



Health Sciences North  
Horizon Santé-Nord

# The Role of The Emergency Psychiatric Consultation Nurse in a Northern Ontario Hospital

# Outline

- The case for change. What has happened and why we had to do something about it?
- The **pilot** of the EPCLN role & **initial results**
- **Sustained Impact** on:
  - patient experience in the ED
  - ED flow
  - Stigma in the ED
  - Staff safety and job satisfaction



# Our Hospital Emergency Dept



# Sheila's Story



# The Case for Change (2011 Pre-pilot)

- ED wait times to a bed was being measured in days, not hours (avg wait = 2 days)
- Average inpatient occupancy 98-102% consecutively for 2 years
- 59% increase in emergency visits to the ED for Mental Health & Substance Use concerns in the period of 2011-12, compared to prior year (sharp increase of new unattached patients)
- High restraint use in ED
- Poor ED Satisfaction scores





# The Pilot

- 3 month pilot (Dec 29/11 to March 31/12)
- Secondment of an experienced psychiatric consultation-liaison nurse (EPCLN) to the ED with the aim of improving:
  - The care experience for patients waiting for beds
  - Family support in the ED
  - Effectiveness of care delivered in ED
  - Coordination of care between departments and on a day-to-day basis

# EPCLN Role- Our vision

- Objectives:
  - Specialized care and psychosocial support
  - Early assessment, treatment planning (goals for admission) and discharge planning
  - Continuity of care during waiting period
  - Early adoption of inpatient protocols
  - Initiation and mobilization of community supports
  - Prioritization of bed requests and proper patient placement
  - ED diversion where appropriate

# Pilot results

- 130 patient encounters during 3 month pilot
- Averaged 2.3 hours of “specialized” support per patient during the pilot
- Medication reconciliation & treatment interventions
  - 30 incidents of over-use
  - 57 incidents of under-use
  - 42 NRT consults





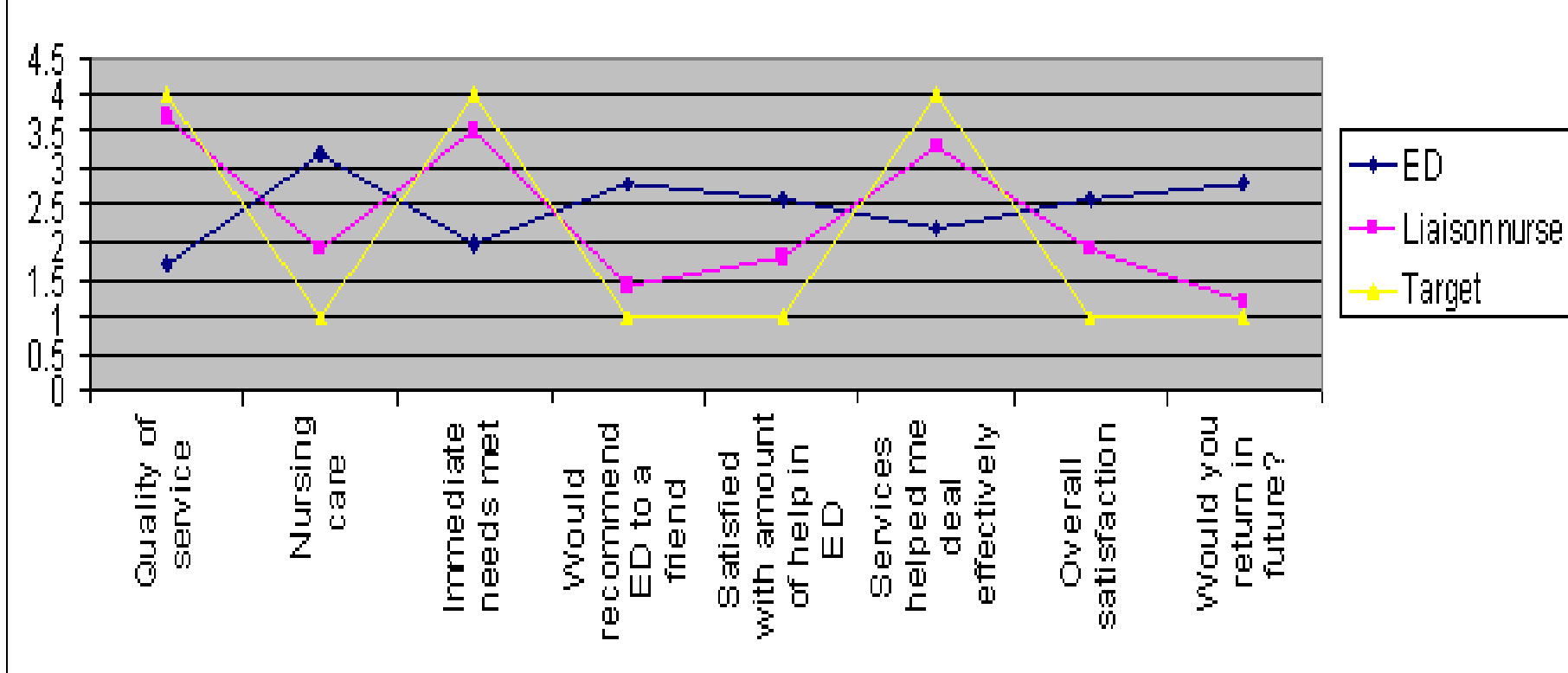
# Pilot results

- **Restraint use**
  - 28 incidents of restraint avoidance
  - 40 incidents of code white avoidance (non-violent interventions)
- **Admission diversion**
  - 31 instances of care coordination in community vs. admission to a bed



