



UPMC

LIFE CHANGING MEDICINE

ENHANCING SUPPORT FOR PERSONS EXPERIENCING HOMELESSNESS DURING AND AFTER HOSPITALIZATION: A STREET MEDICINE CONSULT MECHANISM

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Introduction and Background

- Persons experiencing homelessness (PEH) have higher hospitalization and mortality rates compared to individuals with stable housing
- Homelessness is associated with greater risk of hospital readmission** (17.3% vs. 14% for 30-day readmissions)
- Systemic barriers prevent optimal coordination between local hospitals and Street Medicine (SM) organizations such as Operation Safety Net (OSN), a leading outreach organization founded in 1993 by Dr. Jim Withers
- Given higher rates of substance use (50%) and mental illness (30%) in PEH, CL Psychiatrists are often closely involved in care of PEH
- CL Psychiatrists can be champion in improving care coordination for PEH**

Methods

1. Determine Opportunities for Improvement

- Solicit expert input/ review literature
- Conduct semi-structured interviews with stakeholders

2. Assess Current Attitudes

- Conduct pre-intervention survey with Discharge Plan Managers (DPMs) at 3 hospitals (n=36) and our CL team (n=40)
- Submit for approval by the QI Committee

3. Establish Consult Infrastructure

- Pilot program at UPMC Women's Hospital to determine demand
- Establish champions in C&L Leadership

4. Track and Monitor

- Establish database of consults
- Review cases and conduct PRN care coordination

Project Aim



Pilot a way for inpatient providers at UPMC hospitals to directly consult Street Medicine providers

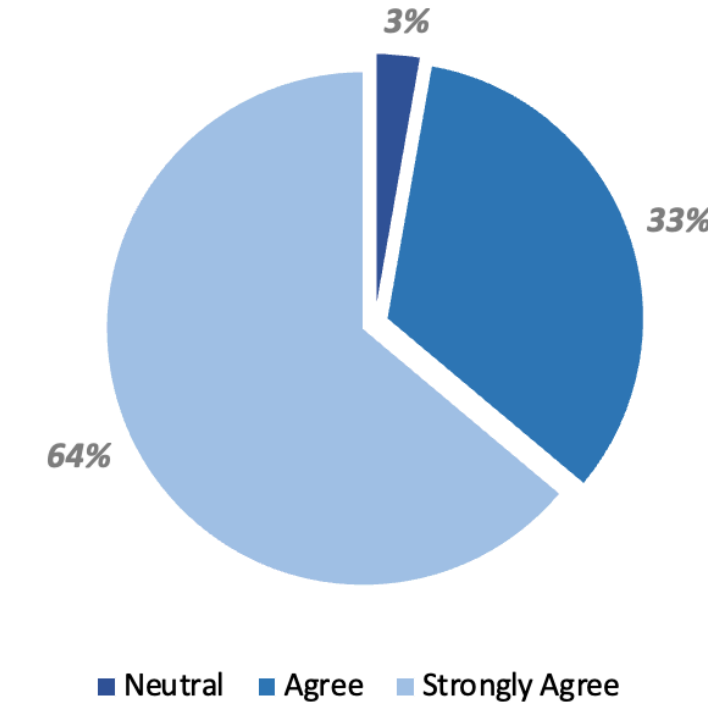
Results: Interviews with UPMC and SM Providers

- Need for warm handoffs
- Education for inpatient providers
- Psychiatry should be partner



