



Child and Youth Advisory Committee

Emergency Department Care Pathways Project: Children with Mental Health Conditions/Addictions

Terms of Reference

Background:

This initiative is designed to promote and support the provision of integrated and evidence-informed emergency mental health and addictions care to children and youth within Emergency Department (ED) settings across Ontario and following discharge from the ED using standardized care pathways and other decision support tools. Pathways and other tools will be developed and then tested in selected pilot sites. Evaluation of the pilots will take place over a three year period.

Purpose:

To convene an panel composed of experts in primary care, both community and hospital care of children and youth with addiction and mental health issues and in Emergency Department care. In order to improve the integration of care, within and between hospital and community, the Work Group will develop evidence-informed care pathways and other decision support tools to guide and support the care of children and youth with addiction and mental health problems in Emergency Departments and to facilitate transition for follow-up services in relevant community mental health agencies. The tools will then be tested in a three year pilot in selected EDs and their communities. The Work Group will provide strategic guidance during early implementation of the pilot project and strategic oversight during its duration.

Goals:

- To identify the areas of focus for care pathways and other decision support tools which will be selected based on the following criteria:
 - Clinical need: frequency of presentation, potential morbidity/mortality, documented poor outcomes (benchmark reports, coroner's inquests, readmissions to ED, other)
 - Quality of available supporting evidence: content will be based on highest level of available evidence; where this is not possible, expert opinion will guide content
 - Availability of existing pathways and clinical decision support tools will be identified and adopted or modified as necessary and/or new ones will be developed
- To prioritize areas of focus, including differentiation of triage levels (emergent vs urgent)

- To develop care pathways and other decision support tools for the top 2-3 clinical conditions that will be tested in a 3 year pilot project
- To develop protocols for linkages to community services and supports, including primary care, upon discharge from the ED
- To develop an implementation strategy for the care pathways and other decision support tools
- To provide strategic guidance to the pilot site(s) during implementation
- To provide strategic oversight to the evaluation of the care pathways and other decision support tools (pilot project)

Accountability:

The Work Group will report to the Child and Youth Advisory Committee of the PCMCH through the Specialized Paediatric Subcommittee

Membership:

In order to ensure a comprehensive approach, Work Group members will be chosen from primary care, all levels of child and youth mental health, addictions and Emergency Department care. Membership will be LHIN-based and balanced by profession and organization type.

Members:

- Clinicians who work in mental health and addictions services in both the community and in hospitals, including crisis teams
- Clinicians who work in Emergency Departments in children’s hospitals and in community hospitals
- Experts in the development of clinical pathways, knowledge transfer (including continuing education), evidence analysis and other decision support tools
- Representative from the centre for Excellence in Child and Youth Mental Health, CHEO
- Primary care providers
- Linkage to police

Given the focused nature of the group’s work, alternates will not be permitted.

Decision Making Process:

Members share accountability for decisions. There should be open and direct communication based on honesty, respect and transparency, to ensure that all perspectives are heard. Decisions should be evidence or most-promising practice based. Decisions will be made by consensus whenever possible. If voting is required, all members will have one vote.

Conflict of Interest:

Members of the Work Group shall disclose, to the co-chairs of their group, without delay, any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest.

Communication and Confidentiality

Work Group material should be treated as confidential. It will be clearly stated when this material is no longer confidential.

Meeting Schedule

TBD

Timeline

February 2011 – November 2011