Emergency Department Community Placement Project
“Right Service-Right Venue” approach in managing ED frequent users
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Disclosure
• I have no conflict of interest or financial issues to disclose.

Objectives
To share with nursing colleagues, researchers and healthcare leaders an innovative nurse-led multidisciplinary project related to the:
- National healthcare issues of the homeless.
- Impact of "at risk" homeless patients on ED revisits
- Cycle of recidivism and its impact on "ED-frequent use"
- Emergency Department Community Placement (EDCPP)
  • Nurse-led, evidenced based project
  • Goals, implementation and magnet alignment
  • Recidivism reduction and bridge to improved patient outcomes
  • Outcomes and challenges in community partnering
  • Real life program benefits!
Team Members

Principle Investigator: Karen Elizabeth Mitchell-Keels, MN, RN, CMCN, GCU Doctoral Student
Co-Investigator(s): Catherina Madani, MSN, RN, PhD, Christian Tomaszewski, MD, FACEP, FACMT, UC San Diego Health System Department of Emergency Medicine

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- William Perry, PhD, Patient Centered Recovery Program, UCSDHS, Department of Neuropsychology and Psychiatry
- Barbara Uldall, Admin Analyst II, UCSDHS, Decision Support

The UC San Diego Health System ED staff and physicians who are dedicated to delivering excellent care to our patients everyday.

Who are we?

UCSDHS Emergency (Hillcrest) Department

Mission Statement:
Provide the highest level of patient care and customer service while shaping the future of emergency medical care through innovation, research, and education.

Many homeless patients with co-occurring disorders use ED as shelter, safety-net and primary care provider. For many homeless patients we are home!
Magnet Journey

Nursing leadership is the driving force behind the ED Community Placement Project. This creative and innovative project exemplifies our professional model of "caring relationships" and devotion to nursing excellence. We are dedicated to improving the "quality of life" for the underserved in our community.

Background: National Epidemic

• A growing epidemic:
  – 3.5 million likely become homeless
  – Over 660 K/ per night
  – Over 239K are families
  – Nearly 400K are individuals

2013 National Alliance to End Homelessness.

Background: Homelessness in California

• 22% of the nation's homeless in 2013.
• 3rd leading state in the nation.
• Leads the nation in homeless school children.
• Lacks community resources and emergency shelter resources.
Background: Homelessness in San Diego

San Diego 3rd largest homeless population in the US (2nd to Los Angeles and New York).

San Diego population 8,879 homeless*
- 34% report high level of substance abuse*
- 39% have severe mental illness*
- 54% used Emergency Room within last year
- 60% have co-occurring disorders/substance abuse problems

*Photographs of homeless San Diegans, courtesy of Bear Quince (http://visible-project.org).

Cyclical Factors of Recidivism

- No Primary Care
- No Intensive Case Management
- Lack of Navigational Skills
- Lack of Mental Health services
- Transient Housing

Catalyst: ED Frequent Use! (Recidivism)
Assessing

Why was this project important?

- Poor access to community services
- ED is the “safety-net”
- Caring for frequent users is challenging
- Links to cost effective healthcare
- Improved patient outcomes
- Right-service- right-venue
- Improve our ED culture

Asking: PICO Question

**P** = Among homeless patients with co-occurring disorders and substance use, that frequent the emergency department

**I** = does an evidenced based project that bridges them into community homeless prevention services, such as housing, substance abuse treatment and intensive case management

**C** = compared to standard discharge practices without options

**O** = result in a decrease in recidivism rates in our ED?
Acquire/Appraise

- Cost effective programs providing frequent users social and medical services saves taxpayer dollars (Gonzales 2012).
- Interventions targeting frequent users reduce ED use (Jacobi, 2013).
- Case management appears to be the most cost effective for ED frequent use reductions (Shumway, 2010).

Strong literature support and evidence is essential in evidence base practice.

ED Community Placement Project (EDCPP)

In 2013 $100k budget, 6 month pilot for alternative community placement options:
- Recidivism reduction with bridge to housing resources.
- Contracted beds in collaboration with community partners.
  - Non-medical detox and substance abuse treatment
  - Quality care and bridge to wrap-around intensive community case management.
  - Links into emergency shelter, housing and primary care providers.
  - Right service-right venue approach
  - Successful pilot

UC San Diego Health System
Alignment to Professional Practice Model

“STARFISH” Mnemonic of Key UCSD Nursing Values

- Shared Governance
- Teaching & Professional Development
- Accountability
- Research
- Feeling Cared For
- Innovation
- Stellar Outcomes
- Healing Environment

Alignment to Theoretical Framework: Duffy’s Quality Caring Model

Centered on “Caring Relationships”

- Patient & Family Caring Factors
  - Mutual problem solving
  - Basic Human needs
  - Human respect

Duffy, Quality Caring in Nursing and Health Systems, 2013

Adopt: Process Strategy!

