

Preemptive Care for Frequent ER Users

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Houston Fire Department 911 Nurse Triage Pilot Project



Creating a Community Nurse Triage Operation Harris County Healthcare Alliance

Serving as a catalyst for improving the healthcare system of Houston/Harris County

PILOT COLLABORATORS



Serving as a catalyst for improving the healthcare system of Houston/Harris County











911 EMERGENCY CALL TYPES

- Emergency medical dispatchers (EMD), using the computer-assisted medical priority dispatch system, interview callers in order to determine the location, nature, and priority of the caller's situation. The calls are then classified into EMS Event Types.
- There are 44 different EMS Event Types classified by the medical priority dispatch system—the program began conservatively, allowing only 2 call types eligible for referral.
- There are currently 5 call types being used for referral to the triage nurse.

NURSE TRIAGE PILOT EMERGENCY CALL TYPES AVAILABLE

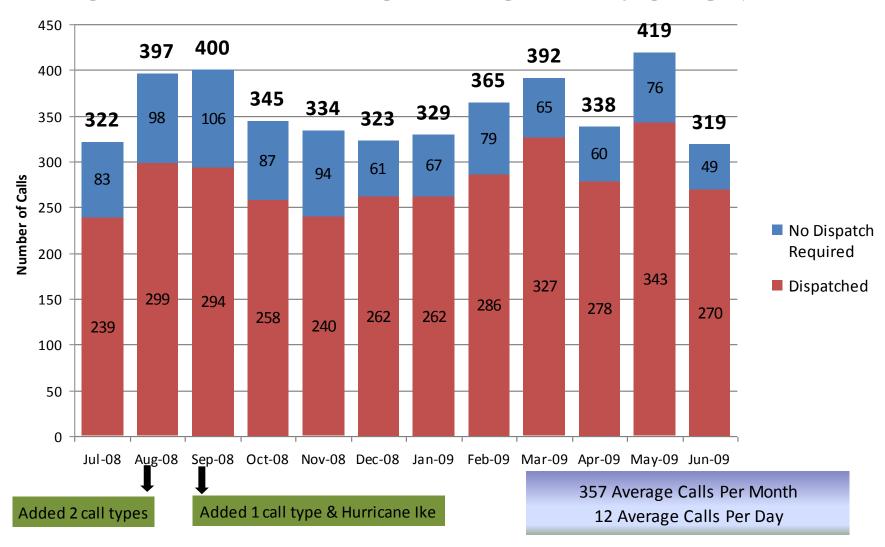
- ABDOMINAL PAIN
- SICK PERSON
- ALLERGIC REACTION
- HEADACHE
- PEDIATRIC FEVER

PRE-PILOT ESTIMATED ANNUAL TRIAGE REFERRAL VOLUME

	ESTIMATED TRIAGE	ESTIMATED FIELD	
911 CALL TYPES	REFERRALS	REFERRALS	
ABDOMINAL PAIN	4,583	7,417	
SICK PERSON	2,918	12,100	
ALLERGIC REACTION	73	777	
HEADACHE	258	1,500	
PEDIATRIC FEVER	485	215	
Total	8,317	22,009	

