



Creating an Urgent Follow Up Clinic for Crisis Management: From Conception and Design to Successful Outcomes

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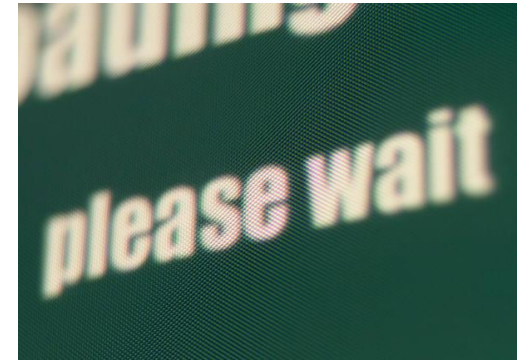
Objectives

Presentation objectives:

- demonstrate a model of care for crisis stabilization from a pilot project to a permanent hospital service
- highlight practical strategies useful in crisis intervention
- emphasize the importance of developing strong community linkages for ongoing patient care

Identified Problem

- Inadequate existing services
- Long wait times
- Lack of connection to community resources
- Unresolved crises
- Service gaps



Clinic Mandate

Delivering care

- rapid crisis resolution
- timely, flexible and efficient options for care
- collaborative process
- optimize hospital resources

Developing the Clinic Model

- Existing hospital resources
- Target measurements
- Communication
- Updated referral tools
- RNAO's best practice guidelines
- Standard work processes
- Community resource



Referral Protocol

1. Who can refer
2. Intake criteria

Clinic Procedure



- Next day telephone contact
- Initial appointment
- Follow-up visits
- Consultation report and discharge summary
- Part-time clinical psychologist

Common Presentations to Clinic

Our population is diverse in culture, ethnicity and language:

- anxiety-spectrum disorders
- mood disorders (mainly depression)
- adjustment disorders
- comorbid diagnoses

Types of Crises

- Relationship/marital/family disputes
- Employment-related
- Grief/loss
- Educational-related
- Social poverty/lack of resources
- Trauma-related
- Resulting from undiagnosed mental-health disorders

Interventions

1. Practical immediate strategies
2. Crisis-resolution summary
3. Family involvement
4. Medication assessments
5. Supportive interventions
6. Cognitive-behavioral
7. Mindfulness-based
8. Linkage to community resources

Crisis Resolution Summary (1)

Crisis Resolution Summary			Name: _____
			MRN: _____
	Visit Date: _____	Visit Date: _____	Visit Date: _____
Presenting Concerns (Precipitating factors, clients perception of problem, S+S, what is different from usual level of functioning)			
Medications Allergies:			
Daily Routine (Work/school/activities)			
Supports (Family/friends/other)			
Signatures	Patient: _____ Nurse: _____	Patient: _____ Nurse: _____	Patient: _____ Nurse: _____

Crisis Resolution Summary (2)

			Name: _____ MRN: _____
	Visit Date: _____	Visit Date: _____	Visit Date: _____
Usual Coping Strategies			
Goals			
Plan/Homework (Strategies, referrals - AMHOP, DT, EDDP, GP, Community/other)			
Signatures	Patient: _____ Nurse: _____	Patient: _____ Nurse: _____	Patient: _____ Nurse: _____

Self-talk Record

SITUATION What happened The facts	IDENTIFY SIGNS & SYMPTOMS Physical / Emotional	WHAT IS MY SELF-TALK Verbatim	EVIDENCE Is it true? Use examples	NEW SELF-TALK Positive thinking

Community Resources

- Updating current resources
- Initial referral made DURING the crisis appointment
- “Personal touch” shortens wait-times
- General resources

Staff Feedback



“As the emerg GP's and psychiatrists are becoming more aware of the clinic they also are referring. This is most beneficial as pts here for a minor issue are discharged by emerg and follow up arranged by us. Reducing a 5-6 hour wait in some cases.”
the time required to go to day hospital as they have commitments, families and jobs they need to attend to.”

