# Some Sobering Facts: How is the City by the Bay Handling Frequent 9-1-1 Users?

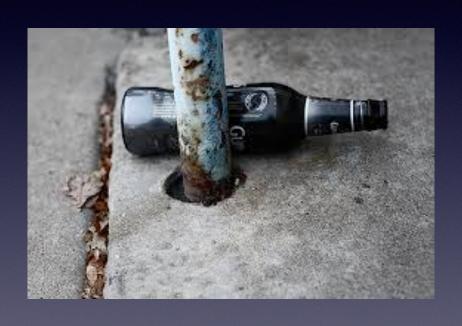


### Clement Yeh MD

Medical Director
San Francisco Fire Department
San Francisco Department of Emergency Management
Associate Clinical Professor of Emergency Medicine
University of California, San Francisco



## ETOH \$\$\$



- US Costs (CDC 2010) = \$223.5Billion
- 11% of costs due to healthcare expenditures



## What is a sobering center?

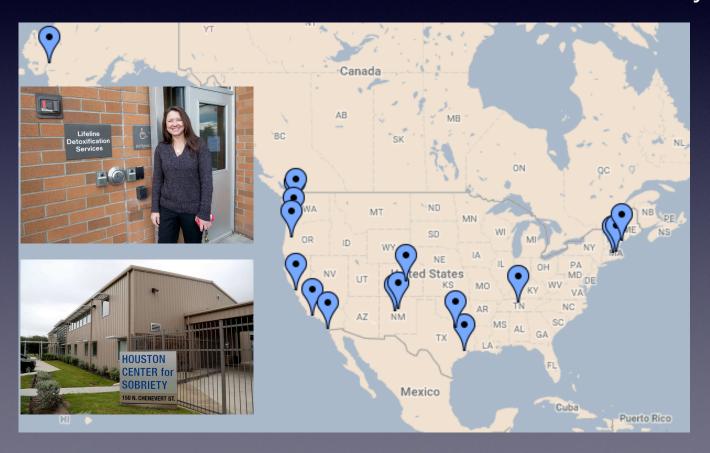
Public facility where individuals intoxicated on alcohol can safely recover from acute intoxication



 Excludes private sites, residential treatment facilities, short term housing, medical detox

# Sobering Centers Are Expanding

About 20 nationwide sites...more on the way



### Sobering Center Characteristics



- Public funding
- Adults only (18yo or over)
- Van or Law enforcement transport to facility (SF: EMS)
- Max Clients: 5 107
- Staffing: layperson, EMT, RN









## EMS triage to Sobering Centers



- Be medically appropriate by meeting all the following criteria:
  - Indication of alcohol intoxication (odor of alcohol on breath, bottle found on person)
  - GCS 13 or greater
  - Pulse 60-120
  - Systolic BP >90
  - Diastolic BP <110
  - Respiratory Rate 12-24
  - Oxygen Saturation >89%
  - Blood Glucose 60-250
  - No active bleeding
  - No bruising or hematoma above clavicles
  - No active seizures; and
  - · No laceration that has not been treated

#### EMERGENCY MEDICAL SERVICES/ORIGINAL RESEARCH

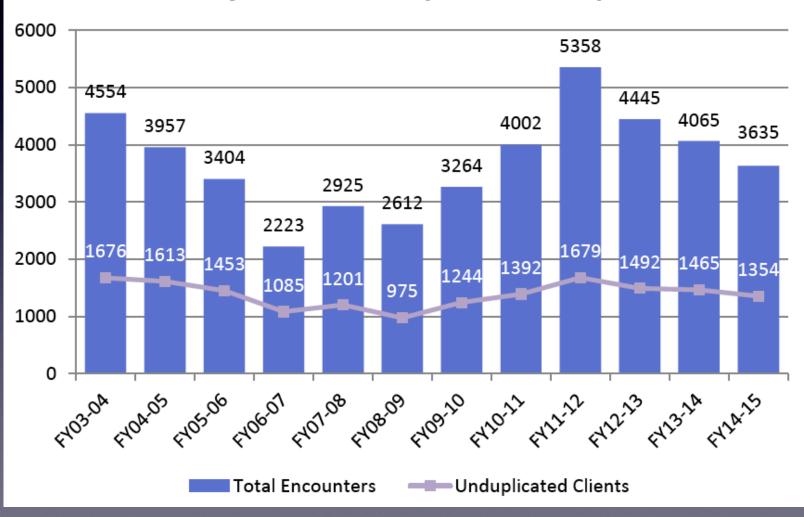
## EMS Triage and Transport of Intoxicated Individuals to a Detoxification Facility Instead of an Emergency Department

