Process to Reduce Hamilton Police Emergency Department Wait Times

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Jodi Younger, Clinical Director, SJHH
The Problem

• 2011: study commissioned by Chief Glenn De Caire (2008-2010)
• Police were waiting 122 min. average & 240 min. @ 90th percentile
• April 2011 to March 2012: 1591 persons were brought to St. Joes
• Total SJHH ED volume 2012-2013: 60314
• Total PES cases 2012-2013: 7838 (13% total ED)
The Problem

From the Hospital Perspective:

• Perceived stigma
• Crowded clinical spaces
• Privacy concerns
The Problem

• Lack of standardization for risk assessment & reporting
• Lack of appropriate work space for police
• Inaccurate understanding of the Mental Health Act.
• Tension & conflict between nursing staff and police officers
The Solution

• Working Group – co-chaired by hospital & HPS
  – Decision-makers & knowledge-brokers from front-line and management
• Defined problem and approach in work plan
• Rapid change/lean methodology approach
• Actively reporting to Chief of Police and President, SJHH
The Solution

- Process Review of current “with police” process
- Small tests of change to reduce waste (e.g. “with police tag”)
- Legal review of requirements under the MH Act for clear go forward decision
- A new process & communication form was developed.
APPREHENSION, BRING TO HOSPITAL

TRIAGE TO ED OR PES

OBSERVATION PERIOD & EDP/COMMUNICATION FORM

HIGH RISK – OFFICER STAYS

MD ASSESSMENT – OFFICER LEAVES

MEDIUM OR LOW RISK – OFFICER & HOSPITAL COLLABORATE ON DECISION

OFFICER LEAVES PATIENT IN CARE OF HOSPITAL
Main Change

• Kaizen event with review @ 1 wk, 4 wks and 8 wks. (July 22, 2012 – October 1, 2012)
  – Introduction of observation form
  – Intense training & orientation on new process
  – 24-7 on call and on site support for first week
  – Problem resolution process via working group
### Police Observation Form: Transfer of Care

**Purpose:**
The purpose of this form is to guide officers and hospital staff in determining the risk when the officer prepares to leave the hospital. This form is to be completed by the officer 30 MINUTES after the EDP is brought to St. Joseph’s Emergency Department and is based on observations while in the ER. The completed form is to be discussed with nursing staff to determine whether the officers will be able to leave.

**Note:** EDP FORM IS ALSO TO BE COMPLETED

<table>
<thead>
<tr>
<th>INCIDENT NUMBER</th>
<th>DATE</th>
<th>TIME OBSERVATION STARTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDP NAME (SURNAME,GIVEN1, GIVEN2)</td>
<td>DOB</td>
<td></td>
</tr>
</tbody>
</table>

**During the Observation Period, Was the EDP Uncooperative?**

- [ ] YES
- [ ] NO

#### Physical Behaviours

- [ ] Rapid/Abrupt Movements
- [ ] Pacing
- [ ] Assaultive
- [ ] Increased Muscle Tension
- [ ] Threatening Gestures
- [ ] Intimidating Postures
- [ ] Damaging Property

- [ ] YES
- [ ] NO

#### Verbal Expression

- [ ] Swearing
- [ ] Talking Loudly
- [ ] Belligerent
- [ ] Paranoid
- [ ] Refuses to Communicate
- [ ] Angry
- [ ] Talking Excessively
- [ ] Other ____________________________
- [ ] Threatening - IF YES: [ ] Direct, [ ] Conditional, [ ] Vague

- [ ] YES
- [ ] NO

#### History

- Does the officer have knowledge of any history (past/present) of any violent, threatening, or impulsive behaviour (CPIC/Niche)?
  - [ ] YES
  - [ ] NO
  - **Describe:**

- Does the officer have knowledge of any history of the EDP walking away from the hospital or mental health facilities, e.g. Form 9?
  - [ ] YES
  - [ ] NO
  - **Describe:**

- Does the officer have knowledge of the EDP recently using drugs or alcohol?
  - [ ] YES
  - [ ] NO
  - **Describe:**
## DISPOSITION

<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>Many verbal and physical indicators are demonstrated in the 30 minute observation period. EDP is not cooperative. Has a history of violence or of absconding from institutions. Recent substance abuse.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODERATE RISK</td>
<td>Some verbal and physical indicators are demonstrated in the 30 minute observation period. EDP is cooperative some of the time. May have a history of violence or absconding from institutions. May have had recent substance abuse.</td>
</tr>
<tr>
<td>LOW RISK</td>
<td>No indicators are checked off - EDP is docile and cooperative during the 30 minute observation period. No history of violence or absconding. No recent substance abuse.</td>
</tr>
</tbody>
</table>

Descriptors are GUIDELINES ONLY

**OFFICER LEFT EDP AT FACILITY:**
- YES - Time Officer left: 
- NO - Officer remained with EDP for the following reasons:

