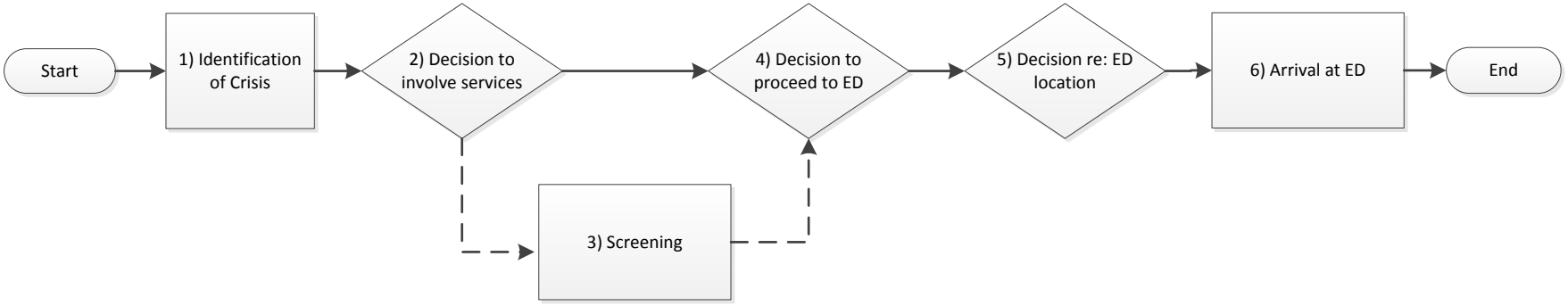
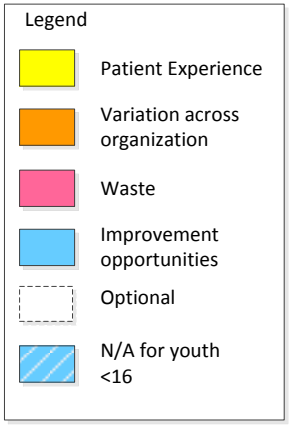
A. ED Flow: Identification of Crisis → Arrival at ED



Crisis Types

1. Substance Abuse
2. Violent Self Harm (sad)
3. Psychotic (strange)
4. Behavioural Crisis
5. Homeless

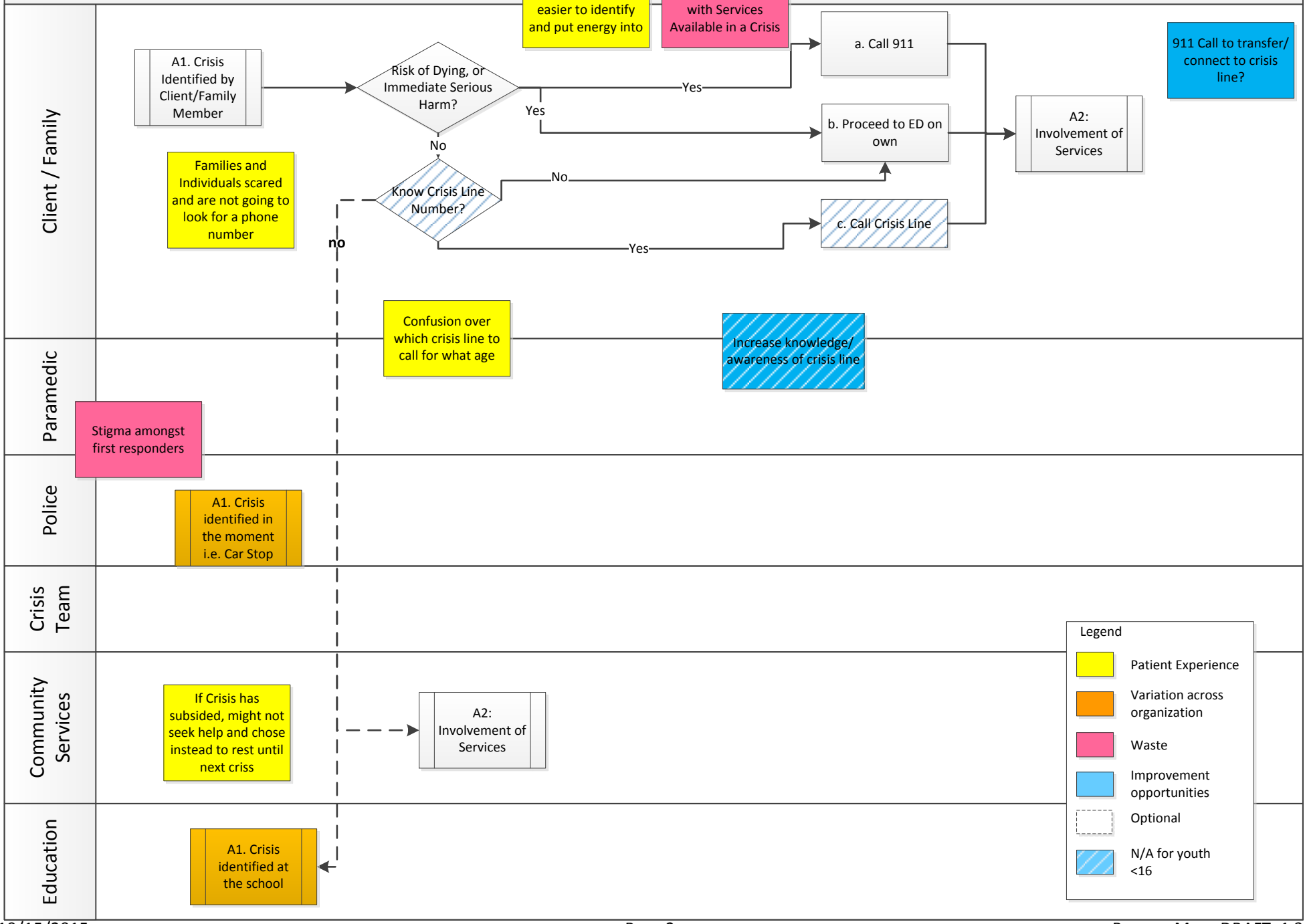
*For a family or person, a crisis is a crisis.



