

Niagara Mental Health and Addiction Response Team (MHART)

A Collaborative, Inter-sectoral Initiative

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Background

The Niagara Region has been experiencing an increased demand for emergency health services, reflective of evolving patient needs, and evidenced through increasing calls to Niagara Emergency Medical Services (NEMS) and hospital emergency visits. Collectively, these factors continue to place non-sustainable demand on available resources.

As a result, in spring of 2018, NEMS engaged in strategic program development with the goal of developing a Mental Health and Addictions Response Team to address low acuity mental health and addictions calls in the community.

More specifically, the Mental Health and Addictions Response Team (MHART) is made up of an Advanced Care Paramedic, a Mental Health Nurse, and a Mental Health Community Worker who respond to emergency calls in the community, perform mental health assessments, and intervene correspondingly. The team is mandated to provide holistic, patient centered, multidisciplinary care which builds alternate pathways to care, reduces stigma through outreach, and coordinates follow up care to opiate overdoses occurring within communities of Niagara.



Aim Statement

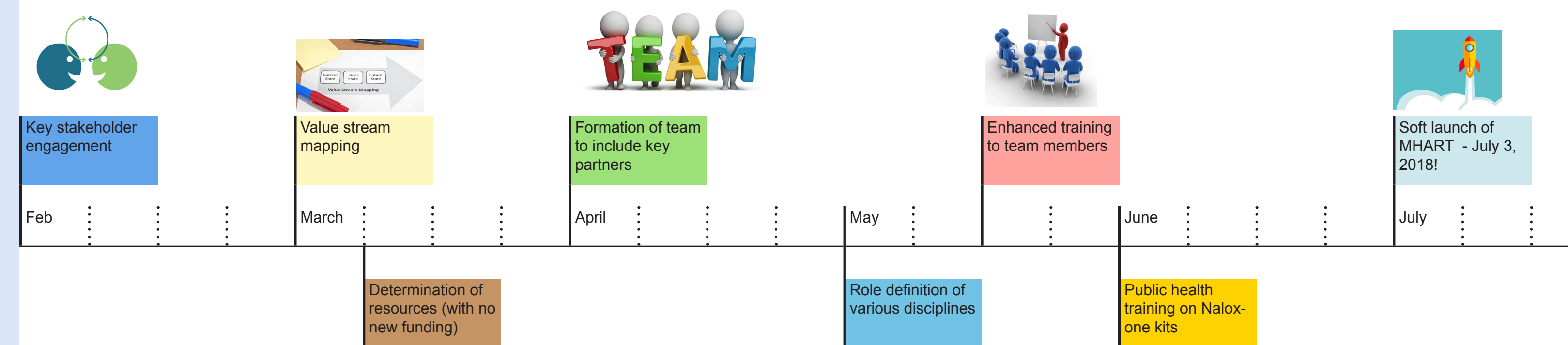
By January, 2019, MHART will reduce ambulance transports to the Emergency Department by 10% for low acuity mental health and addictions patients. This will be accomplished by:

- Increasing access to more appropriate community mental health services.
- Identifying patients that could benefit from coordinated care planning using the Health Links Model of Care.
- Increasing patient satisfaction and trust.
- Providing outreach and harm reduction to those who have overdosed on opioids in the community.

A Focus on Intersectoral Collaboration

Central to the model of care is a collaborative philosophy, founded on strong, practical connections with both Hospital and Community Service Providers. To this end, MHART was developed through a consultative process, engaging community and hospital partners alike. Ultimately, NEMS formally established partnerships with Niagara Health, Welland McMaster Family Health Team, and QUEST Community Health Centre to staff and operationalize the team.

The overall creative process involved a number of key steps:



With the soft launch in July, 2018, general process guidelines established that:

- MHART will monitor active mental health and addictions 911 calls with access to a mobile data terminal linked to the Niagara Ambulance Communication Service (NACS).
- Ambulance calls for mental health will continue to get dispatched by NACS.
- MHART will alert NACS when they are additionally responding to a low acuity mental health call and either respond alongside the responding ambulance or cancel the responding ambulance altogether and take the call themselves.
- MHART will attend the scene, perform all required medical and mental health assessments and together determine the health resources required to meet the patient's or caregivers needs. Referrals to community mental health and addictions resources are made in real time and any additional follow up is scheduled in real time.

Outcome Measurement

Ultimately, total system transformation will help alleviate demands in the Niagara Ambulance Communication Service, the community, and the hospital by diverting patients to a most appropriate point of contact and level of care. Overall emergency response time will be improved as more critical, time sensitive resources can be better allocated. This project is currently viewed as a six month pilot project in which the following outcome metrics are identified:

- Reduction of ambulance transports to the ED by 10% for low acuity mental health and addictions patients.
- Decrease in offload hours for mental health patients in ED.
- Increase in number of opioid overdose patients seeking treatment.
- Increased support for family and caregivers within the community.
- Patient/family satisfaction.



Additionally, NEMS has partnered with Brock University to complete a qualitative study to determine the impact in patients' overall sense of wellbeing after having contact with MHART.

Results

To date (starting July, 2018), MHART has:

- Responded to 101 emergency (911) calls for low acuity mental health and addictions patients.
- Of the 101 responses, only 9 have required a call for ambulance transport to the Emergency Department.
- Made 70 referrals to community agencies and mental health supports.
- Provided education and distributed Naloxone kits to approximately 80 individuals in the community through outreach, including patients who had recently overdosed, family and friends of individuals, and whomever else was in the vicinity and wanted education.

Thus far, MHART has seen a 5% reduction in mental health transports by ambulance to the ED, compared to the same time period prior to MHART launch.



A Patient Story

MHART responded to a 'Priority 1' call for shortness of breath, being the closest unit to the emergency. Upon arrival, patient was a middle aged female and a local business owner who was experiencing a situational crisis with anxiety. Patient had taken an Ativan prior to MHART arrival to help with her anxiety.

The MHART crew was able to de-escalate the patient, supporting her in calming. Once calm, the patient accepted referrals to community supports. It was discovered that the patient was also a patient of one of MHART's mental health nurses.

MHART obtained consent and coordinated a counselling appointment for the patient at the family health teams office. Patient was also referred to the crisis line and was provided a CMHA coping card on various exercises for calming.

MHART followed up with the patient the next day to see how she was doing, able to confirm her appointment for the following Monday. MHART was able to cancel fire dispatch, ambulance dispatch, and ultimately averted a visit to the Emergency Department.

