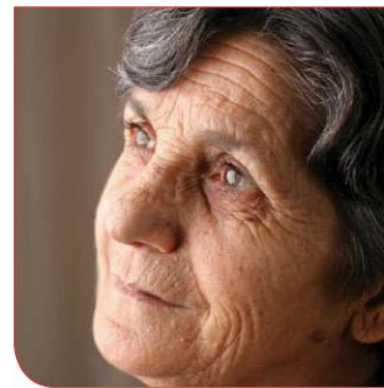
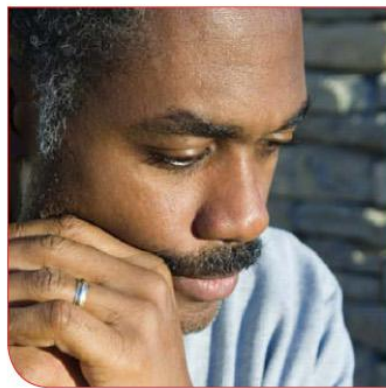




# Saint Elizabeth

*Well beyond health care*



## **Addressing Barriers to Increased Emergency Department (ED) Diversion and Shorter Wait Times for People Experiencing a Mental Health Crisis**

**Sandra Tudge**

**Mary Compton**

**Funded by: Central Local Health Integration Network**



## Overview

- ✓ **Background**
- ✓ **Overview of Emergency Department Diversion Program (EDDP)**
- ✓ **Evaluation of EDDP**
- ✓ **Challenges**
- ✓ **Future Opportunities**



## BACKGROUND – NORTH YORK GENERAL HOSPITAL

- North York General Hospital (NYGH): community teaching hospital serving a population of over 400,000
- Catchment areas: north central Toronto and southern York Region
- 81,00 ED visits (2010-11)
- 4015 psychiatric complaints (2010-2011)





## BACKGROUND – SAINT ELIZABETH

- Over 100 years providing health care services
- Award-winning not-for-profit and charitable organization
- Crisis services provided in Toronto and surrounding area for 15 years
- 6,000 employees providing health care across the health care spectrum
- Focus on Quality





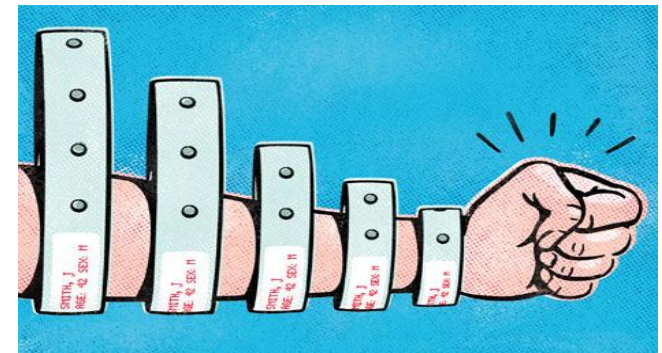
## HISTORICAL CONTEXT

- Some mental health patients who visited NYGH Emergency Department (ED) did not require admission
- Limited access to community supports resulted in extended periods of time in ED or admission
- Providing contact information in ED for crisis stabilization support services insufficient



