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

- Began to collaborate with Shawna on non-healing wounds
- Began identifying post hospital discharge wound care issues
- Discussion about foot care needs in the homeless
- Follow up concerns outpatient with specialty providers
- Laura participated in UPMC's Wound Treatment Associate (WTA) taught by Shawna
- Collaborated further with Shawna and the inpatient WOCNs to coordinate safe yet practical wound care discharge plans for those experiencing homelessness
- Street Feet begins July 2021
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

Education

Client relationships
Nothing brings people together like good food.
Street Feet Demographic Data

GENDER
- Male, 57%
- Female, 42%
- Transgender, 1%

INSURANCE
- Medicaid, 81%
- Medicare, 16%
- Uninsured, 3%
Street Feet Noted Foot Issues

- None: 48%
- Blister: 2%
- Broken Toenail: 1%
- Bunion: 1%
- Callus: 1%
- Abnormal foot growth: 1%
- Tinea Pedis: 3%
- Lipodermatosclerosis: 1%
- Mycotic Toenail: 3%
- Nail Trim: 3%
- Non-foot Wound: 3%
- Plantar Wart: 1%
- Pitted Keratolysis: 4%
- Unknown: 2%
- Abrasion: 1%
- Dual: 16%
Street Feet Participant Past Medical History

- Alcohol abuse: 5%
- Amb dysfunction: 2%
- Cancer: 1%
- CHF: 4%
- CKD: 3%
- Diabetes: 12%
- Drug Abuse: 5%
- HTN: 17%
- IDD: 2%
- Memory Loss: 1%
- Neuropathy: 2%
- Pre-diabetic: 2%
- TBI: 1%
- No PMH: 9%
- CAD: 1%
- Cardiomyopathy: 1%
- Epilepsy: 1%
- Hep C: 2%
- PAD: 1%
- Mental Health: 1%
- PCM: 1%
- Seizures: 1%

Total: 29%
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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