Kevin Mackey, MD
Medical Director of the Mountain Valley Emergency Medical Services Agency
Dr. Mackey is a board certified EMS physician and currently serves as medical director for Sacramento Regional Fire Services, comprised of four fire departments that serve 1.6 million citizens and respond to over 180,000 EMS calls for service annually. He is also the associate medical director for a five-county regional EMS system in central California where he is the Principle Investigator for a Community Paramedicine project focusing on paramedic assessment and clearance of behavioral health patients in the field. He is a full-time emergency physician, is the president of the Emergency Medical Directors Association of California, and currently serves on the board of directors for the National Registry of EMTs.

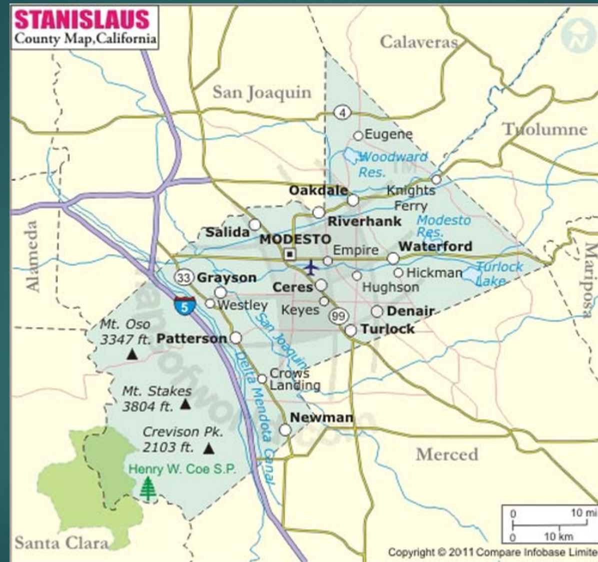
Shannon Smith-Bernardin PhD, RN, CNL
Asst Adjunct Faculty, UCSF School of Nursing
Director of Clinical Services, LA Department of Health Services Housing for Health
Shannon Smith-Bernardin PhD, RN, CNL completed her PhD in Nursing, Health Policy with UCSF and has over 12 years' experience as a registered nurse. She specializes in homeless healthcare services, non-hospital alternatives for individuals with chronic and acute alcohol intoxication, and community interventions including medical respite/recuperative care, sobering care, and managed alcohol programs. Her current research is aimed at investigating sobering facilities, to establish guidelines, best practice and cost-effectiveness information to be utilized by existing programs or cities/counties interested in creating their own program.

During her PhD at UCSF School of Nursing, Social & Behavioral Sciences, Dr. Smith-Bernardin was a pre-doctoral fellow at the Alcohol Research Group in Emeryville CA and the Deputy Director of the San Francisco Sobering Center. She is currently the Director of Clinical Services at Housing for Health in Los Angeles Department of Health Services, overseeing the medical and nursing service integration within county-wide recuperative care, sobering centers, and homeless street-engagement services.

Alternative Destination: Behavioral Health

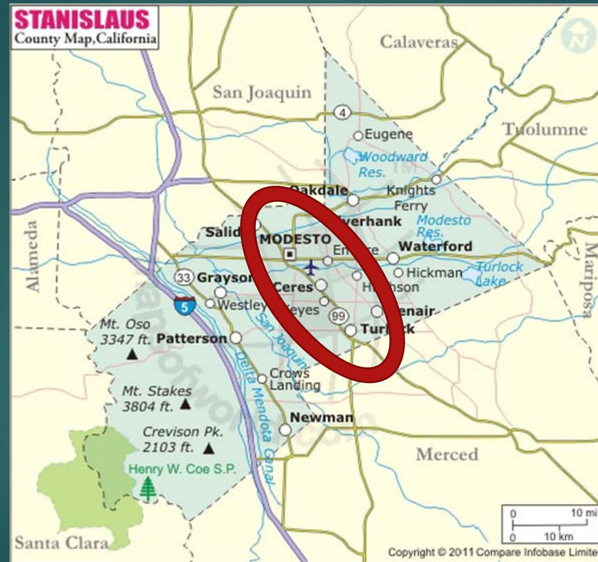
KEVIN E MACKEY MD, FACEP, FAEMS
MEDICAL DIRECTOR, MOUNTAIN VALLEY EMS AGENCY

Triple Aim



Stanislaus County

- 1500 sq miles
- Population = 550,000
- Fire first response (BLS and ALS)
- Private ambulance ALS response and transport



