

### Learning Activity: Quality Improvement Project: Reducing ED Utilization

Description of Activity:	Systems analysis of the issue of high emergency department utilization rates for patients experiencing homelessness who receive care on a mobile health unit. In a leadership course, students select a practice problem scenario, and work in groups to complete a thorough literature review, analyze data provided by faculty, develop a quality improvement project utilizing a focused aim statement, and PDSA process. The assignment culminates in an executive summary of the issue.					
Keywords:	Leadership, Quality Improvement, Systemic Issues, Mobile Health, Chronic Wounds, Health Care Utilization, Barriers to Care, PDSA Cycle					
Type of activity	<input checked="" type="checkbox"/> Didactic <input type="checkbox"/> Simulation <input checked="" type="checkbox"/> Clinical	Recommendation on when introduced in curriculum?	<input type="checkbox"/> Early <input type="checkbox"/> Mid <input checked="" type="checkbox"/> End	Suggested Course:	<input type="checkbox"/> Health Promotion /Assessment/ Fundamentals <input type="checkbox"/> Acute care <input type="checkbox"/> Chronic care <input type="checkbox"/> Pharmacology	<input type="checkbox"/> Population/ Community health <input checked="" type="checkbox"/> Leadership <input type="checkbox"/> Other:
Competency addressed:	<input type="checkbox"/> 1. Provide respectful, compassionate, person-centered care for people experiencing homelessness (PEH)					
Learning Activity:	<b>Multi step Quality Improvement Project on wound related outcomes for PEH</b>					
Time Required:	To be completed					
Preparation of the student:	Leadership content related to quality improvement processes. This learning activity can be adapted to existing QIP scenarios in Nursing Leadership Courses. It is designed to draw out systemic and structural barriers to chronic care for PEH, and can thus reduce bias from simplified solutions to complex care issues. The examples provided here are from OHSU’s online RNBS program.					
Assessment	Formative: Introduction Forum QIP Team Learning Agreement Overall QIP Aim Statement Team Literature Summary Individual Literature Review PDSA data forum Focused Aim Statement Team Effectiveness Evaluation Organizational Assessment		Summative: Midterm Professional Poster Final Executive Summary		Potential Assessment Strategies: If taught face to face: In class discussions and summaries to replace Forums	
Resources:						
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Date:	3/26					

## Overview of Columbia Health Systems Mobile Health Unit

### CHS Mobile Health Unit Mission, Vision, and Values

- Our Mission is to deliver quality patient care services and provide our employees a professional environment with opportunities for career growth.
- Our Vision is to promote dignity, respect, and independence in an environment that becomes a home away from home.
- Our Guiding Values reflect our high level of commitment to our patients and staff:
  - Commitment to everything we do
  - Advocacy for everyone we care for and work with
  - Respect for all
  - Efficiency in all we do
  - Service to the community

Mobile Health Unit specific Mission & Values: Our Columbia Health System mission extends beyond walls. Through our mobile health unit, we meet people where they are, providing compassionate, trauma-informed care to those living unsheltered or with barriers to accessing healthcare. Guided by our core values of commitment, advocacy, respect, efficiency, and service, we strive to promote dignity, equity, and healing through accessible person-centered care for those experiencing homelessness.

### Practice Problem:

The following data summarize the last 12 months ED visits among patients normally seen on the Mobile Health Unit.

- ED visits have increased over the last 6 months
  - 2 in every 20 patients seen by the MHU have been to the ED in the following month
    - These visits are for a variety of reasons: medication refills, symptom management, and others
  - Last year, at this same time, that number was 2 in every 40 patients seen

**Scenario to ‘set the scene’**

Transcript is provided here. This scenario is presented via Animaker in a short video for online students.

**Mobile Health Unit ED Utilization Script: Can be written into Animaker or other virtual scenario.**

Scene	Focus	Participants
<p>The CHS Mobile Health Unit provides preventive and urgent services in Columbia County 3 days per week, rotating from a food bank, shelter, and the community library parking lot. In the past year, the team has implemented a bridge to primary care handoff and a brief handout on when to seek urgent versus emergency care. Despite these efforts, leadership is concerned that ED utilization remains high among patients regularly seen by the team.</p>		
<p>1. Mobile Health Unit</p>	<p>Problem discovery</p> <p><b>Kelsey Tran BSN, RN (Cora Voiceover)</b></p> <p><b>Alex Reynolds – patient</b></p> <p><b>Davis voiceover</b></p>	<p>The MHU is parked behind the library, traffic is light.</p> <p><b>Kelsey (Nurse):</b> <i>approaching warmly.</i></p> <p>Alex? Hey, it’s really good to see you. I’m glad you found us today, I’ve been wondering how you are doing with your new medication. How have things been going?</p> <p><b>Alex (Patient):</b> <i>exhausted, breathing slightly labored</i></p> <p>“Not great. I’ve had to go to the ED a couple of times this month. I ran out of my medication and was feeling awful. I didn’t know what else to do. Some of the nurses are really kind, but others seem annoyed that I’m there, and I hear them making comments about me”</p> <p><b>Kelsey:</b></p> <p>“I’m sorry you had to deal with that. Running out of medication is frightening, and no one should be pushed into crisis just to access basic care. When you went to the ED, were they able to give you refills?”</p>

