External Review Recommendations for the Psychiatric Emergency Service

St. Joseph's Healthcare Hamilton

October 2019

The Psychiatric Emergency Service (PES) at St. Joseph's Healthcare Hamilton was built nearly two decades ago. Through the years we have worked to address concerns to create a better environment for our patients and our healthcare providers, but challenges remain given the space, growing needs and the changing nature of mental health and addiction.

In April, the Post Graduate Education Committee (PEC) of the Department of Psychiatry and Behavioural Neurosciences withdrew residents from working in PES. After a number of actions taken by the hospital in collaboration with the Department of Psychiatry, the residents returned in May of 2019.

Our residents, physicians and all of our staff deserve to work in an environment that is safe and supportive. St. Joe's commissioned an external review of our Psychiatric Emergency Service to ensure best care for patients and a good working environment for all. It was conducted in the summer of 2019.

An Executive Summary of the 13 recommendations follows, along with specific activity underway related to each of those recommendations and an estimated time of completion.

	Review Recommendation	Status	Strategies in place and/or underway for Mental Health and Addiction Program Green: Complete Yellow: Underway Red: Not yet started	Estimated Time of Completion
1	Develop a new, clear, vision and mission statement for the PES, with input from multiple stakeholders, frontline staff, residents, patients and their families.		• Completed review of patient/family feedback regarding PES experience to identify themes and areas for improvement. • Environment scans of other service delivery models / mission statements for PES in six comparable hospitals completed. • Patients and family members are already included in the working group meeting to discuss the PES redesign. Their feedback on a mission statement will also be solicited. • Focus groups/individual interviews scheduled with front-line staff both in PES and the Emergency Department (ED), Psychiatrists, Emergency Physicians and community partners regarding mission statement. Goal for completion is January 2020.	Winter 2020
2	Merge oversight of PES into a single Emergency Department / Psychiatric Emergency Services (ED/PES) Process Working Group to focus on quality of care, the patient experience, quality of the educational experience and the development of an improved collaborative relationship between ED and PES. That group should be proactive in improving PES clinical care with broad stakeholder representation, including patients and families.		• The PES Process Committee (collaboration between ED/PES) meets bi-weekly with a mandate to develop processes to improve the patient experience, and collaborations between PES/ED. • The PES Oversight group which meets weekly has expanded their membership to include residents. • An email where residents and Staff Psychiatrists can address any concerns in real time has been implemented. All concerns are reviewed by PES Oversight group and feedback is provided directly to the resident or Staff. • The PES Oversight committee and PES/ED committees will be merged. • A patient and family representative will be invited to be a member of the new ED/PES working group.	Fall 2019

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3	Revise the role of the medical leader of PES who should report directly to the Psychiatrist in Chief and have broad accountability for the function of PES as clinical and teaching service.		• A medical leader has been appointed who reports directly to the Joint Chief .	Fall 2019
4	On-call responsibilities and expectations should be clarified and applied consistently by the Psychiatrist in Chief as well as the Medical Advisory Committee and the Chief of Staff. The physician group should be engaged in the process of designing any modifications to on call rotas but the Psychiatrist in Chief's authority remains final regarding decisions about on-call responsibilities.		• Written protocols for new PES processes circulated to all Psychiatrists who provide on-call. • On- call responsibilities and expectations for all Psychiatrists who provide on-call have been distributed by the Psychiatrist in Chief and will be further clarified following review of current on-call rotas. • A physician group will be formed to review current on call rotas and design modifications.	Winter 2019