Sick/"Not Sick"

Well Person Algorithm

- Vitals normal?
- No medical or traumatic complaints
- Not overtly hypo/hyperglycemic

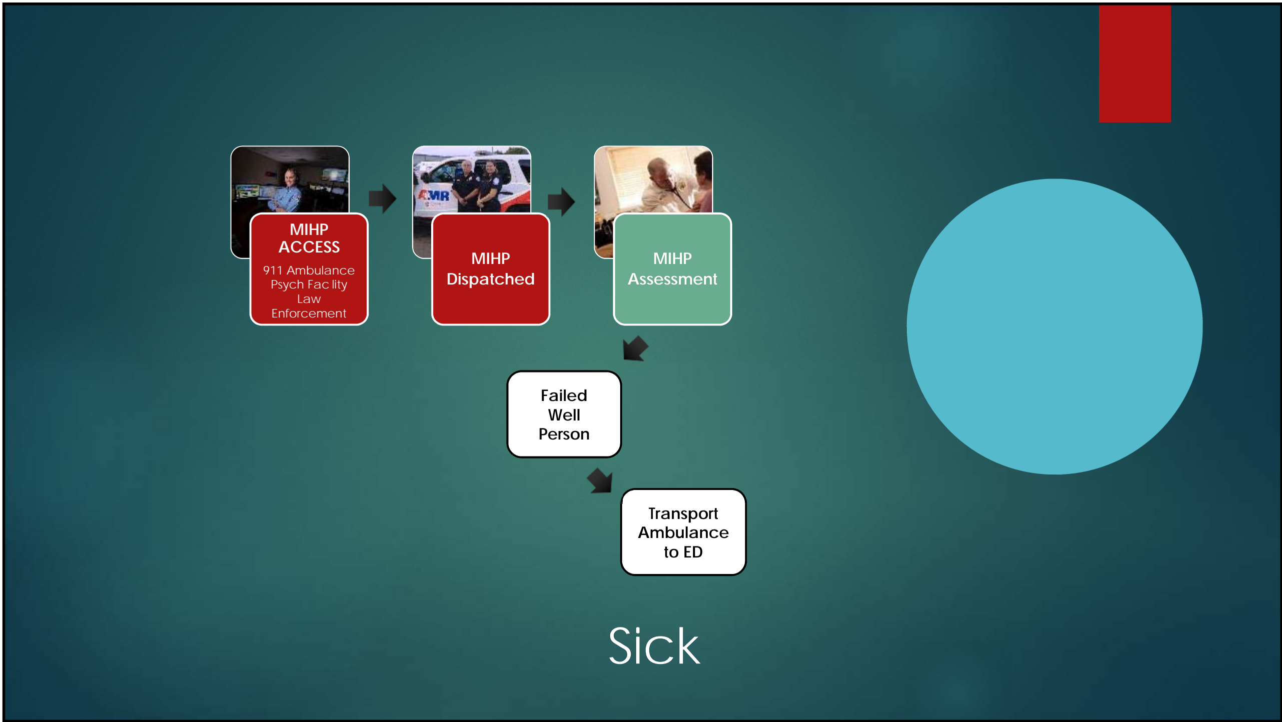
