



# VANCOUVER POLICE DEPARTMENT

## Investigation Division

**Date:** January 5, 2012

**To:** Councillor Kerry Jang & City Council

**CC:** Deputy Chief Adam Palmer

**From:** Inspector Ralph Pauw

**Subject:** **Hospital Wait Times**

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Hospital wait times for VPD members “handing off” patients who have been apprehended under section 28 of the Mental Health Act or arrested pursuant to an outstanding mental health warrant has been a concern for the VPD for many years. The demand placed on hospital staff by population growth and de-institutionalizing patients are contributing factors. In addition there has been an increase in apprehensions by the VPD as a result of our crisis intervention training that we provided to our operational members over the last several years. The number of apprehensions continues to grow every year, but due to the proactive solutions we created, the actual wait times for members handing off patients has dropped from an average of seventy one minutes to approximately sixty (see attached graphs).

A great deal of work has been done to streamline our hand off process with hospitals as well as identifying a working group of key members from the VPD and our two main hospitals, Vancouver General Hospital (VGH) and St. Paul’s Hospital (SPH) to solve any issues our respective agencies have in our daily interactions with each other, such as critical incidents, missing patients and wait times. I established a committee with representatives from all four districts of the VPD as well as decision makers and practitioners from both hospitals. This working group met for the first time at our headquarters on November 15<sup>th</sup>. The meeting was very productive and both the VPD and hospitals described solutions to creating a better working relationship and hand off processes. One such solution was a suggestion from hospital staff to have police call a designated police only line at both hospitals giving them advance notice that police were en route with as patient. Hospital staff believe they can prepare for the arrival of the patient while police are en route, this may ultimately shave several more minutes off the overall police hand off process. The next meeting is set for January 31, 2012.

In addition to the committee, I co-chaired several meetings with Vancouver Coastal Health (VCH), VGH and SPH over the last several months with a focused objective to create a better hand off process for section 28 apprehensions and warrants for apprehension. As a result, a new hand off template is now in use at VGH, this template dictates hospital and police responsibilities for apprehensions, director and judicial warrants (see attached template). SPH is on board with the changes and every indication is that they will accept the new guidelines and come online early 2012. The goal is to have one set of clear guidelines for the VPD and the two main hospitals in Vancouver. These guidelines will clearly outline what is expected from each

agency. All agencies have agreed to set a target for police wait times to be less than fifty three minutes for regular section 28 apprehensions.

Significant progress has been made in the hand off process for patients that have director or judicial warrants in force. The new process will remove the need for police to stand by while the patient is medically cleared and re-assessed by a physician. Police will now simply hand the patient over to emergency room staff; once the patient is secure members will return to duty. The first client hand off under this new policy occurred on October 26<sup>th</sup> at VGH. Members attended the emergency triage nurse station and advised they had arrested a patient who had a directors form 21 warrant in force for them. The nurse produced the template and followed its direction; she called over hospital security who took custody of the patient. The nurse received a verbal report from the members and advised them they were free to leave, total elapsed time, ten minutes. Members were shocked at the speed in which they were returned to duty to be available for other priority calls. A new template has been loaded on VPD desktops and the laptops will be reconfigured in late January as part of the routine upgrades to patrol laptops. This new PRIME template will allow my analyst to track wait times for warrant and judicial apprehensions in addition to our regular section 28 apprehensions (see wait times and apprehension graphs).