A. Identification of Crisis to ED: 1. Identification

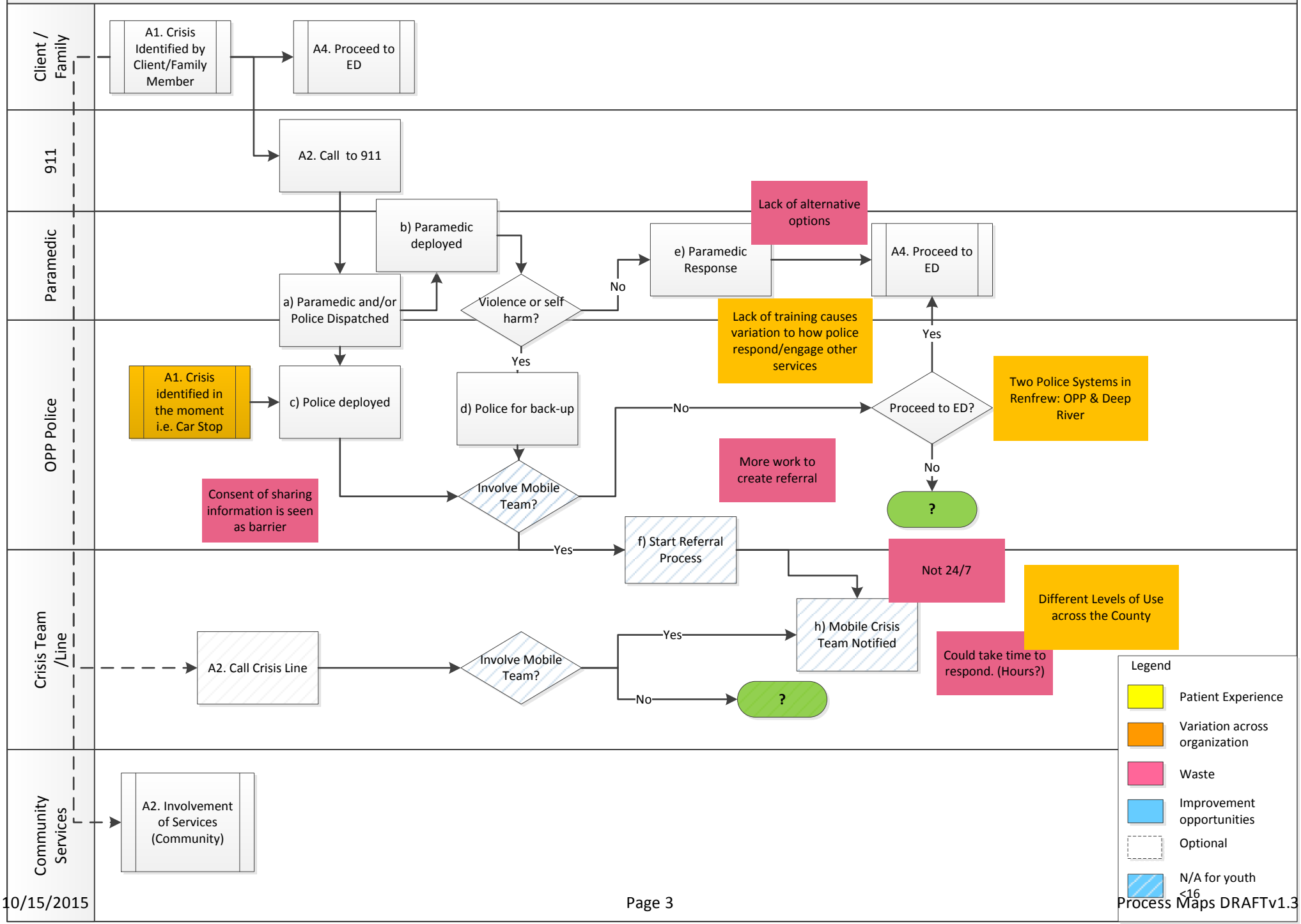
V1.3

Source: Aug. 7th AM



A. Identification of Crisis to ED: 2. Involvement of Services (First Response)

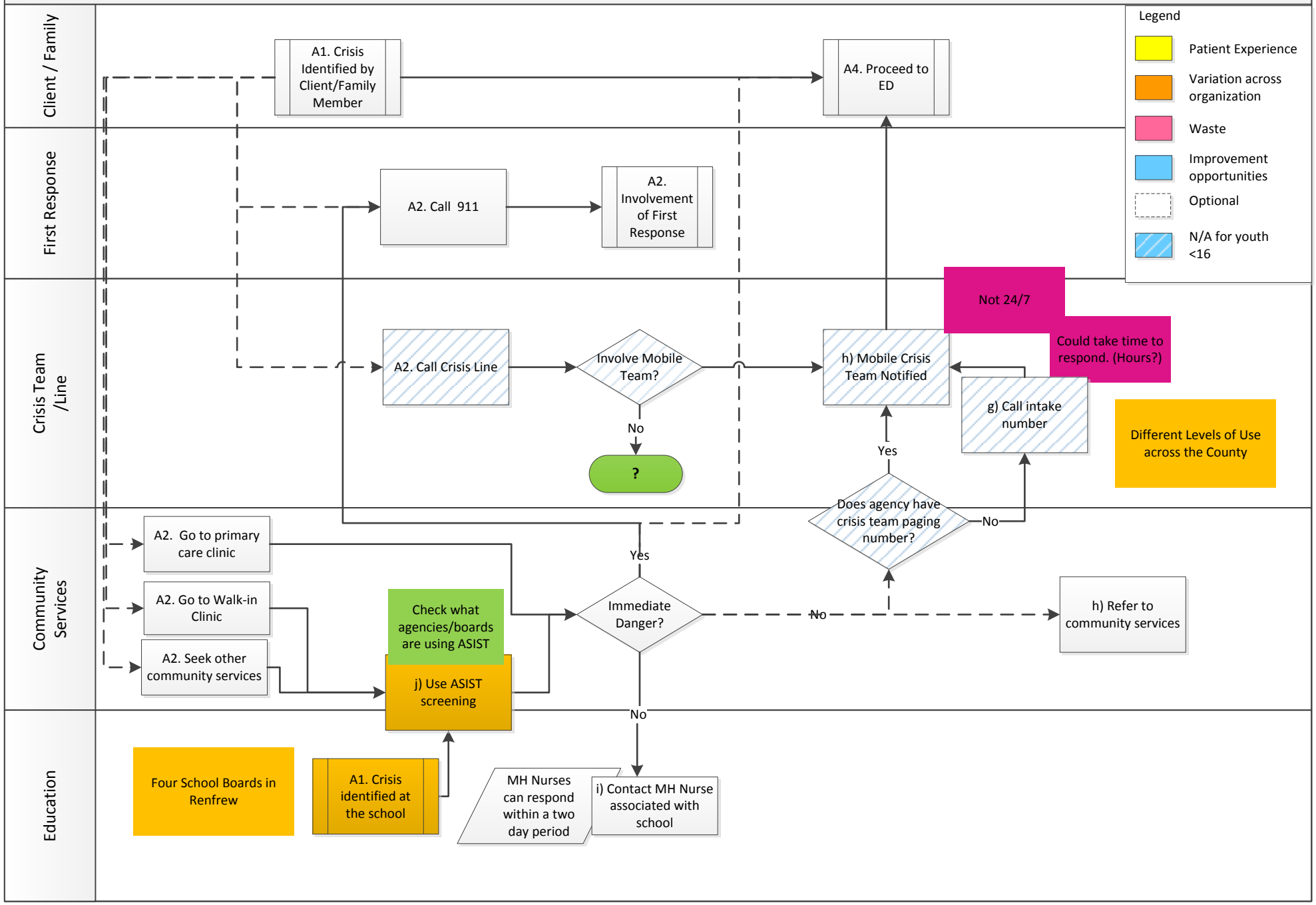
Source: Aug. 7th AM

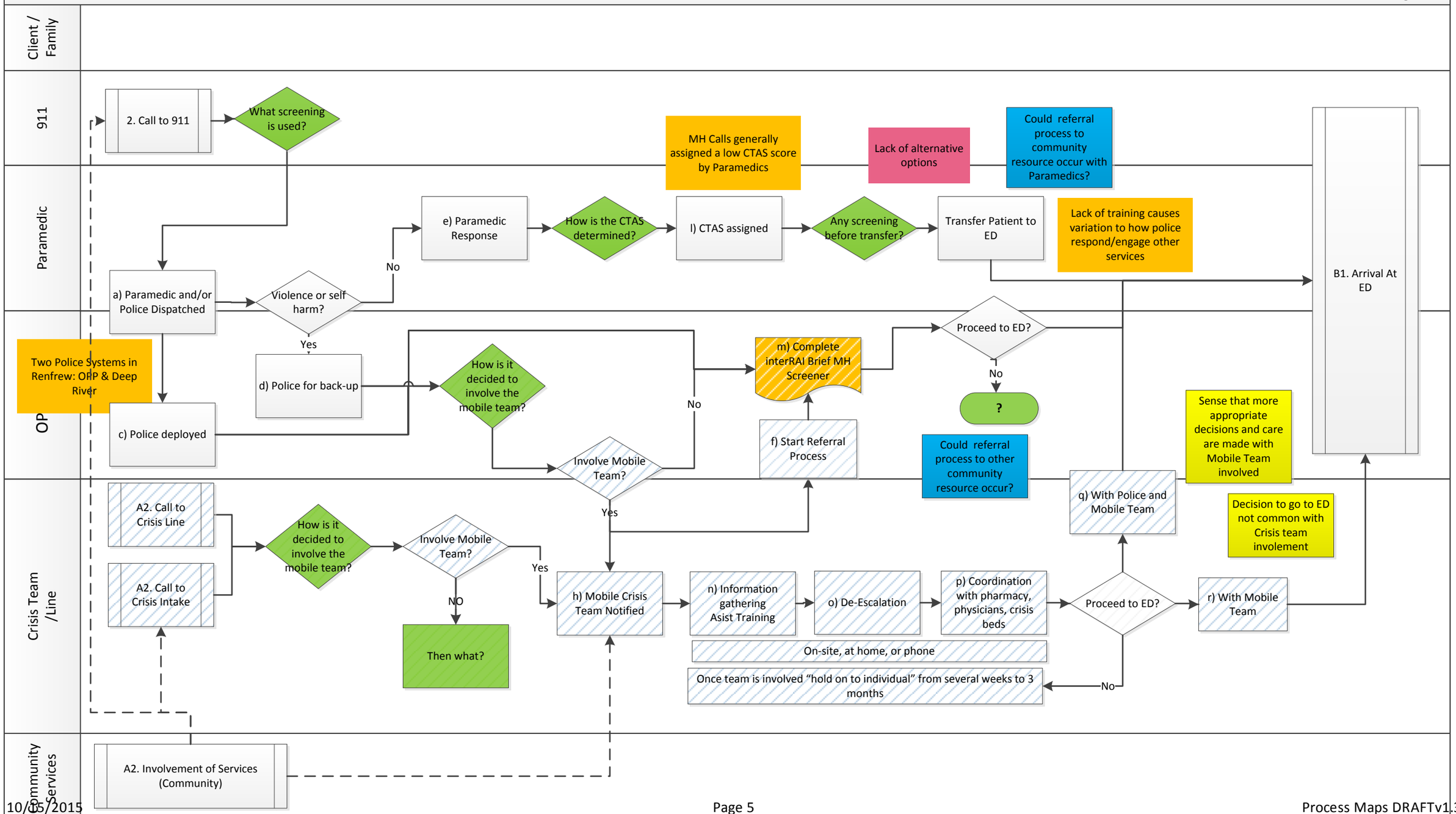


A. Identification of Crisis to ED: 2. Involvement of Services (Community Services)

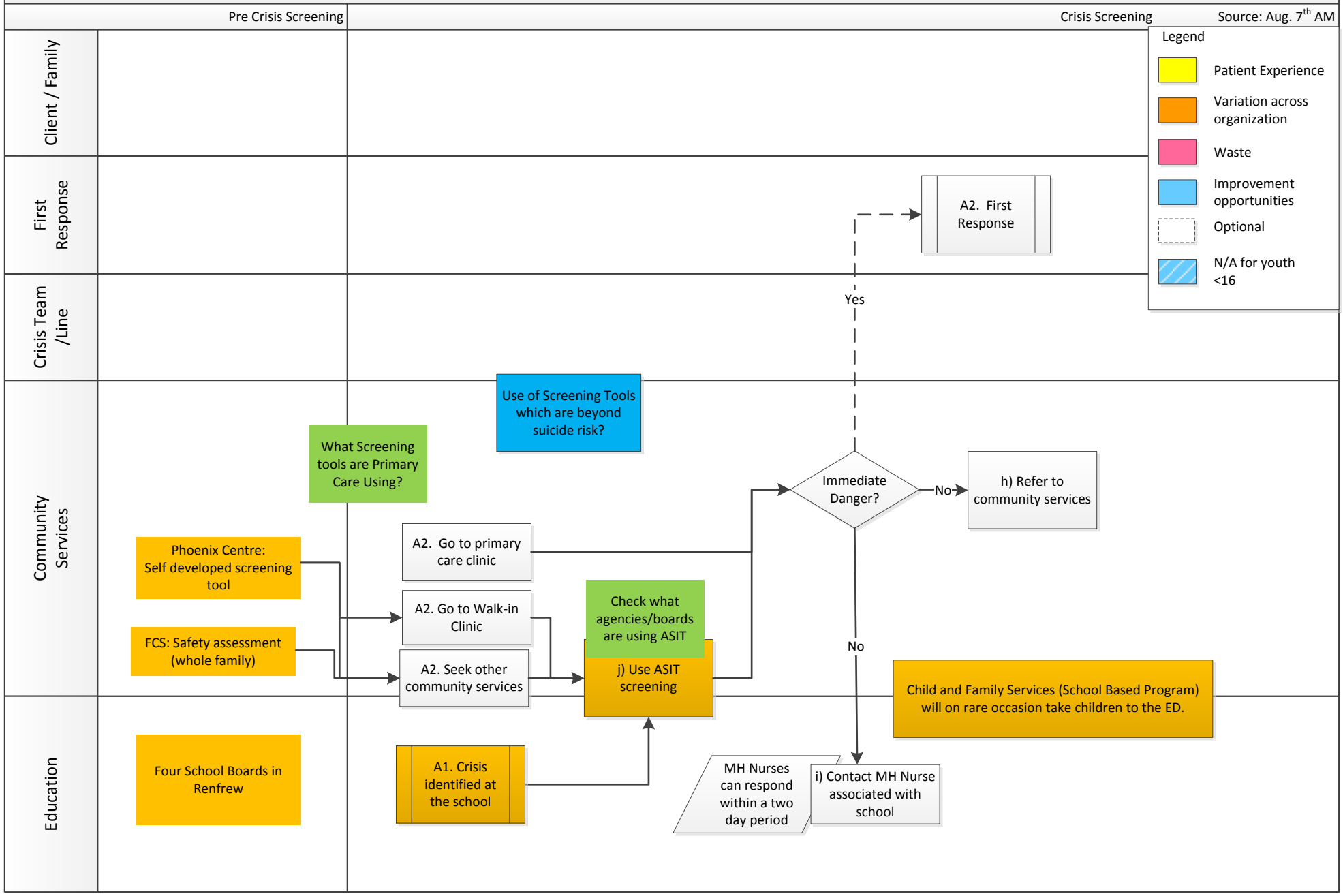
V1.3

Source: Aug. 7th AM



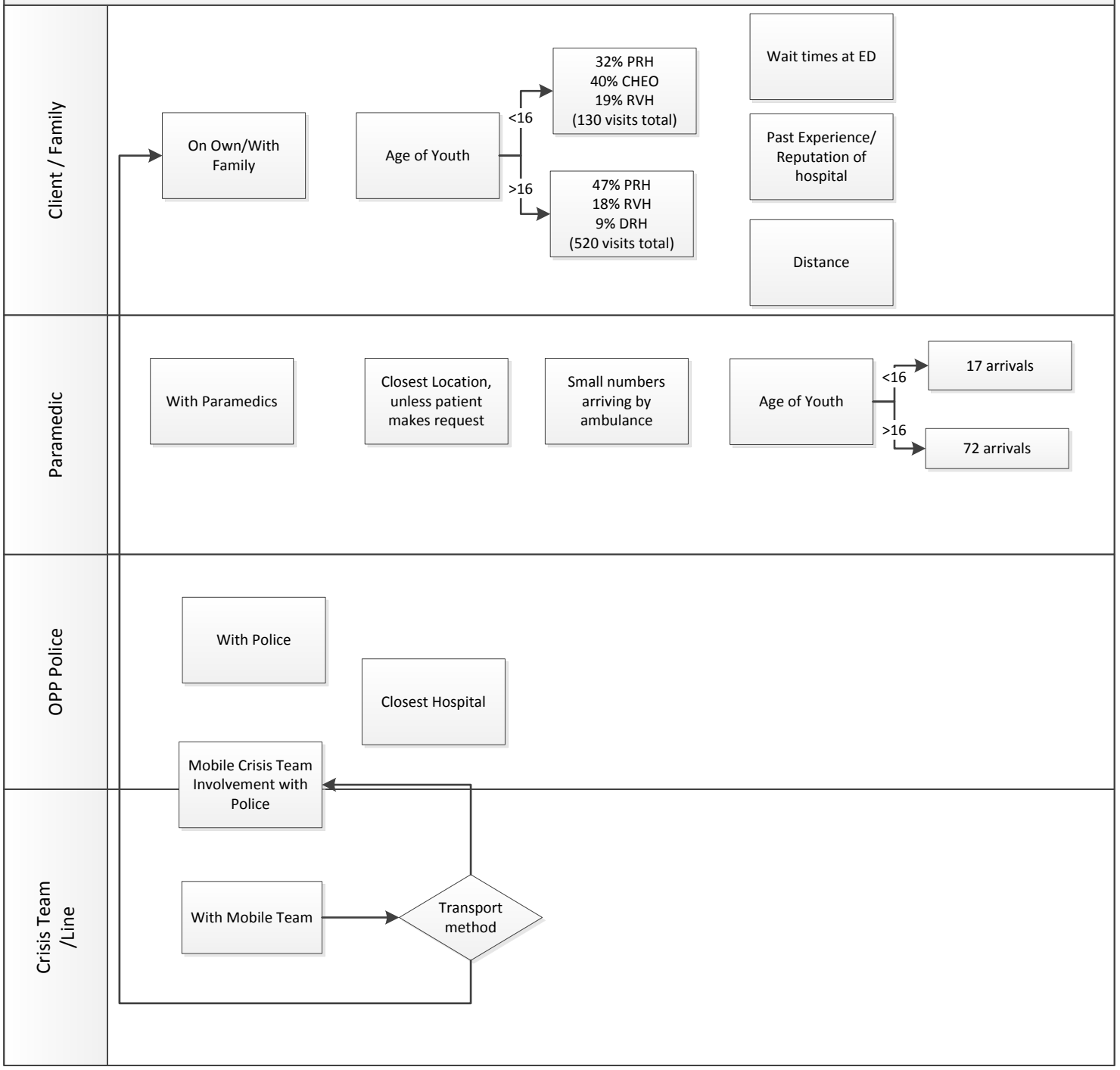

Client / Family
911
Paramedic
OP
Crisis Team /Line
Community Services
2. Call to 911
What screening is used?
MH Calls generally assigned a low CTAS score by Paramedics
Lack of alternative options
Could referral process to community resource occur with Paramedics?
