HSJCC

Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario

Webinar

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HSJCC Webinar

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Overview of Presentation

1. Background information about the HSJCCs

2. Overview of the HSJCC Info Guide: Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario

3. Overview of an inter-agency protocol currently being used in Hamilton, Ontario between Hamilton Police Services, St. Joseph's Health Centre Hamilton and COAST Hamilton

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Presenters

- **Heather Callender**, Executive Director, St. Leonard's Society London and Chair of the South West Regional HSJCC
- **Uppala Chandrasekera**, Planning & Policy Analyst, CMHA Ontario and Policy Advisor to the Provincial HSJCC
- **Phil Lillie**, Detective Sergeant, Durham Regional Police Service and Co-Chair of the Durham Regional HSJCC
- **Terry McGurk**, Manager of COAST, St. Joseph's Healthcare Hamilton and Co-Chair of the Central South Regional HSJCC

HSJCC Network

- HSJCCs established based on the *Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario* (1997)

- Responding to a recognized need in the province to coordinate resources and services, and plan more effectively for people who are in conflict with the law

- Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol syndrome

HSJCC Network

HSJCC Network is comprised of

- 37 Local HSJCCs
- 14 Regional HSJCCs
- Provincial HSJCC
- Each HSJCC is a voluntary collaboration between health and social service organizations, community mental health and addictions organizations and partners from the justice sector including crown attorneys, judges, police services and correctional service providers
- Funded by the Ministry of Health and Long-Term Care

Provincial HSJCC

Provincial HSJCC consists of

- Regional HSJCC Chairs representing their Regions
- Ex-officio members from important stakeholder groups such as Correctional Service of Canada, Ontario Provincial Police, Ontario Association of Chiefs of Police and the Community Networks of Specialized Care
- Ex-officio representatives from 5 Provincial Ministries:
  - Attorney General
  - Children and Youth Services
  - Community and Social Services
  - Community Safety and Correctional Services
  - Health and Long-Term Care

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HSJCC Info Guide

Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario

Overview of Info Guide

- Info Guide was developed by a working group of the Provincial HSJCC

- The purpose of Info Guide is to assist police services and hospitals in Ontario to reduce emergency department wait times for police officers who are accompanying individuals experiencing a mental health crisis.

- The information contained in this document was compiled through a call for information which was distributed through the HSJCC Network to:
  - municipal and provincial police services
  - hospitals
  - providers of community mental health, addictions and other human services

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Mental Health Act

- *Mental Health Act* permits police officers to apprehend individuals if the officer has reasonable grounds to believe that a person is acting in a disorderly manner and is a threat or at risk of causing harm to themselves or others

- Once the apprehension is made, the officer accompanies the individual to an examination by a physician, typically to an ED

- Upon making the apprehension, the police officer has a duty to remain and retain custody of the individual until the hospital has accepted custody

Overview of the Issues: Impact on Police Services

- Increasing wait-times in the ED for police accompanied visits
- Mental health apprehension clients are often given a low triage priority
- The “revolving door” often occurs with police accompanied visitors to the ED
- Police officers are frequently asked to play the role of security guard in the ED
- Extended wait-times can be quite costly for police services

Overview of the Issues: Impact on the ED

- Crisis intervention services are only available during daytime or evening hours, thus increasing the pressure on the ED at night
- Delays due to a shortage of mental health in-patient beds available
- Space is limited in the ED and a quiet room cannot be made available to the police accompanied individuals
- Many hospitals in Ontario do not have a Security Department therefore are not well equipped to manage high risk crisis situations

Overview of the Issues: Impact on the Individual

- Police accompanied visits to the ED increases the stigma of mental health conditions
- Privacy of the individual is compromised as they are restrained and seated inside the waiting room of the ED
- Individual can feel uncomfortable speaking freely in front of the police officers and security guards
- In some rural and northern areas of the province, clients often do not have access to transportation to return home after the police accompanied visit to the ED

Overview of the Issues: Impact on Children and Youth

- Lack of accessible mental health and addictions-related services for children and youth often resulting in longer wait-times in the ED
- Services for children and youth are often only available during daytime hours
- Multiple stakeholders involved (parents and guardians, community children and youth service providers, Children's Aid Society, etc.)
- Stigma, discrimination and negative stereotypes are associated with children and youth with mental health and addictions-related conditions

Overview of the Issues: Impact on Racialized Communities

- Racialized groups are over-represented in police accompanied visits to the ED
- Language barriers and the lack of interpreter services available impact on the provision of services
- Lack of culturally appropriate crisis services in both the community and the ED
- Stigma, discrimination, racial profiling and negative stereotyping compromises the care provided to racialized communities

Strategies

- ✓ Building strong relationships between police services and hospitals
- ✓ Providing cross-sectoral training for police services and hospital staff about mental health apprehension situations
- ✓ Calling ahead to the ED when a police officer is on route with a person experiencing a mental health crisis
- ✓ Establishing clear lines of communication upon arrival at the ED
- ✓ Utilizing a mental health screener form to communicate information about the circumstances and observations about the person in crisis

Strategies

- ✓ Arranging a quiet room for police accompanied visitors to the ED
- ✓ Having adequate staff support to manage mental health crisis situations in the ED
- ✓ Designating a liaison in the ED to work directly with police officers when they arrive with a person in crisis
- ✓ Establishing a written agreement between police detachments and hospitals
- ✓ Conducting routine monitoring and evaluation of the protocol in place, and making changes as necessary

Person-Centred Care

- ✓ Ensuring the individual's rights are protected and keeping the individual at the centre of care

Crisis Planning:

- ➢ Offers a way for individuals to establish a plan of action in preparation for periods of illness
- ➢ Provides time-tested strategies for de-escalating crisis situations and provides the tools for reducing triggers
- ➢ Provides individuals the ability to control the care they receive when they may be unable to effectively communicate
- ➢ Outlines specific treatments and medications that have either mitigated or aggravated such experiences in the past

Police-Emergency Department Protocol

Process to Reduce Hamilton Police Emergency Department Wait-Times

The Hamilton Protocol

The Problem:

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

- Perceived stigma

- Privacy issues

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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

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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

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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

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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:** ☐ Rapid/abrupt movements ☐ Pacing ☐ Assaultive ☐ Increased muscle tension ☐ Threatening Gestures ☐ Intense eye contact ☐ Damaging Property ☐ Intimidating postures	NO YES
2. Verbal Expression: ☐ Swearing ☐ Paranoid ☐ Talking loudly ☐ Belligerent ☐ Talking Excessively ☐ Refuses to communicate ☐ Angry Other: _____ **Threatening:** ☐ Direct ☐ Conditional ☐ Vague	NO YES
3. During the observation period, was the patient cooperative ☐ 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 ☐ or alcohol ☐ Describe: _____	NO YES

5. Property Located on Subject:	Person searched ☐ Yes ☐ No	
	Disposition	
Weapons : _____	Seized ☐	Left with hospital staff ☐
Medication: _____	Seized ☐	Left with hospital staff ☐
Other: _____	Seized ☐	Left with hospital staff ☐
Other: _____	Seized ☐	Left with hospital staff ☐
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:	☐		☐
Moderate Risk	☐		☐
Low Risk	☐		☐

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

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Outcomes July – October 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.

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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).

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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

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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.

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Questions?

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Feedback

Your feedback is important to us!

Please take 5 min to complete the webinar evaluation.

Contact Information

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For more information about the Provincial HSJCC, and to access the full Info Guide, visit: **www.hsjcc.on.ca**

To join the HSJCC Network mailing list, contact: **CKT_Committee@hsjcc.on.ca**