Cincinnati VAMC – HUD-VASH Nursing Services

An Innovative Practice in VHA Homeless Program Operations

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White Paper

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INTRODUCTION

The VHA Homeless Programs Office identifies and disseminates innovative practices in homeless program operations. The Cincinnati VA Medical Center (VAMC) has been identified as a site with an innovative practice for their effective use of Registered Nurses (RNs) for coordinating care with Veterans participating in the Housing and Urban Development-VA Supportive Housing (HUD-VASH) program.

As a key tool in efforts to end Veteran homelessness, the HUD-VASH program provides clinical case management and supportive services to homeless Veterans utilizing Housing First principles and a team-based model of care. Barriers that are common for newly housed Veterans, such as lack of transportation and lack of telephones, make it challenging to effectively connect Veterans to the VA health care services for which they are eligible. Veterans experiencing homelessness also regularly utilize local hospital emergency departments (ED) for non-emergent conditions[1]. The combination of these factors routinely leads to missed medical and specialty service appointments and excessive ED utilization. In 2013, the Cincinnati VAMC's Community Outreach Division recognized the potential role that RNs could play in improving access to medical care for HUD-VASH participating Veterans. Over the course of five years, they developed a framework for the delivery of nursing services that aimed to not only help Veterans become established with their own primary care providers (PCP), which should appropriately decrease ED utilization, but also move Veterans from simply treating medical ailments and problems to working towards better holistic health and wellness.

PRACTICE OVERVIEW

Standardized, team-based nursing services are effective in overcoming health care challenges for formerly homeless Veterans.

INITIAL INCORPORATION OF NURSING INTO HUD-VASH OPERATIONS

What would become a fully-fledged nursing program within HUD-VASH at Cincinnati started in 2013 with just one RN. This nurse was tasked with a caseload of 30 medically intensive Veterans selected based on the urgency and predominance of medical issues such as frequency of falls, multiple missed appointments, and

[1] Gundlapalli AV, Jones AL, Redd A, Suo Y, Pettey WBP, Mohanty A, Brignone E, Gawron L, Vanneman M, Samore MH, Fargo JD. Characteristics of the Highest Users of Emergency Services in Veterans Affairs Hospitals: Homeless and Non-Homeless. Stud Health Technol Inform. 2017;238:24-27. PMID: 28679878; PMCID: PMC6044274.

difficulty adhering to directions for taking medications. Feedback from HUD-VASH social workers, especially when it was clear that a Veteran's case presentation exceeded the scope of social work clinical practice, was also factored into assignment decisions. In addition to providing care coordination for medical issues, the RN was also responsible for the more traditional HUD-VASH case management duties such as coordinating housing issues with local public housing authorities (PHAs) and apartment property owners and managers.

Each year saw the Cincinnati HUD-VASH program grow, in both allocated vouchers as well as staff, to serve Veterans across three states: Indiana, Kentucky and Ohio. As part of this annual expansion, the homeless program leads at Cincinnati were able to add a second RN in 2014. Several other key changes followed to better serve the increasing numbers of Veterans across a larger geography. First, the individual caseload count for both nurses decreased from 30 medically intensive Veterans to 15. This coincided with the local HUD-VASH program's shift to a team-based case management approach. With this new model, the RNs served as the lead case manager for 15 medically intensive Veterans while also providing consultation and medical care coordination support to the social work case managers from their respective teams. Next, the case management teams had their workload realigned by geography so that home visits could be conducted more efficiently. Lastly, when a third RN was added in 2019, the number of medically intensive Veterans that each RN served as the lead case manager was reduced again to five, further increasing capacity to provide consultation and medical care coordination to their respective, regional interdisciplinary teams.

DEVELOPING A NURSING PROGRAM

With three RNs operating throughout the tri-state area, the need to ensure standardization of practice became clear and raised some important questions. What could or would an actual nursing program within HUD-VASH look like? How would standardized nursing services improve care for the now 630 plus Veterans who were case managed across three different HUD-VASH teams? How should these improvements be socialized to Veterans and VA staff to ensure success? To this end, several strategies were implemented and are discussed as follows.

