Emergency Department Clinical Pathway for Children and Youth with Mental Health Conditions/Addictions

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1. The ED Mental Health Clinical Pathways Project
2. The Pathway “Package”
   • Environmental Scan
   • Clinical Pathway
   • Screening Tools
   • Crisis Services Minimum Standards
   • Pre-Printed Orders
   • Memorandum of Agreement: EDs & Community Agencies
3. Next Steps
4. Discussion

The Project: Provincial Context

The Project: Background

• High demand: ED is a frequent entry point for child & youth mental health (CY MH) services
• Limited ED capacity to respond to CY MH needs
• Challenge of smooth and streamlined integration with community CY MH services

The Project: Purpose

• Development of an evidence-informed ED Mental Health Clinical Pathway
  • Triage and decision making tools in ED
  • In-hospital crisis worker capacity
  • Pre-Printed Order (PPO) sets
  • Integration with community CY MH agencies

The Project: ED Focus

• ED is not the ideal setting for many MH patients, but this is the current system
• Future goals of this project …
The Project: Process

Work Group convened:
• Multidisciplinary experts:
  • Hospital and Community settings
  • Mental Health, Emergency, Pediatrics
• Ministry Representatives:
  • Ministry of Child and Youth Services
  • Ministry of Health and Long-Term Care
• Literature Search
• Environmental Scan
• Small Group Work

Work Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Organization</th>
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<tbody>
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Environmental Scan

• Telephone interviews
• Representative sample EDs & Community Agencies
• ED site participants solicited via ED LHIN Leads
• Community interview participants solicited via EDs and Children’s Mental Health Ontario

Total Interview Participation:
• 10 Hospital EDs
• 11 Community Agencies

Interviewed Community Agencies I

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<tr>
<th>LHIN</th>
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<th>Hospitals Served</th>
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<td>11-Central East</td>
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Environmental Scan: Questions
- Resources
- Screening Tools & Protocols
- Referral processes between ED & Community
- Referrals Prioritization Community agency
- Information sharing
- Linkages to primary care
- Special considerations for schools, group homes, police
- Obstacles/How to improve

Environmental Scan: Findings I

**Mental Health Crisis Worker**
- Only 6/10 EDs had access to pediatric crisis teams or specialists
- 5/6 access services from within their hospital,
  1/6 access crisis services from the community
- Crisis teams/staff were main link for patient to access community MH services

Environmental Scan: Findings II

**Screening Tools:**
- Screening tools used in 2/10 EDs to assess CY MH presentations

**MOUs:**
- 4 EDs had community agency protocols/MOUs
- Only two of these EDs were aware of them!

**Information Sharing:**
- Highly varied content & mechanism of sharing between EDs and community agencies

Environmental Scan: Findings III

**System Improvements Suggestions:**
- EDs to play more of a role in larger system
- Improved communication: EDs/Crisis Teams
- Presence of a community worker in the ED
- Clear, up-to-date protocols between EDs & community agencies
- Process for patients to bypass the ED

Draft Pathway

ED Triage

![Pathway Diagram](image_url)
Key Pathway Components

- Minimum Standards
  - Access to MH Crisis Worker/Specialist
  - Memorandum of Agreements (MOA)
- Recommended Practices
  - Use of Screening Tools
  - Use of Pre-Printed Order (PPO) sets

Minimum Standards I

Child and Youth Mental Health Clinician

Role of Child and Youth Mental Health Clinician:
- Collaborate with ED team in assessment, treatment and discharge plans
- Collaborate with Community MH providers to refer patients to appropriate services
- Provide specific clinical interventions as required
- Play key role in ensuring integration with community MH providers /organizations

Child and Youth Mental Health Clinician Competencies:
- Masters of Social Work (MSW), Bachelor of Social Work (BSW), Psychological Associate (C.Psych. Assoc), or Registered Nurse (RN), and eligible for registration with their discipline–specific professional college.
- When this is not available:
  - Child & Youth Worker Diploma (3 year program), or B.A. in Child & Youth Care, if relevant experience.
  - Must have knowledge of child and youth psychiatric disorders and minimum 3 years counseling experience

Screening Tools Recommendations

- 3 brief self-surveys at triage for all CY MH presentation:
  1. Children’s Hospital of Eastern Ontario (CHEO) Caregiver/Youth Perception Survey (C/YPS)
  2. Risk of Suicide Questionnaire (RSQ–4)
  3. Paediatric Symptom Checklist (PSC) for children <12 years OR Global Appraisal of Individual Needs– Short Screener (GAIN–SS) for children 12 years or older.
Minimum Standards II

Screening Tools: Process
- Extensive search for children’s MH and addictions screening tools:
  - Identification by members of Work Group
  - CAMH Report: Screening for Concurrent Substance Use and Mental Health Problems in Youth
  - Literature review: Evidence In-Sight, Ontario Centre of Excellence for Child and Youth Mental Health
- > 100 screening tools identified

Screening Tools: Validity
- Work groups selected subset of relevant tools
- Secondary literature review to assess validity
- Final selection based on measures of
  - Sensitivity, specificity, consistency and reliability

Minimum Standards III

Memorandum of Agreement (MOA)
- Key component for pathway success
- ED, Child and Youth Mental Health Clinician and community agencies have comprehensive understanding of Pathway and their roles within it.

Recommendation:
- Implementation of an MOA between all parties involved to ensure collaboration and adherence to ED MH Clinical Pathway

MOA Key Components
- Statement of purpose
- Governing principals
- Details regarding the parties to the MOA
- Details of the process to be followed
- Information sharing and privacy details
- Leadership details

Recommended Practices I

Pre-Printed Orders (PPOs)
- PPOs ensure standardized, evidence-based management practices
- Useful adjunct to Clinical Pathways

Recommendation:
- PPO for chemical restraint to be implemented within the ED MH Clinical Pathway, to be used as needed

Next Steps
- Completion of Report – Nov 2011
- Presentations
  - Child and Youth Advisory Committee – Dec 2011
  - Provincial Council for Maternal and Child Health (PCMCH) – Jan 2012
  - ED LHIN Leads – Early 2012
- ED MH Clinical Pathway Pilot testing & evaluation in 4 communities – 2012 to 2015
Questions for Discussion

- Do the environmental scan findings fit your experience?
- What are your thoughts about the Minimum Standards?
- How do you ensure MOAs address current/future needs?
- What are critical factors for MOA implementation and success in directing the work?
- Are the screening tools meaningful for you?
- How well do you think the ED MH Clinical Pathway will work?
- What would help with acceptance and uptake of the recommendations?

Thank You!

For more information contact:

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