

Using a Nurse Triage Line to Reduce Overutilization of Emergency Services: A NYC Case Study

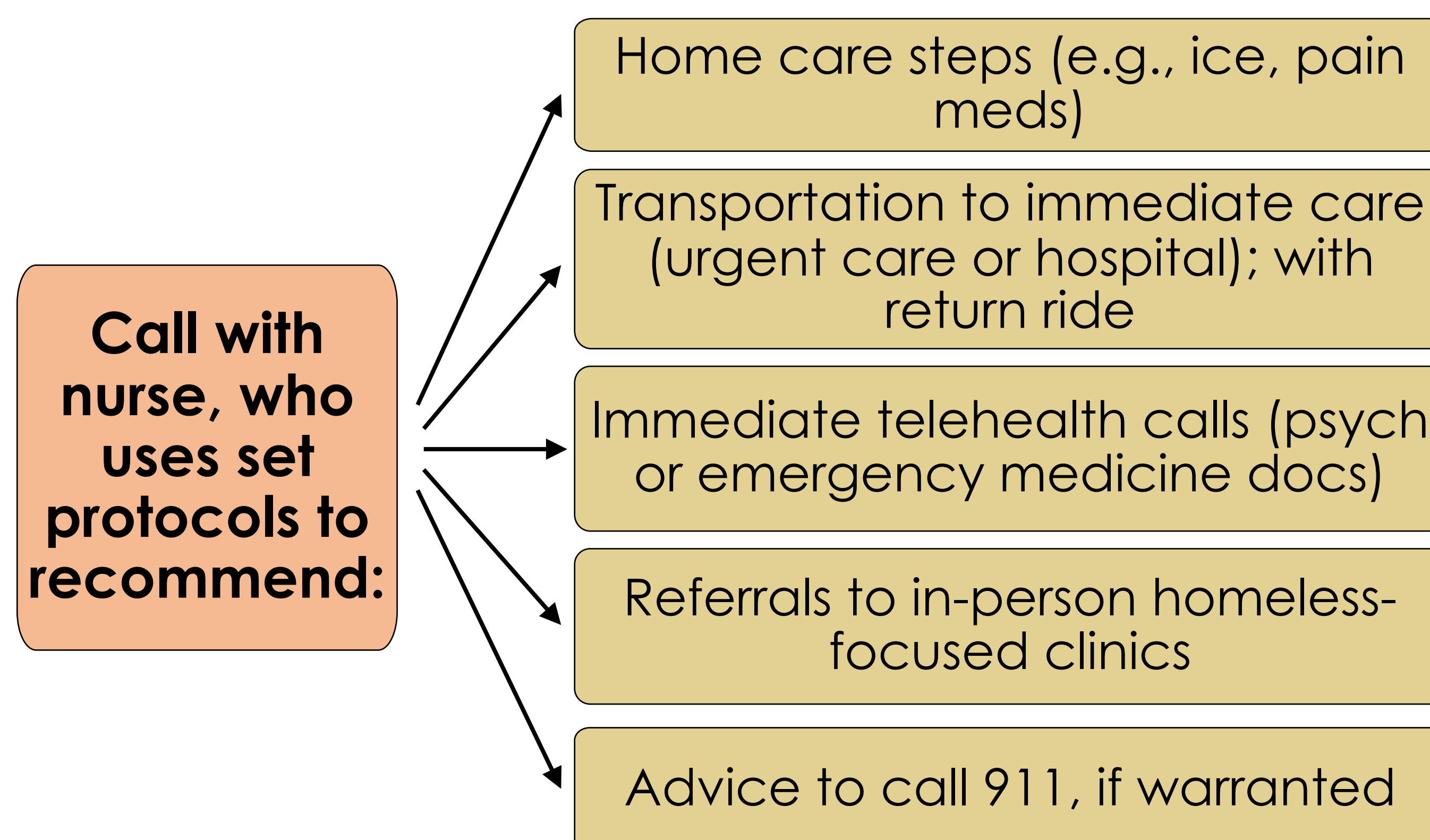
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BACKGROUND