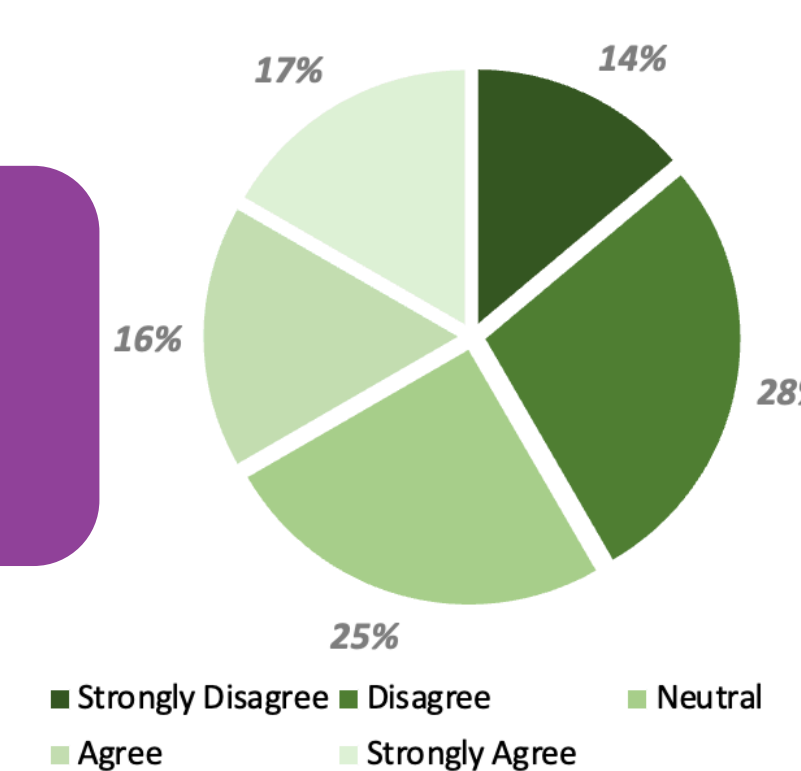
Results: Pre-survey of Discharge Specialists (DPMs)

I believe addressing issues of housing is an important part of ensuring good outcomes



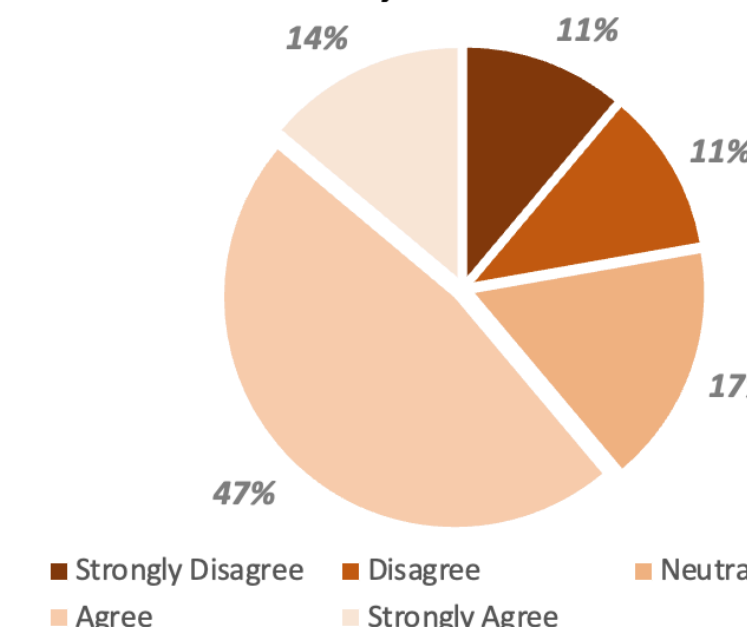
1. A majority of DPMs encounter PEH frequently, feel this work is important and feel this work is within their scope of practice

I feel equipped to address the needs of patients experiencing homelessness



2. However, many DPMs do not feel comfortable talking to patients about homelessness or equipped to handle their needs

I am aware of resources in our community that support people experiencing homelessness or who are unstably housed