e) Paramedic Response
How is the CTAS determined?
l) CTAS assigned
Any screening before transfer?
Transfer Patient to ED
Lack of training causes variation to how police respond/engage other services
B1. Arrival At ED
a) Paramedic and/or Police Dispatched
Violence or self harm?
No
Yes
Two Police Systems in Renfrew: OPP & Deep River
d) Police for back-up
c) Police deployed
How is it decided to involve the mobile team?
Involve Mobile Team?
No
Yes
m) Complete interRAI Brief MH Screener
Proceed to ED?
No
?
f) Start Referral Process
Could referral process to other community resource occur?
Sense that more appropriate decisions and care are made with Mobile Team involved
q) With Police and Mobile Team
Decision to go to ED not common with Crisis team involement
A2. Call to Crisis Line
A2. Call to Crisis Intake
How is it decided to involve the mobile team?
Involve Mobile Team?
Yes
NO
Then what?
h) Mobile Crisis Team Notified
n) Information gathering Asist Training
o) De-Escalation
p) Coordination with pharmacy, physicians, crisis beds
Proceed to ED?
r) With Mobile Team
On-site, at home, or phone
Once team is involved "hold on to individual" from several weeks to 3 months
No
A2. Involvement of Services (Community)

A. Identification of Crisis to ED: 3. Screening and 4. Proceed to ED (Community Services) V1.3

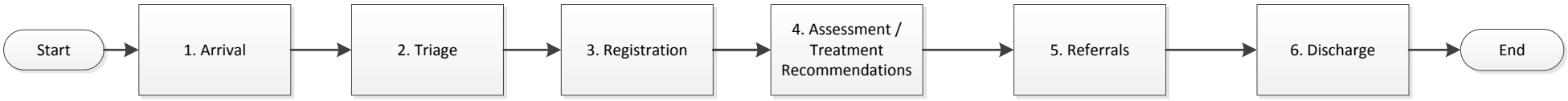


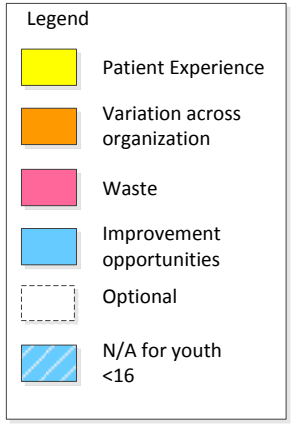
B. ED Flow: 5. ED Location (decision factors and behaviours – (2014-15 data)) V1.3

