Land Acknowledgement

I acknowledge that the land where we are standing, Phoenix, Arizona, now stands in the traditional territory of the O'odham Jewed, Akimel O'odham, and Hohokam people I recognized that these Indigenous people have been stewards of this land for centuries, nurturing its resources and sustaining their communities through a deep connection to the earth. I honor their enduring presence and resilience, and acknowledge the ongoing relationship between these Indigenous nations and this land. I pay my respects to their elders, past and present, and commit to learning from their histories and perspectives as I strive to be a responsible steward of this land for future generations.

Labor Acknowledgement

I acknowledge the labor of Black & African-American people—ancestors and descendants. I recognize that the United States' and global economies historically and currently rest on the ingenuity, cultural treasures and stolen labor of African-Americans and Black people throughout the diaspora.

I honor the brilliance and humanity of all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples who contributed to the building of the country and continue to serve within our labor force. And express my heartfelt gratitude for their infinite contributions.

Labor Acknowledgement

By recognizing the land that was taken from First Americans and the forced labor that was provided by enslaved Africans and black & brown people, we strive to take steps towards creating a more equitable and just world for all of us.

Source: https://www.solid-ground.org/labor-acknowledgement/

Agenda

8:45-9:30: National Landscape Overview

9:30-10:30: Program Example: Hennepin County HCH, Minneapolis, MN

10:30-10:45: BREAK

10:45-11:45: Program Example: Circle the City, Phoenix, AZ

10:45-11:55: Q&A

11:55-12:25: Video Vignettes

12:25-12:30: Wrap-up

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Nurse-Led Care in Healthcare
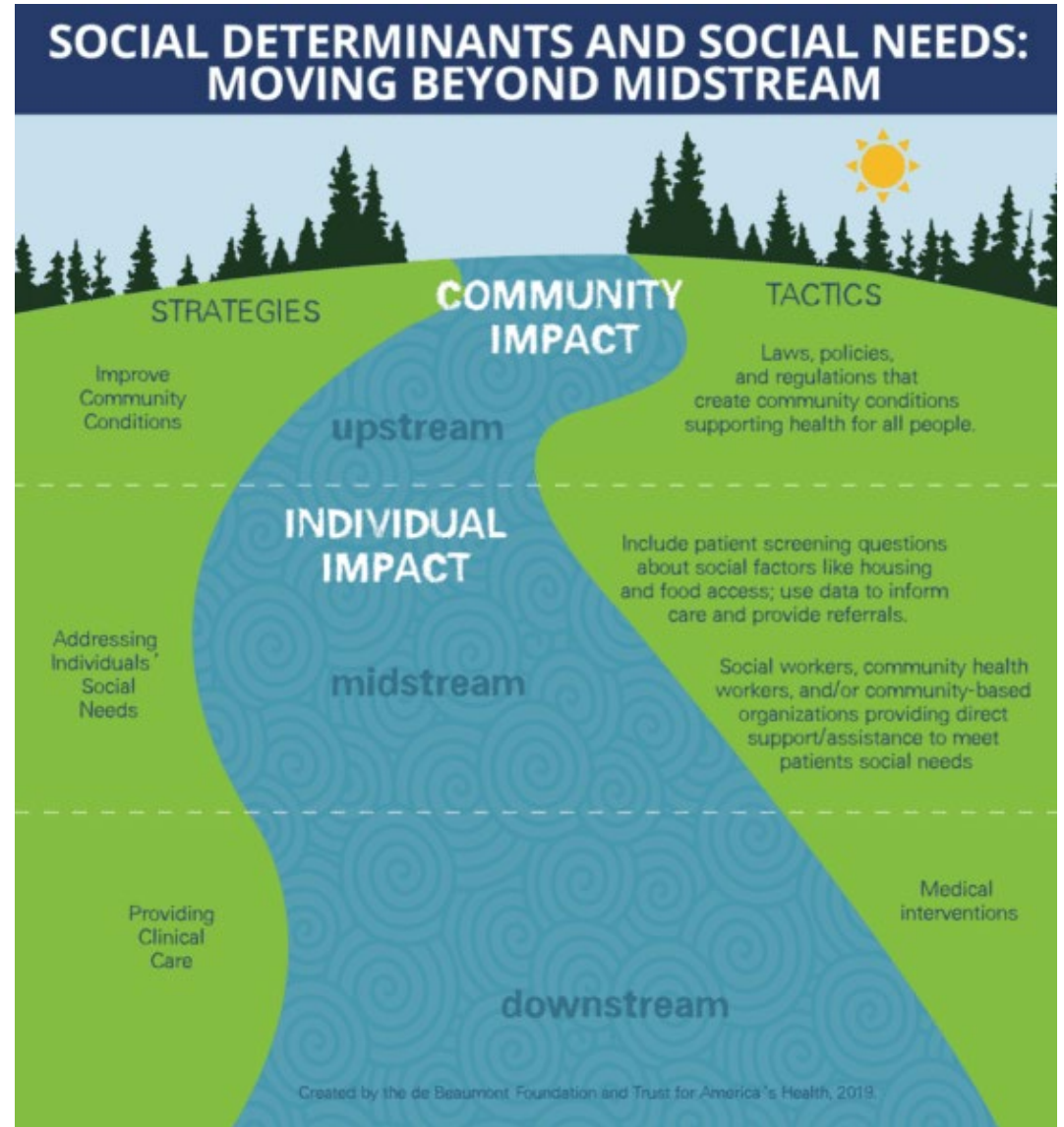
Lillian Wald

➔ community-based nurse
➔ social reformer
➔ a pioneer of American public healthcare
➔ health equity activist
➔ a champion of labor rights, civil rights, and women's suffrage
➔ anti-racist
➔ compassionate and holistic care

NATIONAL
NURSE-LED CARE
CONSORTIUM
a PHMC affiliate

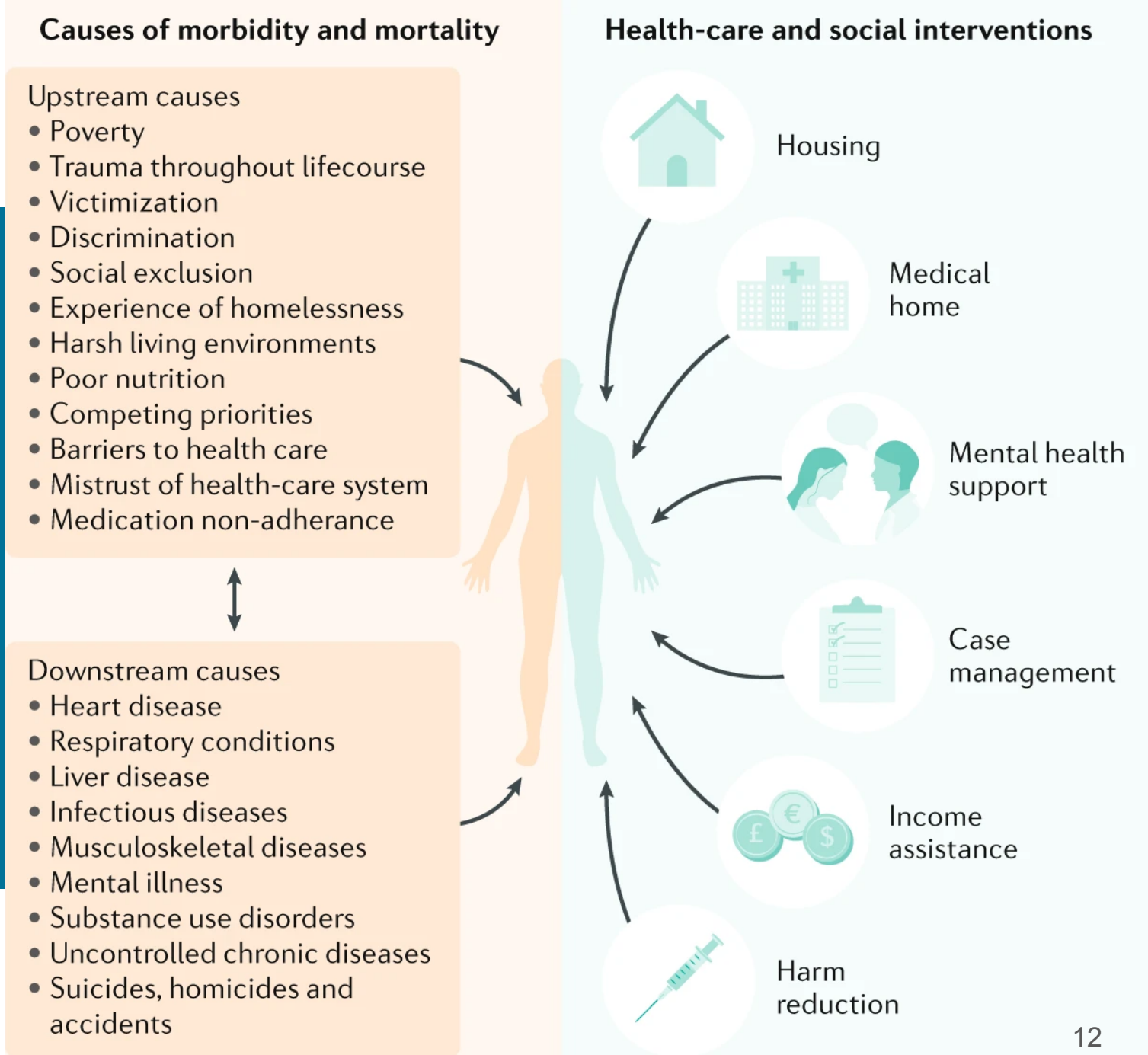# Lillian Wald and the Henry Street Settlement House

