



Street Medicine- Taking Care of Wounds in the Homeless Population

Presented by:

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Conflict of Interest Statement

- Laura Martz, Shawna Souder, and Denise Ackroyd have no conflicts of interest to disclose.

Prevalence of Individuals Experiencing Homelessness

United States

- 552,830 individuals nightly.
- Average life expectancy is 50 versus 61 for housed individuals.
- Race/Ethnicity:
 - 48% Caucasian, 39.8% African American, 2% Native American, 13% Hispanic
- Gender:
 - 61% Male, 39% Female
- Self-Reported Statistics:
 - 38.6% disabled, 25% mental illness, 40% substance abuse

Central Pennsylvania

- 1,500 individuals nightly (5 counties).
- Race/Ethnicity :
 - American Indian or Alaska Native- 0%, Asian- 0.26%, Black or African American- 28%, Hispanic or Latino- 5.1%, Caucasian- 69%
- Gender:
 - Male- 66%, Female- 34%, Transgender- 0.26%
- Self-Reported Statistics:
 - 7% disabled, 11% mental illness, 4% substance abuse

Impacts on Health Systems

United States:

- The average mean cost of a homeless individual's admission: \$ 13,516
- 161 more ED visits per 100 persons
- 11% greater readmission rate

Central Pennsylvania:

- 3,601 identified emergency room visits in 2021 were made by those experiencing homelessness
- 1,527 duplicated visits

Barriers to Healthcare

- Lack of Transportation
- Lack of ability to Communicate
- Lack of Funds
- Lack of Trust

UPMC Street Medicine

- Established March 2021
- County coverage
 - Cumberland, Dauphin and Perry
- Over 400 unique clients served
- Where Care is delivered: Clinics, Street Rounds, Inpatient referrals, and Street Feet

