

Communication Protocol for Individuals Receiving Services in Vancouver Coastal Health's Acute System

Seeing the need for better communication among health care providers, Vancouver Coastal Health Mental Health and Addiction has created a Communication Protocol which came into effect August 2015. This protocol promotes collaborative partnerships between VGH and UBC hospital and families, family physicians and community mental health and addiction services, as well as within the hospital itself. This protocol was forged in collaboration with family and consumer representatives, mental health teams, UBC, VGH Emergency, family doctors, mental health housing, and the police. It focuses on persons who are using the "acute" system: people who experience relatively short hospital stays in Emergency, the Psychiatric Assessment Unit, the Health Centre at Heather and 12th, or UBC Hospital.

We have gathered a few questions to help you determine whether you were provided all the information and collaboration you and your loved one need in order to optimally support your loved one. As you can imagine, achieving 100% satisfaction in reply to all the questions below will often not be possible. However, it is useful for you to know the benchmarks, and that VCH and UBC are committed to working towards transparent and speedy communication in all these matters. If you have concerns or questions regarding communication between or with health care providers, please contact us!

To make it simple, we are calling your loved one "X" in the questions below. We are also talking about "key care providers". These are the most important care providers for your loved one and would typically be people like family physician, case manager, psychiatrist, psychologist, nurse practitioner, etc. Here are the questions:

1. Were you, the key care provider and X's mental health team contacted "as soon as possible" at admission?
2. Did the team contact you "as soon as possible" to arrange participation in collaborative treatment and discharge planning?
3. Did X's mental health team visit X?
4. Were you, the key care provider and the mental health team contacted as soon as discharge plans were clear?
5. Were you, the key care provider and the mental health team contacted prior to discharge?
6. Did you and X receive a copy of the "When I Leave Hospital" form?
7. Were you and/or X provided with information regarding follow up services?
8. Was X seen by the key care provider and/or mental health team within 28 days of discharge?
9. How much do you feel that the Guiding Principles were followed?

Guiding Principle for Patient and Family Centered Care Collaborative communication among service providers, patients and their family/ support system is related to successful outcomes for patients. All patients will be actively engaged in a dialogue about their rights to confidentiality and what collaboration with family/supports, ideally looks like. Patients

are asked to identify supports, who they would like to be involved in their care, and to what extent. Service providers will adhere to the "Family Involvement with Mental Health and Addiction Services" Policy CA_4200. [The policy can be found here <http://www.spotlightonmentalhealth.com/family-involvement/>]

Additional questions arising from the family policy:

10. Did you generally feel supported as a family member/supporter?
11. Did the care providers help you feel educated about X's illness, treatment options and choices?
12. Did you feel that you were treated in a culturally sensitive manner?
13. Were your strengths, expertise and contributions acknowledged and taken into consideration?