

2011 EAGLES PRESENTATION

YOU NEVER CALL ME ANYMORE!

**Development and Perception of an
EMS Social Service Referral Program in an
Urban Fire-Based EMS System**



CFD EMS OVERVIEW



Geographical Information

Area	Size	Population
Metro Columbus	399.1 square miles	1,742,798
City of Columbus	239.9 square miles	791,868

CFD EMS OVERVIEW



First Line Apparatus Summary

Emergency Units in Service

34 Engines	7 EMS Supervisors
15 Ladders	1 Air Supply
5 Rescues	1 Bomb Squad
7 Battalion Chiefs	1 Safety Officer
32 Medics	11 Boats
1 HazMat	

CFD EMS OVERVIEW

- All ALS EMS System
- Two EMT-Ps on each Medic Vehicle (32)
- At least one EMT-P on each engine (34)
- Engine/medic stations
- Seven EMS Officers

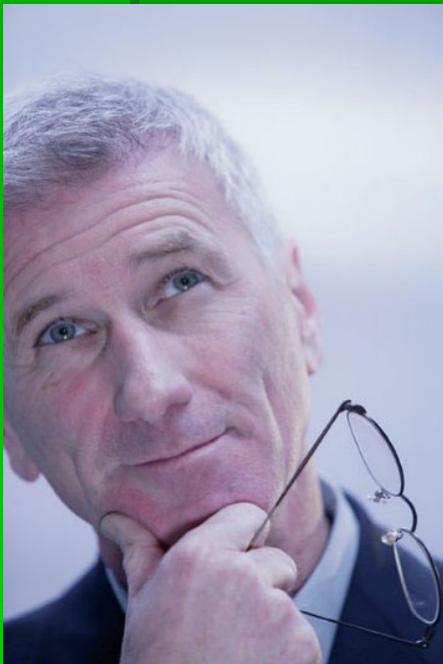


Four-Year Comparisons

	2006	2007	2008	2009
<i>Total Incidents</i>	121,454	135,391	146,144	142,981
<i>Fire Incidents</i>	28,525	23,656	24,868	21,470
<i>EMS Incidents</i>	92,929	107,351	110,739	110,398

Do you know Columbus???

- What was the name of the vehicle that Columbus Fire Department deployed in 1969 to take care of cardiac patients?



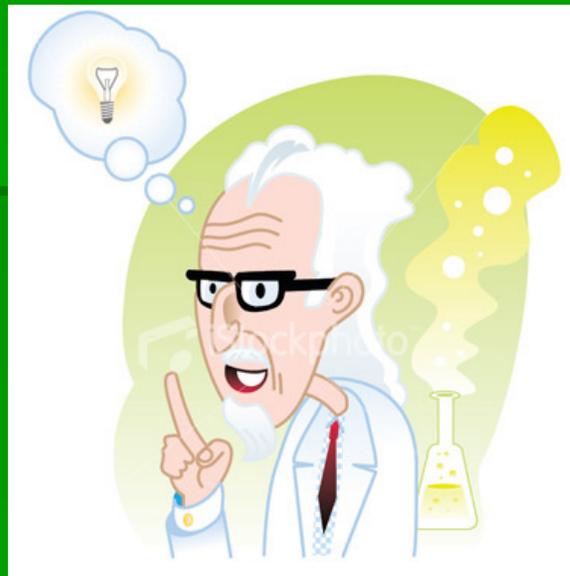
Do you know Columbus???

- THE HEARTMOBILE



EMS Social Service Concerns

EMS personnel within the Columbus Division of Fire routinely encounter patients that have social service needs that can be better served by involvement of another agency.



Examples of SS Needs

- Frequent calls to 911 about chronic medical problems such as:
 - **breathing treatments for asthma/COPD**
 - **glucose checks for diabetes**
 - **blood pressure checks for hypertension**



Examples of SS Needs

- **Quality of Life Issues in the elderly:**
 - Home health issues such as:
 - **Falls**
 - **Unable to live alone**
 - Emotional problems such as:
 - **Anxiety**
 - **Loneliness**



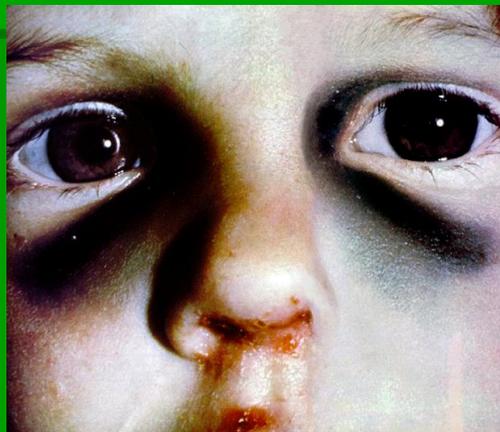
Examples of SS Needs

- Environmental Problems such as:
 - Poor living conditions
 - Hoarding behavior
 - Abundance of animals in the home



Examples of SS Needs

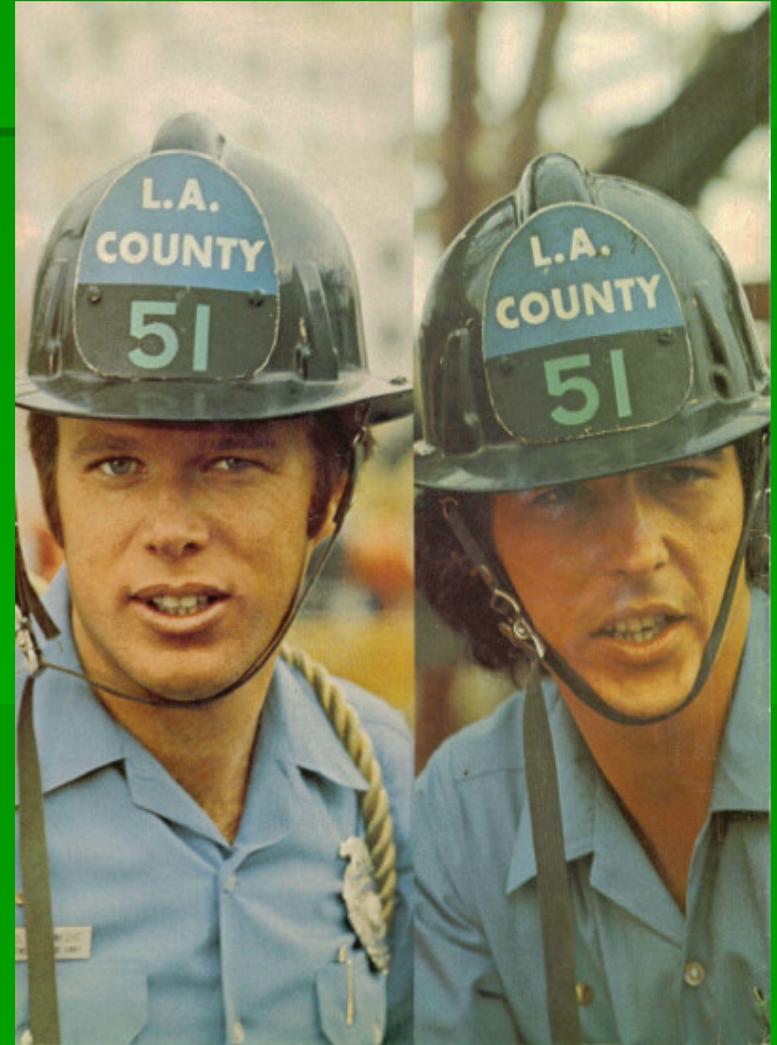
- Social issues or family problems
 - **Child/Elder abuse**
 - **DNR situations**
- Any other home situation that the medic may be concerned about.
 - **Smoking around oxygen**



