

# Austin-Travis County EMS

## Community Health

## Paramedic Program

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**Commander**  
**Austin-Travis County EMS**



# Program Goals

- Reduce the patient's need to utilize emergency services and subsequent hospitalization
- Identify and address factors that contribute to readmission
- Provide care that is aligned with local healthcare system efforts



# Our Focus

- **Frequent users of healthcare services**
- **Chronic conditions, such as:**
  - **Congestive Heart Failure**
  - **Asthma/COPD**
  - **Diabetes**
  - **Hypertension**



# Staff Expertise

- Enhanced medical screening and assessment
- Health and community resource navigation
- Care coordination & collaboration
- Overcome barriers to optimal healthcare



# What we can provide

- **Screening & assessments to identify risk factors that contribute to hospital admission**
- **Referral to various medical & social services to address risk factors**
  - i.e. primary care, prescription assistance, etc.
- **Coordinate with other agencies to address ongoing needs**



# Other CHP capabilities

- **Community Health Paramedic (CHP) units can also be utilized for:**
  - Follow up with patients that are not transported but need additional services.
  - Psychiatric patients with non-emergent needs but could benefit from additional resources.
  - Liaison in situations that involve other agencies (i.e. APS, MCOT, law enforcement, etc.)

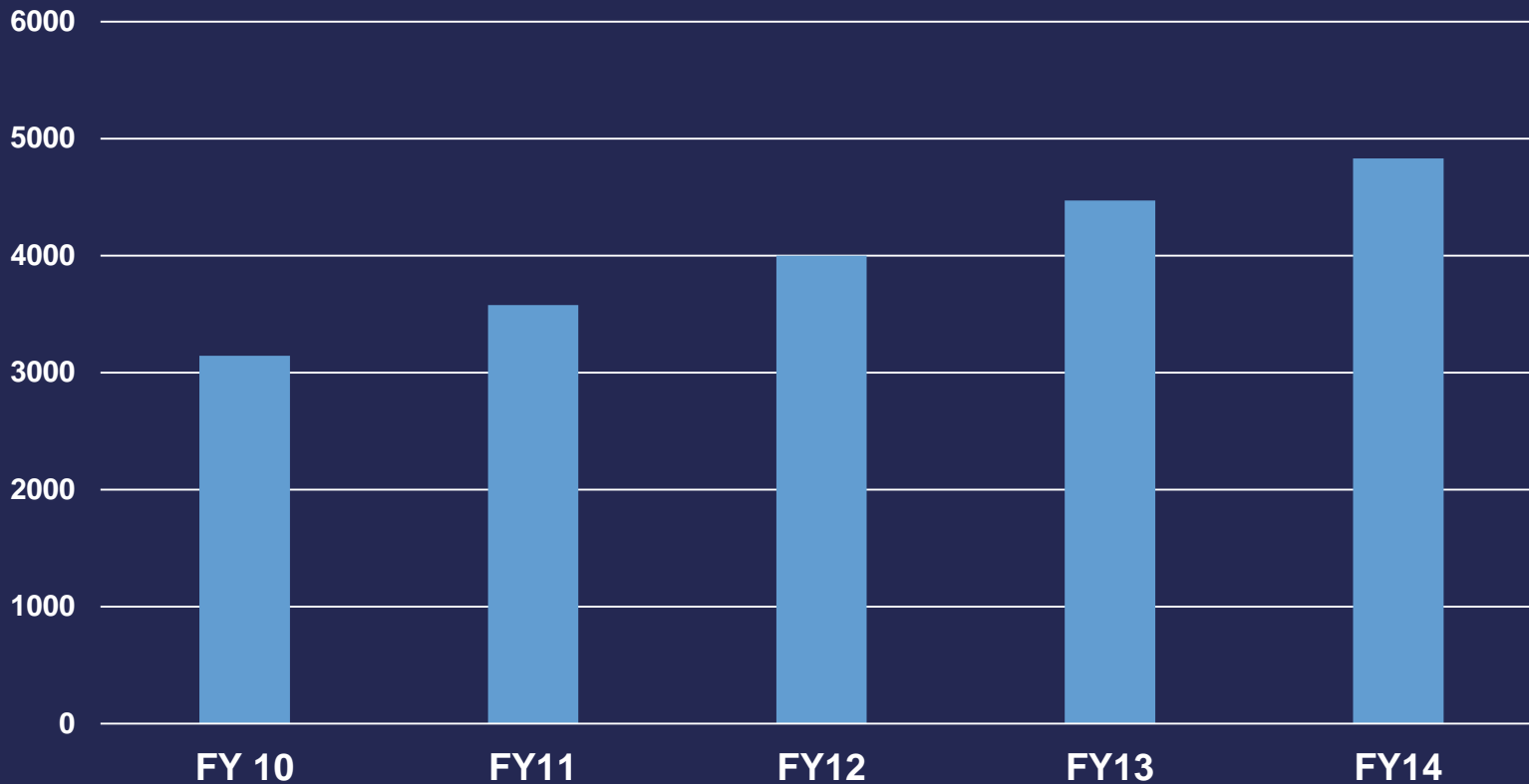


# ATCEMS

## Psychiatric Incidents

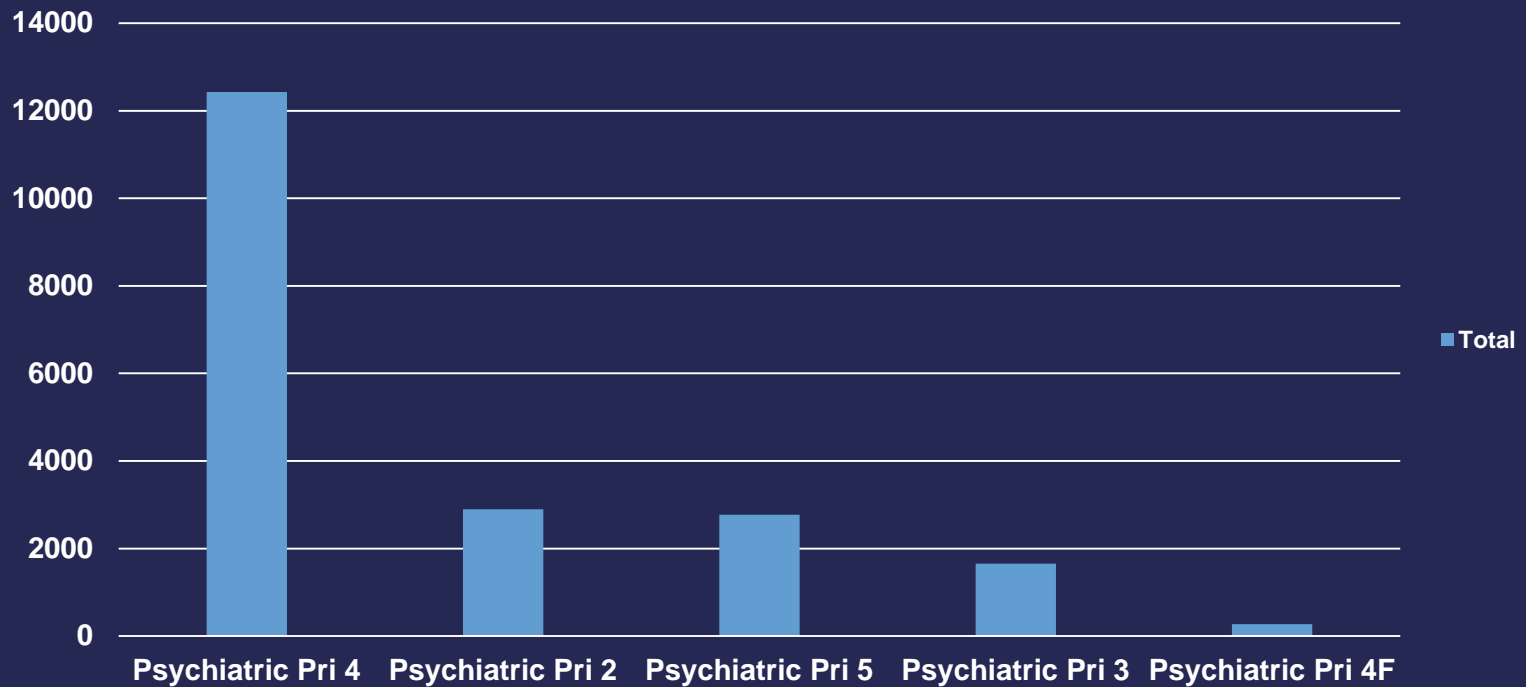
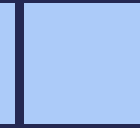


# Total Psychiatric Dispatches





# Psychiatric Dispatches by Priority



# Community Health Paramedic Responses to Psych Calls

	2011	2012	2013	2014	2015
<b>Incidents</b>	3,144	3,577	4,000	4,472	4,833
<b>CHP Responses</b>	4	5	223	1,164	247
<b>MCOT Referrals</b>			91	886	1,162

