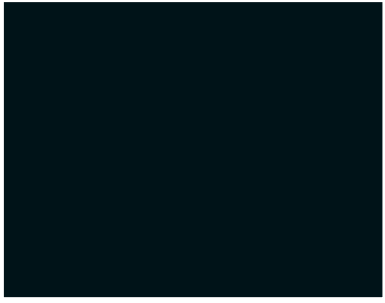
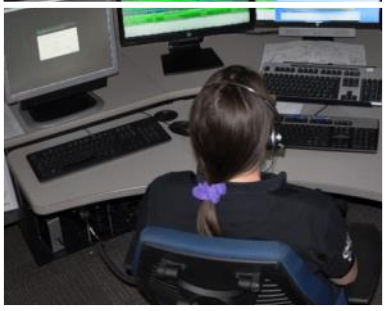




# Niagara EMS MHART Team

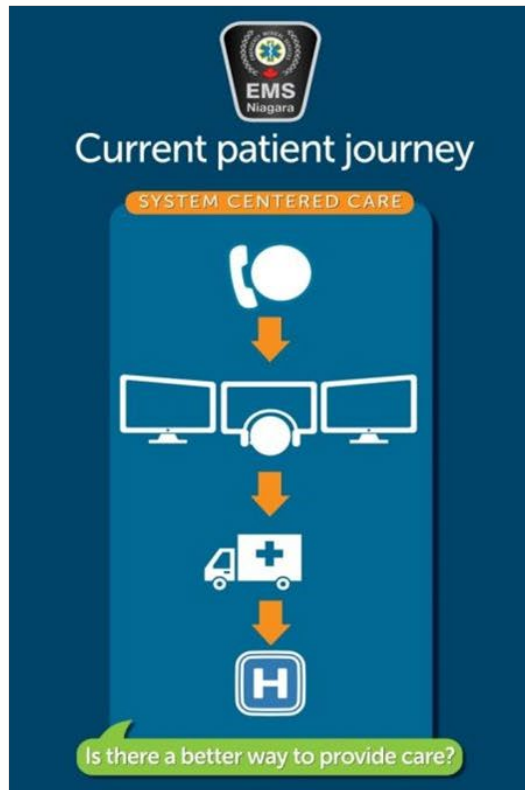
Oct 30, 2019



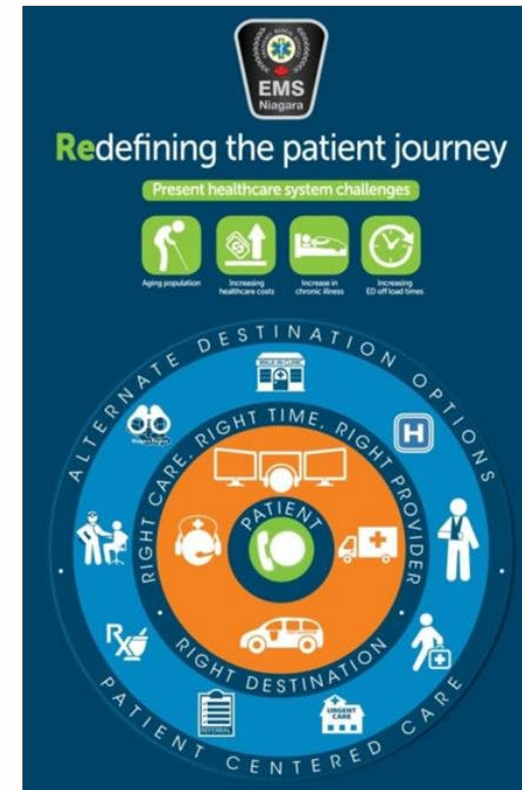


# Clear vision on what change looks like

## The Future of NEMS



“Central to each (country’s) vision is the concept of providing pre-hospital care as a system, rather than just a single service type, that can provide a flexible response to a wide with other related healthcare providers.” (Sheffield, pg. 44)



