Process to Reduce Hamilton Police Emergency Department Wait Times

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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 frontline 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.





The Solution

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







Hamilton Police Service

POLICE OBSERVATION FORM Transfer of Care

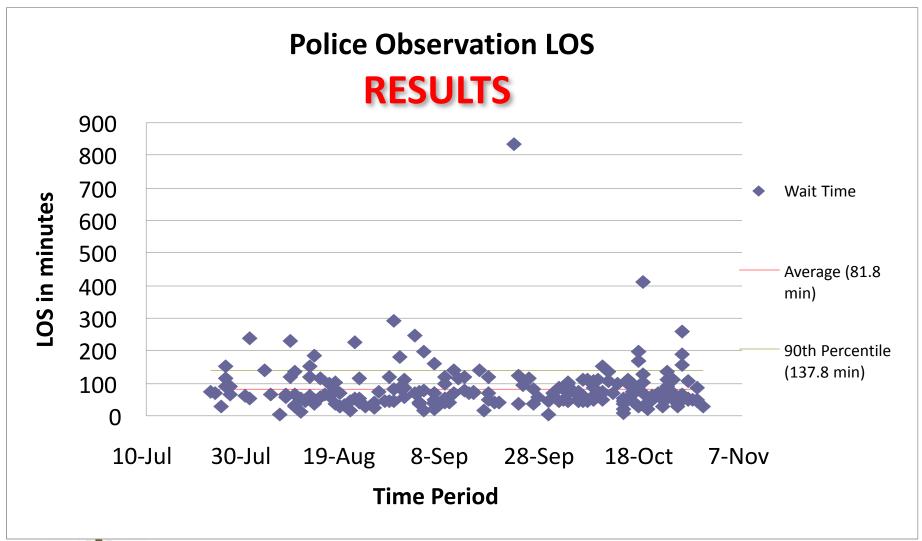
The purpose of this form is to guide officers and hospital staff in determining the risk when the officer prepares to leave the hospital. This form is to be completed by the officer 30 MINUTES after the EDP is brought to St Joseph's Emergency Department and is based on observations while in the ER. The 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

	IN 10 ALGO TO BE COMIT ELTED							
INCIDENT NUMBER		DATE YY MM DD		TIME OBSERVATION STARTED				
EDP NAME (SURNAME,GIVEN1,GIVEN2) DOB Y							Y MM [D D
DURING THE OBSERVATION PERIOD, WAS THE EDP UNCOOPERATIVE?								
	Rapid/Abrupt Movements	Pacing		Assau	ltive		OBSERVED	
PHYSICAL		Threatening	Goeturee		dating Postures		DVEC	
BEHAVIOURS		_			ating Fostures		□YES	□NO
	Intense Eye Contact	Damaging P	roperty					
		Talking Lave	41.	□ Pallia			OBSERVED	
		Talking Loud		Bellige				
VERBAL	Paranoid	Refuses to (Communicat	e Angry			□YES	□NO
EXPRESION	Talking Excessively	Other						
	Threatening - IF	YES: D	Direct	Conditional	Vague			
HISTORY								
Does the officer have knowledge of any history (past/present) of any violent, threatening, or impulsive						□YES	□NO	
behaviour (CPIC/Niche)?								
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					
HIGH RISK	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.					
MODERATE RISK	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.					
LOW RISK	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. Descriptors are GUIDELINES ONLY					
OFFICER LEFT EDP AT FACILITY:						
	ADDITIONAL COMMENTS OR OBSERVATIONS					
The below signatures indica	te agreement with the behaviours observed and the disposition checked:					
Hospital Staff:		Time:				
Police Officer:	Badge Number:	Time:				
Police Returned to Fa	cility: Time:					
Reason:						

