

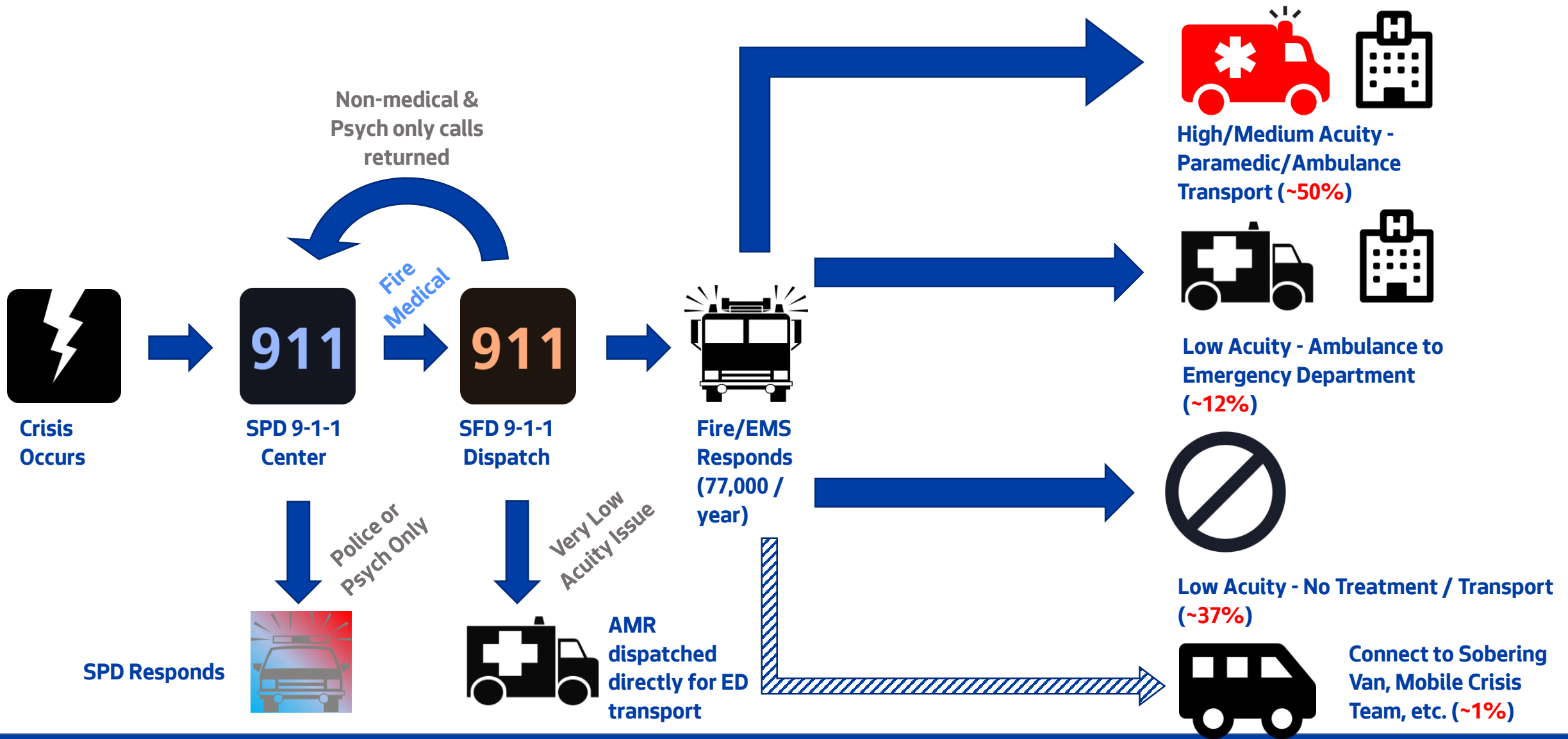
# SFD Pilot of a Mobile Integrated Health Response Unit

Presentation to Gender Equity, Safe Communities,  
New Americans, and Education Committee

