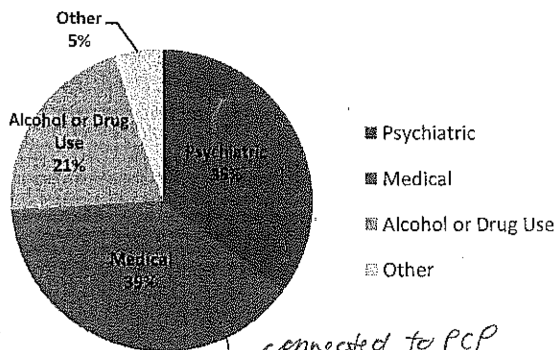
CATCH-ED: Coordinating Access to Care for Frequent Users of Emergency Departments

Study Participants

Figure 1: Reasons for Participant Baseline Emergency Department (ED) Visit



connected to PCP

Table 1: Participant Demographics at Study Baseline

	CATCH-ED (N=83)	Usual Care (N=83)
Age, mean ± SD	42.7 ± 15.7	47.1± 13.5
Male, n (%)	39 (47%)	46 (55%)
Arrested in the past 6 months, n (%)	14 (17%)	17 (21%)
Less than high school education, n (%)	28 (34%)	32 (39%)
Single never married, n (%)	58 (70%)	48 (58%)
Born in Canada, n (%)	65 (78%)	58 (70%)
English main language spoken, n (%)	72 (87%)	73 (88%)
White ethnicity , n (%)	52 (65%)	56 (69%)
Unemployed , n (%)	64 (78%)	67 (84%)
Income from disability (ODSP/CCPD), n (%)	62 (75%)	63 (76%)
Stayed most nights in own apartment /house in past 12 months, n (%)	37 (45%)	47 (57%)
Have a regular family physician, n (%)	68 (82%)	62 (75%)
≥3 Comorbidities , n (%)	58 (70%)	55 (66%)

Preliminary Survey Results

- Below is a preliminary look at some baseline, 6 and 12 month survey results:

Table 2: Working Alliance and Service Satisfaction (Mean ± SD)

	3 Months		6 Months	
	CATCH-ED (N=80)	Usual Care (N=80)	CATCH-ED (N=76)	Usual Care (N=75)
WAI	62.8 ± 10.5	58.7 ± 13.1	64.7 ± 12.5	62.6 ± 10.2
Core Service Satisfaction	42.4 ± 8.7	39.5 ± 8.6	42.8 ± 10.7	41.2 ± 7.6

Table 3: Key outcomes at Baseline and 12 Months (Mean ± SD)

	Baseline		12 Months	
	CATCH-ED (N=83)	Usual Care (N=83)	CATCH-ED (N=76)	Usual Care (N=75)
ED Visits	15.0 ± 27.6	10.9 ± 16.4	7.1 ± 11.9	5.6 ± 8.8
Median (IQR)	6.0 (4.0-12)	5.0 (4.0-10)	2.0 (1.0-8.0)	3.0 (1.0-6.0)
Hospital Admissions	2.77 ± 11.3	2.14 ± 3.02	0.80 ± 1.12	1.85 ± 4.05
Median (IQR)	1.0 (0.0-2.0)	1.0 (0.0-3.0)	0.0 (0.0-1.0)	0.0 (0.0-2.0)
Days in hospital	13.1 ± 22.1	13.4 ± 22.9	9.45 ± 24.4	12.2 ± 24.7
Median (IQR)	1.5 (0-18.5)	3.5 (0.0-15.2)	0.0 (0.0-7.0)	0.0 (0.0-8.5)
Health Care Provider Visits	3.1 ± 5.5	4.7 ± 10.1	6.0 ± 11.4	5.2 ± 10.1
Median (IQR)	2.0 0.0-4.0	2.0 (0.0-4.0)	2.0 (1.0-6.0)	2.0 (1.0-4.0)
Social Service Provider Visits	2.9 ± 5.8	5.4 ± 12.2	3.6 ± 6.0	3.8 ± 6.6
Median (IQR)	0.0 (0.0-4.0)	2.0 (0.0-4.0)	1.0 (0.0-4.0)	1.0 (0.0-3.5)
QOLI-20	79.5 ± 23.6	89.0 ± 20.0	84.8 ± 19.9	96.1 ± 19.9
CSI Total Score	22.8 ± 6.0	21.4 ± 6.0	18.0 ± 6.3	17.1 ± 6.5
SF12 Physical	40.1 ± 12.8	41.9 ± 12.0	42.8 ± 13.5	42.6 ± 11.6
SF12 Mental	33.5 ± 13.9	35.8 ± 13.0	38.3 ± 13.6	42.7 ± 13.8
EQ-5D Overall Health VAS	54.2 ± 26.7	51.9 ± 28.7	59.1 ± 25.8	64.6 ± 25.3
EQ-5D Mental Health VAS	49.8 ± 29.6	52.0 ± 32.2	64.9 ± 25.8	64.1 ± 29.1
ASI alcohol	0.33 ± 0.33	0.25 ± 0.31	0.21 ± 0.28	0.15 ± 0.25
ASI drug	0.05 ± 0.09	0.07 ± 0.12	0.03 ± 0.06	0.04 ± 0.09