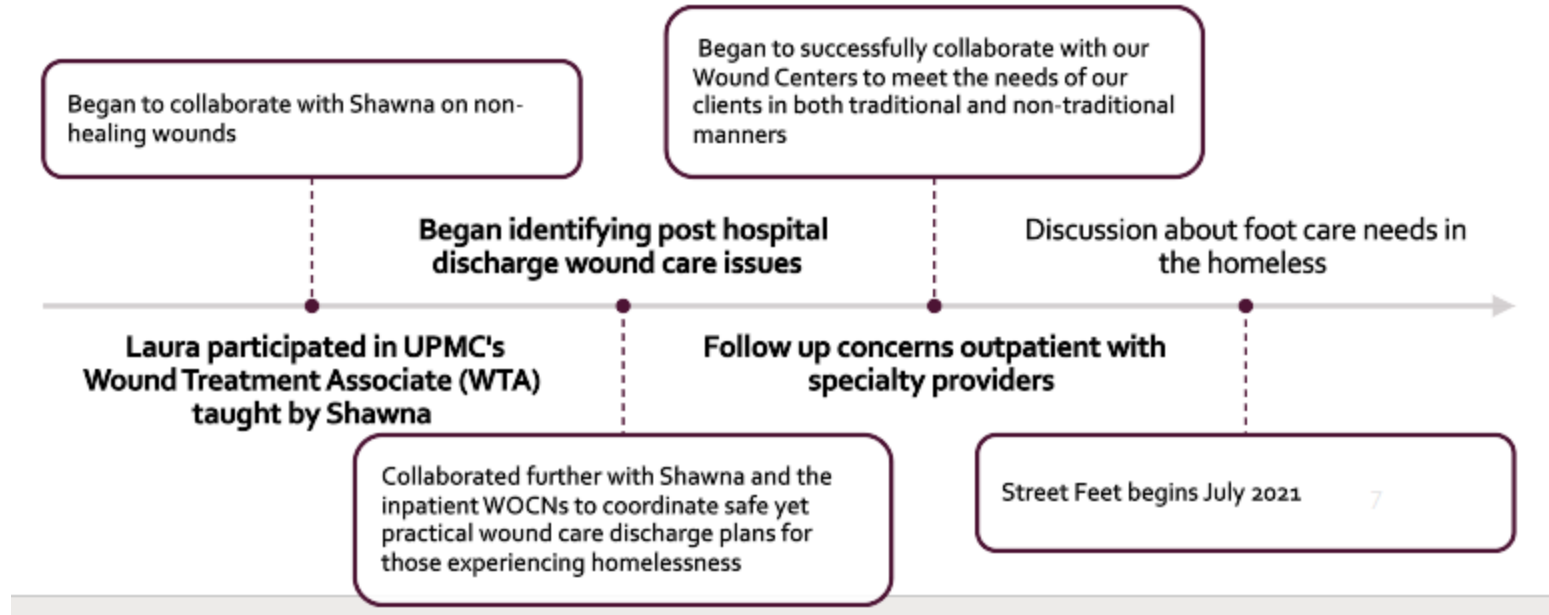


Chief Complaints

- Diabetes
- Congestive Heart Failure
- Hypertension
- Dental caries/abscesses
- Mental Health
- Drug & Alcohol abuse
- Wound care needs
 - Assault injuries, pressure injuries, diabetic ulcers, abscesses, and animal bites are most common



Collaboration Discussion



Items for consideration

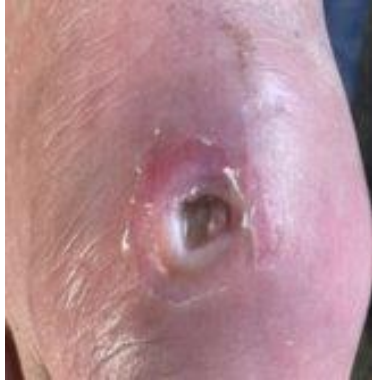
- Running water
- Transportation
- Communication Barriers
- Access to supplies: (insurance denials, address for DME delivery)
- Support System
- Ability to wash necessary items (compression stockings, elastic wraps)
- Diet for wound healing (soup kitchen/food pantry)
- Dental disorders

Wound Care in the Unhoused Population



- Cleansing the wound
- Dressing supplies
- Changing the dressing
- Cost of dressings
- Protein needs/ blood sugar control
- Follow up care/transportation

Case study 1



2/23/2022 - right great toe wound - treated with medical grade honey and showed great improvement



4/12/2022 - right great toe wound re-opens silver hydrofiber applied & Shawna consulted



4/18/2022- due to lack of compliance with changing dressing daily and only applying a bandage; wound becomes macerated and larger. Patient sent to the hospital



4/27/2022 application of povidone iodine to peri wound and wound filler to wound bed, discharged to streets for Street Medicine follow up

Case study 1 continued



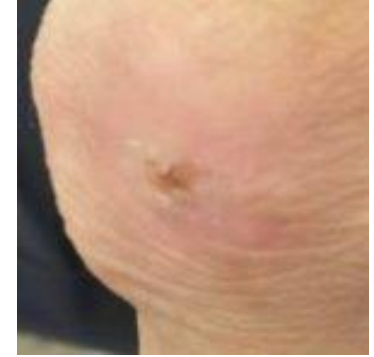
4/28/2022- Street Medicine follow up, application of wound filler 2x/week



5/19/2022- Street Medicine follow up, application of wound filler 2x/week



6/1/2022- Patient in see Wound Center CRNP for specialty follow up



7/16/2022- Patient seen at Street Feet for Wound Center Provider CRNP follow up

Case Study 2



9/20/2021- Patient arrives in the ED for hyperglycemia and wounds noted by WOC nurse. Areas dry, no dressing needed. Patient discharged on 9/24/2021, no wound care follow up setup at this time, on PO ABX



10/1/2021- Street Medicine nurse follows up and requests to visualize patient's leg, patient given wound care supplies for 3x/week; dressing change, continues with PO ABX



10/5/2021- At the direction of the SM nurse patient goes to the ED



10/7/2021- post debridement of abscess

Case study 2 continued



10/27/2021- Patient discharged from hospital. Care coordinated with SM nurse.



