



19th International Conference on Health
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Support Services for Vulnerable Patients by a Multidisciplinary Team in an Emergency Department

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Agenda

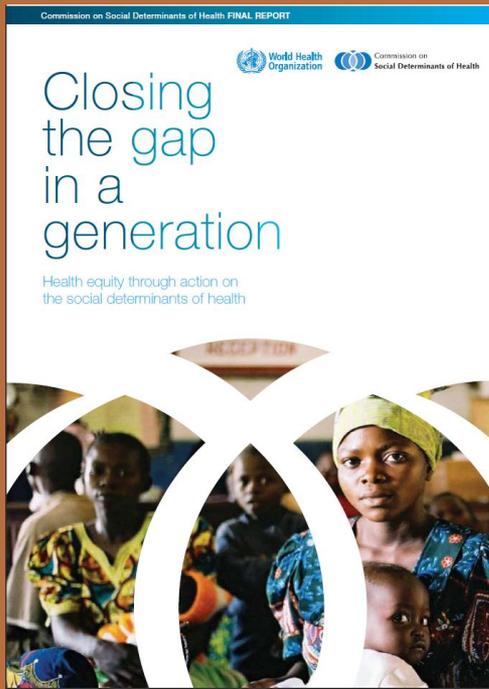
1. Background : key concepts
2. Frequent users : research and studies
3. Multidisciplinary team
4. Clinical activity
5. Discussion



1. Background

The social determinants of health

The social determinants of health are the *circumstances* in which people are born, grow up, live, work and age, and the *systems* put in place to deal with *illness*. These circumstances are in turn shaped by a wider set of *forces*: economics, social policies, and politics.



Commission on Social Determinants of Health **FINAL REPORT,**
WHO 2008



What are health inequities or inequalities?

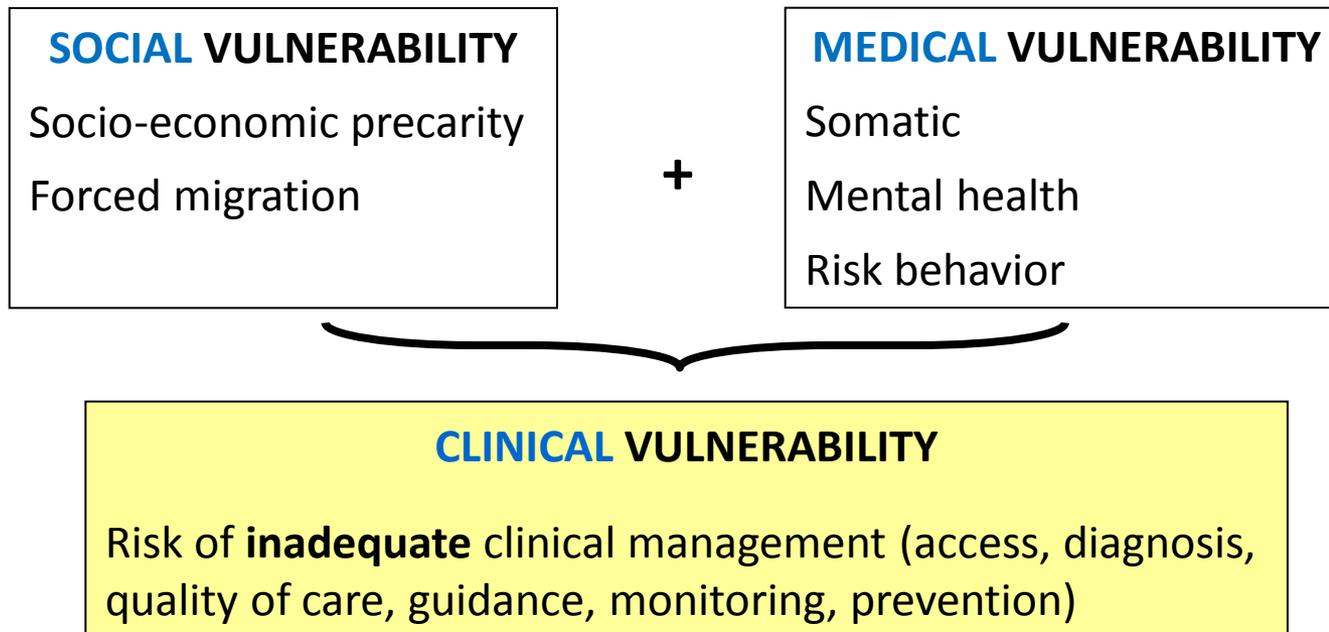
Health inequities are ***avoidable*** inequalities in health between groups of people within and between countries. These inequities arise from inequalities within and between societies. ***Social and economic conditions*** and their effects on people's lives determine their ***risk of illness*** and the actions taken to prevent them becoming ill or treat illness when it occurs.