Source: Aug. 7th AM & NACRS DATA 2014-2016



B. ED Flow: Arrival at ED -> Discharge from ED

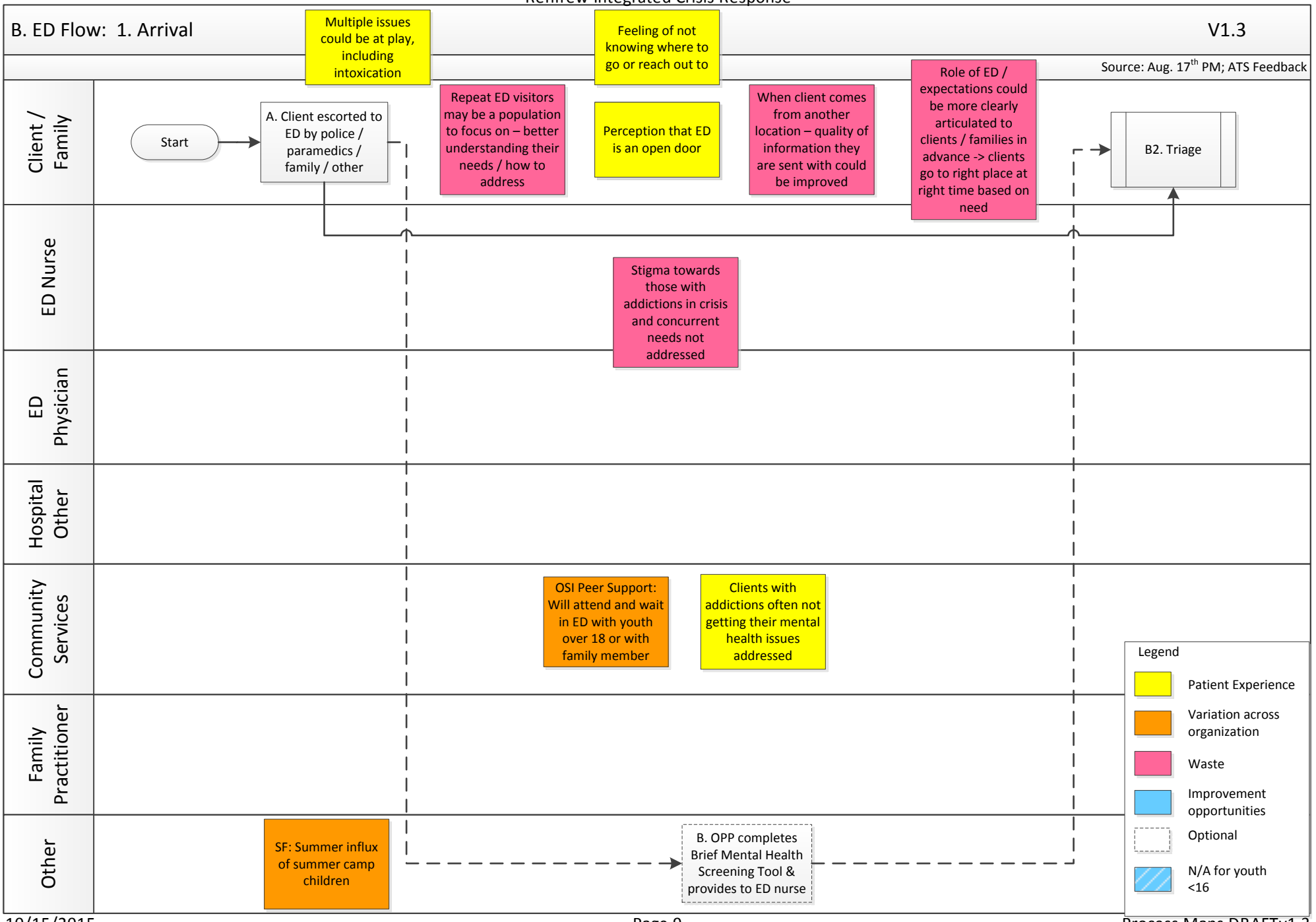




B. ED Flow: 1. Arrival

V1.3

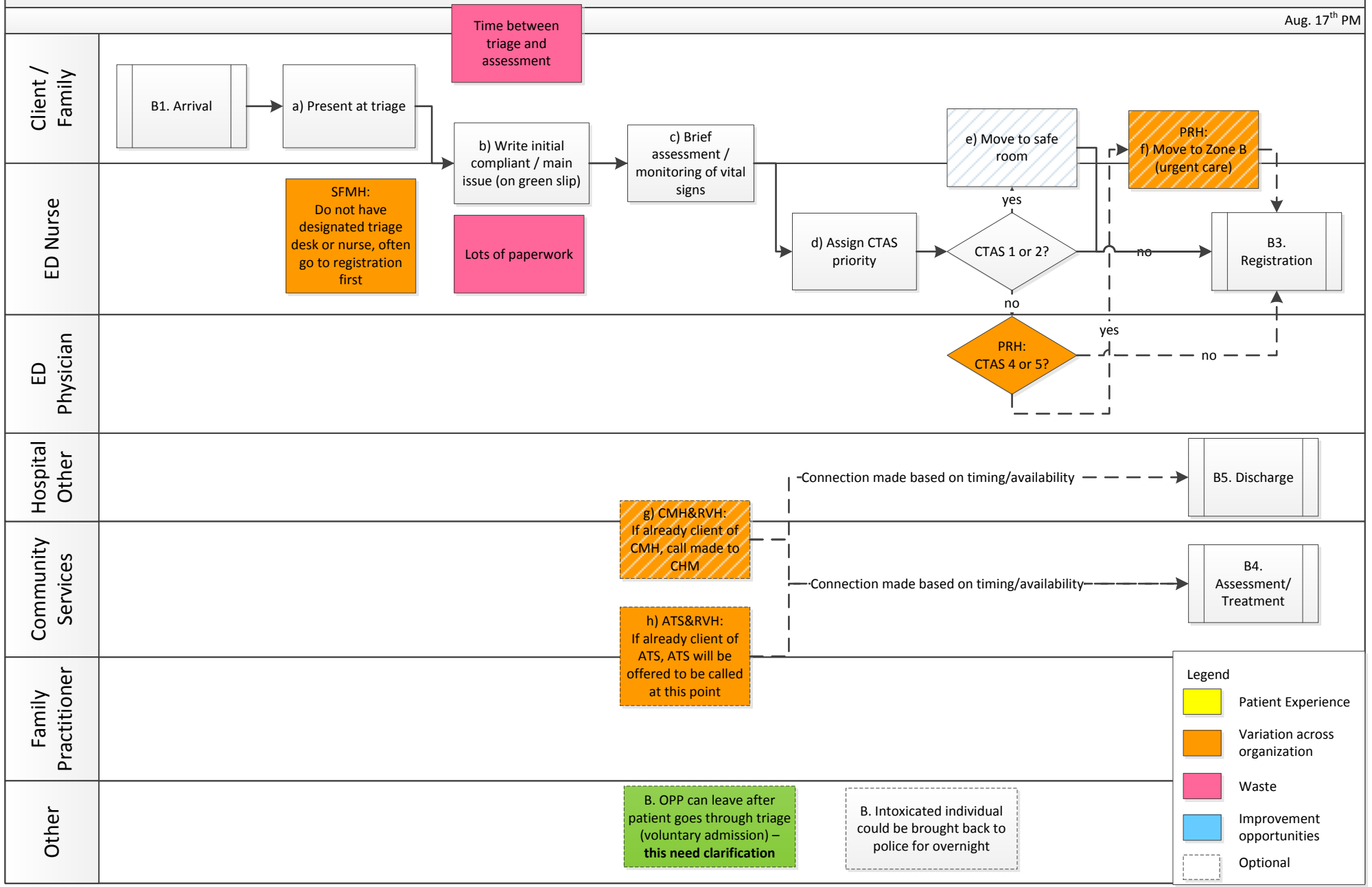
Source: Aug. 17th PM; ATS Feedback

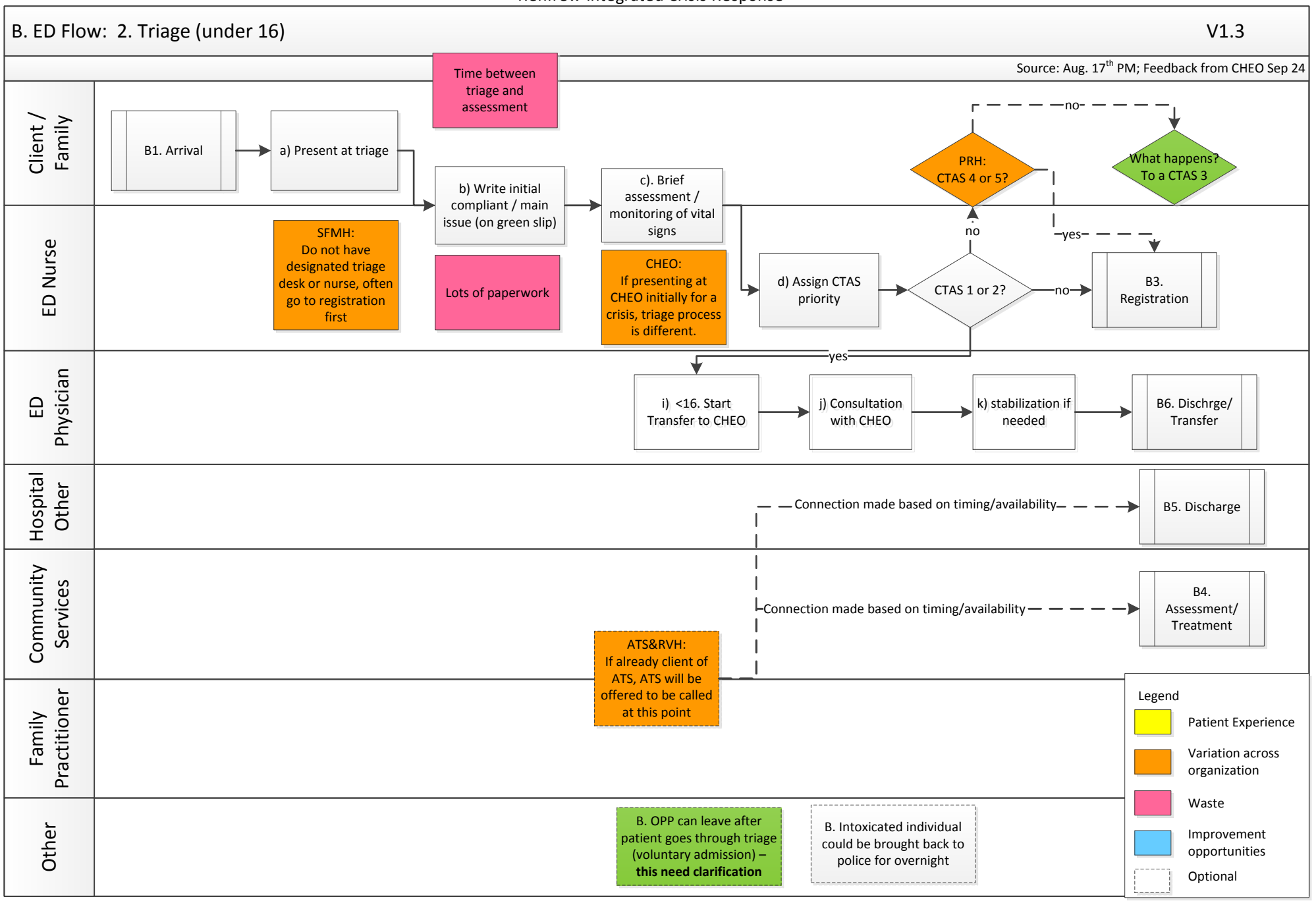


B. ED Flow: 2. Triage (Over 16)

V1.3

Aug. 17th PM

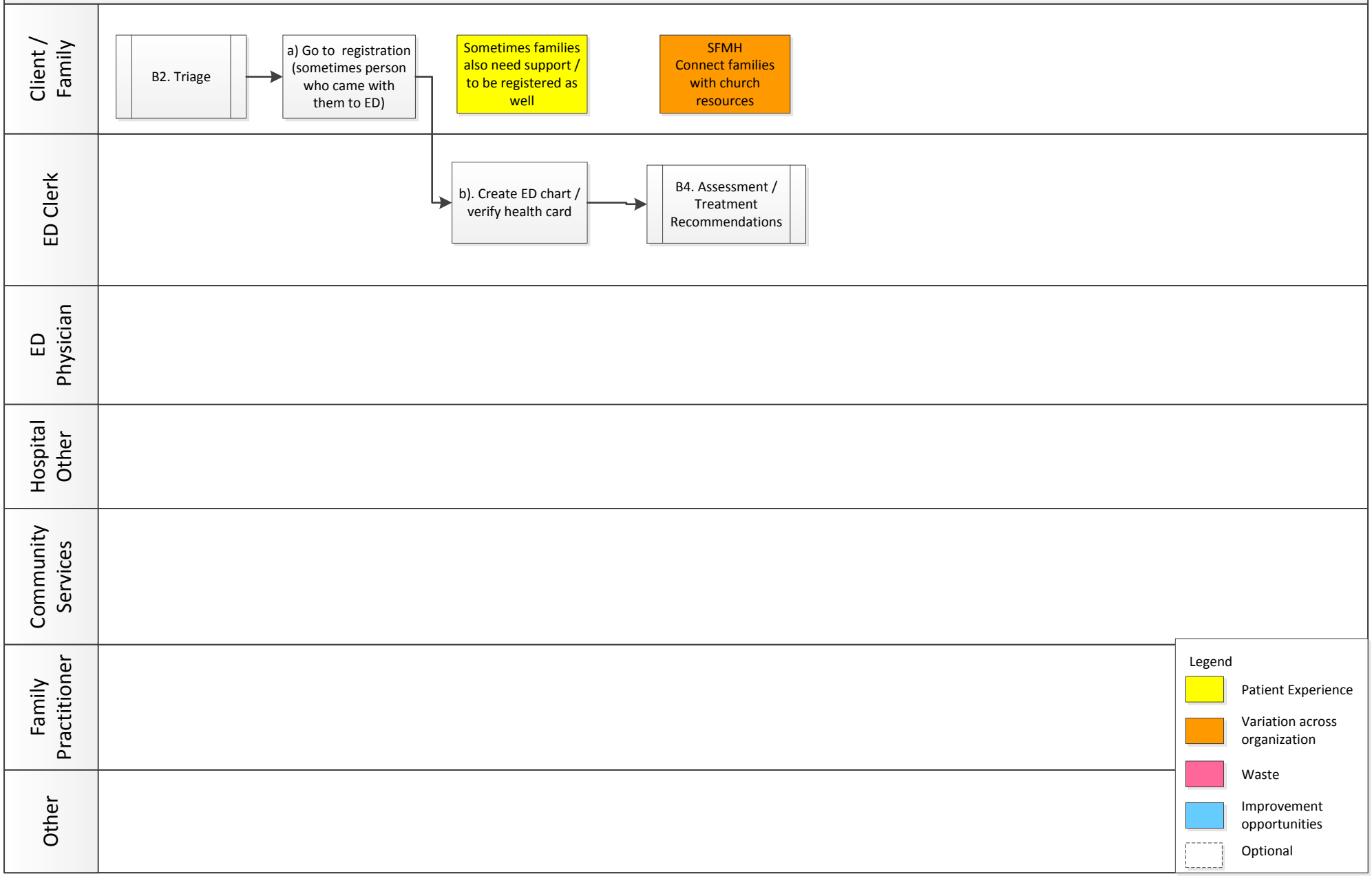



B. ED Flow: 2. Triage (under 16)
V1.3
Source: Aug. 17th PM; Feedback from CHEO Sep 24
Client / Family
ED Nurse
ED Physician
Hospital Other
Community Services
Family Practitioner
Other
Time between triage and assessment
B1. Arrival
a) Present at triage
b) Write initial compliant / main issue (on green slip)
c). Brief assessment / monitoring of vital signs
PRH: CTAS 4 or 5?
no
What happens? To a CTAS 3
yes
no
SFMH: Do not have designated triage desk or nurse, often go to registration first
Lots of paperwork
CHEO: If presenting at CHEO initially for a crisis, triage process is different.
d) Assign CTAS priority
CTAS 1 or 2?
no
B3. Registration
yes
i) <16. Start Transfer to CHEO
j) Consultation with CHEO
k) stabilization if needed
B6. Dischrge/ Transfer
Connection made based on timing/availability
B5. Discharge
Connection made based on timing/availability
B4. Assessment/ Treatment
ATS&RVH: If already client of ATS, ATS will be offered to be called at this point
B. OPP can leave after patient goes through triage (voluntary admission) – this need clarification
B. Intoxicated individual could be brought back to police for overnight
Legend
Patient Experience
Variation across organization
Waste
Improvement opportunities
Optional