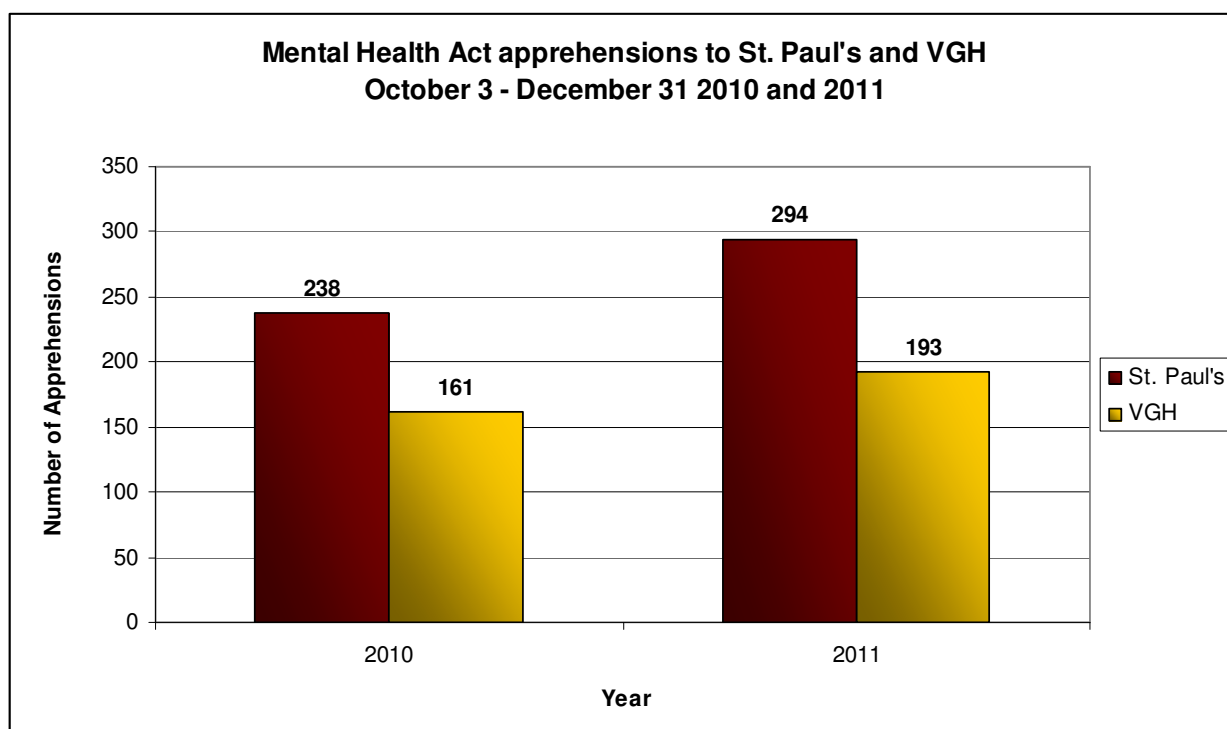
I am member of the British Columbia Association of Chiefs of Police (BCACP) sub committee on Mental Health; in that capacity I presented to the panel in December 2011. I described the changes and initiatives the VPD was undertaking to reduce wait times and the working relationship with our two main hospitals. Other agencies represented, requested copies of our template for review and possible implementation at their respective agencies. At this meeting, I requested support from the BCACP for a change in the definition of "Physician" which includes "Medical Practitioner" under the Mental Health Act to include Psychiatric Triage Nurse (PTN) and ER Triage Nurse (TN). The logic behind the change is quite simple; currently the act dictates that police must deliver the apprehended patient to a physician. To comply, our members must attend the emergency department and wait in lengthy queues to see the lone medical doctor who is very often backlogged with medical emergencies. My proposal is to provide the capacity and legal ability for the TN and PTN to take custody of the patient rather than the medical doctor if he/she is not available. My research at the hospitals has confirmed that the TN and PTN's are in fact more than qualified to fulfill this role. Currently this practice is in place in rural communities where a physician is not always available. What this would mean to police is once a member arrives at hospital they would relay the circumstances of apprehension to either the medical ER doctor or the nurses. Once the medical practitioner decides that grounds exist to admit the patient or hold for examination the police would be free to leave the hospital, write the report and carry on with servicing the community. This simple change would give the police the legal authority to leave the patient in the care of the nurses or the physician and would significantly reduce members wait times at hospital. This change would also have a positive impact on patient care. Currently a patient is forced to sit with police in the waiting room, sometimes for hours, delaying their assessment and treatment.

Inspector Ralph Pauw  
Youth Services Section and Mental Health

## Hospital Wait Times at VGH and St. Pauls

### October 3 - December 31, 2010 and 2011

In November 2011, data was collected on average wait times at VGH and St. Paul's in order to determine wait time reductions resulting from new ER procedures at VGH. This analysis reflected the average wait times for a 5-week period from the implementation of the new procedures on October 3, 2011 until November 6<sup>th</sup>. The present charts illustrate the number of apprehensions and subsequent wait times from October 3<sup>rd</sup> to December 31, 2011, in addition to providing comparative data from the same period in 2010.



### Admissions vs. Wait Times at St. Paul's and Vancouver General

October 3 – December 31, 2011:

541 Incidents between October 3 and Dec 31; of these, 487 went to either St. Paul's or VGH.

294 went to SP; avg wait 0:58 (based on 298 complete templates)

193 went to VGH; avg wait 1:02 (based on 189 complete templates)

The average wait time for all hospitals for this period is 1:05.

