

Psychiatric Emergency Services (PES) – Royal Jubilee Hospital

Activity Update – June 2023

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

Island Health is committed to continuous improvement in patient and provider experience in the Psychiatric Emergency Service. If you or your loved one need emergency psychiatric assessment and treatment, please seek care through the Psychiatric Emergency Services. You will be seen, assessed and treated by skilled and compassionate staff and physicians.

Psychiatric Emergency Services / Acute Care Revitalization Project Overview

In spring 2021, patients dissatisfied with the care they experienced through Psychiatric Emergency Services (PES) at Royal Jubilee Hospital shared their care concerns on social and traditional media. Their concerns related to the type and level of care received, staff attitudes and stigma, and a lack of privacy in the service environment. Island Health heard these concerns and began to make changes to the way services are provided to individuals seeking care for mental health or substance use crisis. This change work was organized under a 'Psychiatric Emergency Services/Acute Care Improvement Project.' The project involved clinical and non-clinical personnel focused on making changes aimed at achieving:

- 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

The work to improve the patient experience in PES ongoing and is informed by the patient and family voice and by input from staff and physicians. Island Health recognizes people with lived experience are key partners in improvements across services and program settings. The PES/Acute Care Improvement Project included eight areas of focused work and these Initiatives varied in complexity and scope. As such, timelines for implementation have, and will, range:

- **Immediate improvements** included streamlining the Patient Care Quality Office process, initiating follow up within 24-72 hours after discharge from PES, bringing in peer support workers into PES, expanding staff education and wellness supports and enhancing clinical and non clinical leadership
- **Medium term improvements** included 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 a full scope team-based care physician and staff model
- **Longer term (6-18 months or longer) improvements** include creating a quiet zone in short stay area; creating a service for complex/behavioural/stimulant-affected patients separate from PES; developing a community walk-in model and improving patient flow between emergency department, PES and acute psychiatry

After 18 months in operation, the PES project leadership team determined the primary objectives of the PES/Acute Care Revitalization Project had been met, however Island Health is committed to continuous evaluation and quality improvements in this service delivery area. Additionally, Mental Health and Substance Use clinical and non clinical leadership oversee a number of priority initiatives related to broader improvements across the South Island acute and crisis mental health and substance use system of care. The initiatives below reflect both the work of the PES Acute Revitalization Project and regular Mental Health and Substance Use operations. MHSU leadership continues to apply the learnings from PES to other program areas within the portfolio. These learnings inform the ongoing collaborative way of working between Island Health and patient partners and this ongoing relationship is invaluable to informing education for staff as well as strengthening the patient and provider experience.

