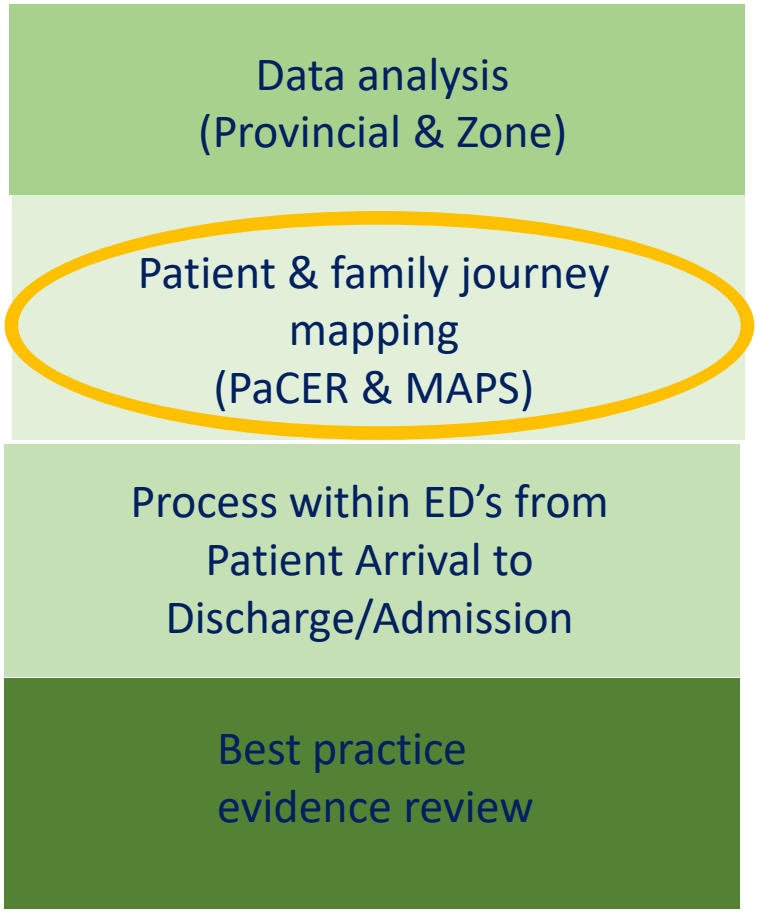
OUTCOME:

- A data report summarizing data throughout the patient's journey in the ED

ED/A&MH Patient Journey Map



Phase I: Collect the Current State



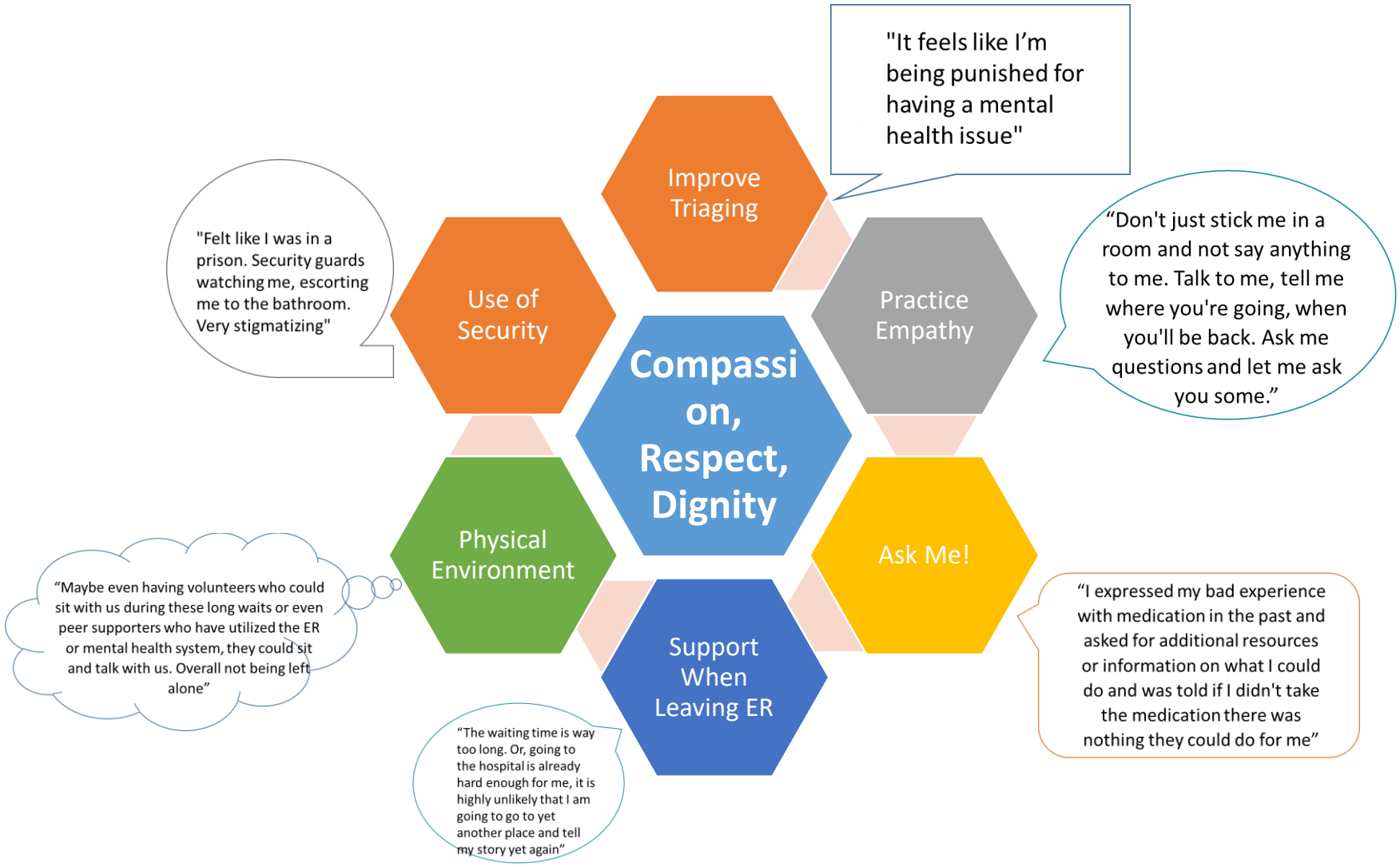
Youth and family experiences were gathered using:

- Online Surveys
- Focus Groups
- 1:1 Interviews
- Webinars

OUTCOMES:

- A visual journey map of youth's experiences was created and validated by youth (MAPS)
- A report on family and caregiver's experiences was created (PaCER)

	Youth	Family & Caregivers
Number of Respondents	992	553
Average Age of Child/Youth	20.8	18.75
Biological Sex of Child/Youth	92% female 8% male	56% female 44% male
Identify with a Minority Group	13.2%	15%
LGBTQ	53%	15%
Other	26%	31%
Indigenous	17%	55%
Physical Disability	4%	N/A
Age of Child/Youth at First ER Visit	16.3	14.67
Geographical Location		
Calgary Zone	31%	34%
Edmonton Zone	34%	35%
Southern Alberta	13%	12%
Central Alberta	11%	14%
Northern Alberta	10%	11%
Employment with AHS	N/A	67% Not with AHS 12% Nurses 12% Non-Clinical Staff 8% Clinical Staff 1% Physicians

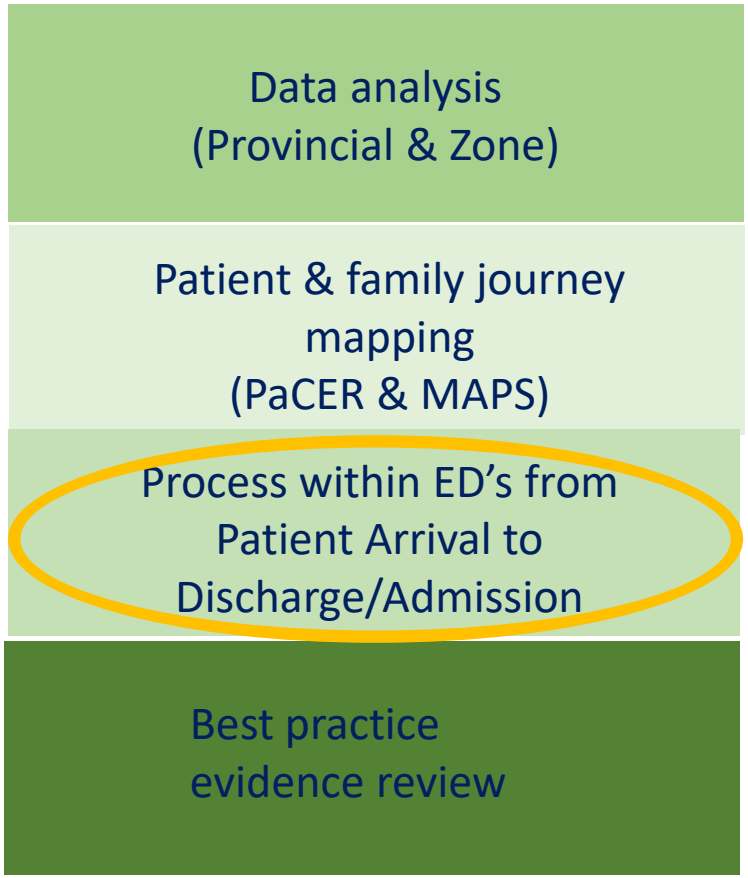

"It feels like I'm being punished for having a mental health issue"
Improve Triaging
"Felt like I was in a prison. Security guards watching me, escorting me to the bathroom. Very stigmatizing"
Use of Security
Practice Empathy
"Don't just stick me in a room and not say anything to me. Talk to me, tell me where you're going, when you'll be back. Ask me questions and let me ask you some."
Compassion, Respect, Dignity
Physical Environment
Ask Me!
"Maybe even having volunteers who could sit with us during these long waits or even peer supporters who have utilized the ER or mental health system, they could sit and talk with us. Overall not being left alone"
Support When Leaving ER
"I expressed my bad experience with medication in the past and asked for additional resources or information on what I could do and was told if I didn't take the medication there was nothing they could do for me"
"The waiting time is way too long. Or, going to the hospital is already hard enough for me, it is highly unlikely that I am going to go to yet another place and tell my story yet again"

“I once had a student doctor on my case, and he was the only experience that was a) positive and b) had a solution offered. I think what made him memorable was that he spent quite a while talking to me and understanding why I was there and he didn't offer medication as a solution. Whenever he offered something, he would ask me how I felt about it. I think in the 20 or so minutes I spent with him, he asked me how I felt about what he had offered or said about 15 times.”

Overall, we heard youth say that they want:

- To be validated
- To feel safe
- To receive compassionate care
- Information
- Privacy, without seclusion
- To be taken seriously
- To help make decisions about their care

Phase I: Collect the Current State



Process mapping done at Alberta Children's Hospital and Stollery to examine data, successes, challenges at:

- Triage
- Initial Assessment - MH/Psych Consult
- Psychiatric Consult
- Admissions/discharges
- Bed Management

OUTCOMES:

- Process maps for ACH and Stollery
- Four identified areas for improvement

ED Mapping Results

1. Five areas of focus in ED – data, successes, challenges