42-17323267 [RF] © www.visualphotos.com

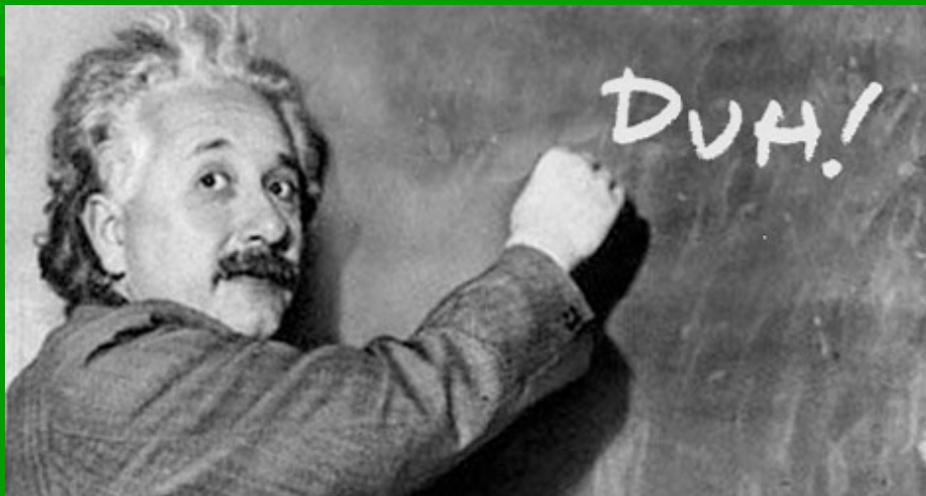
Limitations on EMS

- Focus is on the immediate health issues-SAVE LIVES!
- Skill set is not in Social Service or chronic medical conditions
- Not enough human or monetary resource to apply to problems
- Stigma attached to social service issues



Limitations on EMS

- How to solve the problem?????????
 - Fund entire new service within Fire Dept
 - Train entire Division a new skill set
- OR
- Tap into existing service with expertise



Columbus Public Health

- We chose the latter!



CFD/CPH Partnership

- Met and established common interests and goals
- Agreed that CPH was best suited to address these SS needs
- Formalized a program of SS referrals with feedback to the EMS providers



CFD/CPH Partnership

- **Best Parts:**
 - **No additional money needed**
 - **No additional manpower needed**
 - **Able to work with City agency that knew the bureaucratic mysteries of municipal government**



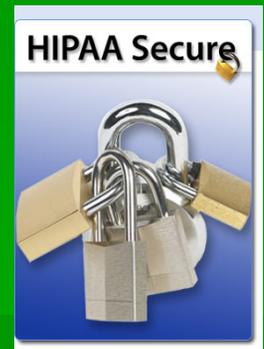
CFD Social Service Referral Program

- **Process for making referrals for patients in need:**
 - **EMS Personnel notify their EMS supervisor about any of the patients that meet the criteria for SS referral.**
 - **EMS Supervisor shall complete the Social Service Referral form ES-214 and email it to the Columbus Public Health – Neighborhood Health Services Social Work supervisor.**



CFD Social Service Referral Program

- Once the case is referred to the CPH supervisor, they will assign the case to a social worker who contacts patient. With the patient's permission, the social worker will make a home visit and assist with trying to solve problems.
- If social worker makes a home visit, appropriate HIPAA documentation will be obtained.
- CPH sends acknowledgement only of referral to Columbus Division of Fire Continuous Quality Improvement.



City of Columbus
DEPARTMENT OF FIRE
Parsons Avenue
Columbus, Ohio 43207

**EMS REFERRAL
NEIGHBORHOOD HEALTH SERVICES**

DATE REFERRAL MADE:

Patient Name: _____

Date of Encounter: _____

Address: _____

Phone No: _____

DESCRIPTION OF PROBLEM

CFD Staff Making Referral

Contact Info (Phone, Time of Day to Call, etc.)

IS PATIENT AWARE THAT YOU ARE MAKING REFERRAL? YES NO

ADDITIONAL COMMENTS

RESULT OF SOCIAL WORKER CONTACT

Name of Social Worker: _____ Date: _____

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City of Columbus
DEPARTMENT OF FIRE
200 Parsons Avenue
Columbus, Ohio 43207

**EMS REFERRAL
NEIGHBORHOOD HEALTH SERVICES**

DATE REFERRAL MADE: November 13, 2010

Name: _____ **Date of Encounter:** November 13, 2010

Address: _____ **Phone No:** _____

DESCRIPTION OF PROBLEM

50 y/o male who calls 911 frequently for chest pain, shortness of breath and burning in his abdomen related to his missing dialysis. He subsequently calls 911 to be taken to Riverside to have dialysis done in the ED. 3 of the 4 or he has had a room mate with him who had a car available for use. Each of the first 3 trips the apartment has had with an odor of cigarette smoke with multiple ash trays filled with cigarette butts, trash scattered about the apartment and a few plates of old food sitting on the counter. Thus far he has needed no treatment in the field and received no treatment in the hospital according to the client. He stated, on the last encounter, that he simply had no way to get to his dialysis appointment so he had to call 911 to get it at the ED.

CFD Staff Making Referral

Contact Info (Phone, Time of Day to Call, etc.)

IS PATIENT AWARE THAT YOU ARE MAKING REFERRAL? YES NO

ADDITIONAL COMMENTS

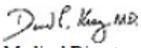
at this person needs some form of monitoring to determine if he is abusing the 911 system. It appears that he is using his personal transportation to dialysis. It also appears that he needs some form of intervention possibly from the apartment.

RESULT OF SOCIAL WORKER CONTACT

Signature of Social Worker: _____ **Date:** _____

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	Standard Operating Procedures		
	Subject: Social Service Concerns		
	S.O.P. Number 07-00-27 Vol-CH-Cat.Sub	Approved  Fire Chief	Acknowledged  Medical Director
	Page: 1 of 2	Effective Date: 11/16/2006	
		Revised Date: 01/15/2009	

Administrative Protocol

Social Service Concerns

- A. EMS personnel within the Columbus Division of Fire routinely encounter patients that have social service needs that can be better served by involvement of the Columbus Health Department. This protocol is intended to outline a procedure that will facilitate social service referrals to the Columbus Health Department by the Columbus Division of Fire EMS.
- B. Criteria for referrals on patients 18 years of age and older:
1. Improper Use of EMS
 2. Frequent calls to 911 about maintenance medical problems such as needing breathing treatments, glucose checks, blood pressure checks, etc.
 3. Quality of Life Issues:
 - a) Physical/Medical problems such as:
 - 1) Falls
 - b) Emotional Problems such as:
 - 1) Anxiety
 - 2) Loneliness
 - c) Environmental Problems such as:
 - 1) Poor living conditions
 - 2) Hoarding behavior
 - 3) Abundance of animals in the home
 - d) Social issues or family problems
 - e) Any other home situation that the medic may be concerned about.

	Standard Operating Procedures		
	Subject: Social Service Concerns		
	S.O.P. Number 07-00-27 Vol-CH-Cat.Sub	Approved <i>Ned Pettanaj</i> Fire Chief	Acknowledged <i>David L. King, MD</i> Medical Director
	Page: 2 of 2	Effective Date: 11/16/2006	
		Revised Date: 01/15/2009	

C. Process for making referrals for patients in need:

1. Notify your EMS supervisor about any of the patients that meet the criteria listed above.
2. EMS Supervisor shall complete the Social Service Referral form ES-214 and email it to the Columbus Public Health – Neighborhood Health Services Social Work supervisor Ellen Rapkin at ellenr@columbus.gov (614) 645-6248. If social work supervisor is off, backup is Cathy Elkins ceelkins@columbus.gov (614) 645-5205, or Gwen Jones at gujones@columbus.gov (614) 645-5224.
3. Once the case is referred to the CPH supervisor, they will assign the case to a social worker who contacts patient. With the patient's permission, the social worker will make a home visit and assist with trying to solve problems.
4. If social worker makes a home visit, appropriate HIPAA documentation will be obtained.
5. CPH sends **acknowledgement only** of referral to Columbus Division of Fire Continuous Quality Improvement.

Examples of Social Service Program

Pt at above address resided in Athens Mental Hospital for 40 years. Due to state cut backs, pt was released, and now resides at home. When pt does not take meds, she becomes very bi-polar and suicidal. Pt's sister has POA, and staff states also has some mental issues. Pt's POA is refusing to give pt her needed meds, causing frequent suicide attempts for attention and depression. Pt only asks to be taken back to Athens. On site, pt has staff from Home Health Connection, INC., 24hrs a day. Yet pt still tries to harm self with their presence. Supervisors with company have been trying to obtain POA over pt, in an effort to properly medicate her. She would appreciate any help we, as CFD and Social Services could provide in getting pt appropriate treatment or moved to a proper facility.