David W. Ross, DO; John R. Schullek, PhD, NREMT-B; Mark B. Homan, MPA, NREMT-P

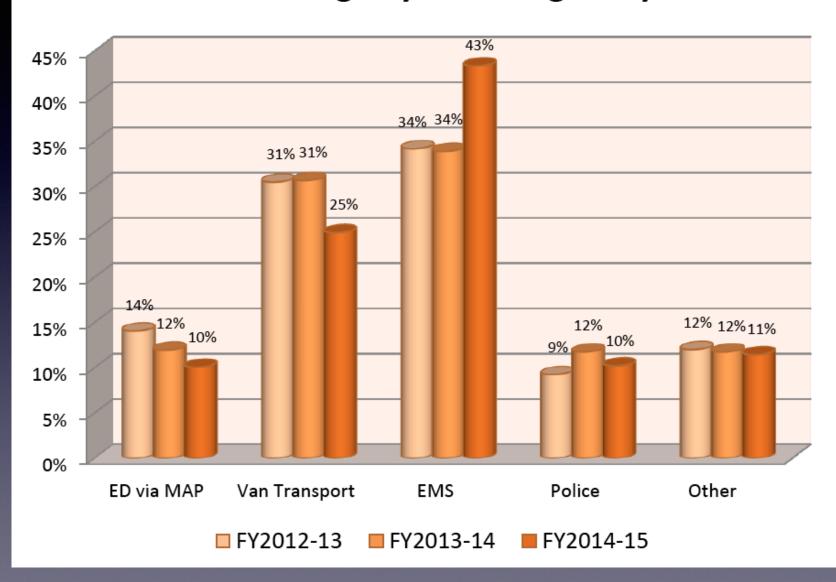
Ann Emerg Med 2013; 61:175-184

- Checklist and Paramedic judgment used to determine sobering center eligibility
- For needing ED care: Sensitivity 99% / Specificity 42%
- Adverse event: 0.6%

# Total Encounters (bar) with Unduplicated Clients (line) by Fiscal Year (2003-2015)

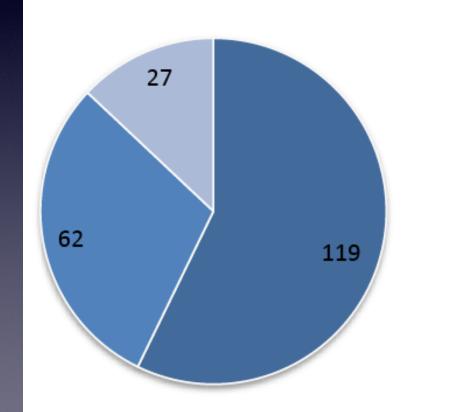


### **Percentage by Referring Party**



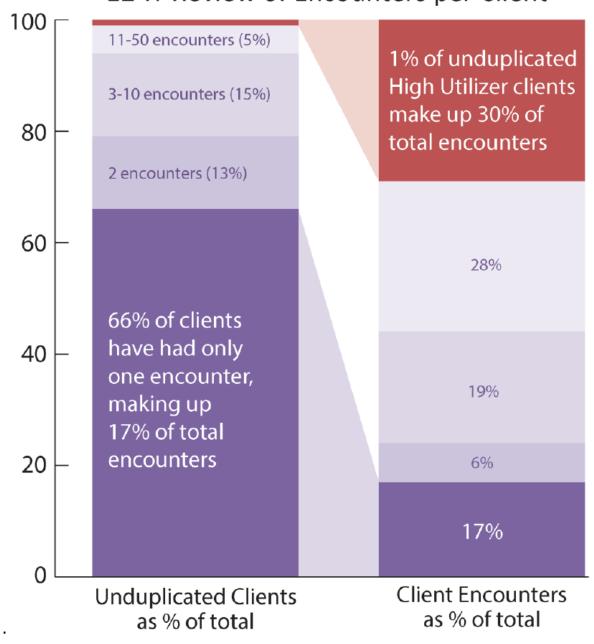
## Secondary ED Transport





- Non-Bounceback
- Bounce-Back, Came in via EMS
- Bounce-Back, Came in via VAN





## Sobering Center as healthcare hub

Food: 3756

Laundry: 878

Shower: 1815

Clothing: 1526

Vitamins: 741

Wound Care: 89

\*started tracking in 2013\*

- Nursing
  - Wound Care
  - Lab Draws
  - ETOH withdrawal treatment
  - Medication management
- Intensive Case Management / Social Work
- ADL
- Hygiene/De-lousing

