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.

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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!

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Team Members

Principle Investigator: Karen Elizabeth Mitchell-Keels, MSN,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

Acknowledgements:

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- Marina Baroff, FACHE, MPH, MA- CEO Community Information Exchange
- Judy E. Davidson,DNP RN FCCM,EBP/Research Nurse Liaison UC San Diego Health System
- Karina Vesco, MSW- Patient Centered Recovery Program (PCRP)UCSDHS Department of Neurophysiology and Psychiatry
- William Perry, PhD - Patient Centered Recovery Program (PCRP)UCSDHS Department of Neurophysiology 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. **UC San Diego** HEALTH SYSTEM

IRB # 130924

Who are we?

UC San Diego Health System, in operation since 1966 is the region's only academic health system.

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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 !

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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.

Margarita Baggett, MSN, RN
UC San Diego Health System
Chief Clinical Operating Officer

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Background: National Epidemic

Estimates of U.S. homeless population by state, 2013

- 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.

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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.

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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
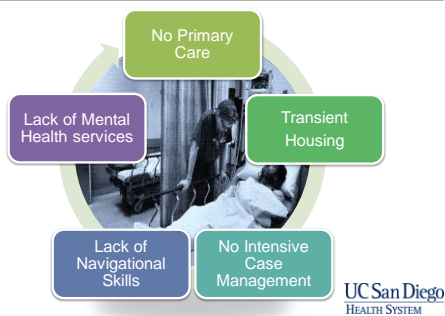- 60% have co-occurring disorders/substance abuse problems

*Photographs of homeless San Diegans, courtesy of Bear Guerra (hcp://in---visible---project.org).
*Regional Task Force on the Homeless.(2013)
http://www.rtfhsd.org/wp/wp-content/uploads/2013/05/2013PITC-Summary-OnePage.v05.13.2013.pdf

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Cyclical Factors of Recidivism

No Primary Care

Lack of Mental Health services

Transient Housing

Lack of Navigational Skills

No Intensive Case Management

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Catalyst: ED Frequent Use! (Recidivism)

The entrance to the emergency room at UCSD Medical Center in Hillcrest is jammed with returning patients.
March 30, 2012 | Photo by James Gregg, Union Tribune

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SD Evidence Based Practice Institute Model
(Brown and Ecoff)

Eight "A's approach to bridging evidence into practice UC San Diego Health System's EBP model.

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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

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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?

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Acquire/Appraise

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

- 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).

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ED Community Placement Project (EDCPP)

ED and Impatient Flow (thru put)

Improvement of patient outcomes

Readmission Reduction

Community Engagement

"Right Service-Right Venue Approach"

innovation

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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
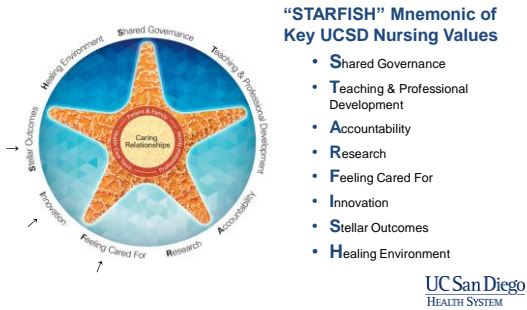 - Successful pilot

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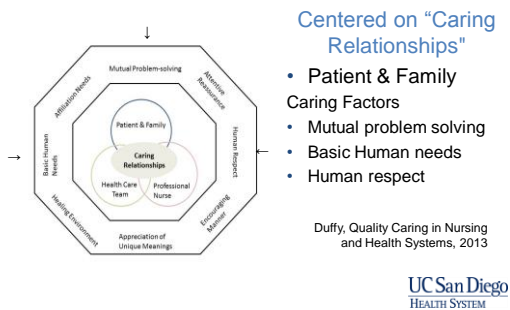## Alignment to Professional Practice Model
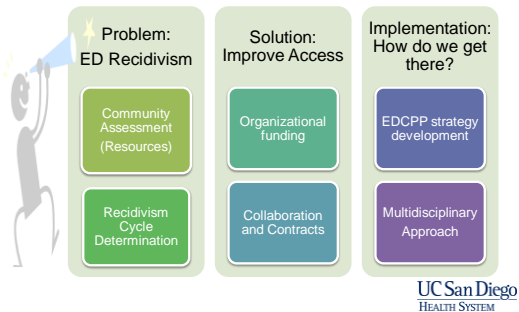
"STARFISH" Mnemonic of Key UCSD Nursing Values

- **S**hared Governance
- **T**eaching & Professional Development
- **A**ccountability
- **R**esearch
- **F**eeling Cared For
- **I**nnovation
- **S**tellar Outcomes
- **H**ealing Environment

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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

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Adopt: Process Strategy!