# Top Five EMS Transports to EDs in Niagara (2013-2015)

Niagara	1	2	3	4	5
0<1 years	Resp. Distress	Seizure/Post Ictal	General Illness/ Weakness	Other Medical/ Trauma	Newborn/Neonatal
1-4 years	Seizure/Post Ictal	General Illness/ Weakness	Resp. Distress	Soft Tissue Pain/ Trauma/Edema	Other Medical/ Trauma
5-9 years	Musculoskeletal Trauma	Seizure/Post Ictal	Soft Tissue Pain/ Trauma/Edema	Behaviour/ Psychiatric	Resp. Distress
10-14 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Soft Tissue Pain/ Trauma/Edema	Syncope	Seizure/Post Ictal
15-19 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Alcohol Intoxication	Soft Tissue Pain/ Trauma/Edema	Drug Overdose
20-24 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Abdominal Pain NYD	Soft Tissue Pain/ Trauma/Edema	Seizure/Post Ictal
25-44 years	Musculoskeletal Trauma	Abdominal Pain NYD	Behaviour/ Psychiatric	Soft Tissue Pain/ Trauma/Edema	GI Problems/Pain/ Vomiting/Nausea
45-64 years	General Illness/ Weakness	Musculoskeletal Trauma	Abdominal Pain NYD	Soft Tissue Pain/ Trauma/Edema	Ischemic Chest Pain
65-74 years	General Illness/ Weakness	Resp. Distress	Musculoskeletal Trauma	Abdominal Pain NYD	GI Problems/Pain/ Vomiting/Nausea
75-84 years	General Illness/ Weakness	Musculoskeletal Trauma	Resp. Distress	GI Problems/Pain/ Vomiting/Nausea	Abdominal Pain NYD
85+ years	General Illness/ Weakness	Musculoskeletal Trauma	Resp. Distress	Soft Tissue Pain/ Trauma/Edema	GI Problems/Pain/ Vomiting/Nausea

# Drivers for Success

- Support for patients who suffer from mental illness and addictions greater options.
  - transporting to ED did not meet all needs and, in some cases, exacerbated condition
  - Some refuse transport repeatedly—system cycle
- Decrease in repeat mental health/addictions 911 calls – “right provider the first time”
- Harm Reduction

# MHART Partnerships

niagarahealth  
Extraordinary Caring. Every Person. Every Time.



# niagarahealth

Extraordinary Caring. Every Person. Every Time.

Niagara's sole provider of emergency and inpatient, hospital-based services. Includes:

- 95 inpatient beds
- emergency mental health unit
- sexual assault and domestic violence program
- wide array of outpatient services

Has experienced incremental growth of emergency mental health presentations, consistent with provincial trends

- 2018-2019 saw 7167 mental health presentations in the ED
  - Represents an increase of 1800 patients since 2013-14 (**33%** increase)
  - Current demand has pushed the limits of physical and human resources
- Supports MHART through the provision of one FT RPN



- How we are different than COAST
- Self-dispatch
- Opiate Crisis Niagara



# Quest CHC

- ❖ Our Mission: Quest CHC supports individuals experiencing social, economic and cultural barriers while promoting wellness, community and social justice.
- ❖ Our Vision: A healthy and engaged community that participates, collaborates, celebrates and grows.
- ❖ Our Priority Populations: Individuals experiencing MH&A and/or concurrent disorders, street-involved populations, isolated seniors, sexually and gender diverse populations with a special emphasis on Trans Care, at risk children, youth, and families, individuals who frequent the ED for care/opioid-dependence (USAT), migrant agricultural workers



Our Interdisciplinary Mobile Outreach Team



Quest addresses the 12 Social Determinants of Health

# MHART Partnerships

- Harm Reduction
- Integration with Consumption and Treatment Site (medical oversight)



# Obstacles

- Partnership structure (ie secondment vs work location assignment)
- Health and safety
- Process mapping
- Role clarity
- Identifying additional training required for Paramedics, psychological support for team