## ADDITIONAL COMMENTS OR OBSERVATIONS

The below signatures indicate agreement with the behaviours observed and the disposition checked:

**Hospital Staff:** ____________________________ Time: ____________

**Police Officer:** ____________________________ Badge Number: ____________ Time: ____________

**Police Returned to Facility:** Time: ____________________________

**Reason:** ____________________________
Police Observation LOS

RESULTS

Wait Time
Average (81.8 min)
90th Percentile (137.8 min)

LOS in minutes

Time Period

10-Jul 30-Jul 19-Aug 8-Sep 28-Sep 18-Oct 7-Nov
Outcomes July-Oct 2012

• average wait time dropped from 125 minutes to 81.8 minutes

• 90th percentile wait time dropped from ~240 minutes to 137.8 minutes
  – 59% of the time police are released in 60 minutes or less.
  – 80% of the time police are released in 90 minutes or less.
  – 89% of the time police are released in 120 minutes or less.
Police Officers' Average Wait Time in the Emergency Department SJHH

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
<th>Month 7</th>
<th>Month 8</th>
<th>Month 9</th>
<th>Month 10</th>
<th>Month 11</th>
<th>Month 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>July/12</td>
<td>Aug/12</td>
<td>Sept/12</td>
<td>Oct/12</td>
<td>Nov/12</td>
<td>Dec/12</td>
<td>Jan/13</td>
<td>Feb/13</td>
<td>Mar/13</td>
<td>Apr/13</td>
<td>May/13</td>
<td>Jun/13</td>
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<tr>
<td>24</td>
<td>48</td>
<td>77</td>
<td>78</td>
<td>81</td>
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<td>84</td>
<td>97</td>
<td>94</td>
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<td>124</td>
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<tr>
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<td>107</td>
<td>66</td>
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</tr>
</tbody>
</table>

- Total # Cases
- Average Wait Time
- $\bar{x} = 74$
Volume Police Cases by Risk Category in the Emergency Department SJHH
October 2012 - January 2014

#Cases

Oct/12  | Nov/12 | Dec/12 | Jan/13 | Feb/13 | Mar/13 | Apr/13 | May/13 | Jun/13 | Jul/13 | Aug/13 | Sept/13 | Oct/13 | Nov/13 | Dec/13 | Jan/14
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | ---
3 | 6 | 13 | 15 | 20 | 18 | 13 | 16 | 18 | 6 | 3 | 6 | 2 | 2 | 9 | 9
61 | 55 | 57 | 56 | 60 | 53 | 50 | 43 | 70 | 64 | 64 | 58 | 64 | 66 | 50 | 61

St. Joseph's
Healthcare Hamilton

High  Med  Low  Unidentified
Police Officers Average Wait Times by Risk Category in the Emergency Department SJHH
October 2012 - January 2014

Minutes

<table>
<thead>
<tr>
<th></th>
<th>Oct/12</th>
<th>Nov/12</th>
<th>Dec/12</th>
<th>Jan/13</th>
<th>Feb/13</th>
<th>Mar/13</th>
<th>Apr/13</th>
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<td>66</td>
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<td>70</td>
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<tr>
<td>Low</td>
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</tbody>
</table>

\[ \bar{x} = 74 \]
Time Police Officers' Wait Time 90% Percent of the Time in the Emergency Department SJHH
July 2012 - January 2014

Minutes

July/12 Aug/12 Sept/12 Oct/12 Nov/12 Dec/12 Jan/13 Feb/13 Mar/13 Apr/13 May/13 Jun/13 Jul/13 Aug/13 Sept/13 Oct/13 Nov/13 Dec/13 Jan/14

Total # Cases 90th Percentile \( \bar{x} = 125 \)

St. Joseph’s Healthcare Hamilton
Outcomes

- Prior mean wait: 122 minutes
- Current mean wait: 74 minutes
  - Trending down snapshots: 82 min → 77 min → 74 min
- Prior 90\textsuperscript{th} percentile wait: 240 minutes
- Current 90\textsuperscript{th} percentile wait: 125 minutes
Next Steps

• Ensure form completion is happening
• Ensure that wait times for officers who need to stay are still monitored (still want to minimize wait)
• Continue to look for opportunities to refine the process and get to the 60 minute target
• MOU to finalize expectations
Important Elements

• Standing working group to stay connected & monitor
• On the ground leaders/managers need to continue to actively monitor the process until it is “burned in” to reduce the risk of sliding back to old behaviour.
• Actively solicit feedback from the front-line
• Open lines of communication between police and ED leadership to report problems from both sides and then the leaders must follow up to investigate the problem and provide the necessary resolution.
• Ensure you end the pilot at some point – commit to a final product.
Contact

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