131195 MAR13 WHITE - OFFICER (NICHE) PINK COPY - HOSPITAL YELLOW COPY - COAST





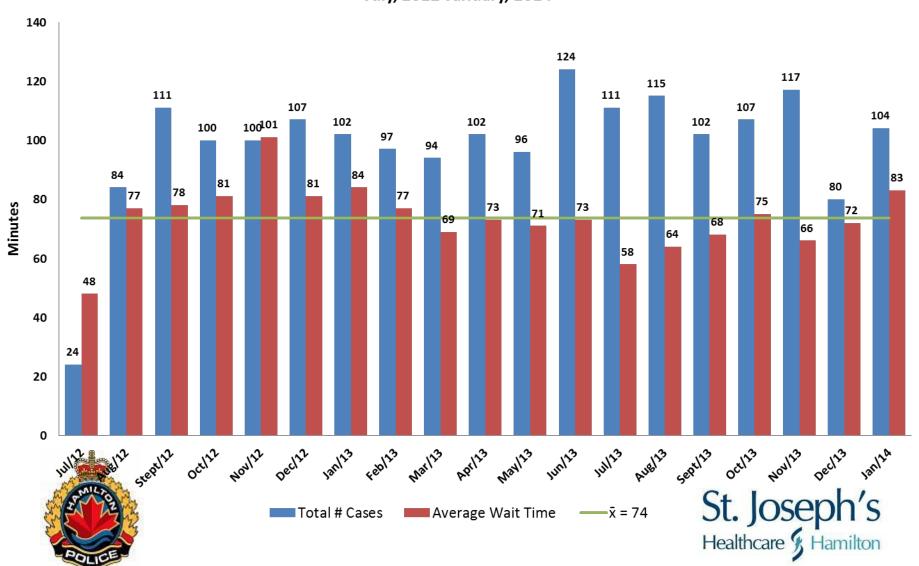


Outcomes July-Oct 2012

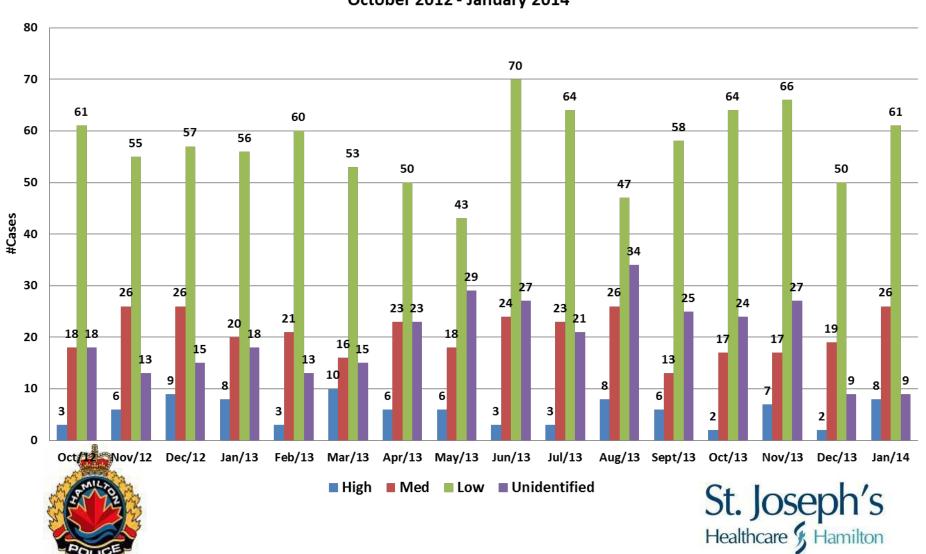
- average wait time dropped from 125 minutes to 81.8 minutes
- 90th percentile wait time dropped from ~240 minutes to 137.8 minutes
 - 59% of the time police are released in 60 minutes or less.
 - 80% of the time police are released in 90 minutes or less.
 - 89% of the time police are released in 120 minutes or less.