Source: HEC CAD-RMS/2006 Medical Dispatch Protocol statistical analysis

PILOT 1ST YEAR TOTAL CALL VOLUME



PILOT REPORTING CALL DISPOSITION CATEGORIES

TRANSPORTATION ISSUES

1. TOTAL CALLS REQUIRING DISPATCH

REFUSED NURSE ASSISTANCE

BUSY/TECHNICAL DIFFICULTIES

MCKESSON PROTOCOL STANDARDS

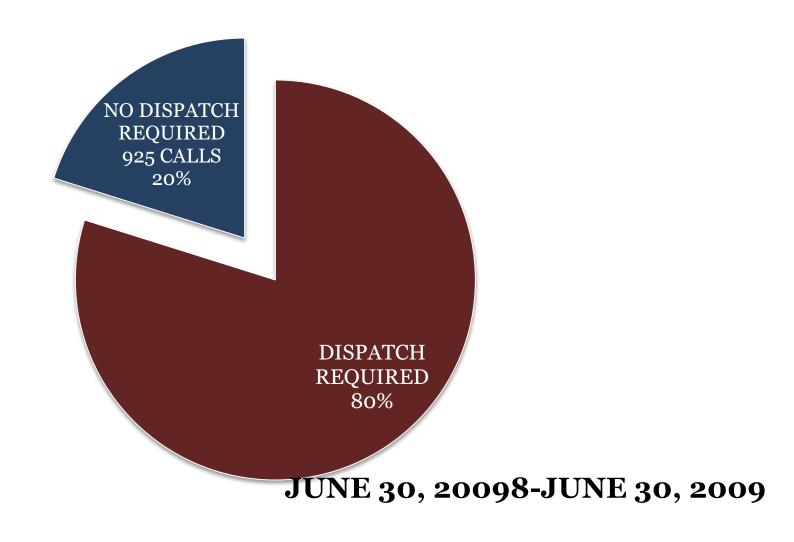
HOME CARE

HAS OWN TRANSPORTATION

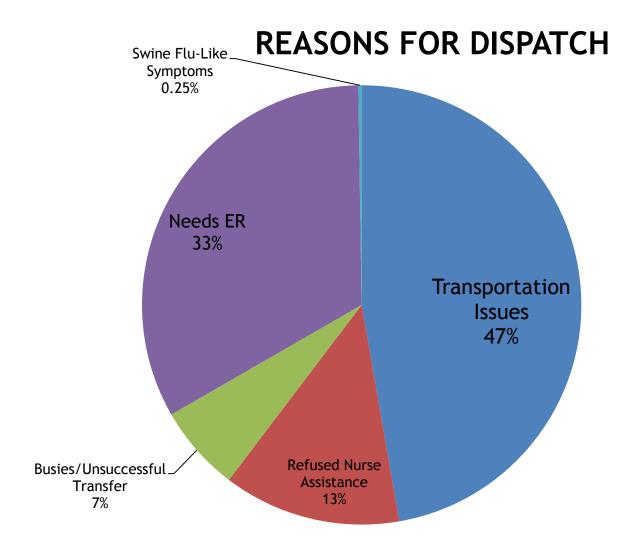
TOTAL CALLS SENT TO TRIAGE NURSE

2. TOTAL CALLS NOT REQUIRING DISPATCH

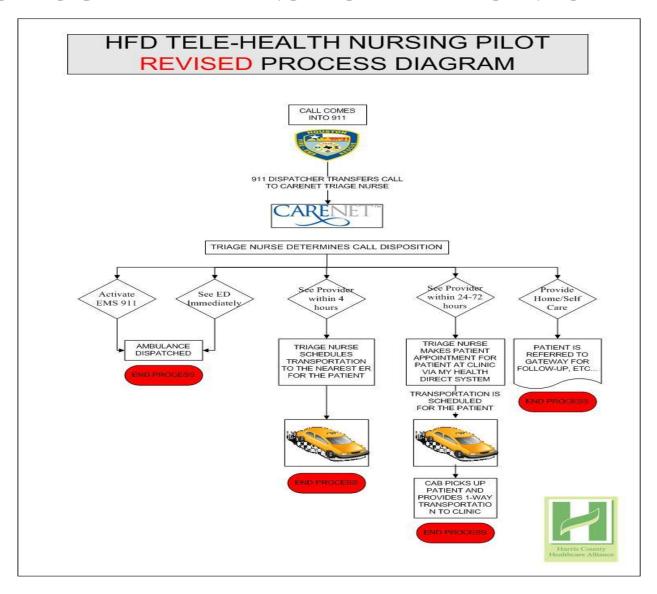
TOTAL CALL VOLUME BY CALL DISPOSITION



DISPATCH REQUIRED



PROPOSED TRANSPORTATION OPTION



With Transportation Plan (1st Month)

Dispatch Result	Nov*		Dec**		%
	#	%	#	%	Change
Dispatched	318	86%	217	59%	-32%
Not Dispatched	52	14%	149	41%	187 %
Total	370	100%	366	100%	-1%

12 calls per day; 5 no ambulance dispatch required

Field Referrals

- April 92 referrals = average 3.07/day
- May 104 referrals = average 3.35/day
- June 131 referrals = average 4.37/day
- July 118 referrals = average 3.81/day
- August 128 referrals = average 4.13/day

Success of Field Referrals

First 5 Months (Apr/May/Jun/Jul/Aug)

- Amb.	103	18%
Taxi	371	65%
- POV	57	10%
Home Care	13	2%
Refused	<u>27</u>	<u>5%</u>
	573	100%



David Persse, MD Physician Director, EMS

Capt. Byron A. Harrison, Sr.,LP, BMEd, EMS-C Education Coordinator Houston Fire Department

Development of the CareHouston Project

- A period of 90 days was selected as the time criteria to capture frequent callers that may only call once this month but over time are consistent in requesting 911 services
- A rate of 8 or more times in 90 days was chosen as the inclusion range
 - This translates to about once every 11 days

HOJSTON FIRE DEPARTMENT HFD EMEING SICY MEDICAL SERVICES The Pilot Project

■ Overall, 18 patients were identified in the Sunnyside area from April 1, 2006-June 30, 2006 (2nd quarter '06). These patients accounted for 113 911 EMS responses during this period.

