Emergency Department Community Placement Project (EDCPP)
“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, MSN, RN, CMCN, GCU Doctoral Student

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- 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.

**IRB # 130924**
Who are we?

UC San Diego Health System, in operation since 1966 is the region’s only academic health system.
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!
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 Guerra (http://in-visible-project.org).

Cyclical Factors of Recidivism

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

- ED and Impatient Flow (throughput)
- Readmission Reduction
- Improvement of patient outcomes
- Community Engagement
- "Right Service-Right Venue Approach"
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
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
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
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.

- Housing resources
- RCU-Respite Care
- Community Clinics/PCP
- Legal Assistance
- Mental health services
- Job Readiness

Wrap-around intensive case management
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
- 15 Day Detox Sobering Services

St. Vincent De Paul Village
- Rapid Re-housing Program

San Diego Rescue Mission
- Recuperative Care Unit (RCU)

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

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%

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<td>Total Visit Volume</td>
<td>733</td>
<td>344</td>
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6 Months - Baseline Pre

- 6 Mos.: 47.7%
- 12 Mos.: 60.0%
- 18 Mos.: 62.9%
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
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 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!!
Lessons Learned
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
“Our mission is to deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.”
Thank you very much!

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References

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