

Care Connections in the Emergency Department

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with thanks to Dr. Roberta Heale, PhD and Adele Bodson, BScN

September 22

META:PHI Conference 2023

Disclosure of Financial Support

Presenter: **Laura Hill**

- No External Support

Presenter: **Daniel Brunet**

- No External Support

Presenter Disclosure

Presenter: **Laura Hill**

Relationships with financial sponsors:

- Other: Employee of Health Sciences North (HSN) and Sessional Instructor at Laurentian University

Presenter: **Daniel Brunet**

Relationships with financial sponsors:

- Other: Employee of Health Sciences North (HSN)

Mitigating Potential Bias

We are discussing the impact of our strategy at Health Sciences North specifically, and our own work as the Addictions Team. We have used quantitative data to decrease the self report of successes as much as possible.

Starting Point

Addiction Medicine Consult Service team restructure

Provided a unique team structure



Full time RN,



Full time NP

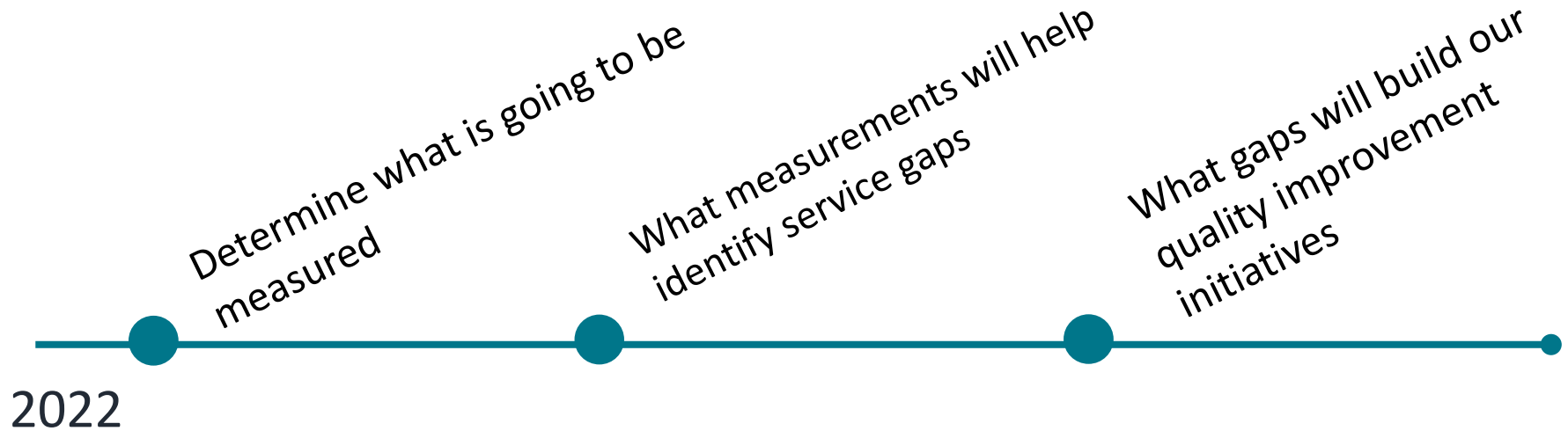


0.3 FTE support from rotating physician

Focus area:

HSN Emergency Department (ED)

Service Benchmark Design



Inspiration:

Health Quality Ontario: *Emergency Department Return Visit Quality Program*

Build

- ✓ HSN Data Analysts involved in discussion on current data
- ✓ Emergency Department (ED) charts accessed and reviewed
- ✓ External partner:
 - Dr Roberta Heale, PhD NP from Laurentian University
- ✓ HSN Research Ethics Board for approval

Looking for one or two areas to start

Anticipated improvements:

- Warm handover process with Withdrawal Management services
- Increase in engagement with Withdrawal Management Services
- Decreased time to ED disposition post AMCS involvement