18 clients = 113 responses in 90 days

HOJSTON FIRE DEPARTMENT HFD EMENGSNCY MEDICAL SERVICES The Pilot Project

- During September, the responses in the Sunnyside area were evaluated again.
- The 18 addresses/patients accounted for only 33 responses during July-September, a decrease of 70.80%
- Approximately 40% of the identified patients did not call 911 at all

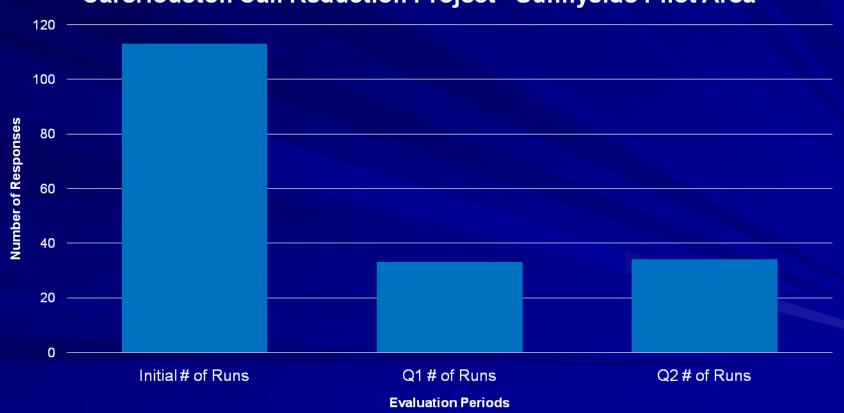


During the fourth quarter, (Oct-Dec), no additional contact was made with the pilot clients

Of the original 18 clients, 17 had no increase in calls, maintaining a 70% reduction

CareHouston Pilot - Sunnyside

CareHouston Call Reduction Project - Sunnyside Pilot Area

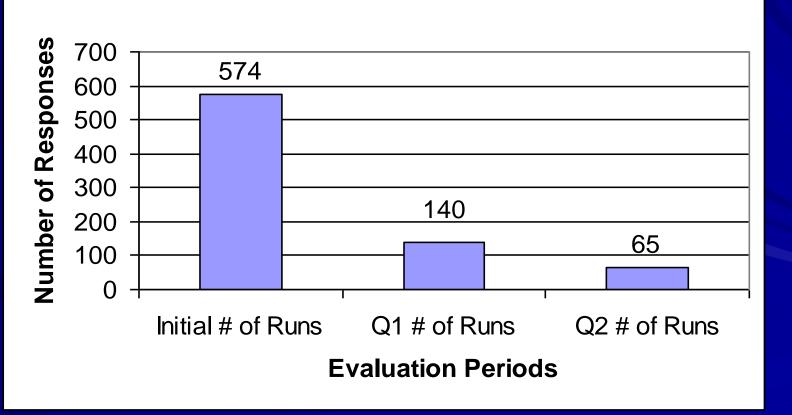


The first city wide data collection began in September 2007 for frequent callers in June-August 2007.

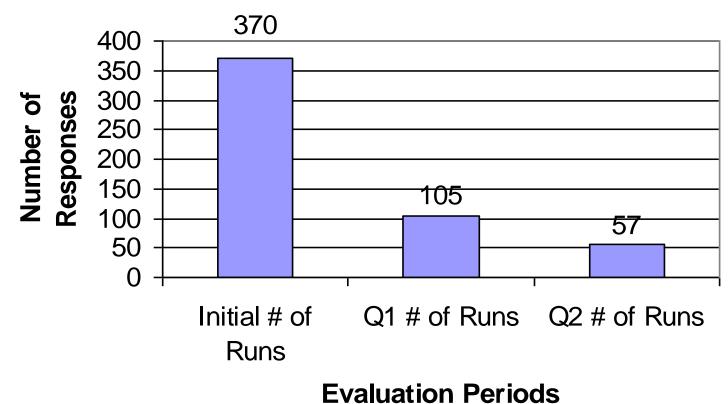
- The client list was forwarded to the DHHS team in early September
- The procedure remained the same
- 55 clients were identified across Houston
- The first evaluation period was Oct-Dec 2007

- The 55 clients accounted for 574 responses, initially
- The Q1 evaluation showed a reduction to 140 responses, (75.6% reduction)
- The Q2 evaluation showed a reduction to 65 responses, (an additional 13% reduction for a total of 88.6% from the initial response total)

