

# PLAN BOOK

# HENNEPIN HEALTHCARE

# FOUNDATION

## FALL 2018

PLANNING THE FUTURE







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# FIRM PHILOSOPHY



At Shaii Holistic Communications, we are dedicated to providing our healthcare clients with the best strategies to effectively communicate through PR, marketing, and social media. We develop detailed and innovative public relation campaigns and plans. We use these campaigns and plans for monitoring and influencing policy making processes that guide the healthcare community. We strive to use integrity, creativity, research and healthcare expertise when advocating for all clients.



# EXECUTIVE SUMMARY



Research shows that one in four patients that come to ED are homeless. Every three months the teen to young adult population makes up about 18% of the Emergency Department's visits- 22% of them are homeless. This population presents to the ED with several different concerns. Fevers, broken bones, congestion complaints and abdominal pain are commonly seen and are appropriate reasons for this population to service the ED- homelessness isn't one of them. Homelessness does not discriminate and does effect younger generations.

Of the homeless teen to young adults we serve, research shows over 60% present with non-emergent complaints. Research suggests homelessness drives their visits. Food, a warm place, a safe place, spare clothing or even company are acuties we can't place.

In regards to the homeless teen to young adult population, it is time Hennepin Healthcare's Emergency Department provides care beyond emergencies and incorporates external resources. Youthlink, Healthcare on Wheels, The Bridge, Avenues, and Hope Street are resources and shelters the ED is in common contact with when necessary. Partnerships with these organizations can better serve this population.

## Goals

- Increase awareness of external resources offered in addition to the ED services.
- Improve ED's reputational ability to help within the homeless community.
- Enhance the relationship between the ED and homeless community..
- Increase social media usage to deliver information on homeless resources.



# HISTORY



Today Hennepin Healthcare's Emergency Department is located in the heart of Minneapolis. Hennepin Healthcare's ED was the first hospital in Minnesota verified by the American College of Surgeons as a Level I Trauma Center. Hennepin Healthcare's Emergency Department has held this nomination since 1989 and in 2010 was verified as a Level I Pediatric Trauma Center. This independent pediatric verification recognizes our distinguished ability to care for children in emergency situations. Prior to the name change Hennepin Healthcare's defining traits were listed in the name. Previously known as Hennepin County Medical Center, the adjective "county" was and still is grounds for the high volumes commonly seen.



# EMERGENCY DEPARTMENTS PERSONAL MISSION STATEMENT



We partner with our community, our patients, and their families to ensure access to outstanding care for everyone. We provide care while improving overall health and wellness through teaching, patient and community education, outreach, and research. We welcome people from all demographics and the needs that come with them. Emergency care is our specialty and care beyond emergencies is our choice.

# SITUATIONAL ANALYSIS

*Campaigns purpose: Increase awareness of local health and wellness services to better serve ED's teen to young adult homeless population.*

Today Hennepin healthcare's Emergency department is a county hospital located within a half mile of more than four homeless shelters catering to teens, young adults, and adults. If we expand the half mile to two miles, we increase the number of shelters in proximity times three. Today the emergency department serves various populations and demographics. One of the largest patient populations seen are the homeless.

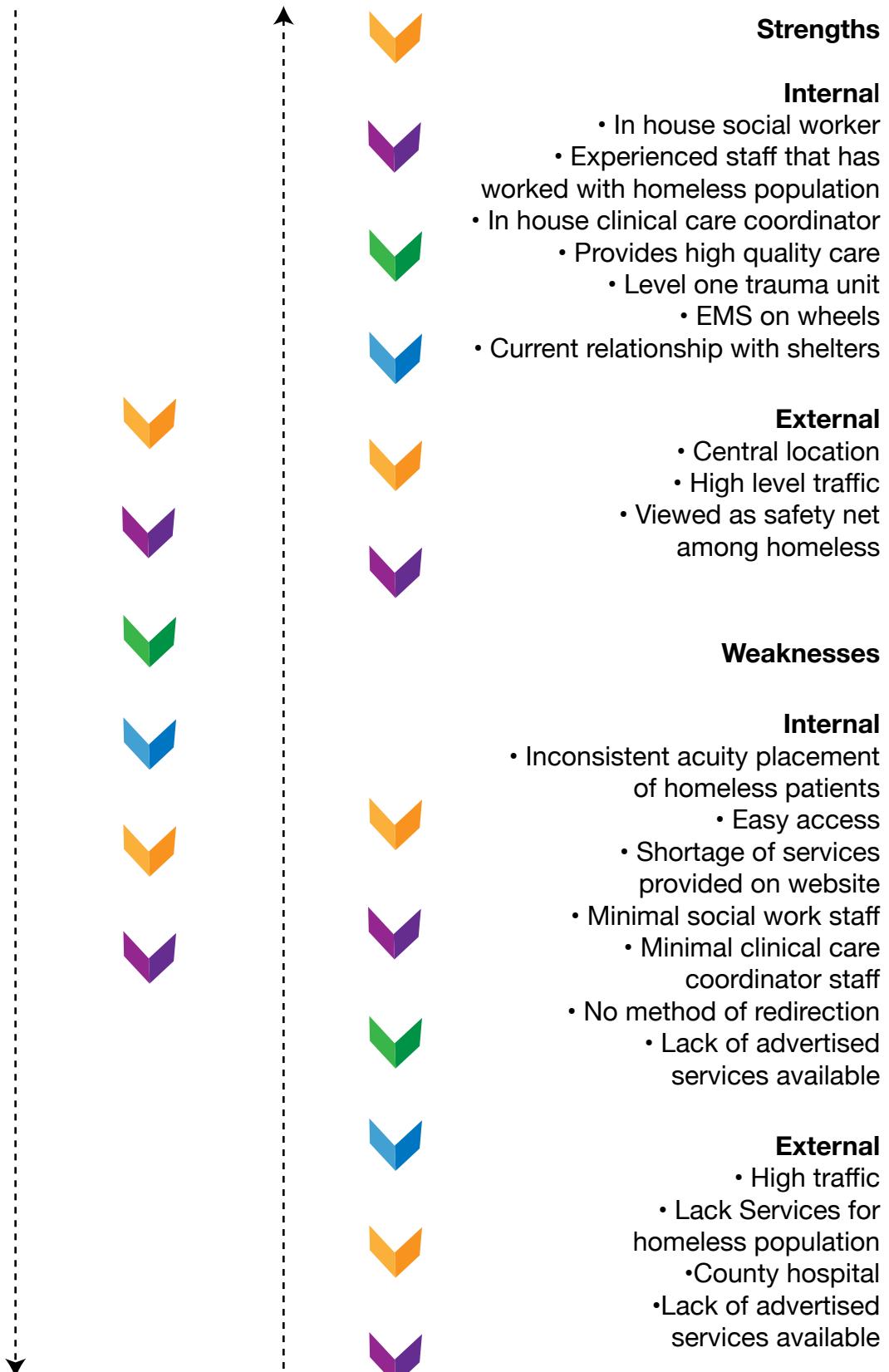


It is not uncommon to see low acuity placement for this specific demographic. Our convenient location and government funding introduces the ED with an opportunity of high volumes and a potential weakness of misused services. When people think county, people think free. The homeless teen to young adult population lack resources often sought out from the emergency department. While the ED's medical professionals offer outstanding medical care, the promotion of social well-being is the social service's department specialty.