SLI 13-40-A-3

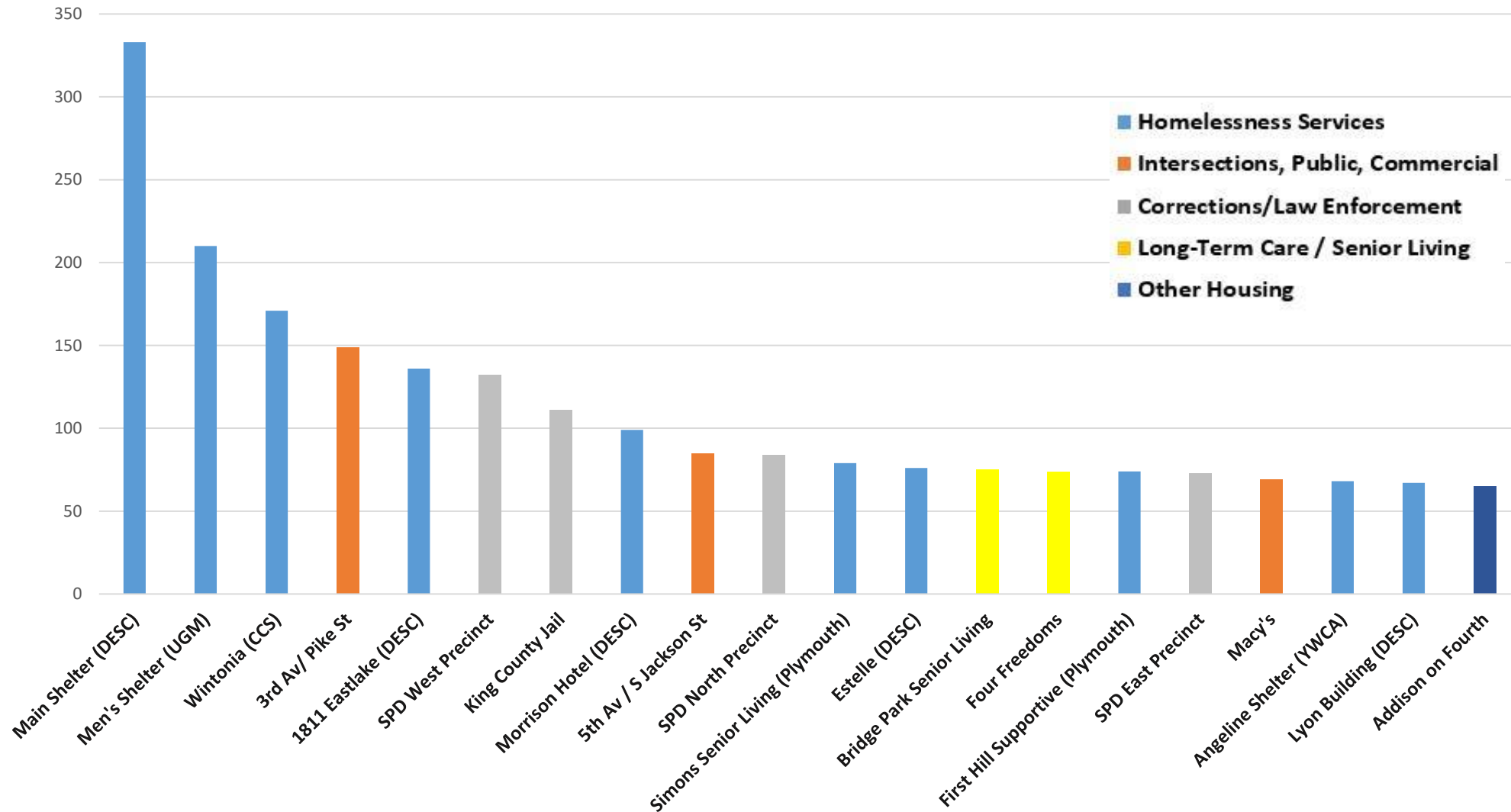


# Current 9-1-1 System: SFD Response to Crisis / Medical Emergency



# SFD Top-Visited Locations by # of Low Acuity Alarms, 2018

Source: Electronic Health Records



# Emergency Response Interdepartmental Effort

- **The Team:**

- Seattle Fire Dept.
- Seattle Police Dept.
- Human Services Dept: Staff from both Homeless Strategies + Aging and Disabilities
- Public Health of Seattle and King County
- City Budget Office
- Mayor's Office

- **The Mission:**

- How might we reduce lower-acuity calls by engaging at the source?
- How might SFD respond more appropriately to lower-acuity calls?



