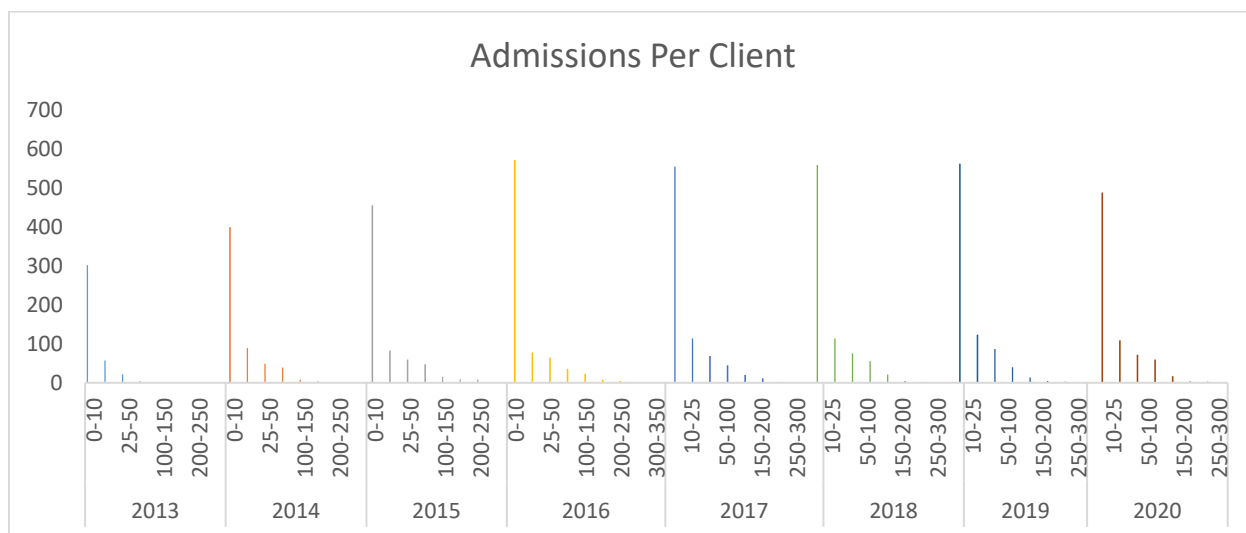


Targeted Engagement and Diversion: Summary 2013-2020

Background Ottawa Inner City Health has been operating the Targeted Engagement and Diversion Program (TED) since January 2013. The program’s primary mandate is to respond to clients in crisis and engage in proactive diversion of emergency room visits by the program’s clients. The intended service population is homeless men and women under the influence of drugs or alcohol who would otherwise present frequently to emergency services. Results from the first year of operations established benchmarks for comparison, and subsequent program reports have identified improvements in program data collection and client access to supportive housing. The data presented below is a summary of activity from 2013-2020.

Program Activity



Admissions Per Client	2013	2014	2015	2016	2017	2018	2019	2020
0-10	302	400	456	573	556	560	563	489
10-25	57	89	83	78	114	114	124	109
25-50	22	49	60	65	69	75	87	72
50-100	4	39	47	36	45	56	40	60
100-150	0	8	15	23	20	21	14	17
150-200	0	4	9	8	11	5	5	4
200-250	0	1	8	5	2	2	3	3
250-300	0	0	1	1	1	0	1	1

Targeted Engagement and Diversion: Summary 2013-2020

Referral Source	2013	2014	2015	2016	2017	2018	2019	2020
Self Referral	336	3807	12791	12126	14101	15412	14836	16549
Referred by a friend	35	127	148	163	105	53	44	20
Shelter referral	242	839	1244	1457	1395	1072	508	103
Police by phone	24	84	211	176	180	221	65	97
Police in person	95	514	669	897	645	643	398	261
Paramedics	4	13	200	769	802	1008	1084	772

Ambulation on admission	2013	2014	2015	2016	2017	2018	2019	2020
Able to walk without assistance	264	2507	8819	8431	12283	14657	14995	15762
Able to walk but unsteady	113	1942	4873	6260	4373	3361	1653	2353
Requires assistance to ambulate	141	659	514	567	471	417	405	354
Requires wheelchair to transport	123	418	540	447	341	295	325	493
Requires assistance to transfer (1-2 persons)	133	292	187	253	188	228	158	128
Unable to assist staff with transfer entirely	4	44	38	42	30	24	8	9
Highlighted totals are instances where clients were transferred to paramedics								