## EMS + Sobering Centers Take home points

- Get involved in sobering center development in your community!
- Collaboratively develop EMS triage criteria



# Stone Cold (un) Sober in Anchorage

Michael Levy M.D. FACP, FACEP, FAEMS

Medical Director Anchorage Fire Dept

Affiliate Associate Professor
University of Alaska Anchorage WAAMI Health Sciences



# Sobriety Patrols and Sobering Centers: Why?

- Anchorage FD 2016 Transports: 19,335
- Anchorage Safety Patrol 2016 Transports: 13,128
  - Sobering Center intakes 2016: 16,327
- Therefore: ASP is second busiest transport service in Alaska!









# Sobriety Patrols and Sobering Centers: How?

- Two D's
  - Determination
  - Dollars
- Support by Statute
  - Ak: "Title 47"



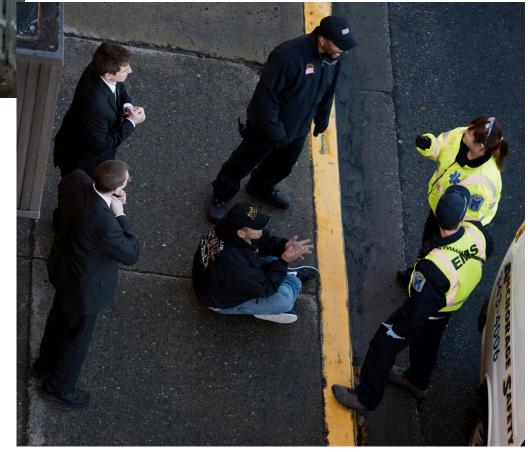






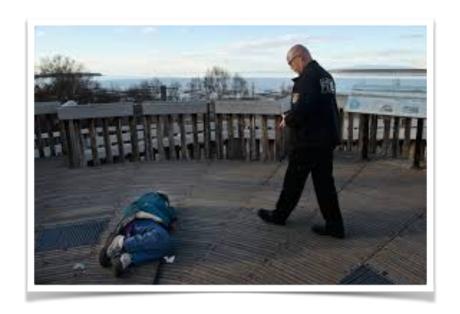






# Sobriety Patrols and Sobering Centers: Who?

- Define who is candidate for sobering
- Define who is not
- Is it a number?
- Is it a presentation?



## Protocol (abbreviated)

- Meets criteria for admission to Anchorage Safety Center (ASC) (incapacitated by drugs or alcohol)
- Able to ambulate with minimal assistance
- No other medical conditions needing higher level of care
- If BRAC > 350, then repeat every 30 minutes until decreasing



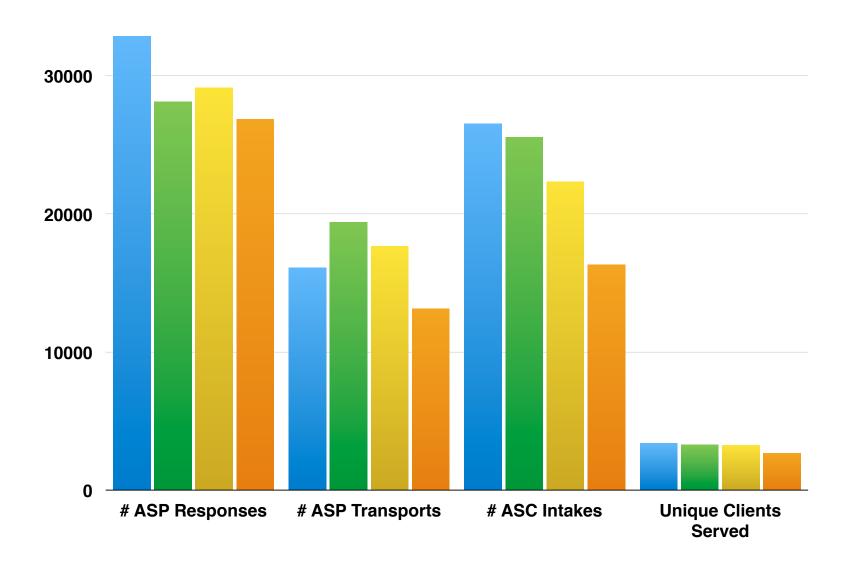
### AVERAGE BREATH ALCOHOL (BrAC)