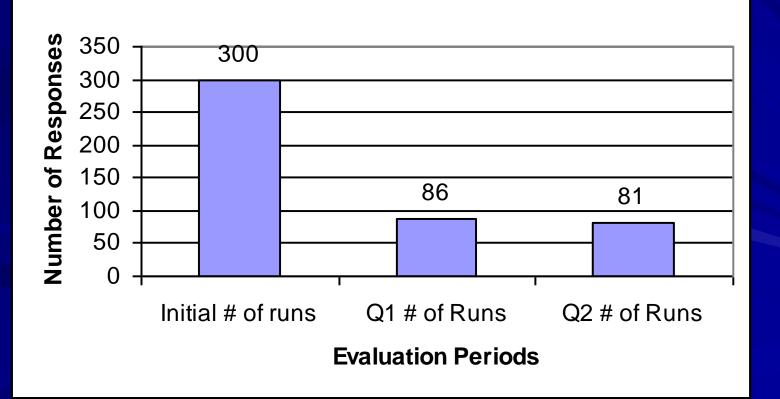
CareHouston Call Reduction Project Jun-Aug 2007

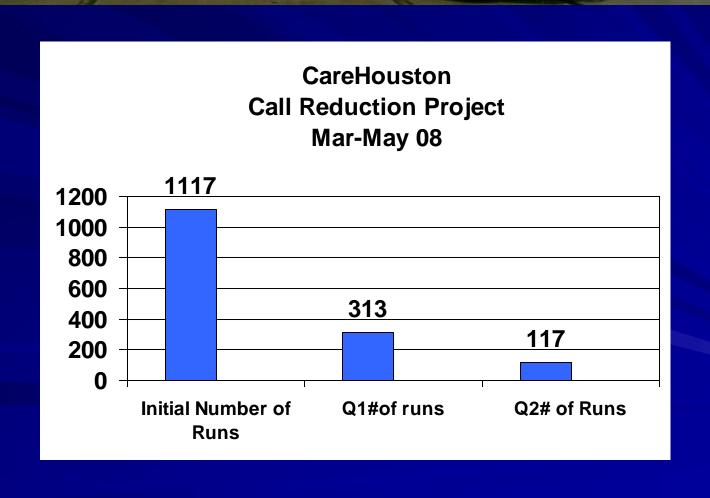






CareHouston Call Reduction Project Dec 07-Feb 08





CareHouston at 1 year of age

- Overall, during the September 2007-September 2008 period the total number of clients seen was 215 clients
- The Houston Fire Department uses a statistical amount of \$1500 for operational cost of any response
- The call reduction allowed HFD to redirect \$4,038,000.00 in resources to other areas

- Typically the intent of the client was sincere
 - There was no evidence in the majority of cases of malicious overuse of the 911 system

- Most clients felt they were using 911 appropriately
 - Our education program about the 911 system years ago was VERY successful.
 When they didn't know who to call, they called 911

Myths Regarding the Frequent Caller

- "There are frequent callers EVERYWHERE!"
 - FALSE the number of true frequent callers is actually very low
 - Houston has a population of approximately 2,200,000
 - 100 individuals considered frequent callers would constitutes
 0.005% of the population

Myths Regarding the Frequent Caller

- "All frequent callers are 911 abusers!"
 - FALSE most frequent callers fall into two categories
 - Chronically ill
 - Those with overriding social issues
 - Don't know who to call, so they call 911

Myths Regarding the Frequent Caller

- "All frequent callers are low income 'poverty' cases!"
 - FALSE frequent callers are not separated by income, home location or status
 - The issues determining frequency of calling are those listed before
 - Chronically ill
 - Some overriding social issue

- Affirmed the Fire Department/EMS Department's status as the "safety net" for the healthcare system in general
 - If a client didn't have a "medical home", they obviously didn't hesitate to call on us.

- Transportation issues were the largest contributor to the increased requests for service
 - Expanding or establishing additional public transportation resources should trickle down to a reduction in non emergent calls for service from the 911 system

- Face to face contact by the DHHS team was MUCH more effective than a phone call or letter
 - Once the team actually met with the clients, the drop in calls for service was evident within days

- A "Big Brother" effect was noted
 - Clients that met with DHHS team but reported no real issues decreased their use of the 911 system
 - Clients that declined services from the DHHS team decreased their use of the 911 system
 - The fact that they were identified and contacted appeared to contribute to a decrease in their 911 usage



- Certain methods that have been used for long periods of time were not effective or had an unfortunate rebound effect
 - Health Fairs held in the pilot study area resulted in a substantial INCREASE in calls for service following the event
 - Letter campaigns alone were not effective
 - Letters came from the same agency sending them bills for services rendered

- The morale effect on the EMS providers was a sense of being heard by the Administration and having an impact on their working conditions
 - Too often many providers feel that their concerns are not heard or addressed by their superiors. This program allows for direct input from the field with the ability to provide direct relief back to these providers