Problem: ED Recidivism
- Community Assessment (Resources)
- Recidivism Cycle Determination

Solution: Improve Access
- Organizational funding
- Collaboration and Contracts

Implementation: How do we get there?
- EDCPP strategy development
- Multidisciplinary Approach

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Apply: Implementation

Assessment Tool | Tracking method | Staff Training | IT Collaboration

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

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"Right Service-Right-Venue" approach

"Intensive case management" addresses the unique needs of the homeless population.

Housing resources · RCU-Respite Care · Community Clinics/PCP · Job Readiness · Legal Assistance · Mental health services · Wrap-around intensive case management

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Cost Effective Community Partnering!

Contracting with non-profit agencies proves to be a safe and cost effective approach.

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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).
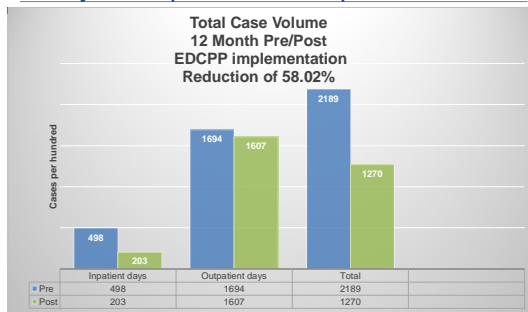
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Placement Process

Medical/psychiatric clearance → ED Social Work screening and referral → Placement and transport
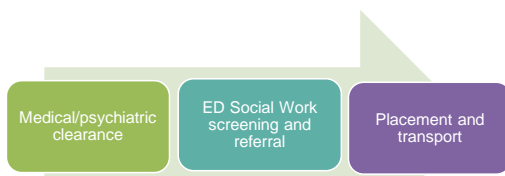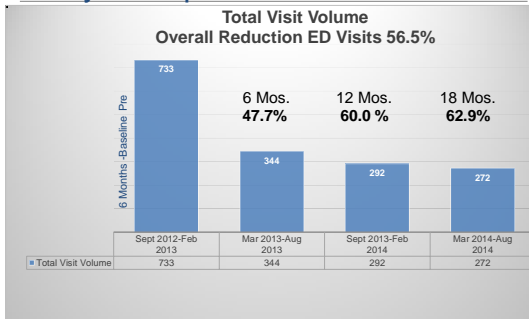
Successful discharge planning and placement to EDCPP is contingent on community bed availability and patient willingness to be placed.

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Analyze: Impact on ED/Inpatient visits

Total Case Volume
12 Month Pre/Post
EDCPP implementation
Reduction of 58.02%

Cases per hundred

	Inpatient days	Outpatient days	Total
Pre	498	1694	2189
Post	203	1607	1270

Analyze: Impact on ED Recidivism

Total Visit Volume
Overall Reduction ED Visits 56.5%

		6 Mos.	12 Mos.	18 Mos.

6 Mos. **47.7%**   12 Mos. **60.0 %**   18 Mos. **62.9%**

	Sept 2012-Feb 2013	Mar 2013-Aug 2013	Sept 2013-Feb 2014	Mar 2014-Aug 2014
Total Visit Volume	733	344	292	272

Analyze: Cost Margin Impact

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

$517,000

BASELINE

-$226,000

-$464,000

-$522,000

■ Pre Overall ■ Post Overall ■ Pre ED ■ Post Ed
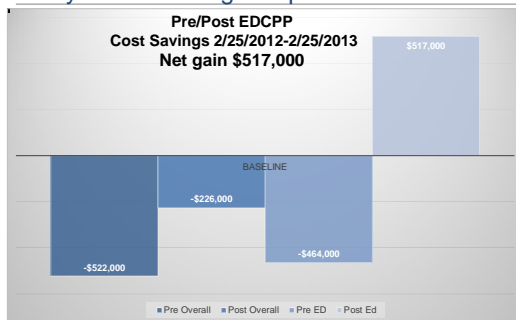
Analyze: Additional Benefits of EDCPP

- 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

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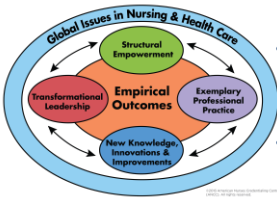## EDCPP and ANCC Magnet © Model Alignment

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

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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.

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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

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Conclusions

ED Community Placement Project :
- Placed over 157 patients and reduced recidivism by 58%
- 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!!

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Lessons Learned

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Our true "Bottom Line"

"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 "

PT signed UC San Diego Medical and Community Relations authorization./kem

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Conclusion

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

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Questions

Thank you very much!

American Nurses Credentialing Center
2015 National Magnet Conference®.

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References

- Links to interesting articles regarding the dilemma of homeless in san Diego and its impact to healthcare.
- Homeless in San Diego: http://www.utsandiego.com/uniontrib/20070815/news_lz1e 15kaplan.html
- http://www.utsandiego.com/news/2014/apr/15/san-diego-h omeless-gloria-faulconer/

- More references avail upon request.

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