Examples of Social Service Program

Medic 23 was dispatched to the following address 3 times in a 24 hr period. M 23 transported the pt to MTCE on 05/20/10. A few hrs later she was back home and called 911 again for a drink of water and to be moved in her bed. Pt has an extensive medical history and is in a bed at all times. Pt stated she does have a nurse that stays with her during daylight hrs but not thru the night. Pt cannot get out of her bed for medical reasons. I feel that this is a safety concern and would like to get some help for her.

Examples of Social Service Program

This gentleman is becoming a regular. At or near the end of the month he runs out of his meds for chronic back pain and then calls 911. During the most recent incident he has made statements of harming himself. The medics on Medic 2 feel that he needs help with day to day pain management. The social worker at the hospital was informed of the issues this evening.

2009 referrals – From EMS to CPH

100 Referrals

- Breakdown of 100 referrals

46% - Frequent callers

33% - Caregiver problems

30% - EMS medics just concerned about the individuals (elderly, alone, overwhelmed predominately)

21% - Condition of the home environment

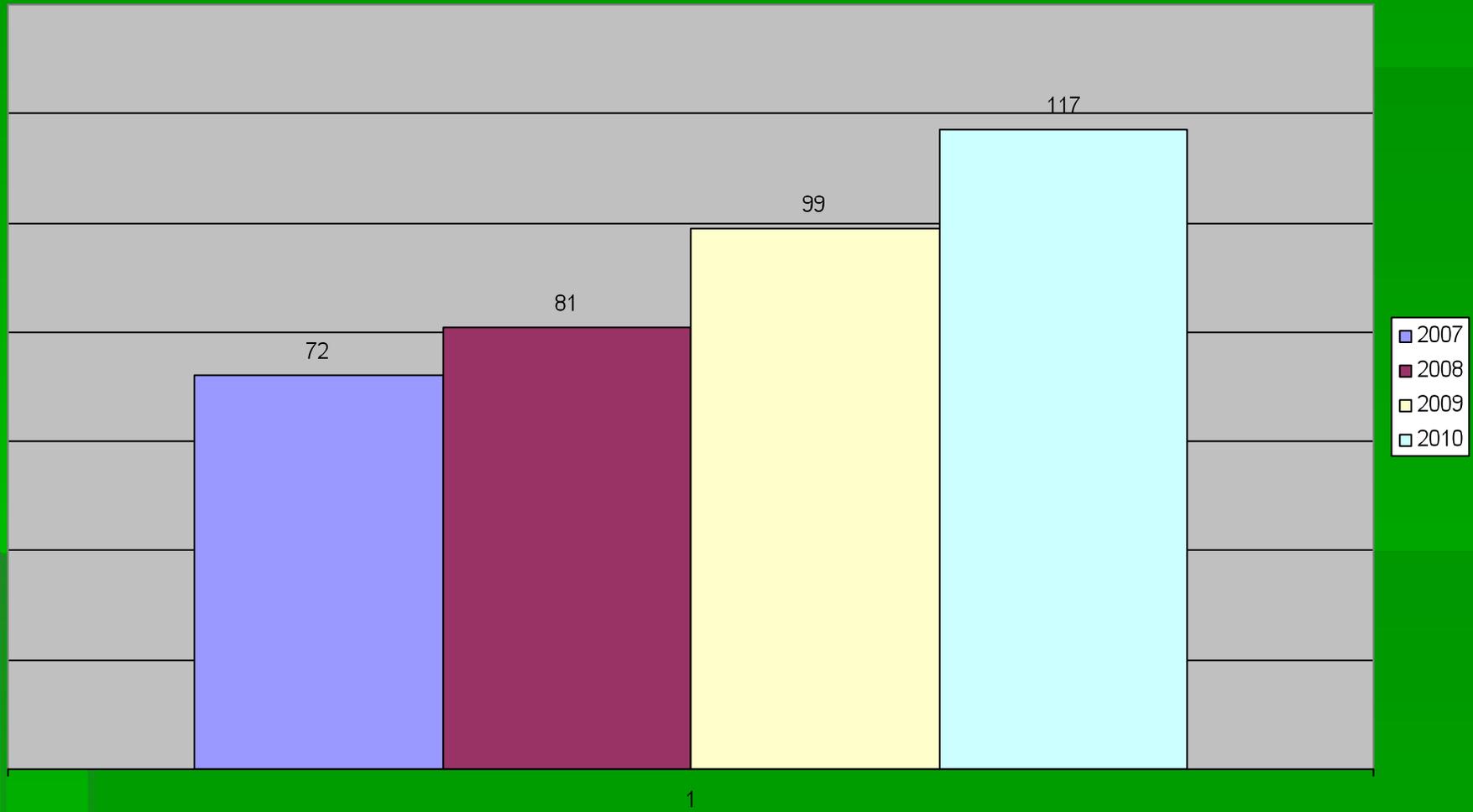
5% - Obesity

14% - Falls (new)

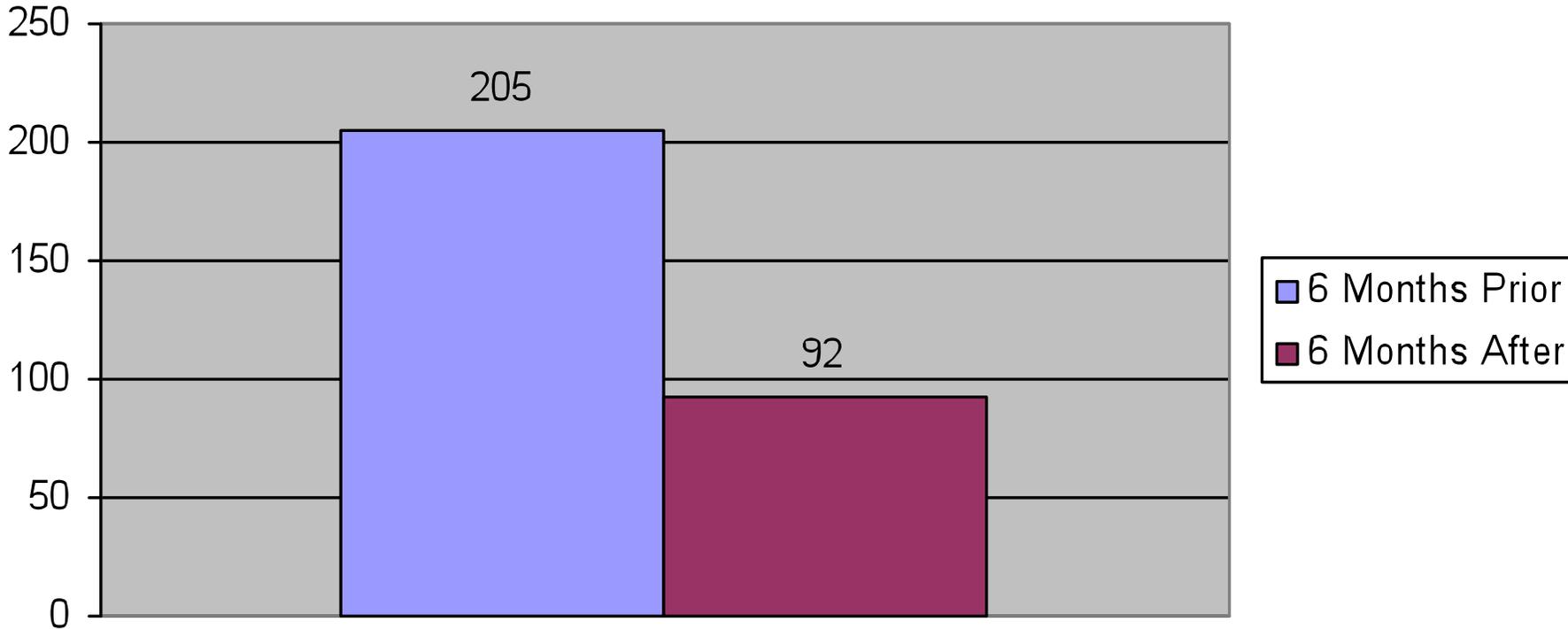
9% - Mental Health problems (new)

	Number of referrals	Frequent callers	Medic Concern	Home environment	Obesity
2007	72	40%	35%	19%	4 %
2008	81	42%	37%	24%	10%
2009	100	46%	30%	21%	5%

