Quality Assurance and Risk Mitigation in Street Medicine

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Disclaimer

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Founding Principles

- Everybody Matters

- “Go to the People” - Street Medicine Institute

- Share in Suffering with Joy
Quality Assurance Program Concepts

• Effective: evidence base and results in improved outcomes based on need
• Efficient: maximized resource use and avoids waste
• Accessible: timely, in setting where skills and resources appropriate to need

Quality Assurance Program Concepts

- Acceptable (patient centered): patient preferences and aspirations
- Safe: minimizes risk and harm patients
- Equitable: care doesn’t vary in quality because of personal characteristics such as gender, race, ethnicity, geographic location or socioeconomic status
Role and Scope of Practice

- Will inform all other QA decisions
- Services provided must match outcomes desired
- Organizational Capacity
- Community Partners
- Knowledge of Compliance and Risk Management issues
- Policy and Procedure Manual
Medical Malpractice

- If program belongs to Institution, Institution should cover
- HRSA Free and Charitable Clinic Designation (https://www.bphc.hrsa.gov/ftca/freeclinics/)
- Caution with Good Samaritan Law
- ALWAYS consult with Risk Management and Compliance for Institutional Direction
QA Concept: Effective

- Value vs. Patient Value based care
- Tracking Quality Metrics
  - Utilization (ED visits, 30-day readmission rates, hospitalizations)
  - Clinical Outcomes (HTN, DM control)
- Non-traditional Healthcare Metrics
  - Patient goal driven
  - Quality of Life
Health Outcomes: Hypertensive Management

FY17

BP Controlled (<140/90)

- Overall US Population
- LVPG Goal
- LVPG Clinic
- Street Medicine
Health Outcomes: Improved Healthcare Utilization
(Street/ Clinic Service)
Longitudinal Analysis

ED/k (n=901)  Inpt/k (n=181)  Readmit/k (n=40)

73%  64%  64%
Health Outcomes: Improved Healthcare Utilization (Consult Service) Longitudinal Analysis

- ED/k (n=904): 80%
- Inpt/k (n=470): 81%
- Readmit/k (n=155): 68%
QA Concept: Efficient

- Goals of Care based on patients’ quality metrics
  - Most important member is patient
  - Second most important is team member patient identifies with
- Transdisciplinary
- Flat hierarchical infrastructure
QA Concept: Efficient

- Core Team: Street Guide, Medical Provider
  - Social work, Behavioral Health, D/A Counsellor, Nurse, learners and anyone who cares
Creation of a Homeless-Centered Medical Home

**LVHN Street Medicine Program**
- Coverage area Lehigh and Northampton Counties
- 725 square miles
- Population 660,000
- Serves 1300 unique patients yearly

**Special Offerings:**
- 4 bed respite
- Tele-medicine
- Connection to Medical Legal Partnership
- Care transition to traditional practice

**Shelters and Soup Kitchens**
- 8 Clinic sites
- Includes youth and sex trafficking specialty care

**Street Team**

**Hospital Consult Service**
- Covers 3 hospital locations
- 286 Consults FY 2017
Keck School of Medicine of USC
Street Medicine

- Est. April 1, 2018
- Complex Care management for rough sleeping population
- Close collaboration with clinic providers and social service providers
- Current working through process with Interim Department Chair, Dr. Jehni Robinson
QA Concept: Accessible

“Go to the People” - Street Medicine Institute

Consistent Engagement

- Frequency of visits
- Continuity
- Predictable schedules
QA Concept: Accessible

Direct Care Delivery

- Medication Dispensing
- Laboratory Testing
- Point of Care Testing
Medication Dispensing

Prescribing vs. Dispensing

Prescribing: The **ordering** of the use of medicine

Dispensing: The **preparation, packaging, labeling, record keeping, and transfer** of a prescription drug to a patient or an intermediary, who is responsible for administration of the drug.

Administering: transferring medication for **immediate use**, not for future use
Medication Dispensing

Only Providers and Pharmacists can dispense what they are licensed to prescribe

Any medication given out to a patient must be done so by a prescriber

– Example: Tylenol vs Lisinopril
Medication – Prescribing Policy

No narcotics, benzodiazepines, or other controlled substances will be prescribed or refilled by Street Medicine or Volunteer Providers.

Street Medicine Employed Providers may prescribe psychotropic medications.

Volunteer providers cannot prescribe psychotropics.
Medication Prescribing

Medications that are not available on site will be called in or electronically (EMR) sent to a designated pharmacy

- Contracted Pharmacies
  - Health Spectrum Pharmacy
  - Family Prescription Center

- Fees and co-pays to be covered by Street Medicine when necessary.
Medication Dispensing

All medications dispensed by Street Medicine are:

Dispensed with a label created and approved by an LVHN Pharmacist. Written on the LVHN Medication Practice Stock-Log

a) Medication Label

b) Practice Stock-Log
Medication – Storage Policy

Storage requires
- double locked system

Maintained at room temperature 68-77°F
- Backpack vs Truck bed
Medication – Storage Policy

Vaccines

- Influenza Vaccine is maintained in the refrigerator at 35-46°F per LVPG policy
Laboratory Testing

LVHN Street Medicine complies with LVHN Laboratory Standards

- **Lab License**
  - All tests including Point of Care Testing
    - Clinical Chemistry
      » Glycohemoglobin (CLIA waived)
      » Whole Blood Glucose (CLIA waived)
    - Virology
      » Influenza A and/or B (CLIA waived)
  - Lab Director

- **Lab Contract**
  - Pick up & Drop Off agreements

- **Quality Controls for Point of Care Testing (POCT)**
Laboratory Specimens-

- Specimens collected at site of care get a “Customized Laboratory Requisition” slip added to the approved Specimen Transport bag with blood work/specimen
  - Specimen then gets delivered to or picked up by the lab depending on location
  - Drop off & Delivery time requirements for specimens
- All lab work is ordered online in EMR, EPIC, for clinics that have access to the EMR.
  - If EMR is not available and Street Medicine is collecting specimen at the site of care, a paper prescription can be given to the patient.
Laboratory Testing- Point of Care Testing

- Each POCT device is checked at the time of purchase & annually to ensure it is in working order.
  - Each device is tagged with an ambulatory ID Number due the initial check.
- A Quality Control & Patient record is kept for each POCT device.
Let the Streets Build the Program

• “Go to the People”
  • Deliver healthcare on the streets, in soup kitchens, & in shelters
    • Deliver where people feel most comfortable
• Listen to the Needs of the People
  • Food vs. Blood pressure medication
  • Shoes to prevent foot wounds
  • Convenient locations of care
  • Insurance
  • Transportation
  • POCT
  • Housing
  • Identification
Cultural Cues & Code of Conduct

• Always announce self
• Be considerate
• Respect
• Ask approval
• Ask what they need
  • What are their goals
• Mind your manners
• Never commit unless you are certain you can deliver
QA Concept: Equitable

- Goal to deliver same quality on street as in clinic
- Patient defines the goals
- Reimagining definition of success
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