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
First Line Apparatus Summary

Emergency Units in Service

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

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Incidents</td>
<td>121,454</td>
<td>135,391</td>
<td>146,144</td>
<td>142,981</td>
</tr>
<tr>
<td>Fire Incidents</td>
<td>28,525</td>
<td>23,656</td>
<td>24,868</td>
<td>21,470</td>
</tr>
<tr>
<td>EMS Incidents</td>
<td>92,929</td>
<td>107,351</td>
<td>110,739</td>
<td>110,398</td>
</tr>
</tbody>
</table>
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
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 the 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.
DATE REFERRAL MADE: 

Name:  

Date of Encounter:  

Address:  

Phone No:  

DESCRIPTION OF PROBLEM

CFD Staff Making Referral

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

Does Patient Aware That You Are Making Referral?  

YES  

NO

ADDITIONAL COMMENTS

RESULT OF SOCIAL WORKER CONTACT

Name of Social Worker:  

Date:  

****CONFIDENTIALITY NOTICE****

This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply fax and destroy all copies of the original message.
EMERGENCY MEDICAL SERVICES
NEIGHBORHOOD HEALTH SERVICES

DATE REFERRAL MADE: November 13, 2010

Name: _______________________________ Date of Encounter: November 13, 2010
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 times he has had a room mate with him who had a car available for use. Each of the first 3 trips the apartment has a odor of cigarette smoke with multiple ashtrays filled with cigarette butts, trash scattered about the t and a few plates of old food sitting on the counter. Thus far he has needed no treatment in the field and received urgent treatment in the hospital according to the client. He stated, on the last encounter, that he simply had no way of 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.): ____________________________

☑️ 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

Social Worker: _______________________________ Date: _______________________________

***CONFIDENTIALITY NOTICE***
Any message, including any attachments, is for the sole use of the intended recipient(s) and may contain privileged information. Any unauthorized review, use, disclosure or distribution is prohibited, and if you are not the intended recipient, please contact the sender by reply fax and destroy all copies of the original message.
Administrative Protocol

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.
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.
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)

<table>
<thead>
<tr>
<th></th>
<th>Number of referrals</th>
<th>Frequent callers</th>
<th>Medic Concern</th>
<th>Home environment</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>72</td>
<td>40%</td>
<td>35%</td>
<td>19%</td>
<td>4%</td>
</tr>
<tr>
<td>2008</td>
<td>81</td>
<td>42%</td>
<td>37%</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>2009</td>
<td>100</td>
<td>46%</td>
<td>30%</td>
<td>21%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Referral Patient Examples

- 6 Months Prior to Referral
- 6 Months After Referral

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior</td>
<td>2</td>
<td>4</td>
<td>12</td>
<td>4</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>After</td>
<td>25</td>
<td>17</td>
<td>0</td>
<td>16</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
#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

2011

Yes

No

Yes

No
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

2011

Series 1
On a scale of 1-5 with 5 being the hardest and 1 being the easiest, how would you rate the ease of utilization of SOP 07-00-27 in referring a patient with social service concerns?
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?
Did you receive any feedback on the results of your referral of a patient with a social service concern?

**Graphs:**
- **2008:**
  - Yes: 27
  - No: 25
  - N/A: 23
  - Skipped question: 1

- **2011:**
  - Yes: 30
  - No: 25
  - N/A: 18
  - Skipped question: 1
I am a paramedic primarily riding on a:
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??