EVERY Paramedic Learns this Algorithm

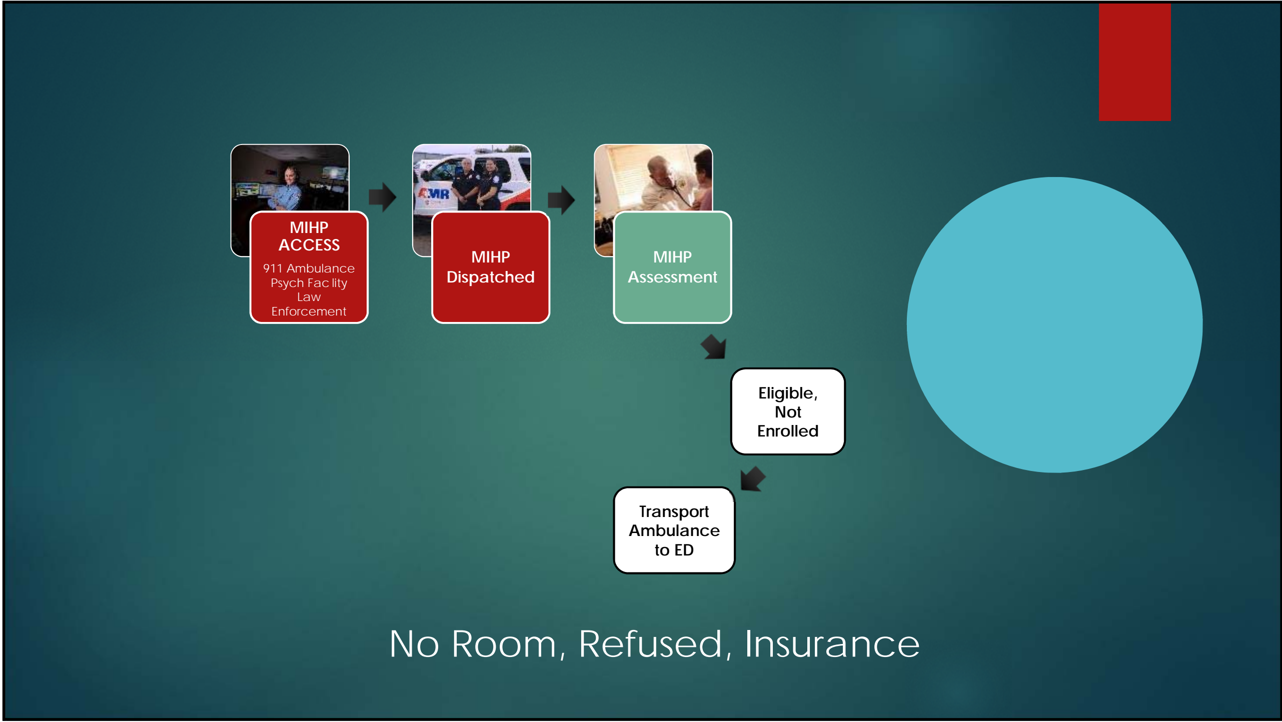
Safe for Psych Dispo

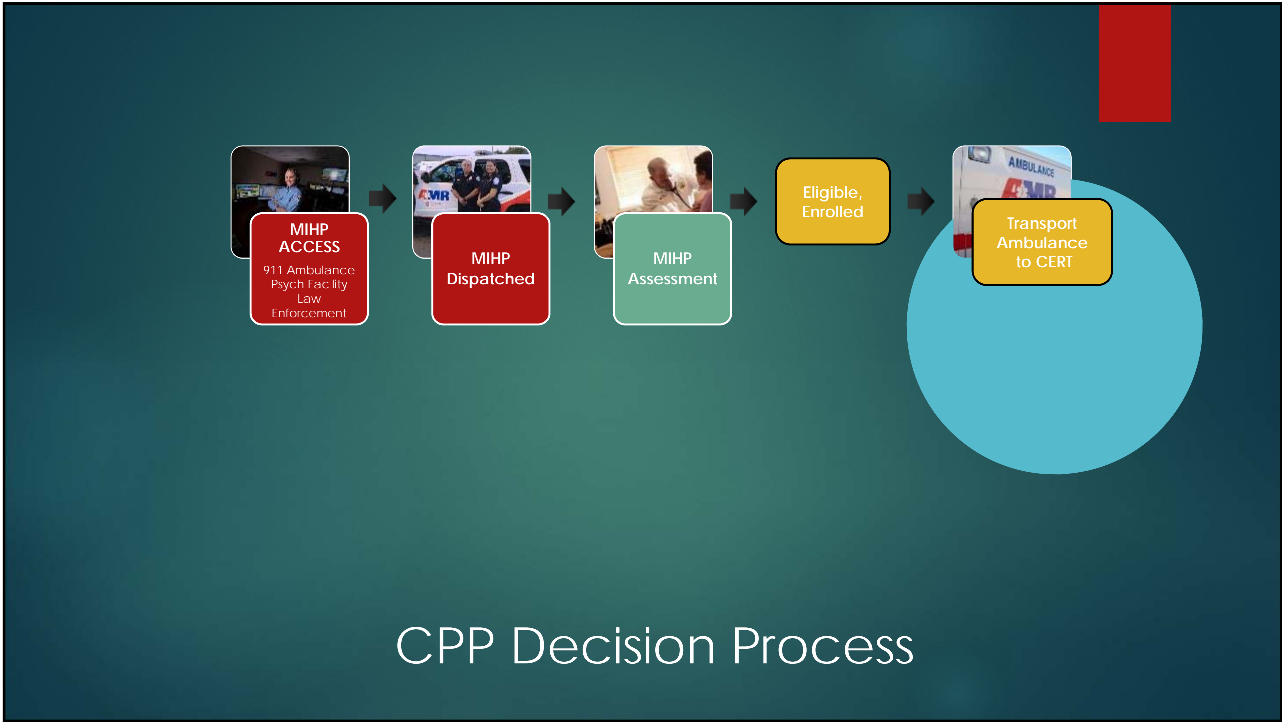