# Understanding the why of lower acuity calls

- **Permanent Supportive Housing (PSH) and Emergency Shelter Challenges**
  - Increasing age and acuity of adult homeless population and PSH residents
  - Effectiveness of training is impaired by staff turnover
  - “No lift” policies
  - Not enough medical respite beds
  - Medicaid reimbursements are don’t quite fit the interventions needed
- **Healthcare System Gaps**
  - Lack of low-barrier urgent care and walk-in healthcare options downtown
  - Lack of appropriate low-barrier after-hours care
  - Lack of non-911 alternative transportation
  - No Skilled Nursing Facilities or Adult Family Homes for this population



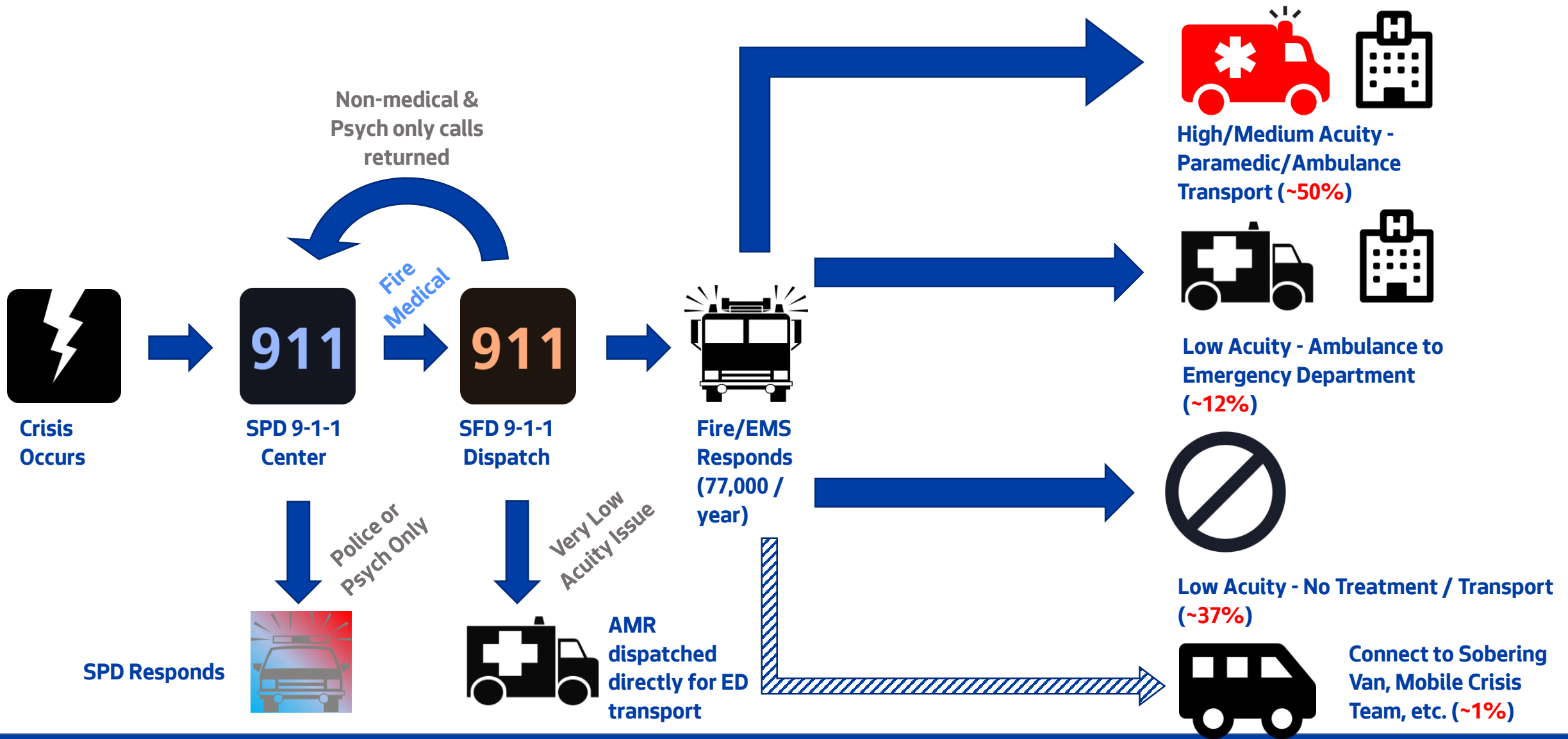


# Future Opportunities to Reduce Low Acuity Calls

- **New thinking about triage**
  - Adding nurse triage capacity to 911 dispatch
- **Explore potential programming to aid shelter and PSH providers with non-emergent medical needs**
  - Access to nurse call line
  - Expanded hours of onsite healthcare
  - Dedicated mobile response
- **Alternative Transportation**
  - Taxi vouchers or rideshare partnerships
- **Medicaid transformation efforts and PSH**



