

BRIEFING NOTE: District of Thunder Bay Service Collaborative Wraps Up

THUNDER BAY, Ontario, April 15, 2020 | [Improving Systems](#)

BACKGROUND: The Thunder Bay and District Service Collaborative began in 2016 as a part of the System Improvement through Service Collaborative (SISC) Initiative. It is supported by Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH) and is committed to the improvement and transformation of mental health and addictions services in Ontario.

Service providers from across the district came together for a ‘Town Hall’ in 2016 to identify gaps in service for adult mental health. One important service gap identified was the transition for people moving from in-patient mental health services at the Thunder Bay Regional Health Sciences Centre to the community. Through consultations with providers, it became clear that there was inconsistent communication. For example, regional hospitals often didn’t notify district service providers when their clients were discharged from the hospital. There was also a lack of understanding regarding available district community supports for clients. For example, hospitals didn’t always understand the community supports that were available for their clients. This lack of understanding can impact the kind of quality service that’s needed when the client transitions to the community.

The Regional Discharge Planning Protocol is an evidence-informed initiative that was co-developed through a series of consultations with partners across sectors, as well as key informant interviews with persons with lived experiences (with support from People Advocating for Change through Empowerment [PACE]). The protocol was developed to ensure a seamless transition between the adult in-patient Mental Health unit at the Thunder Bay Regional Health Sciences Centre (TBRHSC) and district communities for patients with a mental health and addictions related stay. A point-person was identified in each of the communities piloting this process (Greenstone, Marathon, and Terrace bay/ Schreiber).

In short, the communication channels between TBRHSC and the district communities are opened, the patients are connected to the right services, and there’s a seamless transition from hospital to home.

QUICK FACTS:

- Some key steps in the protocol include:
 - A communication exchange between TBRHSC and the District Community point person;
 - Scheduling a discharge appointment within 7 days of discharge;
 - Use of the Patient Oriented Discharge Summary (PODS) form to send to the primary care provider and the point person (the form contains treatment information, first appointment information, and point-person contact information);
 - Follow up in the community for the patient.
- The intended outcomes for patients and service providers include:
 - Improving communication and flow of information between TBRHSC, district community service providers, and patients;
 - Ensuring a client-centered approach to care is practiced across the district where service providers meet clients where they are at and base care plans around what a client wants;
 - Ensuring a seamless transition into the community as well as reducing unnecessary readmissions to the TBRHSC.
- During the pilot period, the majority of patients (84%) were successfully connected to services that address their needs at the end of the Regional Discharge Planning Protocol support period.

NEXT STEPS: The Regional Discharge Planning Protocol recently went into *full implementation*, its protocol successfully executed within the community, in January 2020. In the full implementation stage, any issues and challenges that had emerged in the initial implementation stage were reconciled. The Regional Discharge Planning Protocol is in the process of scaling up to two more district communities: Nipigon and Manitouwadge!

ACKNOWLEDGEMENTS

Thank you to the local implementation team that co-designed this protocol. These teams include: North of Superior Counselling Programs, the inpatient mental health unit team at the TBRHSC and the family health teams in Greenstone, Marathon, and Terrace Bay/Schreiber. Thanks to PACE for their support with persons with lived experience interviews to inform this work.

ABOUT PSSP

With offices across the province, the Provincial Systems Support Program (PSSP) is on the ground collaborating with stakeholders to build a better system through their work in implementation, knowledge exchange, evaluation, information management, health equity, and engagement.

For more information about the Hospital Discharge Planning within the District of Thunder Bay, please visit www.improvingystems.ca or contact the office in Thunder Bay at 807-626-9145 to speak to a member of our Northwest Provincial System Support Program team.