   - Triage -Initial Assessment
   - Initial Assessment - MH/Psych Consult
   - Psych Consult
   - Admissions/discharges
   - Bed Management

2. Identified themes

Opportunities/Challenges

ACH

- ED nurse – Psych area- not comfortable, don't feel have skill set/education to care for patients during EIP LOS
- ERO teams workload and hours of operation – early mornings are typically very quiet
- PES – ND quiet, kids sleeping – not ideal for assessments
- No clearly established use of inpatient bed criteria
- Psych ED model that works well at the South Health Campus
- Long waits for bed – Especially 12 and under
- Off service admission – not ideal
- No elective admissions – ED access only into inpatient care
- More community based services (Woods Services)

SHARED

- Improved communication between ED /Psych teams and between ED/Psych program administration
- Varying degree of AMH knowledge and comfort (ED staff) – more mental health education for ED Staff
- coverage to align with busiest ED presentation times (24/7 may not be best use of resources)
- For patients directly triaged to Mental Health beds can experience longer waits to be seen than non MH with lower CTAS scores
- Opportunity to increase /utilize SW role at the site – need for role clarification
- Increased Public and School education on access to services outside ED
- There is a disconnect between public understanding and what can be offered by an emergency department.
- School referrals to ED increasing- other resources as first contact for school counselors should be considered etc.
- Limited psychiatry coverage to manage both Urgent Clinic service and psych ED - Long waits for urgent clinic referrals
- Walk in clinic, urgent/ crisis clinic and PCN's to alleviate pressures on Emergency
- Community services hours of operation – School hours – not designed for when patients are available – default to ED's
- Children's Community clinic s hours of operation- access- psychiatry support (weekends and Evenings when families can access)

Stollery

- 17+ this is a difficult transition for on families and children
- Unless a psych consult is requested, MH services are not involved)
- Varying practice for medical clearance for patients arriving from other ED's
- Criteria/parameters for MH nurse assessment vs Psych consults not clearly defined
- One MH FTE to cover assessments and complete patient care
- Breaks provided by Team Lead Stollery (not always available to do so).
- Psychiatric Aide not always replaced - If no replacement coverage for Psych aide – MH unable to leave area to complete assessments in other ED beds.
- Return the next day for an assessment if it is too busy or in early morning hours (0100h- 0500h) – No EMHT team available)
- Next day connection to community resources via MRT follow up
- MRT team rarely utilized (if at all) - due to availability to respond in a timely manner
- Transport required for all admissions – Beds at RAH (3 hospitals for some families)

MY VISIT TO THE E.R.