# System Impact

- **Emergency department bed time**
  - **Average bed time is ~15-17 hrs**
- **Unnecessary admissions**
  - **Increasing scrutiny from funding sources**
- **Stress a hospital E.D. that may already at capacity**
  - **Many E.D. beds may be holding patients awaiting admission to other services**

# Individual Impact

- **Costly ambulance ride and Emergency Department admission**
- **Lengthy Emergency Department admission, usually resulting in being discharged for further assessment at an outpatient clinic**
- **May not be assessed by a licensed mental health professional/diagnostician while at the Emergency Department**

# Evaluation and Navigation of the Patient in Psychiatric Crisis



# Genesis of the Psychiatric Response Pilot

- **Phase One: July 2013 – April 2014**
  - 5 Community Health Paramedics
- **Phase Two April 2014 – October 2014**
  - 51 Captains & 33 Commanders
  - Co-located in 3 EMS locations
  - Dispatched through EMS Communications
- **Phase Three October 2014 – Current**
  - All field providers
  - Integrated into Academy and Credentialing Academy

# Frequently Encountered Disorders & Symptomology

- **Bipolar disorder**
- **Schizophrenia**
- **Schizoaffective**
- **Self Injurious Behavior**
- **Suicidal ideations**
- **Psychosis**
- **Depression**
- **Co-occurring conditions**