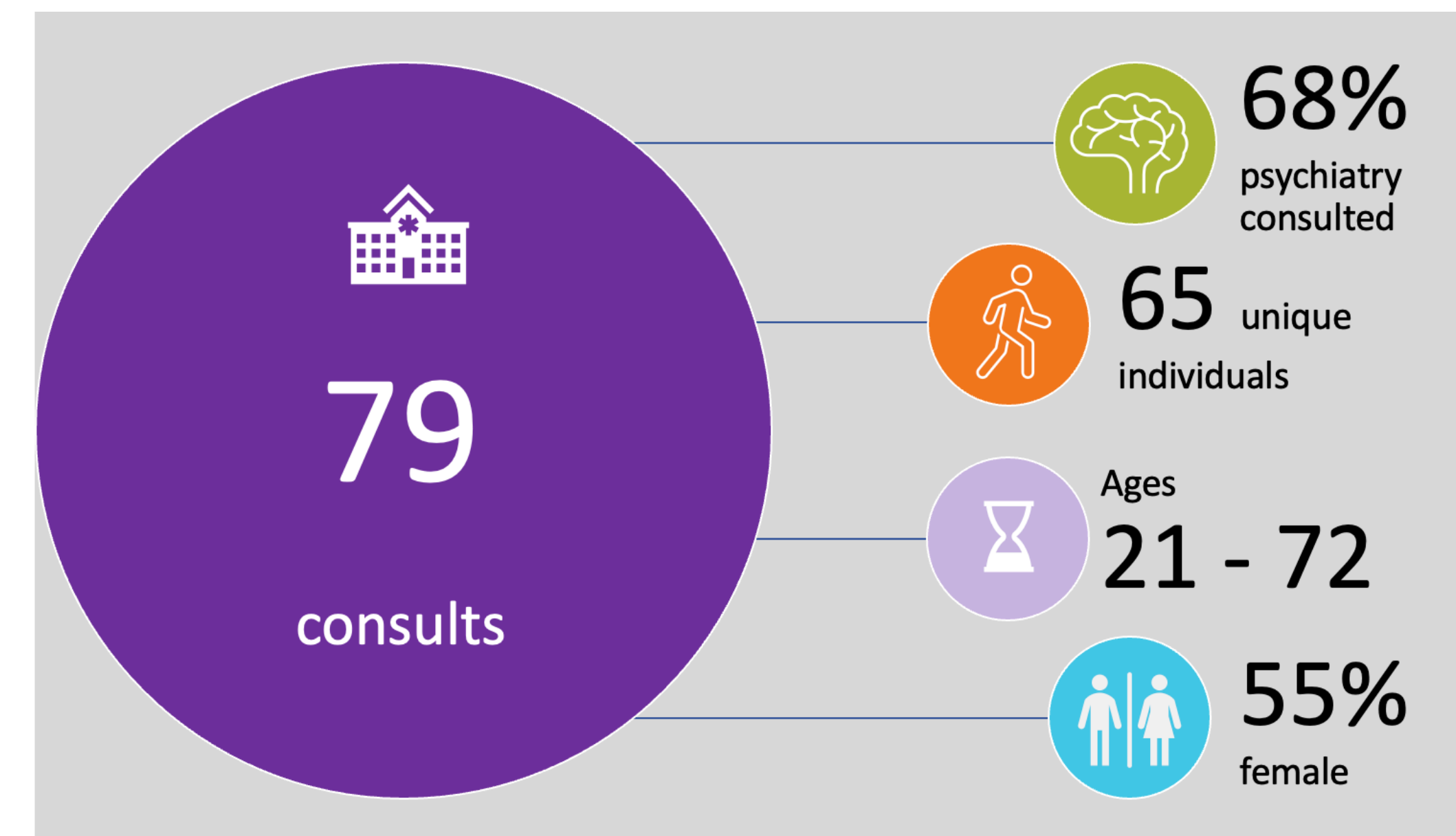


3. Many DPMs do not collaborate with community organizations and are unaware of resources

Results: Utilization to Date, 10/2022 – 9/2023

Total Consults Placed	79
Unique Individuals Consulted On	65
Unique Providers Placing Consults	43
Consults/Month	7.2/month

Consult service pilot utilization at UPMC Magee Hospital (10/26/2022 – 9/30/2023)



Results: Case Examples

Patient #1

OSN Providers helped reduce admission duration by one day by arranging for expedited delivery of glucometer and leveraged previously-established rapport with patient to accurately determine pain management needs and facilitate discharge to Bethlehem Haven Medical Respite.