Findings

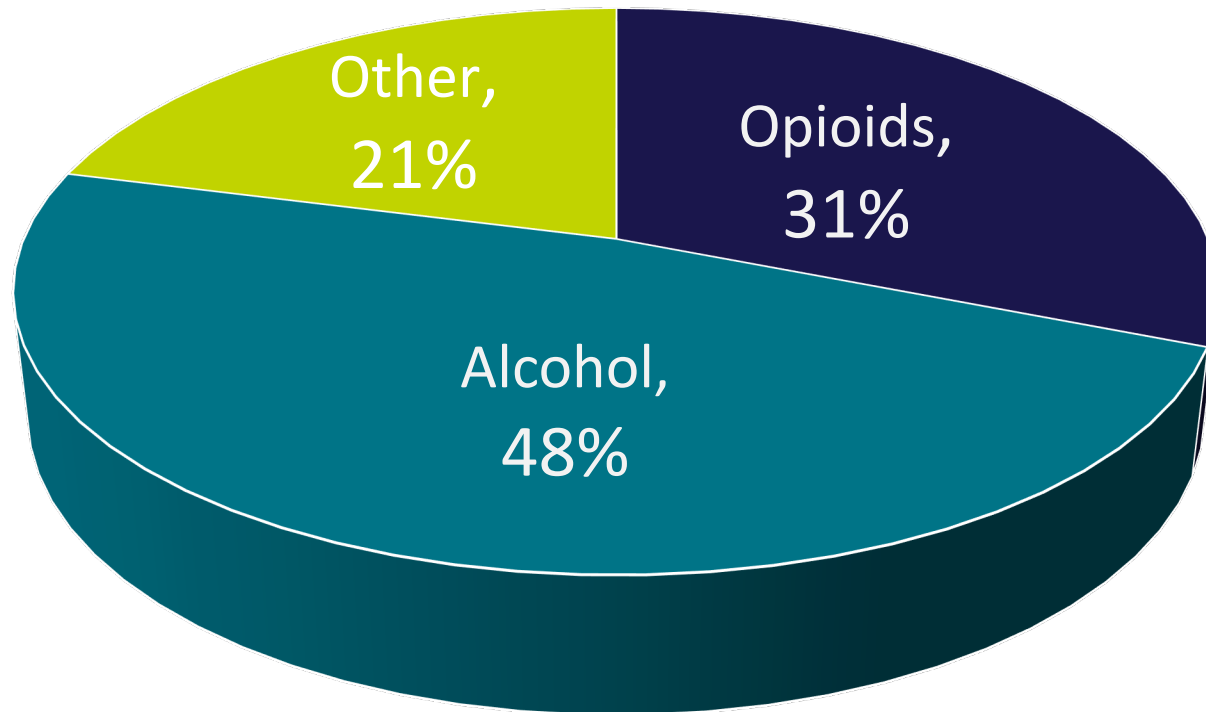
753

ED charts included in review

=

55 AMCS referrals, for **47** unique individuals

Substance Use Revisits by Substance Type



■ Opioids ■ Alcohol ■ Other

Action Plan

Multi-prong approach

Focus:

*Alcohol Use Disorder in Q1 to Q4,
Opioid Use Disorder (Fentanyl) Q2-Q4*



Individual



Low barrier, easily
accessible team



Track our Work

Measuring our success



Increased referrals



Decreased time to AMCS connection



Increased connections with outpatient teams
(Rapid Access Addictions Medicine, WMS)