Communication on admission	2013	2014	2015	2016	2017	2018	2019	2020
Able to communicate with staff appropriately	338	3486	11520	11856	14656	16507	15777	16712
Able to communicate but not always making sense	136	1448	2545	3321	2263	1860	1367	1948
Not able to communicate clearly	217	492	412	627	588	374	326	365
Does not respond to verbal stimuli	6	15	25	29	30	19	17	21
Highlighted totals are instances where clients were transferred to paramedics								

Targeted Engagement and Diversion: Summary 2013-2020

Respiratory status on admission	2013	2014	2015	2016	2017	2018	2019	2020
Breathing normal (16-25 per minute)	611	5191	14237	14297	15527	15060	16574	18690
Breathing rapidly (>25 per minute)	17	25	16	50	14	27	12	32
Breathing slowly (10-16 per minute)	21	24	23	20	34	66	42	75
Respiration <9 per minute	0	3	1	2	4	4	2	11
Highlighted totals are instances where clients were transferred to paramedics because of respiratory distress								

Vital signs on admission	2013	2014	2015	2016	2017	2018	2019	2020
Vital signs within normal range, no chest pain	496	4562	9516	9738	9487	11018	16498	18433
Vital signs outside of normal range but no signs of distress	100	320	435	406	198	289	464	389
Vital signs outside of normal range and showing signs of distress (ie chest pain)	9	6	4	9	5	7	1	5
Highlighted totals are instances where clients were transferred to paramedics								

Risk to others	2013	2014	2015	2016	2017	2018	2019	2020
No signs of aggression	595	4760	13460	14315	16519	17576	17099	18808
Argumentative, unwilling to follow instructions	72	464	758	1215	715	658	241	166
Verbal aggression towards staff or clients	21	181	328	385	201	175	60	41
Physical aggression towards staff or clients	9	35	50	60	54	21	8	15
Highlighted totals are instances where clients were transferred to Ottawa Police for physical aggression towards staff or clients								

Targeted Engagement and Diversion:
Summary 2013-2020

Other observations on admission	2013	2014	2015	2016	2017	2018	2019	2020
Crying uncontrollably	34	45	65	85	98	52	46	55
Assuming fetal position	5	7	7	8	10	4	2	5
Signs of self harm	7	6	15	18	5	4	7	5
Expressions of suicidal intent	21	21	16	30	12	8	19	14
Expressions of homicide or intending harm to others	5	2	6	8	9	2	2	11
Nausea	36	31	24	23	23	19	33	38
Vomiting	41	33	13	9	24	33	38	34
Diarrhea	8	9	6	5	3	4	2	3

Other observations	2013	2014	2015	2016	2017	2018	2019	2020
PRN medication administered	203	440	472	716	1016	1307	1006	634
PRN medication offered but refused	23	63	24	92	123	93	40	10
No need for PRN medication on admission	367	4455	12077	11099	14688	13920	15216	16399

Targeted Engagement and Diversion: Summary 2013-2020

TED Observation and Naloxone Administration

Emergency diversions are instances where care was provided in TED rather than the emergency room or by transfer to paramedics.

Emergency Diversions	2017	2018	2019	2020
	700	775	625	267

Totals below are exclusive to Naloxone administered to TED clients while in the supervised consumption site.

Overdoses Where Naloxone Was Administered	2017	2018	2019	2020
	9	37	44	97

Conclusions

- Number of admissions per client per year is remarkably stable.
- Clients who appear in multiple years appear to follow the same pattern as high frequency service users in hospital settings, where intense service use abates and is discontinued after 2-3 years.
- There is no relationship between frequency of admission and administration of Naloxone or emergency diversion.
- The program may benefit from having its partners commit dedicated resources, or establish a situation table, to address clients who appear frequently in the program year over year and access emergency medical services.
- The TED program continues to be successful in changing the pattern of ER utilization for homeless people with substance use disorder.
- The majority of TED patients are engaged in treatment and care and move successfully into housing.