11/17/2021- Patient discharged from hospital. Care coordinated with SM nurse.



12/1/2021- SM continued with 2x/week dressing change until patient became incarcerated

The Identified Need

- Street Medicine and WOC nurse identified needs
- Community support through specialties
- Continuum of care from inpatient through outpatient

Reported concerns

- 2/3 of the homeless population report a foot issue
- Nationally reported 38% reported utilizing the emergency department for a foot related concern.
- Common issues reported
- Contributing factors to having foot issues



Inception of Street Feet

As UPMC Street Medicine continued to grow its patient panel it was clear that there was a care gap in wound and foot care.

Our collaboration combined the knowledge of the Street Medicine nurse, inpatient WOC nurse, and outpatient wound care nurse to establish an understanding of the continuum of care for this population.



Clinic Proposal

- Establish a monthly clinic
- Rotate between 4 sites in two counties
- Volunteers to assist with all tasks: provided training
- Podiatrist to address foot conditions/issues
- Follow up by Street Medicine as needed

Street Feet Targeted Goals

- Preventative measures
- ED visits and hospitalizations
- Improve overall health
- Foster relationships



Coordination of Services



- DME: for clients and clinic
- Volunteers: how and where to recruit
- Establish a relationship with clients
- Provider and Podiatrist
- Documentation
- Follow up after Street Feet



Clinic Process and Flow



Registration



Feet washing



Podiatry

Additional clinic services



Foot care kits



Foot health is important to avoid problems such as fungal infections and wounds to the feet. By caring for your feet each day you can decrease common foot problems from occurring.

Tips for caring for feet:

- Inspect your feet every day for any open areas.
- Keep feet free from moisture/sweat
- Apply moisturizing cream to dry areas. Avoid applying cream between toes.
- Change soiled socks with clean socks daily.

Contents of Package:

Moisturizing cream: Apply to feet daily avoiding the area between the toes.

Antifungal Cream/Powder: Apply to toe area and soles of feet.

Mirror: Use the mirror to be able to see the bottom of your feet and check for any open areas.

Socks: Wear socks at all times. Try to change socks daily if able.