B. ED Flow: 3. Registration

V1.3

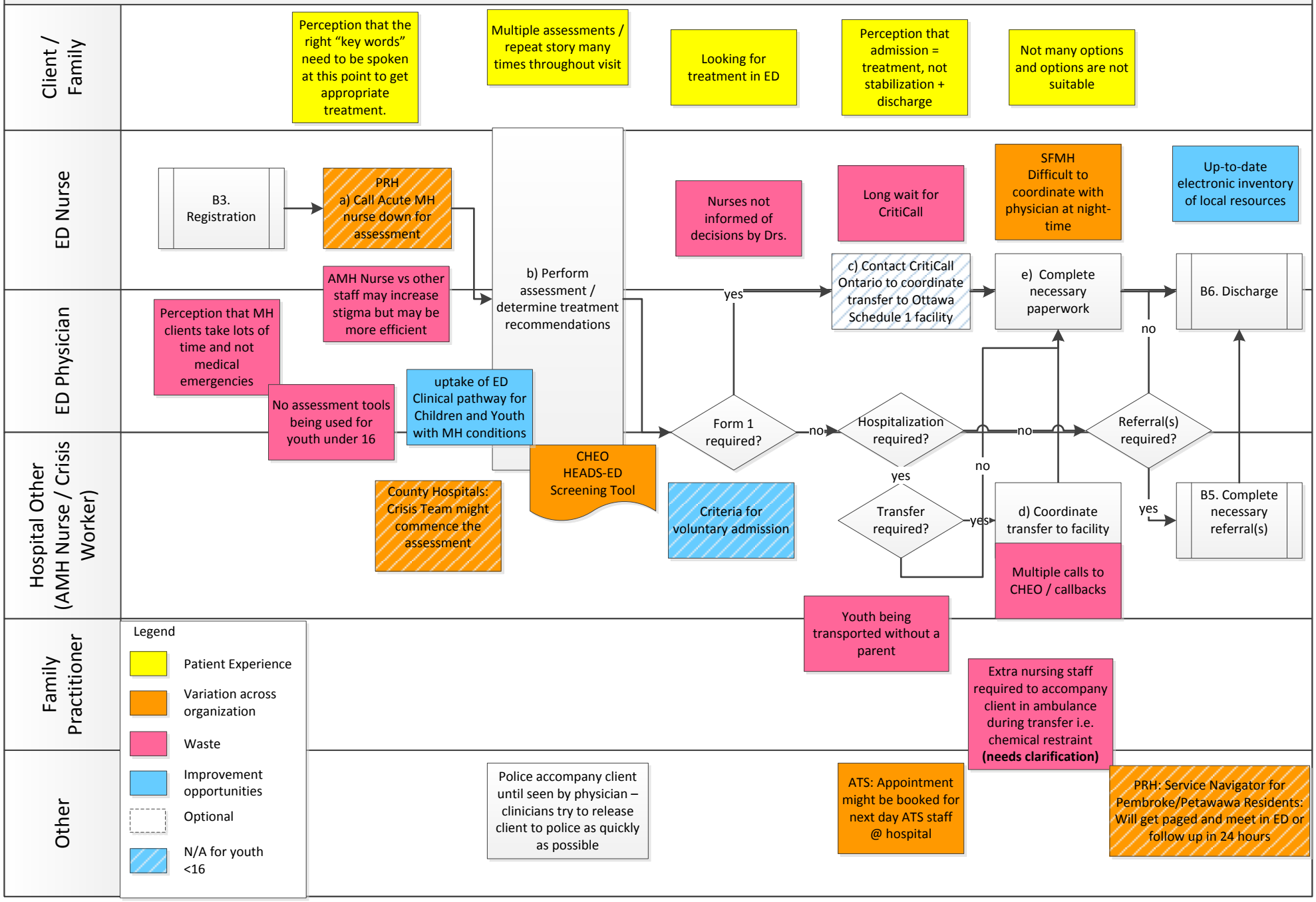
Aug. 17th PM



B. ED Flow: 4. Assessment / Treatment Recommendations

V1.3

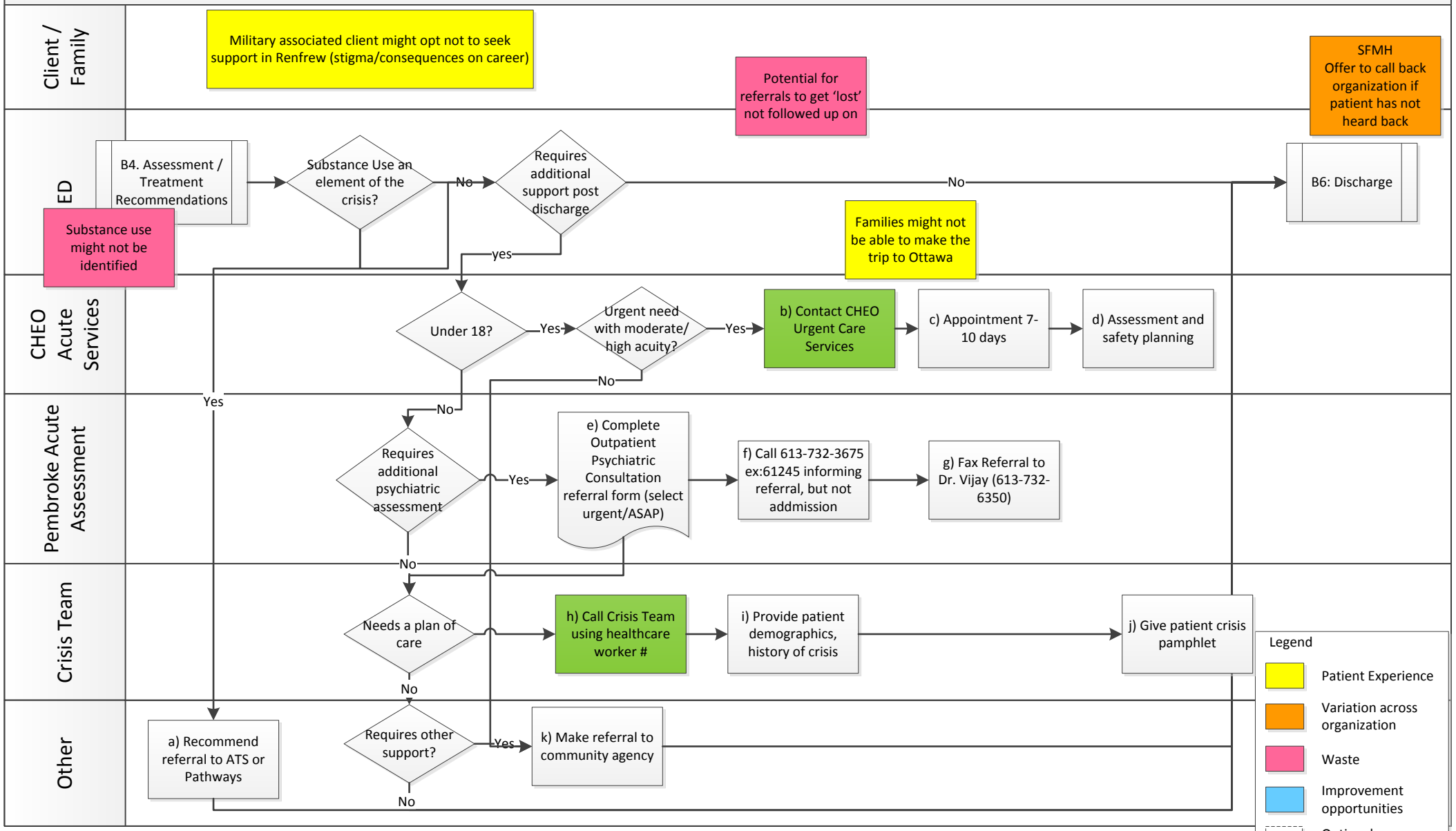
Sources: Aug. 17th PM; Feedback from CHEO Sep 24



B. ED Flow: 5. Referrals

V1.3

Sources: Aug. 17th PM; Arnprior ED Aug 11thFeedback from CHEO Sep 24



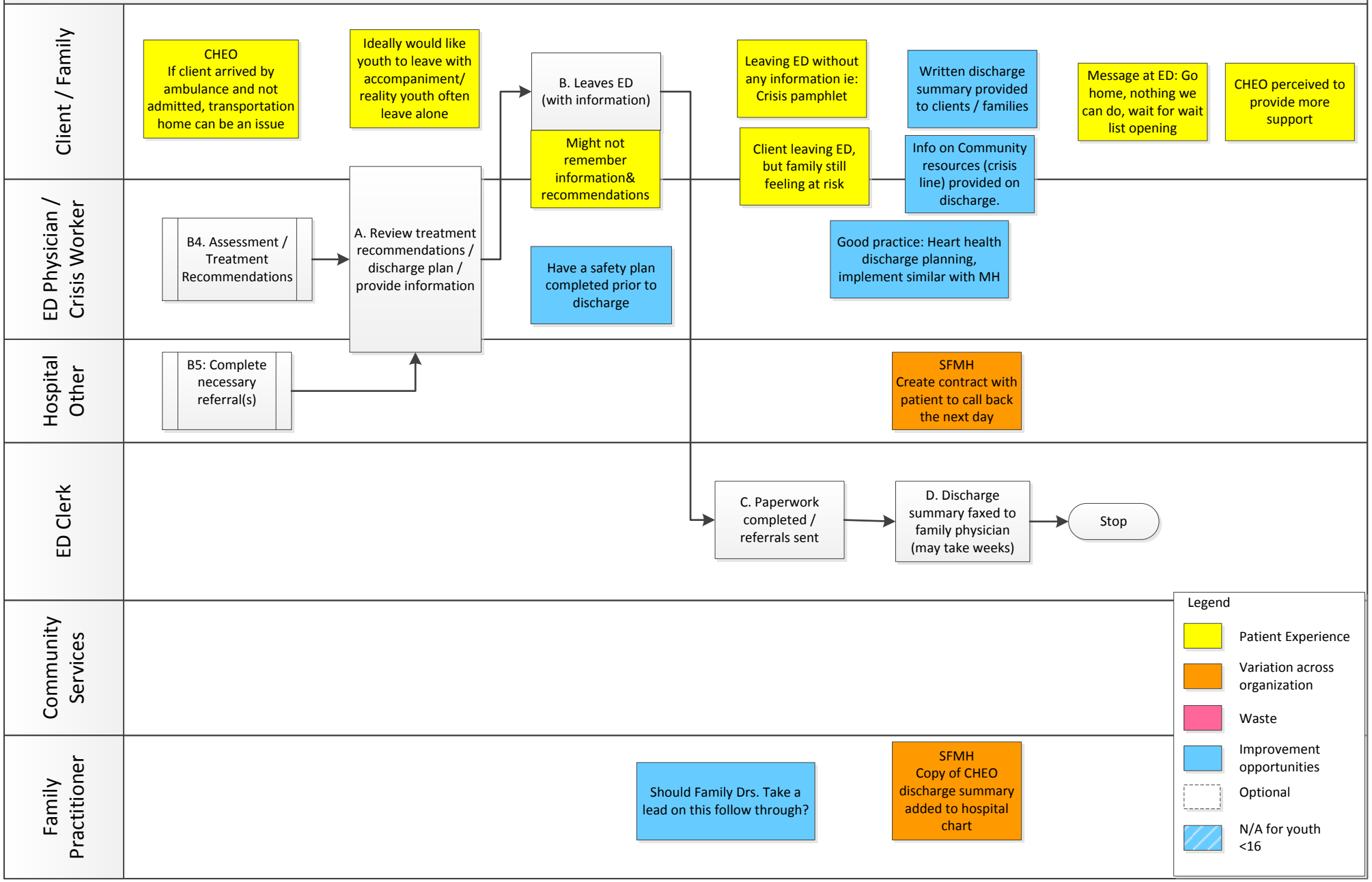
Contacts for community resources often out of date