Social Service Patient Referrals

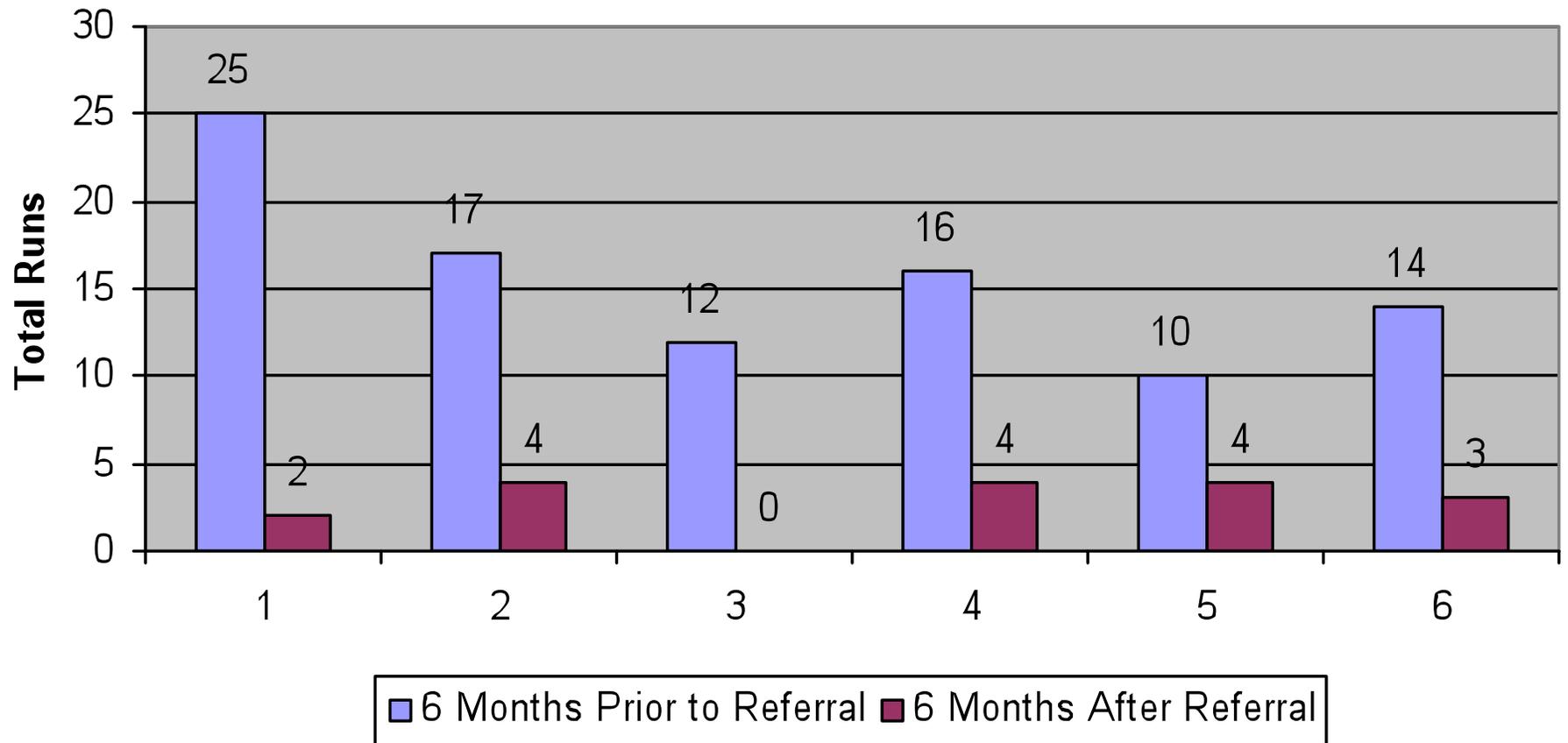


2010 Jan-June Referrals Run Totals

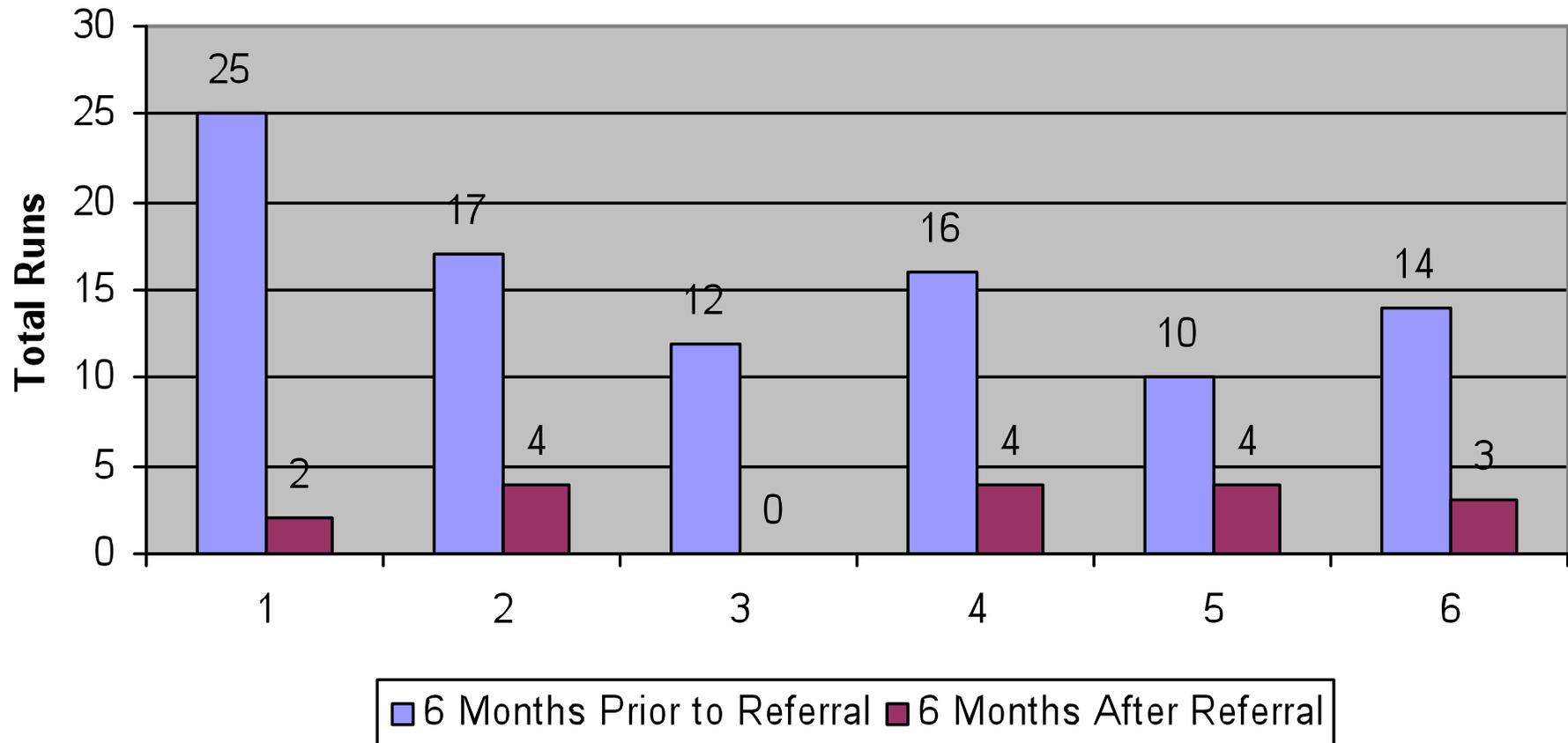


55 Patient Referrals

Referral Patient Examples



Referral Patient Examples



#3-Patient is bi-polar and can exhibit aggressive behavior. 911 abuser

#5- Has difficulty getting to the portable toilet and sometimes falls. The portable toilet is across from her bed. When she puts weight on one side or the other the toilet has a tendency to tip.

#6- Recently crews found her in the early afternoon wearing only a diaper and with vomit on her.

Examples of Social Service Program

- Problem: Calls to get patient off floor and assist out of tub.
- Solution: CPH found problems with hired caregiver. Employer notified and apprised of issues. More services put in place and new caregiver provided by service.