Members of Hennepin Healthcare's ED Social service team are equipped with the resources often needed by this demographic. This information is only provided when deemed necessary or case by case situations. The Social Service teams' knowledge of resources available needs to become departmental knowledge and be promoted within this community of homeless teens and young adults. This promotion of resources will not only benefit this population of the ED, but also aid the ED in using government funding more efficiently.



# SWOT





# ANALYSIS

## Opportunities

### Internal

- Experienced social work staff
- Experienced clinical coordinator staff
- Existing positive relationship between staff and part of homeless populations
- Community EMS volunteer team
- Doctor in triage

### External

- High frequency patients
- 90,000 visits annually
- Proximity to shelters

## Threats

### Internal

- Lack of resources to offer when they do come

### External

- Shortage of housing for the homeless
- Extreme temps/Weather
- Lack of accessibility to outside resources





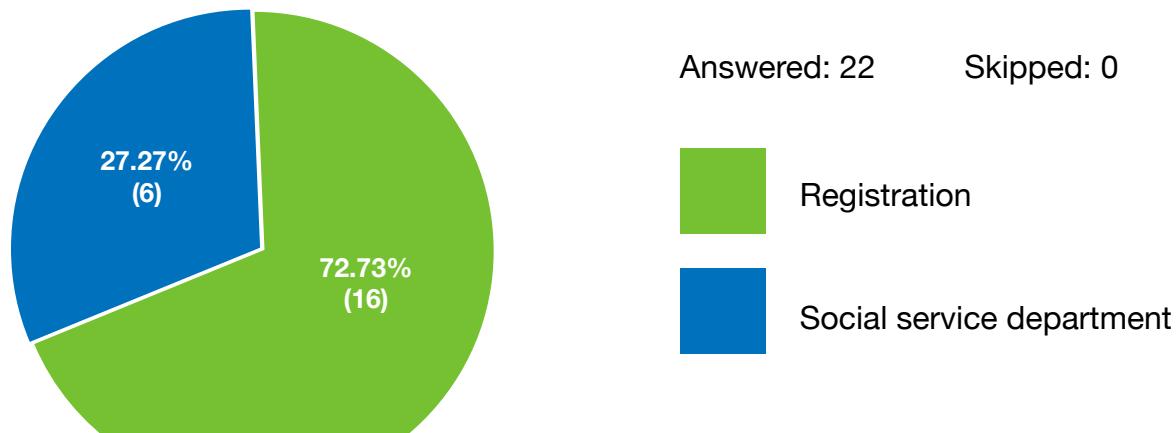
# RESEARCH

## PRIMARY

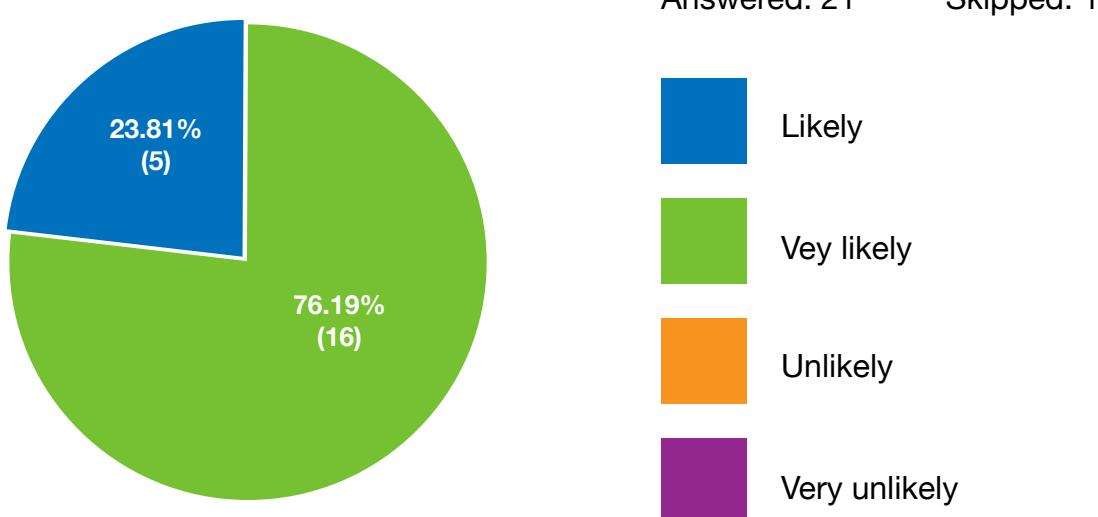
An online survey was administered to 22 employees of Hennepin Healthcare's Emergency Department and to 8 members in leadership at teen/young adult shelters in close proximity to Hennepin Healthcare. The purpose of the survey was to uncover

- What primary departments frequently service the homeless population?
- Of the homeless seen how often are they teens/ young adults?
- Do the homeless teens/ young adults have access to cell phones?
- Do the homeless teens/ young adults typically have a form of photo ID?