WHOLE HEALTH

One of the driving principles for this new HUD-VASH Nursing Program was the incorporation of the Whole Health model. Previously, the HUD-VASH RNs would work with Veterans at the tail end of major medical issues and procedures, helping with follow-up tasks, medication management, and care coordination. Instead

of simply reacting to medical maladies as they arise, Whole Health asks Veterans to consider, "if you could have the best health possible, what would you want to do with your life?"

For years, the Whole Health model provided VA's nursing services with a framework to provide personalized, proactive, patient-driven health care to Veterans[2]. Naturally then, in 2019, all three HUD-VASH nurses became Whole Health Certified and immediately began to deliver a wide array of services based on the goals set by HUD-VASH participating Veterans. These goals included the development of personalized health care plans[3] and mindfulness education. The RNs also coordinated care with services provided at the VAMC such as tobacco cessation, the MOVE! Weight Management Program[4], substance abuse treatment, cooking classes, pain management, and others.

> ***"Working side by side with Veterans, creating individualized health goals, gives them great purpose to keep pushing forward for a better tomorrow."***
>
> **Nicole Voss MSN, RN**
> **HUD-VASH RN Case Manager**

HUD-VASH NURSING RISK ASSESSMENT

Observing that basic chart reviews of health care records was insufficient to effectively provide Whole Health services that also addressed the unique needs of HUD-VASH participating Veterans, a HUD-VASH Nursing Risk Assessment was developed (included in Appendix A). Traditional health care assessments primarily documented current and previous health conditions, indicators of physical health (e.g. weight, blood pressure, cholesterol levels), and preventive screenings. In contrast, Whole Health records included screening factors such as lifestyle behaviors (e.g. exercise, eating habits, alcohol and tobacco use, emotional health), mood, stress, life events, and each Veterans' own levels of motivation and engagement. The HUD-VASH Nursing Risk Assessment incorporated elements from both traditional record reviews and Whole Health screenings, and added factors relevant to formerly homeless Veterans such as activities of daily living (ADLs) (e.g. eating, dressing, and bathing)[5], access to and utilization of VA health care services, medication management, computer literacy, availability of

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[2] Krejci LP, Carter K, Gaudet T. Whole health: the vision and implementation of personalized, proactive, patient-driven health care for veterans. Med Care. 2014 Dec;52(12 Suppl 5):S5-8. doi: 10.1097/MLR.0000000000000226. PMID: 25397823.
[3] Whole Health Personal Health Inventory; https://www.va.gov/WHOLEHEALTH/docs/10-930_PHI-Short_July2019_508.pdf
[4] MOVE! Weight Management Program; https://www.move.va.gov/
[5] The Cincinnati HUD-VASH Team Plans to add an Occupational Therapist to their team in 2021.

food, and living conditions. Most importantly, the assessment provided personalized feedback about choices Veterans can make to reduce various health risks, maintain or improve their current health functioning, and prevent additional disease or issues. It was completed as an interview when a Veteran was newly assigned to an RN's caseload, when an RN needed to provide consultation or care coordination as part of the interdisciplinary team, or following significant changes to the Veterans health condition.

HUD-VASH NURSING OUTREACH AND MARKETING EFFORTS

A HUD-VASH Nursing Brochure was created to better socialize and raise awareness of nursing services to Veterans and VA staff. It included key information including services provided, telephone contact information by geography, helpful numbers to call during crises, contact information for pharmacy refills, and information on scheduling rides through VA's Transportation Program. Some advantages of brochures were consistency of message, ready availability of the required information, and ability to share useful information[6]. While staff within the Community Outreach Division at the Cincinnati VAMC verbally provided Veterans with education about the services of HUD-VASH nurses, the brochures ensured that the Veterans retained the information or had a reference to review.