Examples of Social Service Program

- Problem: Disabled patient with AIDS who lives with elderly parents who can offer limited assistance.
- Solution: CPH found out case manager had not contacted patient in one year. They contacted case manager and scheduled a joint home visit. They discussed hospice and nursing options.

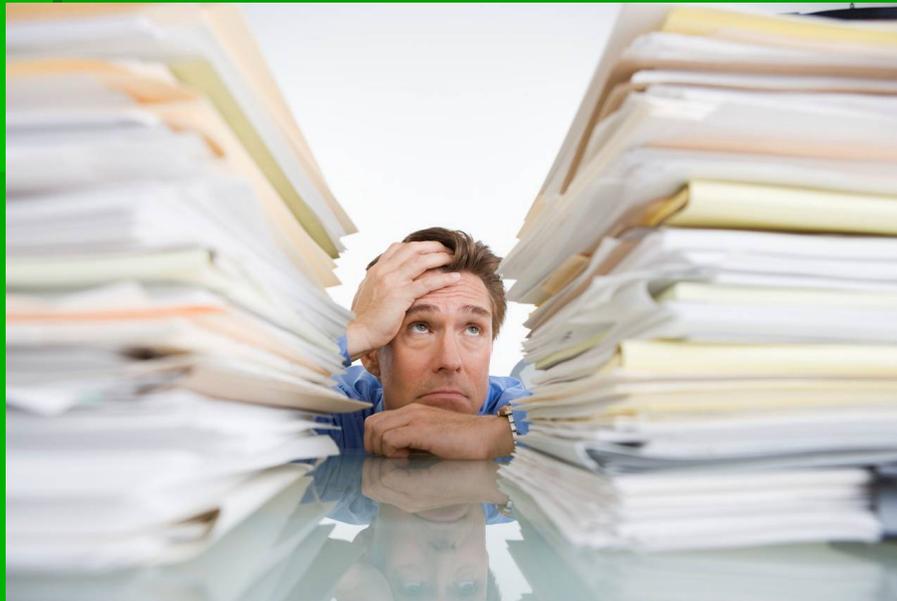
Impact of SS Program

- Economic Impact
 - Difficult to assess
- Safety to EMS Providers
 - Less RLS runs
- Decreased frustration to EMS providers
 - Not Again!!!!!!!!!!!!!!!!!!!!!!
- Benefit to patients to get help they need



Changing the culture of EMS response

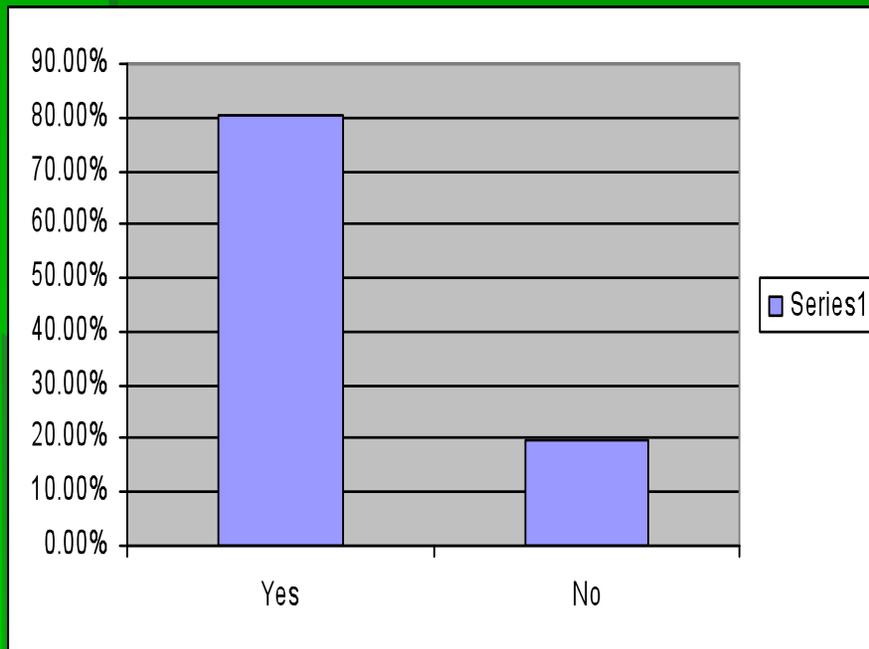
- How would this program be perceived?
 - More paperwork??????
 - Not my job
 - Just take them to the hospital



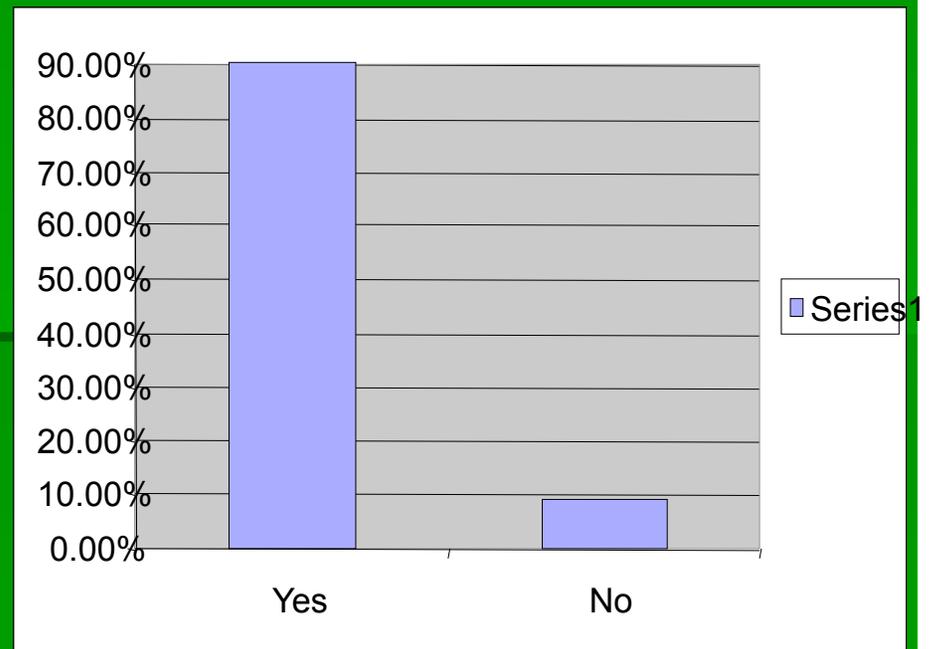
CFD EMS Survey for Social Service Referral Program

Are you aware that the Columbus Division of Fire has a Social Service Referral Program?