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5	Improve and standardize care in ED and PES using evidence-based protocols and measurement based care in PES. Specifically: • Enhance orientation for all staff working or who are on call in PES • Standardize documentation including care paths and handover • Enhance standardized order sets and use of such order sets • Wherever possible use standardized scales for symptom and risk assessment • Review the current physical space for safety risks to patients and staff • Standardize search of patients for dangerous items and safely store such items • Ensure security staff is		• 50% of PES nursing staff have completed a shadow shift in the ED. Completion of shadow shifts planned by February 2020. • A standardized screening tool and algorithm implemented for suicide assessment has been implemented in PES/ED and across the Mental Health and Addiction program. • Medical clearance process is currently under review with feedback being gathered from all stakeholders. • A review of the use of standardised order sets will be conducted by the ED/PES working group. • A new transfer of accountability process for psychiatrists/residents in which patient information is provided to the in-coming team is being finalized. • Environmental scan of security processes in other ED/PES settings completed. • Security staff are currently present in PES 24/7. • Enhanced processes to promote patient, family and staff safety have been implemented (search of belongings, scanning for items that could cause harm). • Safety incidents are reviewed through SIR and HIR data together with direct reporting to the PES Oversight Committee. • The initial nursing assessment has been revised to improve clinical care. Dovetale team to complete revisions to template. Training and rollout to follow. • A review of the physician and non- physician staffing model in PES is underway.	Winter 2020

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	adequate to manage possible risks • Ensure safety incidents are reported and transparently reviewed • Consider changing staff mix in PES to enhance clinical standardization as identified above • Review physician staffing model			
6	Continue addiction education for all staff, physicians, and learners to improve the ability of PES to clinically manage "toxidromes" including those related to opiates, alcohol, and methamphetamine.		• Process implemented for the Rapid Access Addiction Medicine (RAAM) staff to provide a warm handover for patients referred from PES/ED. • Addiction worker has been added to the ED/PES team for the purpose of providing consults and increasing staff's capacity. • The number of observation beds available at Men's Addiction Service Hamilton (MASH) has increased from 6 to 14 to providing additional transitional spaces for ED/PES. • Current algorithm for assessment of patients with symptoms of a possible alcohol and substance poisoning being revised with feedback from stakeholders. • Environmental scan of other hospitals completed to collect management protocols for methamphetamine intoxication and withdrawal. • In-patient addiction medicine team are available 7 days a week to support patients presenting with opioid use disorder. • Education for PES/ED teams provided by capacity building team and a joint process for the dispensing of naloxone has been implemented. • ED/PES collaborating on revised 'toxidrome' protocol for placement, referral, and medical clearance	Winter 2020

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7	An expansion of space is needed, but culture of care can be improved in the current footprint. Consider improvements to the present space to enhance patient comfort and improve collaboration between professionals.		• Comfort carts containing items for patients have been replenished with new items (colouring, puzzles). • PES environment was refreshed in the summer of 2019 based on recommendations made by patients and families. • New furniture for patients and families to arrive in October 2019. • Working group that includes patient and family representation to plan the new PES space meeting bi-weekly. • The newly designed PES space will be completed in the Fall of 2020.	Fall 2020
8	To improve staff morale and relations, review and address behaviour expectations for all disciplines, and create joint training and team building opportunities for PES and ED staff, building in opportunities for recognition and appreciation.		• Implementation of ED diversion nurse role that works with both teams to support flow and improve the patient experience. • Senior leadership completed huddles with PES/ED teams to discuss concerns. • Managers of PES/ED are meeting in real time with staff to discuss any concerns related to professionalism. • PES/ED teams working jointly to improve rates of bar code scanning for medications. • PES/ED teams working jointly on the quality improvement project focussing on patients returning to the ED for a primary mental health or addiction reason within 30 days. • Huddles with all staff to review professional behavior expectations and concerns to be conducted by managers by January 2020.	Winter 2020

