

IMPROVING MENTAL HEALTH

Treatment with Mobile Telemedicine

THE CHALLENGE

Serious mental illness costs America \$193.2 billion in lost earnings per year (NAMI). 1 in 5 adults in America have suffered from mental illness, and 10.2 million of those people have co-occurring mental illness and addiction disorders. Out of all these people, only 40% were able to receive treatment in the previous year.

There is no standardized way to treat mental illness. Before determining any case as a mental health case, officials need to rule out medical conditions first; nervous breakdowns, anxiety, panic attack, depression, chest pains, difficulty breathing, hopelessness. While at the scene EMS officials, using mobile telemedicine, can contact their local mobile crisis unit. An example this is the mobile crisis unit in Bergen County, NJ, when they have this type of patient, they have access to call 262-health for mental therapist phone assistance. Protocols for these types of situation are subject to change based on triggers and events. If a patient is considered to be a danger to themselves with a threat of self-harm, they should be brought to the ED whether they are officially a mental health patient or not. More often than not, the symptoms of mental illness are not easily recognizable which leads to a lack of treatment.

Through the use of a specialized digital mobile telemedicine app, EMS and mental health teams are uniquely positioned to improve the saving of lives through timely intervention with engaging hospital and all mental health specialists via app features to initiate broader acute workflow improvements. Multi-faceted alerts including data collection and vitals shared real time with ETA tracking to providers, speeds treatment and engagement to improve outcomes while adding short and long term educational value. A vital part of mental health patients is understanding what is needed to keep them calm throughout treatment. This includes knowledge, team collaboration and a unified front from all members on the case. Having a configurable mobile telemedicine solution allows for ED and mental health specialists to effectively communicate, via live video, in order to properly treat the patient.

EXPECTED RESULTS

- Automated case management
- Proactively prepare labs
- Reduce false lab activation
- Online medical control
- Feedback and benchmarking
- Communication with EMS on outcomes
- Consistency in working protocols
- Process improvement for mental health patient intervention + flow
- EMS transfer and follow up performed easier
- Continued education and training for mental health teams + EMS officials based on trend report and time studies

THE SOLUTION

The mental health treatment workflow process below utilizes GD's e-Bridge WorkFLOW™ mobile telemedicine app. The solution provides an easy to use, local, state or region wide mechanism to alert, notify and track all STEMI cases in real time from prehospital first medical contact through hospital emergency department, hand off to mental health specialists. This will help the mental health specialists be better prepared for inbound patients while lessening the handoff time and increasing data accuracy.

Note that all GD e-Bridge WorkFLOW™ templates are highly configurable, allowing flexibility to operate protocols your way, ensuring maximum effectiveness and compliance to your teams and mental health treatment accreditations.