Patient Feedback

“This has been a very beneficial process for me. There was an opportunity to focus on the issues and the support available to help me through the journey I needed travel.”



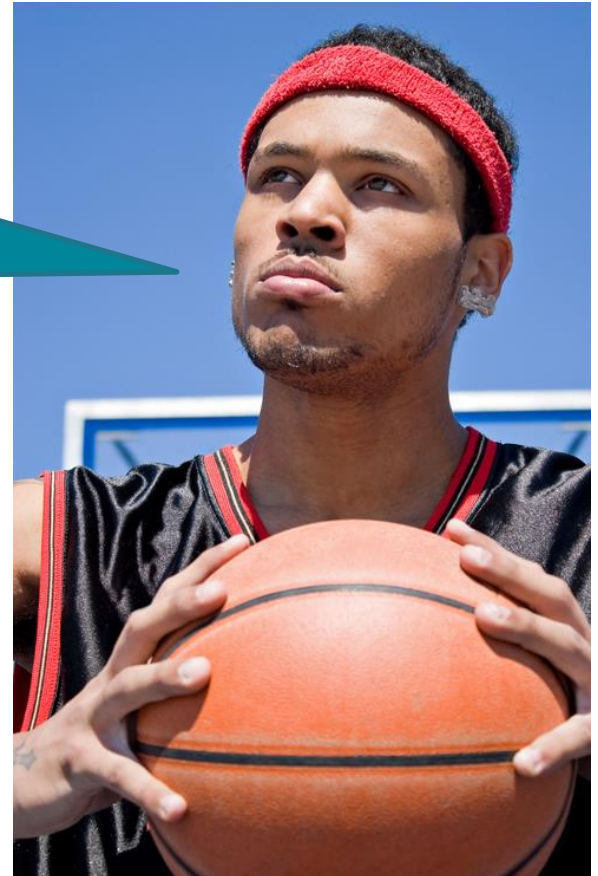
Patient Feedback



“The care I received was compassionate and immensely beneficial. I feel much better than I did when in crisis and am now connected to resources in our community for longer-term therapy.”


Patient Feedback

“The clinic staff has transitioned me into a healthier lifestyle! When I came in I was extremely distraught but now I’m leaving a whole new person being able to identify and work with my disorder.”



Case Study 1

- 47 year-old single male, never married, employed as passport-photo photographer and an usher
- Referred chronic depression, anxiety
- Stressors including: social isolation, parental illness, financial strain and employment dissatisfaction
- Comorbid cannabis, alcohol use disorder

 **Dx:** major depressive disorder, chronic with anxious features; alcohol and cannabis use disorder

Outcomes:

- Improvement in mood/anxiety symptoms
- Joined social group and reconnected with other friends
- Reduced substance abuse

Case Study 2

- 27 y/o Sri Lankan single gay male, employed as hotel concierge
- Presented to ER with suicidal ideation following work conflict
- Key issues: afraid to “come out” leading to social isolation, alcoholic father died during follow-up process


 Dx: depression, anxiety

Outcome:

- Patient notified clinic after 5th visit that he felt much better and was getting the help he needed and did not need to return

Case Study 3

- 26 y/o Indian female, adopted, separated 5 days, unemployed
- Presented to ER with medical problem; requested psych consult for ADHD
- Long standing inability to maintain employment and few social connections

 **Dx:** depression, anxiety.
Subsequent diagnosis of ASD
(Asperger's Syndrome)

Outcome:

- ADHD symptoms improved
- By educating her and the family, and providing practical strategies resulting in decreased tension in the home

Conclusions

- ✓ Urgent follow-up clinic has provided timely, thorough and effective crisis stabilization for patients presenting to the ER
- ✓ Well-received by both patients, families and hospital staff
- ✓ Fiscally-responsible through used of existing hospital resources
- ✓ Strong community linkages result in optimal ongoing care for the patient

Questions?

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