2008



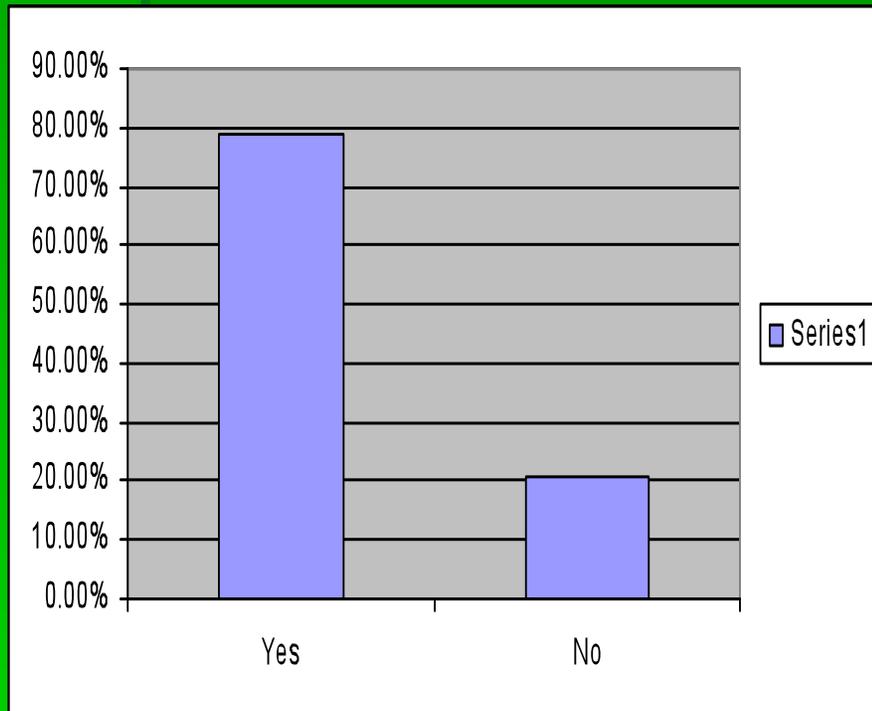
2011



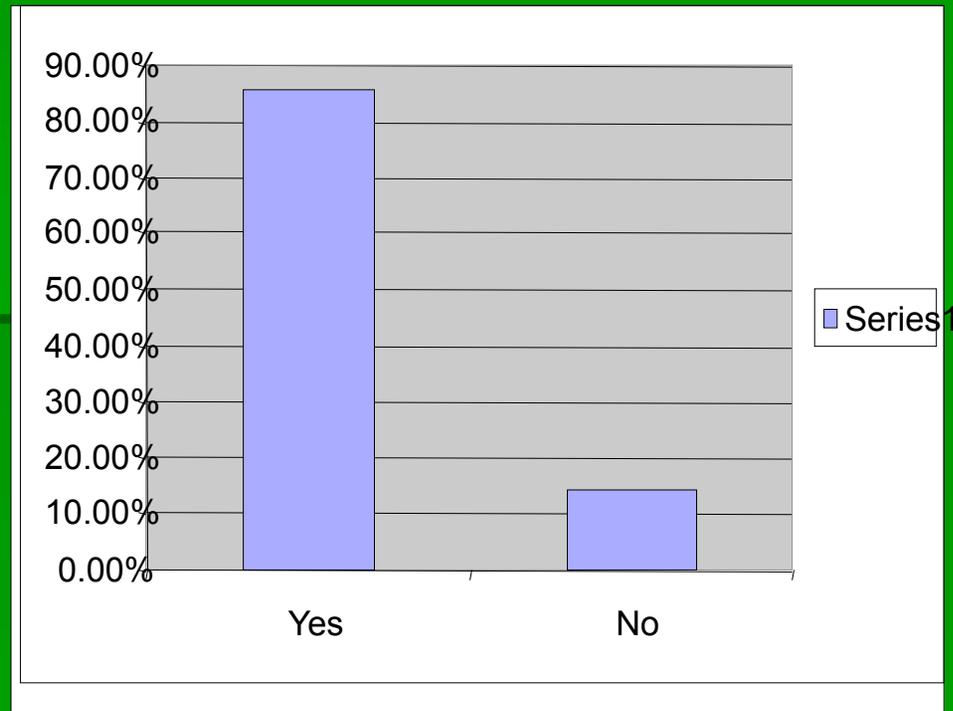
CFD EMS Survey for Social Service Referral Program

Have you read and are you familiar with SOP 07-00-27
entitled Administrative Protocol Social Service Concerns?

2008



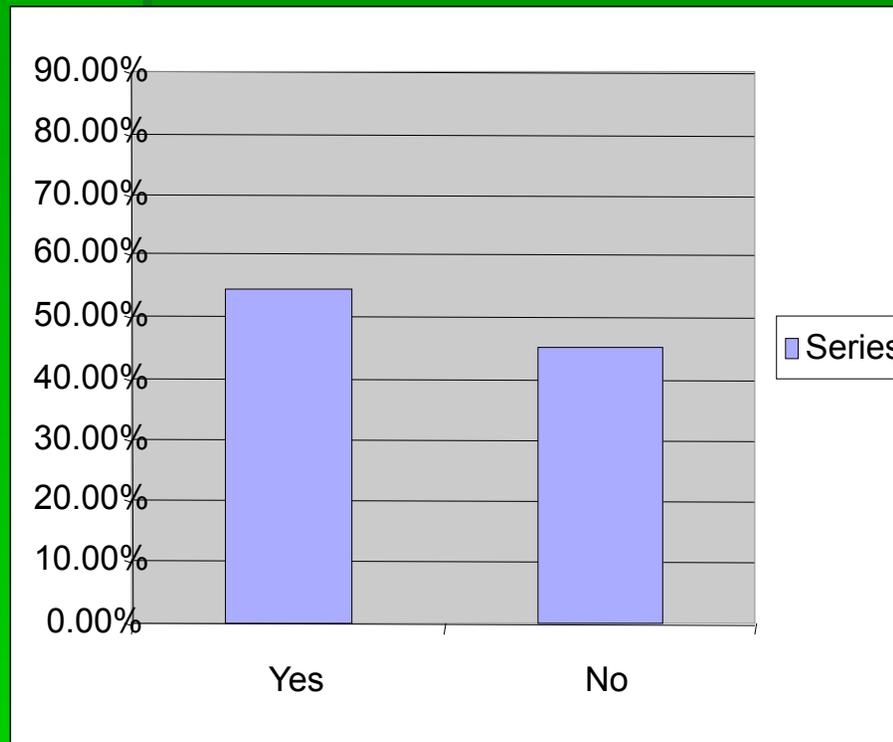
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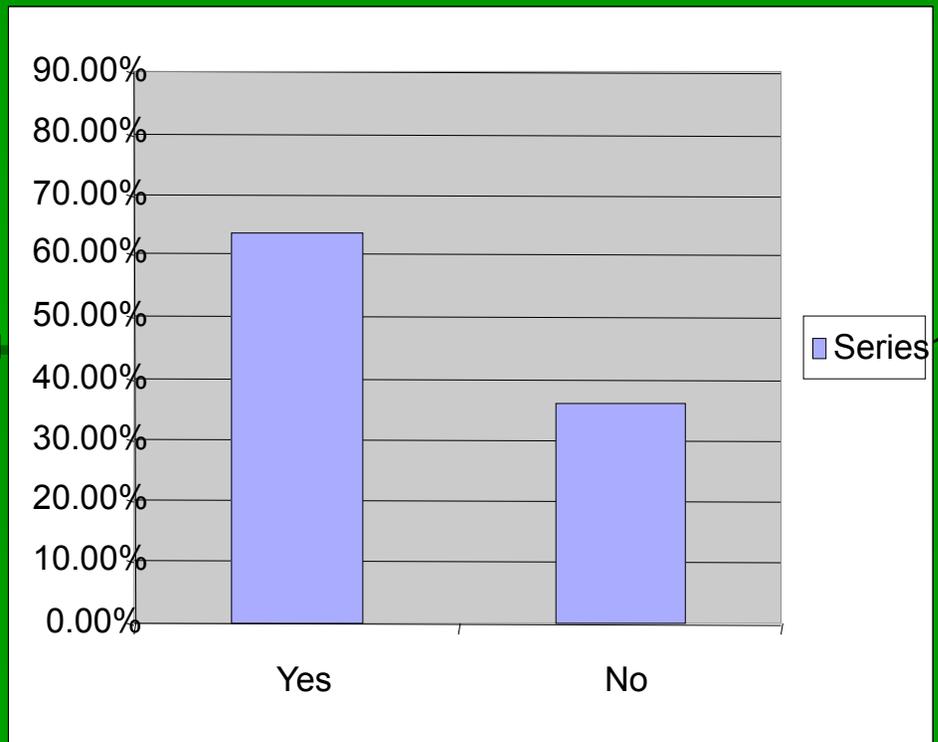
CFD EMS Survey for Social Service Referral Program

Have you ever referred a patient according to SOP 07-00-27
with a social service concern?