Commission on Social Determinants of Health **FINAL REPORT, WHO 2008**

Vulnerable patients

“Group who, because of its characteristics, has a higher probability of presenting a psychosocial or health problem”*

*Programme canadien de santé publique 2003-2012 (Santé et services sociaux Québec, 2002)

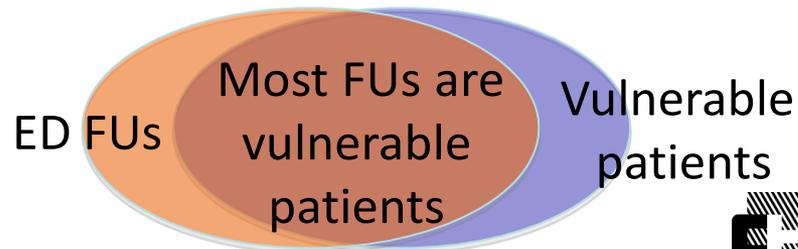
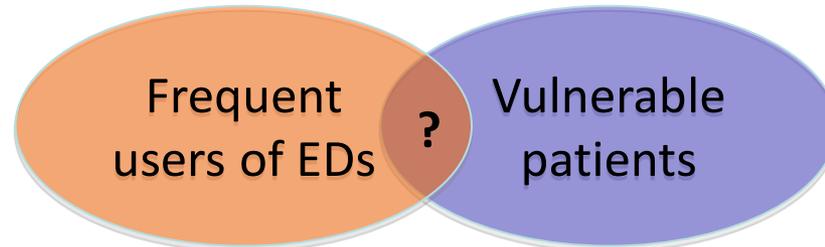


2. Frequent users : research & studies

Definition

Locker et al suggest that a **cut-off at 5 or more visits per year** defines more accurately the group of FUs who have medical and social characteristics clearly different from the other patients.

Locker TE et al., *Defining frequent use of an urban emergency department*. Emerg Med J, 2007.



Frequent users (FUs) – studies in Lausanne University Hospital, Switzerland

Retrospective case-control study:

FUs = **4%** of all patients ... and **17%** of all emergency room visits!

Bieler G et al. Publication in progress.

Case series on hyperfrequent users: HU patients have **complex** social & medical vulnerability profiles. They need a specific care by a **case management team**. But HUs profiles are such that they probably **cannot** completely give up ED attendances.

Stucki S et al. Publication in progress.

Prospective cross-sectional observational case-control study:

226 FUs and 173 non FUs. Characterization of FUs according to a reading grid of 5 domains of vulnerability.

Stucki S et al. Publication in progress.

Systematic review of the literature evaluating the effectiveness of interventions: interventions aimed at improving **ED FUs management** have demonstrated positive outcomes in terms of reducing ED use and **costs**, improving their medical and social **outcomes**.

Althaus F et al. Annals of Emergency Medicine, Accepted in 2011.

3. Multidisciplinary team

Strategic Plan Report 2009-2013 Lausanne University Hospital (CHUV), Switzerland

“To implement a *multidisciplinary* and *skilled* team that meet the needs of individuals who *cumulate* vulnerability factors, from an ethical, economic, clinical and community perspective.”



“Equipe mobile vulnérabilités (EmvS)”, a multidisciplinary team (MT)

2 nurses

1 social worker



case managers

Medical supervision

Collaboration with 5 departments

or services:

- ED
- GYN & OBS
- PED
- PSY
- Ethic



Grid of 5 domains of vulnerability

Somatic determinants	Mental health state	Behavioral determinants	Social determinants	Healthcare use
<input type="checkbox"/> Severe acute or chronic disease <input type="checkbox"/> Somatic polymorbidity <input type="checkbox"/> Complex drug treatment <input type="checkbox"/> Inadequate treatment or follow up adhesion <input type="checkbox"/> Pregnancy and neonatal period <input type="checkbox"/> Restricted mobility / physical disabilities	<input type="checkbox"/> Psychiatric polymorbidity <input type="checkbox"/> Mood disorder <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Personality disorder <input type="checkbox"/> Somatoform disorder <input type="checkbox"/> Posttraumatic stress disorder <input type="checkbox"/> Dementia <input type="checkbox"/> Psychological development disorder	<input type="checkbox"/> Substance abuse / active addiction <input type="checkbox"/> Risky sexual behavior <input type="checkbox"/> Issues related to contraception or abortion <input type="checkbox"/> Physical or psychological violence <input type="checkbox"/> Risk or threatening situation for a child	<input type="checkbox"/> Complex or difficult family situation <input type="checkbox"/> Social isolation or exclusion <input type="checkbox"/> Complex or difficult financial situation <input type="checkbox"/> No or inadequate housing <input type="checkbox"/> No or insufficient insurance <input type="checkbox"/> Difficulties or absence from work / school / social activities <input type="checkbox"/> Precarious residence status <input type="checkbox"/> Difficulties of communication / language barrier	<input type="checkbox"/> Frequent user <input type="checkbox"/> Multiple caregivers <input type="checkbox"/> No outpatient primary care physician <input type="checkbox"/> Difficulties in the relation with caregivers

