



Psychiatric Emergency Services (PES) /Acute Care Revitalization Project Royal Jubilee Hospital – Actions Update Summary

Updated: Aug 31, 2021

A Message for Clients, Patients, Family Members and other Support People

Island Health is aware of, and concerned about some people indicating they are reluctant to seek emergency psychiatric care. If you or your loved one need emergency psychiatric assessment and treatment, please seek care through Psychiatric Emergency Services. You will be seen, assessed and treated by skilled, compassionate staff and physicians.

Psychiatric Emergency Services / Acute Care Revitalization Project Overview

Patients dissatisfied with the care they experienced through Psychiatric Emergency Services (PES) at Royal Jubilee Hospital are sharing their concerns on social media and through traditional media. The nature of concerns expressed relate to the type and level of care received, staff attitudes and stigma, and a lack of privacy in the service environment. Island Health has heard these concerns and is making changes to the way services are provided to individuals seeking care for mental health or substance use crisis. In response, Island Health has launched a Psychiatric Emergency Services/Acute Care Improvement Project as an immediate priority action. The project involves dedicated personnel looking at many aspects of care with a focus on changes aimed at ensuring:

- Timely and responsive psychiatric assessment and treatment in PES and reduced waits for hospital admission when needed
- Respectful, compassionate care from staff
- Best practice, customized treatment for different psychiatric conditions
- Enhanced safety planning
- Access to peer support workers
- More effective use of the physical space
- Better connections to community follow-up services

Work to improve the patient experience in PES is being informed by the patient and family voice and input from staff and physicians. Island Health Mental Health and Substance Use services recognizes that people with lived experience are key partners in our work toward improvements in all of our service settings.

The PES/Acute Care Improvement Project is comprised of eight areas of focused work. Progress to date in each of these areas is summarized below, and will be updated monthly for the duration of this project. Improvement initiatives vary in complexity and scope and as such timelines for implementation will range from immediate to more long term.

Immediate improvements include streamlining the Patient Care Quality Office process, initiating follow up within 24-72 hours after discharge from PES, bringing in peer support workers in PES, expanding staff education and wellness supports and enhancing clinical and non clinical leadership

90 day improvements include relocation of short stay service from PES; expanding addictions medicine consult service; developing care pathways out of PES for emerging adults, enhancing care transition supports and developing full scope team based care physician and staff model

Longer term (6-18 month) improvements include creating a quiet zone in short stay area; creating a service for complex/behavioural/stimulant patients separate from PES; developing a community crisis response centre and improving patient flow between emergency department, PES, acute psychiatry

Focus Area	Progress Update as of August 30, 2021 (Note: progress indicated by past tense is completed)	Key Timelines
Patient Experience: Ensure responsive and timely strategies for consultation and feedback on key decisions	*Secured honoraria for patient participation in feedback processes * Engaged Patient Voices Network to involve patient(s) in input and feedback as part of Project *Developed overview on how patient, staff, physicians voices will contribute to Project *Invited 10 community partner organizations to participate in rapid engagement feedback on key improvements aspects of Project *Starting Patient Oriented research for public engagement (a structured quality improvement approach that involves patient partners and the public led by an external party) – funding secured and staff recruitment underway *Summarized and themed patient complaints (Patient Care Quality Office and Facebook) with aim to increase understanding of common themes and issues – bimonthly reviews will occur *Streamlined process for care concerns made to the Patient Care Quality Office to ensure concerns are identified, followed up on, and responded to quickly and consistently *Patient experience survey app developed in collaboration with patient partners and people with lived experience *5 patient partners actively engaged in work across work streams and Steering Committee	<ul style="list-style-type: none"> • 5 patient partners connected to work streams by August (complete) • Patient representative on PES Oversight and Steering Committee in place August (complete) • Patient Experience app in place by October
Peer Supports: Enable peer supports by people with lived experience with mental health and substance use challenges to support patients, families and the care experience	*Developed a proposal to expand peer supports available in PES on a trial basis by expanding current contract with community service agency – peers/people with lived experience support patients by providing information, helping with system navigation, linking to community services and accompanying to follow up appointments if requested *Began trial of peers working in Emergency Department and PES (7 days a week with extended hours) underway *Evaluation framework being developed alongside Patient Oriented Research position	<ul style="list-style-type: none"> • Peers in PES effective August (trial underway)

