Emergency Department Community Placement Project
“Right Service-Right Venue” approach in managing ED frequent users

Sigma Theta Tau International Nursing Congress

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The UC San Diego Health System ED physicians, nurses, technicians and HUSC’s who are dedicated to delivering excellent care to our patients everyday.

*ED Community Placement Project: Recidivism Reduction - IRB # 130924 UC San Diego Health System, Hillcrest, Emergency Department Community Placement Project*
Disclosure Statement

This presenter has no information to disclose.
Objectives

To share with an international audience of nursing researchers, colleague and scholars:

- Homelessness a growing epidemic.
- Challenges faced by the homeless.
- Economic impact on healthcare.
- An overview of the ED Community Placement Project (EDCPP)
- EDCPP, goals, design, implementation strategies
- Hospital- Community Contracted Partners
- Outcomes: Financial impact and recidivism reduction
- The real life success story
Just a little about who we are!

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

Three missions:
- **Teach** the next generation of health care providers and researchers
- Conduct **research** in biomedical science
- **Provide** patient care that includes state-of-the-art treatments and care for the **underserved**
Many homeless patients with co-occurring disorders use ED as shelter, safety net and primary care provider.
Background

UC San Diego Health System’s commitment to excellent care

- San Diego 3rd largest homeless population in nation*
- ED’s are ill equipped to meet their unique needs
- Improve ED wait times and decrease inpatient admission rates
- Reduce rate of ED recidivism
- Improve patient and staff satisfaction

Entrance to the Emergency Department
UC San Diego Health System in Hillcrest
The Epidemic of Nationwide Homelessness

Homelessness and substance abuse: A growing epidemic….

- 21% of US homeless reside in California
- 3.5 Million US residents likely to experience homelessness
- **633,782** are homeless on any given night*
- **239,403** are families and **394,379** are individuals*

* Alliance to End Homeless, 2012 Report: Snapshot to end the Homelessness National Alliance to End Homeless, 2012 Report
Homelessness in San Diego

San Diego 3rd largest homeless population in the US

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 (https://in---visible---project.org)

Impact on Healthcare Cost

- Homelessness more likely to access most costly services
- Average 4 days longer per hospital visit (2012, NEJM)
- $2,414 extra/hospitalization cost due to homelessness
- Hawaii study revealed:
  - 1,751 adults had 564 hospitalizations/$4m in admission costs
  - Rate of psychiatric admit 100x higher in homeless
  - Excess cost = $3.5 m or $2k/person
  - Average cost to cure alcohol-related illness is $10k
  - Care for untreated substance abuser in CA $14k vs. $8k
Cyclical Factors of ED recidivism

Challenges faced by even the best-equipped homeless patient result in ED overuse.

- No Primary Care Physician
- No Community Case Management
- Decreasing Community Mental Health Services
- Transient housing situation
- Medication Noncompliance/No funding
- Impacted Shelters with long waiting lists
Why was this project important?

• Poor access to community services result in hospital over-utilization
• Long wait times are barriers to care for the homeless
• ED is the “safety-net” (pts. returning again and again)
• Coordinated community services saves healthcare dollars
• Better patient outcomes when unique needs are met
ED Recidivism aka “frequent user”

- Point of entry for 70% of UCSDHS hospital admissions
- Smallest number of patients/highest number of users
- Lengthen ED wait times, inpatient length of stay
- Result in decline in ED staff morale and physician vigilance

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
Research 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?
Process: What strategy did we use for change?

- Department leadership and support
- Stakeholder communication
- Business plan and project analysis
- UCSDHS Senior Management Team funding request
- Contracted with community partners
- Developed an implementation strategy
- Staff, physician, and nurses education
- Implementation (roll-out) of Phase I (2-2013 thru 8-2013)

- Phase I Analysis- measured by return visits, pt. outcomes and staff/patient satisfaction scores
Acquire/Appraise

- **Literature Review**: Programs providing ED frequent users a coordinated array of social and medical services has the potential to save millions in taxpayer dollars (Gonzales, 2012).

- Recent projects developed to integrate hospital-community homeless prevention services and case management dramatically improved healthcare outcomes while freeing ED resources for other purposes (Jacobi, 2013).

- There is an array of support that these projects work.

- Less information available on hospital funded projects.


Acquire/Appraise

- A systematic review found the most effective intervention at reducing ED costs and improve social and clinical outcomes was intensive case management *

- Studies utilized care coordination to provide assistance in obtaining sustainable housing, referral to substance abuse services and ongoing assertive community outreach,**

**References:**

- **Shumway et al. 2008, Okin et al. 2000*
ED Community Placement Project (EDCPP)

- $100k budget, 2-Phase, 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.
- 215 pre-identified patients based:
  - High ED Utilization
  - Co-occurring psychiatric & substance abuse disorders
  - Unfunded or under-insured
“Right Service Right Venue” approach

Multi-discipline, nurse driven, evidence-based project bridging patients to homeless prevention community resources.