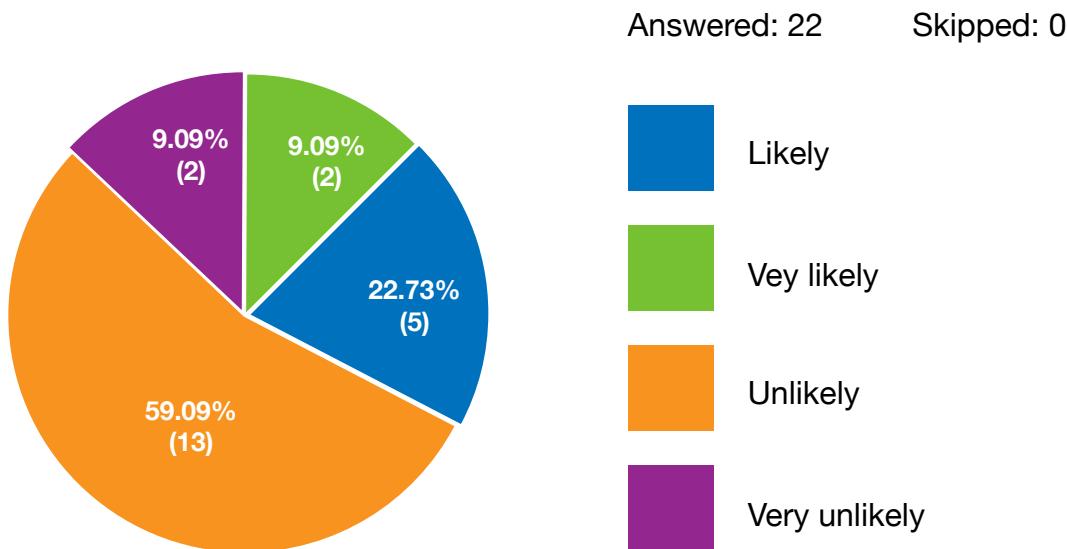
**Q1. What department do you work in?**



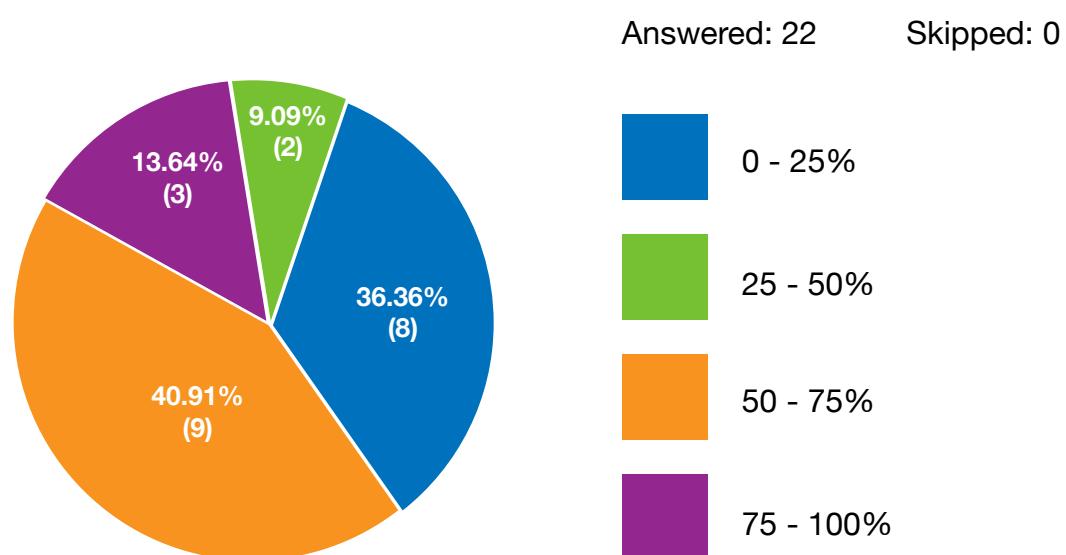
**Q2. In your role at HCMC how likely are you to service homeless teens to young adults (ages 12-24) (in shelters and not)**



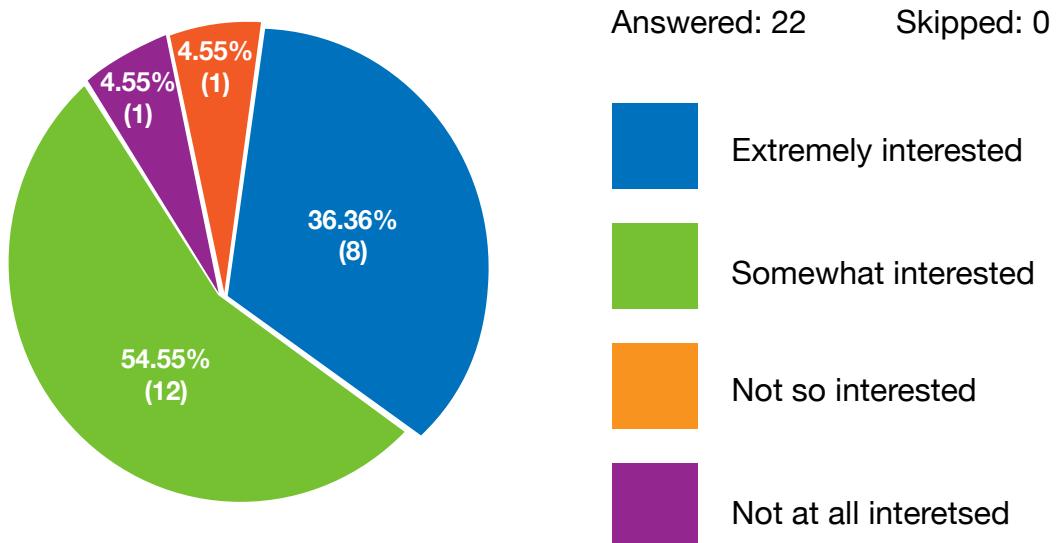
**Q3.** Of the homeless teen to young adult population in the ED, how likely is it that they have a picture ID on file or available to provide?



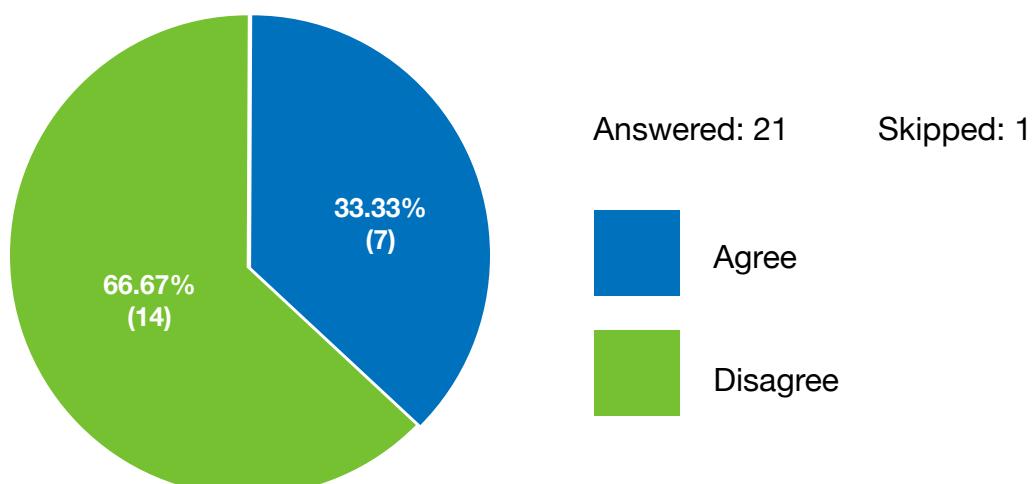
**Q4.** Of the homeless teen to young adult population in the ED what percentage of them are listed as having a cell phone/cell phone number?



