

## Police cut short ER wait times assisting mental health patients

**Bill Dunphy | The Hamilton Spectator | Friday, September 20th 2013**

A deceptively simple approach to processing psychiatric emergency room patients is paying real dividends for Hamilton police, hospital staff — and maybe even the patients themselves.

The protocol, built from an initial four-week pilot project, has already saved police nearly 2,500 work hours, according to a year-end report presented to the Hamilton Police Services Board.

Not surprisingly, it's a solution that's begun to draw provincial and even national attention.

The problem? Police spend hours — thousands a year — waiting in hospital emergency rooms for patients they've brought in under the Mental Health Act to be seen by a physician.

In Hamilton, it happens on average about four times a day, every day. The average wait time for those trips used to be just over two hours. But the joint effort by **St. Joseph's Healthcare** and Hamilton police has dropped that average wait to just 75 minutes — and they hope to get that down as low as one hour.

The magic solution? A piece of paper.

The paper is a one page form that police now use to record and describe the patient's known history and his or her current behaviour (based on at least 30 minutes of post-arrest observation). With it, the officer and nursing staff reach an agreement on whether the patient is a low, medium or high risk: high means the officer(s) must wait for a physician to admit or assess the patient; low means the officers can leave; medium means they'll talk about it.

Underlying it all is a guarantee from police that if they leave and a patient's behaviour subsequently turns problematic, the officers will return immediately.

"In the first full year, not one time have we been called back," Hamilton Police Sergeant Frank Miscione says.

When a hunt for a solution began — at the request of Chief Glenn De Caire — Miscione supervised the police side of COAST, the crisis intervention team run in partnership with **St. Joseph's**.

Those ties between police and **St. Joe's** paid off. After six months of collaborative work between Miscione and **Jodi Younger of St. Joe's and their teams**, a pilot project was launched in July last year. After an intensive four weeks of daily monitoring and adjustments, the new protocol was put in full operation, with impressive results, dropping police wait times by about 38 per cent.

The solution is a modification of a protocol developed in North Carolina.

"It's really about improving communication between different sectors (police and nurses) that often talk different languages .... The form gives them a common language" which gives medical staff clarity and confidence in the information the police are providing, **Younger says**.

It worked because the nursing staff and police had common goals. Getting police back on the street is obviously good, but **a less obvious outcome was that it lowered the stigma attached to mental illness** and seeking help. Having one or more armed escorts guarding a patient can be pretty stigmatizing.

Younger says that while they've assumed there's benefit to the patient, that hasn't been studied yet.

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## Police wait times

### By the numbers

**1,351** The number of people police brought to the St. Joseph's ER for psychiatric treatment over the course of a year-long study

#### Before:

**6,740** The number of hours a 2011 study found police sat in St. Joseph's ER waiting for a physician to assess and admit patients they'd brought in

**122** The number of minutes police waited on average per patient

#### After:

**3,977** The number of hours police waited in ER with patients they'd brought in

**75** The average wait time in minutes per patient for police