# Satisfaction results

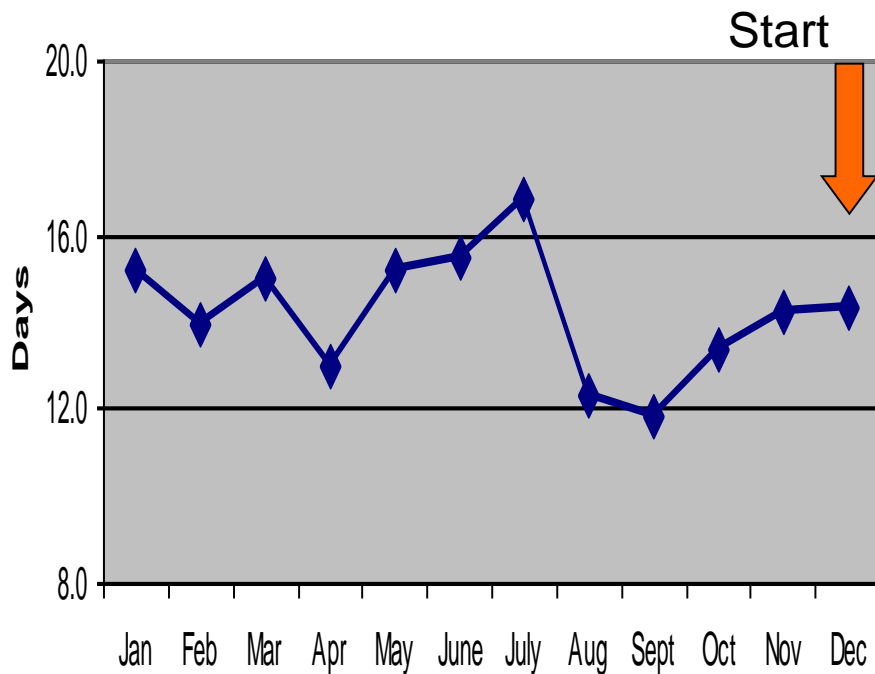
## CSQ 8 ED vs Psych Liaison



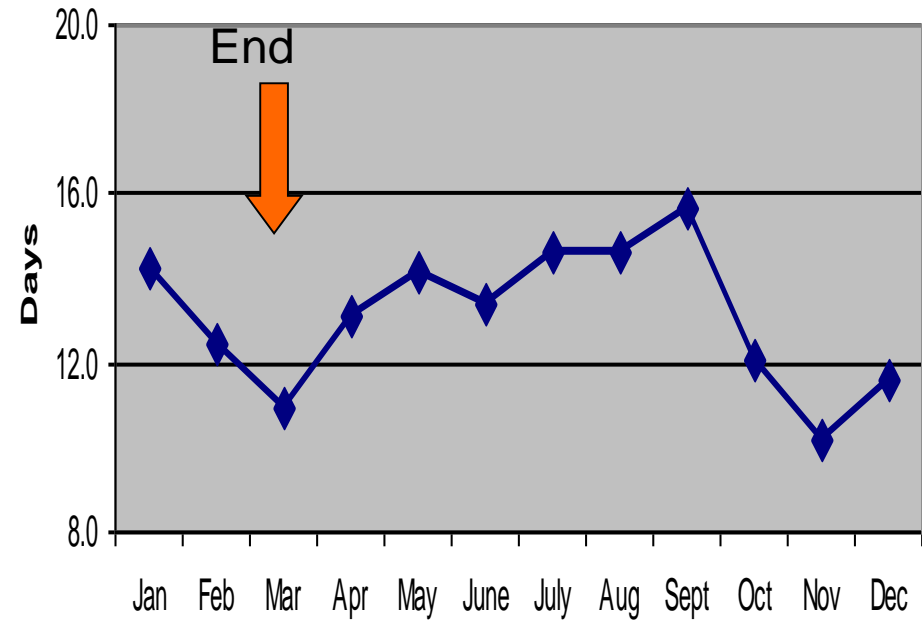
N= 60, Response rate 46%

# Impact on LOS during pilot

## 2011 Inpatient LOS



## 2012 Inpatient LOS



# Outcome of pilot

- ED staff, On-call Psychiatrists and Inpatient unit unanimously supportive of the role
- System impact
- Clear patient benefits
- Extended as a permanent position



# Current Goals 18mths post pilot

- **Key areas of focus-** safety, client-centred care, role modelling, knowledge dissemination
- Continuity of information
- Bed allocation
- Relationships- police, ED staff, Psych-on-call, AIP inpatient planning



# Safety

- Risk assessment for violence and aggression
- Staff teaching and education
- Restraint reduction and practical interventions
- Safe medication use
- Ongoing work with Police Service in regards to at risk clients and level of services provided in the ED





# Knowledge Dissemination

- Frequent 1:1 teaching sessions with staff
- Encourage daily use of critical thinking
- Demonstrated empathy and respect for dignity in daily interactions with patients
- Worked on relationship with Police and assisted with understanding their needs while in the ED



# Client-Centred care

- Continuity and relationships
- Early engagement & assessment
- Treatment & diversion planning
- Working with families
- Right bed, right treatment



# Role Modelling

- Most successful long term strategy to teach about **gentle trauma informed care**.
- Nurses showed improvement at doing what is right for that specific client, **individualized care**
- Encourage to consult this nurse for care suggestions if there were areas of concern.
- Answers questions like “What would have done in this situation”



# Next steps/ Ongoing work

- Documented ED treatment plans
- ED Diversion plans
- Stepping away to build capacity/ critical thinking
- Consultation-Liaison Nursing Service organization wide



# Questions/ Discussion



# Feel free to contact us



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