Health, healthcare and housing are inextricably linked

Understanding the Challenges to Achieving Health Equity

Barriers and Specific Challenges to Comprehensive Care

Causes of morbidity and mortality

Upstream causes
- Poverty
- Trauma throughout lifecourse
- Victimization
- Discrimination
- Social exclusion
- Experience of homelessness
- Harsh living environments
- Poor nutrition
- Competing priorities
- Barriers to health care
- Mistrust of health-care system
- Medication non-adherance

Downstream causes
- Heart disease
- Respiratory conditions
- Liver disease
- Infectious diseases
- Musculoskeletal diseases
- Mental illness
- Substance use disorders
- Uncontrolled chronic diseases
- Suicides, homicides and accidents

Health-care and social interventions

- Housing
- Medical home
- Mental health support
- Case management
- Income assistance
- Harm reduction

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Addressing Healthcare Challenges is Crucial

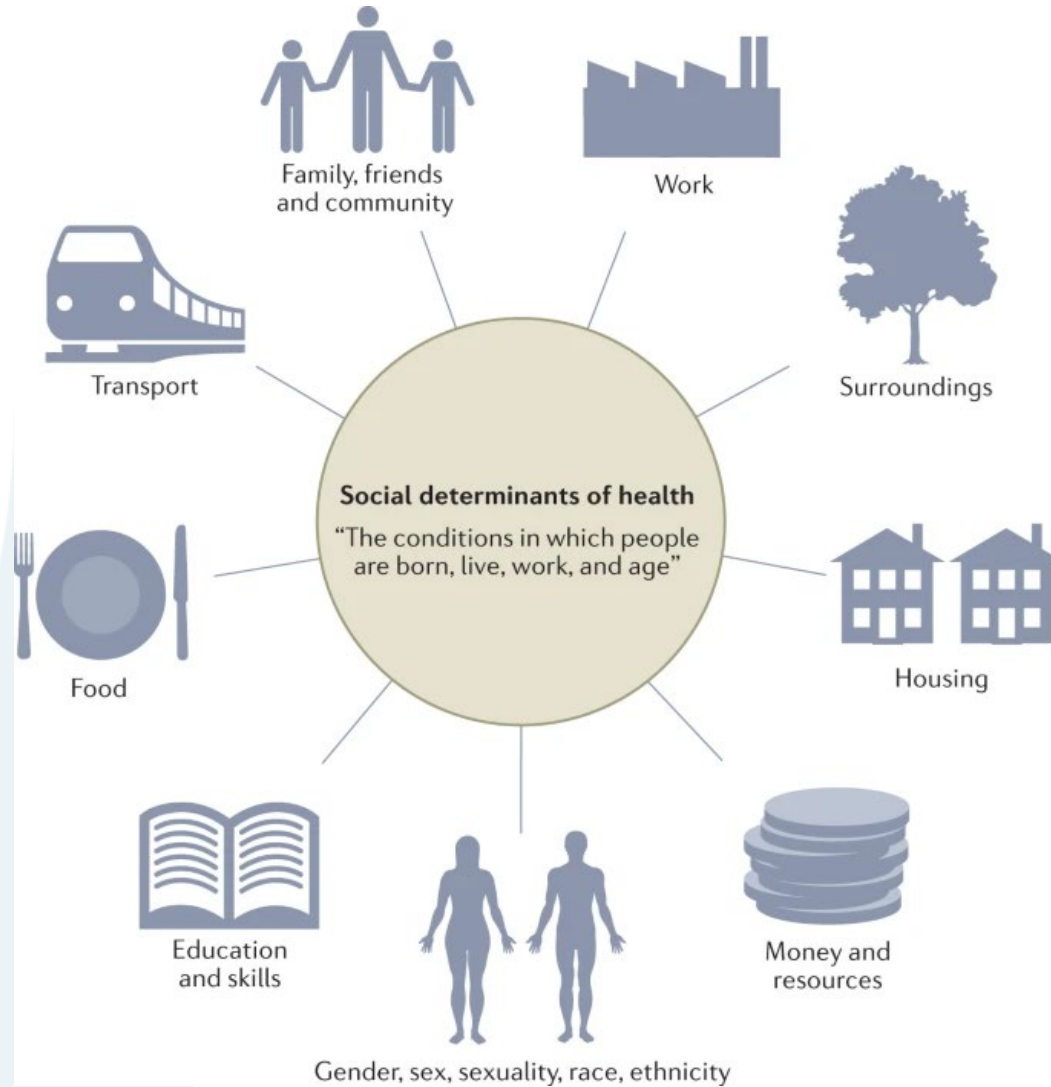Health Equity
Social Justice
Public Health Impact
Preventive Care and Early Intervention
Reducing Healthcare Costs
Promoting Inclusive and Compassionate Care
Building Resilient Communities

Whole Person Care

Social determinants of health
"The conditions in which people are born, live, work, and age"

Family, friends and community

Work

Surroundings

Transport

Housing

Food

Education and skills

Gender, sex, sexuality, race, ethnicity

Money and resources

Nurse-Led Care in Healthcare

Healthcare services and **interventions** where **nurses** take on **leadership** roles in **managing and delivering patient care**, often in **collaboration** with other healthcare professionals.

Nurse-Led Care in Healthcare for the Homeless

Nurse-Led Programs in HCH Settings

- **Primary care services, such as health assessments, vaccinations, and screenings**
- **Preventive care, including health education, wellness programs, and disease prevention initiatives**
- **Chronic disease management for conditions like diabetes, hypertension, and HIV/AIDS**
- **Mental health support, including counseling, psychiatric assessments, and referrals to specialized care**
- **Substance abuse services, such as addiction counseling, medication-assisted treatment, and harm reduction strategies**

Funding and Financial Sustainability for Nurse-Led Programs

- Government grants and contracts
- Private foundations and philanthropic organizations
- Healthcare reimbursements
- Community partnerships

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Reimbursement Mechanisms

Billing and coding optimization

Care coordination and collaboration

Quality reporting and performance metrics

Advocacy and policy engagement

Diversification of funding sources

Models to Enhance Sustainability

Care Coordination and Team-Based Care

Documentation and Coding Accuracy

Chronic Care Management (CCM) and Preventive Services (AWV)

Telehealth and Remote Patient Monitoring (RPM)

Value-Based Care and Alternative Payment Models

Patient Education and Engagement

Quality Improvement and Data Analytics

Partnerships and Collaborations

Strategies to optimize all billing and coding

Medicaid and Medicare Reimbursements

Prospective Payment Systems (PPS)

Sliding Fee Scale and Patient Fees

Grants and Funding from Health Resources and Services Administration (HRSA)
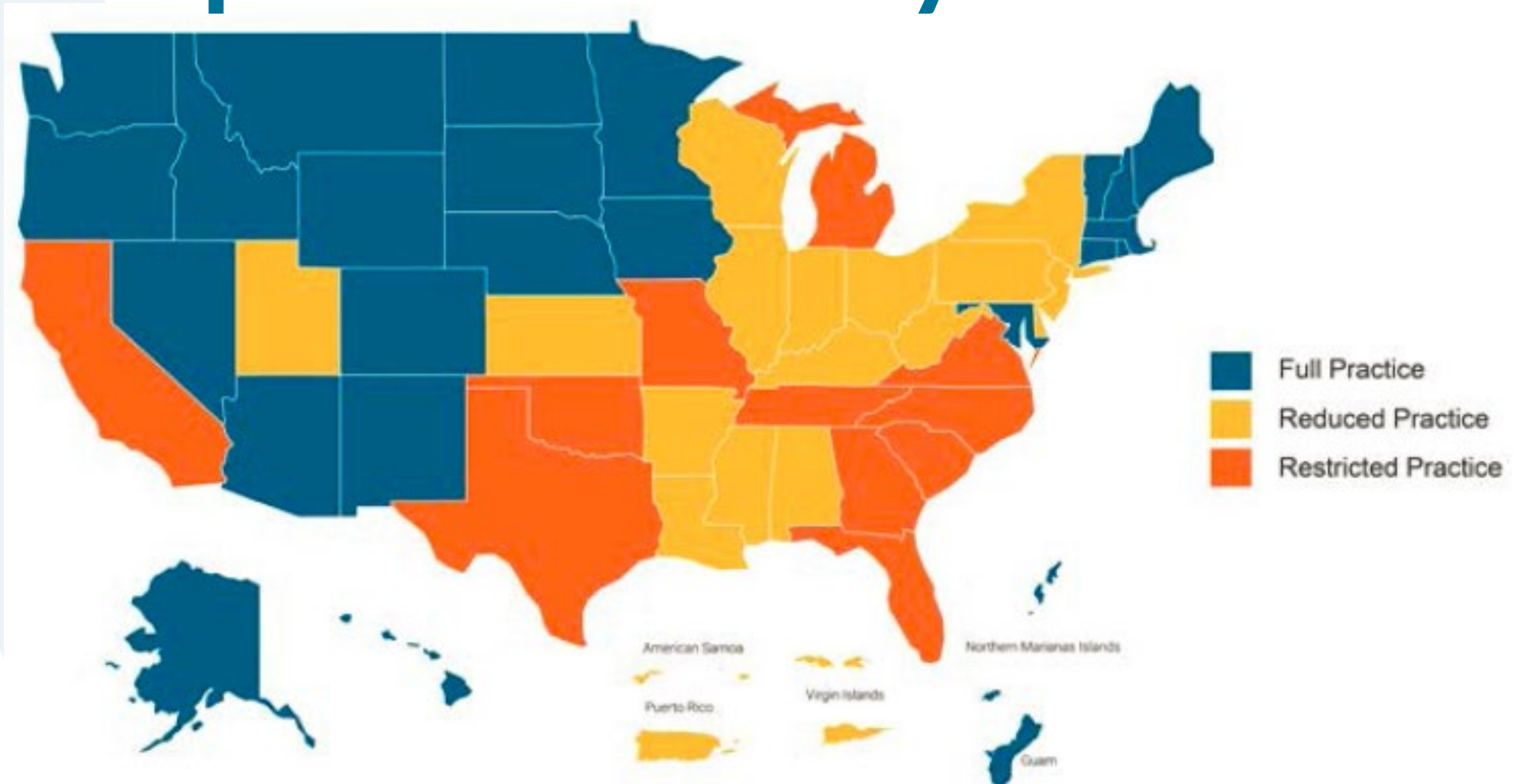
Strategies to optimize all billing and coding

