AIMHI

Best Practices in EMS Mental Health Transports

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OCTOBER 18, 2022 | 15:00–16:30 PM ET | FREE EMS WEBINAR

Like (or ♥) the stream!
Ask questions in the comments.

Submit questions through the
Q&A function.

THIS SESSION IS BEING RECORDED.

The archive will be emailed to all registrants tomorrow.

About AIMHI

AIMHI

ACADEMY OF INTERNATIONAL MOBILE HEALTHCARE INTEGRATION

ORGANIZATIONS WITH HIGH PERFORMANCE DESIGN FEATURES

- Sole provider
- Externally accountable
- Full cost accounting
- Control center operations
- Revenue maximization
- Flexible production strategy
- Dynamic Resource Management

VISION

To improve patient health and experience of care by promoting excellence in mobile healthcare system effectiveness and efficiency.

FORMERLY

Coalition of Advanced Emergency Medical Systems (CAEMS)

National Association of Public Utility Models

CURRENT AIMHI MEMBERS

Emergency Health Service
Halifax, NS

Emergency Medical Services Authority
Tulsa & Oklahoma City, OK

Mecklenburg EMS Agency
Charlotte, NC

Medic Ambulance
Vallejo, CA

MEDIC Emergency Medical Services
Davenport, IA

MedStar Mobile Healthcare
Fort Worth, TX

Metropolitan Emergency Medical Services
Little Rock, AR

New Hanover EMS
Wilmington, NC

Niagara Emergency Medical Services
Niagara-On-The-Lake, ON

Northwell Health Center for EMS
Syosset, NY

Pinellas County EMS Authority/Sunstar Paramedics
Largo, FL

Pro EMS
Cambridge, MA

Regional EMS Authority
Reno, NV

Richmond Ambulance Authority
Richmond, VA

Three Rivers Ambulance Authority
Fort Wayne, IN

Learn more about membership at www.aimhi.mobi!

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Mental Health Transport

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Pinellas County

PINELLAS COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS

Our Vision:
To Be the Standard for Public Service in America

Pinellas County EMS System

- Pinellas County is on the Gulf of Mexico in Tampa Bay, Florida!
- Champ-a-Bay – Go Bucs, Lightning and Rays!
- 1 Million Population plus 6 Million tourists annually – Best Beaches!
- 24 Cities – Clearwater, Largo, St. Petersburg.
- 18 Fire Rescue Departments and Countywide Ambulance
- 1,800 Fire/EMS Personnel
- 6 Hospital Systems, 13 Hospitals – Over 3,600 licensed beds
- 6 Freestanding Emergency Departments.
- 225,000+ Fire/EMS Responses and 185,000+ Patient Transports

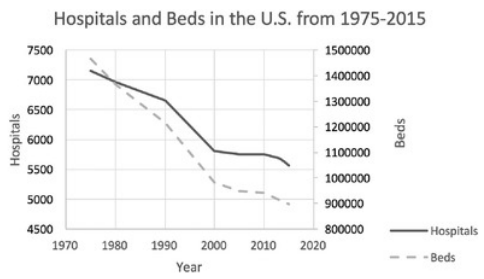
Sunstar PARAMEDICS

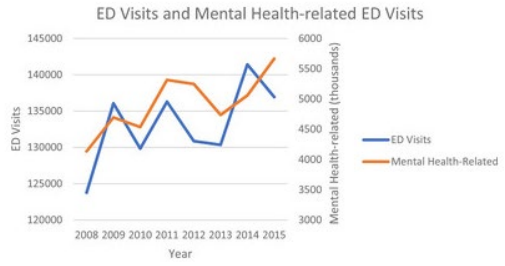
sunstarcareers.com

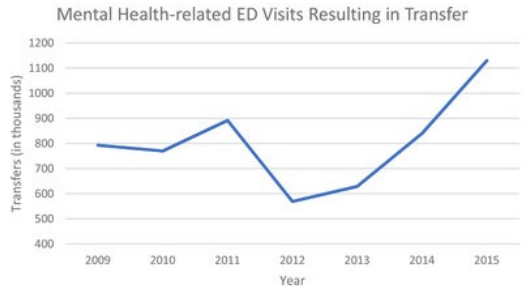
Background

Interfacility ambulance transport of mental health patients

- Moskovitz, J., Sapadin, J., Guttenberg, M. (2020, June) Interfacility ambulance transport of mental health patients. *Journal of the American College of Emergency Physicians.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7493513/
- Hospitals and Hospital Beds are decreasing; this is especially true for psychiatric hospital beds
- Emergency Department visits are increasing for mental health reasons
- This has also resulted in increases in mental health related transfers
- Great background on the subject including screening, restraint, sedation, data, laws, etc.







911 Mental Health Response

Fairly traditional response – Law Enforcement first with Fire/EMS staging

- Retreating from a violent person is not patient abandonment.
- Patient Contact – Focus on verbal de-escalation and non-confrontational approach.
- Assess underlying causes – diabetes, hypoxia, narcotics, ETOH, head injury, etc. Avoid tunnel vision from earlier responders.
- Physical Restraint – Both soft and hard restraints available; enough personnel for safety, law enforcement involvement. Surgical mask for spitting. Lots of personnel when hands on with a patient.
- Chemical Restraint – Midazolam (Versed) 2.5mg IV/IM or 5.0mg IN (2.5mg per nare); may be repeated once after 3-5 min.
- Positional Asphyxia Training – immediately place in supine position and never prone for transport
- Specific training to back up law enforcement and helping them de-escalate in a professional manner.
- Humane, dignified, respectful, professional – even when the patient isn't.
- Step back if you are triggered into escalating behavior.
- Everything is on camera – everywhere, every time (Ring, Buildings, Parking Lots, LEO Dash/Body Cams, etc.)

911 Mental Health Response

Fairly traditional response – Law Enforcement first with Fire/EMS staging

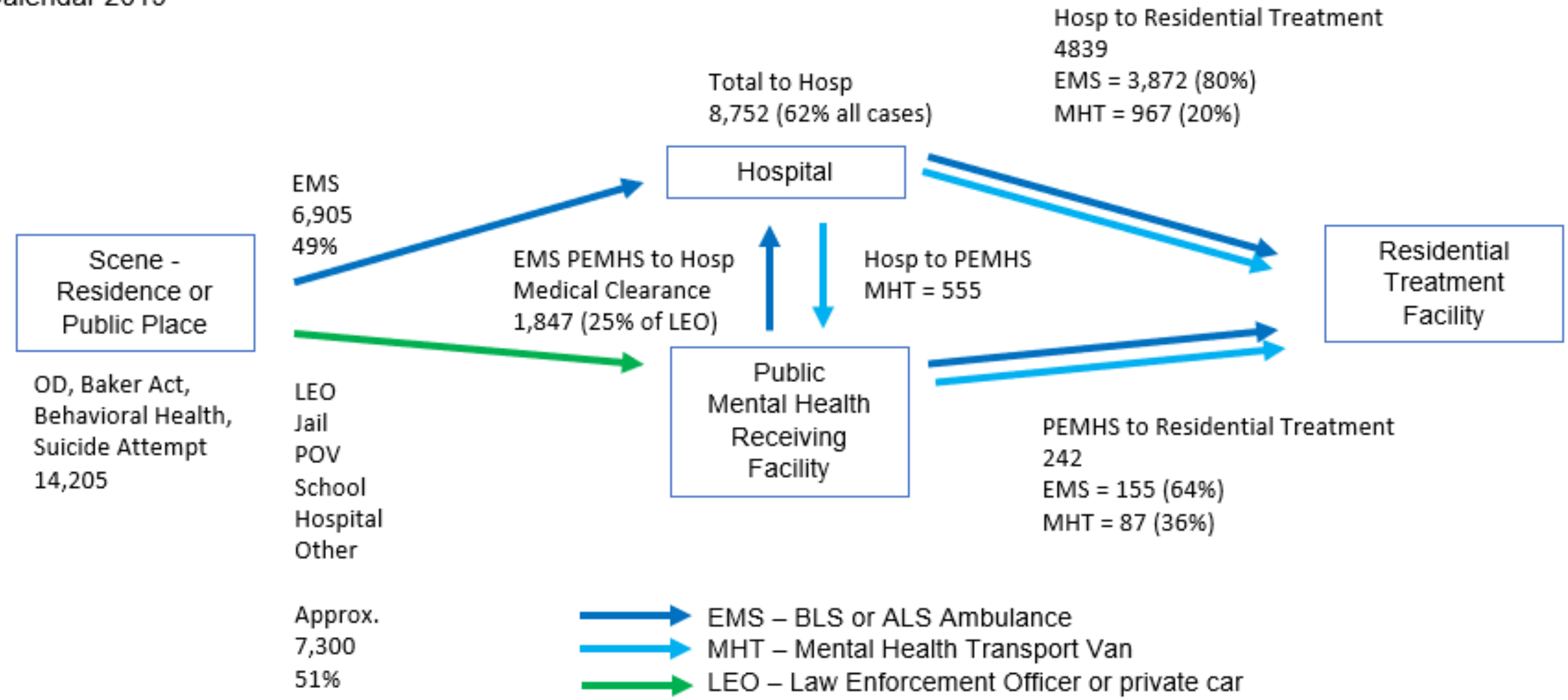
- If Law Enforcement places into custody and/or handcuffs (metal or plastic) they must ride-in during transport.
- Continued assessment of restrained patients – SpO2, EtCO2, Vitals, Distal Pulse/Motor/Sensation, 12 Lead, BG.
- EtCO2 >45mmHg or SpO2 < 94% assess for over sedation/respiratory depression.
- Transport to Hospital ER with Baker Act Receiving Facility.
- Involuntary Transport in Florida
- Baker Act – Neglect/Harm to Self or Others – LEO, MD or Psychologist/Psychiatrist
- Marchman Act – Substance Abuse/Impairment in Public – LEO Initiated
- Chapter 401 – Involuntary Transport if patient doesn't have Decisional Capacity - EMS Physician initiated.

