



# CENTRAL IOWA EMS DIRECTORS Synergy

Spring 2012

BRIDGING THE  
GAP BETWEEN  
HOSPITALS  
AND EMS

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**Iowa Health – Des Moines**



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## **EMS:** Dealing *with* Patients *in* Behavioral Health Crisis



**P**atients experiencing an emergent behavioral health crisis are utilizing pre-hospital care services and entering our health care system in ever increasing numbers. This is most certainly due to diminished federal and local mental health dollars and underfunded public programs and agencies.

Many mentally ill patients live right on the edge of their sanity all the time. Throw in an unstable economy and a decreasing federal commitment to the poor and underinsured, and it doesn't take much for them to lose their balance. When they do, they end up in busy EDs that often aren't equipped, staffed or reimbursed to handle their specific needs.

EMS agencies are often caught in the middle of this patient care dilemma. Shrinking numbers of inpatient mental

health beds, fewer inpatient programs and decreasing numbers of behavioral health practitioners makes placement of these patients a daunting task for EMS providers. The trickle-down effect has caused EMS inter-facility mental health transport numbers to spike dramatically. Quite often these patients need to be transported long distances to the only "open bed" in the region, which can often be hours away from their home and family support system. EMS providers are tasked with developing a new set of clinical skills to adequately care for this special population.

The Behavioral Health Services experts at Iowa Health Des Moines have offered some tips to remember when transporting and caring for these specialty patients.

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## EMS: Dealing *with* Patients *in* Behavioral Health Crisis

- **Recognize and manage your own feelings, especially in a highly emotional situation.**

When responding to a medical call, a patient's common emotional state is usually anxiety and fear. In responding to a psychiatric call, the common emotional state may be anger and hostility. Emotional states are contagious, and the feelings of EMS personnel may be the same as the patient's.

- **Be aware of your feelings and maintain a professional, nonjudgmental attitude.**

In medical situations, our experience and competency as "experts" help to allay the fear; however, in psychiatric calls, we can be challenged. First, there is the hostile, dangerous emotional charge. Second, there is more unpredictability in the patient's behavior, which further fuels our emotional state. Third, there is a stigma about psychiatric patients. Recognizing these feelings helps to maintain a professional nonjudgmental approach. Understanding the pathophysiology of psychiatric diseases can help you understand why the patient is acting this way.

- **Your primary concern in the pre-hospital setting is safety for yourself and all emergency personnel involved.**

Due to the poor judgment, unrealistic thoughts, psychotic distortions and high-risk behavior associated with mental illness, patients can present a risk of injury to self and/or others.

- **De-escalate a volatile situation by using good communication skills that establish rapport**

EMS providers should try to calm an agitated patient by using a quiet, soft manner in a secure place, if possible. Give the patient some choices about getting into the ambulance voluntarily or taking medications. If a patient is assaultive or threatening, however, emergency intervention with appropriate medications has to be implemented before anyone gets hurt. Physical restraints may be necessary. Often pre-hospital providers do not carry various medications that can be used to calm down a violent and aggressive patient, and in many instances, police custody is the norm when a person becomes violent. Sometimes, a patient advocate or someone in the mental health field can talk the patient down. If your community has a Mobile Crisis Unit, be sure to know when and how to call for their assistance.

- **Show the patient respect but be firm with setting limits.**

You may have to set limits in order to obtain accurate information, since these patients have a tendency to ramble. A patient may continue to argue, threaten or try to persuade you, but keep the conversation simple and to the point. Do not engage in prolonged conversation, as your main goal is to get the patient give you the information needed and to lie down on the stretcher. Several reinforcement requests may be necessary before the patient cooperates.

- **Where possible, policies and procedures should be developed to address ethical and treatment issues which are likely to be faced by EMS personnel.**

If physical restraints are necessary, always follow local protocols.

- **Be aware of Commonly prescribed antipsychotic medications and their side effects**

- Benzodiazepines:

  - lorazepam, clonazepam, alprazolam

- Antipsychotic medications:

  - Zyprexa, Risperdal, Seroquel, Geodon, Abilify

  - Less commonly used: Haldol, Thorazine, Prolixin, Trilafon

It is important to know your capabilities and local resources. The Behavioral Health professionals at Iowa Health Des Moines are prepared to help you find the answers you need. There are many programs available to meet the needs of mental health patients from early childhood through adolescents and adulthood as well as assist those EMS providers caring for them. One such program is the Behavioral Health Access Center. The Access Center is a service offered in the Emergency Department on the Iowa Lutheran Hospital Campus. The center provides access to mental health and chemical dependency resources. Qualified behavioral health professionals help determine the appropriate level of care for patients experiencing an emergent behavioral health crisis. To contact the access center call 515-263-5249 or visit the Emergency Department at Iowa Lutheran Hospital. More information also available at <http://www.iowahealth.org/behavioral-and-mental-health.aspx>

