Vulnerable Populations Strategic Initiative

Countywide Needs Assessment

June-July 2014

The objective of this needs assessment was to gather information from King County fire department personnel on the interface between EMS and vulnerable populations in KC, Washington. Vulnerable populations are defined as groups of individuals who share characteristics (race/ethnicity, limited English proficiency, poverty, isolation, physical or mental disability, lack of insurance, homelessness, etc.) that affect care delivery across the EMS delivery system (dispatch, EMS at scene, after care) and are not related to patient's acute medical event.

The survey builds on a FIRE20/20 survey entitled: "National Multicultural Community Fire Prevention Study." The questions for this survey addressed four main areas:

1. Customer Service: How well does EMS provide services to its customers?
2. Communications: What communication challenges exist with customers?
3. Capacity: What training or capacity needs are there for delivering high quality services to customers?
4. Public education: What education needs are there for improving the interface between 9-1-1 and customers?

An online Catalyst Web survey, including both closed and open-ended questions, was e-mailed to the chiefs and training officers of all King County fire departments, including Seattle. The survey link was open for 8 weeks and one follow-up e-mail was sent during the third week. A total of **698 EMS providers responded** to the survey with 50% of responses coming from three fire departments (26% of responses from Kent FD RFA, 15% from Renton FD and 9% from ESF&R). Five fire departments did not have any responses and they are not included in any of the analyses.

Summary of Results: The patient groups that pose the greatest challenges for effective service delivery are 1) patients under the influence of alcohol or drugs, 2) institutionalized patients (i.e., nursing home, adult family home), and 3) patients who speak limited English (LEP). Two of these groups (LEP and patients under the influence) are also the groups where communication is rated as ***most*** challenging between the providers and the patients.

EMS providers reported the greatest 9-1-1 education needs for ***patient groups*** from culturally diverse communities, care givers of institutionalized patients, and patients with limited English proficiency.

Greatest perceived training needs for ***firefighter/EMTS*** are for trainings on how to effectively interface with LEP patients and patients with mental health conditions. Survey respondents were particularly interested in tools/technologies to assist them in communication with LEP patients and in referral of patients with non-emergency needs to social services.

The greatest perceived needs for FF/EMTs in providing services with vulnerable populations were reported as : education (educating the general public, culturally diverse communities and care givers of care facilities), resources (more tools to assist providers in communication and referrals), system changes (allowing providers to leave patients who do not have a medical emergency at home or transporting to other (non-ED care facilities) and communication (access to communication services, training in communication).

The next section includes the frequency distribution for the answers to the survey questions. Line items that are bolded reflect the high frequency responses.

1. How often are there challenges to ***effectively delivering EMS services*** to the following patient groups?

	All of the time	Frequently	Infrequently	Never
Patients from diverse cultural communities	7%	51%	40%	2%
Patients who speak limited English	**11%**	**62%**	27%	1%
Patients who are deaf/hard of hearing	2%	15%	75%	8%
Patients who are homeless	9%	48%	41%	3%
Patients with a mental health condition	9%	57%	33%	1%
Patients who are institutionalized (i.e. nursing home, adult family home etc.)	**16%**	**43%**	38%	3%
Patients who are socially and physically isolated	3%	34%	59%	3%
Patients with serious physical limitations (disabled)	5%	42%	51%	2%
Patients under the influence of alcohol and drugs	**18%**	**60%**	21%	1%

Other Patient Groups: (N= 198 responses)

Responses: Other categories include kids (alone or unchaperoned), patients in jail, obese, combative, special needs, elderly, transient, and gang members.

2. How often do ***communication challenges*** affect your ability to deliver high quality care to the following patient groups?

	All of the time	Frequently	Infrequently	Never
Patients from diverse cultural communities	4%	47%	46%	4%
Patients who speak limited English	**12%**	**57%**	29%	2%
Patients who are deaf/hard of hearing	3%	16%	72%	9%
Patients with a mental health condition	5%	46%	47%	3%
Patients under the influence of alcohol and drugs	**12%**	**54%**	31%	3%

Other patient groups: (N=68 responses)

Responses: Ten respondents (11%) mentioned that they either didn't feel that communication challenges affected their quality of care or that the communication challenges were surmountable.

