

VIRTUAL EMERGENCY ROOM

The Panel Has Nothing to Disclose

Using Technology to Reach Youth in Crisis



“Out of the Shadows at Last”

Kirby Report (2006)

Current Children’s Mental Health System

- fragmented
- under funded
- not timely
- critical shortage of mental health professionals
- children & families not involved in solutions

Children's Mental Health: Ontario

- Approx. 2.8 million children/youth (0-18years)
 - (MCYS, 2006)
- Ratio of child psychiatrists to children with mental health needs = $1/6,148$
 - (Steele, 1999)
- Almost 20% of children under 16 years have one or more diagnosable mental health disorders **yet only 1/6 receive services**
 - (Offord, 1987)
 - similar % worldwide
 - (WHO, 2003; Waddell, 2002)
 - (Thomas, Holzer, JAACAP, 2006)

Child Psychiatrists: Practice Patterns in Ontario

- 2.6% practice in areas with populations <20,000, where approximately 18% of population resides
- 30% do outreach, but..... only 10% go >150km from their base practice
 - (Steele, 1999)
- Access to & support for services is a major challenge.
- Significant impact on health care providers.

The Virtual Emergency Room



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“A Unique Outreach Collaboration”, featuring:

- *Ontario Shores Centre for Mental Health Sciences, (Whitby)*
- *Ross Memorial Hospital (Lindsay)*
- *Ontario Telemedicine Network*
- Collaboration coordinated by Jane Thompson, Project Coordinator for *Ontario Shores* at the partner site in *Ross Memorial Hospital*.



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Objectives:

- To improve timely/equitable access to child and youth psychiatric assessments;
- To reduce wait times;
- To provide collaboration and support to central east hospitals and community based services to strengthen assessment and treatment provisions, within their **HOME** communities.

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Timeline:

- March 2008: Steering Committee
- July 2008: Project Coordinator (Jane Thompson) hired
 - Meetings, equipment procurement, policy development, training.
- Feb. 11, 2009: Project “Go Live” date

Ontario Telemedicine Network

Ross Memorial Hospital Lindsay, ON / Ontario Shores Centre for Mental Health Sciences, Whitby, ON

Unique Outreach Collaboration

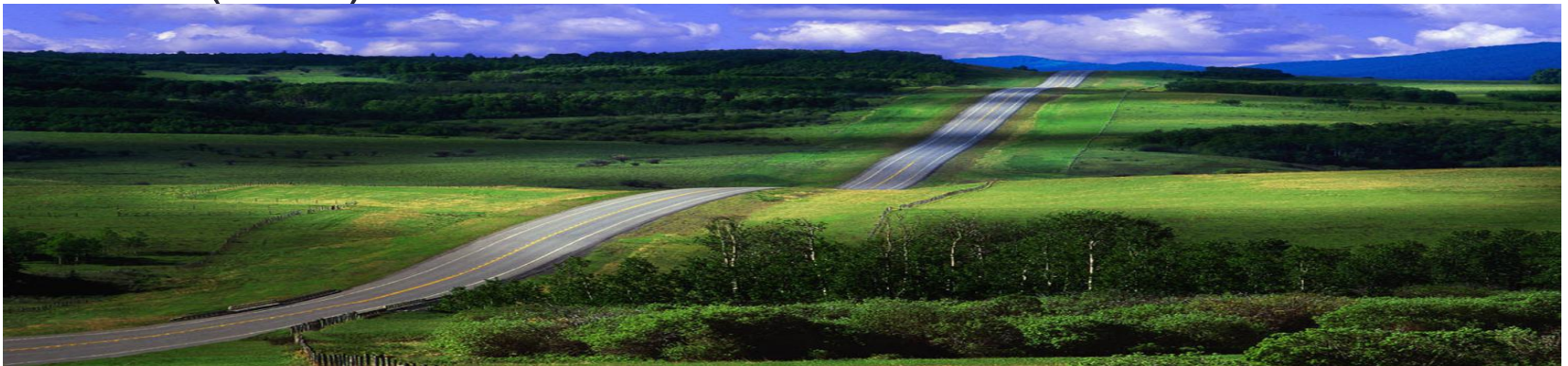
***Expanding the Reach of Telemedicine
In Ontario 2007-2010***



Ontario Telemedicine Network

The largest telemedicine network in the world, OTN uses two-way videoconferencing to eliminate the barriers of time and space.

OTN provides secure, managed connections between videoconferencing systems through a virtual private network (VPN).



OTN & Personal Health Information



- OTN is committed to protecting personal health information consistent with the requirements of the *Personal Health Information Protection Act, 2004*.
- OTN uses a variety of physical, administrative, and technical safeguards to protect confidential information from unauthorized access, use, copying, modification or disclosure.

OTN Expansion

2007- 2010:

- Funding support from Canada Health Infoway and the Government of Ontario expanded telemedicine beyond hospitals to primary care, community-based areas of care and hospital emergency programs, including those for mental health crisis management.
- Equipment becomes more flexible, quick to deploy, and cost-effective.
- As of March, 2011, there are more than 1200 sites on the Network.