## Congress Working To Address Drug Shortages

Over the past year, congressional committees have held hearings on the issues surrounding drug shortages and now several members have come together to introduce bipartisan legislation. IHA is tracking three bills that are making their way through the congressional process at this time. IHA is supportive of the bills introduced in the house of representatives and is working with Iowa's delegation to gather more cosponsors. On the senate side, IHA is generally supportive of the senate health, education, labor and pension (help) draft bill as well and is monitoring the bill's movement forward. Below are highlights:

- H.R. 2245, The Preserving Access To Lifesaving Medications Act. Representative Bruce Braley (D-IA) has signed on as a cosponsor. The bill focuses on notification requirements on manufacturers with penalties for violations. Manufacturers would be required to notify the secretary of Health & Human Services (HHS) of a discontinuance or interruption in the manufacture of a drug six months prior to the date of a

discontinuance or interruption, if possible. The secretary would also be required to publish on the website of the Food and Drug Administration (FDA) and distribute to the appropriate health care providers and patient organizations information on discontinuances, interruptions, and drug shortages.

- H.R. 3839, The Drug Shortage Prevention Act. Representatives Leonard Boswell (D-IA) and Dave Loebsack (D-IA) have signed on as cosponsors. The bill would expedite review of drugs vulnerable to shortage with the hope of preventing a shortage in the first place and it would accelerate fda approval of facilities so that manufacturing could proceed quickly. The bill would keep a list of vital drugs and would streamline communications between the fda and manufacturers, distributors, providers and patients to increase transparency.
- The Senate Help Committee, of which senator Tom Harkin (D-IA) is chairman, is accepting comments until April 9 on its biparti-

san discussion draft released late last week. The Help Committee's Bill would also require a manufacturer to notify the secretary of a discontinuance or interruption of a drug six months prior to the discontinuance or interruption, if possible. The bill would give the secretary the authority to expedite review and authorization of a drug vulnerable to shortage. The bill would establish a task force to mitigate and prevent future drug shortages. The secretary would also be required to keep records of drug shortages and would have the authority to contract with a third party to conduct an analysis of the data in order to submit a report to congress regarding trends of such shortages. More information can be found here.

IHA will continue to monitor the legislation and issues surrounding drug shortages to keep members apprised of new developments. Drug shortages are likely to be an issue of focus during next month's American Hospital Association annual meeting in Washington, D.C. Questions and comments may be directed to Abigail Stork at IHA.

This article is courtesy of



IOWA HOSPITAL  
ASSOCIATION



# Mobile Crisis Response Team

The Mobile Crisis Response Team (MCRT) provides short term crisis management for children, youth and adults experiencing a mental health crisis. A mental health crisis can be defined as the onset of an emotional disturbance or situational distress involving a sudden breakdown of an individual's ability to cope.

## 2013 NREMT Refresher

### Basic

January 11, 12, 13 2013

### Advanced

January 25, 26, 27 2013

Location: TBD

### Goals of MCRT Are To:

- stabilize clients in their home
- prevent unnecessary hospitalizations
- prevent unnecessary incarcerations
- save valuable police time



### Who Is MCRT?

MCRT is a collaborative effort where registered psychiatric nurses and mental health professionals are dispatched at the request of law enforcement. In collaboration with Tall law enforcement in Polk County and Dallas County, Polk County Health Services contracts with Eyerly-Ball Community Mental Health Services to provide MCRT services.

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### What to Expect from MCRT:

- responds with the police officers
- completes a mental health assessment
- helps to stabilize situations with on-site crisis management
- one time medication management
- provide referrals for services
- if necessary--facilitates an emergency room mental health evaluation
- follow-up contacts

### How To Access MCRT?

**If you have a mental health crisis and are in need of emergency assistance, call 911.** Tell the person answering the call clearly what the situation is and it is a mental health crisis.

If you would like to speak with a MCRT member regarding a non-emergent issue, please call Des Moines Dispatch at (515) 283-4811 and ask to speak with a MCRT member.

For non-emergency questions regarding MCRT, you can also contact: Kelly Drane, Des Moines Police Officer (515) 205-2270

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