Education



Client relationships

Food

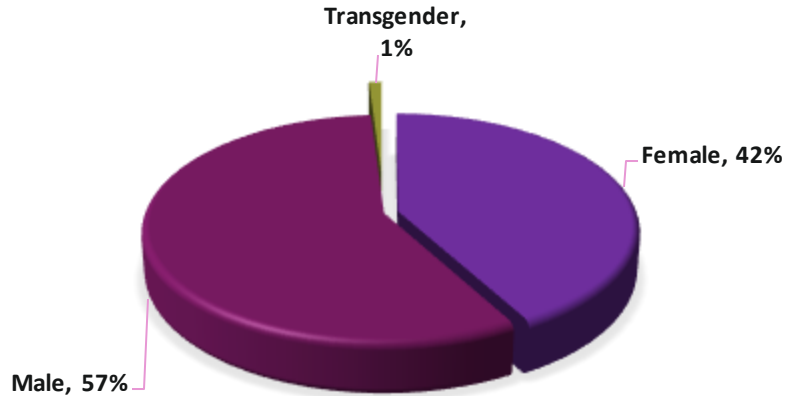


Nothing brings
people
together like
good food

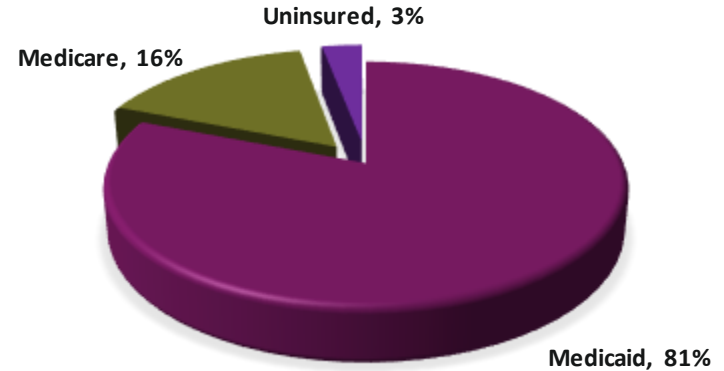


Street Feet Demographic Data

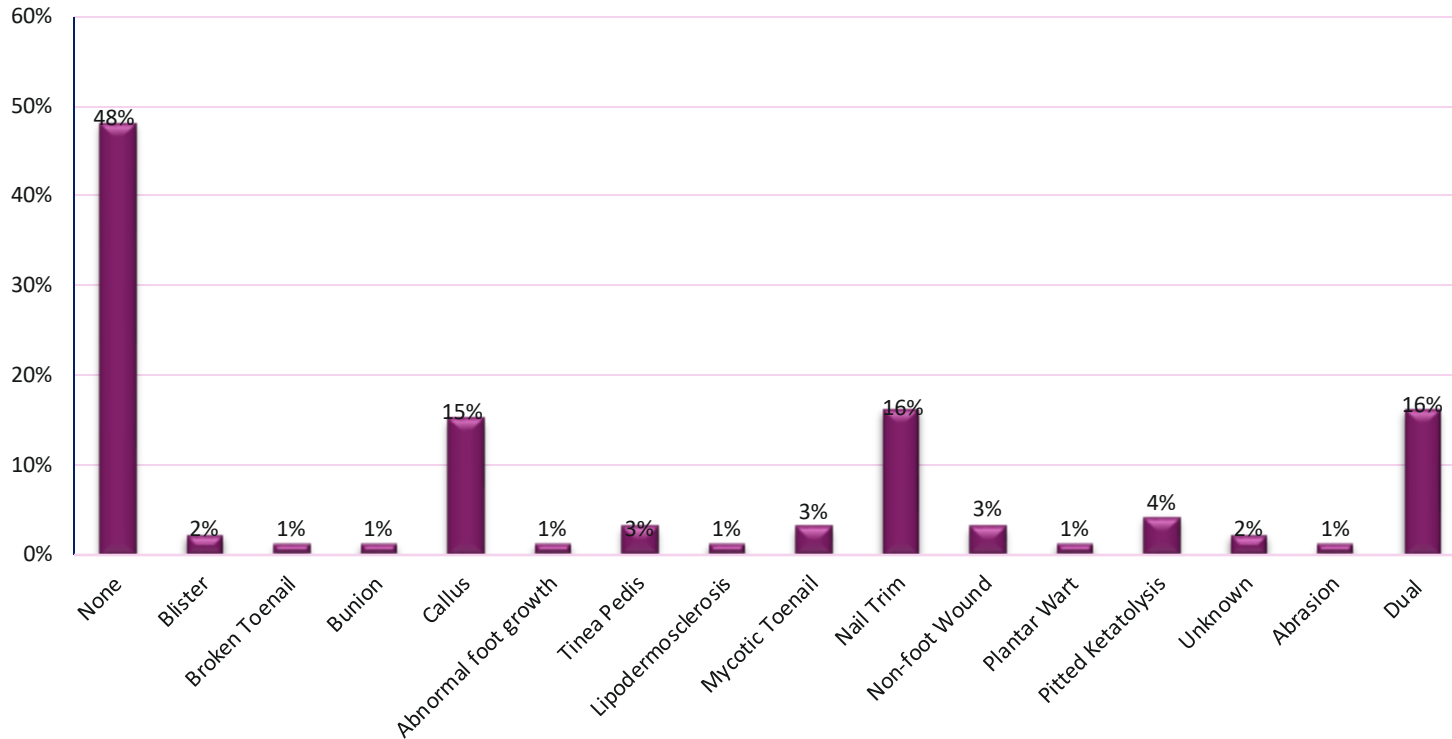
GENDER



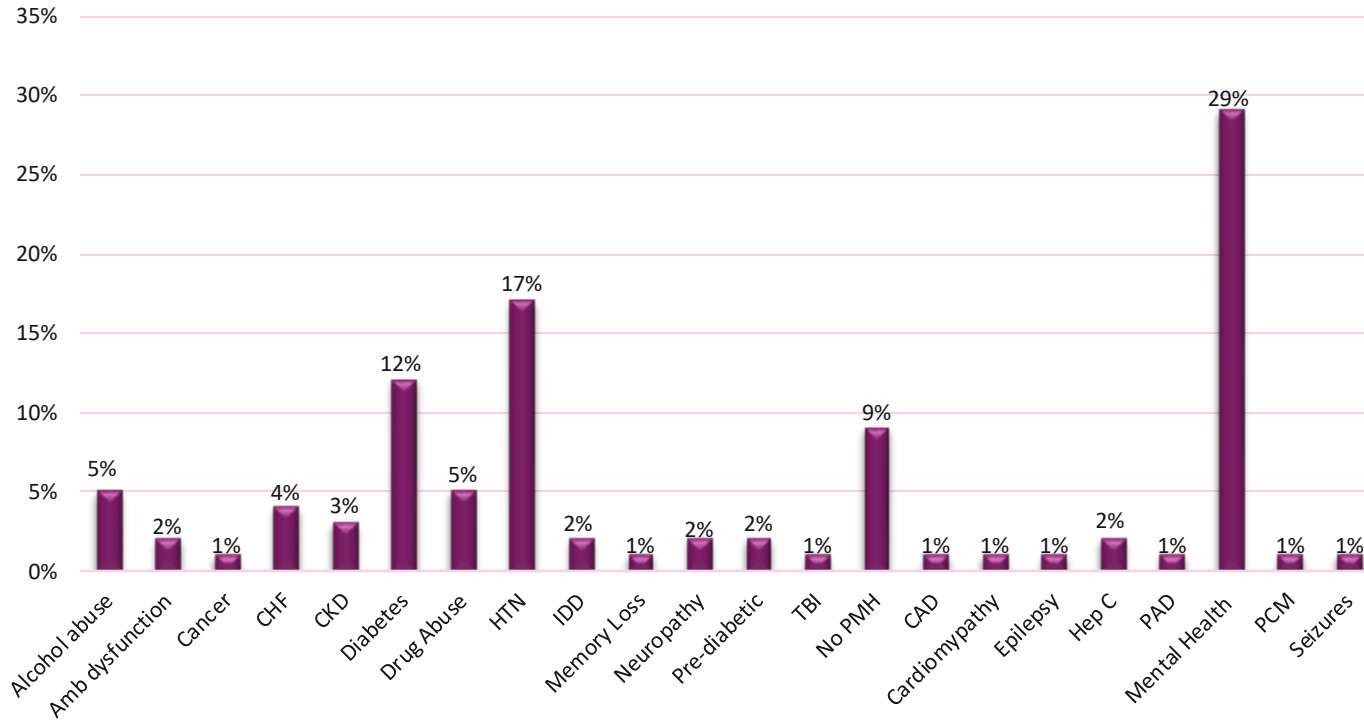
INSURANCE



Street Feet Noted Foot Issues



Street Feet Participant Past Medical History



Consumer Feedback

- "So, all the people here are here because they want to help us, not because they are paid to be here."
- "What a wonderful service you are providing. Thanks for caring and doing this. "
- "I really needed some help; my feet look awful. "



Volunteer Feedback



"It's a great way to connect with UPMC community and help out in the community as well, to do something good together with coworkers."

"I love the population it serves. Love the staff and volunteers."

"Being able to help others and connect with them. The appreciation the individuals have for us being there each month and genuinely caring about them is what I love the most."

Lessons Learned

- What we were expecting vs what was found
- Number of wounds that were found and assessed
- Street Feet the collaboration continues
- Requests for foot care kits continues to grow
- Connect patients to other services that they were lacking.
- Community involvement

Impact of Street Feet

Through providing services of foot and preventative care to the homeless and unstably housed population, Street Feet has increased basic knowledge for both clients and volunteers by providing a comfortable setting to provide necessary care and foster trusting relationships.

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