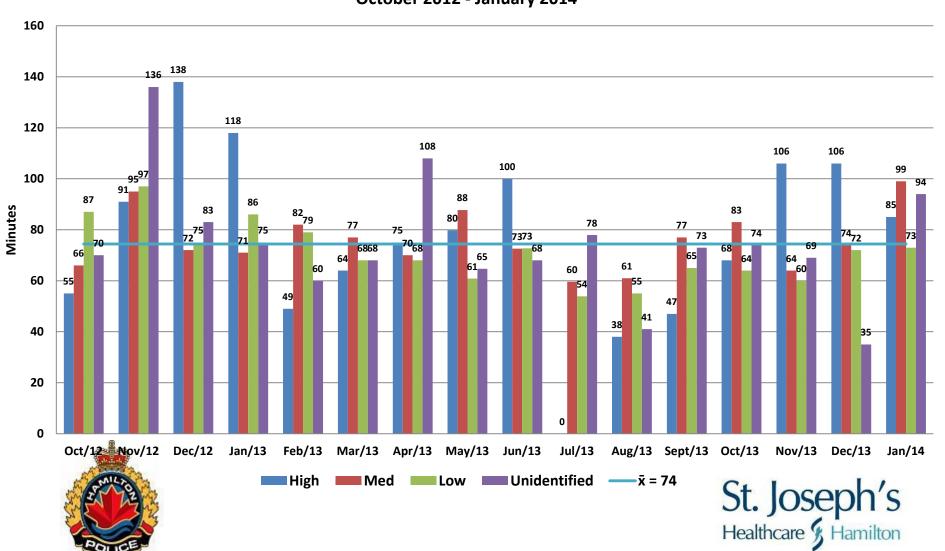
Police Officers' Average Wait Time in the Emergency Department SJHH July, 2012-January, 2014



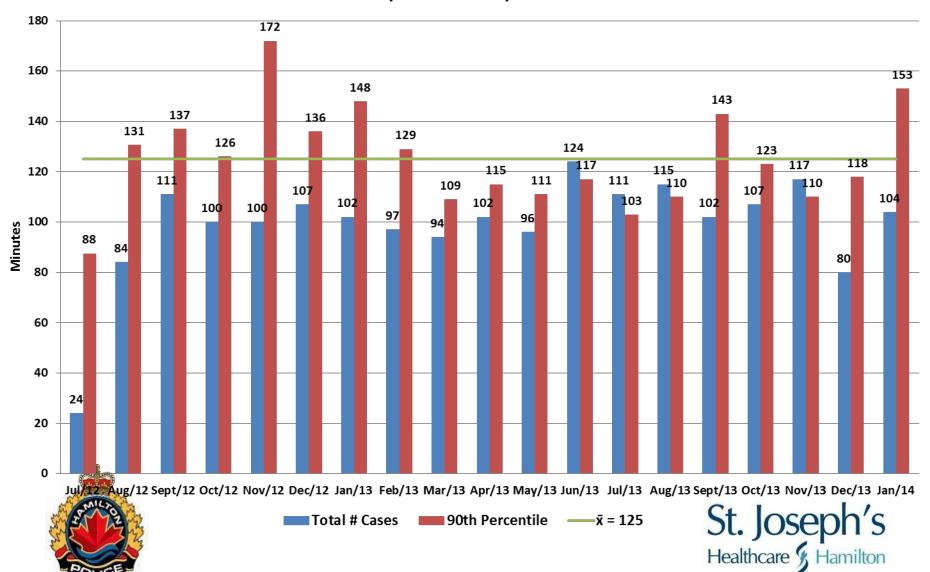
Volume Police Cases by Risk Category in the Emergency Department SJHH October 2012 - January 2014



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



Time Police Officers' Wait Time 90% Percent of the Time in the Emergency Department SJHH July 2012 - January 2014



Outcomes

Prior mean wait: 122 minutes

Current mean wait: 74 minutes

➤ Trending down snapshots: 82 min → 77 min → 74 min

Prior 90th percentile wait: 240 minutes

Current 90th 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 <u>must</u> follow up to investigate the problem and provide the necessary resolution.
- Ensure you end the pilot at some point commit to a final product.





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