

CAEH22



Peers in the Emergency Department:

A Community-Hospital Collaboration to Improve the Healthcare of People Experiencing Homelessness

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Collaboration Partners



- ▶ **The Neighbourhood Group:** Brian De Matos and team of Peer Support Workers, Nadia Wali, Florencia Leston, Amber Kellen, Lorie Steer
- ▶ **Gattuso Centre for Social Medicine:** Adrienne Hughes, Sane Dube, Alice Schoffel, Dr. Andrew Boozary
- ▶ **UHN Emergency Departments:** Drs. Jennifer Hulme & Kate Hayman, ED Social Work Team, Deb Davies, Janet Pilgrim
- ▶ **Evaluation Partner:** Population Health Analytics Lab, DLSPH: Meghan O'Neill, Lori Diemert, Camilla Michalski, Dr. Laura Rosella

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Objectives

1. Describe the **community-hospital collaborative structure**, including strengths and challenges of the current model
1. Describe **benefits of the Peer Support Worker program** for both patients and ED team functioning
1. Provide **guidance** to attendees looking to include people with lived experience in hospital-based care

Context: Who are The Peers?

1. Peers at The Neighbourhood Group
1. Peers at the COVID Recovery Site and distancing hotels
1. Peers in the ED



How does the collaborative model work?



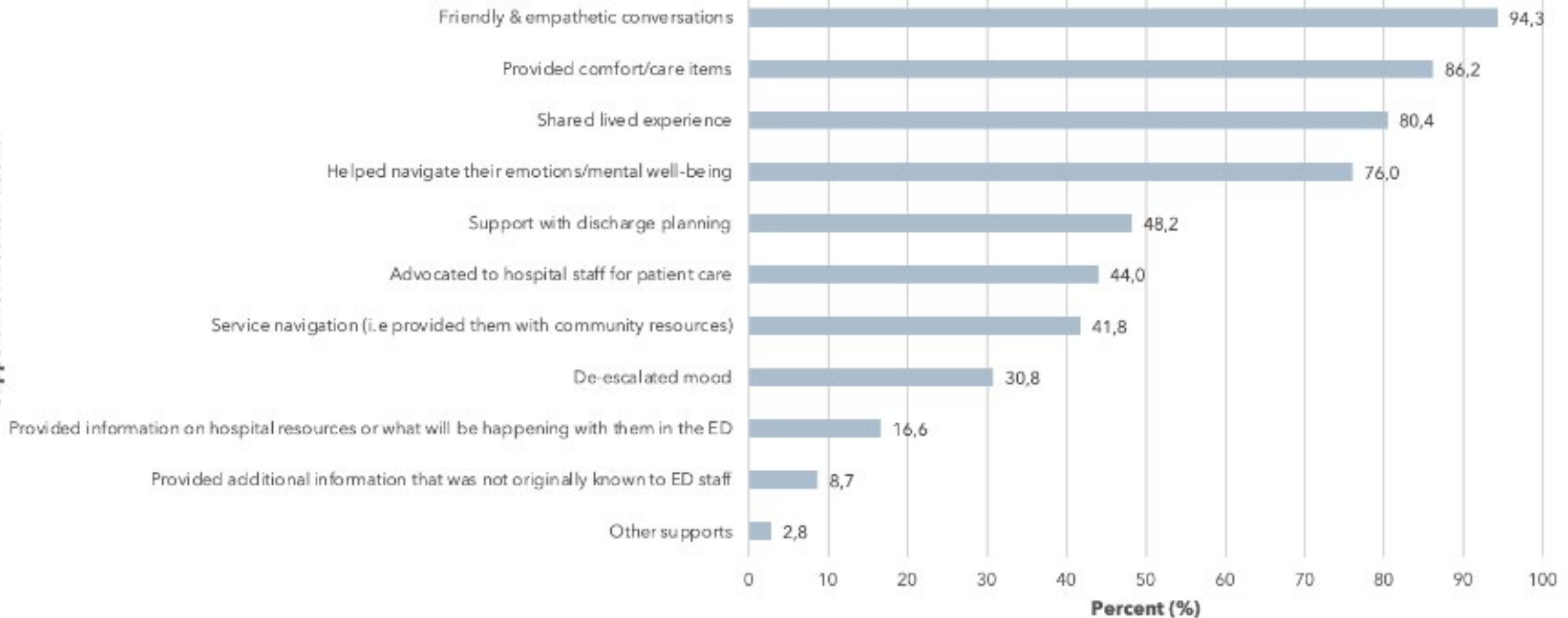
What do peers do?