Value-Based Payment Models

Private Insurance Reimbursements and Third-Party Payers

Telehealth and Remote Patient Monitoring Reimbursement

Quality Improvement and Performance-Based Incentives

Scope of practice for nurse practitioners by state.

Full Practice
Reduced Practice
Restricted Practice

American Samoa
Northern Marianas Islands
Puerto Rico
Virgin Islands
Guam

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Annual Wellness Visit

VISIT TYPE	TREATING (BILLING) PROVIDER				UNDER DIRECT SUPERVISION
	Physicians	Non-Physician Practitioners			Clinical Staff++
	MD or DO	NP	PA	CNM	CNS+, RN, RD, other licensed practitioner
IPPE	X	X	X	X	
AWW	X	X	X	X	X

Physicians: Medical Doctor (MD) or Doctor of Osteopathy (DO)

Non-Physician Practitioners include: Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM)

+Clinical Nurse Specialists (CNS) do not fit the Medicare definition of an FQHC practitioner. CNS services (AWV only) would be billed to Medicare as incident to the supervising provider. Medicare Fee-For-Service in a non-FQHC setting does allows CNSs to furnish services an independent practitioner

++ Clinical staff, such as RNs, RDs, health educators, nutrition professional, and other licensed practitioners, working under the direct supervision of a physician or NP, may complete specific tasks according to State licensure and scope of practice parameters. A Medical Assistant is an example of an allied health professional who may be part of a medical professional care team performing elements of the AWV under direct supervision, depending on state licensure and scope of practice.

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Annual Wellness Visit

	IPPE	AWV (initial)	AWV (subsequent)
What is it?	"Welcome to Medicare" visit. Promotes good health through disease prevention and detection.	Preventive visit to develop and deliver Personalized Prevention Plan Services (PPPS). Includes a Health Risk Assessment	Preventive visit to review and update the PPPS and HRA.

Annual Wellness Visit

	IPPE	AWV (initial)	AWV (subsequent)
When does the patient visit occur?	Within 12 months of first Part B enrollment date	12 months after IPPE OR >12 months after Part B enrollment and IPPE never performed*	12 months after the initial AWV*

Annual Wellness Visit

	IPPE	AWV (initial)	AWV (subsequent)
What is the frequency of the visit?	One lifetime benefit. "Use it or lose it"	One lifetime benefit	One subsequent AWV per year
What is the cost to the patient?	No coinsurance	No coinsurance	No coinsurance

Being a nurse ... (today) must mean being aware of social injustices and the systemic racism that exist in much of nursing ... and having a personal and professional responsibility to challenge and help end them.

Calvin Moorley, RN, author "Dismantling Structural Racism: Nursing Must Not Be Caught on the Wrong Side of History"

The Future of Nursing

Improving Health Equity

Building Healthier Communities
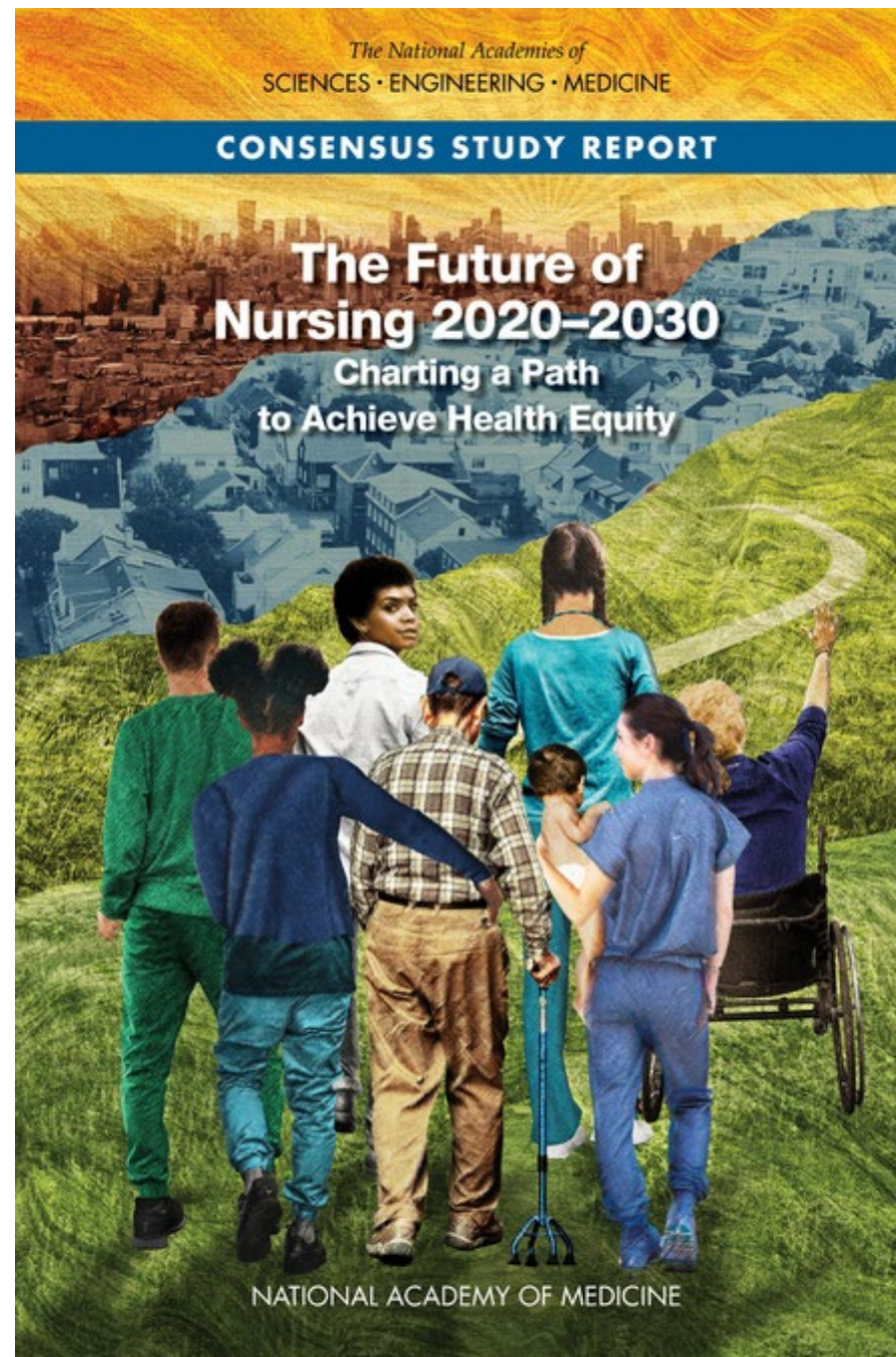
Increasing Diversity in Nursing

Improving Access to Care

Promoting Nursing Leadership

Transforming Nursing Education

Collecting Workforce Data

Fostering Interprofessional Collaboration

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

CONSENSUS STUDY REPORT

The Future of Nursing 2020–2030
Charting a Path to Achieve Health Equity

NATIONAL ACADEMY OF MEDICINE

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How Diversity Can Shape Patient Care

A nation cannot fully thrive until everyone can live their healthiest possible life.

