

Accomplishments of the Emergency Department Mental Health & Addiction Review

Caring for people with mental health and addiction needs, while ensuring public safety

What was the review about?

In 2012, an external review of Vancouver Coastal Health (VCH) and Providence Health Care (PHC) emergency and mental health services was undertaken following an incident with a patient who had been involved with St. Paul's Hospital (SPH) and the Vancouver Police Department (VPD).

The goal was to ensure we continue providing optimal care to people with acute mental health and substance use needs, while ensuring public safety. The review examined the current system and offered 22 recommendations and opportunities focused on:

- Interfaces between legal/police and the mental health and addiction system
- The transfer of health and police-related information
- Aligning supply and demand for mental health resources.

The recommendations address gaps between multiple sectors and across the care continuum, including the Emergency Department (ED) and urgent psychiatry services at SPH, the health sector, and the VPD as well as including individuals with lived experience and their families in care planning.

Who led the independent review?

The external review was carried out by:

- Dr. Bob Buckingham, Head, General Psychiatry Program, University Health Network, Toronto
- Dr. Paul Kurdyak, Head of Emergency & Crisis Services, Canadian Centre for Addiction & Mental Health, Toronto
- Dr. Roy O'Shaughnessy, Forensic Psychiatrist, Vancouver
- Jim O'Neill Executive Director, Community & Health Services, Partnerships, St. Michael's Hospital, Toronto

The reviewers talked to many stakeholders—including patients and families—to identify issues, challenges and opportunities for improvement.

For more information

For the full report and more, visit:

www.vch.ca/about_us/accountability/quality_care/emergency-and-mental-health-review

How have we improved care?

We established a team to address the review's recommendations, including senior leaders from VCH, PHC, Corrections, VPD, Ministry of Health as well as patient, family and public representatives.

Here are some of the highlights of what we have accomplished together:

- Opened a 24/7 Acute Behavioural Stabilization Unit to provide specialized care for patients with complex mental health and substance use needs.
- Launched an Assertive Outreach Team to support the transition of complex patients after discharge from the hospital.
- Added two new Assertive Community Treatment teams to help people in the community with complex mental health and substance use needs.
- Developed a standard psychiatric assessment tool for use in all EDs.
- Created an online training module related to the Mental Health Act to provide ongoing education for clinicians.
- Launched a second Inner City Youth Team to improve the coordination of services for youth aged 16-24.
- Improved the access and flow into the Burnaby Center for Mental Health and Addictions.
- Created an information sharing Memorandum of Understanding between the VPD and VCH/PHC.
- Developed a new Family Involvement Policy.

St. Paul's Hospital

Emergency and urgent psychiatric services bridging hospital and community

Since the external review, incredible work has been undertaken to improve care for individuals in a psychiatric crisis presenting to the Emergency Department (ED) at St. Paul's Hospital (SPH). Although recommendations were focused on SPH, solutions were implemented across VCH, and gains have been made regionally.

Acute Behavioural Stabilization Unit (ABSU)

The creation of a nine-bed Acute Behavioural Stabilization Unit at SPH allows for the provision of specialized care to patients presenting to the ED with serious and complex mental illness and/or addiction with functional impairment. As a physically distinct area located in the ED, it is the first unit of its kind in the health authority. The ABSU is open 24/7 and offers short stay admissions (less than 48 hours) in five monitored beds, four seclusion rooms and two interview rooms.

The unit is managed by Emergency with the staffing support being an interdisciplinary team of emergency physicians, emergency nurses, psychiatrists, registered psychiatric nurses (or equivalent), psychiatric assessment nurses and social workers, as well as input from consultative services such as the specialized Addictions Consultation Team.

General services include:

- Direct triage to the unit
- Intensive assessment and crisis intervention
- Addictions consultation and stabilization of unstable psychiatric states
- Transitional care to Vancouver community services including, but not limited to, Assertive Community Treatment, Assertive Outreach Team, mental health teams, Inner City Youth Team, family practice, outpatient services and Acute Home Based Treatment (AHBT). Community services are involved early, as appropriate, to facilitate a systemic continuum of care that best supports the patient.