These respondents mentioned that lack of services, poverty, and other factors complicate the quality of services more than communication challenges.

Other groups mentioned: children, mentally challenged, illegal aliens, homeless and patients who are non-compliant with their medication.

3. In your opinion, how much need is there for ***public education about when to call 9-1-***1 for the following patient groups?

	Great need	Moderate need	No need
Patients from diverse cultural communities	**54%**	39%	7%
Patients who speak limited English	**47%**	43%	10%
Patients who are deaf/hard of hearing	9%	38%	53%
Patients who are institutionalized (i.e. nursing home, adult family home etc.)	27%	52%	22%
Care givers of institutionalized patients	**55%**	39%	7%
Patients with serious physical limitations (disabled)	20%	59%	1%0

Other patient groups: (N=108 responses)

Responses:

30% mentioned the general public ("people just want a ride", need to educate kids in school; "people have erroneous perceptions (think they will be seen more quickly if they come in by EMS).

20% mentioned caregivers of a variety of different care systems (nursing homes, adult family homes etc.). Lots of comments about the fact that these facilities have "policies" that require staff to call 9-1-1 even when the attendants are more highly trained medical professionals (RNs). Levy funds (i.e. 9-1-1) sponsors these very expensive care facilities

5% Medical clinics (EMS gets called for patient transfers where an Ambulance/Cabulance would do.

45% Other: kids; elderly, mental health patients, homeless, recent immigrants…..and "cats"

4. In your opinion, how much need is there for ***training firefighters/EMTs*** to effectively serve the following patient groups?

	Great need	Moderate need	No need
Patients from diverse cultural communities	14%	64%	22%
Patients who speak limited English	**20%**	**61%**	19%
Patients who are deaf/hard of hearing	6%	51%	43%
Patients who are homeless	14%	54%	32%
Patients with a mental health condition	**26%**	**57%**	17%

Patients who are institutionalized (i.e. nursing home, adult family home etc.)	7%	49%	44%
Patients who are socially and physically isolated	8%	55%	37%
Patients with serious physical limitations (disabled)	6%	55%	39%
Patients under the influence of alcohol and drugs	16%	54%	30%

5. In your opinion, which patient populations are ***the most challenging*** to provide high quality services to? Please explain why this is the case (N=428 responses)

Overwhelming majority reported that ***patients with LEP and patients from different cultures are most challenging*** due to difficulties in communication about the characteristics of the medical event, the lack of understanding about the 9-1-1 system (what it's used for), the difficulties in understanding how the cultural norms of communities affect "filtering" of communication, barriers to medical examination of certain patients (female, elderly) and the lack of options for dealing with these language barriers. EMS providers report having used language line (with positive and negative outcomes), younger children (often the children speak better English than the parents and don't "filter" the information); Google translate and laminated cards with information/pictorials for basic communication.

Secord most challenging group are people who are intoxicated or on drugs and homeless people, particularly those who are intoxicated. It's difficult to communicate with these patients and even more difficult to figure out what to do with these patients. They are often not sick (so not wanted in ED), drunk (so not wanted in a shelter) but need services of some sort. There need to be more safe places where EMS can drop off such patients so they don't continue to call 9-1-1 (five times a day).

Third most challenging group are mental health patients (14%) and patients with dementia as these patients can be belligerent, uncooperative and difficult to treat (and transport).

Fourth, frequent flyers are a challenge, especially if called for non-emergency. Need more 24-hour/day non-emergency services for these patients.

Most of these categories were not independent of each other. For instance, many respondents said that the most challenging patients are those who have multiple characteristics (i.e. homeless and intoxicated; homeless and mental health issues etc.).