Resourceful
Adaptable
Resilient
Innovative
Collaborative
Empathetic
Advocacy-driven

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HENNEPIN COUNTY

MINNESOTA

Agenda

- Program Overview

- Medical Respite

- Viral Hepatitis Clinic

Hennepin County Public Health Department

- Position in Public Health Department who receives grant notifications, assistance writing and monitoring

- FQHC billing rate changed. NP/LICSW bill for services at a higher rate. Enabling roles such as RN no longer bill

- Utilize grants to initially fund/hire positions and then focus on other long-term funding

- Utilize grants to fund clinic operational needs i.e. supplies to allow funding for positions

Hennepin

HCH Program Funding
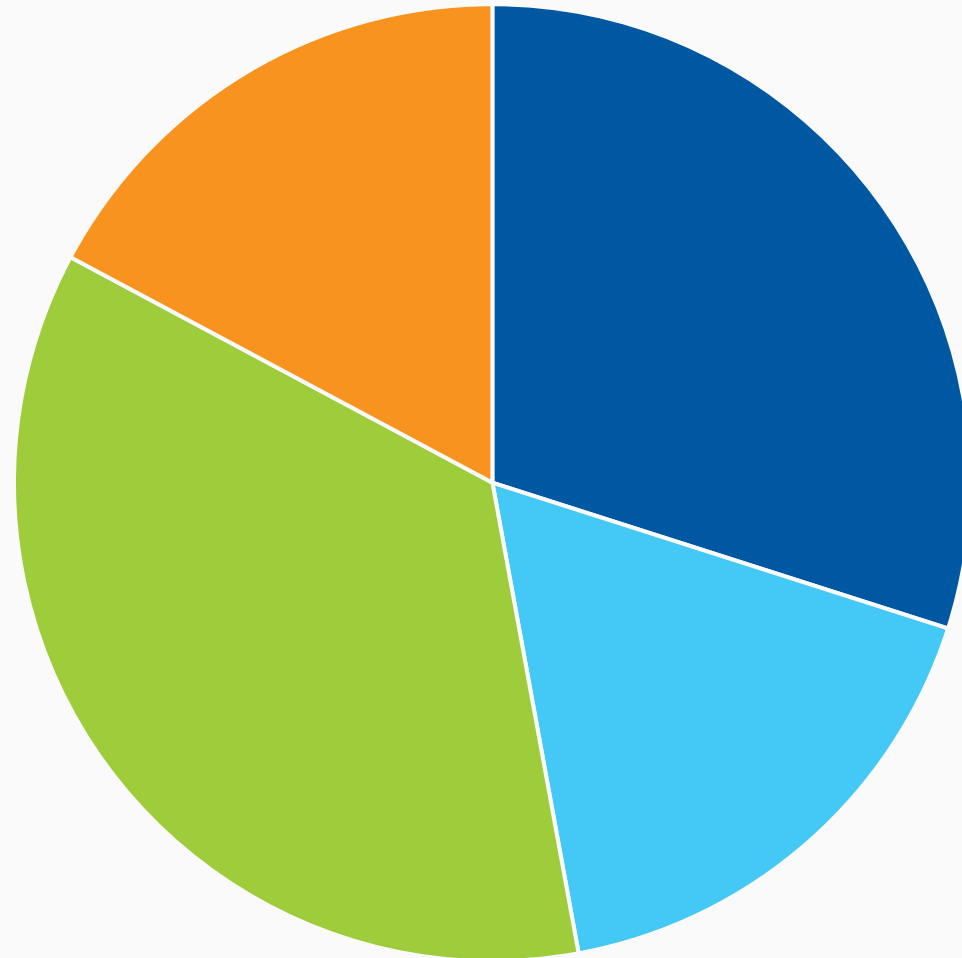
HRSA | Other Grants | Insurance Billing | Property Tax

Hennepin County

Visits by provider type

Provider Type	2022	2023
Case Manager	1093	1457
Nurse Practitioner	5874	6309
Licensed Independent Clinical Social Worker	2241	3380
Other Licensed Mental Health Provider	1347	1985
Other Mental Health Personnel	181	0
Substance Use Disorder Services	430	233
Physician	463	525
Physician Assistant	422	292
Nurse	4416	3997
Grand Total	17674	18178

HENNEPIN COUNTY

MINNESOTA

Hennepin County

Grant Opportunities

- SOR (state opioid response) Grant-2 RN

  - [State Opioid Response (SOR) Grants | SAMHSA](#)

- Ryan White-1RN HIV outbreak

  - [Grants | Ryan White HIV/AIDS Program (hrsa.gov)](#)

    - [Hennepin County is battling an new HIV outbreak (startribune.com)](#)

    - [Spotlight: Minneapolis, Minnesota | CDR Stories from the Field | Policy, Planning, and Strategic Communication | HIV | (cdc.gov)](#)

Grant Opportunities

- Maternal Child-1 RN

  - [State Maternal Health Innovation (MHI) Program | MCHB (hrsa.gov)](hrsa.gov)

  - [Federal Temporary Assistance for Needy Families (TANF) Grant Guidelines - MN Dept. of Health (state.mn.us)](state.mn.us)

    - [Birth Justice Collaborative MN]

- PATH grant-used to fund SW

  - [Projects for Assistance in Transition from Homelessness (PATH) | SAMHSA]

[Medical Respite Program Video](#)

Case Study 1: Medical Respite

Patient Story

- 12/22/23-Patient seen at outside ED. Feet purple, rewarmed and discharged to street.

- 12/24/23-Patient was found intoxicated at light rail and was brought to the ED with complaints of bilateral foot pain and "freezing" feet. Podiatry completed I&D of R foot with partial 5th ray amputation.

RN Role

- Chart review completed

  - Patient states he is going to his sister's house

  - RN notes state patient is SBA, TCU placement has been recommended, patient declined, unable to find facility. Ask for PT/OT notes.

Case Study 1: Medical Respite

Patient Story

- 1/8/24-referral placed to medical respite

RN Role

- Talk with patient to review medical respite as an option and patient declined.

Medical Respite Admission Criteria

- -Experiencing homelessness

- -Over 18 years of age

- -Acute health concern or exacerbation of chronic health condition with specific health care treatment goal

- -Independent in all ADLs (mobility of min 100 ft)

- -Client is continent of bowel and bladder, or able to manage incontinence/ostomy/catheter independently

- -Client is not acutely intoxicated and/or is not likely to experience withdrawal symptoms

- -Is willing to participate in respite program

Case Study 1: Medical Respite

Patient Story

- 1/9-Patient discharged from hospital with shelter resources

- 1/10-Patient brought to HCH shelter clinic for wound check by shelter staff

RN Role

- Patient declined wound check but asked for help rescheduling Burn and Wound clinic and PCP appointments.

- Stated he was waiting for his sister to pick him up and he had a place to stay

Case Study 1: Medical Respite

Patient Story

- 1/17-Patient returned to ED for foot pain. Referral from ED staff for medical respite via Telemediq

RN Role

- RN reviewed notes-stayed 3 nights in shelter 1/9, 1/10, 1/14. Two ED visits 1/12, 1/14 and missed Burn and Wound follow up.

- Spoke with patient who is now agreeable to medical respite

- Reviewed Engagement Expectations

- Arranged admission

Medical Respite Engagement Expectations

- I will claim my bed by 4 pm on the day of discharge from the hospital or agreed upon check in date

- I will meet with the respite RN within 24 business hours for intake and to establish a goal while in the respite program

- I will meet with the NP, LICSW, and Peer Support within 7 business days for intake

- I will meet with the respite team (RN, LICSW, NP) at least once a week
  Level of engagement may change based on each client's needs

Hennepin

Medical Respite Engagement Expectations

- If I am offsite and/or not seen by Catholic Charities staff for more than 48 hours without notifying staff, Catholic Charities will consult respite team to determine discharge date

- We understand housing is a priority and important for overall well-being. However, we are not able to provide dedicate staff for housing navigation.

- I understand I will discharge back to shelter or the street once my respite stay is completed

Case Study 1: Medical Respite

Patient Story

- 1/18-Attempted admission visit, however, patient stated he wasn't staying, and his sister was coming to pick him up.

- 1/19-Attempted again and patient repeated same story

RN Role

- RN gave business card and encouraged him to stop by

- Offered resources of respite program

- Asked questions about sister.