MHT Van Service

- Unmarked passenger van for safe and dignified transport of medically cleared clients – reduced cost and increased safety.
- Van has Lexan barriers, outside locks, camera system, mobile and portable radio, BLS bag.
- Single EMT/Mental Health Technician during Transport; Second Provider during pick-up and drop-off. Code “H” Procedure for issues during transport.
- Specific criteria for use of the Mental Health Transport (MHT) Van otherwise BLS or ALS Ambulance
  - Ambulatory and not exhibiting current or recent violent behavior
  - Not high risk for elopement
  - Weapons check and personal belongings in a separate compartment
  - Physical restraint by one person only if safe to do so
  - In County only (readily available backup by Fire/EMS).

Overview of Mental Health Transport in Pinellas County

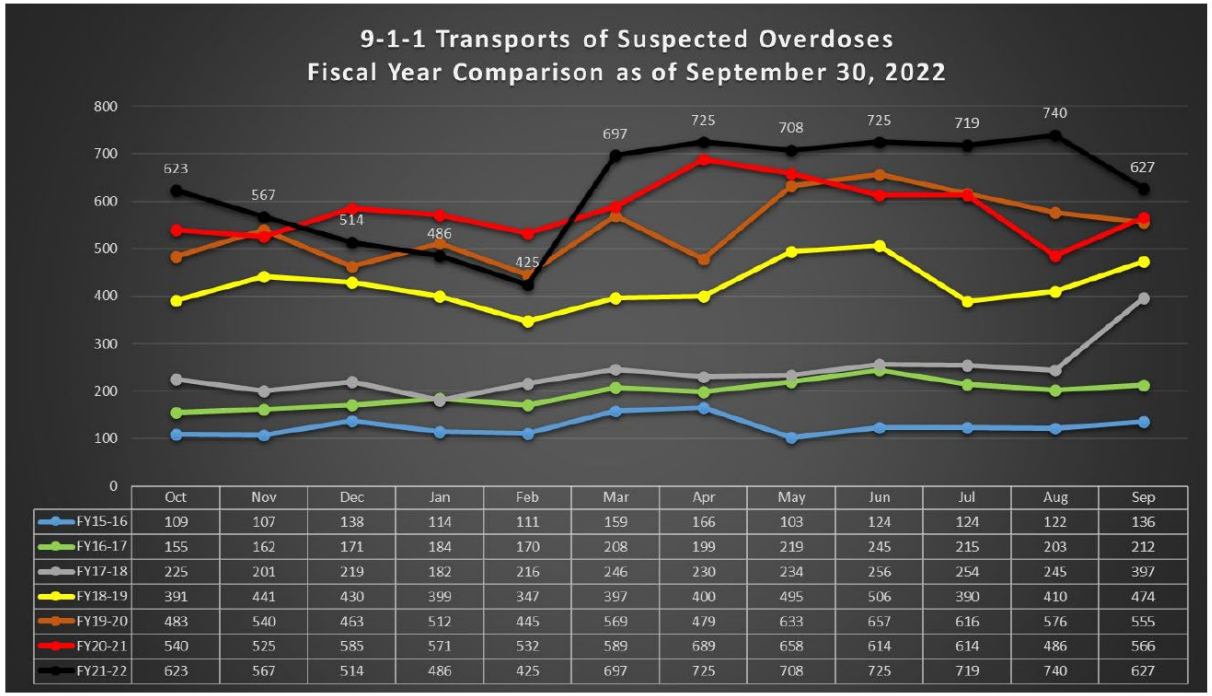
Calendar 2019



Mental Health Related

Other things we are doing

- St. Petersburg Police CALL Program – Community Assistance & Life Liaison Program http://police.stpete.org/call/
- https://www.abcactionnews.com/news/region-pinellas/st-pete-police-departments-mental-health-call-program-decreased-suicides-by-17
- Acknowledge crossover between Alcoholism, Substance Abuse, Opioid Overdoses and Mental Health in your community – grants and initiatives are siloed.
- Consenting post-overdose patients to provide their contact information to Substance Abuse Treatment Program
- Leave Behind Narcan (starting soon)
- EMS established a "Fusion Group" of EMS/Fire, Law Enforcement, Hospitals, Forensics, Medical Examiner, Public Health, Health and Human Services, etc. to discuss emerging trends – started with Spice ODs in the Homeless, Fentanyl and analogues
- Support Law Enforcement Narcan Training
- Data Sharing with Public Health and Opioid Task Force
- EMS assisting Public Health/Hospitals with MAT Programs (Medication Assisted Treatment for Substance Abuse)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY15-16	109	107	138	114	111	159	166	103	124	124	122	136
FY16-17	155	162	171	184	170	208	199	219	245	215	203	212
FY17-18	225	201	219	182	216	246	230	234	256	254	245	397
FY18-19	391	441	430	399	347	397	400	495	506	390	410	474
FY19-20	483	540	463	512	445	569	479	633	657	616	576	555
FY20-21	540	525	585	571	532	589	689	658	614	614	486	566
FY21-22	623	567	514	486	425	697	725	708	725	719	740	627

Wellness in our Fire/EMS Ranks

Wellness & Fitness Leadership Committee

- Fire/EMS Chiefs, EMS Medical Director, Hospitals, Mental Health Programs, Psychologist, Chaplains, CISM, etc.)
- Fire Strong – resource links for all Fire/EMS personnel
- Mental Health First Aid (MHFA) Training and Continuum
- Based upon original US Navy Stress Continuum 2007
- Peer Training and Peer Network – Redline Rescue
- https://redlinerescue.org/
- May – Mental Health Awareness Month
- Initial Awareness Training – all EMTs/Medics in EMS Academy
- Continuing Medical Education – Specific and Built into Scenarios
- Pre/Post Retirement or Separation from Service – a gap for us
- Clinical Psychologist with Trauma Certification and Fire/EMS experience embedded in our Training and Operations

Wellness in our Fire/EMS Ranks

Franciscan Center – Tampa Florida

- Operation Restore Program – County partnership began in 2015
- Police/Fire/EMS Post Trauma Training – 4-day residential retreat
- Eye Movement Desensitization and Reprocessing (EMDR) showing great promise to treating PTSD in Veterans
- Look for or establish a program in your community/region

Nonfatal Strangulation – Choking

- Nonfatal Strangulation in Domestic Violence is a significant warning sign
- A man that instinctively puts his hands around a woman's neck is a potential killer.
- They are more likely to kill police officers, children, and domestic partners.
- A woman who has suffered a nonfatal strangulation (Choking) is 750% more likely to be killed by that same perpetrator with a gun.
- Going for the throat in the moment of violence is a leading indicator of escalating violence in a relationship and a risk factor for homicide in women.
- If you are a male with a propensity to go for the throat, seek counseling and understand the risks.
- Learn to assess and advocate in your community
- https://www.strangulationtraininginstitute.com/
- https://www.strangulationtraininginstitute.com/all-abusers-are-not-equal-new-ipv-research-reveals-an-indicator-of-deadly-abuse/

Questions or Comments

Thank you for your service to your community

Mental Health Transport

The Call:

Building an "MHT" Client

sunstar PARAMEDICS

Communications Center Rules & Regulations

Subject: **Mental Health Transport (MOM's AD5)**
Section: **900-4**

Effective Date: 04/22/2012 Revised / Updated Date: 01/01/2018

Purpose:
This policy is to define and give direction on how to process MHT calls.

Policy:

Call Taker Screening Questions:

The System Status Controller will conduct a caller interrogation in accordance with the current Medical Operations Manual, protocol AD5.

- Does the Client need oxygen or medical attention during transport?
- Is the Client physically restrained or non-ambulatory?
- Does the client currently exhibit violent behavior or is he/she likely to exhibit violent behavior during transport?
- Is the client at high risk for elopement by statements made or behavior exhibited?
- Will the patient require transport out of county?
- Is the Client ambulatory without distance restrictions, able to walk from room to van and get in and out of the van without assistance?

If the answer was yes to any of the questions, then the client meets the criteria to be sent in an ALS ambulance.

If the answer was no to all the questions, then the client may meet criteria to be transported by the Mental Health Transport (MHT) Unit. The call type shall be coded as MHT Van, the priority will be coded as Mental Health Transport and the MHT Unit will be sent to evaluate the situation. The original BA52 document must accompany the client.