Assertive Community Treatment (ACT)

We have expanded Assertive Community Treatment across VCH/ PHC (adding two teams for a total of five across the region) to help increase system capacity to effectively serve those with complex mental health and substance use issues within the community. These teams have already demonstrated positive outcomes with this population, with initial evaluations for clients attached to ACT teams showing a:

- 36 per cent decrease in negative police contact
- 49 per cent reduction in Mental Health Act apprehensions
- 32 per cent decrease in victimization
- 46 per cent decrease in violent offenses
- 10 per cent decrease in substance-related offenses
- 31 per cent decrease in criminal justice system contacts
- 38 per cent decrease in street disorder in the year following versus prior to connecting with the team.

Assertive Outreach Team (AOT)

In order to further support transitions across the continuum of care, the newly created Assertive Outreach Team, a partnership between VCH and VPD, has been designed to help engage complex mental health and substance use clients who may require more assertive follow-up and support when transitioning out of hospital into the community. This team follows a model of care informed by intensive case management, with underpinning principles that include: risk mitigation/safety, assertive engagement and outreach, harm reduction and psychosocial rehabilitation. They make careful consideration of stages of change, cultural safety and sex and gender perspective to provide appropriate services.

Mental Health Act education

As many patients with mental illness and/or substance use may require use of the extended leave provision of the Mental Health Act in order to receive treatment in the community instead of in hospital, the review suggested proper education on the Mental Health Act is needed for those serving this population. To that end, VCH/PHC has developed an online training module related to the Mental Health Act and all psychiatrists complete this training annually as part of their credentialing. As well, training is provided across the health authority at least twice a year on the extended leave provisions of the Mental Health Act.

Recommendation 1:

All patients brought into St. Paul's Hospital under a Form 4 Mental Health Act certificate should receive a psychiatric assessment. Those patients brought in under Section 28 of the Mental Health Act should be held long enough to complete an appropriate assessment and arrange disposition and have, when indicated, a psychiatric consultation.

- A standard psychiatric assessment tool has been developed and implemented for use in EDs across VCH/PHC.
- The ABSU at SPH will allow patients to be held for up to 48 hours in order to receive an appropriate psychiatric assessment. Furthermore, a Memorandum of Understanding and care algorithm has been implemented between VCH/PHC and VPD to clarify roles and information sharing in relation to these assessments.

Recommendation 2:

The following resources should be implemented and accessible to St. Paul's Hospital:

- a) An evaluation of the current four-bed secure observation unit within the ED that includes ascertainment of appropriate number of beds (more than four) and adequate multi-disciplinary staffing. These beds would fulfill the function of a Crisis Stabilization Unit.
 - An evaluation of the four-bed secure observation unit within the SPH ED was completed. Based on utilization data and evidence, a nine-bed Acute Behavioural Stabilization Unit was opened as part of the ED services.
 - In addition, a model and access protocol was completed in preparation for the implementation of 14 high intensity beds with primary support to SPH, as well as lower mainland Emergency Departments. These are new resources within the system announced as part of the [Ministry of Health Mental Health Action Plan](#) to support a population with complex addiction, mental health and behavioural concerns.

- b) The secure observation unit in the ED should be managed and overseen by Psychiatry (in close collaboration with the ED to ensure efficient use of resources) so that the individuals with expertise are “front line” in the assessment and management of complex psychiatric patients.
- The management and reporting structure of the ABSU was evaluated, and while the ABSU remains part of the ED structure, Psychiatry works in partnership with the emergency room to guide clinical practices required to ensure optimal patient care of the complex ABSU clients.
- c) An enhanced capacity of a low barrier rapid access clinic (Urgent Care Clinic) with outreach into the community that can support the immediate follow-up of patients discharged from the ED.
- This is fulfilled through the Mental Health Wellness Clinic, which will see patients within 24-48 hours after discharge from the ED.
 - SPH also has a newly re-designed Addiction Consult Team which serves its ED, including providing support to the ABSU. The team includes Goldcorp Addiction Fellows and a new MSW Addiction Social Worker.
 - Furthermore, a 24-bed unit at SPH is being repurposed to have a specific focus on addiction, HIV, and infectious disease.
- d) A dedicated ACT or similar team (i.e. Acute Home Based Treatment) to follow frequent and persistent patients at highest risk for readmission to the ED and to inpatient care.
- Two additional ACT teams have been created (totaling five for the region).
 - SPH is also able to access a regional Acute Home Based Treatment program, which increases the options for individuals to be supported within the community.
- e) Access to ambulatory mental health & addiction services and supports for individuals who do not require the intensity of services delivered by ACT, but require assertive engagement which is beyond that provided by the Acute Psychiatric Access Clinic.
- An Assertive Outreach Team has been developed in order to provide support to patients transitioning across the continuum.
 - In order to improve coordination of services for transition-aged youth (16 to 24 years of age), a second Inner City Youth Team has been developed. The program will have a store-front location for easy access.
 - As well, a new youth group home is currently under development. This group home will support youth who are attached to the Inner City Youth Team and will include treatment, stabilization and support transitioning to independent living.