**Q5.** How interested would the homeless teen to young adult population be in obtaining more information about the following: How to get a picture ID Clinics available of the ED Shelters tailored to their age group?

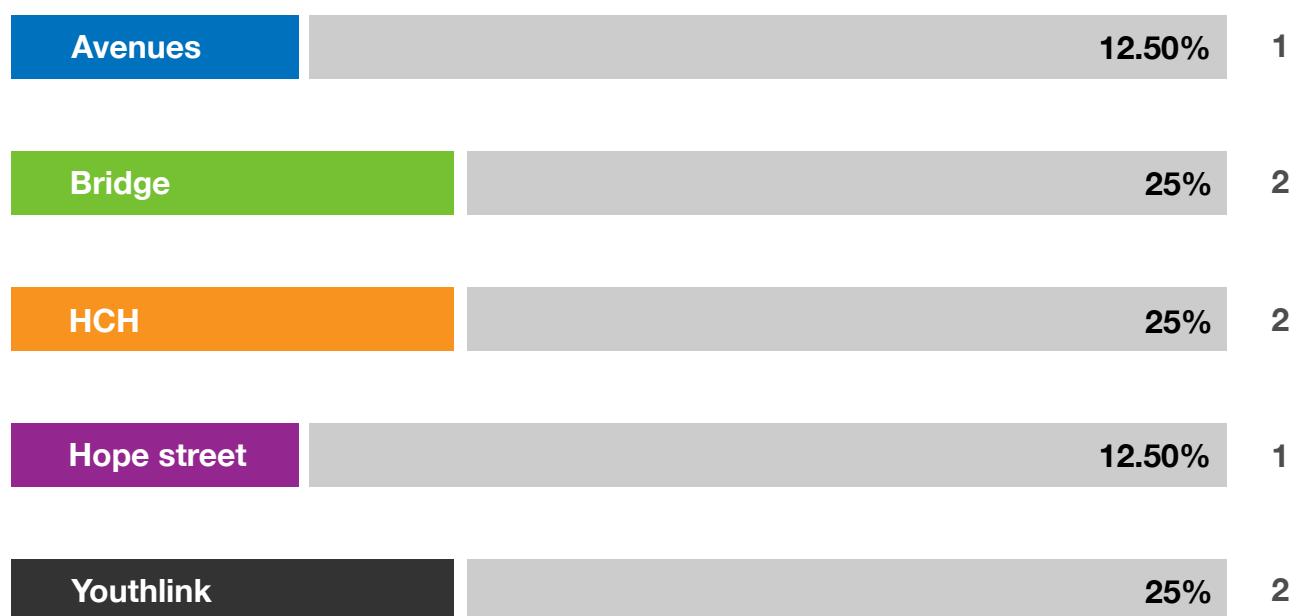


**Q6.** The information on the resources available to this patient demographic are placed in an efficient/visible are in the ED?



## Survey 2: Shelters

**Q1.** Who/Number of those surveyed





**Q2.** Of the homeless teen to young adult population, how likely is it that they have a picture ID on file or available to provide?

Answered: 8      Skipped: 0

Very likely

0.00%

Likely

37.50%

Unlikely

50%

Very unlikely

12.50%

**Q3.** Of the homeless teen to young adult population, what percentage of them typically have cell phone/cell phone number?

Answered: 8      Skipped: 0

0- 25%

0.00%

25 - 50%

25%

50 - 75%

50%

75 - 100%

25%



**Q4.** How often do the homeless teen to young adult population inquire about the following additional services/resources. How to get a picture ID. Clinical available. Shelters tailored to their age group?

Answered: 8      Skipped: 0

Usually

87.50%

Rarely

12.50%

Never

0.00%

**Q5.** Would you agree that the homeless teen to young adult populations have often utilized HCMC Emergency Department services?

