



Waukesha County  
Criminal Justice Collaborating Council  
Evidence-Based Decision Making Mental Health Workgroup  
Thursday, June 23, 2016

**Team Members Present:**

Menomonee Falls Police Chief Anna Ruzinski (Co-Chair)	HHS Director Antwayne Robertson (Co-Chair)
Attorney Maura McMahon	Captain Dan Baumann
Outpatient Services Admin Gordon Owley	Inspector James Gumm
NAMI Executive Director Mary Madden	Honorable Kathryn Foster
DOC Regional Chief Sally Tess	

**Team Members Absent:**

Andrew Hayes of Community Memorial Hospital	Assistant Corporation Counsel Robert Mueller
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**Others Present:** Joan Sternweis, Dr. James Rutherford, Rebecca Luczaj, Janelle McClain

Robertson called the meeting to order at 12:36 p.m.

**Approve Minutes from April 28 and June 9, 2016**

Motion: Ruzinski moved, second by Baumann, to approve the minutes from April 28 and June 9, 2016. Motion passed unanimously.

**Begin Review of Emergency Detention Medical Clearance Process**

Ruzinski informed the workgroup that law enforcement is hearing the hang-up in the medical clearance process is the doctor-to-doctor consultation. They want a better understanding of the process so it can be determined where the process can be improved.

Judge Foster arrived at 12:40 p.m.

Rutherford commented that the last time that someone was admitted without being medically cleared, there was a serious underlying medical issue with the patient, so medical clearance is essential. He would like to see the process improved upon, rather than reducing the number of times it is completed. Currently, out of all inpatient clients in the MHC, they have an average of 9 medications each, with only 2 of those being psychotropic medications.

If the client is well known to the Mental Health Center (MHC) staff, the MHC staff will authorize the client to be admitted, and then they will do the medical clearance process at MHC. While the crisis workers would not know if the client is well known, the nursing staff could inform them when they call.

Gumm arrived at 12:48 p.m.

There was discussion in regards to if the officer needs to stay with the client if the client is a voluntary admission. Corporation Counsel says that they do, because clients can turn from voluntary to involuntary at any time.

The workgroup mapped the medical clearance process.

1. The patient arrives at the Emergency Room (ER).
2. The ERs know the blood and urine panels the county wants done. The ER will run additional tests if necessary.
3. After the labs are done, they get faxed to the nurse on the inpatient unit at the MHC.
4. The nurse contacts the on-call doctor to do the doctor-to-doctor consultation, where additional tests may be ordered. This is typically the first time the doctor has heard about the patient.
5. The admission orders are then placed by the MHC doctor.

The workgroup also discussed points where there may be delay in the process:

1. The ER doctors are seeing other patients at the same time, who may be more critical.
2. The fax machine is located in the MHC unit secretary's office, so staff expect the hospitals to call the MHC and let the staff know that the labs have been faxed, as there is not someone near the fax machine at all times.
3. Some lab fax formats are easier to understand than others. If clarification is needed, it causes further delay.
4. The nurses may not be able to connect with the on-call MHC doctor right away.
5. There may be some delay as the nurses try to connect the on-call MHC doctor with the ER doctor for the 3-way consultation.
6. Once labs have been reviewed, additional tests may need to be ordered.
7. Officers are not being informed by hospital staff of the progress being made to clear the patient. Typically, they have to ask for it.

McMahon left at 1:15 p.m.

Rutherford commented that the goal is for a maximum of 30 minutes between the fax being received at the MHC and the initial attempt at the doctor-to-doctor consultation.

Not all organizations have the capability of doing medical clearances at their Urgent Care facilities. For those that do, there would need to be a discussion with the organization (i.e. ProHealth, Aurora, etc.) regarding if they are willing to accept the patient for medical clearance.

Ruzinski expressed concern that the longer the uniformed officer is with the client, the greater the chance is of the client getting agitated and having to be arrested. Rutherford responded that if the client is getting agitated at the ER, they should be given a PRN order from the ER doctor. Once the client is brought to the MHC, the staff requests that the officer stay about 5-10 minutes, once the restraints are removed.

Sternweis added that another issue is maintaining consistent communication during a shift change at the MHC. Authorization is being sought to have overtime approved so that when a nurse starts the medical clearance process, they stay on until the process is completed.

The workgroup then reviewed the time associated with all of the medical clearance steps.

1. Blood and urine testing: 60-90 minutes to get the results
2. Fax labs: 10-15 minutes
3. MHC nurse gets the labs, calls the doctor, and the doctor reviews the labs: Internal expectation is 30 minutes

4. 3-way phone consultation with MHC doctor, ER doctor, and MHC nurse: 60-90 minutes, including the wait time for the call to occur
5. Transport to MHC: 15-30 minutes
6. Admission to MHC: 15 minutes

Rutherford commented that a new chief psychiatrist will be starting at the MHC on August 1<sup>st</sup>.

Baumann added that there have been many drug overdoses recently where the hospitals want to observe the patients detoxing. In those cases, the patient is put on a police hold. Then, when the patient wants to leave, the hospital staff will call the police to come back and get him/her.

#### **Discuss Next Steps and Set Date for Next Meeting**

The workgroup would like someone from each of the ER providers, as well as Dr. Rutherford, to further discuss the Medical Clearance process and the ER timelines at a future meeting.

Sternweis left at 1:58 p.m.

Tess left at 2:01 p.m.

The next meeting will be July 14<sup>th</sup> at 12:30 p.m. The workgroup will continue to meet every 2 weeks from that date on.

Motion: Robertson moved, second by Baumann, to adjourn the meeting. Motion passed unanimously.

The meeting adjourned at 2:08 p.m.