Up-to-date electronic inventory of local resources

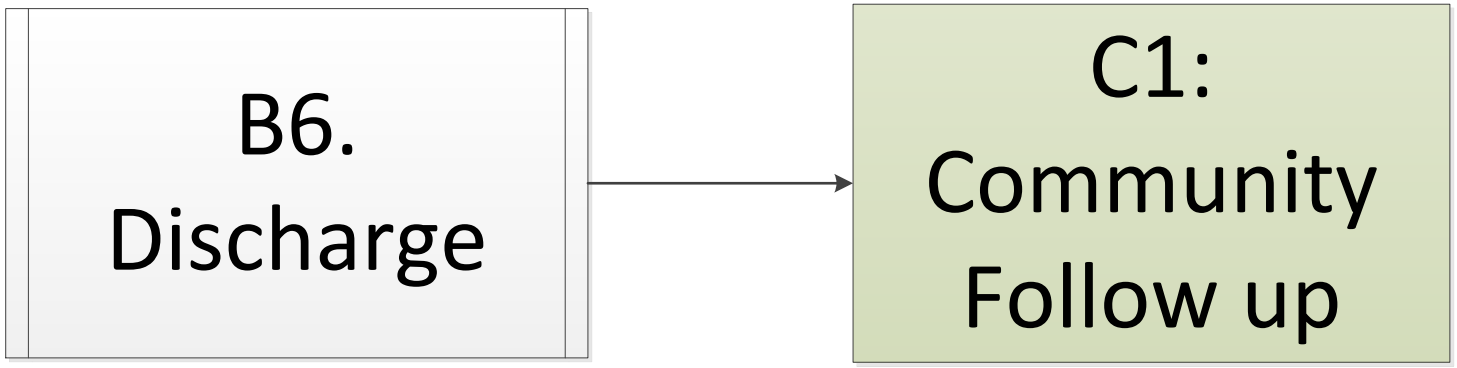
B. ED Flow: 6. Discharge

V1.3

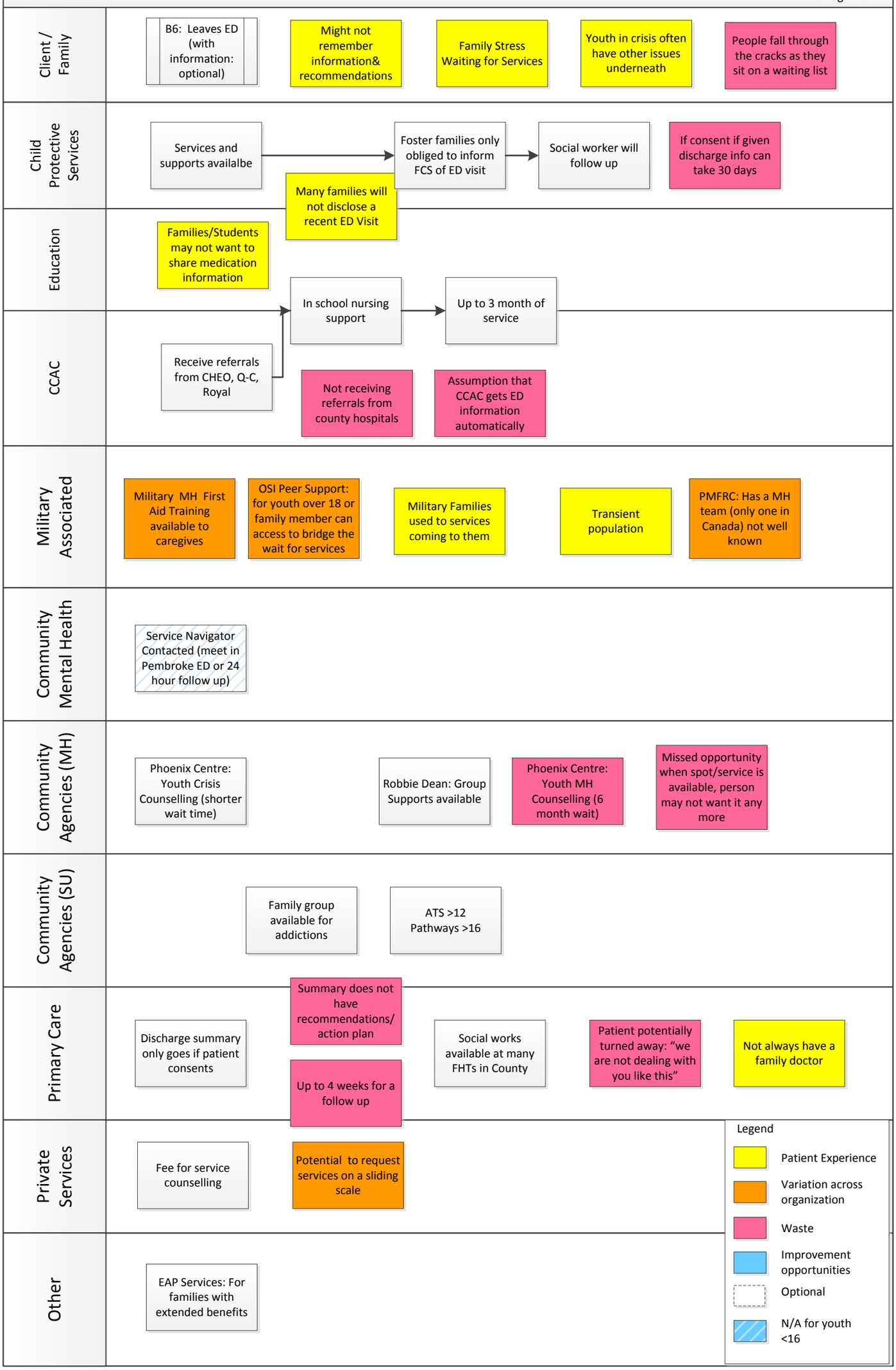
Aug. 17th PM



C. ED Flow: Discharge from ED → Connecting to Community Resources



B. ED Flow: 2. Community Flow

V1.3

Aug. 17th AM