1. Establish empathy through self-disclosure and trust-building
1. Facilitate person-centred approach through trauma-informed listening and clear language
1. Support patient preferences on harm reduction

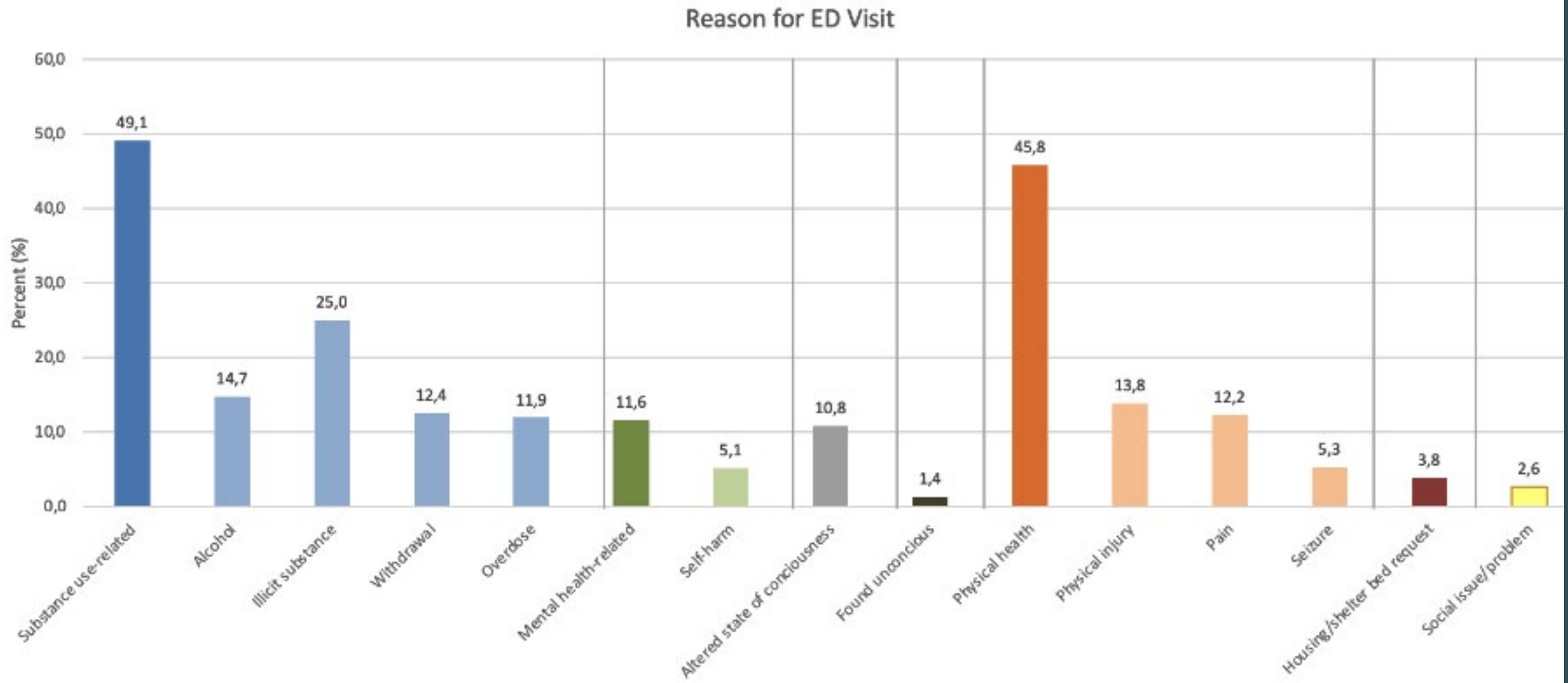


What do the peers do?