Problem: ED Recidivism

Solution: Improve Access

Implementation: How do we get there?

Community Assessment (Resources)
Organizational Funding
Recidivism Cycle Determination
Collaboration and Contracts
EDCPCP strategy development
Multidisciplinary Approach
Apply: Implementation

Evaluation and re-evaluation is essential. Hint: remain flexible!

“Right Service-Right-Venue” approach

“Intensive case management” addresses the unique needs of the homeless population.

Cost Effective Community Partnering!

Contracting with non-profit agencies proves to be a safe and cost effective approach.
Community Partners (10 beds)

- Volunteers of America
- St. Vincent De Paul Village
- San Diego Rescue Mission

15 Day Detox Sobering Services
Rapid Re-housing Program
Recuperative Care Unit (RCU)

Community agencies dedicated to assist homeless persons become self sufficient by intensive case management (wrap around services).

Placement Process

- Medical/psychiatric clearance
- ED Social Work screening and referral
- Placement and transport

Successful discharge planning and placement to EDCPP is contingent on community bed availability and patient willingness to be placed.

Analyze: Impact on ED/Inpatient visits

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td>Inpatient days</td>
<td>640</td>
<td>200</td>
</tr>
<tr>
<td>Outpatient days</td>
<td>1004</td>
<td>1607</td>
</tr>
<tr>
<td>Total</td>
<td>2189</td>
<td>1270</td>
</tr>
</tbody>
</table>

Cases per hundred

**Total Case Volume**

**12 Month Pre/Post EDCPP implementation Reduction of 58.02%**
Analyze: Impact on ED Recidivism

Total Visit Volume
Overall Reduction ED Visits 56.5%

<table>
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<tr>
<th>Month</th>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td>Apr 2012-6 Mos.</td>
<td>720</td>
<td>355</td>
</tr>
<tr>
<td>Oct 2013-12 Mos.</td>
<td>486</td>
<td>292</td>
</tr>
<tr>
<td>Apr 2014-18 Mos.</td>
<td>362</td>
<td>272</td>
</tr>
</tbody>
</table>

Analyze: Cost Margin Impact

Pre/Post EDCPP
Cost Savings 2/25/2012-2/25/2013
Net gain $517,000

Analyze: Additional Benefits of EDCPP

- Decreased staff compassion fatigue
- Improved staff satisfaction
- Increased ED bed availability
- Decreased regulatory issues
- Less disruptive patient care environment
- Improved patient flow
- Improved care quality and ED discharge planning
EDCPP and ANCC Magnet © Model Alignment

- Transformational Leadership: TL8: Nurse Leaders
- Structural Empowerment: SE10EO: Community Involvement
- New Knowledge, Innovations & Improvement: NKE0: Nursing Innovation

**Advance and Adopt: Community Outreach!**

**Town Council Meetings**

**Community Site Visits**

Successful partnering is achieved when we understand the community that our patients live in.

**Advance/Adopt**

- UC Center for Health Quality and Innovation (CHQI).
  - Expansion to UC Davis, UC Irvine, UCLA and UC San Francisco
  - $1.2 million over two years
- The aim in advancement is to influence “best practice” in ED discharge planning
- Continued community outreach
Conclusions

**ED Community Placement Project:**
- Placed over 157 patients and reduced recidivism by 56%
- Reduction in inpatient readmissions by 56%
- Proactively managed subset of patients who require disproportionate share of services and resources.
- Improved ED experience for patients and staff, decreased risk for high profile events.
- Approved to continue and will strengthen and expand community relationships to offer patients “right service in the right venue” and bridge to appropriate care options.
- Increased participation in community outreach efforts.
- Expansion of program to all 4 UC Sister sites!!

Lessons Learned

*“I was living on the streets and pregnant, suffering from epilepsy. I was placed in to a community service from the ER, linked with a high-risk OB doctor and delivered my baby. I was picked up by a program which helped me get my own apartment. Now I am in recovery and I have been clean and sober for more than a year. The ED Community Placement Project saved my life”*
Conclusion

“Our mission is to deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.”

References

- Links to interesting articles regarding the dilemma of homeless in San Diego and its impact to healthcare.
- More references avail upon request.

Questions

Thank you very much!

American Nurses Credentialing Center 2015 National Magnet Conference®.