Patient #2

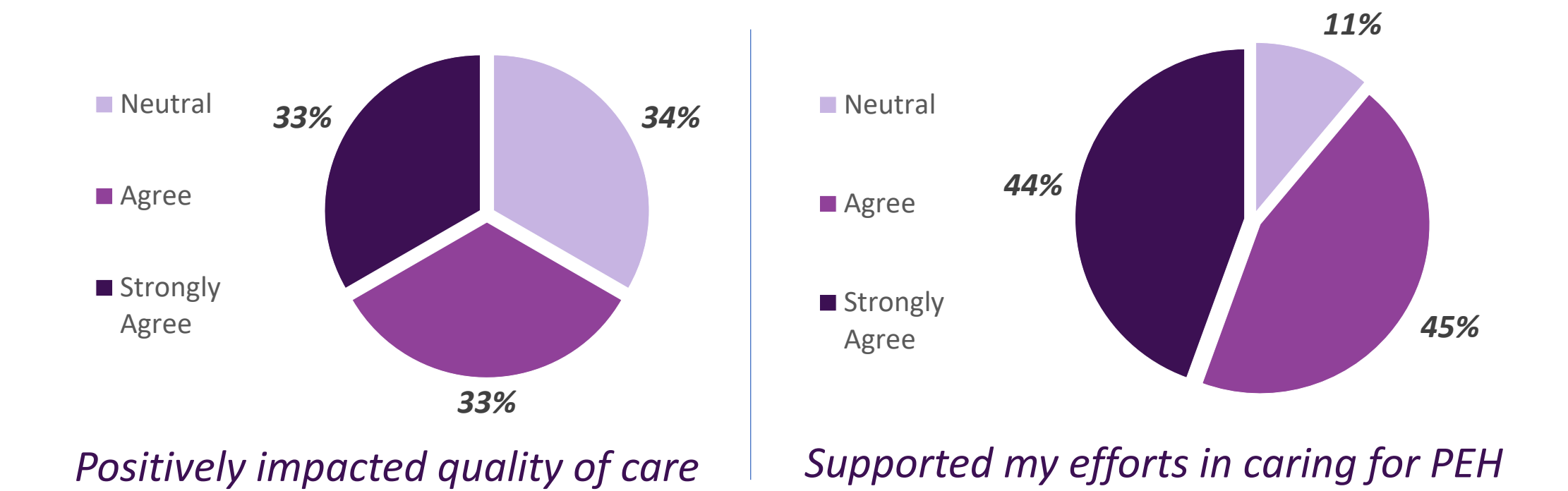
Patient was readmitted after re-injuring her arm trying to climb out of the top bunk of a shelter bed. An OSN provider advocated for medical respite referral to avoid repeated mobility issues at a shelter.

Patient #3:

Admitted to the hospital with signs of exposure and psychosis. Patient had left against medical advice (AMA) multiple times in tenuous condition, but OSN met patient at Magee and made plan to monitor closely after discharge to assess need for medical and/or psychiatric re-hospitalization.