Recommendation 3:

Given the increased volume of clients taken to SPH Emergency for psychiatric assessment, there needs to be clearer means of communicating with the many involved community agencies. Specifically, there should be an identified contact person in the ED or Department of Psychiatry to manage information received from outside agencies and to inform other treatment staff regarding decisions affecting admission and discharge.

- The Psychiatric Clinical Nurse Leader and dedicated unit clerk within the ABSU will act as contact points for community /outside agencies and family members. A dedicated cadre of psychiatrists is also assigned to cover Psychiatry Emergency to enhance and streamline communication within the hospital and outside agencies.
- A focus on communication at points of transition is a key priority. We conducted a review of existing protocols related to communication and transfer of care between mental health emergency services, mental health/addiction teams and ED/acute care. An algorithm for police hand-off protocols has been created and approved, ensuring standard practice across the region.
- Also in response to the increased client volume, ongoing work is focused on creating a surge capacity plan to effectively handle demand regionally. This includes an algorithm for ED diversion, which has been signed off by the BC Patient Transfer Network, BC Ambulance Services and the VPD.

Recommendation 4:

The Mental Health Act allows for extended leave, which allows patients to reside in the community providing they adhere to certain conditions such as treatment. The appropriate use of this extended leave provision should be clarified and optimized to facilitate clinical outcomes, and an educational program about this provision should be undertaken with patient and family involvement.

- Educational sessions regarding the Mental Health Act's Extended Leave provisions are ongoing. An online Mental Health Act education module has been developed, with mandatory completion for psychiatrists to renew physician privileges.
- Furthermore, all new staff orientation includes specific education on the Mental Health Act. Patients and families were involved in both the planning committee and implementation of these strategies.

The Health Sector

The external review identified several barriers for improving services and outcomes for many patients with mental illness and/or substance use issues. This includes misaligned or inadequate resources and a fragmented continuum of care, barriers to effective communication and collaboration, and poor transitions between programs and sectors. While overcoming these obstacles requires continuous effort, over the past two years substantial progress has been made.

Fragmentation within the continuum and care

Improvements have been made to improve access and flow to the Burnaby Centre for Mental Health and Addiction, a residential treatment facility mandated to serve a more complex and severe population than traditional units. With

interdisciplinary programs stressing healthy living, psychosocial wellness, and skill development as well as three different clinical tracks available for focus on affective, psychotic, or neurocognitive disorders, the centre has helped improve:

- Alcohol use disorders (78 per cent of patients improve between admission and discharge)
- Drug use disorders (72 per cent improve)
- Mental health status (87 per cent improve).

Extensive planning has also led to over 96 per cent of patients being connected to community providers at discharge with over 94 per cent remaining connected with those services after three months.

Recommendation 5:

Regular access and flow into and out of the Burnaby Centre as a component of a fully integrated system for the complex concurrent disorder population should be streamlined and expedited.

- Regular access and flow into Burnaby Center was developed as part of a Lean redesigned regional centralized access and discharge process for all mental health and addiction tertiary programs. The result has been increased utilization and flow of VCH residents. As part of a continuous quality improvement process, referrals and utilization are continually monitored to ensure timely access.