<p>Leadership: Enhance and increase clinical, physician and non-clinical support and leadership</p>	<p>*Appointed new Director responsible for adult psychiatry services at RJH to provide focused support and oversight *Ensured funding for temporary additional medical lead for enhanced oversight *Enhanced manager level supports *Hiring 7 day/week Coordinator coverage to provide front line staff with leadership and supports each day of the week *Continued recruitment for medical leadership to support sustainable ongoing physician leadership *Engaging cross organizational senior physician and administrative leadership on medical leadership recruitment</p>	<ul style="list-style-type: none"> • Director/Managers in place • Coordinator recruitment underway (complete early fall) • Medical leadership prioritized; dependent on physician availability and interest
<p>Staff Education & Wellness Supports: Strengthen staff experience and capacity through supports, education and training</p>	<p>*Reviewed current Island Health training and supports with aim to ensure adequate supports and training exist to meet increasing acuity and complexity of MHSU patients – this has resulted offering on-line Harvard training related to Borderline Personality Disorder and requests for further Cognitive Behavioural Therapy and Trauma Informed Practice training * Continued review of existing Island Health wellness resources and assessing needs of PES staff with aim to ensure staff have accessible, appropriate supports *Implemented Daily Visual Management boards for improved communications/access to staff feedback *Proceeding with trauma exposure debriefing training to better support staff wellness (target implementation in Fall 2021)</p>	<ul style="list-style-type: none"> • Harvard Borderline Personality training is available (7 PES staff completed); additional training opportunities in development; training is ongoing and continuous • Trauma exposure debriefing fall 2021
<p>Physician Model: Improve access to and quality of physician services; facilitate timely and appropriate disposition, discharge and care follow up</p>	<p>*Assessing the model of physician care in PES, including reviewing models and structures elsewhere in Canada for evidence-based, best practice physician models of care *Assessed physician workload to determine sustainability and distribution *Drafted a patient discharge tool which includes a safety plan to support patients presenting with suicidal ideation – a safety and support plan developed with the physician on steps a client should go through if they have suicidal thoughts *Reviewing how patients are initially assessed and then reassessed in PES *Reviewing the roles of physicians in a team based care model for PES</p>	<ul style="list-style-type: none"> • Small physician working group in place as of mid June (complete) • Physician model recommendations by end of August (complete) • Implementation of discharge tool and inclusion of physician crisis plan (complete – trial underway)
<p>Care Models for Key Populations: Align staffing model and services; support quality care and seamless patient flow with focus on key populations</p>	<p>*Defining patients’ care journeys from presentation, to admission and through to discharge with particular focus on special populations (e.g. young adults, patients with concurrent disorders) to better meet the needs of distinct populations *Continued work on options to improve supports and care for transitional aged youth /emerging adults (ages 17-26) to minimize exposure to PES, provide more age-appropriate environment and interventions and link to broader youth and adult system of care *Continued trial of a new patient discharge planning and follow up tool that provides information and community follow up information/appointments after a patient leaves PES *Trialling enhanced discharge follow up for patients to receive a check-in call after they have left PES *Increasing follow up appointments (counselling, psychotherapy) in the community for patients discharged from PES (as staffing allows) *Developing a plan to expand addictions medicine for weekend coverage to include PES *Exploring short stay service options outside PES *Plan developed to enhance access and flow across all units *Patient partners engaged in work</p>	<ul style="list-style-type: none"> • Addictions Medicine expansion late fall • Trialling PES follow up calls effective in June • Peers joined work streams June - Aug • Emerging adult model a longer term project – phased over the coming 6-18 months and is dependent on staff /physician availability • Relocated short stay 6-12 month project and dependent on staff/physician availability
<p>Communications: Ensure timely and transparent information sharing with internal and external stakeholders</p>	<p>*Updated PES service description on Island Health website to ensure common understanding of purpose of services and supports available *Updated PES service and mandate description on Island Health Intranet site to ensure staff and physicians clearly understand the mandate of PES *Holding meetings and providing consistent communications with Ministry of Health, Ministry of Mental Health and Addictions, PES Facebook administrators, media and other stakeholders to support broad understanding of the work underway, the work completed, and the work still to initiate and complete *Posting updates on progress of PES Improvement Project on Island Health website</p>	<ul style="list-style-type: none"> • Service description updates by August • PCQO streamlining in place (complete) • Biweekly updates to Ministries of Mental Health and Addiction and Health (complete – ongoing) • Ad hoc meetings as required
<p>Evaluation & Reporting: Establish an ongoing evaluation framework linked to patient oriented research and early trial with aim to support continuous quality improvement</p>	<p>*Work underway with Island Health’s Research Department to implement patient oriented research to enhance the patient involvement and engagement in PES focused research *Hiring dedicated staff function to support the patient oriented research work *Engaged a Patient partner to inform this work *Adding outcome indicators to support monitoring and evaluation of PES discharge decisions *Improvement trials conducted via structured quality improvement processes, including collection of data to measure impact on patient care</p>	<ul style="list-style-type: none"> • Patient oriented research to start fall 2021