6. To provide EMS services of highest quality to vulnerable populations, how useful are the ***following activities?***

	Very useful	Somewhat Useful	Not useful
Training for FF/EMTs on how to interact with specific vulnerable populations	31%	56%	13%

Education for vulnerable populations on how to interact with EMS	47%	43%	10%
Tools/technologies that can be used at scene to provide assistance in communication with vulnerable populations (i.e. interpretation services, multi-lingual after care instructions, other patient education materials etc.)	**55%**	39%	6%
Tools/technologies to assist in patient referral to alternative services	**66%**	31%	4%

7. In your opinion, how useful would ***specific trainings*** be on the following topics:

	Very useful	Somewhat Useful	Not useful
How to detect and refer patients who might suffer abuse	41%	53%	6%
How to detect and refer patients who might suffer self-neglect?	39%	54%	7%
How to refer patients with non-emergency needs to social services	**65%**	30%	5%
How to communicate with limited English proficient patients?	**49%**	43%	9%
How to communicate with patients who are deaf or hard of hearing?	24%	57%	19%
How to communicate with culturally diverse communities?	33%	55%	12%
How to assist uninsured patients in signing up for health insurance	18%	34%	48%

Other topics: (70 responses)

<u>Examples:</u>

"Training on legal obligations. I sometimes send people to the ER out of fear that if something would happen to them it would look bad"

"Training on how to triage or provide after care for patients. This isn't part of the EMT curriculum but it does constitute a substantial workload for the EMTs"

"Geriatric trauma"; "Cultural beliefs" ; hospice patients; dealing with families of deceased patients

"There always seems to be confusion on when and where to take patients in mental or emotional crisis"

"Roughly 70 percent of my department's call volume is for EMS. Due to the poor economy our training budget is near zero. Of the limited training we do do , not nearly 70% of it is spent on EMS, especially for these challenging groups"

"Training in foreign languages"

8. In your opinion, what are the ***greatest needs for firefighter/EMTs*** in providing services with vulnerable populations in your fire department? Please describe. (N=324 responses).

The responses comprised 5 areas: 1) education for the public; 2) training for EMTs/FF; 3) resources; 4) system changes; and 5) communication.

EDUCATION

Education for the public on when to call 9-1-1 and when not to call 9-1-1, in particular for LEP and care givers of care facilities.

Examples:

"Educate the public on what an emergency is and when to call 9-1-1 and when to call some other number".

"In a multi-cultural society, we have too many calls that are non-emergent due to a lack of communication. The biggest need is to educate the diverse communities on what is and isn't an appropriate use of the 9-1-1 system".

"I feel that education of nursing homes to not use the 9-1-1 system to supplement the care they provide for their residents. Many of these facilities in our jurisdiction have medically trained people on staff but have policies against lifting people after falls, assessing any injuries, or providing care. Commonly their default mode is to call 9-1-1 and avoid liability and strain our resources"

"Often times we are called out to Adult Family Homes with the expectation that we are a medically based taxi service. Education for the people who run these facilities (they often have English as their second language) would allow for us to provide our services to those who definitely need them, instead of running aid calls to AFH simply for transport".

TRAINING

Training for FF/EMTs on the different diverse communities in their fire district, local resources available for referral, and how to communicate effectively with different patient groups.

Examples:

"I would like to have a better understanding of how the mental health system works, where the break downs tend to happen".

"Something to help with the mentally ill, suicidal, manic depressive, bi-polar etc. Something as simple as what to say/what not to say".

"Training on the use of modern technology like Google Translate and access to a device" (An iPad with cellular connectivity with some resources).

"Training on what to do when you don't know what to do".

"Training on the best ways to deal with these patients. Knowing the resources available to best serve these patients".

RESOURCES

Resources for patients and EMTs, in particular resources that allow EMTs to have more options for referral, transport or communication with patients who do not have a medical emergency but who have other social service needs. More community services to help the intoxicated; homeless, mental health patients.

Examples:

" We need more accessible, meaningful, and timely systems to provide referral services to these populations. By "timely" I mean available 24/7 with a relatively quick response to the patient and the EMS provider. This response could be in person or even automated….just something that the patient and provider could rely on".

"We need more options. We need at least one option between leaving a patient at home and BLS transport. POV is this option for some but for those without transportation….what" Nursing services that make house calls? Cabulance? Online?"

"We need a central number to call when you don't know what to do with a patient (where to refer to); tools/technologies to assist in communication (cell phones for Google translate app; access to language line services etc.)