2008



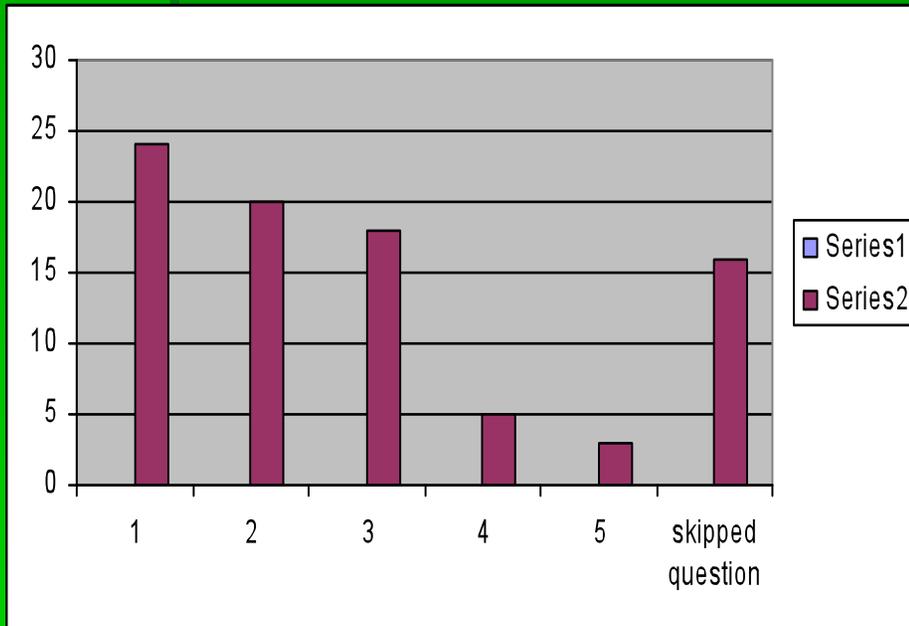
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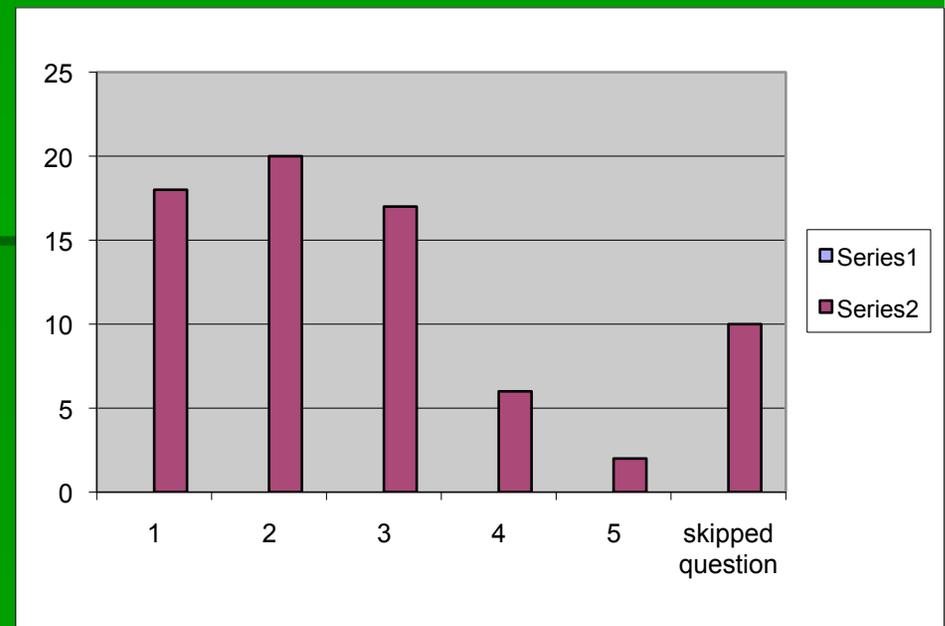
CFD EMS Survey for Social Service Referral Program

On a scale of 1-5 with 5 being the hardest and 1 being the easiest, how would rate the ease of utilization of SOP 07-00-27 in referring a patient with social service concerns?

2008



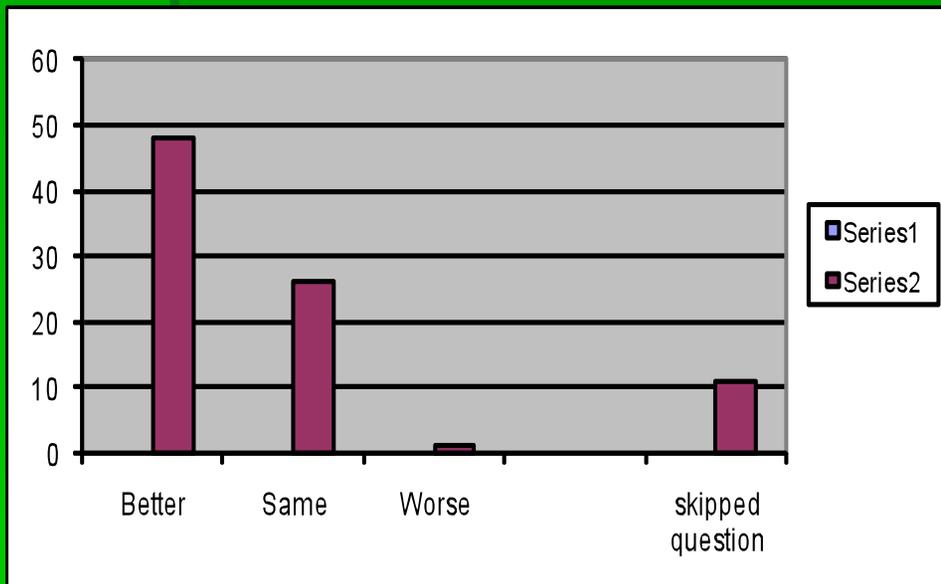
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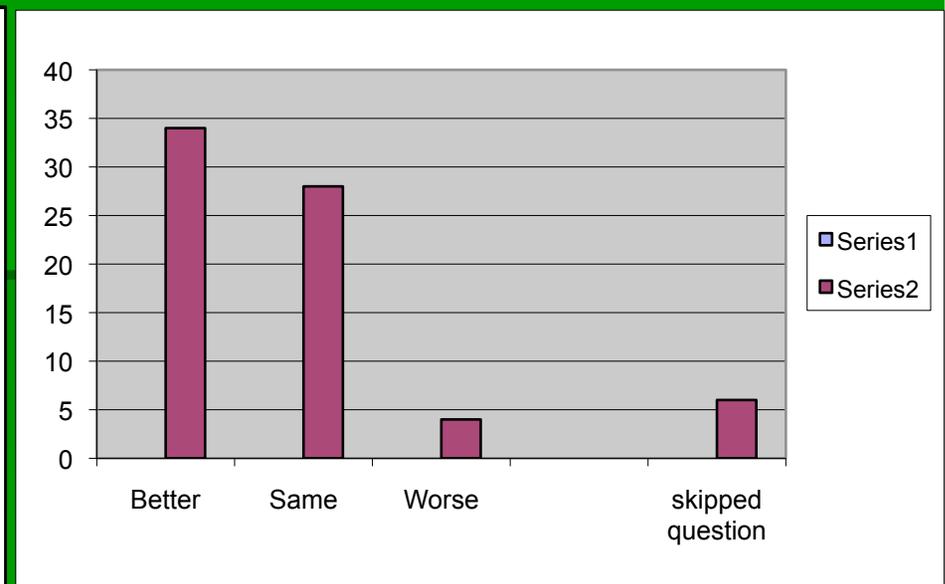
CFD EMS Survey for Social Service Referral Program

Do you feel that your resources to handle patients with social services concerns are better, the same, or worse with the inclusion of SOP 07-00-27?