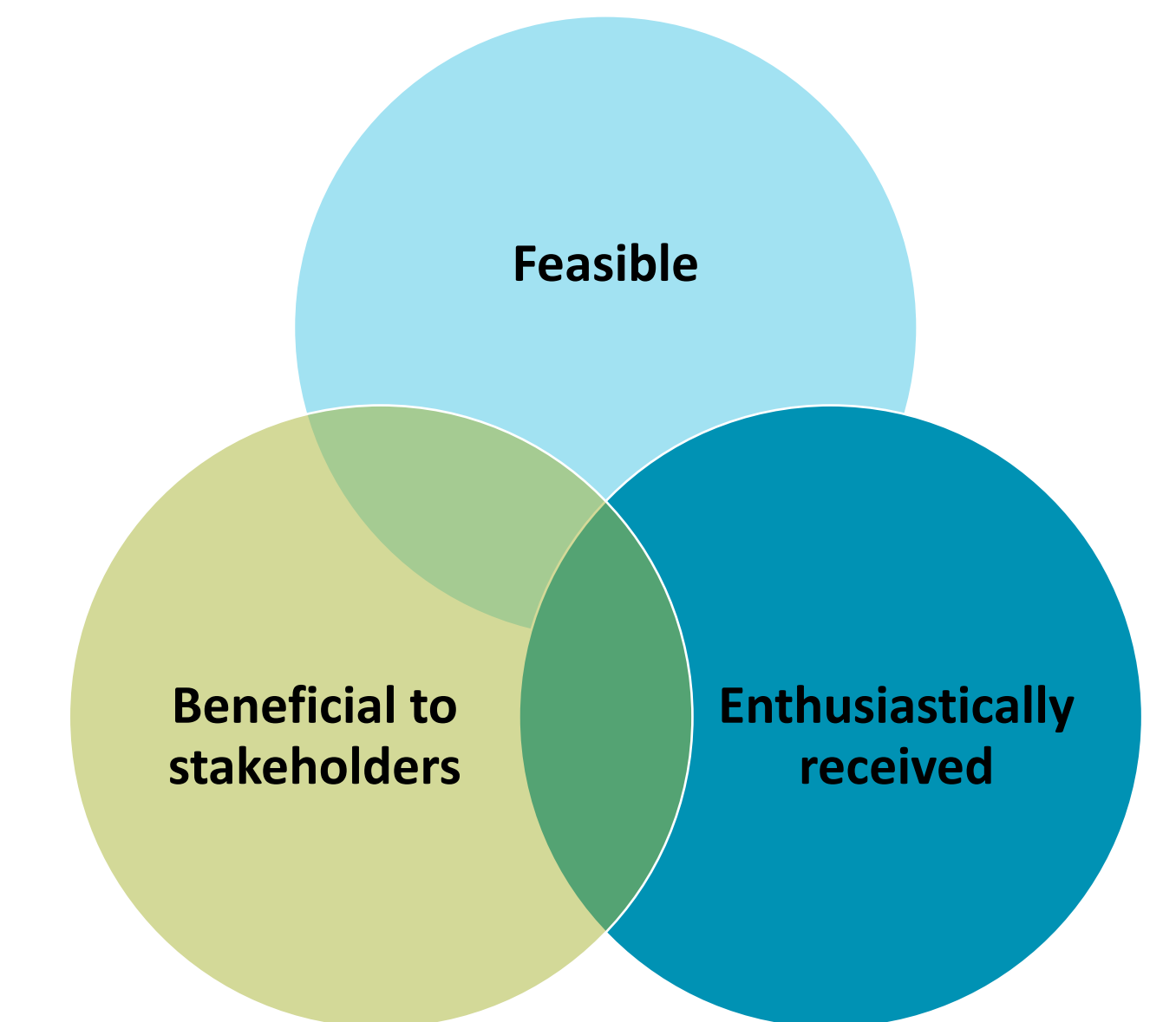
Results: Post-survey of DPMs

The availability of Operation Safety Net as a resource, as facilitated by this project, has...



Conclusion

This pilot program demonstrated that a stakeholder-driven street medicine consultation model of collaborative care is:



Future Directions

- Implement a consistent screening process in the ED
- Develop a place to document consults within UPMC's medical record
- Sustainability: Develop funding stream
- Expand to other UPMC Hospitals

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