Mental Health Transport Van

Mental Health Transporter
1 Crew Member

1. No need for oxygen therapy or advanced treatments (medically cleared).

2. Not physically restrained and ambulatory.

3. Not be likely to exhibit violent behavior during transport.

4. Low risk for elopement.

5. In County Transport.

6. Able to ambulate and get in about out of the van safely without assistance

BLS Transport

Emergency Medical Technician
2 Crew Members

- If YES to any questions 1-5

ALS Transport

Paramedic
2-3 Crew members

- Recently sedated or restrained
- Additional crew member assistance required:
  - Highly Combative patient
  - High likeliness of elopement.
  - 3-crew members are required for transport

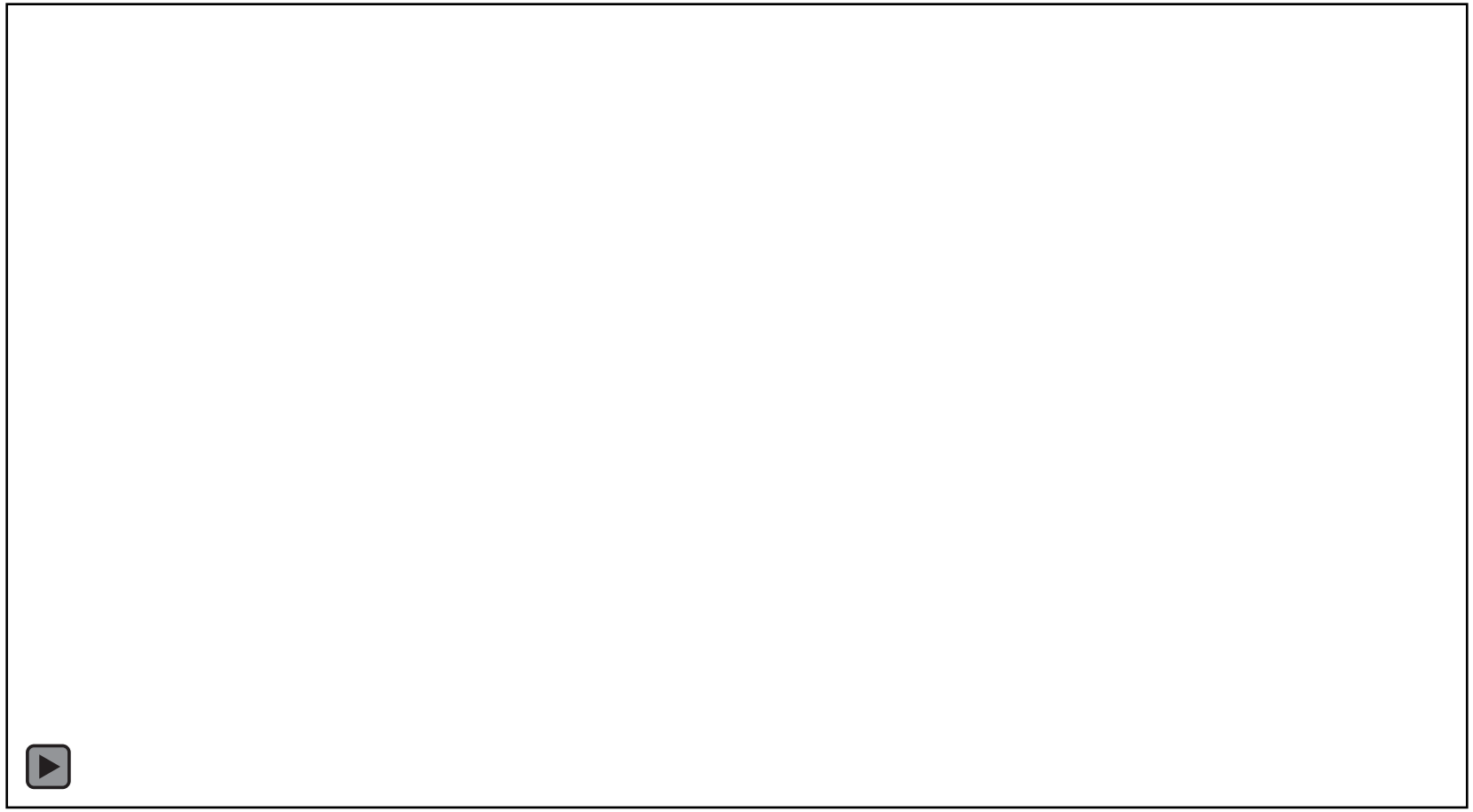
Lessons Learned in Interfacility Behavioral Health Transports: Northwell Health CEMS's approach to safer patient encounters

Jonathan Washko, AVP of Emergency Medical Services
Jim Jackson, Director of EMS Operations, Central Region
Cono Cimino, Director of EMS Operations, Training & Clinical Quality
Viktoriya Monosova, Operations Manager of Training and Development

Northwell Health®
Emergency Medical Services

October 18th, 2022

Video of sentinel event



Case Study

Middle aged male, walked into Emergency Department with his brother.

Chief complaint: "losing it" and stating that he's seeing dead people and receiving "demonic messages through TV and radio".

No prior medical or psychiatric hx, no medications, NKDA, and denies alcohol/drug use.

General depression getting worse over past 2 months.

Initial set of vitals: BP 140/80, HR 76, RR 18, SPO2 100% on room air, Temp 37F.

Patient treatments while in ED

BH ED diagnosis: Major depressive disorder w/ psychotic features.

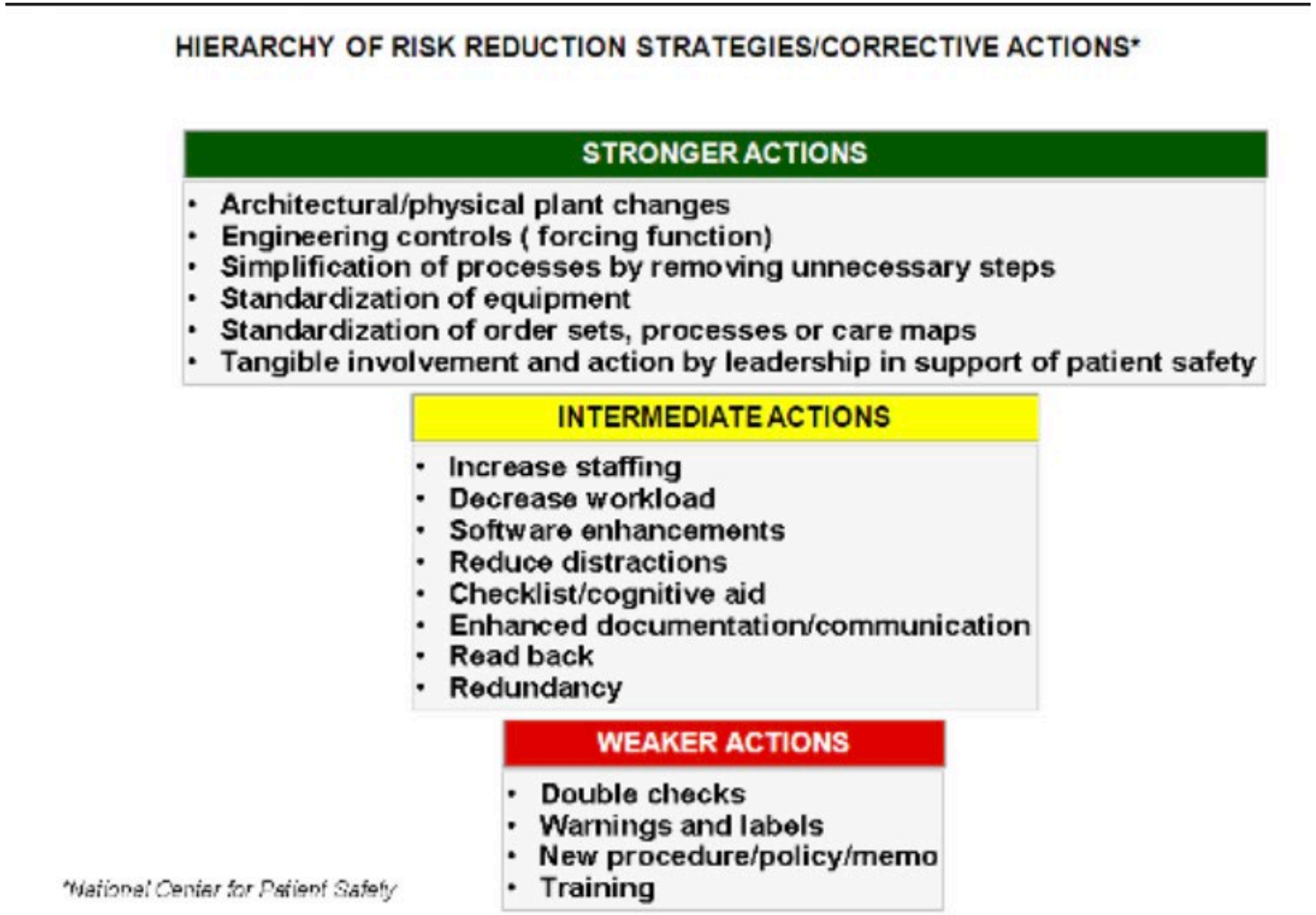
Physician orders: Ativan 2mg q6 for anxiety. No 1:1 observation required while in the ED.

Patient **voluntarily** admitted to in-patient BH services.

***No beds available at closest in-patient facility (0.1 mi from ED.) Pt accepted at facility 22 miles away.*

Vital signs obtained by crew prior to transport: BP 140/76, RR 16, Temp 98.7F

Strategy Action Plan: Post RCA



What did we learn from this sentinel event?

- This patient population's behavior can be unpredictable, and in this case, very dangerous.
- There are many items in the back of the ambulance that can be weaponized.
- We can do more to safeguard our crews and patients on these transports.
- Regulatory challenges of Interfacility BH transfers