Answered: 8      Skipped: 0

Strongly agree

25.00%

Agree

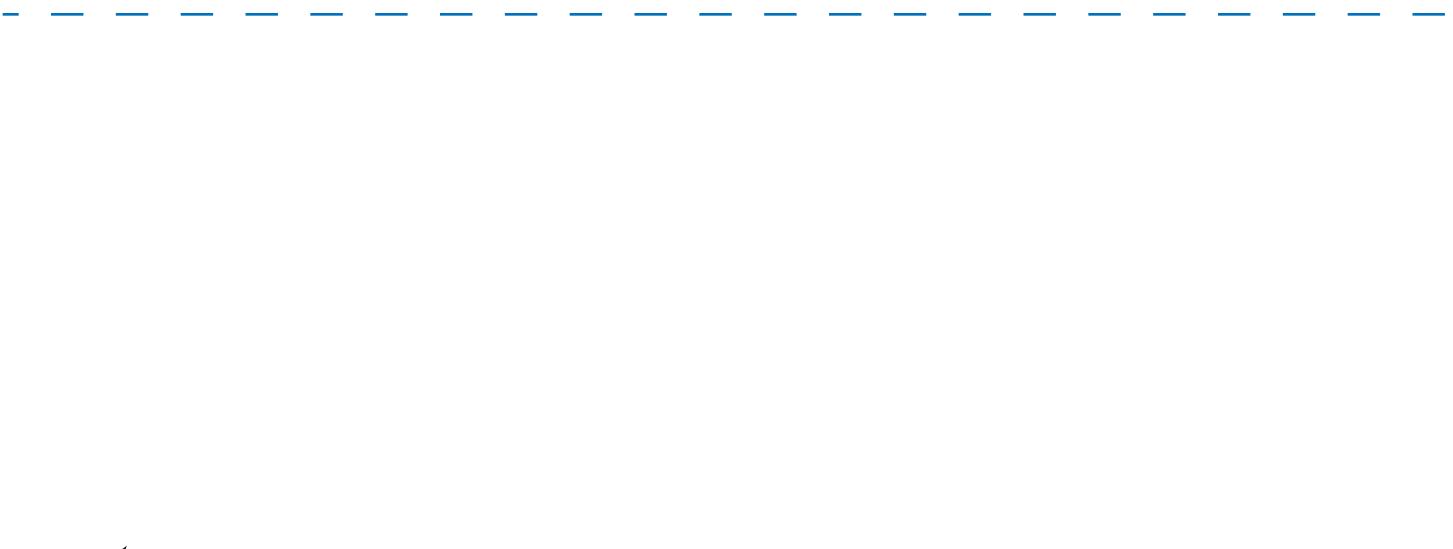
75.00%

Disagree

0.00%

Strongly disagree

0.00%



# RESEARCH

## SECONDARY

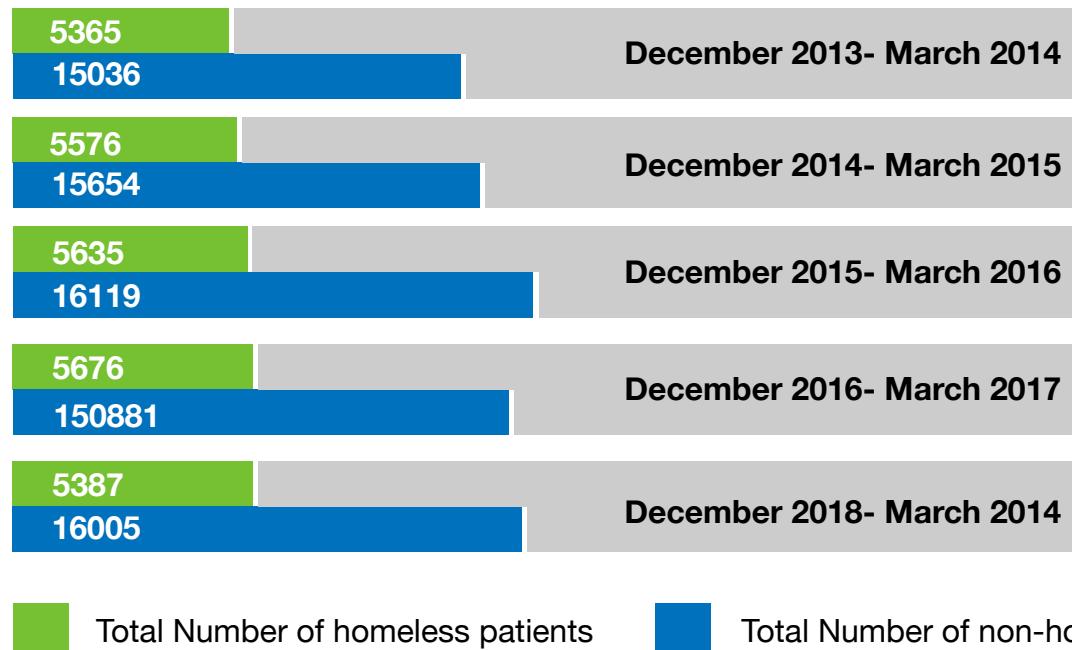
Secondary research was obtained by Hennepin Healthcare analytics department. The statistics pulled were meant to uncover

- What the average use of ED services by the homeless population was?
- How often the homeless patients seen were teens/young adults?
- What the average acuity of homeless patient visits were?



On average during the months of December to March 36% of patients who visited to the ED were homeless?

#### ED Patients Visit

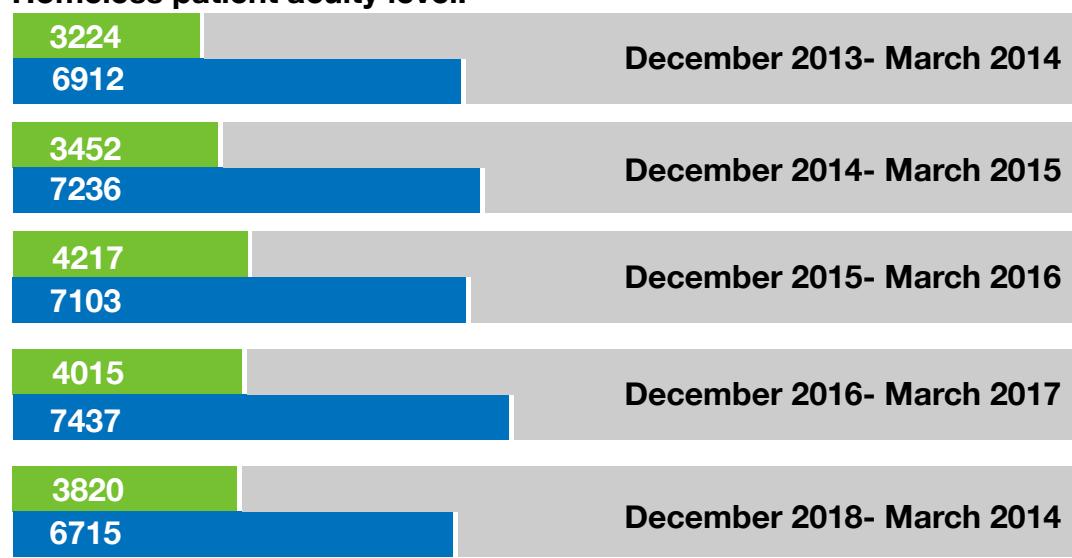


█ Total Number of homeless patients

█ Total Number of non-homeless patients

On average during the months December to March 68% of homeless patient visits were non-emergent.