Overcome through involvement of staff directly in planning program

# MIH Team Response Flow



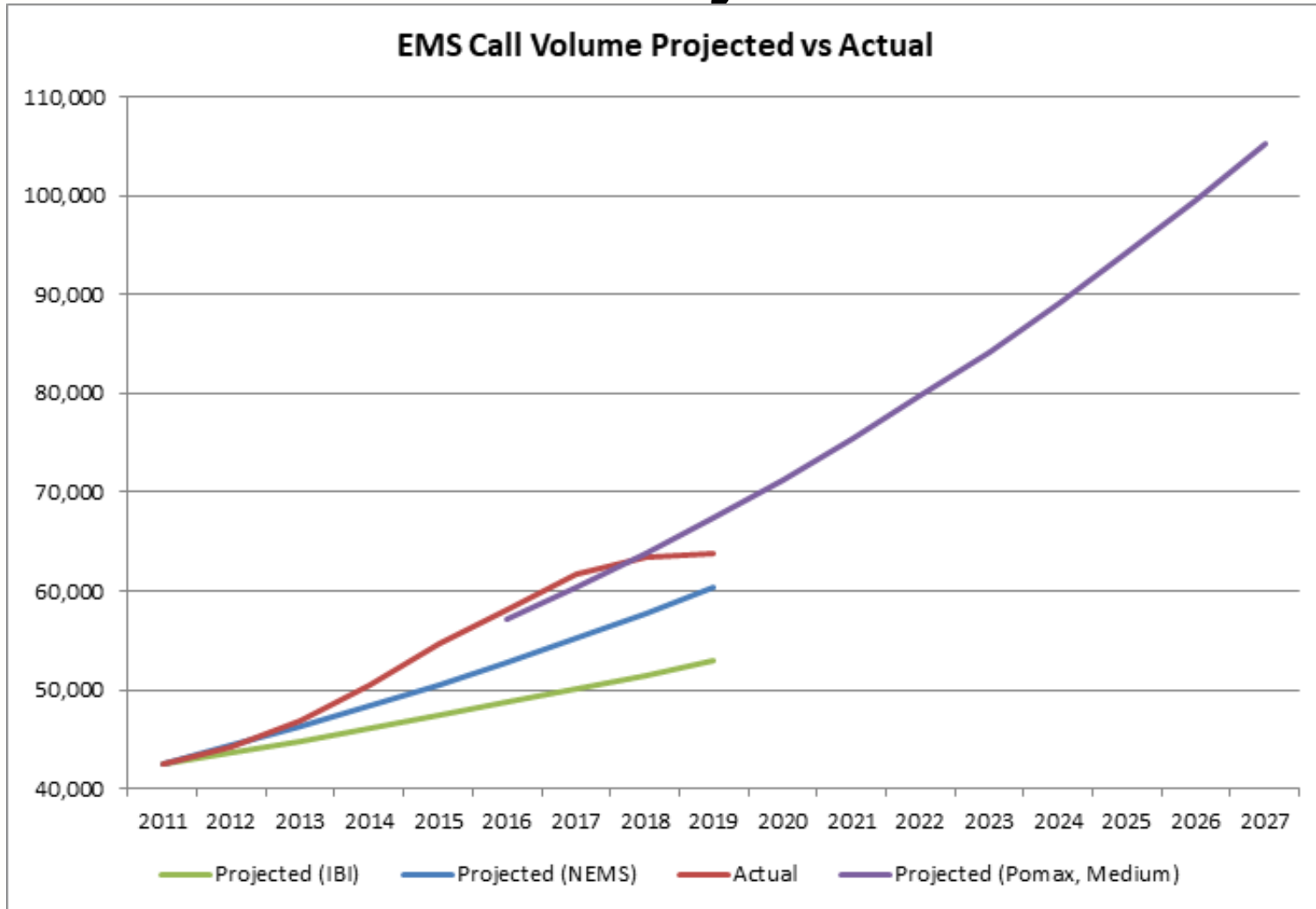
# MIH Team Process Flow

- Certain criteria we can and cannot impact
- 911 is called for people who do not want help
- Poly substance abuse
- People don't know who else to call—system navigation
- Patient-centered care
- Refer when appropriate
- We have an opportunity to change people's experiences/perceptions of with MH Services

# Early Results

- ✓ **Mental Health Calls**
  - ✓ MHART responded to **560** MH/Addictions calls as of June 2019
  - ✓ **5%** decrease transports to ED
  - ✓ **7% increase mental health 911 calls**
  - ✓ **200** naloxone kits distributed/people trained
- ✓ **Referrals to Community Services - 300+**times to other community services through efficiencies with the LHIN and Health Links

# Call Volume Projected v Actual



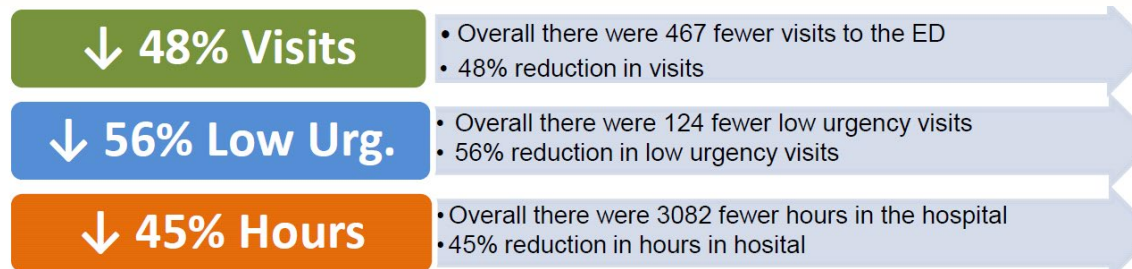
# Impact

USAT & MHART Collaboration September 2018 – September 2019

Further Connection (through face-to-face visits and/or referrals)	Currently working with USAT	Graduated from USAT
54	21	33

USAT Impact Globally:

- Over 200 Coordinated Care Plans Completed (CCPs) to date





# Partner Experience/Patient Voice

- Exemplifies collaboration towards a common goal
- Strengthens understanding and relationships
- Affords unique opportunity for hospital staff
- Bridges the gap between hospital and community emergency services
- Community education on hospital services – “what to expect”
- Allows staff to conduct assessments in “real environment”