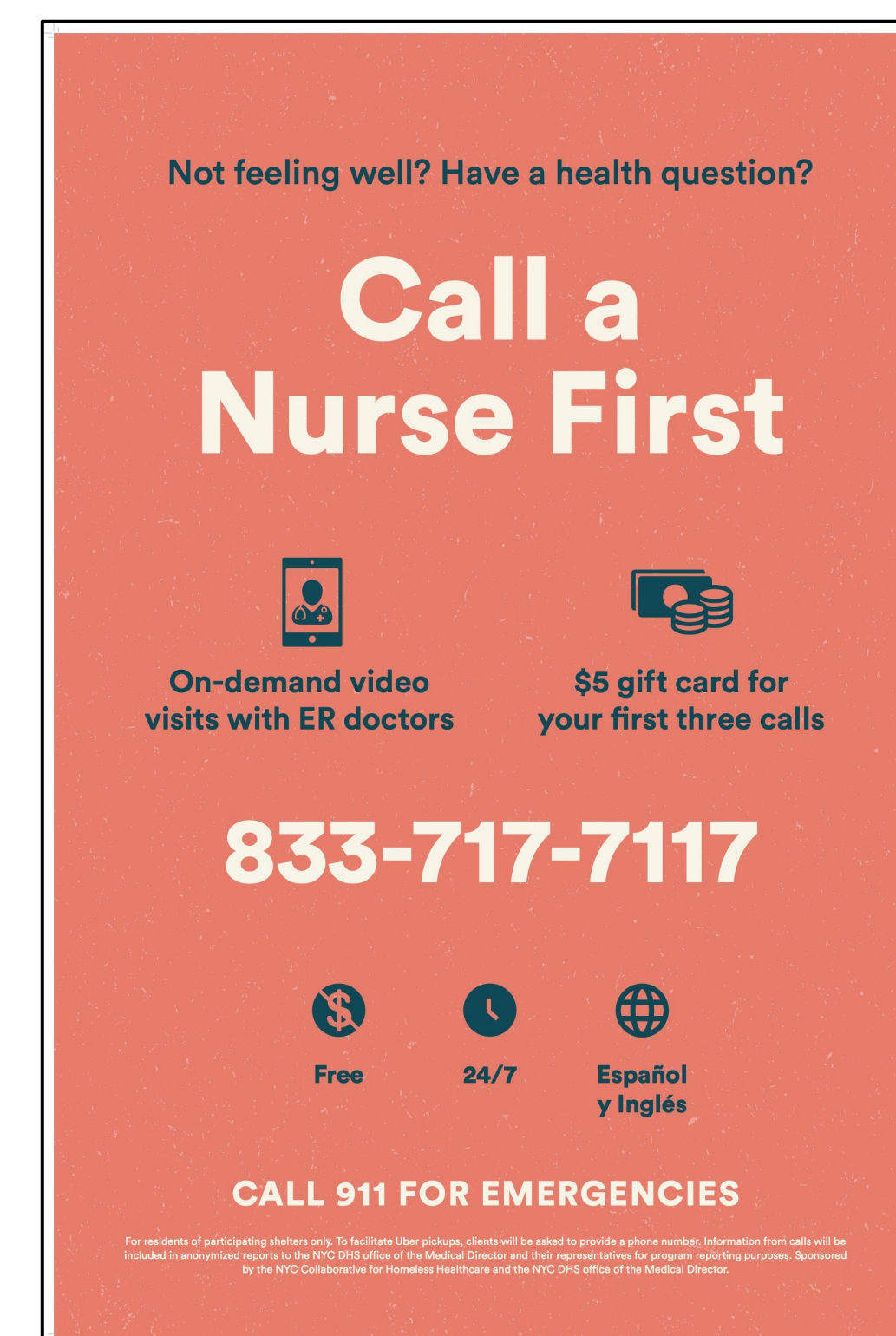
- In 2018, the Helmsley Charitable Trust formed the Collaborative for Homeless Healthcare (CHH) to tackle certain systemic issues in homeless health that individual providers could not address alone
- The Collaborative included the Medical Director's Office of NYC's Department of Homeless Services (DHS), along with three of the city's largest homeless healthcare providers: Care for the Homeless, Janian/CUCS, and Project Renewal
- A DHS analysis of 911 call data showed a higher percentage of low-acuity medical calls from shelters, compared to the general population
- DHS interviewed clients and case workers regarding the use of emergency services. This study revealed that many clients and staff would consider other avenues to care, but felt that 911 was their only way to receive urgent care
- The CHH decided to address this by setting up a nurse triage line to provide 24/7 triage services to shelter residents, and to offer free car rides for immediate care
- To our knowledge, this is the first time this model was piloted in a homeless system