2008



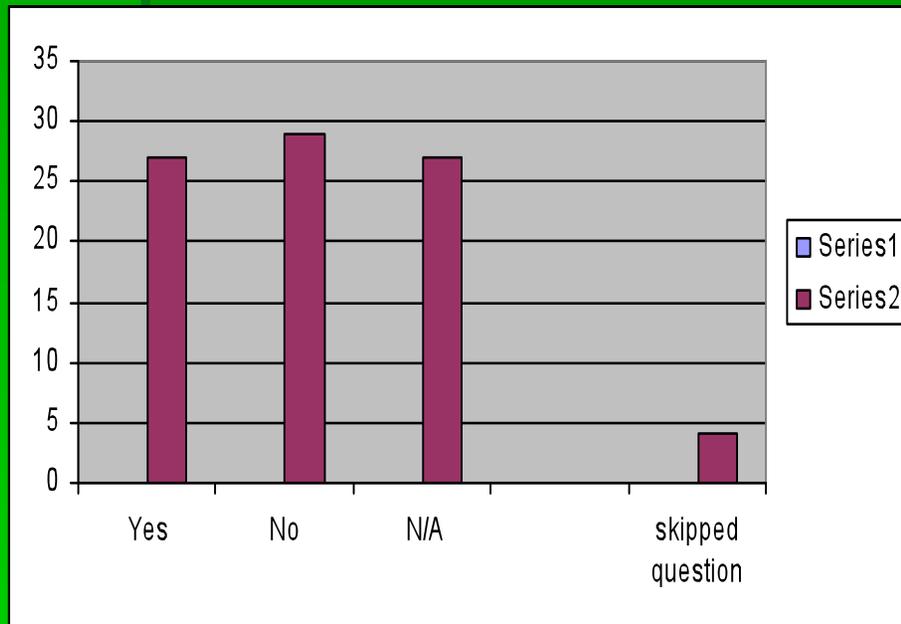
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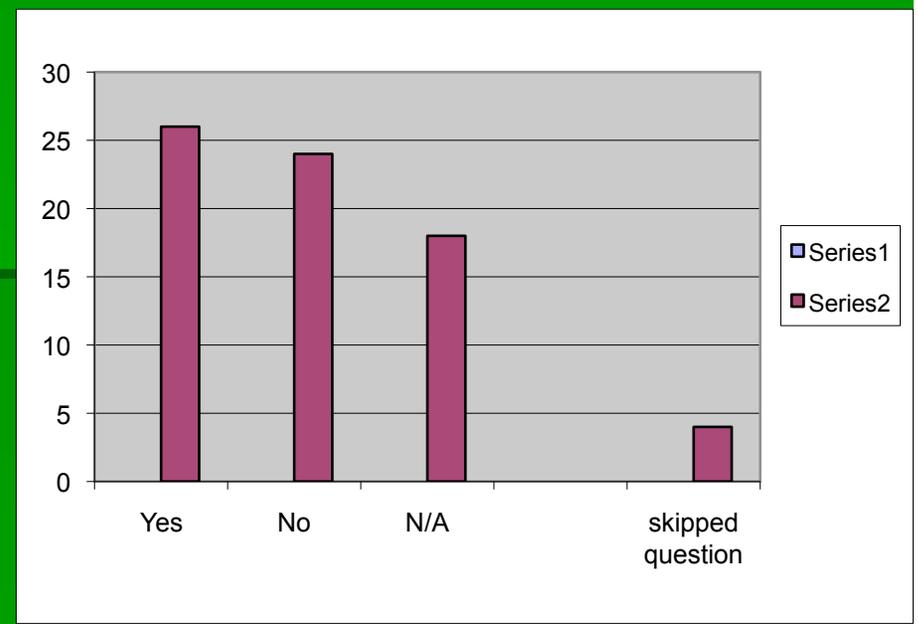
CFD EMS Survey for Social Service Referral Program

Did you receive any feedback on the results of your referral of a patient with a social service concern?

2008



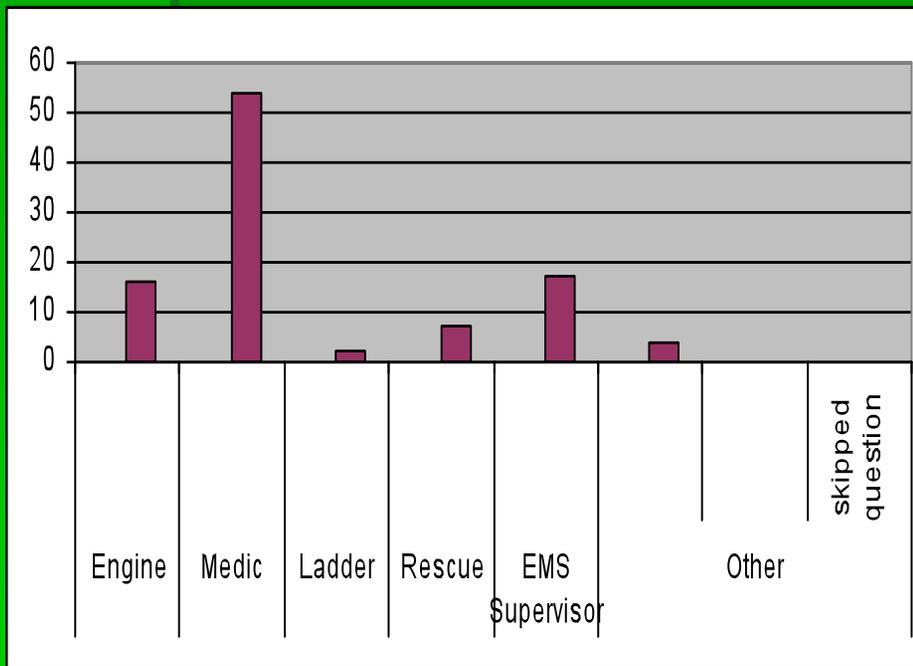
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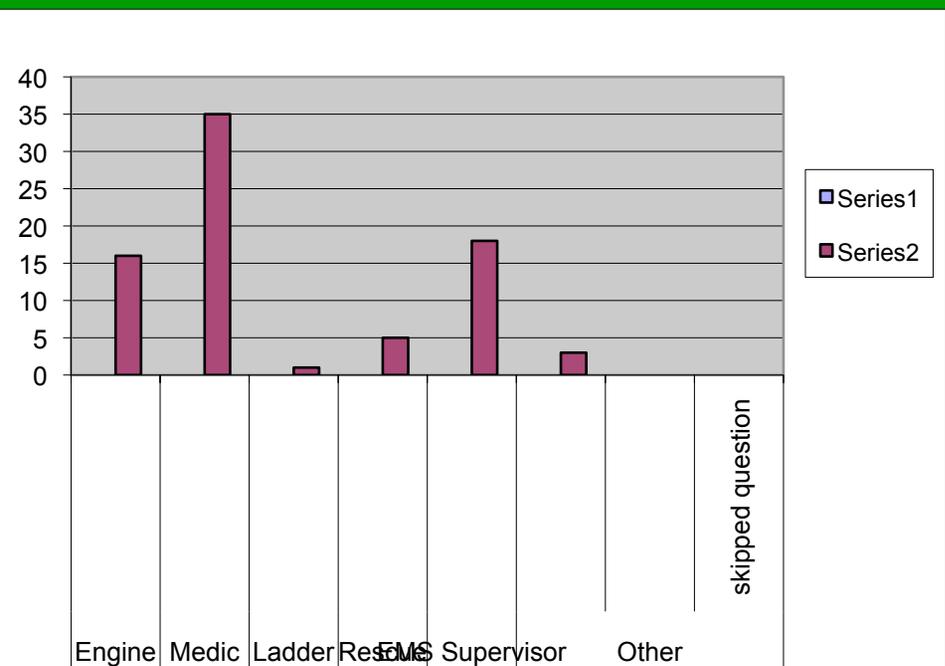
CFD EMS Survey for Social Service Referral Program

I am a paramedic primarily riding on a:

2008

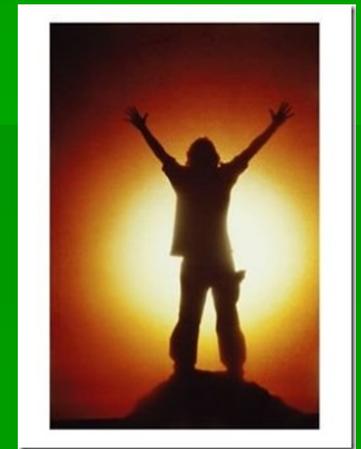
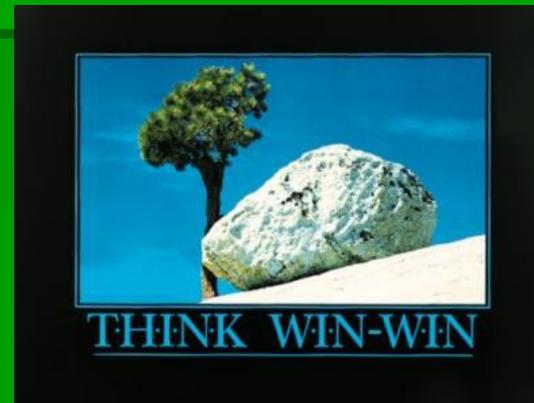


2011



Summary

- Social issues encountered frequently by EMS providers
- System needed to facilitate resource allocation to these cases
- EMS needs to work with other public health agencies in their locale to help bring the appropriate resources to these individuals.
- **Patient wins and EMS wins!**



Questions??