**Criteria present in ≥ 3 domains of vulnerability =
assessment of patient's situation by the MT**

4. Clinical activity

From July 1st 2010 to April 30th 2011

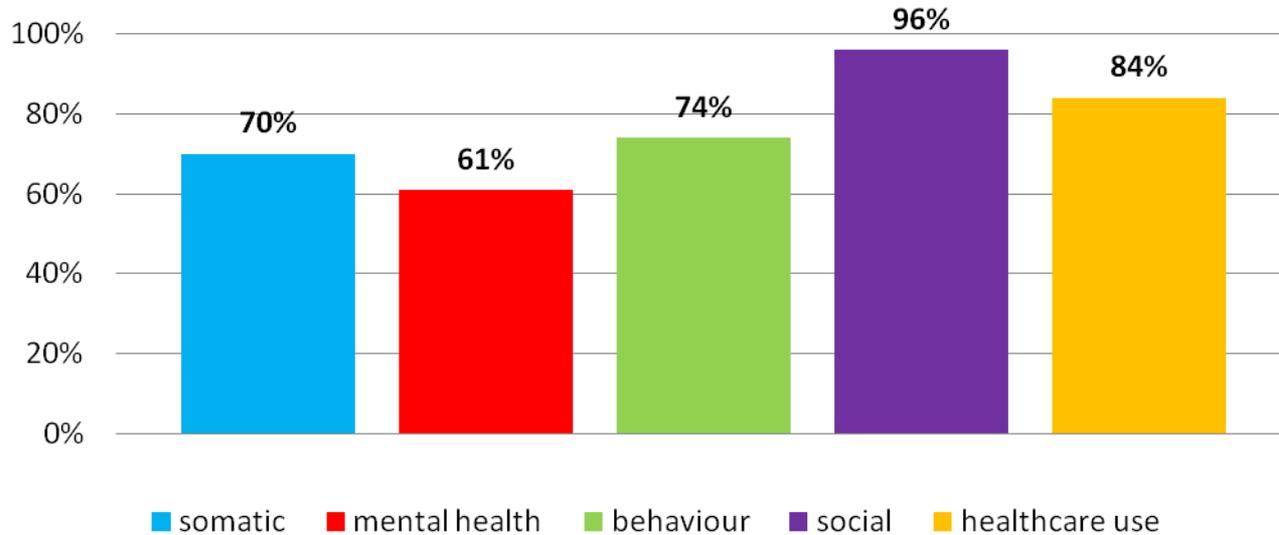
Number of patients	127
Number of consultations	329
Case management - mean time	4 hours/case (IQR 300-90)

Characteristics

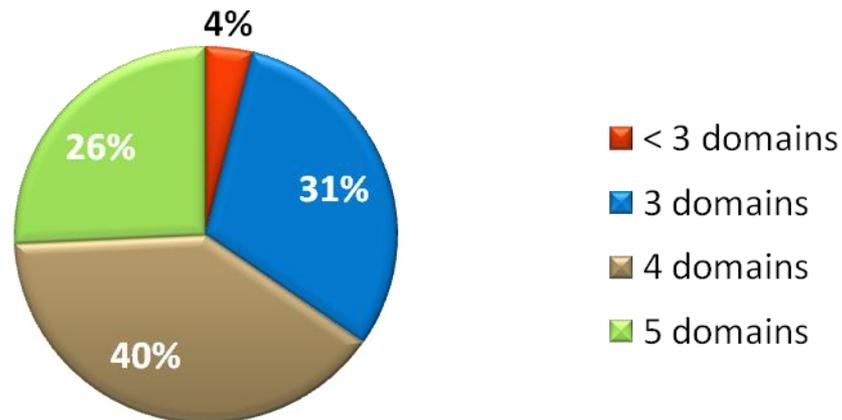
Mean age	43 years
Men	65% of the cases
Migrants	63%
Frequent users (≥ 5 visits/year)	43%
Homeless	37%
Without health insurance	21%
Without PCP	42%



