CZ Spring Forum Questions

EPOC – Emergency Program of Care

1. **Do you have a system to ensure competency in care and complex behavioral care for staff?**

   By system, I assume you mean a mechanism of assurance that staff are competent in the care of patients who present with complex behaviors. Each emergency department, has standards of care for the treatment of all patients presenting to the emergency department. These were identified through Better Care Sooner report as well as other mechanisms such as the Hyde Inquiry, and Quality reviews.

   Like all areas with professional staff, we also rely on our College to set the standards for practice and we practice within them.

   The Emergency Program of Care has been and continues to develop provincial standards – consolidating former DHA practice guidelines and courses as well as looking externally to the province for evidence based practice.

2. **What education and support for staff in these areas is available?**

   There is a variety of courses that staff have available - Mental health first aid, (former) Hyde training, NVCI, and the Eastern Zone has developed their own 2 day program. This program along with (former) Hyde training is being used by the Emergency Program and Mental Health and Addictions program as a basis to develop an educational tool (content and skill development) that will assist in trauma informed care being delivered by emergency staff.

3. **Do you have plans to make your physical environment more dementia friendly and less disabling for complex elder patients?**

   Our physical environments are the most challenging when discussing elder care as well as patients with complex needs. Some of our buildings are old, some areas are former clinic areas turned emergency departments. We have an elder friendly checklist developed by the former Provincial Emergency care group which gives guidance to better environments but we cannot always easily change infrastructure. Standard approaches such as clutter free areas, clear hallways, rails, call bells within reach are incorporated into care.

   ED volume, overcrowding and boarding lends to environments that do not "quiet down", are chaotic and not conducive to certain patient populations. While we cannot change this in the short term, we need to ensure that patients are moved within the system to the best place; which is often not the ED.