- Suspected this may be a delusion. Chart review
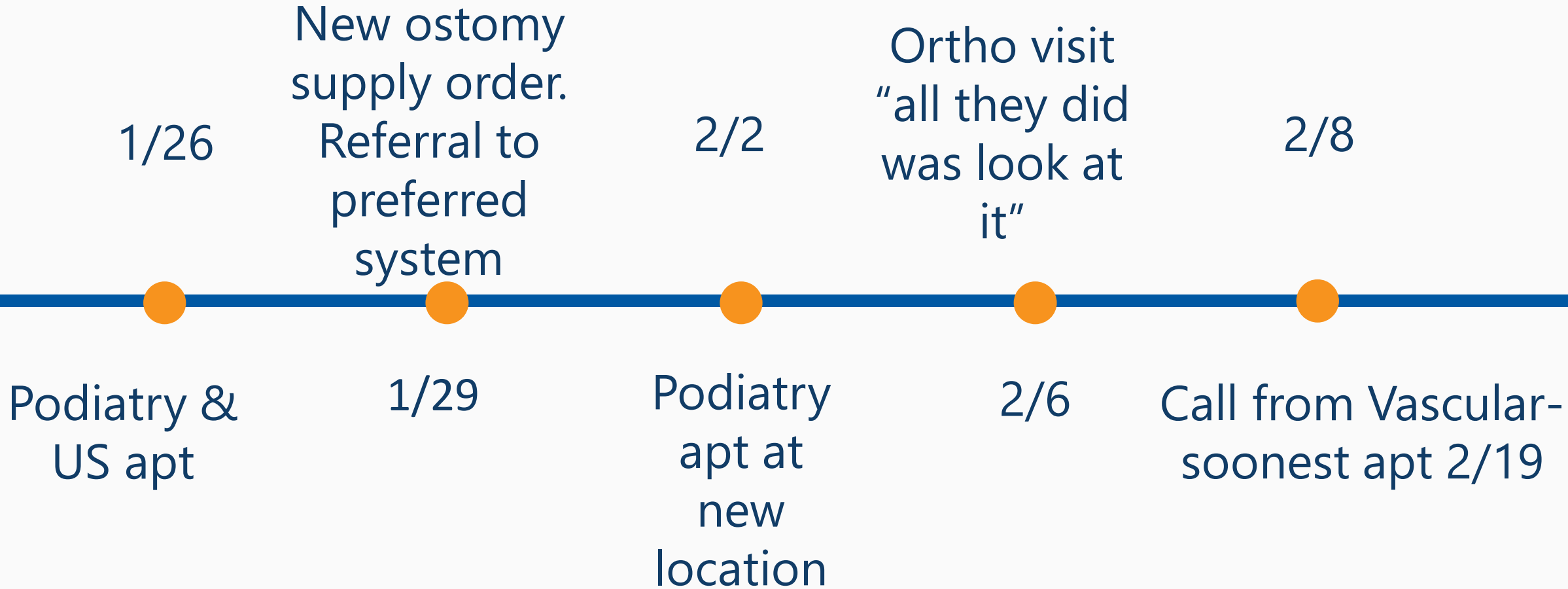
Case Study 1: Medical Respite

Patient Story

- 1/23-Patient's colostomy bag had come off and patient laying in bed struggling to manage incontinence. Shelter partner notified respite team during routine room inspections

RN Role

- Offered clean clothes, wipes, colostomy bag.

- Offered dressing on feet. Joint NP and RN intake.

- Ordered ostomy supplies. RN picked up. Patient given 1 box.

- RN started doing daily dressing changes.

Case Study 1: Medical Respite

1/26

New ostomy supply order. Referral to preferred system

2/2

Ortho visit "all they did was look at it"

2/8

Podiatry & US apt

1/29

Podiatry apt at new location

2/6

Call from Vascular-soonest apt 2/19

Case Study 1: Medical Respite

2/9
Vascular RN clarify recommendations

Attempted provider to provider consult
2/13

2/15
Call back from Ortho

Ortho apt with new provider
2/16
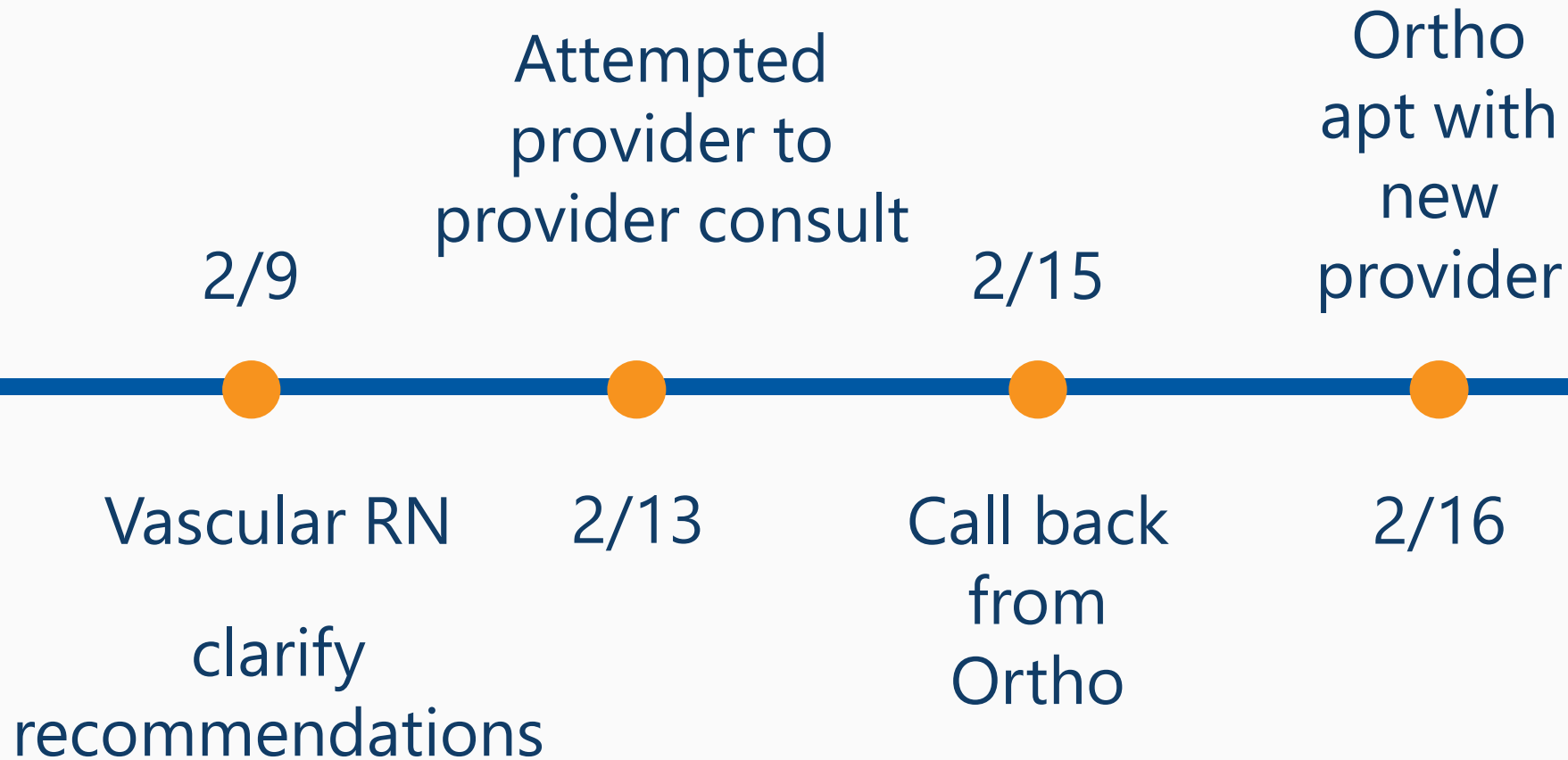
Case Study 1: Medical Respite

2/16-
Podiatry appointment. Surgery recommended.

2/20-
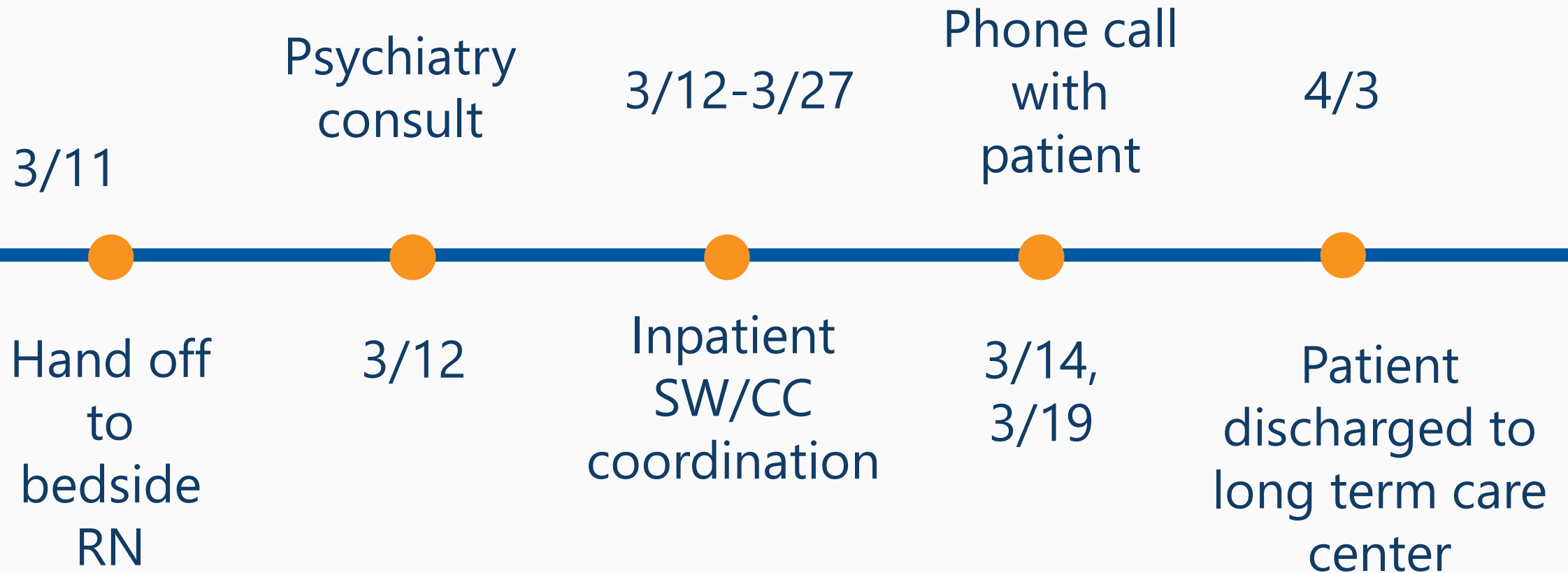Pre-op exam EKG recommended. Surgery scheduled for 3/6.
2/21 faxed EKG order

2/26-
LICSW ROI for possible family members

Case Study 1: Medical Respite

- 3/5-Spoke with surgery coordinator to adjust arrival time

- 3/6-Assisted in navigating system on day of surgery

  - Transportation

  - Check in Desk

  - Unfamiliar building

  - Pre-op check in desk/questions

  - Waiting time

  - Pre-op preparations

"thanks-for being here"

Case Study 1: Medical Respite

3/11 Hand off to bedside RN

Psychiatry consult **3/12**

3/12-3/27 Inpatient SW/CC coordination

Phone call with patient **3/14, 3/19**

4/3 Patient discharged to long term care center

Case Study 2: Hepatitis C (HCV)

Case Study 2: HCV Patient Story

Case Study 2: HCV Patient Story

- Known to HCH service providers since 2014

- NP met Wes briefly in 2019

- Active HCV per 2018 lab reports.