Focus Area	Actions Summarized – As at September 30, 2022	Status
<p>Patient Experience: Ensure responsive and timely strategies for consultation and feedback on key decisions</p>	<p>*Secured honoraria for patient participation in feedback processes * Engaged Patient Voices Network to involve patient(s) in input and feedback *Created 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 *Completed Stakeholder Engagement process to listen and learn from patients, family members, clinicians, and staff, led by an external party) *Summarized and themed patient complaints (Patient Care Quality Office and Facebook) with aim to increase understanding of common themes and issues *6 patient partners engaged in work streams and/or Taskforce meetings *Currently trialing patient experience survey supported by peer support workers through ipads, paper copies, and a QR code *Updated posted information for patients in the department *Creation of a video with natural images/cultural safety available in the PES waiting room.</p>	<ul style="list-style-type: none"> • Patient representative included on new Acute/Crisis Revitalization Steering Committee • Completed and ongoing operational work – weekly meetings with patient partners as well as monthly Acute/Crisis Taskforce program update meeting
<p>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</p>	<p>*Expanded peer supports in PES on a trial basis through expansion of current contract with a community service agency; peers/people with lived experience support patients by providing information, helping with system navigation, linking to community services and supporting follow up appointments (peers respond to patient/family member/staff invitations to provide supports in PES)</p>	<ul style="list-style-type: none"> • Implemented 7 day/week peer support • Completed
<p>Leadership and team: 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 additional medical lead for enhanced oversight *Enhanced manager level supports *Developed 7 day/week Coordinator coverage to provide front line staff with leadership and supports each day of the week *Medical Director hired to support sustainable ongoing physician leadership *Hired additional nurses and nursing unit assistants *Added Mental Health Worker role to care team * Initiated weekly Quality Improvement Huddles amongst PES team to share ideas and challenges, and brainstorm solutions in real time *Added a Learning Health System Facilitator role to the team</p>	<ul style="list-style-type: none"> • Completed and ongoing – new positions are in place. Recruitment will be ongoing as people change positions • Medical leadership recruitment is ongoing and is dependent on physician availability and interest in competitive environment • Transitioned to regular, ongoing program operations
<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 resulted offering on-line Harvard training related to Borderline Personality Disorder and requests for further Cognitive Behavioural Therapy and Trauma Informed Practice training *Reviewed existing Island Health wellness resources and needs of PES staff with aim to ensure staff have accessible, appropriate supports *Developed staff survey regarding wellness and education needs to support core competencies and ensure staff can access the education and supports they need *Hired Nurse Clinical Educator *Established PES Education Committee to support tailoring of education to unique PES area and population and establishing education priorities and mandatory education where appropriate *Established mandatory Cultural Safety and Trauma-Informed Care training for all incoming staff</p>	<ul style="list-style-type: none"> • Completed and ongoing • Transitioned to regular, ongoing program operations. • Patient partners help to inform continued educational opportunities for staff (most recently videos are being made to aid in highlight patient experience in staff orientation).
<p>Physician Model: Improve access to and quality of physician services; facilitate timely and appropriate disposition, discharge and care follow up</p>	<p>*Assessed 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 *Created 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 the have suicidal thoughts *Reviewed how patients are initially assessed and then reassessed in PES *Approved physician job description</p>	<ul style="list-style-type: none"> • Completed and ongoing • Transitioned to regular, ongoing program operations and medical affairs
<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>*Defined 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 *Developed 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 *Initiated enhanced discharge follow up by outreach staff for patients for check in after they have left PES *Increased follow up appointments (counselling, psychotherapy) in the community for patients discharged from PES (as health human resources allow) *Expanded addictions medicine for weekend coverage to include PES *Explored relocating short stay unit in PES to another unit at Royal Jubilee Hospital *Explored creation of alternative waiting area *Explored Acute Behavioural Stabilization Unit for patients with co-occurring substance use, mental health and medical challenges *Pilot of Specialty Education Training Program (SPED) in Emergency Psychiatric Nursing planned for 2024. (training for PES nurses, recognizing PES as a speciality, in partnership with a local college).</p>	<ul style="list-style-type: none"> • Ongoing work transitioned to Acute/Crisis Revitalization Steering Committee • Ongoing effort to staff a Young Adult service for ages 17-26. Targeted launch – late fall 2023 • Expanding access to same-day, single session virtual ‘walk in’ service fall 2022 • Strengthening day-based options and supports for people who might otherwise present to PES or require short stays (Bridging Care) – this has been a successful pathway with 35% of the referrals, to date, coming from PES
<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 *Analyzed concern themes to provide broad understanding of nature and volume of concerns *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 *Held consistent meetings and 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, completed and in process *Created story-board describing project history, highlights and future state</p>	<ul style="list-style-type: none"> • Completed and ongoing • Transitioned to regular, ongoing program operations, including ad hoc meetings with key partners as required and desired
<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>*Partnered with Island Health’s Research Department to support ongoing patient engagement in a Learning Health System approach to quality improvement *Added outcome indicators to support monitoring and evaluation of PES discharge decisions *Conducted improvement trials via quality improvement cycles to learn of impacts in real time *Currently trialing patient experience survey supported by peer support workers through ipads, paper copies, and a QR code *Ongoing collection of Peer Support data * Added a Learning Health System Facilitator to the team, tasked in part with promoting continuous quality improvement cycles within the clinical team, with involvement of patient partners</p>	<ul style="list-style-type: none"> • Completed and ongoing • Transitioned to regular, ongoing program operations