



Success study:

Readmissions at North York General Hospital

Situation:

Some patients who present to the North York General Hospital (NYGH) emergency department with a mental health issue do not require admission to hospital, but rather community-based services, such as counselling, social work or crisis stabilization support services. However, ensuring coordination between the hospital and community partners is a challenge. Sometimes these patients have to stay in hospital because services that would have allowed them to return home safely could not be arranged quickly. Alternatively, sometimes patients do not follow up with support services in the community as recommended when they are discharged — leading to repeat visits to the emergency department.

Aim:

Reduce unnecessary repeat visits to the emergency department by patients with a mental health issue but who do not require admission, between May 2007 and February 2008.

Measures:

- Percentage of this type of patient who had repeat visits to the emergency department within 72 hours, between four and 28 days, and between 29 days and six months after the index emergency department visit in which they were referred to the program
- Percentage of patients with multiple repeat emergency department visits
- Averted admissions to an in-patient bed
- Patient satisfaction — overall satisfaction with emergency department care and percentage who would recommend this emergency department to family or friends

Changes:

The Emergency Department Diversion Program (EDDP) was established to seamlessly connect emergency department visitors with mental health issues who did not need hospitalization with community mental health services. In particular, it did the following:

- Referred these patients directly to a community-based crisis worker from either the St. Elizabeth Mobile Crisis Team or 310-COPE for patients outside the catchment area in York Region
- Provided time and space in the emergency department for the crisis worker to meet with the patient before discharge, assess the crisis, develop a support plan and connect the patient to immediate and intensive crisis management services in the community for up to two weeks of care, with additional management available when required
- Embedded these crisis workers as part of the team, allowing the development of stronger relationships with emergency department staff

QI team:

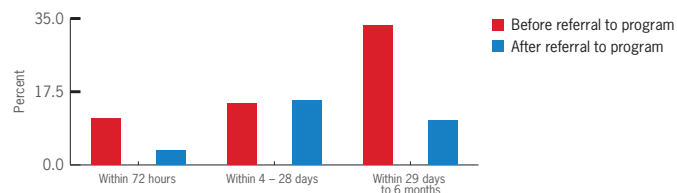
The team included representatives from NYGH, St. Elizabeth Health Care and Toronto North Support Services.

Results:*

From the program's inception on May 18, 2007 to February 29, 2008:

- Eighty-five patients were referred to the EDDP and saw a community-based crisis worker before being discharged from the emergency department.
- The percentage of patients referred to the EDDP who had a repeat emergency department visit between 29 days and six months decreased to 11% after they were referred to the program, from 33% prior to being seen in the program.
- Before the program started, 55% of these patients returned to the emergency department at least once; this decreased to 23% after they were referred to the program.
- More than half the referred patients (53% of 40 charts randomly selected for review) may have been admitted to an in-patient bed if the program's services had not been available.
- Patient satisfaction with the program was favourable, with 83% of patients in the EDDP reporting they were satisfied with the services they received in the emergency department, 75% finding the care received through the program to be helpful, and 75% saying they would refer someone else experiencing a mental health crisis to the St. Elizabeth Mobile Crisis Team.

Percentage of select mental health patients with repeat ED visits



Next steps:

NYGH plans to use grand rounds, leadership meetings and the corporate intranet to spread the knowledge it gained within the hospital. It will also spread lessons learned to other hospitals in the Mental Health and Addictions Network and Central LHIN, and more broadly across the province through the Ontario Federation of Community Mental Health and Addiction Programs. The team is working on creating a paid position for peer workers to help educate patients about emergency department alternatives. Lastly, the hospital has started an outreach program to teach LTC homes various ways to prevent emergency department transfers.

*Note that the evaluation was based only on the 85 patients referred to the program and on a pre/post comparison for these patients. Comparisons do not include other mental health patients who were not in the program.