Direct placement from ED to UCSD contracted beds with community partners.

- Wrap around intensive community case management
- Links into community medical clinics and primary care providers
- Mental health services
- Job training and work readiness
- Medical respite (re recuperative care)
- Rapid rehousing services
- Transitional to permanent housing opportunities
- Non-medical detox and substance abuse treatment
- Links into insurance eligibility
Community Intensive Case Management

Address unique needs of homeless population

- Non-Medical detox (sobriety center)
- Substance abuse treatment programs
- Rehabilitation services
- Housing
- Medical home services
- Access to community clinics
- Insurance eligibility
- Links to mental health services
Contracted Community Partners

3 EDCPP Community Partners, 10 UCSDHS contracted beds

Volunteers of America (VOA)

15 Day Detox Sobering Services

St. Vincent De Paul Village

Rapid Re-housing Program

San Diego Rescue Mission

Recuperative Care Unit (RCU)

Important to note is that all of the community partners specialize in homeless prevention strategies. Their ultimate goal is to help people become self-sufficient. Another goal is to reduce ED revisits.
Outcomes

Organizational Benefits

• Opportunity for ED collaboration with Information Technology, Care Coordination and Decision Support departments

• Recognition that targeted patient population is best served outside of health system

• Willingness to contract on pre-planned basis with community organizations for continuity of care

• Trialed 6 month pilot project with specific and measurable financial and utilization metrics

• Restored executive confidence in ED leadership

Community Benefits

• Demonstrated to area business council that Health System is taking steps to address local problem

• Garnered political goodwill from mixed use residential and commercial neighbors

• Gained political capital with local elected officials

• Poised to continue and expand project involving additional community partners
Recidivism reduction

- Visits for 157 index patients (Phase I)

**Overall reduction of 78%** in total visits
Financial Impact

Contribution Margin: Pre $231,034 vs. Post $62,803
Projected Net ROI: 4.4 Cost Benefit savings $168,234
Opportunity Cost: Additional Benefits

This cost is not always measured in dollars!

- Decreased compassion fatigue
- Improved staff satisfaction
- Increased ED bed availability
- Potential for decreased regulatory issues
- Less disruptive patient care environment
- Improved patient flow
- Improved care quality and ED discharge planning
- Improved follow-up care among population
Conclusions

ED Community Placement Project completed Phase I of 6 month pilot

- Placed over 157 patients and reduced recidivism over 76%
- 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 for Phase II, will strengthen and expand community relationships to offer patients “right service in the right venue’ and bridge to appropriate care options
- Expansion of program to all 4 UC Sister sites!!
Dissemination

• **Opportunities to Advance Project:**
  
  – 2012 UC San Diego Nursing Education and Research Department Annual “Inquiry and Innovations” Conference
  – 2013 University Healthcare Consortium (UHC)“PULSE” national conference in Atlanta
  – 2013 National West Coast National Alliance Healthcare and Homeless Conference in Orange County
  – 2013 San Diego Evidence Based Project Institute Graduation-ED Community Placement Project: Right Service-Right Venue approach in managing ED frequent users-
  – Hillcrest Town Council – EDCPP Presentation with neighboring town council members and community businesses owners
  – Hillcrest Town Council- Project Update_ Community Goodwill
  – IRB #130146 The Cost of Caring: Effects on Compassion Fatigue among Emergency Department Staff at UC San Diego Health Systems, Hillcrest
  – Poster Presentation at the Association of California Nurse Leaders 37th Annual Conference, Podium at the ACNL 14th Annual Innovations Conference
  
  – Approved 2.1 million dollar UHCQI Grant UC expansion to UC sister sites
  
  Podium Presentation at the “Sigma Theta Tau International 25th Annual Nursing Research Congress” In Hong Kong.
The bottom line is not always a ROI

“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
Conclusion

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

The EDCPP is a true nurse led healthcare innovation in the spirit of UC San Diego Healthcare System Mission statement.

• “Right service- right venue” the right thing to do!
• Community collaboration- Improving healthcare one life at a time.
Thank you …Questions???

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- St. Vincent de Paul Villages-Rapid Rehousing Program
- Volunteers of America (VOA) Sobering Centers
- San Diego Rescue Mission (RCU)
- UCSD Senior Management Team(SMT)
- San Diego Homeless Outreach Team

- **UCSD Emergency Department Staff!!**