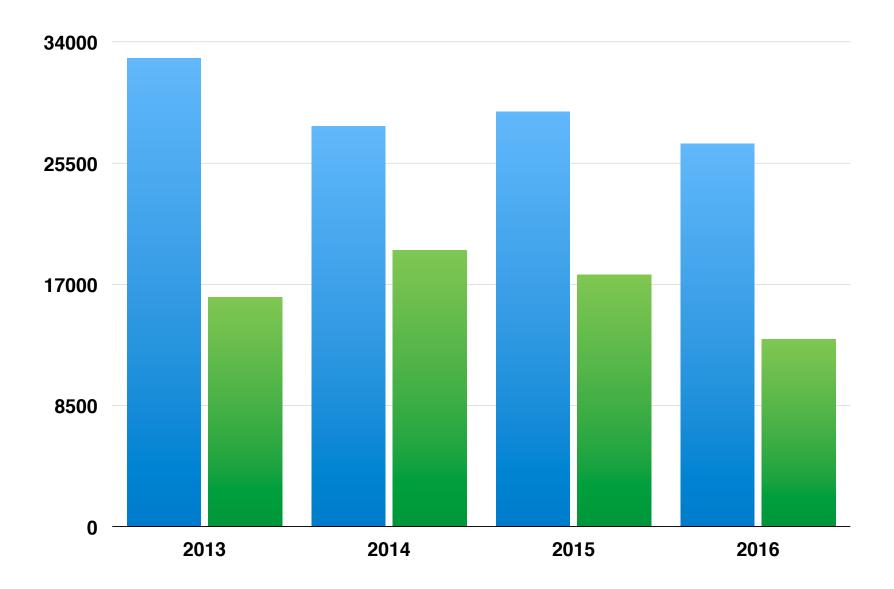
Intake Measure	All	Top 200	Top 50
Average BrAC	0.269	0.288	0.298