Recommendation 6:

System integration must include, in addition to the Burnaby Centre, mental health and addiction teams, ACT teams and other low barrier case management teams.

- An integrated, coordinated, and accessible healthcare delivery system across primary, secondary and tertiary services is a priority for VCH/PHC. As a result, VCH/PHC has created the regional program structure to enable planning across the health authority and to support system and clinical integration.
- Mental health and addiction services are engaged in processes to ensure timely, low barrier services are provided to clients within the community. This includes mobile intensive wrap around services like the primary care outreach team, ACT, AOT, and reviewing ambulatory programs. VCH is also collaborating with the Divisions of Family Practice to identify joint initiatives which can support the MH&A needs of clients within the primary care setting.
- VCH is continuing to develop its tertiary capacity, including 20 new group home beds integrated with community services supporting transition out of Burnaby Centre, and nine new women's support recovery beds on the North Shore. Furthermore, central access to addiction support recovery and treatment resources will promote access to contracted beds.
- A policy has been implemented to ensure follow-up with community services within 28 days of discharge from hospital settings, with continual monitoring of compliance.

Barriers to effective communication and collaboration

The review also identified several system features that made communication and collaboration between agencies, VCH/PHC staff, patients, and family members difficult. These barriers have been addressed through the creation or expansion of task groups and committees to facilitate information sharing and dissemination of policies aimed at improving patient care through family involvement.

Recommendation 7:

Collaborative task groups comprising key providers in the health related sectors (Justice, Corrections and Housing) should be established. These should be structured with clear terms of reference and meet regularly. Their initial development should be supported by professional facilitation.

- An environmental scan was completed of all meetings and forums that currently exist with relevant community agencies. Two existing meetings were broadened to better meet the requirements for enhanced communication, optimal collaboration, and efficient and effective problem solving:
 1. The Downtown Community Court Mental Health Program Meeting is held quarterly and the following groups are represented: Downtown Community Court, Housing, Crown, Forensics, VPD, VCH - Vancouver community services, Vancouver General Hospital (VGH) ED, and SPH ED.
 2. Project Link is another forum which facilitates the necessary communication and collaboration between key agencies in the mental health care system. The following groups are represented: VPD, VCH community mental health, PHC acute mental health, VGH acute mental health, VGH ED and SPH ED.

Recommendation 8:

Information management system development should proceed as soon as reasonably possible and a task group should be established involving all relevant stakeholders to promote alignment of information systems.

- VCH, PHC, and PHSA are in the process of implementing a region-wide electronic health record and information system. With implementation imminent, this system will engage all regional programs and departments in Clinical and Systems Transformation (CST). The design, build and validation phase is in process, and several mental health order sets will be part of CST.
- The mental health and addiction program has provided a mental health lead and six subject matter experts to work with the CST team to provide input for the mental health order sets. A data advisory group has been formed to advise on accessibility of information across sectors. Further work is being done to integrate the electronic health record with PARIS, the community health information system.

Recommendation 9:

A process should be undertaken to clarify the “consistent use” principle of the Freedom of Information and Protection of Privacy Act and to develop protocols for consistent application of this principle. It should include education on privacy issues, “consistent use”, and education on the requirements of 2-way flow of information (family to caregiver, and caregiver to family).

- An Information Sharing Memorandum of Understanding has been signed across VPD and VCH/PHC. The VCH Family Involvement Team has worked with Legal Services and Information and Privacy Office to educate staff members on information sharing and consent and on the newly implemented Family Involvement Policy.

Recommendation 10:

The steering committee should establish an implementation and accountability framework to address the identified themes and recommendations.

- An ED Mental Health & Addiction Steering Committee was created with broad representation from Forensics, Community Court, VCH, PHC, VPD, Patient/Family representation and the B.C. Ministry of Health. Task groups from within the committee were responsible for addressing recommendations and taking actions. Moving forward, this committee will be sustained through support from the Regional Mental Health & Addiction Program and the Regional Emergency Services Council.

Poor transitions between programs and sectors

Poor transitions are a major contributor to the fragmentation of care and services, causing patients to “fall through the cracks.” In addition to barriers addressed through other recommendations, additional task groups were established to identify opportunities for enhancing coordination and integration of services.