#### Homeless patient acuity level.

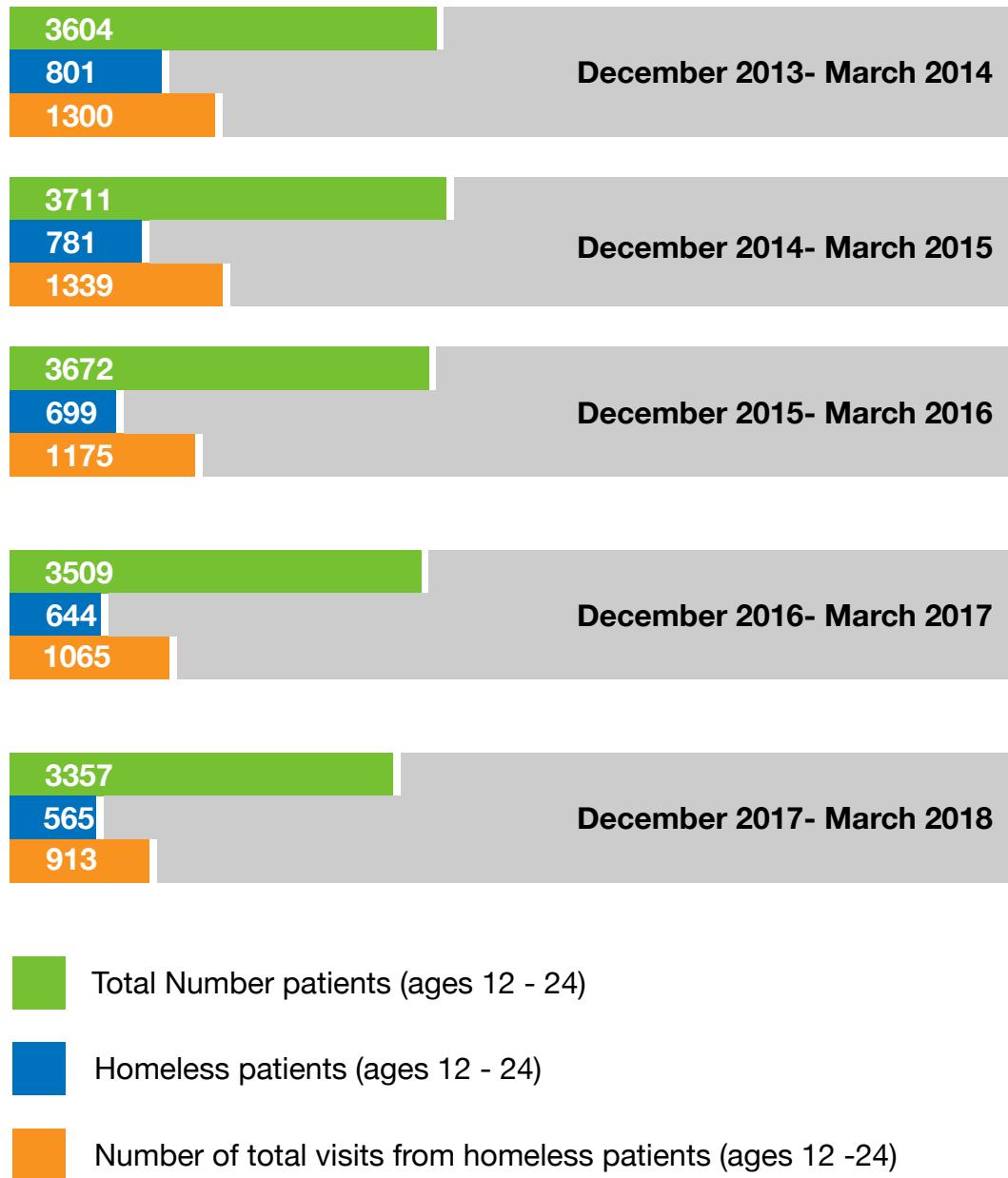


█ Emergent

█ Non-emergent

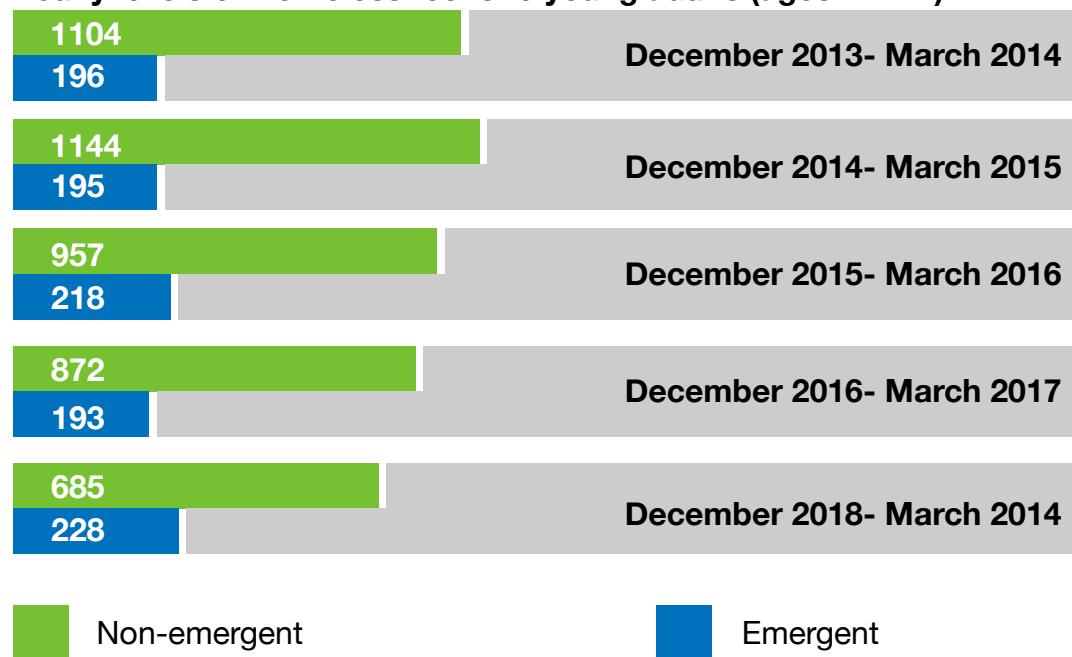
On average during the months of December and March 22% of teens to young adult visits were homeless. Of the homeless teen to young adults each visited at least twice during a 3-month span.

#### Homeless ED patient statistics (ages 12 -24)



On average during the months of December and March 85% of homeless teen to young adult's visits were non-emergent.

#### Acuity levels of Homeless teens to young adults (ages 12 -24).



# OBJECTIVES, STRATEGIES, & TACTICS.



## Objective 2

Promote and encourage use of external resources and decrease misuse of ED by 5% in the 2019 year compared to 2018 year.

**Strategy:** Employee engagement

**Tactic:** Host employee preseason educational session in regards to homeless resources and patient handling.

**Tactic:** Partner with Youthlink, The Bridge, Avenues, and Hope street shelters to aid in patient redirection. Collaboration will include the posting organization services of all parties inside department and shelters. Pamphlets of each organization should be displayed in clear areas. (See appendix E)

**Tactic:** Towards the end of fall months create a volunteer team to engage the homeless teen to young adult population on streets Monday and Fridays for a few hours. Hand out hygiene kits with informational brochures of partnering resources enclosed. (25 each week)

## Objective 1

Increase awareness of health and wellness resources available outside of the ED by 5% in the 2019 year compared to 2018 year.

**Strategy:** Maximize use social media outlets.

**Tactic:** Create a small team of volunteers to focus on weekly social media posting of available resources. Utilize current social media sources and create ones not yet in use. Facebook, Snapchat, Twitter and Instagram should be used.