- Wes states he contracted HCV while incarcerated in the 1980s or 90s.

- Admitted to HCH medical respite 11/2023 s/p toe amputation
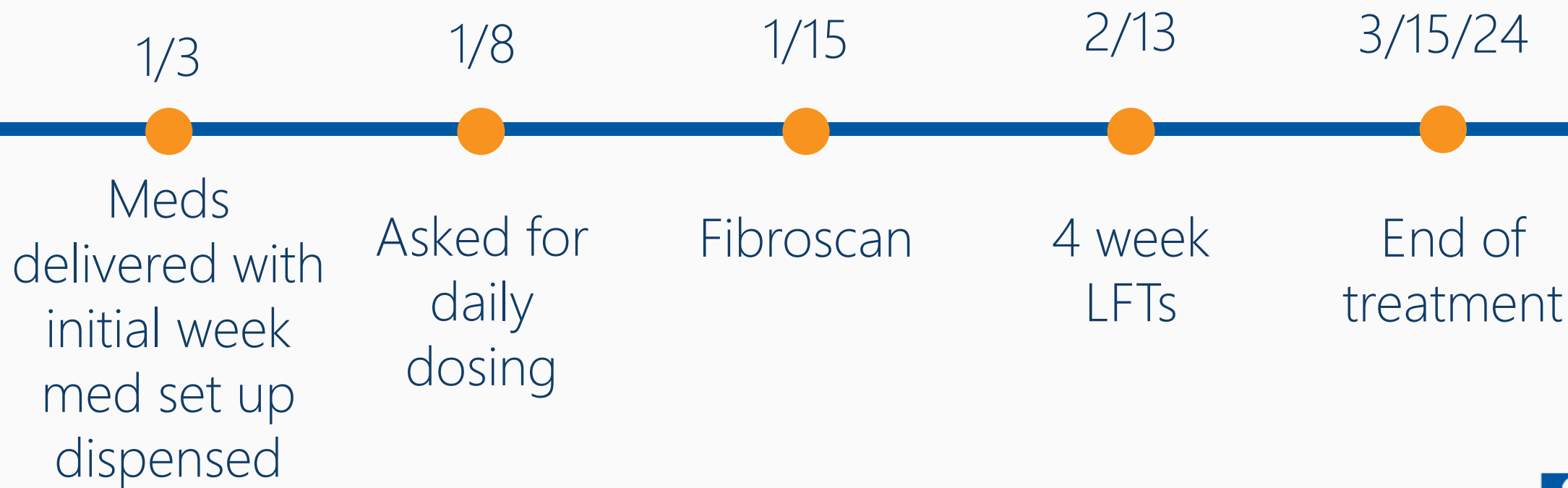
Case Study 2: HCV RN Role
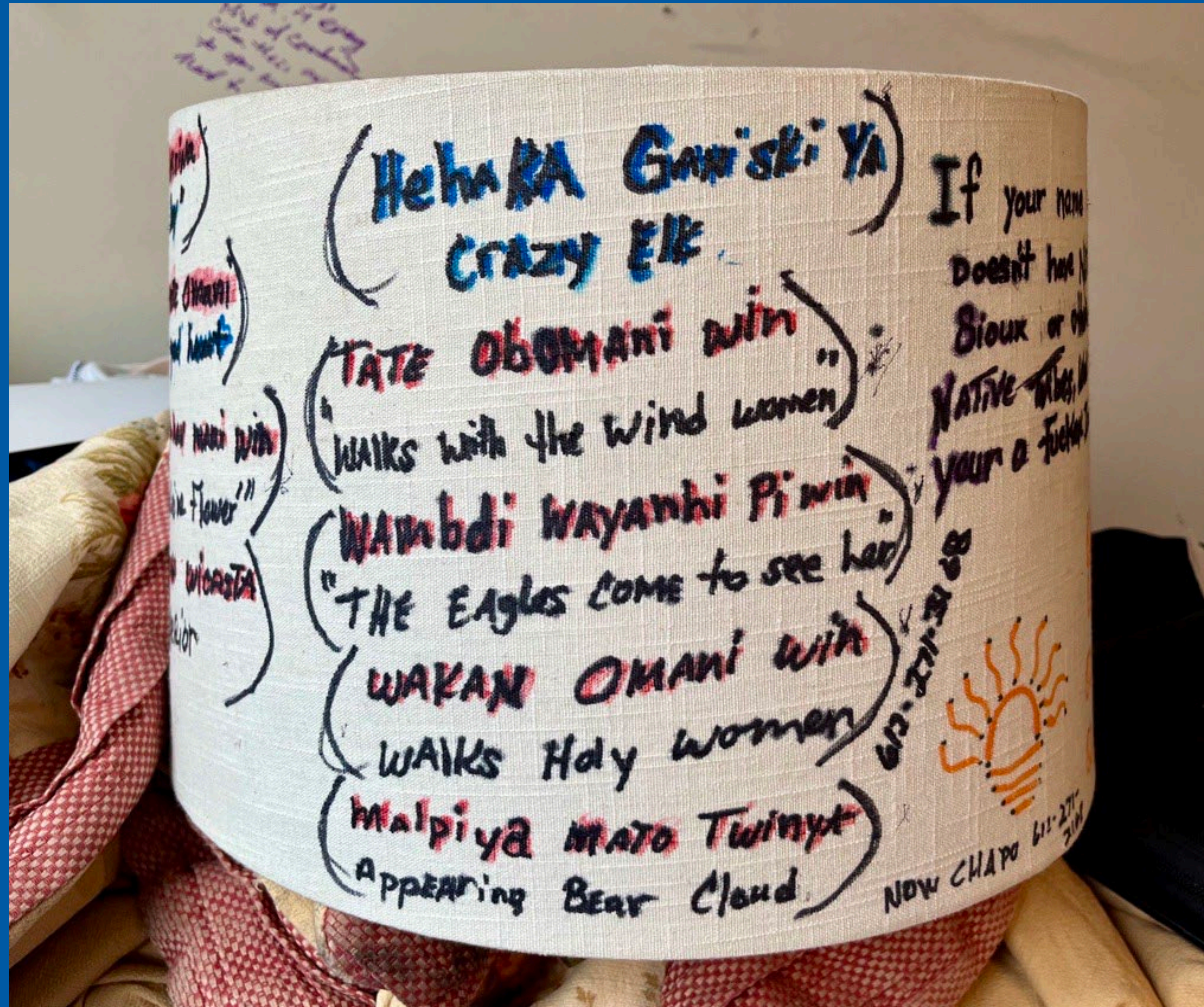
Nurse Led Care Model at Circle the City

Tara Ankrah, BSN, RN-BC, RN Program Manager

Margarita Mendez, RN, Senior RN Manager

Sharon Dipasupil, MSN-L, RN, Chief Clinical Officer

Circle the City

HEALING HOMELESSNESS. **TOGETHER.**

Our Mission

To create and deliver innovative healthcare solutions that compassionately address the needs of all individuals facing homelessness.

Circle the City

HEALING HOMELESSNESS. **TOGETHER.**

Our Core Values

- **Meeting** people where they are
- Treating all with **dignity** and **respect**
- Acting with the highest **integrity**
- Serving the **needs** of the whole person—physical, mental, emotional, and spiritual
- Striving for **excellence** through continuous improvement
- Continually assessing the unmet needs of those we **serve**
- Acknowledging the power of **collaboration**
- **Celebrating** the fulfilling nature of our **work**

Circle the City

About CTC

- Established in 2010

- Integrative Healthcare Services
  - ✓ 2 medical respite centers
  - ✓ 2 family health centers (aka outpatient clinics)
  - ✓ 5 mobile medical units
  - ✓ 3 street medicine including mental health
  - ✓ 7 health navigator program

Sister Adele O'Sullivan, CSJ, MD
FOUNDER

LEADERSHIP STRUCTURE

All are Registered Nurses:

- RN Program Managers
- Senior RN Manager
- Chief Medical Officer (started as a nurse)
- Chief Clinical Officer
- Chief Executive Officer

Circle the City

BILLING

- Prospective Payment System (PPS) rates for patients eligible for Arizona Health Care Cost Containment System (AHCCCS)

  - Current PPS rate is $336.65

- Patients on Medicaid **76%**

- Medicare eligible patients **10%**

  - Rate is approx. half of the PPS rate

- Other Commercial **5%**

- Charity **9%**

Circle the City

FUNDING

Health Resources and Services Administration (HRSA)

- Base grant of $4M

- Helps fund portions of our clinical and non-clinical positions

- Federally Qualified Health Center (FQHC)

  - 340B drug pricing program

Grants and Donations

- Help subsidize both operations and capital items (e.g., medical equipment, vehicles, food and beverage expenses, etc.)