Recommendation 11:

A task group should be established involving all relevant stakeholders to identify opportunities for enhancing coordination and integration of services and to develop and implement strategies for achieving this goal. This may include:

a) Development of consistent standards for discharge planning and coordination of care at transition and hand-off.

- Regional work is ongoing in the development of consistent standards for discharge planning and coordination at points of transition. A working group is finalizing these standards.

b) Exploration of opportunities for cross appointments between organizations.

- As collaboration continues to grow between organizations, there is ongoing exploration of cross appointment opportunities.

c) Exploration of a central access model for individuals with concurrent disorders.

- Centralized intake now includes concurrent disorders and there will be one phone number/access point for mental health, addictions and concurrent disorders (in progress).

Recommendation 12:

The Vancouver General Hospital, St. Paul's Hospital and the Department of Family Medicine should continue to explore promising practices in other jurisdictions to organize care with community partners to better serve the concurrent disorders population.

- A number of strategies have been implemented to better organize care between primary care providers, clinics, community services, mental health and addiction services and the EDs:
 - A Rapid Access to Consultative Expertise (RACE) program was developed to provide real time telehealth support to primary care physicians, nurses and other allied health care professionals in their office. It enables consultations with specialists such as psychiatrists for emergent matters including medication prescription, guidance and advice regarding assessment, management and treatment.
 - VCH has developed a primary care outreach team to support mobile primary care/mental health and addiction services within the Downtown Eastside for vulnerable clients who do not access traditional health services. This team also works with the SPH and VGH EDs to identify clients who need support.
 - VCH is also supporting primary care clinics to provide coordinated and comprehensive services through the integration of mental health & addiction services at our primary care sites. In addition, the Addiction Residency Training program at SPH is also functioning to build capacity to serve those with concurrent disorders.

Vancouver Police Department

There is increasingly effective cooperation with between the VPD and VCH, and continued advancement of community care strategies. However, mental health & addiction services, police, criminal justice, forensics and emergency health services continue to be challenged with the management, care needs and public safety impacts of individuals with mental illness and/or substance use.

The external review highlighted how specific difficulties arose through safety and role confusion when bringing patients into the ED under the Mental Health Act for assessment. As such, actions were focused on enhancing integration and communication and developing venues for clarification and dispute resolution.

Recommendation 13:

Expand on the integration of the Vancouver Police Department with the health care sector as is occurring with the ACT teams.

- VCH has pursued stronger linkages between ACT, AOT and SPH clinicians.

Recommendation 14:

Include police representation on the existing ED committee.

- There are two committees that integrate the VPD with Vancouver health sector teams to address site specific issues: the SPH ED/Mental Health Committee and the VCH Mental Health Committee. Project Link (see recommendation 7) has also been implemented to support better regional sharing and planning.

Recommendation 15:

The VPD and Vancouver Mental Health and Addictions Collaborative should work to have a clearly articulated and timely dispute resolution protocol between the police department and EDs to handle differences arising from the management of patients apprehended under the Mental Health Act.

- Three forums offer timely dispute resolution when differences arise in the management of mental health patients: 1) the VPD and Vancouver Mental Health & Addiction Collaborative 2) Project Link and 3) Hospital Wait-times Committee.
- Relationships between hospital staff and police also allow for regular email and phone communication in between formal meetings.

SPH Mental Health Services and Legal Involvement

Recommendations in the review aimed to address difficulties in communication, different role expectations, duties and functions, and varying interpretations of privacy legislation—all to enhance multi-sectoral understanding and collaboration.

Recommendation 16:

There is a need for formal and informal venues for medical, legal, mental health, police and social support staff working in different agencies to meet and clarify roles, expectations and working relationships. It is recommended that such meetings should be organized through the task group on coordination. Given that there will be inevitable staff changes over time, meetings need to be scheduled on a regular basis.

- This was fulfilled in conjunction with recommendation 7. Venues are in place to bring these key agencies together on a regular basis to achieve optimal working relationships.

