



Association of General Hospital Psychiatric Services

The Association of General Hospital Psychiatric Services (AGHPS)

Jane Chamberlin Award 2021 Selection

Hospital: North York General

Candidate's Name: Adult Eating Disorders Team

- **Dr G Kirsh**
- **Dr J Hunter**
- **Rachelle Thurston**
- **Danielle Besselling**
- **Kailey Feldman**
- **Michele Davies**

Position: Team Submission

The Adult Eating Disorders (AED) team at North York General embodies the spirit of the Jane Chamberlin Award. During the pandemic, instead of closing their program like many others did, they found a way to ensure adults with an eating disorder continued to receive high quality evidence based care. The team converted their in-person program to a virtual program and in doing so were able to extend their reach to people outside of the GTA and add new programs to meet the needs which emerged during the pandemic.

The Adult Eating's Disorders (AED) program is a Partial Hospitalization Program offered on a part time basis three evenings a week. Participants attend for approximately 12-16 weeks. The program is primarily a group based program and includes the supervision of dinner each evening. When the pandemic was declared the team thought they would have to close the program as all non-urgent in person programs would have to be suspended. Given the limited treatment programs available for adults with eating disorders and even fewer options during the pandemic, as well as the well documented surge in eating disorders during the pandemic, the team was determined to find a way to deliver the program. The team decided to pivot to a virtual model of care. This however was easier said than done. The hospital's only approved virtual care platforms included Ontario Telemedicine Network (OTN) or Microsoft Teams.

The AED team had to modify the program content and group size as Microsoft Teams could only display a limited number of group participants on the screen. The team quickly pivoted from an in-person program to a completely virtual program for all of the groups, for the individual check ins,

and for virtual meal supervision. The program hours were changed to day time hours to enable more participants to attend. All group materials were modified to fit the new format. They developed consent forms outlining the risks and benefits associated with virtual care and group norms and expectations such as the requirement that everyone would have their cameras on for the entire group session.

The AED program is funded by the former Central LHIN and was designated to be a regional program however, when offered in person, there were limitations for some to attend who lived outside of the GTA. There was one patient from a very small community in Ontario who had been trying for 3 years to access a program. She was thrilled to have been accepted only to find that her area had very limited internet services, she had no WiFi, no internet and no computer and any of the places in the community where she typically could access WiFi, were closed due to the pandemic. The team arranged for this lady to receive a table that was configured in such a way to enable her participation in the program, and they connected with a local agency that agreed to allow the patient to access their WiFi. She was successfully able to participate in group

Patients who were otherwise unable to access the in person program were not able to receive care for their eating disorder. In addition to the partial hospitalization program, the team offers a Binge Eating Group and by moving to a virtual model of care, the team was able to support a second cohort of patients in need of the Binge Eating program.

The pandemic provided the team with an opportunity to review the program, identify the needs of the patients and challenged our beliefs as to what programming should be offered. The team learned a lot and created new groups in the process.

The waitlist for service continued to grow so the team applied for some one-time funding to start a pre-treatment group for those individuals currently on the wait list. The feedback from the first cohort who attended the pre-treatment group was overwhelmingly positive and led the team to submit a proposal to the hospital research and ethics board to do an evaluation study measuring the effectiveness of the virtual program. The evaluation study was just initiated.

The team have been innovative, flexible and successfully adapted to and navigated their way through uncharted territory to deliver much needed care to adults diagnosed with an Eating disorder. There are many lessons that may be learned from the work of this team that can be applied to other ambulatory programs in Schedule 1 hospitals across Ontario.

Submitted by
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