TELEHEALTH THROUGH VA VIDEO CONNECT

In December 2018, over a year before to the start of the March 2020 COVID-19 National Emergency, the HUD-VASH Nursing Team at Cincinnati recognized the opportunities to increase communication and create a better bridge to medical services through telehealth and video conferencing. VA Video Connect (VVC), VA's primary telehealth solution, allows Veterans to have an outpatient telehealth visit with their healthcare providers via a smartphone, tablet, or computer. VVC visits provide a means to remotely and conveniently facilitate the prevention of disease, health promotion, chronic care management, and mental health care[7]. **The Nursing Team took the lead with getting Veterans established with VVC and were successful in increasing utilization of VVC from 17 percent of HUD-VASH Veterans in December 2018 to 33 percent of**

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[6] Jahan, S., Al-Saigul, A. M., Alharbi, A. M., & Abdelgadir, M. H. (2014). Suitability assessment of health education brochures in Qassim province, Kingdom of Saudi Arabia. Journal of family & community medicine, 21(3), 186–192. https://doi.org/10.4103/2230-8229.142974

[7] Hillary D Lum, MD, PhD, Kathryn Nearing, PhD, Camilla B Pimentel, PhD, MPH, Cari R Levy, MD, PhD, William W Hung, MD, MPH, Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans, Public Policy & Aging Report, Volume 30, Issue 1, 2020, Pages 12–18, https://doi.org/10.1093/ppar/prz030

HUD-VASH Veterans by September 2019. For those Veterans who did not yet have the equipment access to VVC themselves, the HUD-VASH Nursing Team was able to go to Veterans' homes and securely allow them to utilize the RNs' electronic devices for VVC visits. While in the home, the nurses could also serve as tele-presenters assisting the medical provider in the presentation of the Veteran while video-conferencing. Critically, these efforts also helped prepare both the HUD-VASH staff and the Veterans for the transition away from face-to-face counters and towards telehealth once the coronavirus pandemic was underway. More information about incorporating telehealth in homeless programs can be found in Using VA Video Connect to Improve Access to Care in Homeless Programs.

COORDINATION WITH HOMELESS PATIENT ALIGNED CARE TEAMS (HPACT)

For years, the HUD-VASH Nursing Team noticed that a substantial number of HUD-VASH participating Veterans did not have an assigned PCP or had difficulty adhering to follow-up care recommendations and making follow-up visits. A process was developed to regularly audit the HUD-VASH census reports to identify Veterans who were not assigned to PCPs and get them connected with the facility's HPACT. HPACT providers are familiar with the unique needs of the homeless and are trained to effectively engage with Veterans who have ambivalence regarding their medical and mental health care. Helping these Veterans get connected to primary care would not only improve their overall health but would also reduce the severity of any chronic conditions and decrease ED utilization.

Cincinnati HUD-VASH with PCP Assignments by FY

FY	HUD-VASH Served	PCP Assigned	Percentage PCP Assigned
2013	377	331	88%
2014	434	376	87%
2015	626	547	87%
2016	680	604	89%
2017	699	630	90%
2018	730	675	92%
2019	751	708	94%
2020	732	687	94%

HUD-VASH Served represents unique Veterans with a HUD-

PCP Assigned represents Veterans with a Cincinnati PCP assignment during the HUD-VASH episode and FY.

NURSE SUPPLY BAGS

When the need arose for medical equipment, supplies, and resources out in the community, the HUD-VASH Nursing Team collaborated with the facility's Medical Supplies Service to build out nurse supply bags. These bags included items such as thermometers, sphygmomanometers, SP02 pulse oximeters, dressing supplies for first aid purposes, and syringes for flu and pneumonia vaccines. Having proper equipment on hand also helped with early detection of underlying health conditions.

VACCINES AND DIAGNOSTIC TESTING

The HUD-VASH Nursing Team was in a unique position to provide assessment and care delivery of preventive vaccinations and routine diagnostic testing. The Nurses routinely delivered flu vaccinations and provided Hepatitis C and human immunodeficiency virus (HIV) testing to Veterans at their home as well as community events like Stand Downs.

CONCLUSION

By creating geographical team-based service areas, implementing Whole Health into nursing practice, upgrading the assessment and evaluation of Veterans, increasing telehealth access, enhancing collaboration with H-PACT, and providing timely medical interventions in the home and the community, the HUD-VASH Nursing Team has eliminated many of the barriers that have hindered homeless Veterans from receiving the medical care they so desperately need.