Recommendation 17:

Establish formal contact between liaison staff at Community Court and a designated contact person in St. Paul's Hospital Department of Psychiatry or Department of Emergency Medicine to review people sent from jail or the Mental Health Program through Community Court.

- This recommendation is prepared for regional implementation if required. A liaison model plan has been created, with liaisons identified at the Downtown Community Court (DCC) and SPH ED (ABSU). As staffing changes at DCC are ongoing, the model will be finalized once role coordinator role is filled.

Recommendation 18:

It is recommended that legal counsel clarify privacy issues as part of the task group on FIPPA and consistent use provisions. Written guidelines regarding release of information should be available in the ED, Department of Psychiatry and the VPD as part of standard procedure to provide trainees and staff with ready access to relevant policies and procedures.

- The VCH Family Involvement Team has worked with Legal Services and the Information and Privacy Office to educate staff members on information sharing and consent and inform them of the newly-implemented Family Involvement Policy.

Recommendation 19:

There is a need for clarification of the roles and responsibilities of ED and Department of Psychiatry staff in decisions involving discharging clients sent in by community mental health agencies and communicating with those agencies especially outside of business hours. It is recommended that the task force on coordination organize this process.

- A communication protocol document outlining communication responsibilities of Vancouver community mental health and addiction services and VGH/SPH acute has been completed.

People with Mental Illness and their Families

Family involvement is a vital component of VCH/PHC's framework of recovery, with a central belief being that patients, service providers and families benefit greatly when family members are involved as full partners in care and support. This includes a role in service planning as well as in engaging with clinical teams at the point of care.

With the newly initiated Family Involvement Policy, mental health and addiction clinical staff have been supported to adopt a framework that includes family members as part of the care team, with specific emphasis on working with individuals to understand the benefits of including family in care and actively encouraging and supporting family to collaborate in all stages of care. Care providers are also trained to be receptive and considerate of all collateral information that may be relevant to care, and to encourage family to share this information with the client and/or care provider.

An education plan has been implemented to promote the policy among new and current employees, with family members included as part of new staff orientation to highlight the importance and implications of this policy in a recovery-oriented system of care. VCH/PHC has committed to an ongoing process to evaluate the care experience, including questions specific to family involvement in care and discharge planning in Mental Health and Addiction Experience of Care surveys introduced to acute care settings.

Recommendation 20:

Provide education about permissions and restrictions that privacy legislation enables regarding communicating information between family members and the health care sector.

Recommendation 21:

Provide education that information can be released for continuity of care and there is no legislation that prevents receiving information from families and others

Recommendation 22:

A process/protocol should be developed to ensure that the patient and family voice is included in the care delivery process. Education to ensure staff and care providers are open to engaging patient and family participation is required.

- The VCH Family Involvement Team has worked with Legal Services and the Information and Privacy Office to educate staff members on the topic of information sharing and consent, specifically around the newly-implemented Family Involvement Policy.
- New staff members receive the regional mental health and addiction orientation, which includes perspectives from family members and those with lived experience to promote their inclusion in the care delivery process.
- Furthermore, standardized education across the VCH/PHC region integrates core mental health and addiction practice with recovery orientation and trauma informed care.

Conclusion

Vancouver Coastal Health and Providence Health Care initiated an independent, external review of emergency department and mental health and addiction services. The review examined the system and offered 22 recommendations and opportunities to improve how we provide care to individuals with mental illness and substance use concerns.

VCH and PHC fully accepted the findings and committed to working with all of our partners to address the recommendations. This final report highlights what we have accomplished together.

As outlined in the external review, there are multiple system barriers to providing appropriate and continuous care to many individuals who suffer from severe mental illness and substance use issues. In addition to expanding the availability and integration of services across the care continuum, strategies to address these obstacles must include communication and collaboration across multiple sectors and the promotion of family and patient involvement.

While the actions of many have led to immense gains since the release of the external review, gaps still remain. These gaps are more closely related to the social determinants of health (particularly homelessness), which are outside the scope of this response. Continued commitment to addressing the health and social needs of this population must be made across sectors in order to maintain and build on the progress of the last two years.

We look forward to continued collaboration with all of our partners to maintain public confidence in the safety and quality of our decision making and care.