# 911 Dispatches to Date

- **Total Patient Encounters: 1,119**

**+ Cancellations: 121**

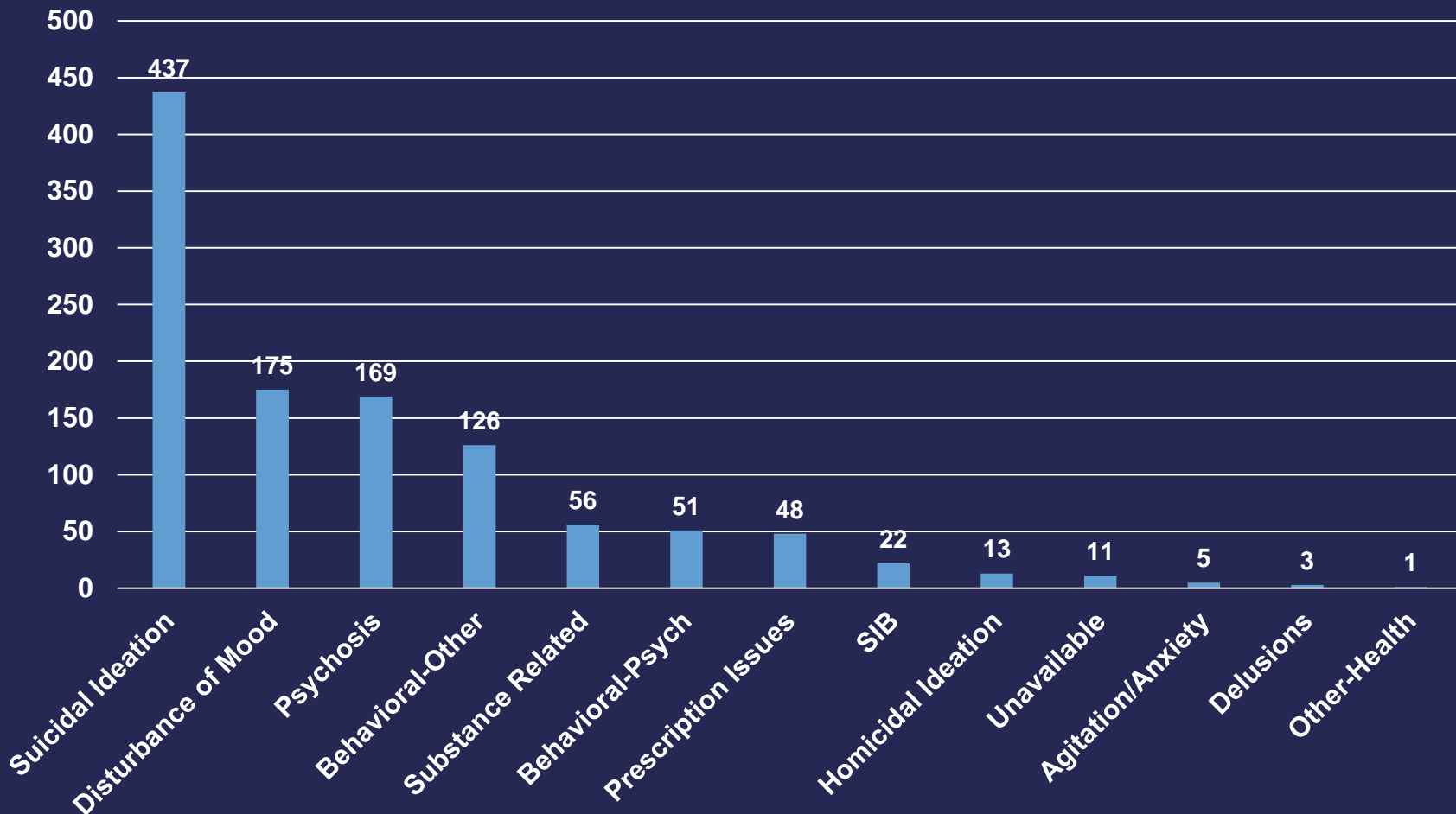
**+MCOT Unavailable: 10**

- **Total Dispatches\* = 1,250**

**\*Timeframe - July 2, 2013 to Sept. 30, 2015:**



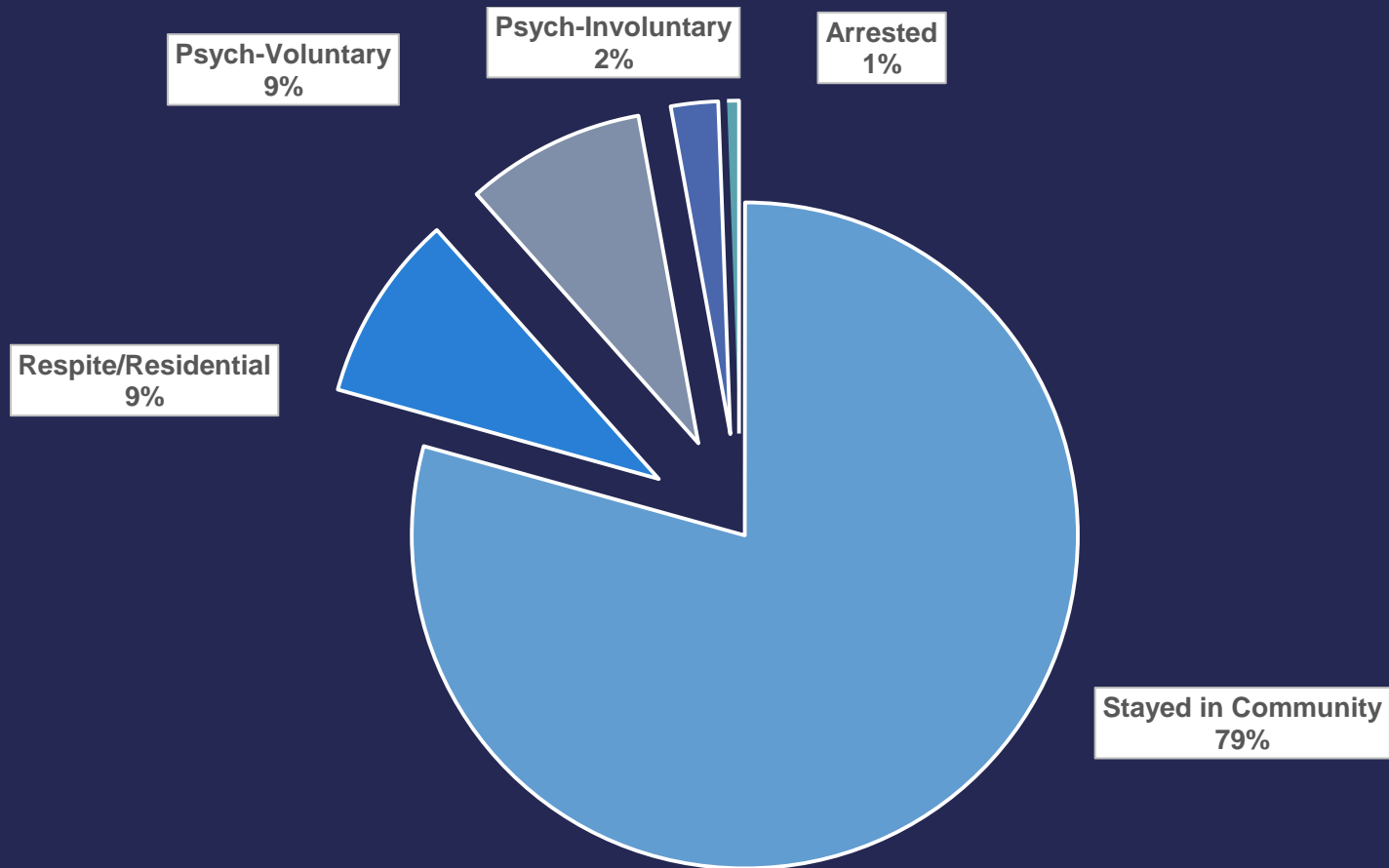
# Primary Reason for Dispatch



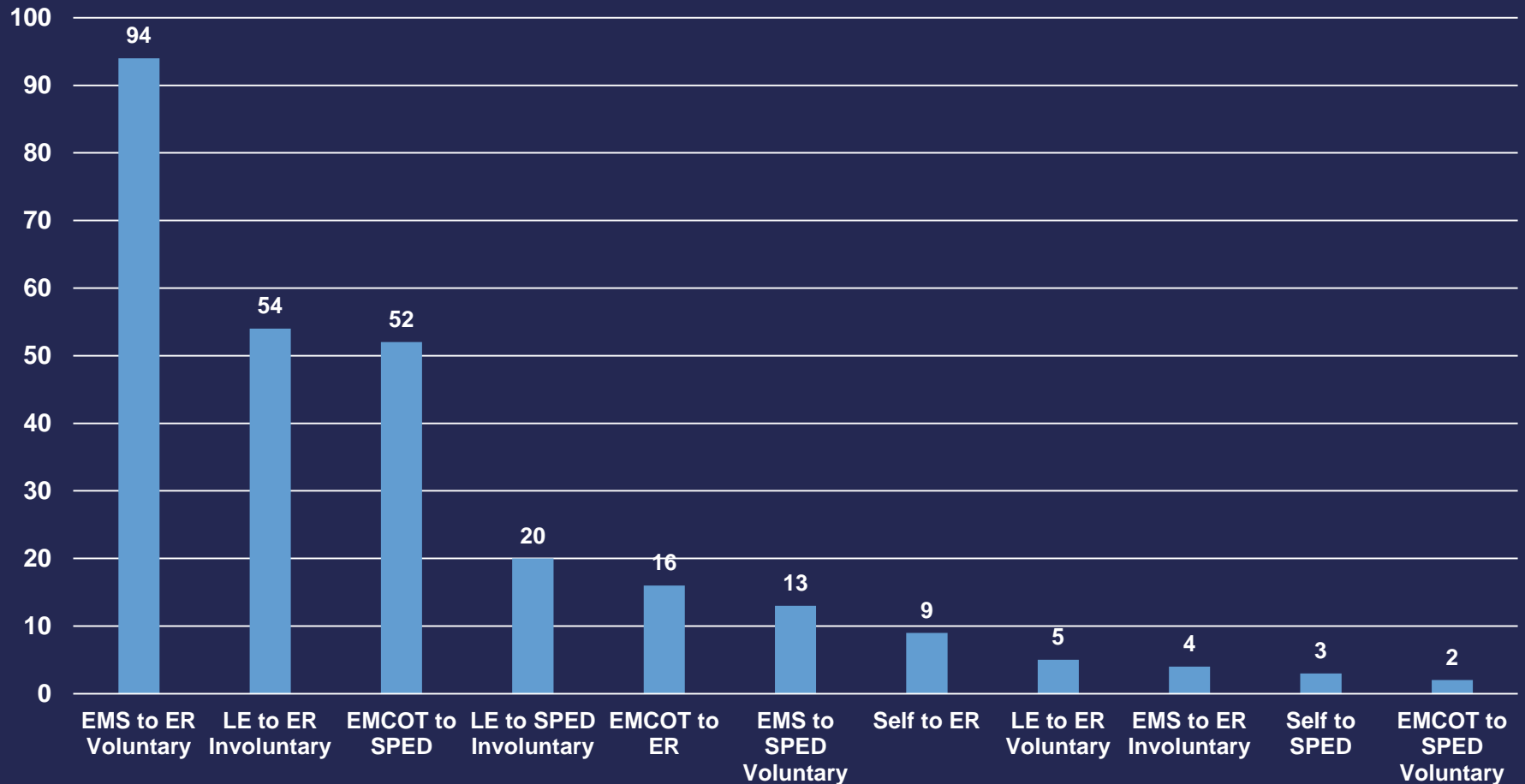
# Clients by Final Disposition: Diversion Rate

- **Diversion rate is defined as any disposition, immediately following the completion of the psychiatric crisis assessment, that does not result in any admission to an Emergency Department.**
- **Diversion Rate from July 1, 2013 to September 30, 2015: 77.2%**

# Diverted Patients: Disposition



# Non-Diversion Rate: Breakdown





Thank you!