Psych Clearance

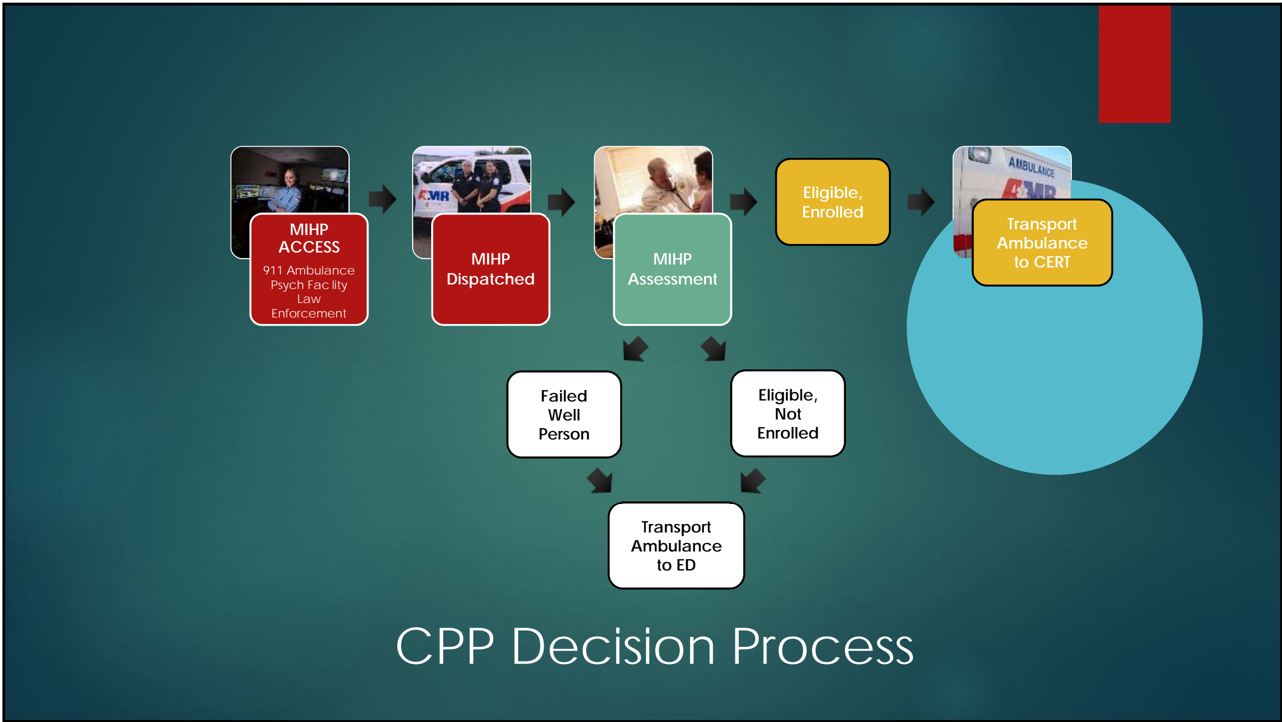
- Reconfirm WPA
- Assess for safety (nonaccidental poisoning, lacerations, intoxication

