Improving Care for Homeless Patients Through Expansion and Updating of the Pinellas Hope Medical Clinic

Michaelle Benyehuda DNP, APRN FNP-BC and Eugenie A. Newby-Stephan DNP, APRN FNP-BC

Purpose

• To build a sustainable delivery model to replace the current outdated and underutilized clinic at Pinellas Hope, a comprehensive homeless shelter and a program of the Catholic Diocese of St. Petersburg, Florida.
• To increase access to health care for the homeless patients in Pinellas County.
• To design and implement an independent medical clinic with a well described business plan for BayCare, Catholic Charities, and Pinellas Hope leadership.

Background

• Pinellas Hope was opened as a temporary homeless shelter for men and women in Pinellas County in 2007 (Pinellas Hope-Official Site, 2019).
• According to the Pinellas County Health Assessment, the total number of homeless individuals in 2016, both sheltered and unsheltered was 2,777 with a total population count of 1,965,42 and a primary care provider to population ratio of 1:1,090 (Florida Department of Health, 2018).
• Poor access to primary care has led to excessive utilization of hospital services or emergency departments by those in the homeless population (Florida Department of Health, 2018).
• Poor access to care has been related to perceived stigma associated with homelessness, no health insurance, and/or poor access to medical services – either due to lack of access to transportation, or limited knowledge of available medical resources (Baggett, Schwenk, & Kunins, 2018).
• Pinellas Hope assists in addressing Pinellas County’s homeless population needs by providing shelter to up to 400 homeless persons at a time while providing rehabilitative services and medical respite services that encourage independence and self-sufficiency along with the chance to live in a home.
• The small donated clinic – an old trailer - on site has one examination room and a restroom and is structurally run down. There is no physician on site, however, a medical bus arrives one day a week to provide primary care needs for Pinellas Hope’s homeless residents.
• Given the conditions of the current clinic, and the need for primary care services on site, Pinellas Hope reached out for assistance to plan the replacement and expansion of their current clinic.

Implementation

• Key stakeholders involved in the development of the project include Pinellas Hope, BayCare leaders, and Alternative Building Solutions, a company that produces modular buildings in Tampa, FL.
• In conjunction with the key stakeholders:
  – a business plan proposal was created with estimated costs of modular clinics as well as estimated costs of basic clinical equipment and supplies.
  – three sample floor plans were selected to present to Pinellas Hope leaders based on the long term and short-term goals for the clinic that had been addressed during previous discussions.
  – OSHA regulations, electrical wiring, Florida general building and medical facility/clinic codes were also reviewed extensively and addressed.

Discussion/Results

• A final floor plan was agreed upon that would allow for a waiting room, three examination offices, two provider offices, two restrooms, a supply storage area, and a lab area.
• The third exam room, in the future, could be used for mental health services for the homeless at Pinellas Hope.
• Furniture and medical equipment were donated by BayCare/St. Anthony’s Hospital and allotted funds were used to order medical office supplies, equipment, and office furniture.
• Inventory was taken of existing supplies, new supplies ordered, and what will be needed in the future for optimal clinic utilization.
• Physicians from BayCare have agreed to volunteer at Pinellas Hope, including a volunteer medical director.
• This clinic will serve the needs of the Pinellas Hope community to provide primary care for those with limited funding and will decrease the utilization of local emergency departments which currently provide these services to this population.

Data/Assessment

Fig. 1. The presence of a registered nurse demonstrates fewer 911 calls and EMS services than when a registered nurse, or any other health care professional, is not present.

Fig. 2. In 2018, most of the incidents resulted in 911 calls and EMS services.

Fig. 3. Of the 911 calls made in 2019, there was a 12% higher incidence of calls made during after-hours than during office hours.

Data Provided by Pinellas Hope.

References


• IRB # Pro00041589

University of South Florida College of Nursing
Tampa, Florida