SERVICES

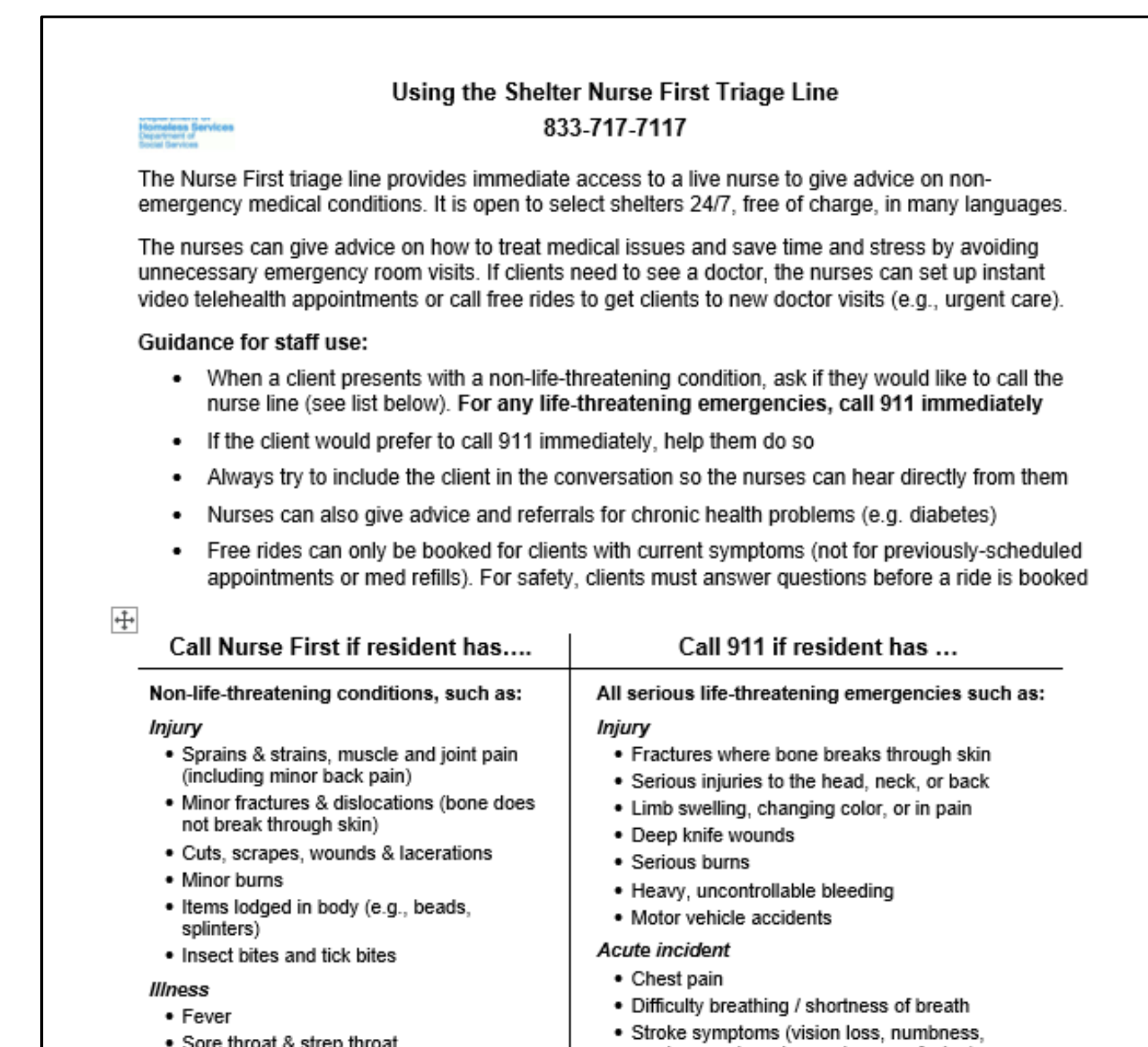
- Clients and/or staff can call 24 hours a day, 7 days a week and speak to a live registered nurse in under 30 seconds without need for health insurance
- Spanish-speaking nurses and translation to 200 languages are also available
- Staff and clients were given instructions on when to call the line versus when to directly call 911 (e.g., stroke, heart attacks)



Poster by Megan Ludington, in collaboration with members of the CHH; Medical Director's Office of NYC's Department of Homeless Services, Care for the Homeless, Janian/CUCS, and Project Renewal. Special thanks to the Helmsley Charitable Trust for their support of the program.