Only for Community Paramedics


MIHP ACCESS
911 Ambulance
Psych Fac lity
Law Enforcement
MIHP Dispatched
MIHP Assessment
Failed Well Person
Transport Ambulance to ED
Sick


MIHP ACCESS
911 Ambulance
Psych Fac lity
Law Enforcement
MIHP Dispatched
MIHP Assessment
Eligible, Not Enrolled
Transport Ambulance to ED
No Room, Refused, Insurance


MIHP
ACCESS
911 Ambulance
Psych Fac lity
Law
Enforcement
MIHP
Dispatched
MIHP
Assessment
Eligible,
Enrolled
Transport
Ambulance
to CERT
CPP Decision Process


MIHP
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911 Ambulance
Psych Fac lity
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MIHP
Dispatched
MIHP
Assessment
Eligible,
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Transport
Ambulance
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Not
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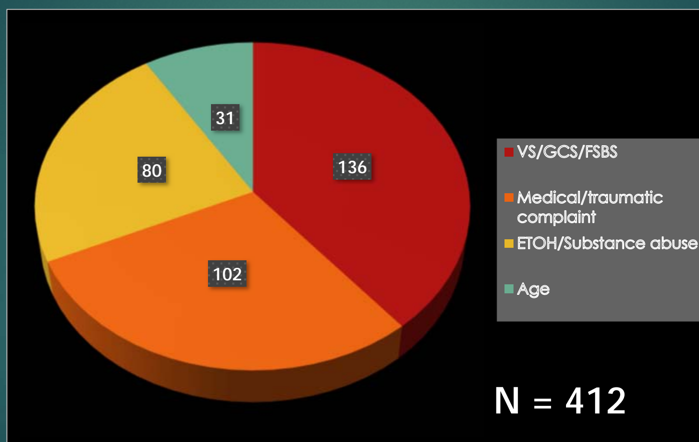
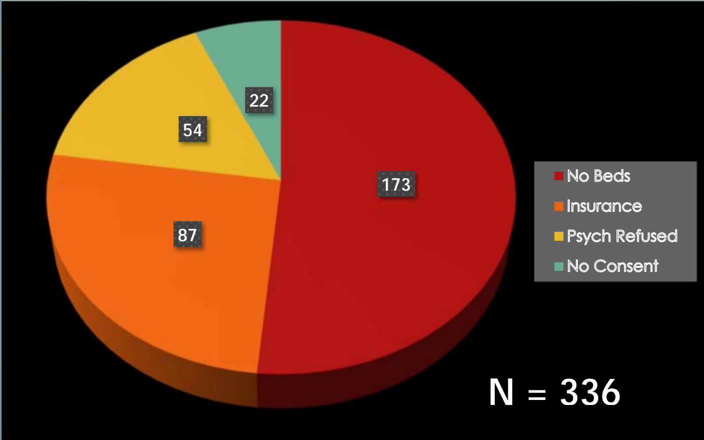
Transport
Ambulance
to ED
CPP Decision Process

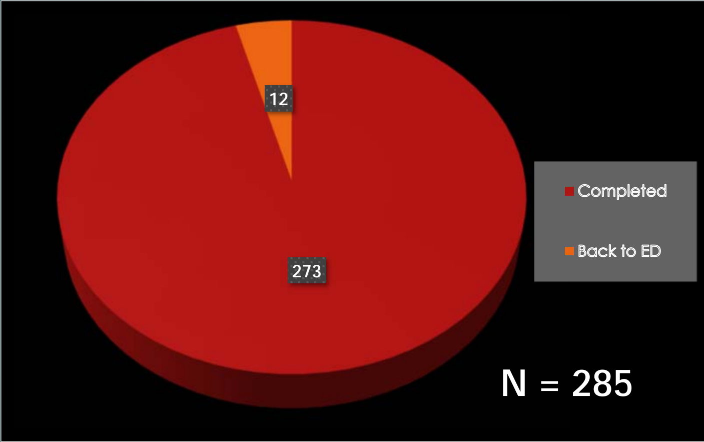
Sick/Not Sick



Eligible/NOT Enrolled



Eligible/Enrolled



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Questions?

