



# **Building Bridges: Partnering A Nurse Practitioner & Peer Counselor For Community Outreach & 911 Call Response**

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# North Mason Regional Fire Authority Mobile Integrated Healthcare Program



TRANSFORMING THE HEALTHCARE SYSTEM



# NMRFA Mobile Integrated Health Program Team

## North Team



**Beau Bakken**  
Fire Chief



**Adam Boyd**  
Physician Assistant



**Beth Brown**  
Registered Nurse



**Abe Gardner**  
Emergency Prevention  
Specialist, PEER



**Kristi Eilers**  
Psychiatric ARNP



**Katie Musgrave**  
Executive Assistant

## South Team



**Kristal Martin**  
Advanced Registered  
Nurse Practitioner



**Donna Short**  
Licensed Practical Nurse



**Amber Anderson**  
Community Outreach  
Coordinator



# A Collaboration of Equals: Recovery Re-defined

Abe

Kristi

K I T S A P   S T R O N G   P R E S E N T S



# BEYOND 911

## TRANSFORMING RURAL HEALTHCARE

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Q & A PANEL TO FOLLOW



# Preventing Symptoms

- Relapse duration of symptoms predict negative effect on brain integrity in schizophrenia.
- Findings suggest that clinicians should strive to use the lowest possible dosage of antipsychotic treatment to control symptoms.
- Adherence focused psychosocial intervention, such as the use of long-acting injections, could maximize protective effects of antipsychotics against illness progression.

(Andreasen et al., 2013; Emsley, 2023)



# Transitions from Inpatient to Outpatient Care

## ■ Scheduling Follow-Up Appointment

- Following inpatient admission, 59.3 – 64% of those diagnosed with schizophrenia received an outpatient appointment 30 days following hospital discharge. (Olfson, Marcus, & Doshi, 2010; Marcus, Chuang, Ng-Mak, & Olfson, 2017)
- Patients are more likely to follow-up with outpatient services if appointment is scheduled prior to inpatient discharge. (Smith et al., 2022)

## ■ Communication

- Involving family or those with a close relationship to those in inpatient care in comprehensive discharge planning increased attendance of appointments at seven- and 30-days post-discharge. (Haselden et al., 2019)
- 62% of inpatient providers communicated with outpatient providers. Communication increased outpatient follow-up for those that had not attended an outpatient appointment more than 30 day prior to inpatient admission. (Smith et al., 2020)

# Transitions from Inpatient to Outpatient Care

## ■ Putting it all Together

- Providing discharge planning that included:
  - Communicating with an outpatient provider prior to discharge,
  - Scheduling an aftercare appointment, and/or
  - Forwarding a discharge summary increased likelihood of attending the outpatient appointment.

Doing all three activities increased likelihood twofold compared to doing none of the activities. (Smith et al., 2017)



# Case Study

- 33-year-old male with historical diagnosis of schizoaffective, bipolar type
- 911 called by his mother
- Law enforcement initially dispatched for disturbance at the home
- Deputies on scene called for potential mental health intervention
- Patient found sitting outside speaking in a disorganized, tangential manner.
- History gathered from his mother on scene:
  - *Multiple inpatient psychiatric hospitalizations in the past year.*
  - *Upon discharge he immediately stops taking his oral medication. Typically, he is sent home with oral olanzapine and quetiapine.*
  - *He is discharged to her home, and she denies being part of the discharge planning process.*
  - *She denies having any knowledge of long-acting antipsychotics injections and does not believe he has been offered this option in the past.*

# Treatment from the Patient's Perspective

How do I take  
these  
medications?

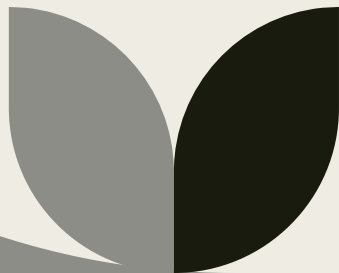


I can't figure  
out when I  
have an  
appointment  
scheduled.





**Mikey**



They gave me the wrong medication.  
The one I take is a different color.



I LOST MY  
MEDICATION





# Case Study

- 51-year-old female with diagnosis of schizophrenia.
- Agreeable to psychiatric care,
- Sporadic outpatient treatment when she is able to get transportation to appointments resulting in need to re-establish care and intake appointments.
- Two hospitalizations recently.
- Moves around to live with different family members in different counties.
- On scene, she has been off oral haloperidol for over a month. Increasing paranoia resulting in assault and false imprisonment felony charges. Patient and family members deny having ever been offered the option of an LAI.



I cannot leave my  
family member  
home alone to  
come to my  
appointment





EDDIE





My family  
doesn't think  
I should take  
medication.