Preliminary Qualitative Findings

Emerging themes from the qualitative data include:

- Reasons for ED use
- Participants' choice to use the ED as opposed to other healthcare settings
- Experiences during ED visits.

I. Reasons for ED use

About half of participants reported that ongoing mental health symptoms and crises brought them to the ED.

> *"I was experiencing like a lot of panic attacks and they were getting closer together so I would find myself like in the emergency room a lot, and I would just be confused of what was going on because they said like I had the symptoms of like a heart attack but I wasn't physically experiencing one."*

A quarter of participants pointed to substance use contributing to their ED visits, with alcohol being the most commonly referenced substance.

Approximately half of participants identified acute and chronic physical health conditions as a reason for their ED visits, including acute and chronic pain, traumatic injuries, and exacerbations of long term conditions such as COPD. Within this group there was a subset of individuals that identified insufficient prescription of medications or the refusal of medication dispensation as reasons for arrival and return to the ED.

II. Participant choice to use ED for health care

Participants indicated that they had visited the ED because it was the normative destination for when they were feeling in crisis. Those participants also referred to care practitioners reinforcing the appropriateness of visiting the emergency by overtly advising them that it was the right place to go.

> *"Well, it could be like just advice like even from therapists or doctors, like I know when I went in urgent care like I have issues with depression and that doctor very quickly said like go to emergency...if this is an issue you have go there you know what I mean, because they're the ones to help like that's kind of...what you think. It's what other people think too."*

It is important to note that a few participants pointed out that their visits to the ED were motivated by a disruption in their care services, thus necessitating a more urgent need for help. Some participants also reported using the ED as a way to obtain other healthcare services.

III. Experiences during ED visits

A final narrative theme highlighted participants' poor experiences during their ED visits. Half of the participants indicated experiences of stigma and discrimination while visiting the ED, particularly in their interactions with doctors, but also frontline nurses and administrative staff. There was a strong sense of shame related to this perceived discrimination.

> *"I had a lot of issues with people not taking me seriously I, I think that this was because I was diagnosed as borderline before bipolar so they totally were like you know, oh this kid is just like suicidal every day whatever, kind of brushing me off, and pretty much like it, like a lot of times just came down to like you know, if you're really suicidal you're going to do [it], we can't stop you kind of thing."*

Three quarters of participants reported that they did not receive the help they hoped for when visiting the ED and approximately half of participants pointed to an absence of welcomeness and compassion from staff; participants felt dismissed and like they received superficial or perfunctory treatment. Just under half explained they received substandard care because they had to wait for an unreasonably long period of time, while others pointed to feeling misunderstood, frustrated, and incorrectly diagnosed.

The result of this reception, as participants put it, was a revolving door experience: unmet expectations of care contributed to a circle of exiting and returning to the ED, which resulted in diminished optimism about getting help or receiving effective treatment. Only a quarter of participants described receiving effective treatment because they were admitted to the hospital. Others pointed to receiving required medication as the reason for their expectations of care being met.

> *"They would kind of just examine me but I noticed like when I went more often it would just be really short visits or like the waiting time would be so long that I would be just frustrated and I would leave... Frustrated because I felt like going to the hospital was like a safe place but I felt like I wasn't receiving the help I needed."*

Research Team

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