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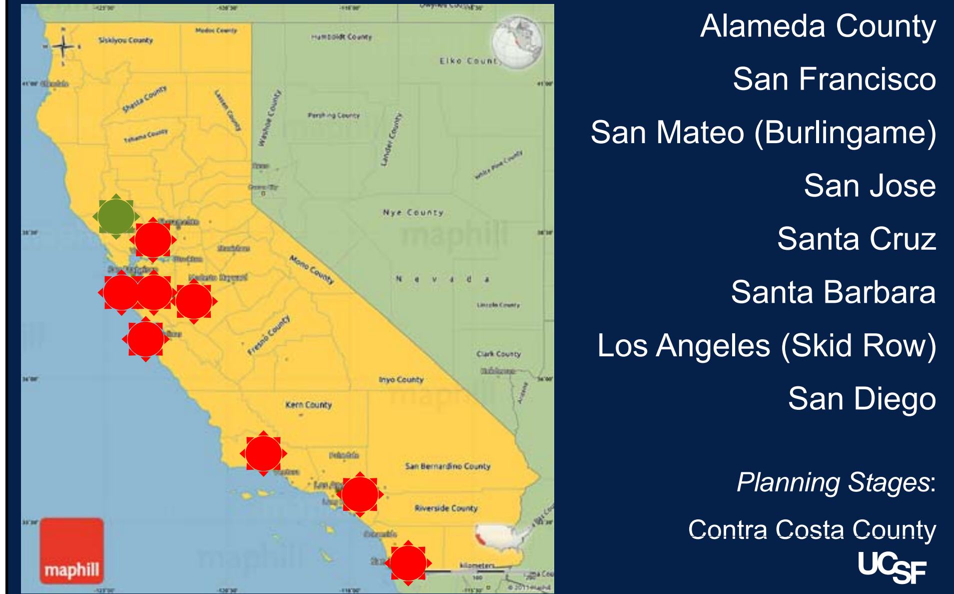
Sobering Centers as an alternate destination for paramedics

Medical Board of California, April 2018

Shannon Smith-Bernardin PhD, RN, CNL
Lead, EMSA Pilot #173 San Francisco Sobering
Deputy Director, SF Sobering Center (2007-2017)
Asst Adjunct Faculty, UCSF School of Nursing

4/4/2018



Typical Sobering Visit

- Vital signs at admission, then q2-4 hours
- Initial assessment: physical assessment, drinking patterns, withdrawal hx
- Rewarming
- Oral rehydration, food
- Hygiene services: showers, laundry, delousing, clothing
- Psychosocial assessments: shelter, treatment interest

UCSF

Emergency Capability on Site

- AED, Bag-valve-mask
- Oxygen concentrator & 2 tanks
- Non-rebreather masks, nasal cannulas, nebulizer

- Medications
  - Chest pain: aspirin, oxygen, nitroglycerin
  - Opioid OD: naloxone
  - Hypoglycemia: glucagon
  - Allergy: epinephrine

- Standardized Procedures for Registered Nurses

Study: Secondary Transfers out of Sobering
(Smith-Bernardin, Kennel, & Yeh, submitted 2018)

Referral Source to Sobering	Admissions July 2013 to June 2016	Discharged to ED via EMS	% Encounters sent out via EMS to ED
All Parties	10,980	506	4.6%
Ambulance	4,045 (37% of total)	151	3.7%
ED via Van	1,348 (12% of total)	62	4.6%

Results: Clinical Reasons for Discharge to ED

Clinical Reason for Discharge	All (n=213, 168 UDC)	All %	EMS Admits (n=151)	EMS Admits %	ED via Van Admits (n=62)	ED via Van Admits %
Pulse *High, > 100bpm*	56	26%	27	18%	29	47%
Alcohol Withdrawal	45	23%	19	13%	22	36%
Pain, *compliant of*	40	19%	26	17%	14	23%
Emesis	28	13%	18	12%	10	16%
Altered Mental Status	28	13%	27	18%	1	2%
BP High, *> 160 systolic, >100 diastolic*	25	12%	12	8%	13	21%
Client Request *(No obvious need)*	25	12%	16	11%	9	15%
Chest Pain	18	8%	6	4%	12	19%
Seizure	16	8%	9	6%	7	11%