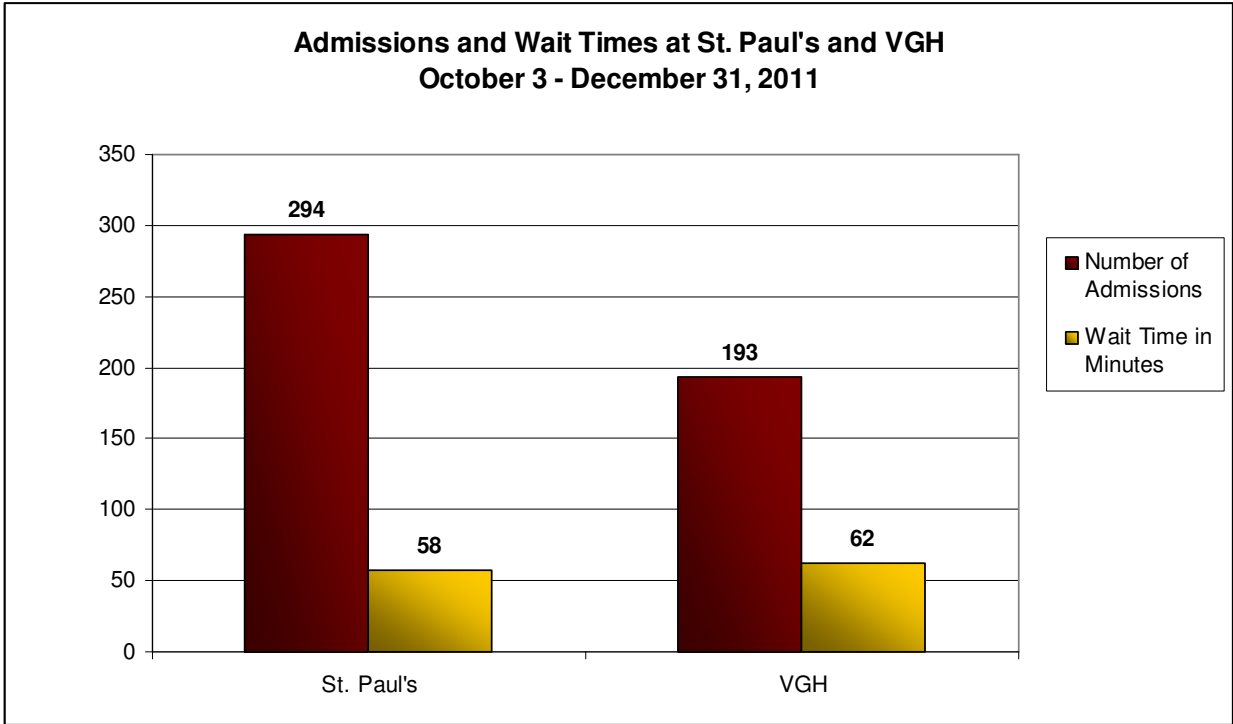
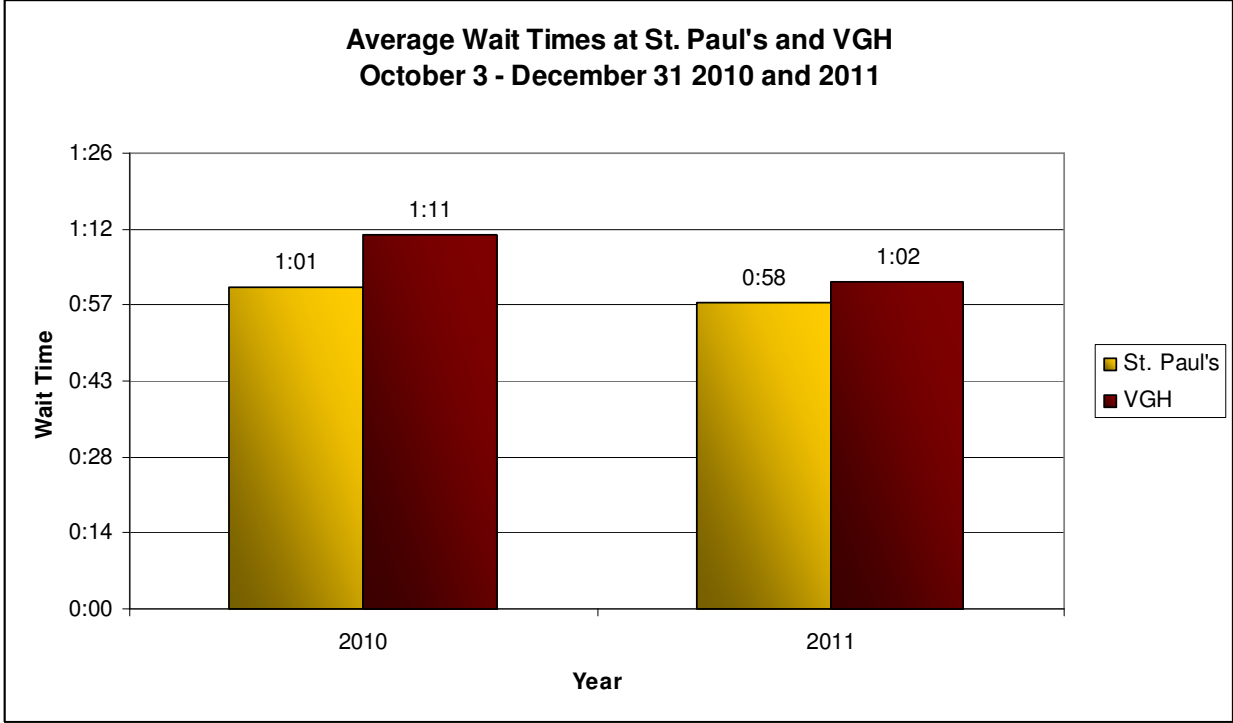
2.5% (14 templates) incorrect or incomplete

October 3 – December 31, 2010:

439 incidents between October 3 and Dec 31 2010.

SP: 238 in same period last year; Average 1:01

VGH: 161 in same period last year; Average 1:11



**Despite significantly more admissions to St. Paul's between October 3 and December 31, 2011, wait times at that hospital were four minutes shorter on average than at VGH.**