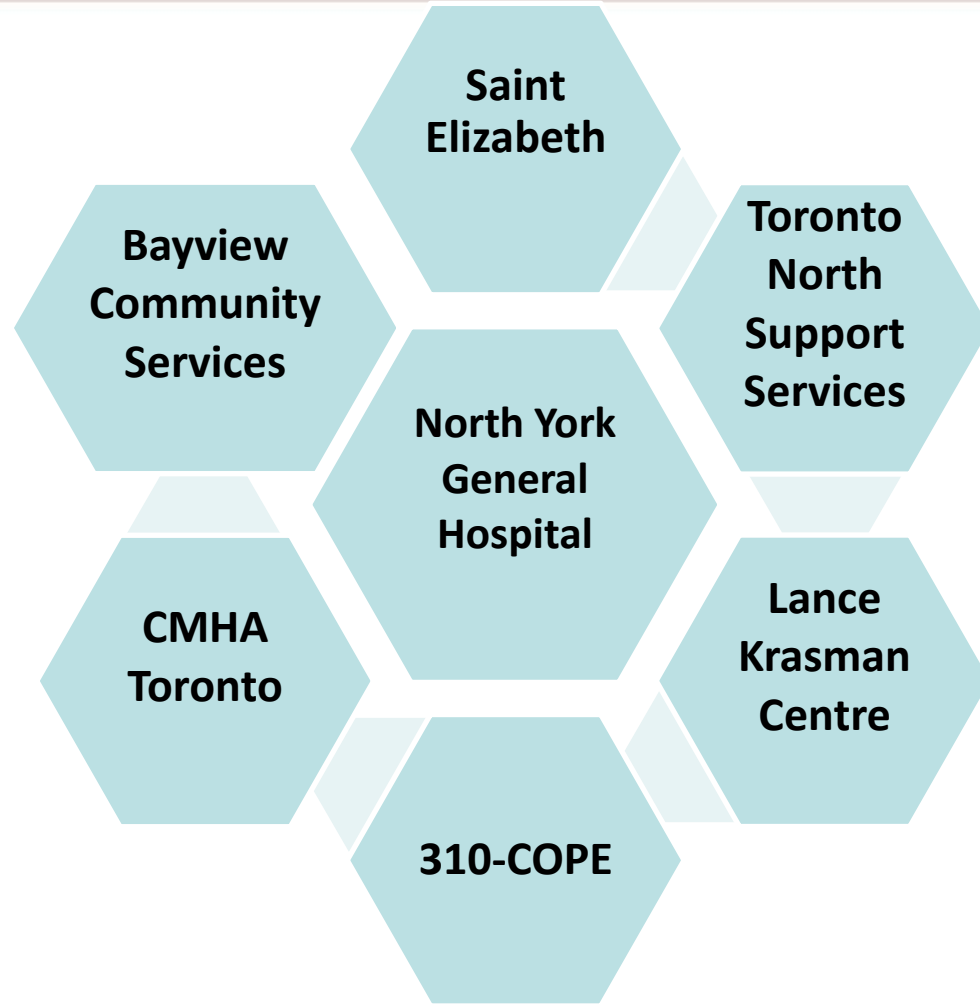
## ED Diversion Literature

- Lack of community supports rather than illness main reason for re-admission
- In Canada, 2 out of 5 MH readmissions occur within 7 days of discharge and almost 2 out of 3 within 14 days of discharge
- Persons with mental health concerns related to psychosocial problems may not be admitted but benefit from community supports





## PROGRAM PARTNERS





## Emergency Department Diversion Program Objectives

- Divert repeat ED visits (adults and seniors)
- Divert avoidable inpatient admissions for ED patients (adults and seniors)
- Facilitate earlier/smoothier discharges and successful reintegration
- Facilitate use of community services instead of ED during crisis

**DIVERSION  
AHEAD**





## Target Population

- Seniors and adults with mental health and concurrent issues who do not need admission or need support on discharge
- Safely and appropriately supported by Crisis Worker
- Will use case management support
- Live in catchment area



## Program Components

### **Emergency Department**

- Crisis stabilization
- Short-term case management
- Access to crisis safe bed
- Consultation to hospital staff

### **Transitional Support**

- In-patient: discharge plan
- Partial hospitalization: crisis management support
- Senior Crisis Management

**Peer Support (integrated into all program components)**



## Client Story

- 23 year old female with diagnosis of post-traumatic stress disorder, severe depression and anxiety
- In Canada on student visa
- No friends and very isolated
- No support system
- Two previous visits to ED





## Client Diversion

- Connected to STCM who connected her with resources
- Established a safe plan for future use
- Client felt she did not need LT case management





## Purpose Of Evaluation

- To evaluate the impact of the EDDP in its current state
- To provide recommendations for newly starting or future programs





## EVALUATION APPROACH

### Evaluation Framework – Critical questions

- Program Access
- System Navigation
- Client Profile
- System Utilization
- Discharge
- Follow up
- Client Satisfaction





## DATA COLLECTION

- Partner databases
- Key Informant Interviews (n=11)
- Meeting Observation
- Client Satisfaction Questionnaire – CSQ-8 + Open-ended questions (n = 54)





## Number of Clients Apr 1/2010 – March 31/2011

EDDP Entry Point	Number of Clients Referred	% Referral
Emergency Department	199	7%
Inpatient	84	9%
Partial Hospitalization (Day Treatment/Day Hospital)-Jan11	33	8%
Total Number of Clients Referred	316	





## RESULTS - ED

- Client Profile: Female, English speaking, Average age 43, Depressive episode/adjustment disorder
- 83% surveyed not aware of community crisis services
- After referral, majority (79%) would seek other supports
- 90% did not return to ED within 28 days (57% relative reduction from 09/10)
- 30% of ED clients were referred to short term case management



## RESULTS - ED

### Client Satisfaction

- Mean score of individual ratings indicates overall clients rated program as good or better

#### Satisfied with:

- follow up services
- non-judgmental listening
- providing appropriate resource

#### Not as satisfied with:

- wait for service
- length and intensity of service
- limited service options





## OVERVIEW OF RESULTS: PARTIAL HOSPITALIZATION

- Client Profile: Female, Under age 54, Mood disorder, 25% prefer another language
- Less than half surveyed were aware of community crisis services
- All reported they would use alternative supports first
- 1 of 33 clients visited ED



## RESULTS – PARTIAL HOSPITALIZATION

### Client Satisfaction

- Mean score of individual ratings - overall clients rated their satisfaction with the program as good or better

#### Satisfied with:

- Follow up services
- Empathy/non-judgmental support



#### Not as satisfied with:

- Did not like the service to end
- Indicated a wish for expanded/more intensive supports



## OVERVIEW OF RESULTS: IN-PATIENT

- Client Profile: Over age 55, female, mood disorder, over 1/3 preferred other language
- 78% surveyed not aware of community crisis program
- Of those who experience a subsequent crisis, 1/3<sup>rd</sup> visited ED (50% admitted)
- Of those who had not experienced a subsequent crisis, majority indicated they were likely to return to ED or were unsure what to do



## RESULTS: IN-PATIENT

### Client Satisfaction

Mean score of individual ratings - clients rated their satisfaction with the program as good

Satisfied with:

- Follow up services
- Non-judgmental approach

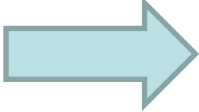
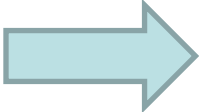

Not as satisfied with:

- Intensity, length and type support
- Amount of resources and instrumental help
- Wait time for crisis visit





## EDDP Evaluation Summary

-  **Program met or exceeded its objectives**
-  **Program created new and enhanced relationships between hospital and community providers**
-  **Overall, clients were very satisfied with the program, especially with the follow-up services available & accessibility to services after discharge**



## Challenges

- Awareness and understanding of EDD Program
- Decision making framework
- Multiple data collection/reporting points
- Follow up on clients post-crisis





## **RECOMMENDATIONS – FOLLOW UP**

- **Further investigate referral patterns**
- **Develop/implement education campaign**
- **Strengthen relationships with primary care providers**
- **Validate referral sources have the right program information**
- **Review decision making process re: program referrals**
- **Create a client information package**



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