**Tactic:** Maintain consistent posting on social media outlets. Using three posts a week to focus on different resource options. (Shelters, clinics, food shelves, ID services (See appendix C). Increase daily posts towards the end of fall months to two posts a day, three times a week. (See appendix B)

**Tactic:** Reposition resource board in ED to a more visible accessible location. (See appendix E)



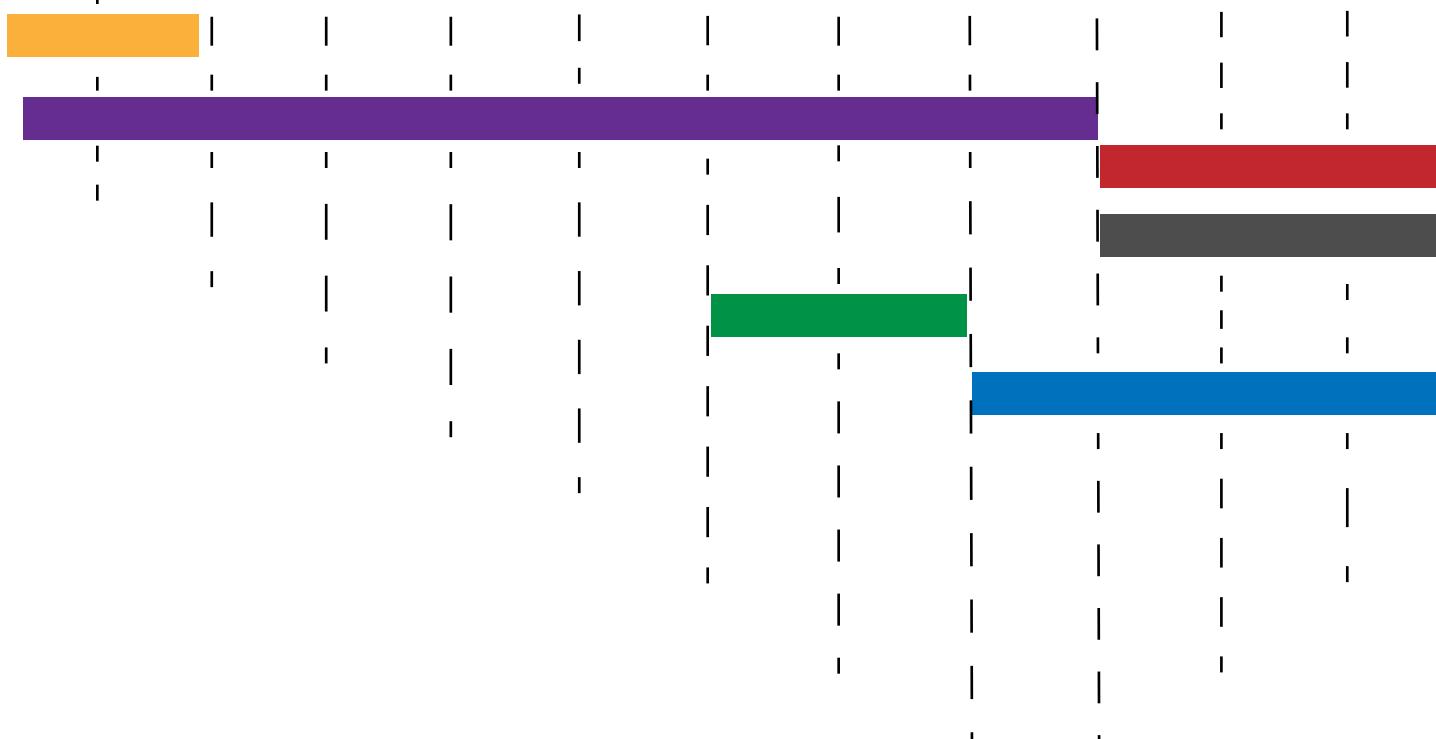


# CALENDAR

## RESOURCE AWARENESS

NEW GROUP	START	↑	END
Preseason employee sessions	01/01/19		12/31/19
Social media posts 3x a week	01/01		02/28
Social media posts 2-3x a day, 3x....	01/07		09/30
Preseason employee eductaion sessions	10/01		12/31
Hygene kit assemble	10/01		12/31
Street outreach	07/01		08/31
	09/02		12/31

JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC





# BUDGET

	ITEM DISCRIPTION	PRICE
1	Shaii Holistic Consulting Fees (65hr at \$100/hr)	Pro Bono worth \$6500
2	Graphic Design (25 hours at \$100/hr)	Pro Bono worth \$2500
3	Informational brochures and resources for the homeless (500)	\$299.99
4	Hygiene kits (500)	DONATIONS
5	Monthly Volunteer outreach team appreciation (4 x \$50)	\$200.00
6	Shelter and resource pamphlets (600 yearly)	DONATIONS
TOTAL (YEARLY)		\$499.99



25

# EVALUATION PLAN

## **Objective one**

Increase awareness of health and wellness resources available outside of the ED by 5% in the 2019 year compared to 2018 year.

The success of the marketing campaign on the social media sites (Facebook, Instagram and Twitter, Snapchat) will be measured by comparing the current number of views, “likes” and followers present with the amount accumulated by the end of each month-following implementation of this tactic. Any number of inquiries resulting from posts about: shelters, clinics, food shelves, and ID services (See appendices) should be monitored and referred. First time users of resources will be documented as successful referrals. To measure the effectiveness of the resource board’s new location, the number of pamphlets taken should be monitored.

## **Objective two**

Promote and encourage use of external resources and decrease misuse of ED by 5% in the 2019 year compared to 2018 year.

Emergency Department misuse will be measured by monitoring the number of repeat patient occurrences. Acuity levels of homeless visits will be tracked and monitored for appropriate emergent acuity’s. Partnering shelters will offer monthly numbers of redirected ED patients to their locations.

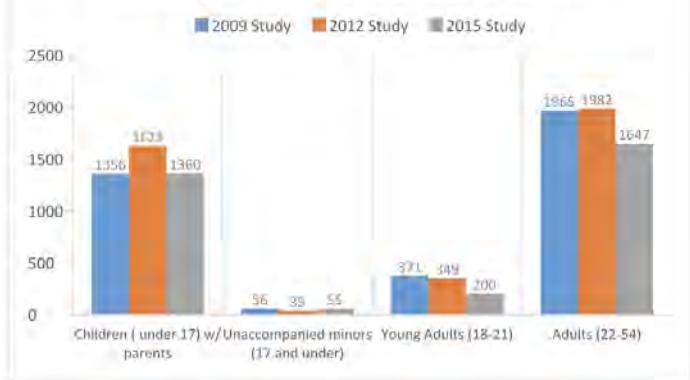


# APPENDIX

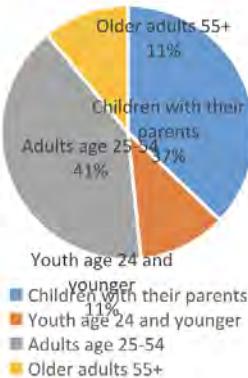
## A

Secondary Research conducted by Wilder Research

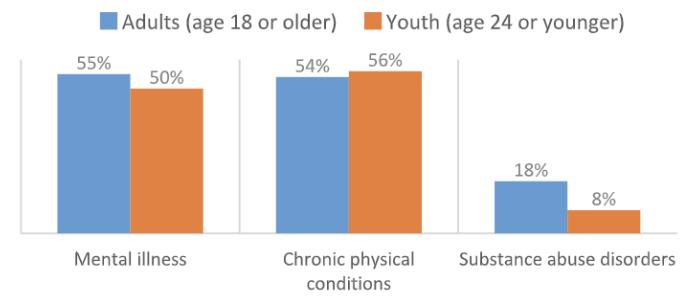
### Hennepin County Homeless numbers



### 2015 Hennepin County Homeless Population



### 2015 Hennepin County Homeless Health Conditions



# APPENDIX



A screenshot of a Twitter feed for the Hennepin Healthcare Emergency Department. The feed shows three tweets from the account @HennepinHealth3. The tweets are as follows:

- 1. "Have you heard of Youthlink, The Bridge, Avenues or Hope Street? These locations welcome all teens/young adults in need of shelter, food or just an ear to listen to. Check them out at (link)"
- 2. "Check out St. Olaf Catholic Church in Minneapolis on 215 S 8th Street for getting community cards and into the shelter system."
- 3. "Did you know having a copy of your medical records can aid in getting an issued state ID? Here is how (link)"

B



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- 3. "Did you know having a copy of your medical records can aid in getting an issued state ID? Here is how (link)"

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# APPENDIX

## C



**Loaves & Fishes**

**Open to All**

Free, healthy meals served to anyone in need.  
(Dates, times and locations valid as of: 4/25/2018)

**MINNEAPOLIS:**

Holy Rosary Catholic Church  
2424 28th Ave South  
Monday-Thursday: 5:15 to 6:15 PM

St. Stephen's  
2123 Clinton Ave S (school basement)  
Monday-Friday: 5:30 to 6:30 PM

New Bethel Baptist Church  
1115 North 30th Avenue  
Monday-Friday: 5:30 to 6:30 PM

Salvation Army Temple Corps (lunch)  
1604 East Lake Street  
Monday-Wednesday: Noon to 1:00 PM

Salvation Army North (lunch)  
2024 Lyndale Ave North  
Monday-Friday: 11:30 AM to 12:30 PM

Community United Methodist Church  
950 Gould Ave NE  
Second Monday of the Month: 5:30 to 6:30 PM

### Find shelter

Get community cards, reservations, and help navigating the single adult shelter system at

#### Adult Shelter Connect



**St. Olaf Catholic Church**  
215 South 8th Street  
in downtown Minneapolis  
Use the 2nd Avenue door

**Monday-Friday** 10:00am-5:00pm  
**Saturday-Sunday** 1:00pm-5:00pm

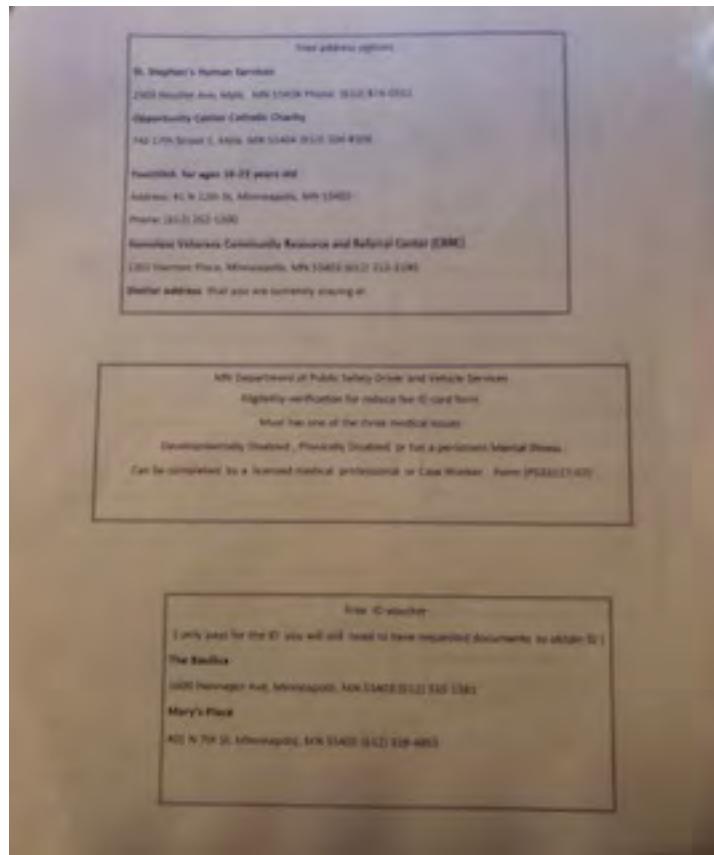
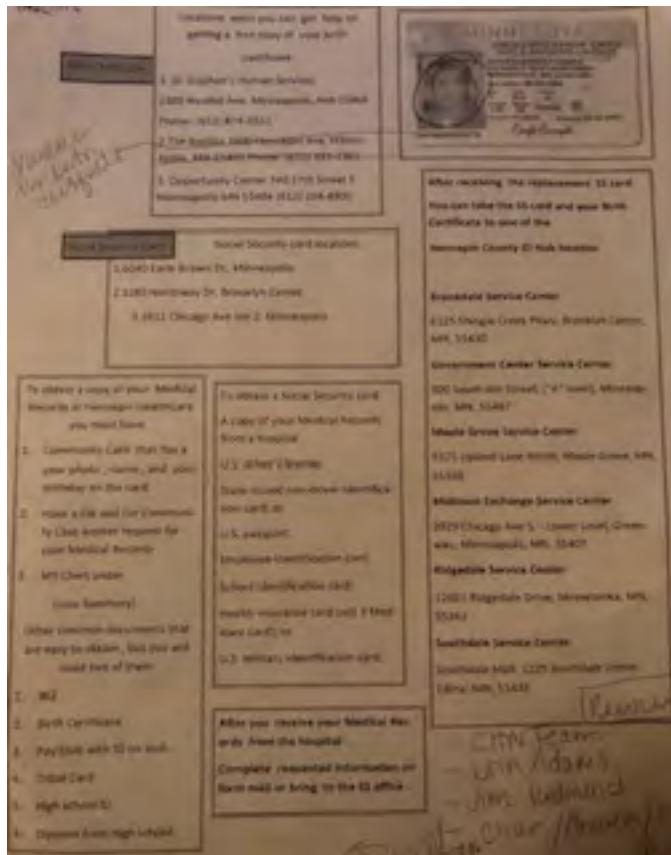
**Call 612-248-2350**

during above hours  
and again nightly after 7:00pm

Coordinated by Hennepin County Single Adult Shelter Coalition

# APPENDIX

## D



# APPENDIX

## E