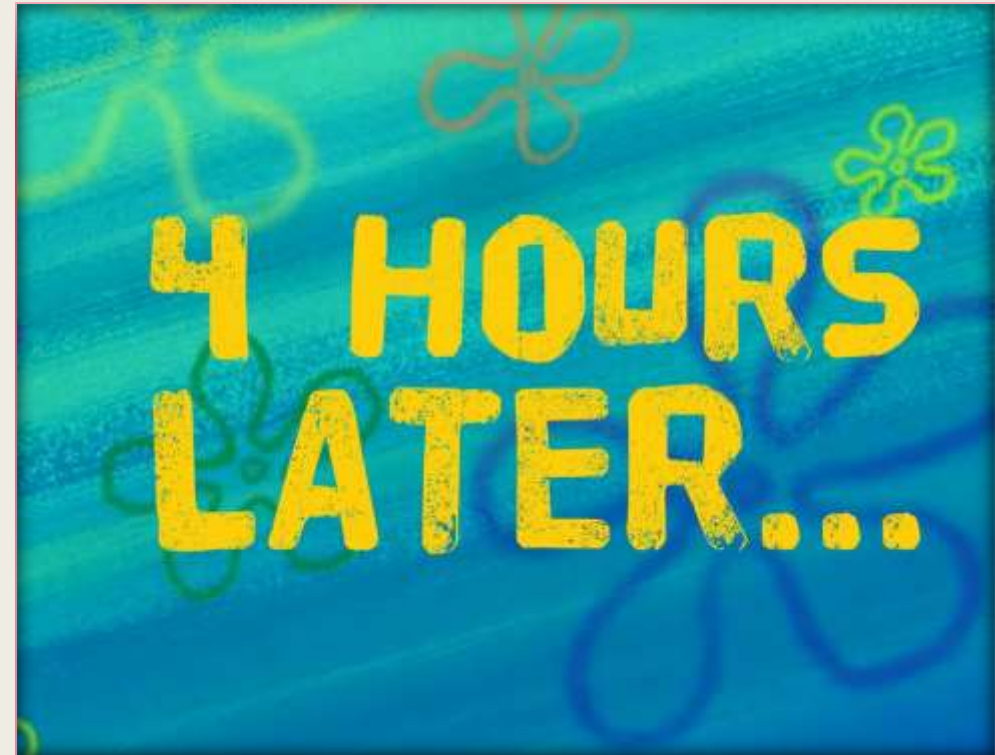
I cannot connect to join the virtual appointment



I tried to make an appointment.

I called to get into treatment.

I want to go to detox and start treatment.



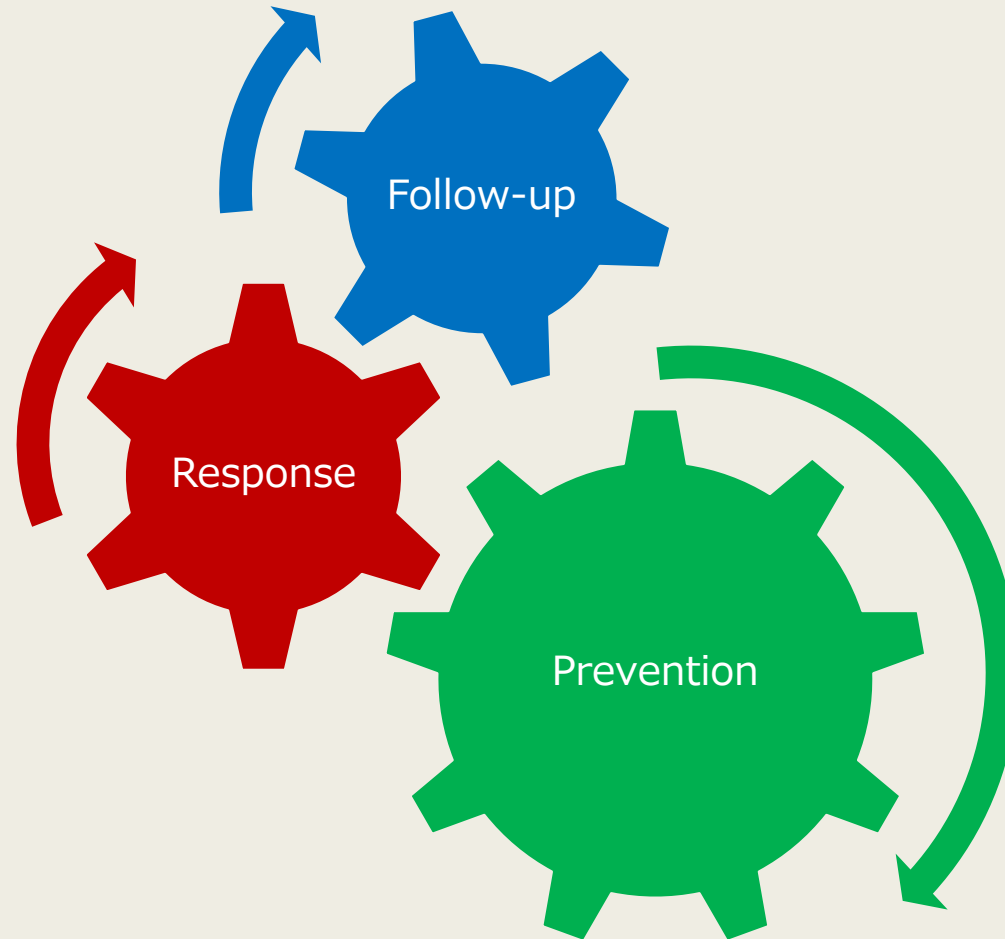
Real People.  
Real Impact.