Annual Training- Crisis Management Techniques

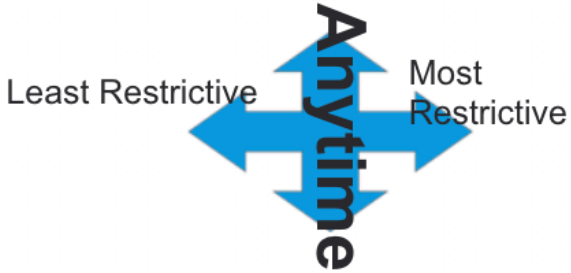
Calming

- Non-verbal/Verbal

Preventive

- Awareness
- Calming environment
- ICPP Strategies
- Active Programming

CONTINUUM OF INTERVENTIONS



Physical

- Defensive
- Restraints

Adjunct

- Medication

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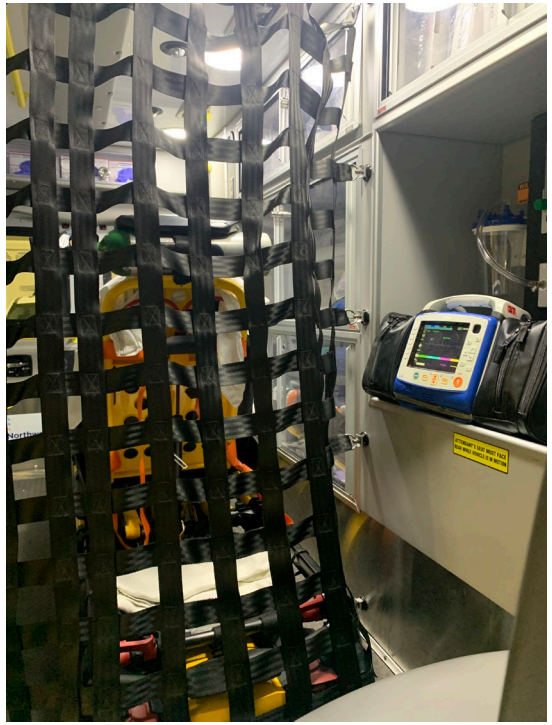
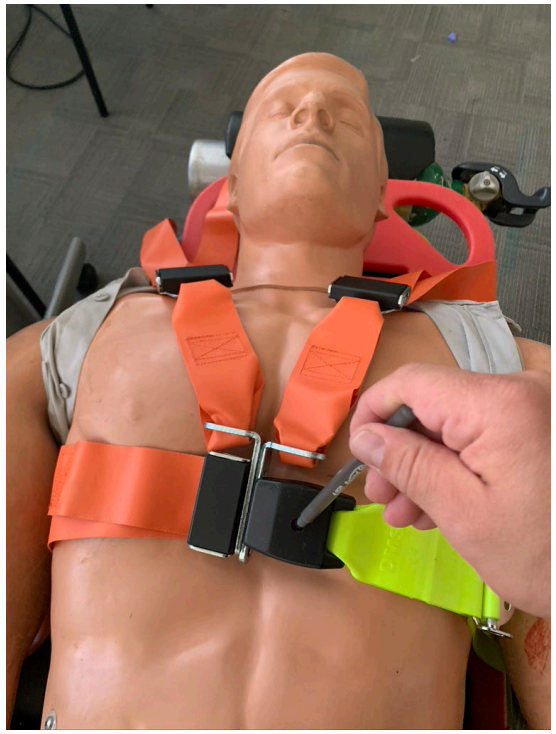
Emergency Medical Services

What did we do about it?





Risk Mitigation – Crew checklist

Pre-Arrival:

- ☐ Review Job Notes
- ☐ ***Confirm Correct Staffing:***
- ☐ Gender (patient)
- ☐ Age of patient
- ☐ Will guardian be needed?

****ENSURE SAFETY OF CREW AND STAFF****

Approach:

- ☐ Confirm approach to patient with staff
- ☐ Reconfirm patient name
- ☐ Reconfirm DOB
- ☐ Reconfirm destination
- ☐ Patient Toileted before transport
- ☐ Patient comfortable for transport
- ☐ ***Patient secured on stretcher***

☐ **Patient properly secured**

If 4-point restraints used:

- ☐ Lower leg belt
- ☐ Waist belt
- ☐ Shoulder straps
- ☐ Torso strap

☐ **Patient properly secured**

Patient Belongings:

- ☐ Presence of patient belongings
- ☐ Confirm name on bag
- ☐ Confirm DOB on bag

****FINAL TIMEOUT AND CONFIRM****

- ☐ Reconfirm name
- ☐ Reconfirm DOB
- ☐ Confirm destination
- ☐ Have paperwork for transport

Final Concerns?

☐ **Need for change in care?**

Demographics:

- ☐ Confirm name
- ☐ Confirm DOB
- ☐ Confirm destination
- ☐ **History of Present Hospitalization:**
- ☐ Review Diagnosis
- ☐ Events leading up to ER visit

Review of Patient's Hospital visit:

- ☐ Patient behavior - High Risk Behavior?
- ☐ Was there a need for sedation?
- ☐ Was there a need for restraint use?
- ☐ Was a forceful take down necessary?
- ☐ Threats toward self/others
- ☐ Bizarre behavior
- ☐ Delusional behavior
- ☐ Violent behavior
- ☐ Elopement attempts

Transport Therapies:

- ☐ Will have chemical sedation for txp?
- ☐ Is there a need for additional sedation?
- ☐ Will have 4 points for transport?

Paperwork:

☐ Transport form – reflect correct orders?
☐ CEMS Transport paperwork

If 9.13 Voluntary,

- ☐ OMH 472 Part A & B filled out

If 9.27 Involuntary,

- ☐ OMH 471 Part A filled out
- ☐ OMH 471 Part B blank
- ☐ OMH 471A forms -TWO different doctors

If 9.37 D.O.C.S.,

- ☐ OMH 475 Part A & B filled out
- ☐ OMH 475 Part C Blank
- ☐ OMH 475A or 475B Complete

If 9.39 Emergency,

- ☐ LIJ -> ZHH only – must be same campus
- ☐ OMH 474 Sect. II Filled
- ☐ OMH 474 Sect. III & IV Blank

☐ **All parties in huddle are in agreement**

At Destination:

Bold & Underline items, pause and confirm

****ENSURE SAFETY OF CREW AND STAFF****

Destination Huddle:

Telepsych Patient Only:

☐ Notify Telepsychiatry that TeleLegal patient is at destination hospital
☐ Notify ED Charge RN that patient is for TeleLegal
☐ Pit stop in ED for TeleLegal video assessment prior to proceeding to inpatient unit

All Patients:

Demographics:

- ☐ Confirm name
- ☐ Confirm DOB

History of Present Hospitalization:

- ☐ Diagnosis
- ☐ Events prior to hospital visit

Review of Patient's Hospital visit:

- ☐ Patient behavior
- ☐ Need for sedation
- ☐ Need for restraints
- ☐ Forceful take down
- ☐ Threats toward self/others
- ☐ Bizarre behavior
- ☐ Delusional behavior
- ☐ Violent behavior
- ☐ Elopement attempts

Report Transport Therapies:

- ☐ Did have chemical sedation?
- ☐ Need for additional sedation?
- ☐ Did have 4 points?
- ☐ Patient belongings given to staff
- ☐ Paperwork given to staff

☐ **Final Concerns?**

Northwell Health®
Emergency Medical Services

Policy 7.02: Interfacility BH Transfers

F. Transport Emergencies

a. If the patient exhibits signs of a **medical** emergency, the technician is to instruct the driver to expeditiously stop the vehicle in a safe location. The driver will notify CEMS Communications and request additional resources. Both crew members will enter the patient compartment by way of the back door, the net will remain in place until it is confirmed that the patient is in fact having a medical emergency. When it is confirmed that the patient is having a medical emergency and additional resources arrive, the net may be removed and transport resumed. A supervisor or additional unit will respond to the location to assist with transport. Two clinicians must remain with patient to provide medical care.

b. If the patient exhibits signs of a **behavioral** emergency, the technician is to instruct the driver to expeditiously stop the vehicle in a safe location. The driver will notify CEMS Communications by transmitting "10-13" over the radio, or by pressing the emergency button on the ambulance mobile data terminal screen, to request additional resources. The technician is to leave the safety net in place, exit through the side door, and seek safe haven. An example would be to sit in the front passenger seat. Both the driver-side and passenger-side front doors are to be locked. The crew is to remain in the front cab until additional resources arrive and it is safe to exit the front cab.

Behavioral Health Interfacility Protocol

Behavioral Health

EMT

General Approach to Interfacility Transport

Crew members must receive a detailed report from the sending staff, in the form of a huddle, as introduced in TeamSTEPPS. Information to be obtained includes, but is not limited to, a mental health assessment and history (violent incidents, violent ideations, hallucinations, verbal threats, concern for elopement risk, etc.), medical history, medications, recently administered medications, allergies, vital signs. EMTALA transfer paperwork, including restraint orders as indicated, should be completed by the sending facility staff, and accompany the patient. **ONLY ORIGINAL PAPERWORK CAN BE TAKEN, DO NOT TAKE COPIES**. The indication for the patient transfer must be documented in the patient care report.

If the crew has any concerns, or it is determined the patient will require additional therapies, or is in an unstable condition for transport, communications should be contacted and a supervisor is to be requested to the scene, and the determination as to transport acceptance will be made.

Patients will remain under constant observation, defined as a situation in which a staff member is responsible for maintaining a continuous watch of a single patient, keeping the patient in view always. **The receiving facility should be told if a patient is under continuous observation / one to one care.**

At a minimum, vital signs will be obtained prior to transport and upon arrival at the receiving facility. Crew safety is to be maintained during this interaction.

The safety net will be utilized on ALL behavioral health interfacility transports unless the crew obtains approval from a CEMS paramedic field supervisor.

If the patient becomes agitated during the transport:

Stop the ambulance to ensure crew safety.

Call for law enforcement & CEMS supervision.

Consider activating the 10-13 Emergency Button and protocol if situation warrants.

ABCs and vital signs, as tolerated.

Airway management and appropriate oxygen therapy, if tolerated.

Check blood glucose level if possible, as soon as you can safely do so.

Apply soft restraints, such as towels, triangular bandages, or commercially available soft medical restraints, only if necessary, to protect the patient and others from harm.

If the patient is exhibiting signs of excited delirium:

Treat according to Excited Delirium emergency protocol.

For patients on 1:1 continuous observation

Communicate this status with the receiving nurse on handoff

EMT STOP

SPECIALTY CARE TRANSPORT PARAMEDIC (SCT)

Restraints are to be utilized for behavior management only in situations where there is an imminent risk of the individual harming himself/herself or others, including staff; when nonphysical interventions are not successful or viable; and safety issues require an immediate physical response.

Perform a mental status and clinical assessment every fifteen minutes

Monitor pulse oximetry and HR throughout transport.

A copy of both the restraint order and the continued sedation order must be submitted with the PCR

Prior medication administration, including intravenous (IV), intramuscular (IM), or oral (PO) the sending facility, including agent, time, route, and dosage must be documented in the transport PCR.

Patients with antipsychotic or anxiety medication administered one hour or less before the time of transport, or have a GCS below 15, require vital signs prior to leaving the sending facility and continuous pulse oximetry monitoring during transport.