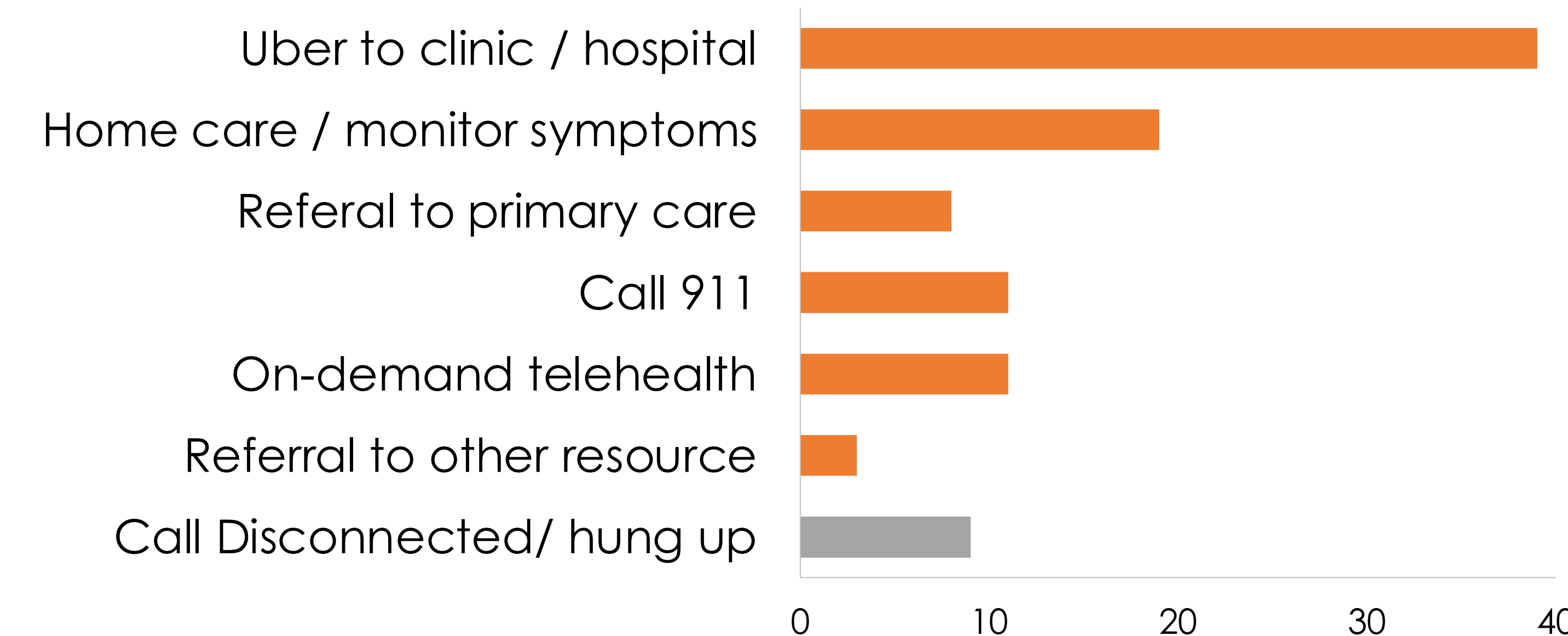


Poster and guidance sheet distributed to shelters

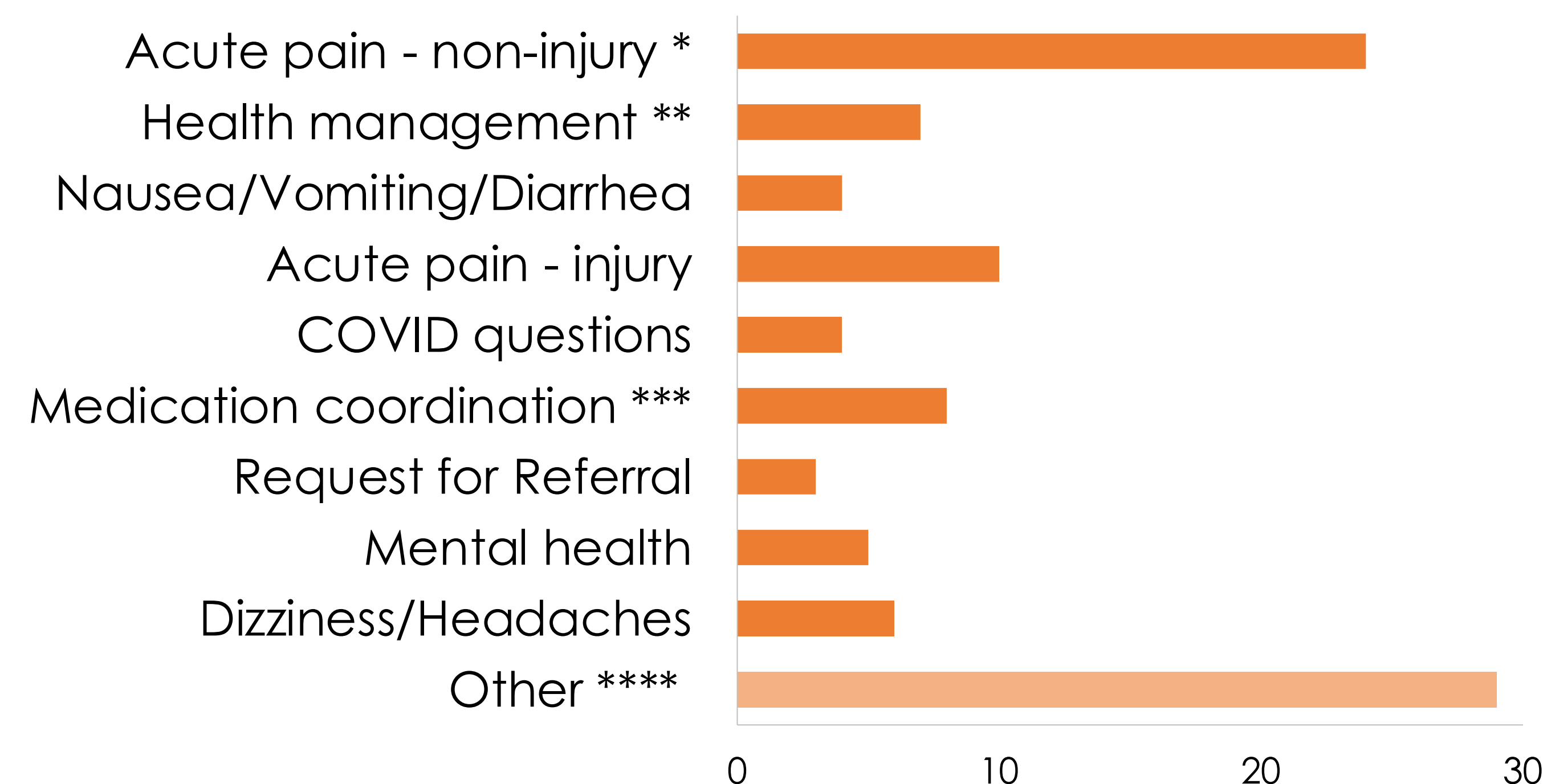


CHARACTERISTICS OF CALLS

Percent of calls by outcome



Percent of calls by presenting symptom



* Most non-injury pain calls were for pain in the legs, abdomen, back, and chest
 ** Health management includes questions on chronic disease (e.g., diabetes, heart disease) management. Many of these calls were initiated for specific acute concerns but led to broader discussion and advice on health management.
 *** Medication coordination includes questions on medication purposes, medication interactions, or side effects; along with help with medication refills.
 **** Other calls include misc. symptoms such as dental concerns, skin issues, STI concerns, etc.

IMPLEMENTATION

- The CHH selected an existing nurse triage line provider for the pilot, after speaking to several candidate agencies
- The CHH hired a field coordinator to conduct in-person outreach and training sessions with shelters
- The pilot launched in April 2020 at nine shelter sites, which were chosen for having a high number of low-acuity 911 calls
- The program has expanded to over 100 shelters over time
- During COVID spikes, the line was offered at isolation hotels the city set up (and could be deployed there within days)
- When warranted, NTL directly connects clients to the NYC public hospital telehealth service "ExpressCare," which includes behavioral health support

OUTCOMES TO DATE AND BENEFITS

- The line has received over four thousand calls between April 2020 and March 2023 (averaging ~110 calls per month)
- Benefits to New York City:
 - Saves \$230 per call on average (via savings on EMS transport)
 - Helped respond to COVID-19, allowing remote access to care, including as a back-up at isolation shelters
 - Reduces the burden on the City's EMS system
- Benefits for clients:
 - Connection to accessible, immediate community-based care
 - Saves hours of waiting in the emergency department
 - Reduces the stress of EMS, law enforcement, and sirens arriving (for client and other shelter residents)

LESSONS LEARNED

Training

- It was important to train both Social Service staff and Operations/Security (including overnight) staff; in person training was more effective than virtual
- The nurses were trained on how to handle the unique needs of shelter clients and tailored their protocols accordingly

Incentives

- The program initially offered small gift cards to clients who called; these turned out to not be a big motivator and were phased out

Uptake variance

- Some shelters use the line significantly more than others; the largest predictor of uptake was director (and staff) adoption
- Women's shelters tend to use the line more than men's shelters (consistent with commercial triage line users)