# Current 9-1-1 System: SFD Response to Crisis / Medical Emergency

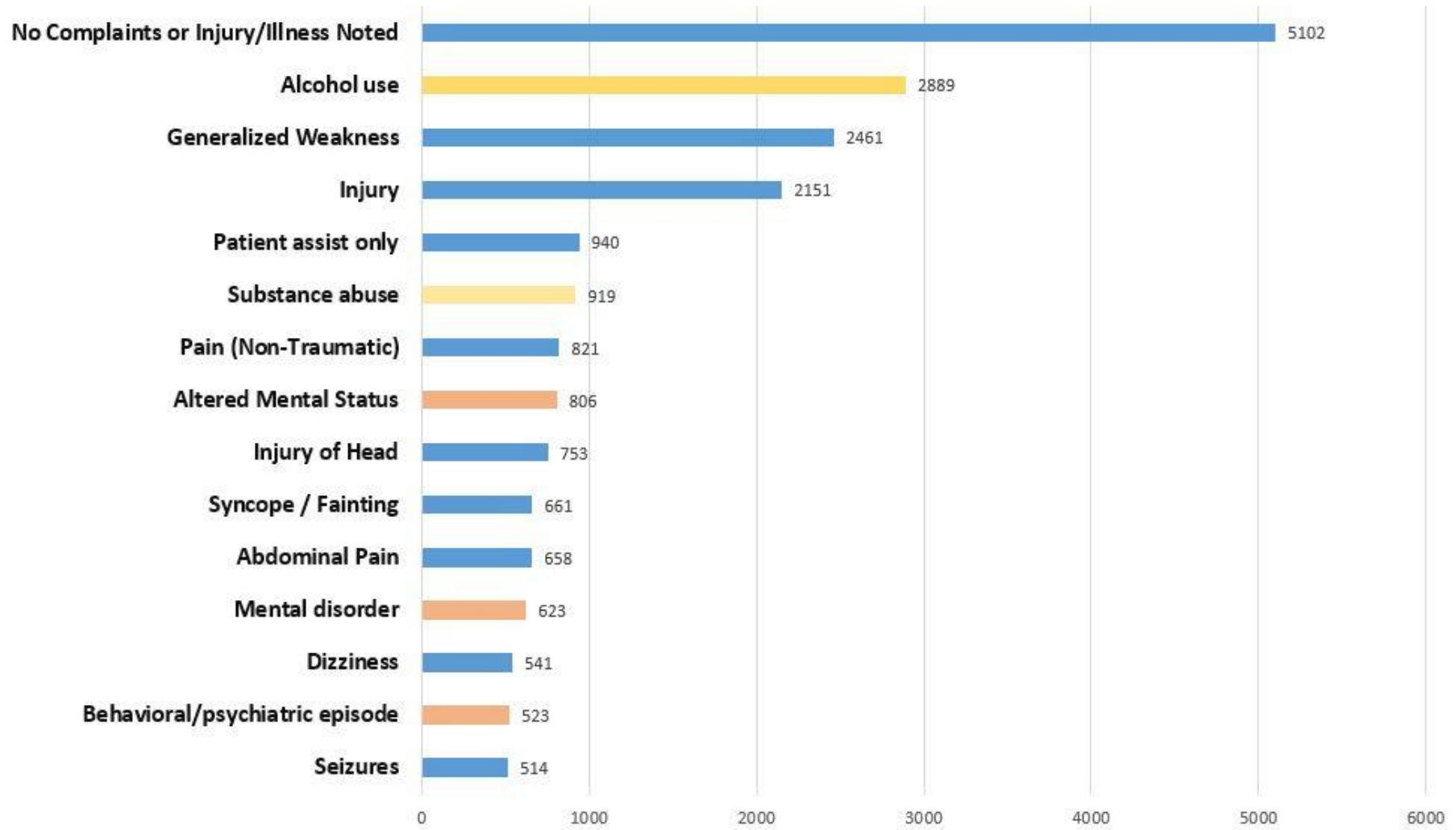


# Patient Dispositions





### Primary Impressions for Low Acuity Records, 2018

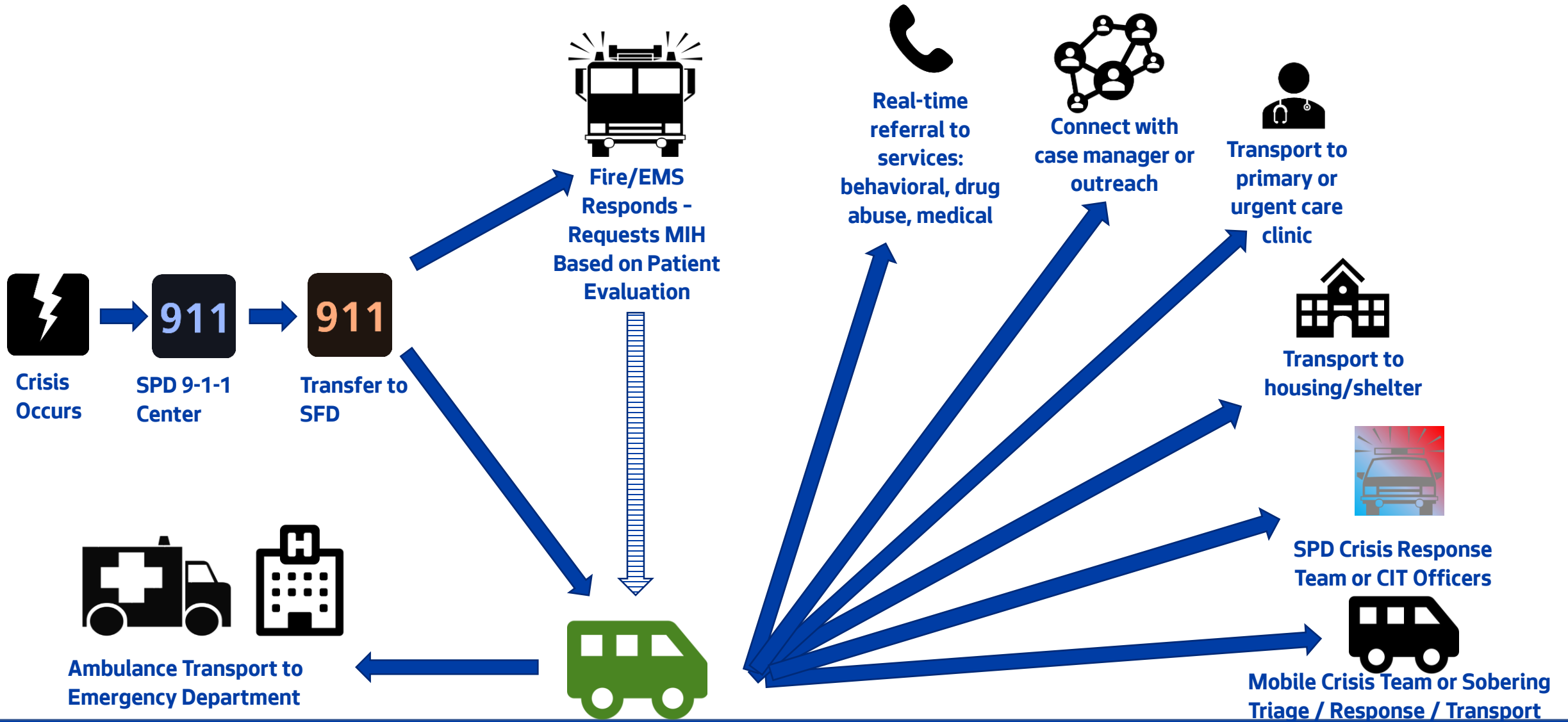


# Pilot Proposal: Mobile Integrated Health

- Builds on national, regional, local examples
- Capitalizes on Fire Service's core strengths: immediate response, flexible, adaptable, team-based
- Two overarching goals:
  - Provide improved patient experience of care and response outcomes
  - Lessen the impact of low acuity calls on SFD operations