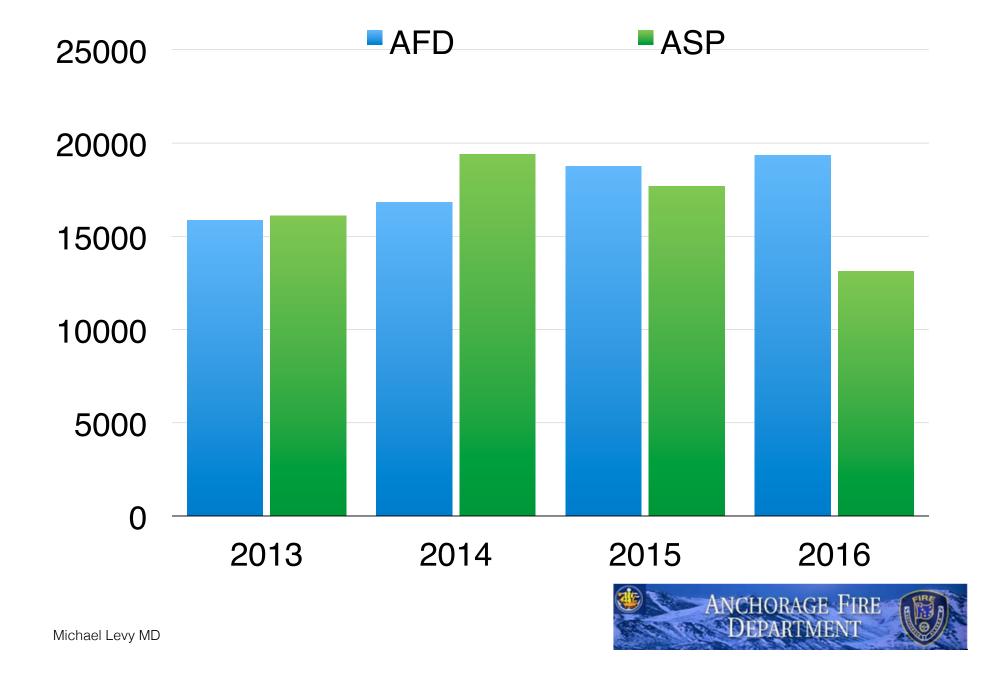
Data Compliments of Mark Lassard











### FREQUENCY OF USE

Intake	# Clients	% of All Clients	% of All Intake	
1	1,354	50.43%	8.30%	
2 - 4	679	25.29%	10.67%	
5 - 10	289	10.76%	12.32%	
11 - 18	161	6.00%	20.52%	
19 - 52	149	5.55%	22.05%	Top 200 Client Users
53 - 256	53	1.97%		Top 50 Client Users
Total	2,685	100.00%	100 00%	

<sup>\*</sup> The "Top 202" client users (7.5% of all clients) represent 48.2% of all ASC intakes.

Data Compliments of Mark Lassard

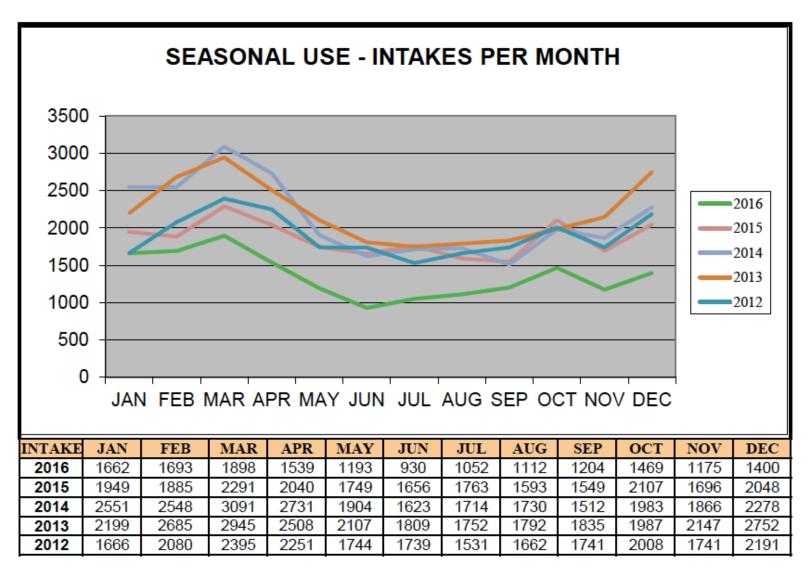


<sup>\*</sup> The "Top 53" client users (1.97% of all clients) represent 26.14% of all ASC intakes.

### MEANS OF ARRIVAL & PLACE OF BIRTH

How Arrived?	All Intakes	%	Place of Birth	All	Top 200
ASP Van	13,565	83%	Anchorage Bowl	592	36
APD	2,076	13%	Alaska (Not Anch)	1,439	143
Walk-In / Self	592	4%	Outside Alaska	654	21
Taxi, Citizen, Other	94	1%	Total	2,685	200
Total Arrivals	16,327	100%			

Data Compliments of Mark Lassard



Data Compliments of Mark Lassard

## High Risk Lifestyle

- 2015: 42 non-sobering center deaths of clients
- 2016: 33 non-sobering center deaths of clients





## Details: Monitors



















## Conclusions

#### GENERAL ACTIVITY

Activity	2013	2014	2015	2016	% Change
# Anchorage Safety Patrol Calls Responded To	32,850	28,095	29,111	26,856	-8%
# Anchorage Safety Patrol Van Transports	16,096	19,401	17,670	13,128	-26%
# Anchorage Safety Center Intakes	26,518	25,531	22,326	16,327	-27%
# Unduplicated Clients Served	3,397	3,288	3,242	2,685	-17%
# Discharges to APD from Anchorage Safety Center	586	308	248	210	-12%
# AFD 911 Responses to Anchorage Safety Center	74	181	173	197	14%

Data Compliments of Mark Lassard

Why you might need a patrol and sobering center

## Conclusions

- Need to clearly define parameters for admission
- Need to clearly define repeat monitoring in facility
- Emergency plans with the center
- Personnel support with education and training and protocols
- Expect some misadventures



Activity	2013	2014	2015	2016
# ASP Responses				
# ASP Transports				13128
# ASC Intakes				
Unique Clients Served				2685
Discharges to APD				
AFD 911 to ASC				197