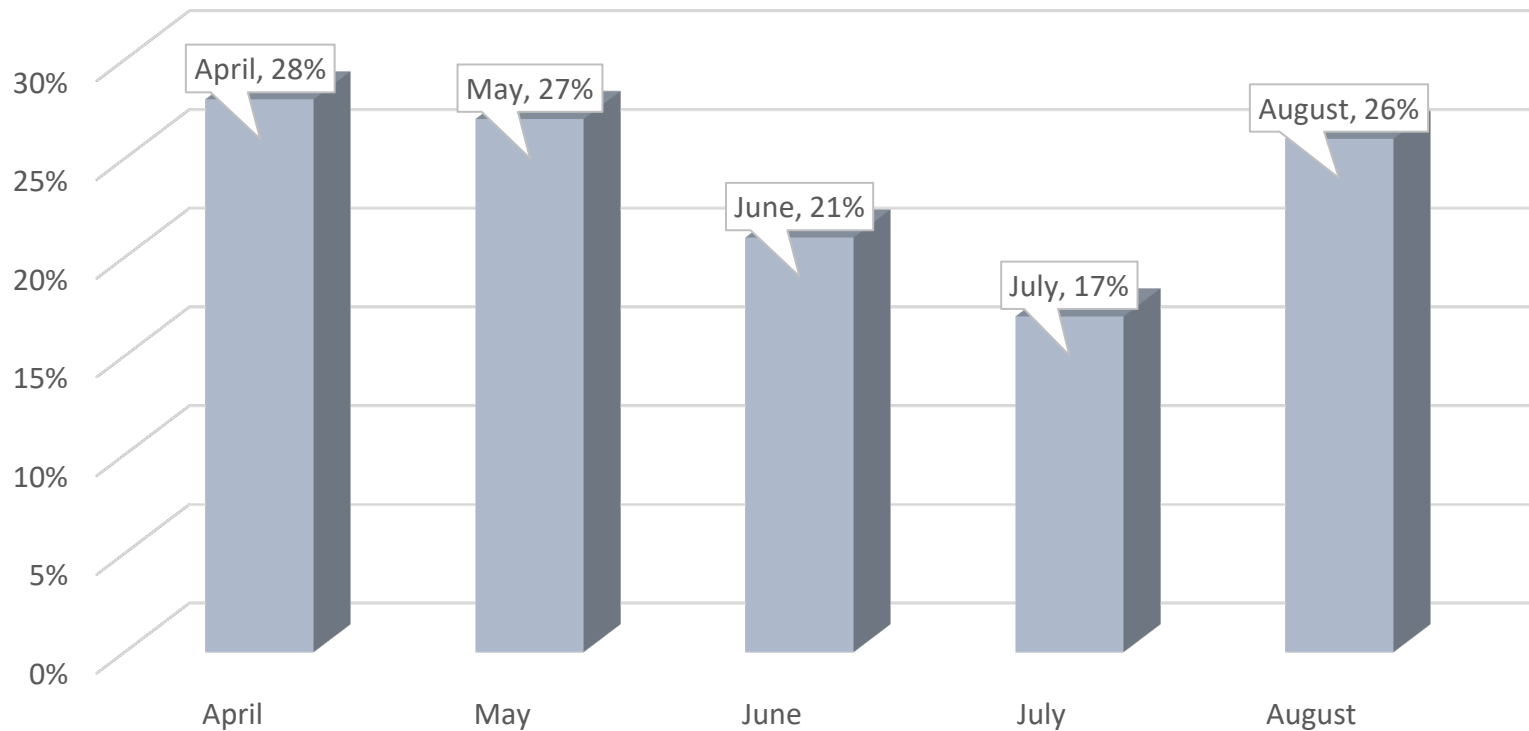


Increased use of appropriate medications

Low WORKLOAD high IMPACT

Daily engagement (ward clerks, physicians, nurses)

Monthly Goal = 20% face to face staff engagement rate



Low WORKLOAD high IMPACT

After hours referral call back

Focus:

Alcohol use disorder Q1 & Q2

All substance use disorder Q2 to Q4

Q1

5 referrals = 2 engagements

Q2 (up to present date)

16 referrals = 9 engagements

Results:

- 4 RAAM referral
- 2 Mobile WMS referrals
- Sublocade discussions
- Suboxone micro induction initiation with community OAT clinic referral

Outcomes

Quarter 1

	2022	2023	2022	2023	2022	2023
	# of ED Visits (F10-F19)		# of AMCS Orders		% of visits	
Apr	142	216	11	33	7.7%	15.3%
May	166	181	9	30	5.4%	16.6%
Jun	142	184	15	26	10.6%	14.1%

* Data up to June 30th 2023

No subjective engagements represented at the present time - *caring for our staff, thanking them for referrals, interactions increasing staff to AMCS informally, and positive feedback to ED staff after interactions*

Future Improvement Efforts

- Not all care connections can be made Monday to Friday 8 a.m. to 4 p.m.
 - Limited number of health human resources – *present state*
- Take account of all staff in face to face engagement, including night shift
- Flexibility in hours of operation – leaning on data to support extending or adjusting service delivery times
- Add subjective responses from ED staff to enhance narrative around data
- Include time to AMCS referral for ED presentation with primary complaint: Substance related concern (F10-F19)