Alberta Health Services
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DECIDING TO GO TO THE HOSPITAL

ARRIVAL AT THE E.R.

WAITING

SEEING THE E.R. STAFF

SEEING THE MENTAL HEALTH STAFF

AFTER THE E.R. VISIT

Alberta Health Services
Strategic Clinical Networks

M·A·P·S

This map was created by M.A.P.S. Alberta Capital Region in partnership with Alberta Health Services. This map conveys the findings of the "Helping Kids and Youth in Times of Emotional Crisis: Youth survey," AHS 2017.

Recommendations

5 Themes / Gaps

STIGMA IS AT THE CORE!

1. Youth and families don't know where to go for help (before and after their ED visit)
2. Staff awareness, understanding, empathy, and comfort level with addiction and mental health needs to be improved
3. Parents/caregivers have unmet needs in time of crisis
4. Youth and families had poor experiences at the ED
5. There is variation in practice and standards for ED, including care for addiction and mental health

De-STIGMA-tize – By Improving These Five Gaps

1. Youth and families don't know where to go for help (before and after their ED visit)
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1 Youth and families don't know where to go for help (before and after their ED visit)

- How to **navigate** the system for supports prior to crisis
- Challenges in access to **follow-up care**
- Lack of **information** for schools, police, GPs etc. on what the ED can/can't do
- Insufficient 24 hr. **crisis and walk-in services**

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2

Staff awareness, understanding, empathy, and comfort level with addiction and mental health needs to be improved

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- Empower staff by giving them skills and knowledge to support patients

De-STIGMA-tize – By Improving These Five Gaps

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3 Parents/caregivers have unmet needs in time of crisis

- **Information** on how to deal with the next crisis
- **Support** for **own** mental health needs (unacknowledged stress of helping child through crisis)

De-STIGMA-tize – By Improving These Five Gaps

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4 Youth and families had poor experiences at the ED

- **Youth suggestions** (pens/papers, phone chargers)
- **Communication** on what to expect
- **Peer Supporters**
- Level of **parent/family involvement**
- Use of **security** (in uniform)
- **Shift in treatment** when AMH

De-STIGMA-tize – By Improving These Five Gaps

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5 There is variation in practice and standards for ED, including care for addiction and mental health

- Which **service model** should be in place (consultative vs. complete care vs. other)?
- Implement **standardized** protocols, policies, processes (admission criteria, consult time, bed management)
- **Staff hour misalignment** with times of high need/traffic

Children & Youth at times of Emotional Crisis (ED)

ED =

Working Group 1 (Education)
THEME 2

- ❑ Closing the Knowledge Gap
  - -Public education regarding expectations
  - -Understanding AMH patients and families
  - -Understanding the needs of the provider groups

+

Working Group 2 (Patient Experience)
THEMES 3/4

- ❑ Patient comforts (blankets, phone chargers, books, pen and paper, etc.)
- ❑ Peer support
- ❑ Patient intake experience
- ❑ Parent involvement

PSYCHIATRY =

Working Group 3 (Pathway Work)
THEMES 1/5

- ❑ E-mental health
- ❑ Access to care at the time of crisis (alternative to ED)
- ❑ AMH ED model
- ❑ Patient flow in the ED (consult time, admission criteria, bed management, etc.)
- ❑ Post-crisis intervention

TBD =

Working Group 4 (Rural – Current State)

- ❑ Create an understanding of the rural Current State to incorporate into the Themed work

- Use of Peer Supporters at ACH ED (Valuing Mental Health Research Grant)
- Innovative Model of Acute Pediatric Mental Health and Addiction Care to Increase Value to Children and the Healthcare System (PRHIS & CIHR Rewarding Success)

Phase 2:

- **Priority Setting**
- **Establishing Operational Support**
- **Assessing Resources**

Phase 3:

- **Establishing an Implementation Plan**


Thankyou...

Any questions?

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