

Process to Reduce Hamilton Police Emergency Department Wait Times

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The Problem

- Police waiting:
 - ~ 125 minutes on average
 - ~ 240 minutes at 90th percentile
- = Cost in lost policing hours
- Perceived stigma
- Privacy issues



The Problem

- Lack of standardization for risk assessment & reporting
- Lack of appropriate work space for police
- Inaccurate understanding of the MH 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
- Legal review of requirements under the MH Act for clear go forward decision



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 Original Copy

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 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.

Occurrence Number:	Date:
EDP Name:	DOB:
Time Observation Period Started:	

1. Physical Behaviours: <input type="checkbox"/> Rapid/abrupt movements <input type="checkbox"/> Facing <input type="checkbox"/> Assaultive <input type="checkbox"/> Increased muscle tension <input type="checkbox"/> Threatening Gestures <input type="checkbox"/> Intense eye contact <input type="checkbox"/> Damaging Property <input type="checkbox"/> Intimidating postures	NO	YES
2. Verbal Expression: <input type="checkbox"/> Swearing <input type="checkbox"/> Paranoid <input type="checkbox"/> Talking loudly <input type="checkbox"/> Belligerent <input type="checkbox"/> Talking Excessively <input type="checkbox"/> Refuses to communicate <input type="checkbox"/> Angry Other: _____ Threatening: <input type="checkbox"/> Direct <input type="checkbox"/> Conditional <input type="checkbox"/> Vague	NO	YES
3. During the observation period, was the patient cooperative <input type="checkbox"/> Uncooperative	NO	YES
4. History: History (past/present) of any violent, threatening or impulsive behaviour (CPIC, Niche) Describe: _____ History of the EDP walking away from the hospital or mental health facilities e.g Form 9 Describe: _____ Recently using drugs <input type="checkbox"/> or alcohol <input type="checkbox"/> Describe: _____	NO	YES

5. Property Located on Subject:	Person searched <input type="checkbox"/> Yes <input type="checkbox"/> No
	Disposition
Weapons : _____	Seized <input type="checkbox"/> Left with hospital staff <input type="checkbox"/>
Medication: _____	Seized <input type="checkbox"/> Left with hospital staff <input type="checkbox"/>
Other: _____	Seized <input type="checkbox"/> Left with hospital staff <input type="checkbox"/>
Other: _____	Seized <input type="checkbox"/> Left with hospital staff <input type="checkbox"/>
Hospital staff completed search for other items e.g. lighters, belts.	

6. Disposition: (See chart below for guidelines)

	Officer Left EDP At Facility	Time Officer Left	Officer remained with EDP for following Reasons:
High Risk:	<input type="checkbox"/>		<input type="checkbox"/>
Moderate Risk:	<input type="checkbox"/>		<input type="checkbox"/>
Low Risk:	<input type="checkbox"/>		<input type="checkbox"/>

Note that this form is to be filled out after you go through triage and is based on how the patient is behaving AT THE HOSPITAL ONLY not how they behaved at the time of apprehension or when driving to the hospital.

Please check off all that apply as well as circle the Yes or No box to the right. This is a quick reference for the doctors to look at and must be circled.

You must check Niche and CPIC

See next page for guidelines

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.



Outcomes

- Reduction in average wait = 2174 police hours saved
- Target is 60 minutes at the 90th percentile for patients who do not require officers to stay (which is the majority).



Next Steps

- Ensure form completion is happening
- Separate the data (choose to wait vs. not)
- Ensure that wait times for officers who need to stay are still monitored (still want to minimize wait)
- 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.



Celebrate Success!



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