The sending physician can order additional sedation during transport if written on the transport order form. Physician orders may be followed if consistent with this protocol.

If the patient becomes agitated during the transport:

Refer to Collaborative Protocols to manage agitation

Consider placement of an IV if patient does not have access and additional treatment is anticipated.

The crew should transport the patient to an ED and refer to the collaborative protocols.

SCT PARAMEDIC STOP

MEDICAL CONTROL OPTIONS

KEY POINTS / CONSIDERATIONS

If the patient is a minor the patient must then be accompanied by an adult or a relative or spouse above the age of eighteen (18). If either of the above is unavailable, a CEMS paramedic field supervisor will be notified and will determine if any additional steps need to be taken. The adult accompanying the patient must sit in the front passenger seat of the vehicle when the safety net is in place.

Prior to making patient contact, crew members are to remove shears, stethoscopes, pens, penlights, cell phones, sunglasses, ID tags, earrings, and all unnecessary items from their person. Laptops, clipboards, cardiac monitors/AEDs, portable oxygen tanks are to be secured either in the front cab or in the closed cabinets. The safety net needs to be in place prior to transporting the patient and only then may equipment be secured next to the captain's seat. Use of the safety net must be documented in the PCR.

Patients with medications administered for agitation that are not the patient's normal prescribed medications within three hours of the transport will be transported and monitored by CEMS ALS staff in the patient compartment.

Patients with medications administered over three hours prior to the transport can be transported and monitored by BLS staff if no vital sign abnormalities.

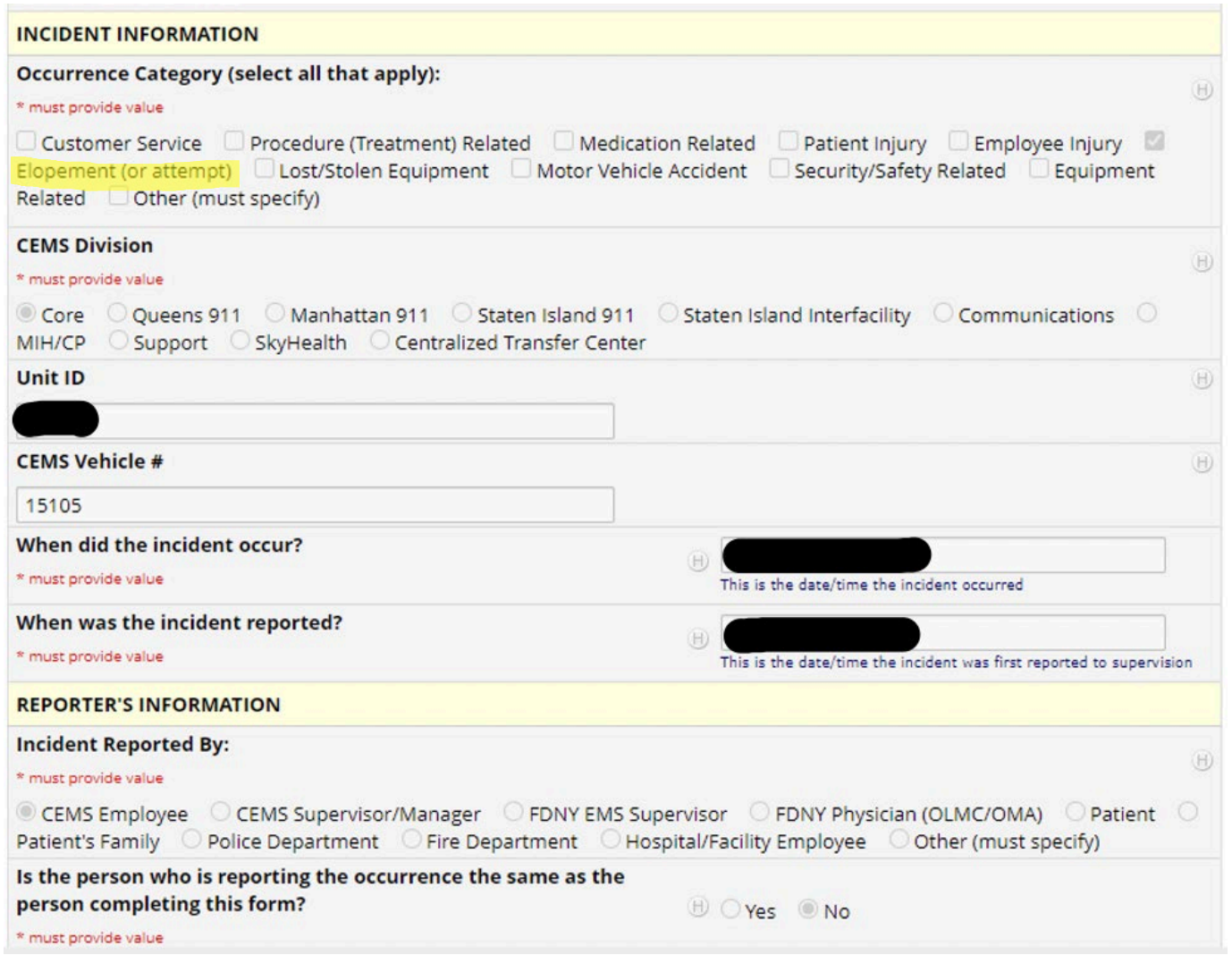
Use caution when administering >250 mg IM of ketamine after midazolam (Versed) because apnea may occur.

In many cases the net is not needed to transport a restrained patient but there are situations where a supervisor may elect to use the net in a restrained patient, such as highly violent patients

For long distance transports, consult with the sending and/or telepsychiatry during the huddle to ensure that the patient is appropriately sedated, if required, for the long transport.

Behavioral patients who were seen by telepsychiatry: The crew should attempt to have telepsychiatry be involved in the required huddle.

Unusual Occurrence Report



INCIDENT INFORMATION

Occurrence Category (select all that apply):

* must provide value

☐ Customer Service ☐ Procedure (Treatment) Related ☐ Medication Related ☐ Patient Injury ☐ Employee Injury ☑ Elopement (or attempt) ☐ Lost/Stolen Equipment ☐ Motor Vehicle Accident ☐ Security/Safety Related ☐ Equipment Related ☐ Other (must specify)

CEMS Division

* must provide value

◉ Core ○ Queens 911 ○ Manhattan 911 ○ Staten Island 911 ○ Staten Island Interfacility ○ Communications ○ MIH/CP ○ Support ○ SkyHealth ○ Centralized Transfer Center

Unit ID

[redacted]

CEMS Vehicle #

15105

When did the incident occur?

* must provide value

[redacted]

This is the date/time the incident occurred

When was the incident reported?

* must provide value

[redacted]

This is the date/time the incident was first reported to supervision

REPORTER'S INFORMATION

Incident Reported By:

* must provide value

◉ CEMS Employee ○ CEMS Supervisor/Manager ○ FDNY EMS Supervisor ○ FDNY Physician (OLMC/OMA) ○ Patient ○ Patient's Family ○ Police Department ○ Fire Department ○ Hospital/Facility Employee ○ Other (must specify)

Is the person who is reporting the occurrence the same as the person completing this form?