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9	Improve patient flow across ED, PES, inpatient units and outpatient follow-up, examining opportunities for urgent care outpatient treatment. Focus on improving the patient experience and decreasing wait times and length of stay consistent with provincial averages.		• A comprehensive bed flow algorithm specific to the mental health and addictions program has been implemented. • One unfunded bed (over census bed) has been identified on each unit in the Mental Health and Addiction Program to support high volumes in PES. In addition, a process for utilizing 4 additional beds within the General Psychiatry inpatient service has been implemented. • The flow and PES management roles have been combined as a means of improving integration. • An escalation process to address any flow challenges after hours has been implemented. • Flow manager attends both Mental Health and Addiction Program and Medicine bed calls for collaboration and all placement needs. • A pilot with centralized intake (CONNECT) will enable PES/ED staff to provide patients with appointment information in real time, decreasing wait times. • Low barrier therapeutic groups that do not require registration and provide immediate support to patients are available 4 days a week. • The RAAM clinic will be piloting a walk-in model beginning mid-October 2019. Patients will not require an appointment which will improve access.	Spring 2020
10	Examine high volumes in PES from a systems perspective and focus on outflow of patients which is likely the biggest barrier. Focus on low barrier and bridging support as well as community agencies who can offer alternatives to PES.		• The pilot of a care path for patients presenting in the ED due to significant stressors, but who do not require medical or psychiatric care, will be piloted with care primarily being provided by Social Worker in PES. • The "Keys to Discharge", which is a tool that improves discharge planning and communication with patients and families, has been implemented across the Mental Health and Addiction Program. • Length of stay data is being reviewed and shared with management, physicians and front-line staff daily. • A pilot will begin in December 2019 with EMS and police in which patients presenting with symptoms of intoxication or withdrawal that do not require acute medical care will be taken directly to Men's Addiction Service Hamilton (MASH).	Spring 2020

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11	Review expectations of psychiatrist led care on mental health acute inpatient units and review utilization of beds including passes and timing of discharges.		• Psychiatrist and unit specific data regarding Length of Stay is being collected and will be reviewed on an ongoing basis with individual physicians and Head of Service. • The 'Keys to Discharge' tool has been implemented across the Mental Health and Addiction Program and data related to its implementation will be used to guide future work related to the use of passes and timing of discharge. • A review of the expectations of physician led care on the mental health acute inpatient units will be completed with input from the Head of Service Team of the Mental Health and Addiction Program. This will be completed over a 6-month period from November 2019 to April 2020.	Spring 2020
12	Look at the patient-to-physician ratio on the inpatient units within the Mental Health and Addiction Program to ensure that psychiatrists have adequate time to spend with patients and are active participants in the flow of patients from PES to inpatient units to discharge.		• Due to the recent recruitment of Staff Psychiatrists within the Mental Health and Addiction Program patient to physician ratio is currently being reviewed. • More work needs to be done with regards to a full review of Staff Psychiatrist workload and optimal patient to physician ratio. This will be completed over a 12-month period from November 2019 to November 2020 and will involve input from the Head of Service Team, in consultation with Staff Psychiatrists, from the Mental Health and Addiction Program. • Inpatient Staff Psychiatrists within the Mental Health and Addiction Program are provided with daily information regarding flow of patients within PES and inpatient units.	Winter 2020
13	Psychiatrist supervisors should be providing direct patient care in addition to supervising residents in PES. This promotes positive role modeling and the ability to manage competing priorities. Focus on building a group of psychiatrists who work		• Psychiatrists are providing direct patient care in addition to supervising residents in PES during daytime shifts, Monday to Friday. • There is an expectation currently that Staff Psychiatrists are present in PES when supervising residents for evening shifts and are called in for overnight shifts as required. • The supervision of residents in PES overnight will be reviewed in line with a review of the physician staffing model. • We are in the process of recruiting Staff Psychiatrists who have an interest and aptitude for working in Psychiatry Emergency Services. • Regular PES teaching rounds have been started as of October 17th 2019.	Spring 2020

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	consistently in PES and prioritize teaching of residents using a variety of methods, including regular PES teaching rounds.			

SOURCE: External Review Psychiatric Emergency Service St. Joseph's Healthcare Hamilton- Dr. Peter Voore, Dr. Brittany Poynter and Ms. Jane Paterson