

HEARTSMAP Local Implementation Guide

A step-by-step guide to implement HEARTSMAP in your emergency department, designed using feedback from five sites during a HEARTSMAP Knowledge Translation session.

Identify Needs/Gap	Steps	
	<ol style="list-style-type: none"> 1. Review available data on pediatric mental health visits (how many? how are they managed? room for improvement?). 2. Engage on-site/local health care providers to assess what the needs are, and where the gap in care is. 3. Engage health care users in identifying needs. 4. Determine how HEARTSMAP fills the outlined gap (for more information: https://heartsmap.ca/faq/). 	
	Potential Challenges	Solutions
Lack of collaboration between staff in pediatric mental health (MH) care, teams working in silos.	Seek feedback from all disciplines in the emergency department (ED), encouraging discussion of MH burden and how HEARTSMAP can support clinicians in assessment and management planning.	
Difficult to retrieve and review data.	Consult with health authority data custodian team.	
Logistics Planning	Steps	
	<ol style="list-style-type: none"> 1. Identify one or two HEARTSMAP Champions who have the capacity and interest to lead the initiative. 2. Consult leadership and educators to determine where HEARTSMAP fits into ED flow. <ol style="list-style-type: none"> a. <i>Who</i> will complete the assessment? e.g. RNs, MDs, PLNs, etc. b. <i>When</i> will they complete it? e.g. RNs complete after safety check c. <i>Where</i> will they complete it? e.g. in patient room, in separate ED area for privacy, etc. d. <i>How</i> will they complete it? e.g. on ED laptop, filling out paper template, etc. e. <i>Consider</i>: does HEARTSMAP documentation overlap with current processes? Streamline to minimize dual charting. 	
	Potential Challenges	Solutions
Competing problems/ lack of time.	Refer to data on gap in care from previous stage, and according strengths of HEARTSMAP.	
Clinicians prefer not to be typing during assessment to allow for better connection with patient.	HEARTSMAP paper guides are available for note-taking during patient assessment, to be referenced when later entering information into online HEARTSMAP tool. Consider laminating guides for re-use.	
Clinicians prefer to type notes during assessment to save time.	Consider using a portable desktop computer/ laptop. If unavailable, consult IT. Sites have previously had success in applying for funding for this equipment.	
Education	Steps	
	<ol style="list-style-type: none"> 1. HEARTSMAP champions complete champion training. <ol style="list-style-type: none"> a. Complete online HEARTSMAP training (watch 25 minute video and complete three training cases). b. Complete an additional 20 training cases to practice scoring 2. As per leadership/educator meeting, determine learning needs and develop training plan accordingly: <ol style="list-style-type: none"> a. Will training be delivered via in-person sessions, or self-directed online training? b. How many training sessions are required to reach all current staff? c. Is there existing/necessary educational infrastructure that HEARTSMAP training could be incorporated into (e.g. MH or pediatric education sessions for nursing)? d. As per management's guidance – can training be carried out on paid time? e. How will staff complete their first HEARTSMAP (e.g. "see one, do one")? 3. Deliver training as per outlined plan. 	
	Potential Challenges	Solutions
Designing training and creating presentations can be time consuming.	Use available HEARTSMAP training toolkit (includes training PowerPoint, guide, and template pamphlets).	
Loss of momentum (poor recall, re-training is necessary for staff).	Minimize time between education sessions and go-live dates. Do not train staff before all logistical matters have been accounted for.	
Staff turnover (less than 100% uptake, keeping up with training new staff).	Integrate HEARTSMAP into mandatory on-boarding training for new staff. Automation: possible to have staff self-train using online video and materials. Incentivization for completing training (e.g. coffee, treats).	
Initiation	Steps	
	<ol style="list-style-type: none"> 1. Staff begin using HEARTSMAP in clinical practice after they have completed training. 2. HEARTSMAP champions support new users as necessary. 	
	Potential Challenges	Solutions
IT issues (e.g. passwords, portal access).	Consult heartsmap@bcchr.ca .	
Clinician attitude (resistance to change).	Ensure clear guidelines are established for HEARTSMAP usage and for pediatric MH care processes. Encourage ownership of issue and re-iterate purpose of implementation and benefits for both staff and patients.	
Maintenance	Steps	
	<ol style="list-style-type: none"> 1. Train newly hired staff. 2. Troubleshoot as necessary. 3. Maintain knowledge and HEARTSMAP fluency in already-trained staff. 	
	Potential Challenges	Solutions
Lack of usage leads to decreasing confidence with the tool (e.g. at sites that see relatively few pediatric mental health cases).	Incorporate reminders into ED communications (e.g. newsletters) or ED environment (e.g. signs in MH documentation area). Deliver refreshers as necessary -- booster sessions, discussion, case reviews.	
General troubleshooting or questions.	Consult heartsmap@bcchr.ca , or connect with clinician peers from other sites on the HEARTSMAP Slack page.	