We would like to thank the dedicated staff at the Cincinnati VAMC for sharing their practice with us. If you would like more information, please contact Nicole Voss and Rosalind Smith, Cincinnati Community Outreach Division HUD-VASH RN Case Managers, at Nicole.Voss@va.gov and Rosalind.Smith2@va.gov.

APPENDIX A: HUD-VASH NURSING RISK ASSESSMENT NOTE

GENERAL STATUS

Check appropriate box for cognitive status:

❑ Alert and fully oriented.
❑ Cognitive deficits (e.g. orientation, attention/concentration, perception, memory, reasoning).
❑ Exhibits mental status changes consistent with psychiatric disorder, EtOH or substance abuse.

[Note: The electronic health record will generate the Veteran's Active Problems for display here.]

Do you have any health problems that require assistance to manage (check all that apply)?

❑Diabetes ❑Hypertension ❑Cardiac ❑Skin Related ❑G.I. Disorders ❑Urinary ❑Neuro

❑Respiratory ❑Other

Do you have any mental health problems that require assistance to manage?

❑No ❑Yes

If yes:

Are you having any suicidal or homicidal Ideations?

❑No ❑Yes

VA VIDEO CONNECT READINESS

❑Yes

❑No – Veteran has electronic capability but experiences technical difficulty.

❑No – Veteran does not have electronic capability

❑No – Veteran cannot operate electronic devices for VVC

HEALTH RISK ASSESSMENT

Did the Veteran have a seizure in the past year?

❑No ❑Yes

If yes:

Is the Veteran at risk for falling?

❑No ❑Yes

If yes:

Is the Veteran in need of assistance with adaptive equipment (need purchase, need training, need repairs)?

❑No ❑Yes

If yes:

Is the Veteran at risk of choking or other problems when eating?

❑No ❑Yes

If yes:

Is the Veteran's health at risk due to poor nutrition (eating disorder, refusing to eat, cannot afford nutritious food)?

❑No ❑Yes

If yes:

Is the Veteran's health at risk due to poor hygiene, Activities of Daily Living, Instrumental Activities of Daily Living?

❑No ❑Yes

If yes:

Is the Veteran in need of a primary care provider (or the provider's contact information is unknown)?

❑No ❑Yes

If yes:

Is the Veteran in need of a dentist (or dentist's contact information is unknown)?

❑No ❑Yes

If yes:

Is the Veteran in need of a specialist (or the specialist's contact information is unknown)?

❑No ❑Yes

If yes:

In the past year, has the Veteran gone to a hospital emergency room?

❑No ❑Yes

If yes, document number of admissions and reasons for admission:

In the past year, has the Veteran stayed overnight in a hospital?

❑No ❑Yes

If yes, document number of overnights and reasons for admission:

Is your flu, Pneumonia, Hep A, Tetanus and Shingle Vaccine up to date?

❑No ❑Yes

If yes:

[Note: The electronic health record will generate the Veteran's future appointments for display here.]

MEDICATIONS

How do you remember to take your medications?

How do you take your medication?

❑With no help or supervision

❑With some help or occasional supervision

❑With a lot of help or constant supervision

❑Unable to administer own medications/caregiver gives them

Comments:

MEDICATION ERROR RISK FACTORS

Scoring: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Frequently

Has the Veteran had problems with not taking or not receiving medications on time?

❑0 ❑1 ❑2 ❑3

Has the Veteran had problems with taking or being given the incorrect number of medications?

❑0 ❑1 ❑2 ❑3

Has the Veteran had problems with medications not being refilled on time?

❑0 ❑1 ❑2 ❑3

Has the Veteran had significant side effects from medications?

❑0 ❑1 ❑2 ❑3

Has the Veteran refused or spit out medications?

❑0 ❑1 ❑2 ❑3

Has the Veteran experienced health problems because of missing/refusing medications?

❑0 ❑1 ❑2 ❑3

Has the Veteran misused prescription or over-the-counter medications (i.e., taken too many at once)?

❑0 ❑1 ❑2 ❑3

Has the Veteran taken another person's prescription medications?

❑0 ❑1 ❑2 ❑3

Calculating Score

Score between 1 to 5: Recommend that the Veteran received medication administration education

Score of 6 or more: Recommend Veteran have a nursing encounter scheduled within 30 days.