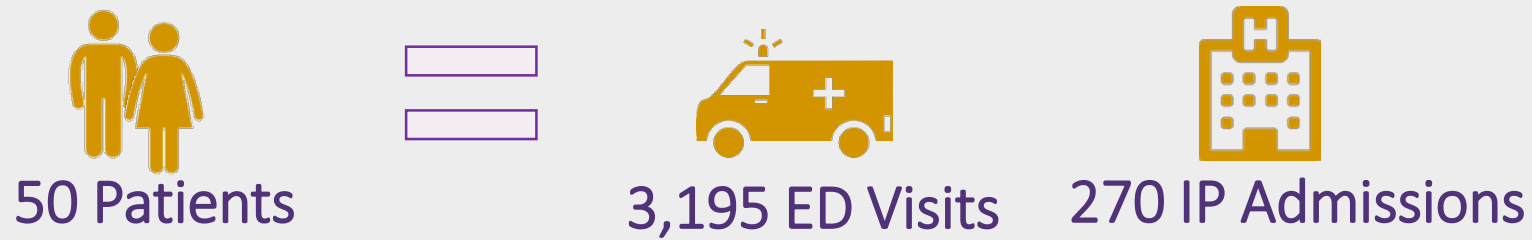


St. Barnabas Health System Bronx Partners for Health Communities

Our Cohort

(Data reflects May '15 – Oct. '15)

Initial cohort defined as the top 50 ED treat and release patients



Our Actions

Patient Identification

- Created a **Super Utilizer EMR flag** upon registration
- ED Registrars and Security Guards** notified Health Home Care Managers when a patient was avoiding registration

Planning

- Performed a **patient assessment** in the ED or Bronx Works Living Room to determine **drivers of utilization**
- Implemented nightly, **direct transportation** from the ED to the Living Room

Management

- Utilized Bronx Works partnership to determine and **track housing status**
- Used a **cross-team approach** to connect patients to services

Follow- Up

- Offered **Case Management services** to patients

Lessons Learned

- Real-time identification and intervention does not require technology** - Security staff were enthusiastic to help identify patients and connect them to the Homelessness Outreach Team
- There is value in geographic proximity of services**, having a social service setting located close to the ED facilitates redirection of patients to settings better suited for case management

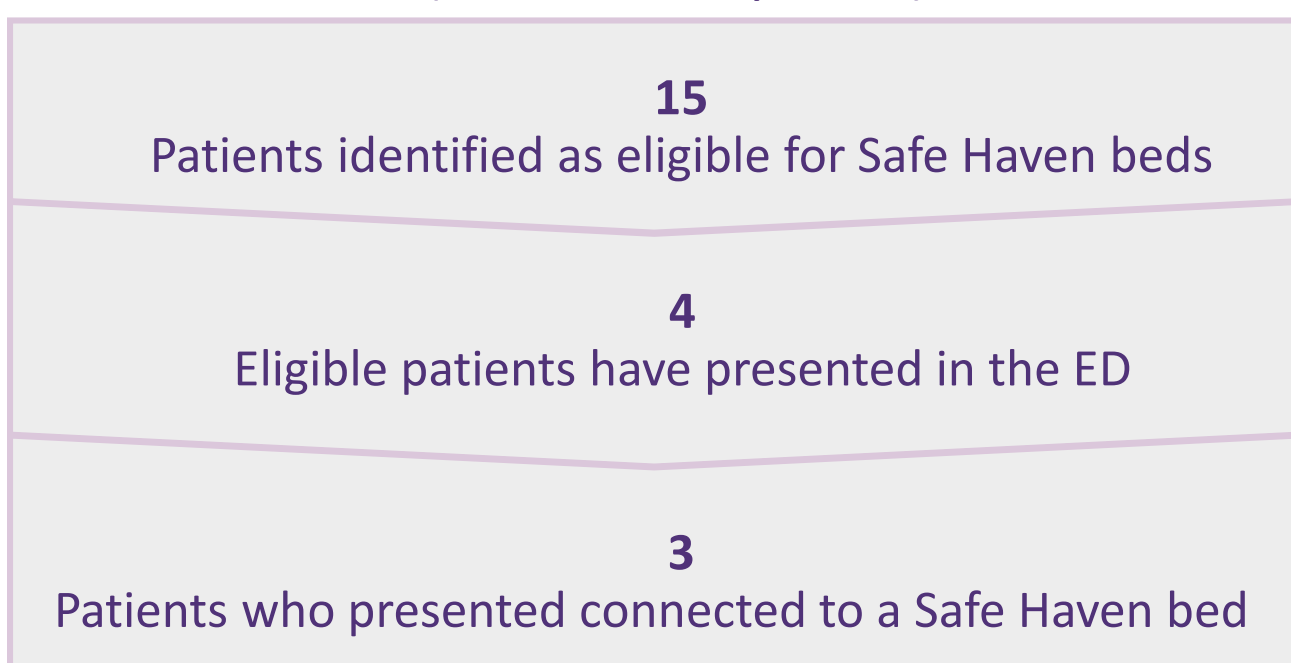
Patient Story

- 21-year-old male born in New York with mental illness and metabolic disorder. Homeless for approximately 2-3 years since his aunt (with whom he was living in Yonkers) died. He reports that he has been riding the trains and that he comes into St. Barnabas frequently because he does not have anywhere else to stay. Previously he was living at a group home.
- From Jan '15 - Oct '15, he had 82 ED visits. Intervention occurred Nov. '15, and he has had 7 ED visits in the 9 months post-intervention
- Patient was engaged by Homeless Outreach Team, and transported to the Living Room
- Care team secured a Safe Haven bed, assigned a care manager, HRA/housing application was initiated, SSI benefits –assistance provided to reinstate and patient was connected with appropriate behavioral health provider/s.

Our Impact

Patient Engagement

(Nov. '15 – Apr. '16)



Hospital Utilization

	Before (May. '15-Oct. '15)	After (Nov. '16-Jul. '16)	%Δ Rate (/month)
ED Visits	265.3 /month	165.5 /month	-37.6%

self reported data up to July 31, 2016