"A single resource that can open up all the resources necessary for us to succeed in the field. Example, a King County website (for emergency workers) where I can look up any resource that may be applicable to our patients. I could go to "helpmedomyjobinthefield.kc.gov and find a number for a social worker, homeless shelter etc. As of now, we have a binder with each number or website and it's confusing to remember who to call or when we should call".

"One easy communication point for us to access to use in order to get these patients into the correct facility for their issue".

"Greater access to an effective translation service. Many translators I've used on the language line don't have enough proficiency in English to be an effective translator".

"I believe a quick option for translating for non-English speaking patients would be one of the greatest needs. Currently, we must dial 9-1-1 from a department cell phone and ask the dispatcher to transfer us to the translation line for the particular language. A dedicated service with fast response for these situations would be greatly useful".

SYSTEM CHANGES

Allow EMTs to transport patients to non-hospital places; change care facility policies; more support services at state and local level.

Examples:
"Alternate options other than an emergency room for non-emergent medical issues".

"I don't believe we need training in how to refer any of these populations for services. We know how to refer cases. It is the response that has to change. We need more case managers, more social workers, more mental health resources and more community-based programs to meet basic needs. The most needy populations are unable to access resources on their own".

"Proper transport facilities. What do I do with a homeless drunk who cannot stand and is barely alert and has NO medical issues? Do I find a corner to put him in? Send him to the hospital so they can set him on the street? Shelter?

"The state needs to re-establish state operated, resident, mental health housing facilities. Record numbers of mentally ill persons are wandering the streets of our communities. Most are homeless and loitering/living in public parks and spaces. They become increasingly confrontational to everyone they encounter. It is evident many should be institutionalized and medicated".

"There is a need for first responders to stop enabling the "overuse" of the 9-1-1 system. The enabling occurs when low, or non-acuity patients are given transportation to the hospital when it is not needed".

COMMUNICATION

This mostly refers to ways in which to improve communication with LEP or other VP patient groups.

"Probably having multi-lingual resource informational packages to hand out".

"Better communication skills".

"Communication tools for different languages".

"A quick and reliable way to communicate with LEP patients".

"Language classes".

Demographics of respondents

9. Please list your fire department:

Bellevue FD	41
Bothell FD	13
ESF&R	59
KCFD#2	14
KCFD#20	14
KCFD#27	3
KCFD#45	3
KCFD#47	1
KCFD#44	1
KCFD#50	2
Kent FD RFA	162
Mercer Island FD	1
North Highline FD	6
Northshore FD	6
Redmond FD	60
Renton Fire & Emergency Services	96
Seattle FD/Seattle Medic One	2
Shoreline FD	27
Snoqualmie F&R	5
South King F&R	43
Tukwila FD	25
Valley Regional Fire Authority	36
Vashon Island F&R	3
Woodinville F&R	8
Total	698

10. What is your position?

1. Firefighter/EMT	67%
2. Officer	24%
3. Chief	4%
4. Other	6%

11. What is your gender?

Male	95%
Female	5%

12. What is your age?

1.	Between 18 and 29 years of age	7%
2.	Between 30 and 39 years of age	25%
3.	Between 40 and 49 years of age	35%
4.	Between 50 and 59 years of age	30%
5.	60 years and older	3%

13. Are you of Hispanic, Latino or Spanish origin?

1.	No, not Hispanic, Latino or Spanish origin	95%
2.	Yes, Mexican, Mexican AM, Chicano	2%
3.	Yes, Puerto Rican	1%
4.	Yes, Cuban	1%
5.	Yes, another Hispanic, Latino or Spanish origin	2%

14. Which category best describes your race?

1.	White	87%
2.	Black, African American	1%
3.	American Indian or Alaska Native	<1%
4.	Asian Indian	<1%
5.	Chinese	<1%
6.	Filipino	<1%
7.	Japanese	<1%
8.	Korean	<1%
9.	Vietnamese	<1%
10.	Native Hawaiian	<1%
11.	Guamanian or Chamorro	<1%
12.	Samoan	<1%
13.	Other	9%