Circle the City

MEDICAL RESPITE CENTERS

The transition of non-clinical program managers to being Registered Nurses

- ✓ Decreased length of stay (LOS) – DMRC data
- ✓ Ability to have clinical related conversations with patients
- ✓ Improved discharge planning and process
- ✓ Improvements with quality measures
- ✓ Ability to coach, mentor, and educate staff from a clinical standpoint

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DECREASED LENGTH OF STAY

Downtown Medical Respite Center (DMRC)

- LOS as of Dec 2022 = 120 days

- LOS as of Mar 2024 = 91 days

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DISCHARGE PROCESS IMPROVEMENT DATA

DMRC

- As of Feb 2023 - 0% complete
- As of Dec 2023 - 92% complete

MMRC

- As of Feb 2023 - 17% complete
- As of Dec 2023 - 100% complete

Respite Discharge Chart Audit
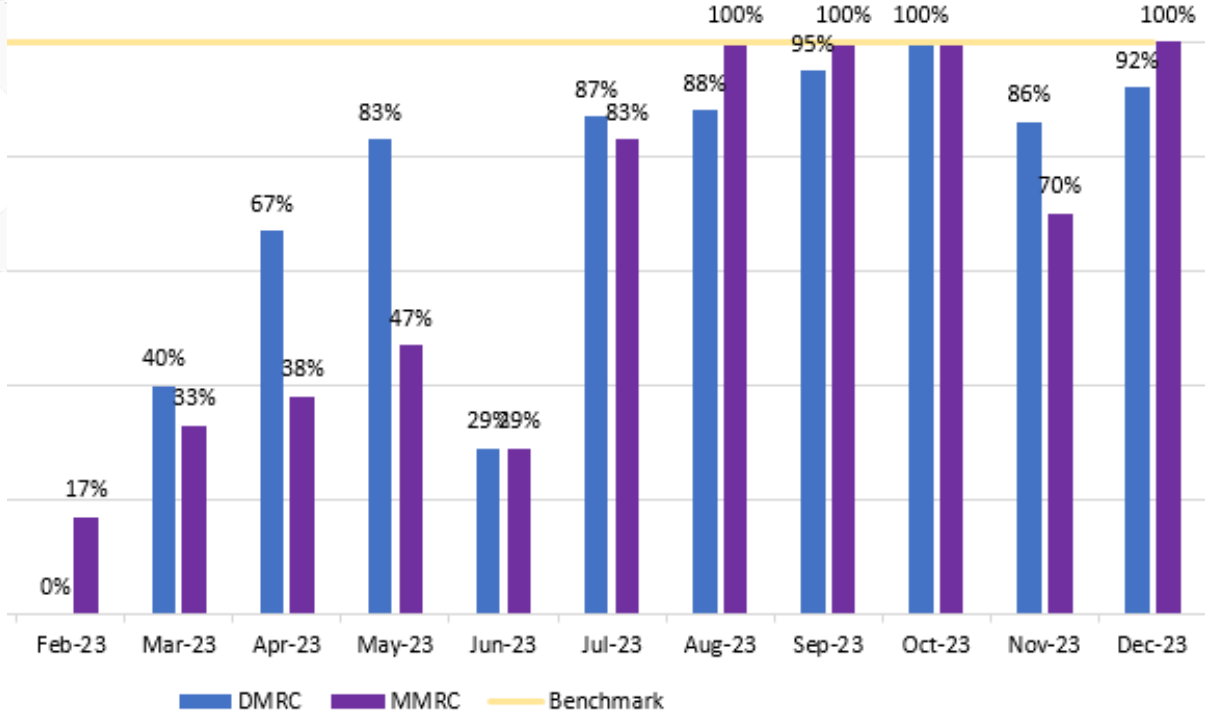
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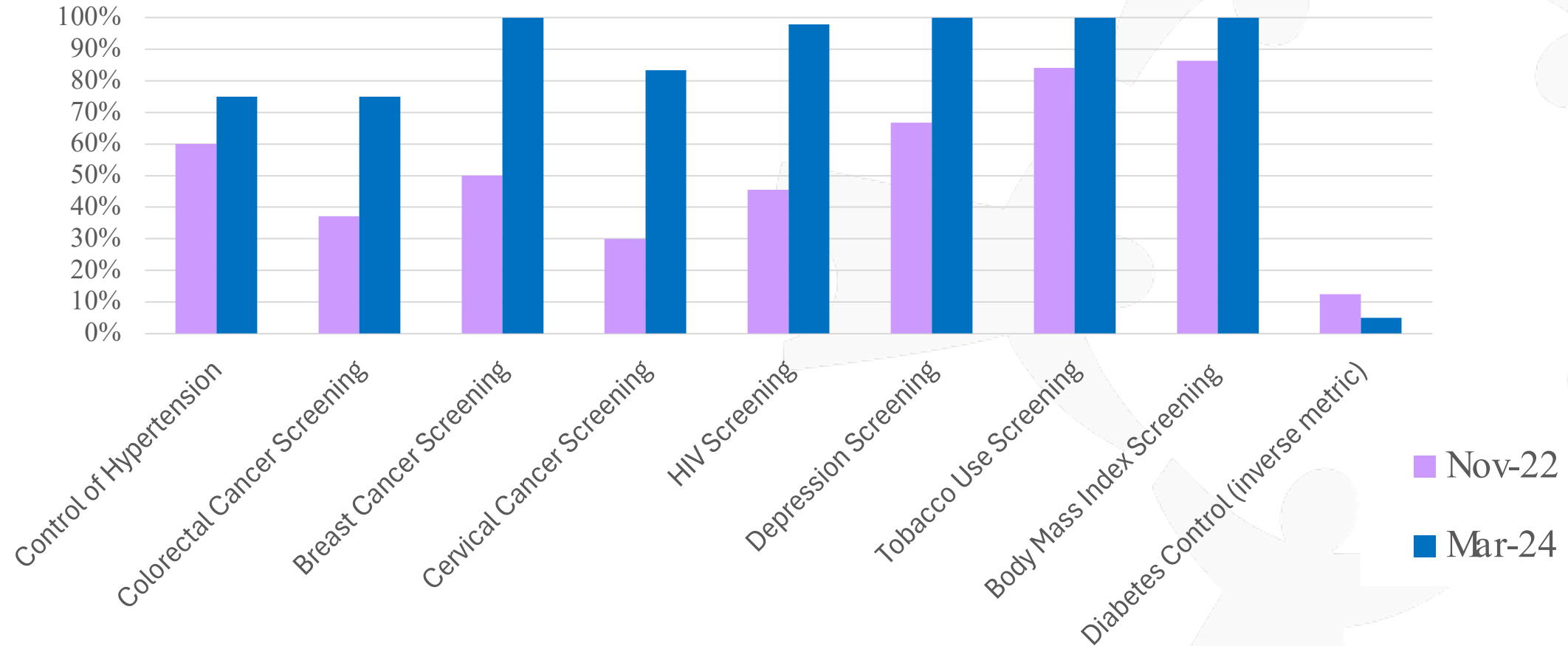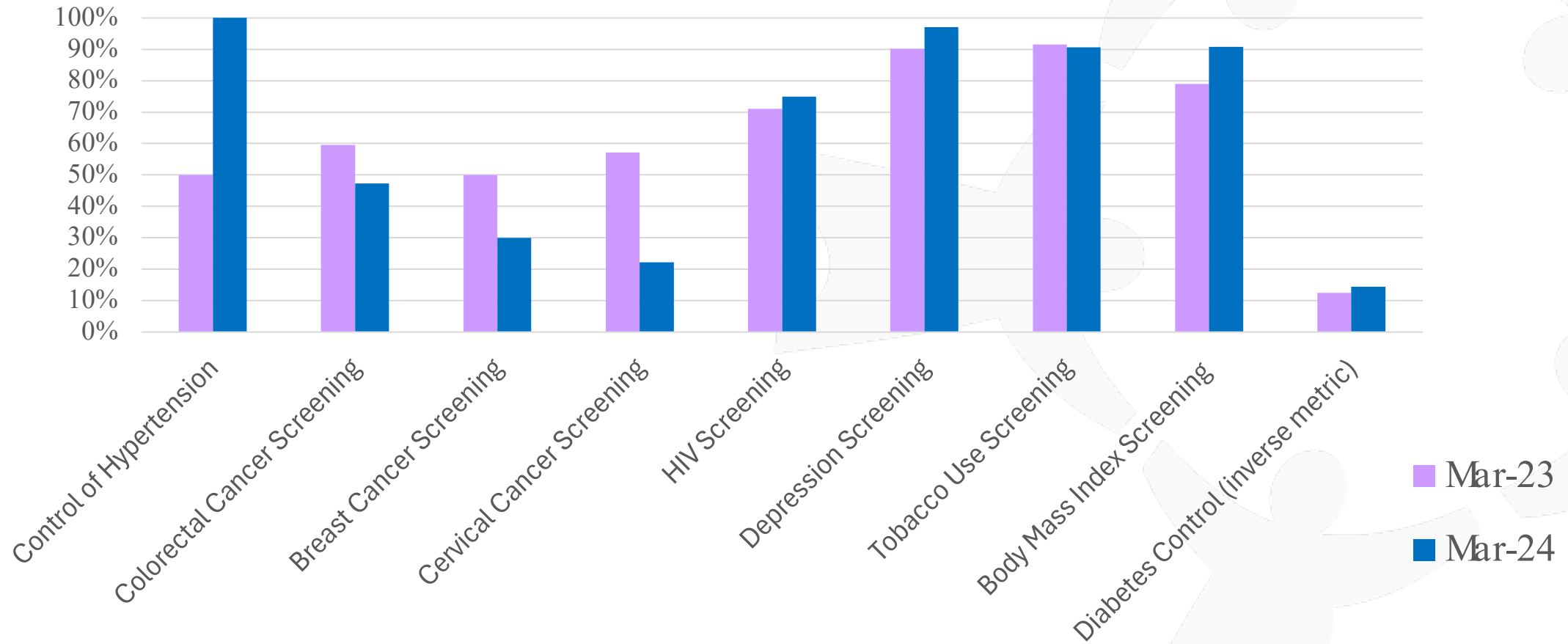
NURSING PROCESS IMPROVEMENTS