* must provide value

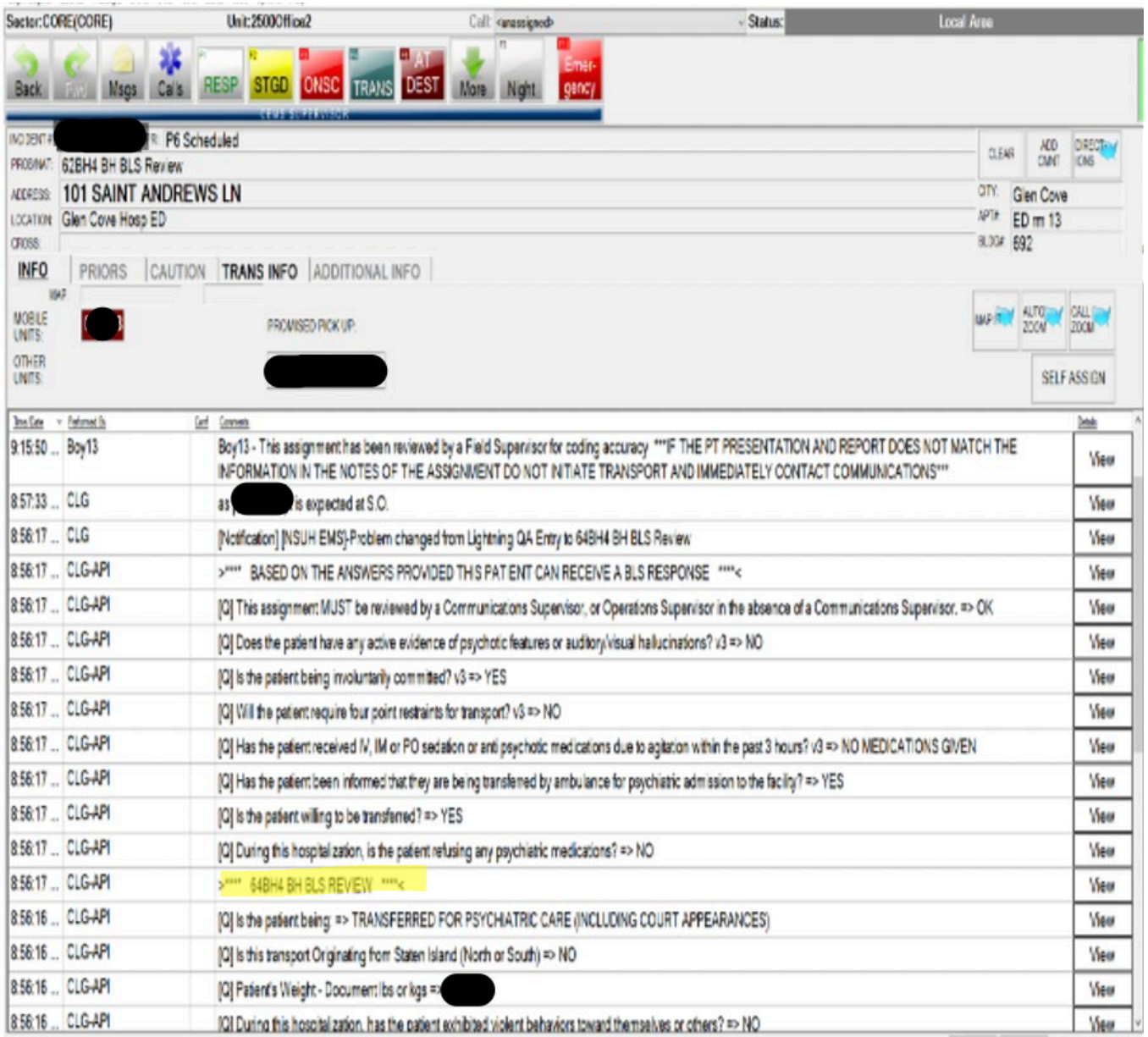
○ Yes ◉ No

Call intake process

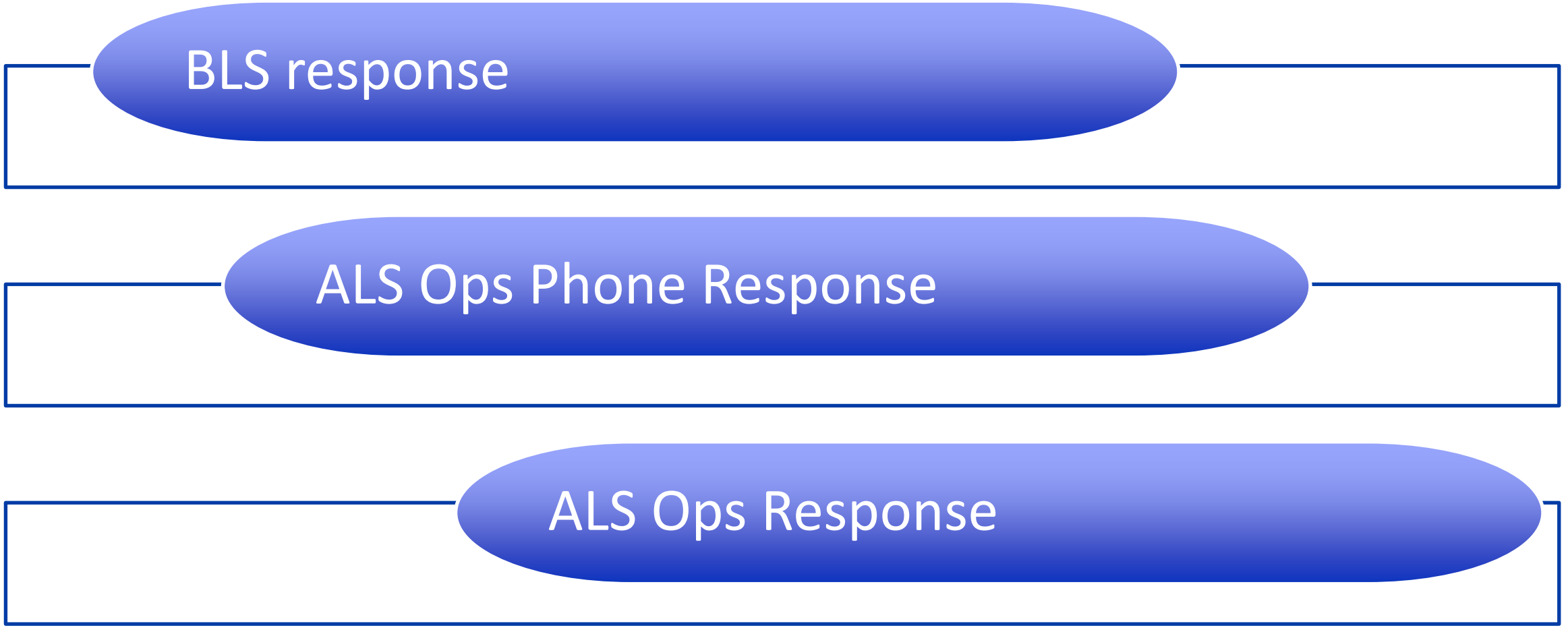
Call Intake Process

Is this transfer. for the purpose of load balancing?
What is the COVID status of the patient?
Diagnosis
Sending Physician (First and Last name) and Accepting Physician
Patients weight
Is this patient a minor
Is this patient being : Discharged or transferred to a facility for psychiatric care
This transport is originating from an ER or inpatient Unit
Name of Clinical Staff giving BH Information
During this or any recent hospitalization, has the patient exhibited behaviors associated with an elevated risk of elopement?
During the hospitalization has the patient exhibited violent behaviors toward themselves or others?
During this hospitalization is the patient refusing any psychiatric medications?
Will the patient require 4 point restraints for transport?
Has the patient received IM,IV, PO sedation or anti psychotic medications due to agitation within the past 3 hours?
Does this patient have any active evidence of psychotic features or auditory/visual hallucinations?

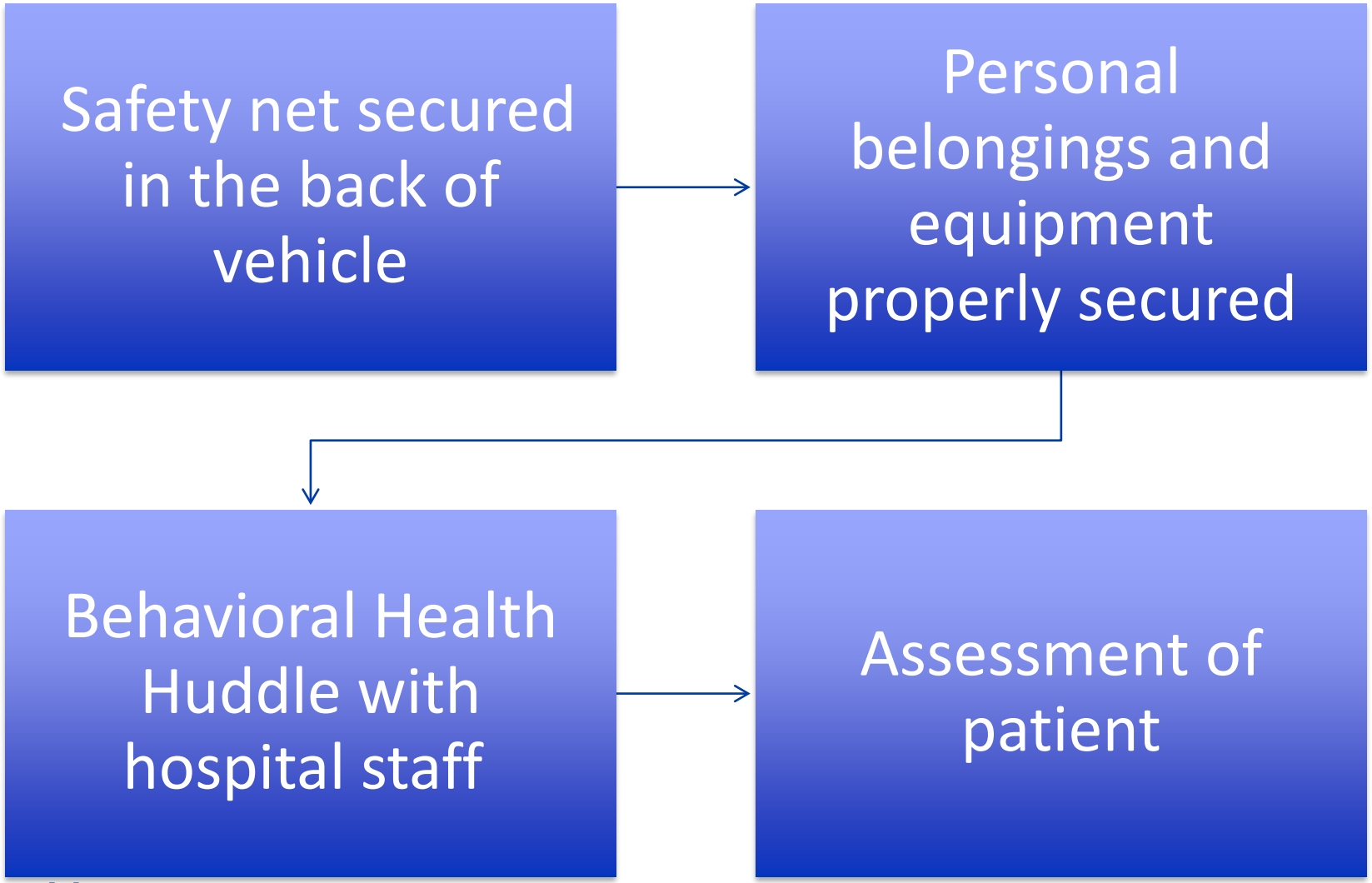
CAD Information



Crew responds to 3 call types:



Upon arrival to assignment



Behavioral Health Huddle

TEAM STEPPS approach

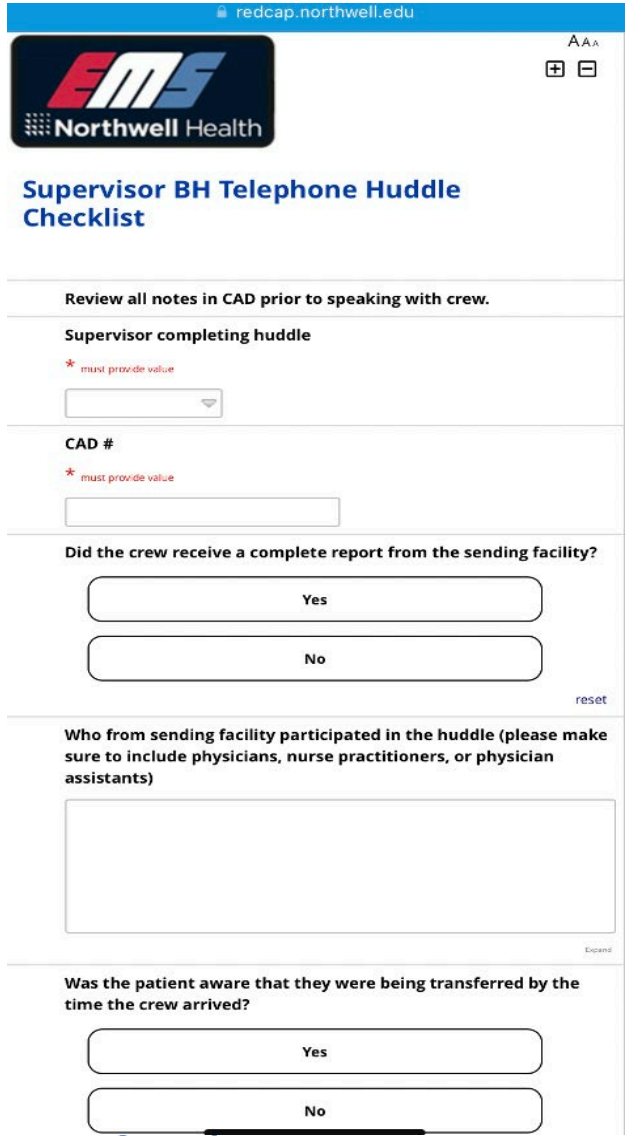
Handoff

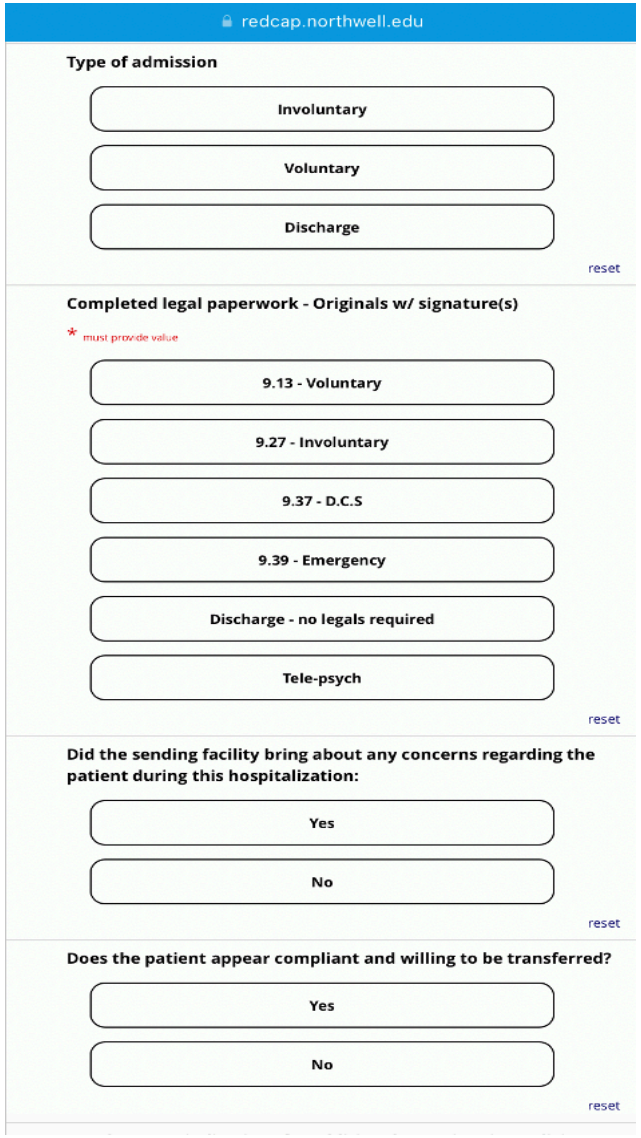
Strategy designed to enhance information exchange during transitions in care

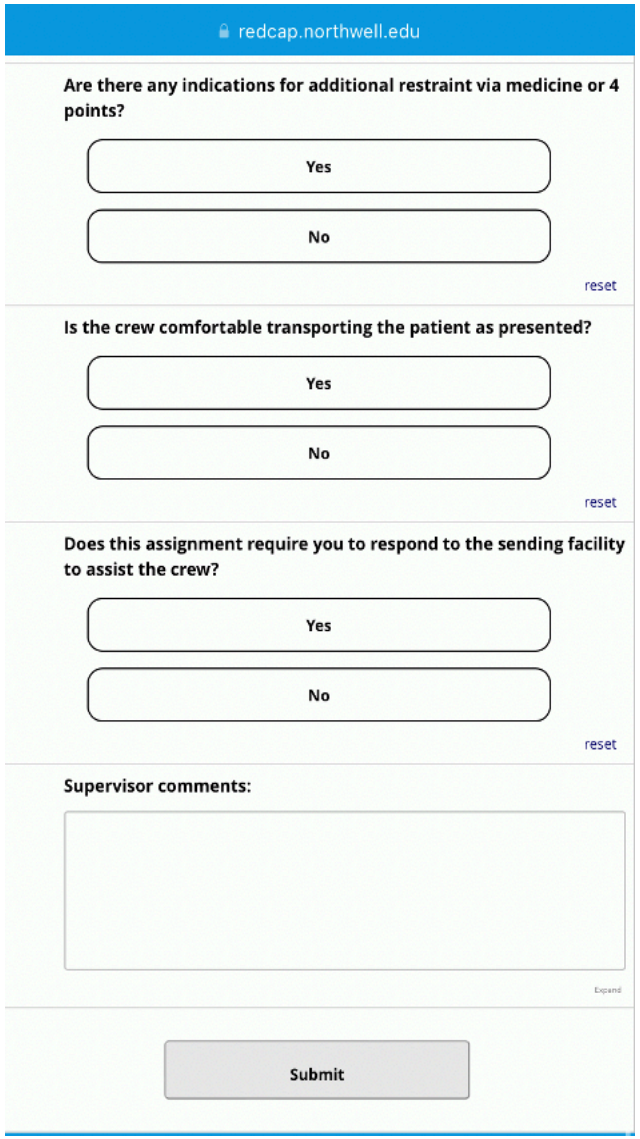
"I PASS THE BATON"

I	Introduction	Introduce yourself and your role/job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnoses
S	Situation	Current status/circumstances, including code status, level of (un)certainty, recent changes, and response to treatment
S	Safety Concerns	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
THE		
B	Background	Comorbidities, previous episodes, current medications, and family history
A	Actions	Explain what actions were taken or are required. Provide rationale.
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Identify who is responsible (person/team), including patient/family members
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

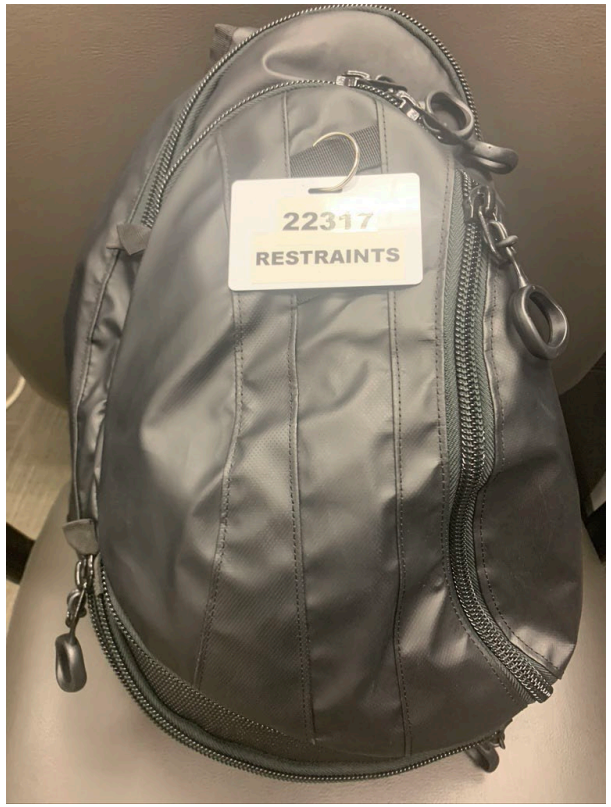
Behavioral Health Telephone Huddle checklist