# Potential Mobile Integrated Health Pathways

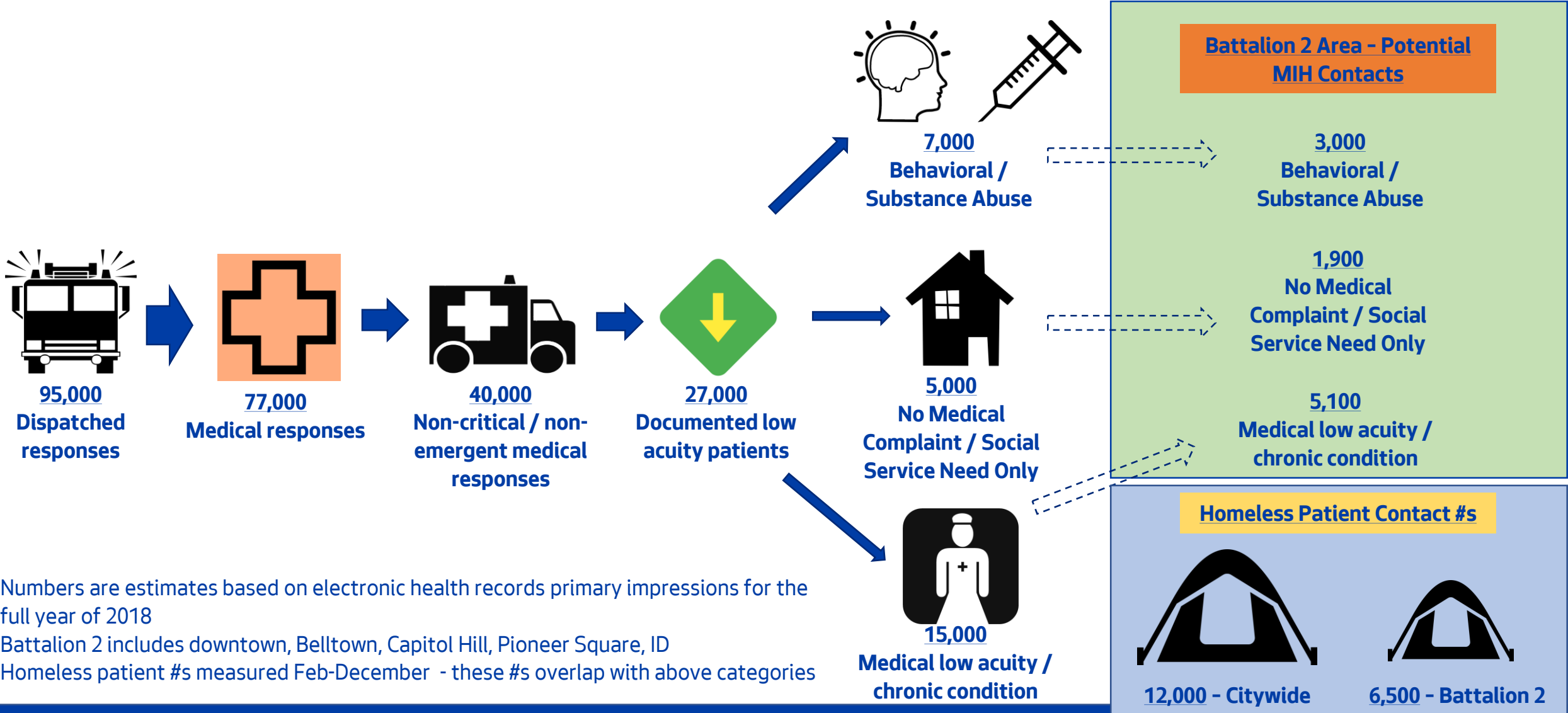


# Operational Details

- Staffing: two Firefighters/EMTs, one social worker or mental health counselor
- Coverage: downtown, Pioneer Square, Belltown, adjoining residential neighborhood (e.g., Capitol Hill)
- Hours: M-F peak hours (8-12 hours/day)
- Patient Contact Method: Response-based
- Vehicle: SUV or similar
- Period: Minimum one year (2019 one-time funding)
- Launch: Late 2019



# Potential Mobile Integrated Health Patients



Numbers are estimates based on electronic health records primary impressions for the full year of 2018  
 Battalion 2 includes downtown, Belltown, Capitol Hill, Pioneer Square, ID  
 Homeless patient #s measured Feb-December - these #s overlap with above categories

# Evaluation and Metrics

- Will conduct rigorous post-hoc evaluation and provide quarterly reports
- Applying for grant to conduct PhD-level evaluation through UW
- Selected performance metrics:
  - Total responses / total patient contacts
  - Responses by type and location
  - Dispositions by type
  - Total alternative transports made
  - Total referrals made, and by type
  - Patient outcomes
  - Impact on SFD Operations (total low acuity alarms, UHU, response times)

