

Overview: Toronto’s Centre for Mental Health and Addictions (CAMH) is home to Ontario’s only standalone psychiatric emergency department. Each year, CAMH saw the volume of patients in its ED increase, growing by 52% over five years to reach 12,000 in 2017. Adding to these pressures were the 19.2% of CAMH inpatients who were returning to the ED due to a lack of available supports following discharge. CAMH saw a clear need for mental health and addictions services for patients after returning to the community and used the IDEAS program to enable the success of a new post-discharge support service. Since then, the clinic has seen more than 1,400 clients and their **ED usage has declined by 15%**.

The Problem: As the home of Canada’s largest psychiatric Emergency Department, the Centre for Mental Health and Addictions (CAMH) was seeing more than 1,000 patients a month. When they looked at the data, they realized that, in addition to serving patients who are in crisis and need an admission to hospital, the ED was also serving less acute patients who were using the ED for things like prescription renewals—simply because it was a low barrier, accessible service. CAMH also recognized there were gaps in care following discharge from inpatient stays—they were meeting the provincial standard of having a follow-up appointment within 7 days of discharge for only 8% of their patients. Despite having robust discharge plans, lengthy wait times for services in the community often meant these patients were returning to the ED because it was the only place they could access care, thereby further contributing to pressures on the already-busy ED. Learning from the IDEAS Advanced Learning Program’s in-class training and Quality Improvement Advisors, CAMH implemented a solution to stem the growth of ED volumes and improve the quality of care for patients post-discharge.

“Having the opportunity to participate in IDEAS with such a deliberate QI lens really enabled the success of the service.”

*Dr. Brittany Poynter,
CAMH*

“[The Bridging Clinic] is an incredible addition. My wait time was drastically reduced.”

Patient of CAMH Bridging Clinic

Achievements

- Since opening the Clinic, CAMH has surpassed their original aim—**ED usage has declined by 15%**.
- In its first three months of operation, the Clinic had over 600 visits.
- Since the opening, the clinic has **served 1,400 unique clients** and supported **over 3,500 visits**.

The Solution: With the help of their IDEAS QI Advisor, CAMH’s IDEAS team set an aim for their project of reducing CAMH ED visits by 10%. To help them meet this aim, they developed and refined specific patient pathways into and out of the service they were planning. Now, people who arrive at the emergency department with non-urgent needs are sent to the Bridging Clinic just down the hall from the ED where they can receive quality care without necessarily being admitted. In most cases, they are seen within 30 minutes—dramatically shorter than the typical emergency department wait time—freeing significant resources for more urgent patients. The Clinic also supports inpatients preparing for discharge, who can now visit the Bridging Clinic for follow-up care, even with no appointment. This is a vast improvement over the wait times for care in the community, which can range from four months to as much as a year. This gap in care was reflected in the immediate uptake of the Clinic, which saw **over 600 visits in its first three months of operation**. Since the opening, the clinic has served 1,400 unique clients and supported over 3,500 visits. What’s more, providing this support to clients allowed **CAMH’s ED usage to decline by 15%**. Further achievements are anticipated as the clinic prepares to expand its hours to evenings and weekends in Spring 2019.