# MHART/USAT Collaboration

## John's Coordinated Care Plan

### My Identifiers

Age: 18 – 25

Identified by  
EMS & ED

Few  
community  
connections

Poor  
relationship  
with family  
due to  
addiction



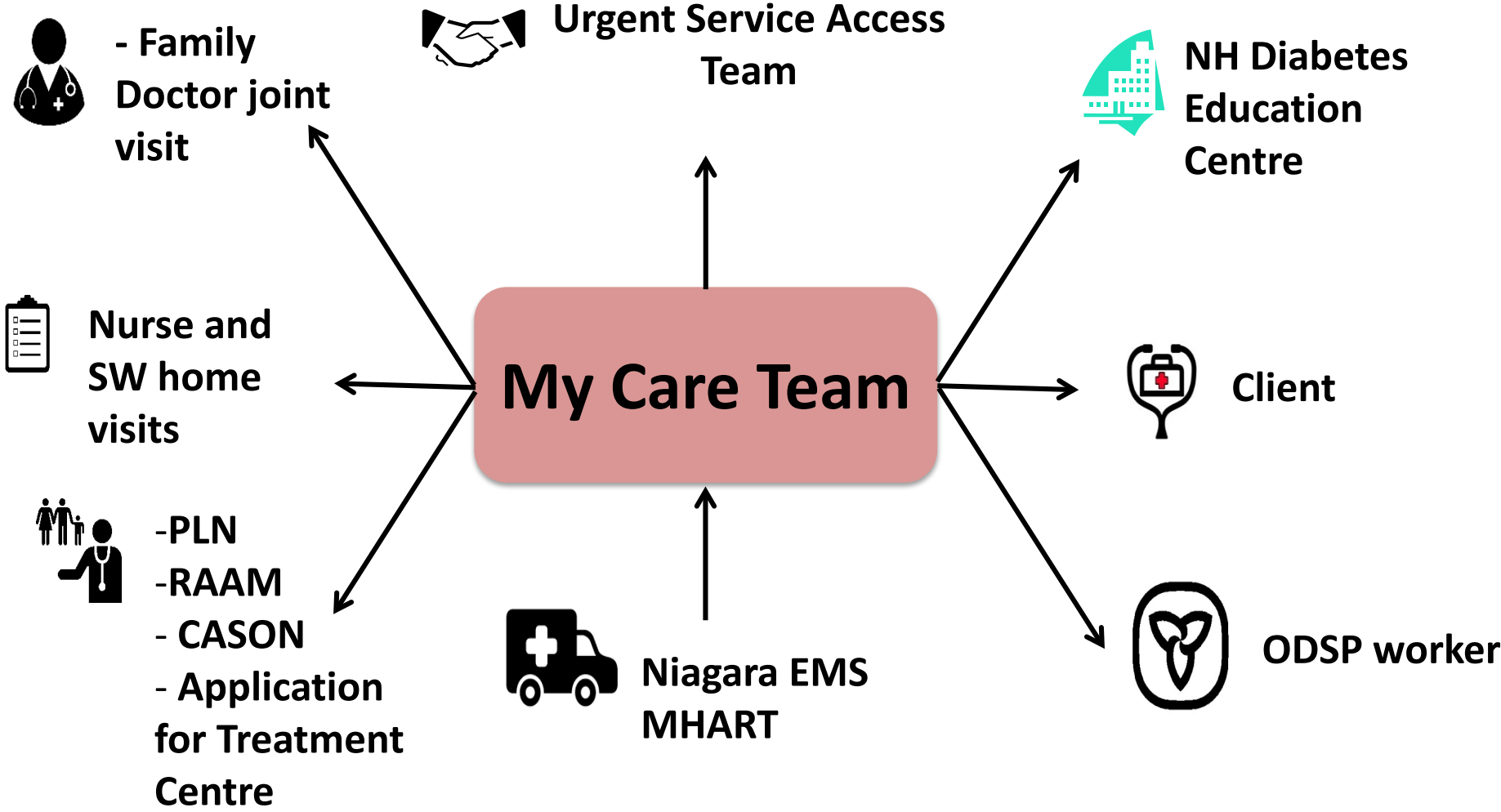
### My Health

- Type 1 diabetes
- No motivation to monitor diabetes blood sugar
- Active Substance Use
- Frequent the Emergency Department due to overdose and/or diabetes complications

### More About Me

- Receives OW
- Enjoys video games
- No identification

# MHART/USAT Collaboration John's Coordinated Care Plan



# Other Opportunities

- Resource for non MH calls
- Available for EMS Staff crisis
- Community agencies able to call directly to prevent 911 call
- Build trust in the community

# Sustainability/Spread

- Conforms to BLS standards, and fits within standard CACC models
- One challenge may be information available to crews to support self-dispatching (alternatively, a number of MPDS determinants have now been identified that support MHART work, so this could be adapted as centers move to MPDS)



Thank  
you

**STARCARE**   
Begins with me

