Interprofessional Grand Rounds: Student Hotspotting Team 2016-2017

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Interprofessional Grand Rounds: Student Hotspotting Team 2016-2017

**Students:** Caroline Komanecky, Peter Sacci - Medicine
Danielle McFadden - Nursing
Nuriya Neumann, Michaela Scotten - Occupational Therapy
Melissa Murphy - Pharmacy

**Student Advisors:** Charles Baron, Gerald Gibbons - Medicine & Public Health

**Faculty Advisors:** Krys Foster, MD, MPH, Tracey Vause Earland, PhD, OTR/L, Julia Ward PhD, RN & Eileen Winter, ACSW
Sponsors

- Camden Coalition
- Primary Care Progress
- Association of American Medical Colleges
- Jefferson Center for Interprofessional Education
What is Hotspotting?

In this week's *New Yorker*, Atul Gawande presents a case for lowering health-care costs by focusing on the most expensive patients. Inspired by law-enforcement techniques that zero in on clusters of crimes, Jeffrey Brenner, a physician in Camden, New Jersey, decided to combat excessive medical costs by treating the "super-utilizers." (In Camden, one per cent of patients are responsible for thirty per cent of medical costs.)

Brenner's team, which includes a nurse practitioner and a social worker, make regular home visits and phone calls to check in about new and existing complaints, unfilled prescriptions, and other complications that could land them back in the hospital. They help apply for disability insurance and fill out paperwork for state-run housing where their medication can be overseen. They encourage these super-utilizers to improve their lives with steps like quitting smoking, cooking more, joining Alcoholics Anonymous—even going to church.
Our Team
Kick-Off Event

Wrap-Up Event

Kick-Off Event
Project Timeline

Planning phase
- Developed goals, team ‘norms,’ and rotating meeting roles

Patient recruitment phase
- Biweekly meetings
- Utilized all available connections, resources

Working phase
- Weekly meetings
- 3 teams of 2 students working with 1 patient/team → 2 teams of 3 students working with 2 patients/team

Wrap-up phase
- Coordinated transition of care
Team Process

Weekly meetings with team and mentors
  • Case updates and discussion

Camden Coalition programming
  • Curriculum videos
  • Skills Labs
  • Case Conferences
Super-Utilizer Case Story*

Basic Information

- 40 y.o. AA female
- No children, not married - in a relationship
- Finished high school - no history of employment
- Experiencing homelessness
- Has mother and sister in Philadelphia - poor relationship
- Struggles to manage colostomy
- Diagnosis of schizophrenia, chronic conditions

*Our team collaborated with 4 total patients; we chose to highlight this patient’s case, which required the most intensive interventions
Why is she here so much?

<table>
<thead>
<tr>
<th>Month</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of ED visits</strong></td>
<td>35</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td><strong>Top Chief Complaints</strong></td>
<td>Abdominal pain (10) Bleeding from stoma (3) Need for colostomy supplies (3)</td>
<td>Abdominal pain (2) Ankle pain (2)</td>
<td>Seizure (5) Pain (4)</td>
</tr>
<tr>
<td><strong>Top Diagnoses</strong></td>
<td>Encounter for general attention (9) Homelessness (5) Abdominal pain (3)</td>
<td>Homelessness (2) Colostomy malfunction (2) Encounter for general attention (2)</td>
<td>Epilepsy (6) Homelessness (5)</td>
</tr>
</tbody>
</table>
Medical management:  Colostomy maintenance and reversal
  • Medication management (explanations of medications & dosages; cell phone reminders; calendar for medication and follow-up appointments, pill box)
  • Making and attending specialist appointments & including family members
  • Training for colostomy care with Colorectal Surgery staff

Housing opportunities:  Lack of accessibility due to family circumstances
  • Collaboration with Project Home
  • Conversations with local case workers familiar with patient
  • Meeting with family members
Client-centered Goals & Intervention, cont.

**Library card:** Desire to take classes and have a place to spend the day
- In order to obtain, client needed 2 documents with proof of residency
- Family denied having mail with client's name as proof of residence
- Client does not receive any current mail

**Psychiatric Services:** Client expressed interest in counselling
- Identified coverage of insurance and available psychiatric services
Recent Encounters: Colostomy Reversal

Radiology Appointment #1
• Client went in for CT with contrast to identify infection preventing colostomy reversal - unsuccessful due to non-compliance with procedure
• Care plan to be continued once communication is reestablished

Radiology Appointment #2
• Sedative provided by surgeon in order to make procedure more tolerable
• Efforts (music for relaxation, conversations with boyfriend & resident) were not successful, patient still refused barium enema
Hospital Utilization & Costs July - December 2016*

*for TJUH alone (patient utilizes 6+ health systems)

PRE-INTERVENTION (July-Sept ‘16):
- $53,200**

POST-INTERVENTION (Oct-Dec ‘16):
- $64,325***

**costs estimated; ***exact ER costs; estimated admission costs
Possible Factors Impacting Utilization Rates

Jefferson ED: Initial meeting spot for patient and students
  - Location switched to fast food restaurant, neighborhood shelter, and medical office

Varying utilization of hospital systems in Philadelphia
  - Based on contact with family & partner
  - Physical & mental health

Need for housing
  - Weather conditions
  - Availability of shelter
Final Steps

- Patient’s goals were addressed
- Patient received client-centered care
- Patient feels safe in ER
Handoff to Super Utilizer Nurse Practitioner Team

Underlying factors need to be addressed moving forward

- Housing
- Cognition
- Safe relationships
- Self-perception of ability to care for ostomy

Transitional team meeting

- Connection to Primary Care Physician
- Nursing Home Placement
Key Lessons Learned

- Importance of family support
- Role of stable housing on health and healthcare
- Challenges of medication management
- Impact of purposeful daily activities and community contribution on physical/mental health
- Mismatch of hospital intervention and patient needs/wants
- Access to further education and appropriate learning opportunities
- Mental health diagnoses mixed with cognitive impairments
- Role of reflection on the process of patient care and interprofessional collaboration
- Importance of therapeutic relationship
- Resources in the community
- Setting boundaries
- Transition of care
Reflecting On The Experience

How will this impact our practice?
- Redefining success as making a positive impact on a patient’s life and building a relationship of trust
- Value of harm reduction approach
- Power of using motivating factors
- Setting realistic goals for chronic disease management

What have we learned about teamwork in healthcare?
- The importance of connecting information from each team member
- Increased quality and efficiency from interprofessional work
- We all have one focus: patient-centered care
Future of Hotspotting at Jefferson

- Scaling up within institution
- Provider and staff education regarding usefulness of program
- Advocacy within TJU schools to promote interprofessional education and experiences
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- Krys Foster, MD, MPH, Tracey Vause Earland, PhD, OTR/L, Julia Ward PhD, RN & Eileen Winter, ACSW
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- Jefferson Center for Interprofessional Education (JCIPE): Lauren Collins, MD & Shoshana Sicks, EdM
- Jefferson Students for Interprofessional Education (JSIPE)
- Camden Coalition of Healthcare Providers, Primary Care Progress, and Association of American Medical Colleges
References