*Case Study: Stephanie's Family*

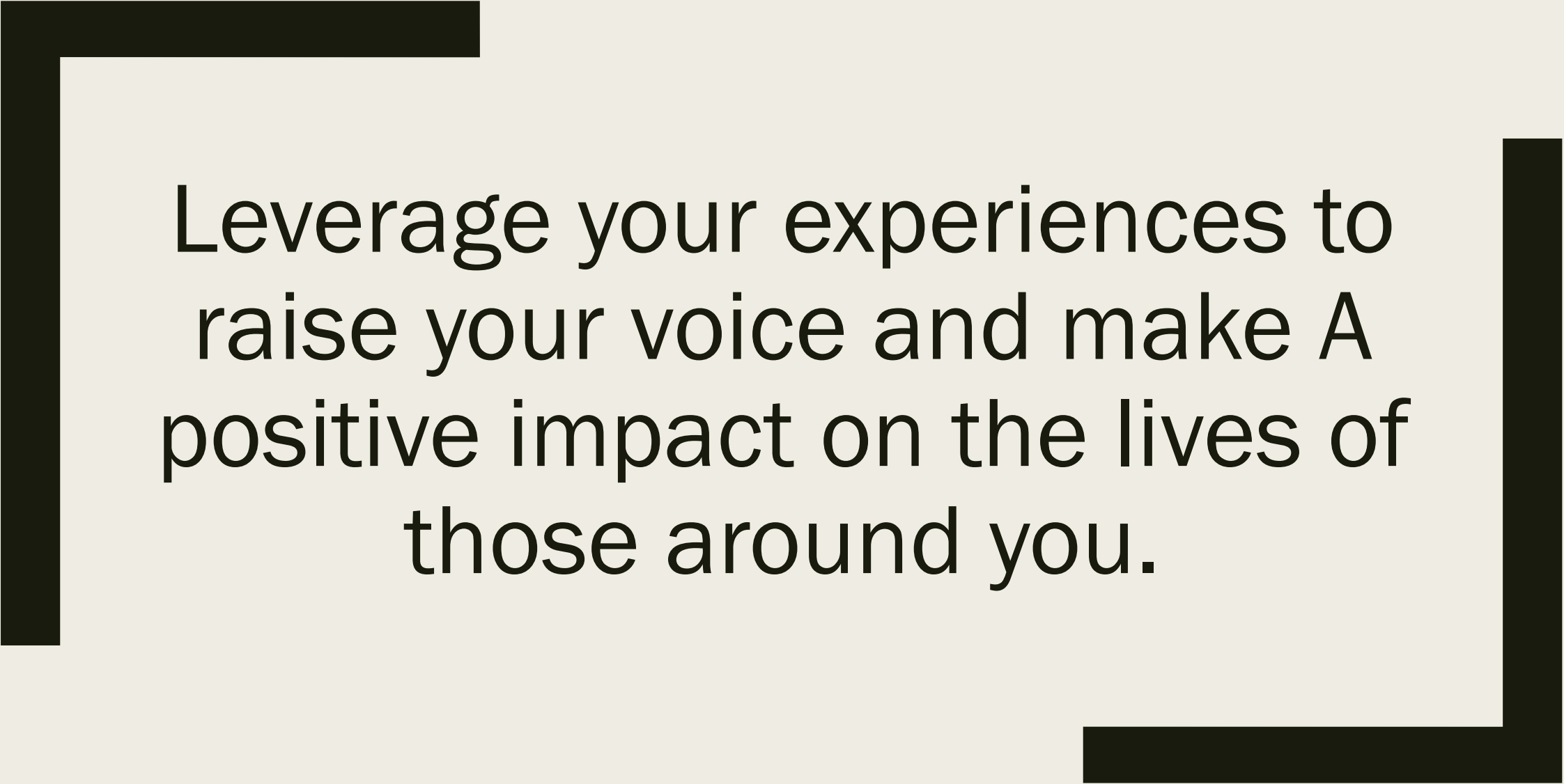


# The Layers of Crisis



Proactive interventions not passive conversations.



A thick black L-shaped frame is positioned around the text. It starts at the top left, goes right, then down, then right again, and finally down to the bottom right corner.

Leverage your experiences to  
raise your voice and make A  
positive impact on the lives of  
those around you.

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Thank you

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