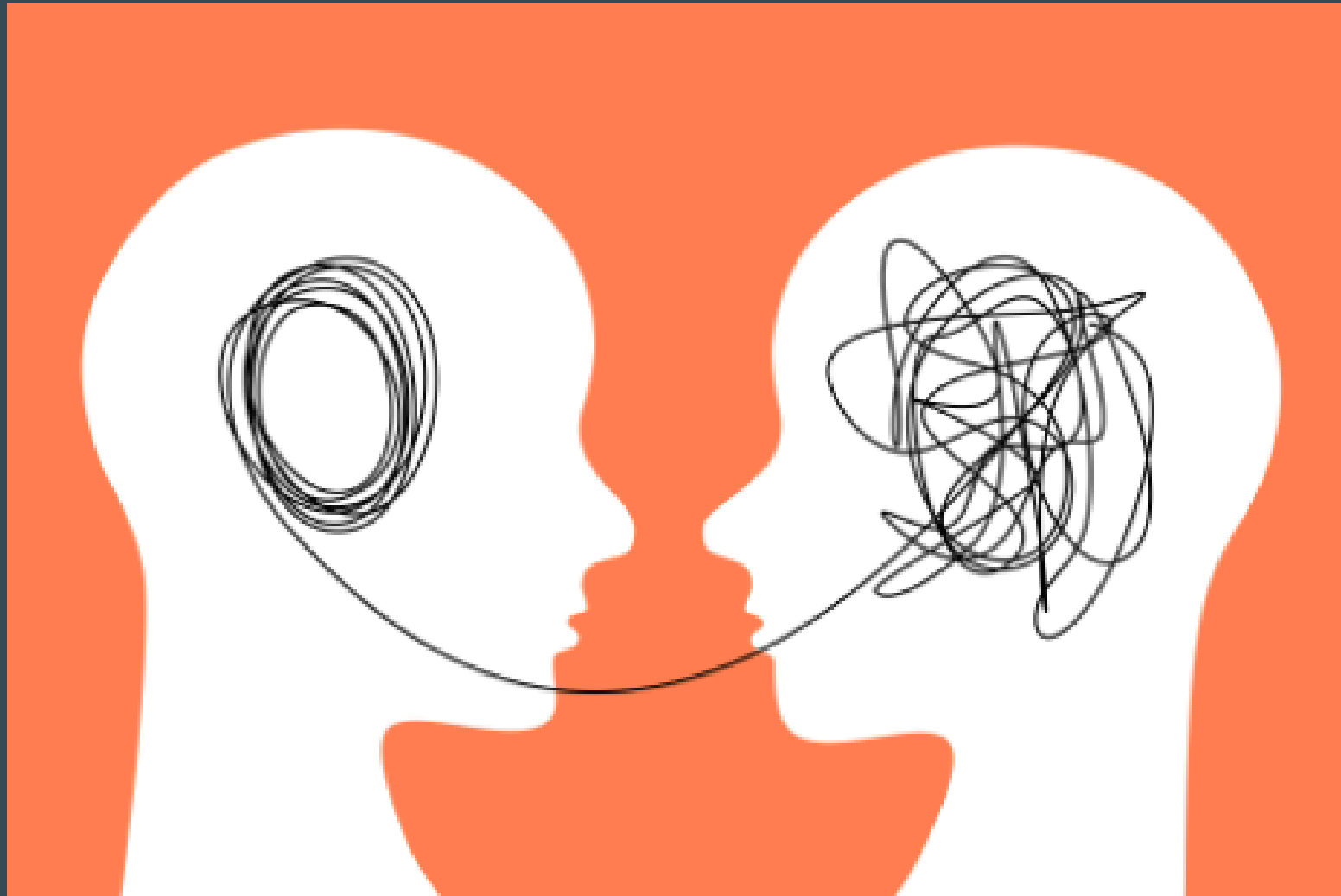
Support Provided to Patient



Reason for ED Visit Among patients seen by Peers



Impact in the ED: de-escalation



Impact in the ED: peer shared experience, intersectionality & HR



Impact in the ED: working with security

“So, if it’s something that isn’t life threatening like we’re not in any type of danger or we tell them you know what it’s okay, I know this person, everything is cool, they’ll usually step back because even just seeing them out of the corner of their eye is enough to like throw someone in a complete like existential crisis like it’s crazy. It’s crazy what a uniform can do but it does it. Yeah, we work together pretty well.”

Peer Support Worker

Impact on the ED team: HCW survey

- ▶ Providing care with peers is an overall positive experience
87% strongly agree or agree (1% disagree)
- ▶ Peer workers improved your ability to meet your patient's medical and social needs
87% agree or strongly agree
- ▶ Peer support workers improved patient satisfaction with the ED visit: 85% agree or strongly agree
- ▶ Peer support workers improved provider satisfaction with the patient interaction: 85% agree or strongly agree

Impact on patients: How do peers document encounters?

University Health Network - Peer ED Client Interaction Log

Please log non-sensitive interactions with clients in this log. Do not indicate names or identifying information. Aggregate data from this log will be used to report on the impact that peers create in the ED.

* Required

ED Location *

- UHN Toronto General Hospital
- UHN Toronto Western Hospital

Patient ID (non-identifying; i.e. 25 F, alcohol withdrawal, sleeping rough, etc.) **

Your answer

Reason for being in the ED (e.g. dope sick, looking for a shelter bed, police drop-off, etc.) **

Your answer

How did you support the patient (check all that apply)? **

- Shared lived experience
- Provided comfort/care items
- Service navigation (i.e provided them with community resources)
- Friendly & empathetic conversations
- De-escalated mood
- Advocated to hospital staff for patient care
- Support with discharge planning
- Provided information on hospital resources or what will be happening with them in the ED
- Helped navigate their emotions/mental well-being
- Provided additional information that was not originally known to ED staff
- Other: _____

Description of care you provided to the patient (short description of how you supported this individual) **

Your answer

Did you provide any tangible resources to the patient (i.e. phone numbers, brochures, phone conversations, intake forms, referrals, etc.) if so, please

Impact on patients: Quotes and Testimonials

“I might not have stayed here at ED and followed through with referral to CAMH, if you were not here to support me”

“Thank you... you do really care about us”

“I feel so well taken care of and supported today”

“He was very thankful for us reminding him that his addiction was a treatable disease.”

Recommendations

- **Prioritize peer support as best practice in hospital care**
 - Improves patient experience
 - Reduces moral distress, increase capacity of HCWs.
- **Reliable core funding model is preferable to donor funding**
- **MOU between hospital and CBO**
 - **Role clarity**, including organogram for peers and role education for other clinicians helped us to understand know that peers have lived experience!

Recommendations

- Recognize the unique ED environment and need for peers to have intensive supports → Inc funding for:
 - harm reduction supplies,
 - ED temporary housing program,
 - follow up / case management
- Address housing as a human right and a health issue
- Population health approaches like CHWs and peers support can successfully begin to address issues that perpetuate marginalization w/in the health system