		<p><b>Alex:</b></p> <p>“Yeah, for a few days. But then I lost one, and after that I just... couldn’t get myself here. They said to ask you about refilling my prescriptions, that was weeks ago, and I know I should have come in.</p> <p><b>Kelsey:</b></p> <p><i>gentle, validating tone</i></p> <p>“I hear you. It can be difficult to stay on top of medication refills. Especially when you’re already trying to figure out where to sleep and how to stay safe.</p> <p><b>Alex:</b></p> <p>“I know the handout says when to come here instead of the hospital, but sometimes I’m too tired to walk across town and don’t have bus vouchers.”</p> <p><b>Kelsey:</b></p> <p>“That makes total sense.</p> <p><b>Alex:</b> “I feel like people think I don’t care about my health, but I’m trying. I just don’t always make it.”</p> <p><b>Kelsey:</b></p> <p>“You <i>are</i> trying. Right now, let’s get your medications refilled. I’ll also write our next locations big enough to stick in a pocket or backpack. We’ll tackle this one piece at a time.”</p> <p><b>Alex:</b></p> <p>“Okay... thank you. I’m tired of ending up in the ER.”</p>
<p>2. Staff Meeting</p>	<p><b>Maya Chen FNP Medical Director</b> <b>(Madison voiceover)</b></p>	<p><b>Maya:</b></p> <p>“Thanks for coming, everyone. We’ve all seen the new ED utilization report for our mobile</p>

<p>Conference room at the primary care clinic, late afternoon. Printed ED utilization metrics for mobile unit patients are on the table.</p>	<p><b>Kelsey Tran, BSN, RN Mobile Unit Nurse</b> <b>(Cora voiceover)</b></p> <p><b>Luis Ramirez, CHW Community Health Worker (Brian voiceover)</b></p> <p><b>Kayla Thompson, CMA Medical Assistant</b></p> <p><b>Marcus Boyd Driver, Registration &amp; Insurance Lead</b></p> <p><b>Janelle Morris, MPH Outreach Administrator (Primary Care Clinic) Amelia voiceover</b></p>	<p>unit patients. Janelle, can you give us a quick overview of the numbers?”</p> <p><b>Janelle:</b> “Sure. Over the last 12 months, ED visits among our regular mobile patients have gone up, not down. We’re seeing frequent visits to the ED for poorly controlled chronic disease, and crises that might have been manageable in outpatient care if caught earlier.”</p> <p><b>Kelsey:</b> “That matches what I’m seeing on the mobile unit. Alex is a good example. Running out of medications, then ending up in the ED at night. We’ve got our handouts and our bridge-to-primary-care process, but it’s not fully meeting people where they are. Primary care is already backed up and they are frustrated with our patients not showing up.</p> <p><b>Kayla:</b> “I’ve noticed we’re often refilling meds at the edge, right when they’re about to run out. Or even weeks or months after a refill was needed. It’s hard to get a hold of our patients though, even if they have phones, they often aren’t charged.</p> <p><b>Luis:</b> “And from the outreach side, unstable camping spots keep people from getting here during clinic hours. It’s not that they don’t care, it’s that survival tasks come first.”</p> <p><b>Marcus:</b> “From registration and insurance, I see people bouncing between EDs and us with gaps in coverage and contact info. There’s no easy way to reach them between visits.”</p>
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		<p>and we will reduce the burden on our busy emergency department.”</p> <p><i>Fade out as the team begins identifying data to share and potential timelines for the student-led QI project.</i></p>
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**Process for Completing this term-long Quality Improvement Project (QIP)**

The examples below show the foundational aspects of a quality improvement project and are aligned with the QIP assignments that your Team will be completing. Always check evaluation rubrics in the Weekly Lessons.

QIP Team Learning Agreement

QIP Overall Aim Statement

Individual Literature Review

Team Literature Review Summary (Example N/A)

EHR Data Request

EHR Data Return (from faculty in Week 5)

Focused Aim Statement

Midterm Professional Poster (Example N/A)

Team Effectiveness Evaluation (Example N/A)

Organizational Assessment (Example N/A, issue from faculty in Week 7)

Final Professional Poster (final data via Announcement in Week 8)

Executive Summary as a Letter

Executive Summary as an Infographic