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Roles & Responsibilities:

OTN

- Limited provision of videoconferencing equipment.
- Provision of technical & operational support for implementation.
- Provision of ongoing 24/7 technical support.
- Provision of technical training.

Referring Site

- Network drop installation.
- Training hours for staff (clinical & technical.)
- Clinical protocol development.
- Patient events by December 2009.
- Utilization collection / scheduling.

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Program Mandate:

- To significantly reduce wait times for underserviced and rural areas by providing timely/equitable access to child psychiatrists for children/youth in their HOME communities.

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Program Description:

- Serves children and youth (17 years of age and younger) with complex mental health issues.
- Client requires a further in-depth consultation by a child psychiatrist not available in the ER or through local programs.

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The Model:

- 1 time consultation, **NOT** treatment
- Follow-up on occasion



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Overview:

- One-time only consultation/assessment with a child psychiatrist.
- Report with specific recommendations faxed to referring source within 10 days.
- Families make appointment to meet with referring source to review and implement recommendations.

** *Consultations usually completed within five days of receiving the faxed documentation***

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Accessing the VER:

- Complete the *Integrated Mental Health Services Referral Form*

- Caregiver completes:

Caregiver Questionnaire in your office/ER.

* an appointment cannot be booked until the questionnaire is received.*

- Referral Form and all documentation is faxed to VER Coordinator



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Major concerns at referral:

- Depression, mood, suicide/self harm (thoughts of/no plan)
- Anxiety
- Behavioural (eg. ODD)
- School problems
- Family issues
- Medication review and/or recommendations

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Results:

- 106 consultations - Feb. / 09 – Mar. / 10
- 128 consultations - Apr. / 10 - Mar. / 11
- Streamlines ED time: immediate access to VER

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Results:

- From 2 to 9 Facilities
- Three Community Mental Health Teams
- Two Family Health Teams
- Equitable / Integrated / Accessible

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Challenges:

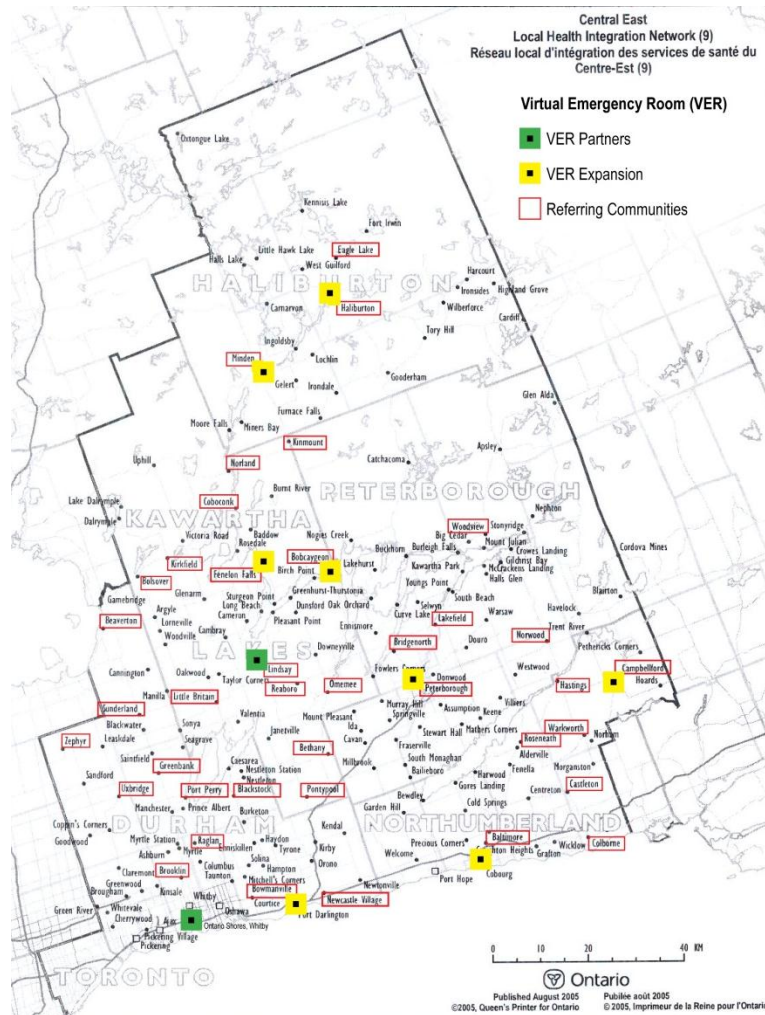
- Enhance system capacity with additional child psychiatrists. (urban/rural)
- Wait lists for follow-up care create another barrier to service:
 - Cognitive behaviour groups
 - Crisis counselling
 - Group /Individual therapies

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Opportunities:

- Eliminates barriers caused by time and distance.
- Urban/Rural
- Review program availability for follow-up care based on consult recommendations.

The Virtual Emergency Room: Celebrating Collaboration!



Thank You!