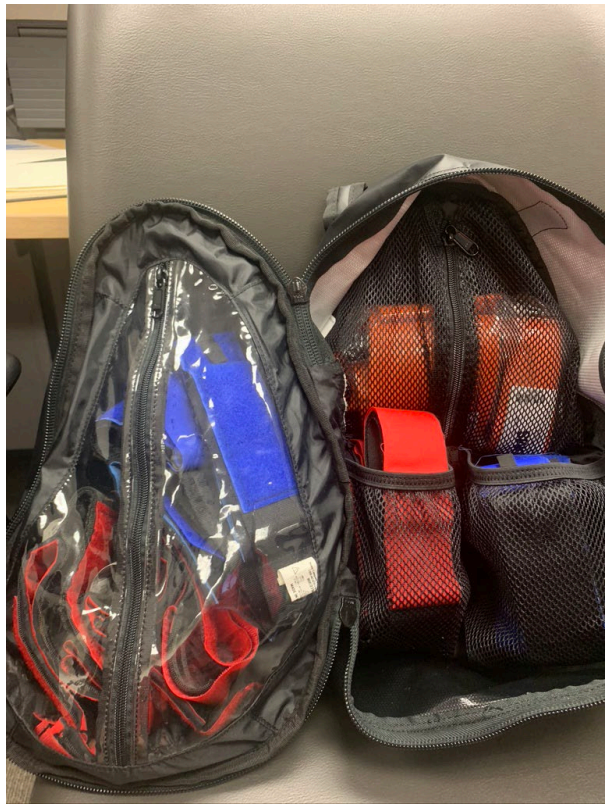






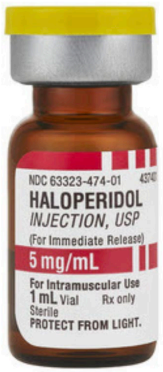
4 Point restraints

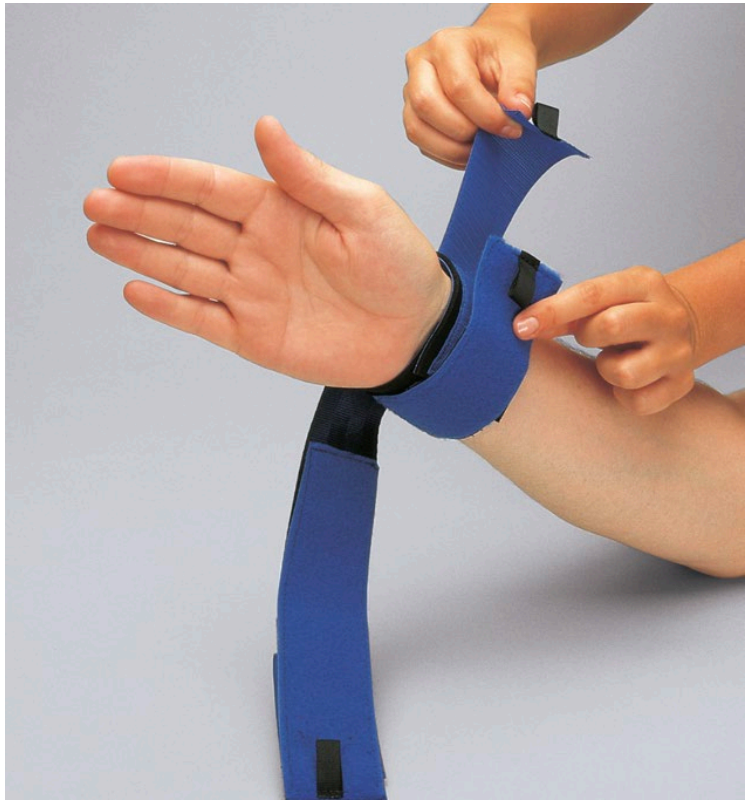




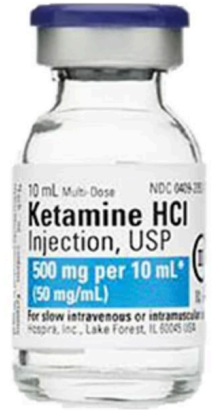
Physical Restraints vs Sedation

Hospital leather restraints





Supervisor- soft restraints



Northwell Health®
Emergency Medical Services

Next steps

Awareness

Continue spreading awareness of potential dangers and harms through training and education

Assessment

Continue monitoring and analyzing current processes that are in place and identifying areas to improve

Process Improvement

Continue identifying ways to improve on processes to further avoid incidents

Risk Mitigation

Physical and procedural measures to assure crew safety.

Thank You

Northwell Health®
Emergency Medical Services

THANK YOU!

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Sunstar PARAMEDICS

INTERFACILITY TRANSPORT REQUEST PROCEDURE

CALL: 727-582-2001

Sending Facility – Be Prepared to Provide the Following Information	
Facility Name	Patient location – Unit Name, Room and Bed Numbers

State Level of Urgency		
 **EMERGENCY** Lights and Sirens	**AS SOON AS POSSIBLE** Non-critical: Patient can wait for next available ambulance	**SCHEDULED/ROUTINE** Non-critical: Specific pick-up time requested

Additional Information Necessary					
1	Patient's name, age & social security number	4	Isolation or Safety Precautions	7	Receiving Physician Name
2	Diagnosis & reason for transport	5	Sending Physician Name	8	Transport Coordinator/Primary RN name & direct telephone number
3	Adjuncts necessary for transport	6	Destination facility name, unit, room/bed		

Transport Options (See over for EMS Levels of Care)			
Pinellas EMS System Transport	**Air Medical Transport**	**Pediatric & NICU Transfers**	**Wheelchair/Stretcher Van**
Critical Care Transport Team	Lifeline1: 727-893-6010	Johns Hopkins/All Children's: 727-767-7337	http://www.pinellascounty.org/publicsafety/transports.html
Critical Care Paramedic Ambulance	TGH AeroMed: 800-727-1911	St.Joe's/Baycare: 800-277-5437	
ALS Ambulance			
BLS Ambulance			

Rev. May 2021

CT24 – INTERFACILITY TRANSPORT LEVELS OF CARE – CT24

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PATIENT MONITORING AND MANAGEMENT CAPABILITIES						
	Airway	**Breathing**	**Circulation** (Cardiac)	**Disability & Drugs**	**Exam**	**Notes**
Mental Health Transport (MHT)	NONE	NONE	NONE	No risk of violence or need for restraints (must be able to ambulate without assistance)	Must be medically cleared by MD/DO, ARNP or PA-C	Staffed with non-medical personnel
Basic Life Support (BLS)	Basic Monitoring & Simple Suctioning Uncomplicated trach monitoring	Basic Monitoring & O2 (stable flow)	Basic AED	NONE (Peripheral or Central IVs must be capped/not in use)	Triage by Call Taker EMT verifies on arrival	NONE
Advanced Life Support (ALS)	Endotracheal Intubation Complex or continuous suctioning	Advanced monitoring (SpO2 /EtCO2) & Oxygen (titration) & Ventilatory assistance	Continuous Cardiac Monitoring (transfers to monitored beds, recent ACS, arrhythmia, or another cardiac event)	Standard EMS Medications IV Fluids (NS, LR, D10W only) without pump Seizure Precautions (< 24 hrs or high risk) Pain Management Restraints (Physical and/or Chemical)	Triage by Call Taker Paramedic verifies on arrival	Hospital RN may accompany if no CCP/CCT available
Critical Care Paramedic (CCP)	Same capabilities as ALS Ambulance	Stable Vent (no settings changes ≥ 24 hrs.) Stable Chest Tube (> 48 hrs. old)	Non-monitored Arterial Sheaths	Advanced/Pump Requiring Medications and Infusions (1 channel max) [e.g. Peds IVF, IVF with K+, antibiotics, TPN, PPI's, H2 blockers, anticoagulants, nitroglycerin, vasopressors]	Triage by CCT RN to meet CCP Criteria	Emergency STEMI/STROKE Transfers with: • Stable Airway • Stable BP (>90/<180) • No arrhythmia • 1 infusion max
Critical Care (CCT)	RSI with Video Laryngoscopy Recent/Complicated Trach	Vent Management Chest Tube Management	Invasive Monitoring (Art Line, A/V Sheaths Swan-Ganz, CVP, ICP etc.) Cardiac Adjuncts (Transvenous Pacer, Balloon Pump, Impella LVAD, BIVAD, ECMO) Fetal Monitoring/tocolysis	Advanced Medications (6 channels max) Blood Products	Triage by CCT RN to meet CCT Criteria	CCT RN will assist in triage for appropriateness • High Risk OB (No active labor) Infants > 28 days or 5 Kgs (No Isolette) • Neonatal transports meeting criteria in FL 64J-1.001(11) (12) must use a NICU Transport Team (see over for contact) • ECMO patients must have a facility perfusionist accompanying them

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Mental Health Transport Unit Utilization

A person requiring interfacility transfer may be considered a client rather than a patient and eligible for transport by Mental Health Transport (MHT) Unit (Priority 10) if the individual's condition falls within the MHT criteria in CT27—Interfacility Transport Levels of Care, so long as ***ALL*** the following inclusion criteria are met:

1. Transport is from a hospital to Mental Health Receiving Facility or between two Mental Health Receiving facilities within Pinellas or adjoining counties
2. Individual has been medically cleared by a physician to be transported as a mental health client rather than as a patient and there is no expected requirement for oxygen, restraints, or other medical care during transport, and the physician (or RN authorized by the physician) has signed the required EMS Transfer Form
3. Client is ambulatory without restriction (able to walk to and from transport unit without assistance)
4. Client has not exhibiting current or recent violent behavior and is not high risk for Elopement

Mental Health Transport Unit Safety Precautions and Special Circumstances

The safety of both the client and the MHT Driver is the highest priority. The following precautions will be observed at all time when dispatching and performing Mental Health Transports:

1. The EMD and the MHT Driver will independently verify that the client meets criteria as above.
2. If the MHT Driver, during the process of assessing or transferring the client, deems the transfer by MHT would be unsafe, they may stop the transport and require the client be transported by ambulance. The MHT Driver will notify dispatch and their supervisor.
3. Only one client may be inside a unit at a time.
4. The client must have been determined to not be in possession of any weapons and all the client's belongings must be transported in a separate compartment of the MHT Unit.
5. The MHT Driver will obtain the assistance of staff from the sending and receiving facilities during transfer between vehicle and facility to ensure the safety of both the client and the MHT Driver
6. If at any time the client requires medical assistance, threatens or becomes violent, attempts to harm themselves, or attempts to escape, the MHT Driver will immediately call for assistance on the appropriate radio channel or depress their emergency ("Code H") radio button.
7. If a client becomes violent, the MHT Driver will remain in the cab of the vehicle and utilize verbal de-escalation techniques, unless the MHT driver determines that physical restraint is warranted and is safe to be performed by one person. (e.g. pediatric patients and/or the frail elderly).
8. If a Client escapes, the MHT Driver will follow the Client at a safe distance and not attempt physical confrontation without assistance, unless the MHT driver determines that physical restraint is warranted and is safe to be performed by one person.
9. If a Client requires medical assistance, the MHT Driver will render first aid and/or cardiopulmonary resuscitation (CPR) until EMS arrives on scene, if the MHT Driver determines that it is safe to do so.