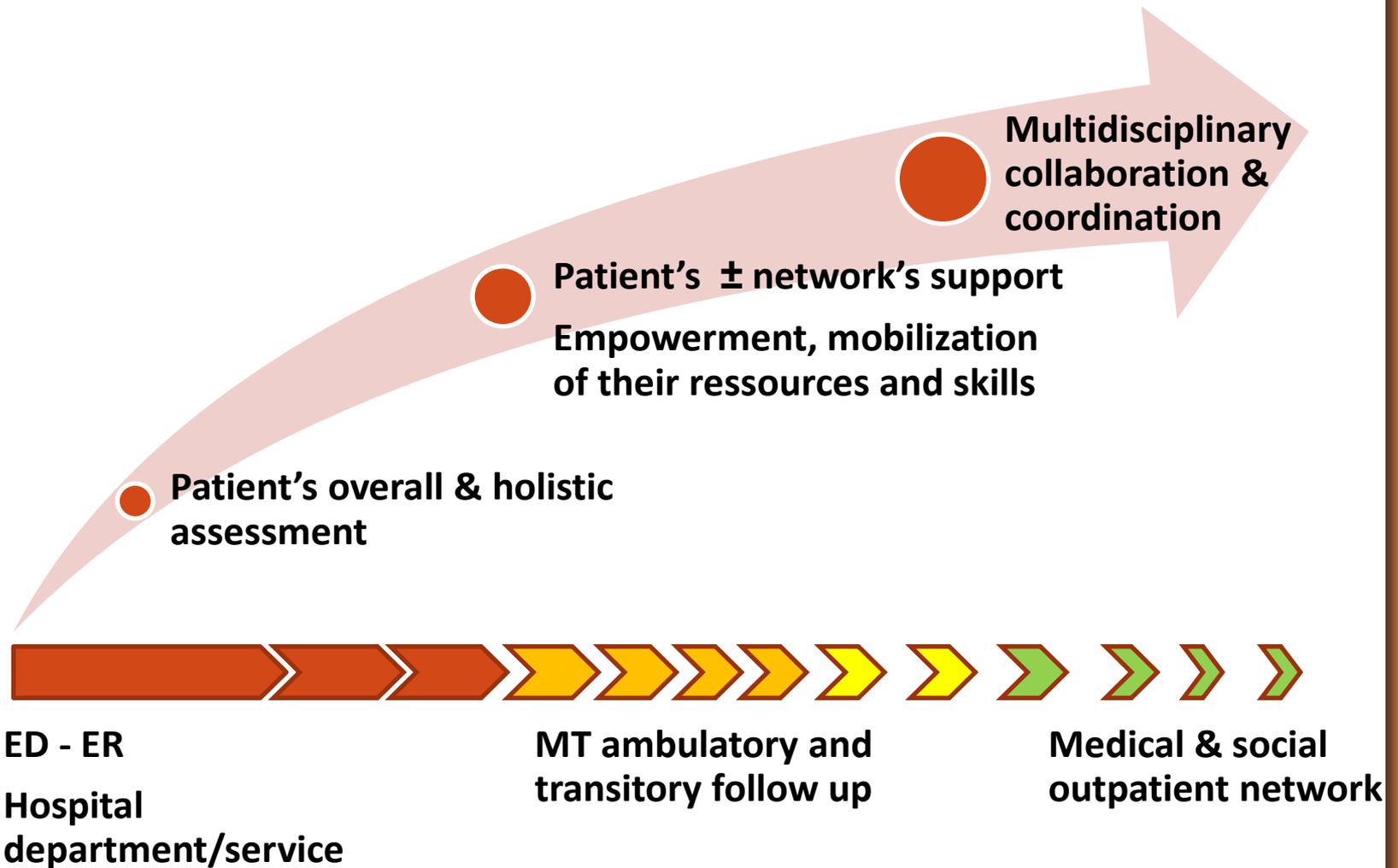
Domains of vulnerability



Combination of vulnerabilities



Patient's support process = case management



MT = multidisciplinary team

Type of interventions – case management

- assessing the outpatient network (99% of the cases), including :
 - setting up a collaboration & coordination
 - setting up network meetings
- helping to set up an adequate ambulatory medical follow up (44%), including :
 - setting up a new follow up with a PCP (19%)
 - referring to the adequate specialist (somatic and/or psychiatrist)
 - mandatory hospitalization if necessary
- setting up a social assessment of the patient's situation (40%), including :
 - referring to the adequate social or legal services
 - helping to find a housing
 - setting up a social or legal support (guardianship, welfare,...)
 - using a professional translator if necessary

5. Discussion

Perceptions of the MT activity

Patient's perspective :

“...there is someone waiting for me, calling me, who is interested in me...”

Health care teams' perspective :

“...there is someone who can take the time for difficult patients...”



Current & future challenges

- to ensure the quality of the healthcare for the most vulnerable patients
- to promote and facilitate communication between in & outpatient professionals
- to contribute to a more effective and efficient health care system



Thank you!

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& Mrs Marina Canepa Allen