Established the Nursing Process Improvement Posse (PIP) team

- Starting from the bottom up
- Empowerment and engagement of the nurses
- Examples of improvements made
  - ✓ Liquid morphine into tablets
  - ✓ Use of bubble packs for meds brought in by patients
  - ✓ Significant reduction in narcotic discrepancies

MOCK CODES & EMERGENCY PREPAREDNESS

- Staff education and training

- Regularly scheduled mock codes with scripted scenarios
  - ➢Overdose
  - ➢Seizure
  - ➢Anaphylaxis
  - ➢Cardiac arrest

- Standardized emergency carts for facilities and emergency bags for outreach

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Site (Circle): DFHC PFHC DMRC MMRC EVNP WVNP NVNP CVNP CVNP2   **Date:** _____

Attendees: _____

S	**Overdose** Upon opening the door, you see one of your clients with her head down on the table. It appears that she is asleep but she does not move at all and something just doesn't seem right. You place your hand on her shoulder and say "are you ok?". She does not respond and you repeat this only louder and more aggressively. There is still no response. Patient becomes pulseless after a few minutes. **Additional Prompts, if needed:** • Do we know why this happened? • What could we check to rule out possible causes? • What are your first steps when a patient has no pulse? • You get the patient's pulse back, now what? • What information needs to be given to the EMTs for transport to the ED?
B	☐Known Patient ☐Unknown Patient
A	Vital signs: BP 80/46 HR 40 RR agonal gasps 8/min Temp 97° O2 75%RA Glucose 85
R	**Patient Checks:** Response Time: _____ Narcan/Ammonia given? Dose 1 ☐Yes ☐No ☐N/A Dose 2 ☐Yes ☐No ☐N/A Glucose assessed? ☐Yes ☐No ☐N/A Pupils checked? ☐Yes ☐No ☐N/A Sternal Rub? ☐Yes ☐No ☐N/A **Critical Performance Steps:** Patient moved to ground? ☐Yes ☐No ☐N/A Patient protected from injury? ☐Yes ☐No ☐N/A Airway opened? ☐Yes ☐No ☐N/A O2/Bag-valve mask applied? ☐Yes ☐No ☐N/A **Code Blue Steps:** Patient checked for responsiveness? ☐Yes ☐No ☐N/A	**P&P Checklist:** **Defined Roles & Processes** Provider or RN set up as team lead? ☐Yes ☐No ☐N/A Team lead assign roles? ☐Yes ☐No ☐N/A Someone delegated to call 911? ☐Yes ☐No ☐N/A Someone assigned to gather emergency equipment? ☐Yes ☐No ☐N/A Someone assigned to escort EMS to patient? ☐Yes ☐No ☐N/A **Communication:** Effective/Closed-loop communication? ☐Yes ☐No ☐N/A Someone assigned to document? ☐Yes ☐No ☐N/A If verbal orders given, repeated back to confirm? ☐Yes ☐No ☐N/A **Standardized Equipment & Supplies:**

Patient placed in supine position? ☐Yes ☐No ☐N/A Chest compressions started immediately? ☐Yes ☐No ☐N/A Response time: _____ AED pads placed on patient? ☐Yes ☐No ☐N/A AED turned on? ☐Yes ☐No ☐N/A AED instructions followed? ☐Yes ☐No ☐N/A "All clear" before shocked? ☐Yes ☐No ☐N/A Compressions restarted immediately after shock? ☐Yes ☐No ☐N/A	Emergency Cart/Bag easily accessible? ☐Yes ☐No ☐N/A Correct supplies available? ☐Yes ☐No ☐N/A Anything needing to be added to cart/bag? ☐Yes ☐No ☐N/A

Verbal Assessment:

How many chest compressions to how many breaths? 2 breaths given for every 30 compressions	Staff Name:
How long before you switch compressors? 2 minutes	Staff Name:
What if you're alone and begin BLS, what is the difference between 1-person and 2-person compressions?	Staff Name:
What information is given to the person calling 911?	Staff Name:
What information is given to EMS?	Staff Name:
Question:	Staff Name:

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HEALING HOMELESSNESS. TOGETHER.

RED Team Mock Code

Question:	Staff Name:
Question:	Staff Name:

Debrief:

Strengths:	Opportunities:

EMERGENCY CART SUPPLIES LIST

EMERGENCY CART – INVENTORY CHECKLIST MONTH/YEAR: _____

ITEM	EXP. DATE	QUANTITY	VERIFIED	COMMENTS
1/2 mL Lo-Dose Insulin Syringe	N/A	10		
50% Dextrose 25gm/50mL		2 bottles		
Aspirin, 81mg chewable		1 bottle		
Diphenhydramine 50mg/mL		2 bottles		Stored in med fridge
EpiPen 0.3mg		2 units		
Glucagon Emergency Kit		2 units		
Latex Free Syringe 3mL - 22G	N/A	2		
Monojet Syringe 6mL	N/A	5		
Naloxone Nasal Spray 4mg		5 boxes		
Nitrostat 0.4 mg		1 bottle		
Sodium Chloride 1000 mL IV Bag		2		
ITEM	**EXP. DATE**	**QUANTITY**	**VERIFIED**	**COMMENTS**
20 Drop IV Admin Set		1		
Alcohol Pads		1 box		
Blue Towels (Sterile)	N/A	6/pack		
Disposable Gowns	N/A	4		
Gloves - Large	N/A	1 box		
Gloves - Medium	N/A	1 box		
Gloves - Small	N/A	1 box		
IV Catheter, 18G		3		
IV Catheter, 20G		3		
IV Start Kit		2		
Procedure Masks	N/A	5		
Red Biohazard Bag	N/A	1		
ITEM	**EXP. DATE**	**QUANTITY**	**VERIFIED**	**COMMENTS**
AED - Turn on and check power		1		
AED Zoll Plus CPR-D-Pads		2		
Ambu Bag		1		
CPR Mask		1		
Manual Blood Pressure Cuff		1		
Oxygen (O2) Tank - Check pressure		1		
Oxygen mask - Nasal Cannula		1		
Oxygen mask with tubing (Simple Mask)		1		
Stethoscope		1		
ITEM	**EXP. DATE**	**QUANTITY**	**VERIFIED**	**COMMENTS**
2X2 Sponges		5		
Glucose Monitor (Verify controls)		1		
Glucose Strips		1 bottle		
Lancets		5		

I certify that I have checked the supplies, expiration dates, and quantities. I have turned on the AED, checked the pressure of the oxygen (O2) tank, and verified controls for the glucose monitor.

Name: _____

Signature: _____   Date: _____

OCK # _____

INTERACTIVE MOCK CODE

THANK YOU!!!

Tara Ankrah
tankrah@circlethecity.org

Margarita Mendez
mmendez@circlethecity.org

Sharon Dipasupil
sdipasupil@circlethecity.org

Good Shepherd Center Wilmington, NC

https://www.goodshepherdwilmington.org/

Site video: https://vimeo.com/944580750?share=copy

Colorado Coalition for the Homeless
Denver, CO

https://www.coloradocoalition.org/

Site video: https://vimeo.com/944081700?share=copy

Project Home
Philadelphia, PA

https://www.projecthome.org/

Site video: https://vimeo.com/944581379?share=copy

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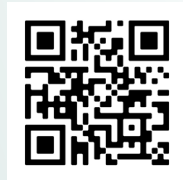HOMELESS
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THANK YOU!!!

Kate Gleason-Bachman – kbachman@nhchc.org

Katie League – kleague@nhchc.org