HOMEWARD

HEALTH CARE for the HOMELESS

Day in the life: Call Center Registered Nurse

"Day in the life" features a closer look into staff members' perspectives and work on-the-ground.

8:00 AM It's Thursday. In a small office on the second floor of our Fallsway clinic, Kayla Zabkowski logs in and filters through emails and voicemails from the evening before. Kayla is a Registered Nurse and works in the call center three days a week.

"I add notes from each voicemail into the client's electronic health record and then call them back when it's a reasonable hour. I try to be as thorough as possible up front—calling the pharmacy, looking at a hospital note—so that nurse practitioners and doctors have all the information available."

9:35 AM In a voicemail from earlier this morning, a woman asks about getting supplements without a co-pay at the pharmacy.

Kayla pulls the results of her bloodwork (this client recently had surgery, and her blood count showed that she was anemic and iron deficient), updates the client's chart and forwards to her doctor—who within minutes reviews and prescribes the supplements.

She calls and leaves a message with the update. "You and I talked yesterday about supplements you needed," Kayla says, "I wanted to let you know they were ordered, and your doctor had another question. Please call me back."

9:39 AM A new call center note comes through.

A client is asking for Ambien, a sleep medication and controlled substance, that he'd been previously prescribed. "As a nurse, I can give basic medical advice, but can't prescribe refills," Kayla explains.

She hops on the phone to get more details from the client.

By having an RN like Kayla supporting the call center, clients get answers to their medical questions faster!

"I got a note you called about getting Ambien refilled," she says. "So, this is a tricky one, because the doctor you used to see is gone."

"I'd like it today. I haven't slept since Friday," the client explains.

"I'll ask them and will call you back. But as a heads up, you might need to come into the clinic to see someone before we can order a refill."

Kayla sends the request to the nurse practitioner's inbox, along with background information the client provided about how he normally uses the medication.

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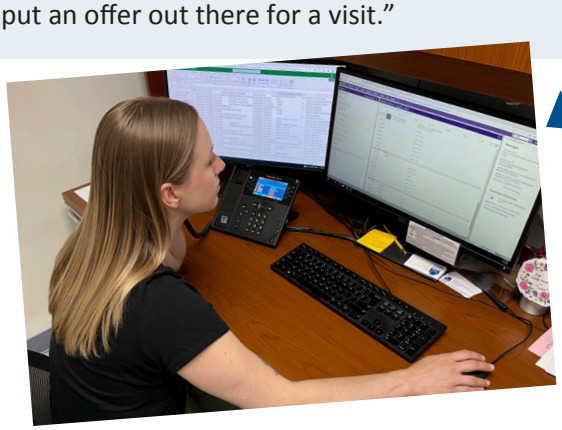
10:10 AM After a few more calls, good news arrives and Kayla jumps back on the phone.

"Surprise! We were able to send in your refill request for Ambien. I also put in a request for you to get an appointment with a new provider. So just keep an eye out for a call."

10:16 AM Time for following up with clients who were recently discharged from the hospital. Kayla logs into CRISP (the Chesapeake Regional Information System for Patients). In short, it's a database that hospitals and community health centers share to provide better continuity of care. In CRISP, Kayla can see weekly lists of Health Care for the Homeless clients who were hospitalized. The system includes when and why, as well as where they went after discharge.

"I go down the diagnoses in CRISP. If someone was in for a heart attack, stroke or respiratory failure, I call, and put an offer out there for a visit."



"It's important to do the outreach, especially for clients who may need extra support," Kayla explains. "Clients often have their medicines changed in the hospital or are on med adherence here (where we manage their pill boxes for them). It's good to support clients in understanding what the pills are for, what they're taking and why, so they have control over their health. **Avoiding rehospitalization is the ultimate goal.**"

10:26 AM In CRISP, Kayla sees someone was admitted to Johns Hopkins for an overdose. She calls to follow up, but the phone is out of service. Another person was hospitalized for pneumonia. No answer, she'll call back. She fields a call about a medication refill and then continues calling recently hospitalized clients and adding discharge summaries into their charts.

10:55 AM The phone rings.

Call Center Stats

4/6 call center staff are bilingual

2,500+ client requests answered by Call Center RNs this year

5,100 calls to our main number each month

More clients are happy with their phone experience (91% vs 86% last year)

"English or Español? Un momento, necesito un intérprete." She calls the interpreter line and merges the call.

Through the interpreter, the client says, "I'm calling because they told me if I didn't receive a call with results that I should call back."

"It looks like you had a urinary tract infection, but the meds we gave should have been effective," Kayla says looking at her records. "Are you feeling better?"

The client says yes and asks about a colonoscopy referral and a physical. Kayla schedules her for a physical on the spot.

"If anything else comes up in the meantime, you can come into the clinic during our walk-in hours."

11:25 AM Kayla responds to more voicemails and calls.

One client needs suboxone, but the proper dose isn't available at the pharmacy where we sent the prescription. Kayla sends a message to the client's medical providers with the update.

Another client needs medication refills. From his chart, Kayla sees he already has them prescribed and just needs to call the pharmacy directly. She lets other call center staff know.

"I try to increase access to care by reminding clients that they have the option to call the pharmacy—they have some agency and power over their own health care, too."

1:30 PM On Mondays and Tuesdays, Kayla works in triage—seeing individuals and families who walk-in for care without appointments. She goes to a clinic meeting with six other triage nurses to talk through what's going well, to identify recent trends and problem solve any complaints.

2:30 PM Back at the desk, she scans through the hospital data again. Kayla reaches out to around 20 clients on the list each day. "I like digging through the database and trying to piece together a client's health story so they get the care they need."

She calls the interpreter line and asks them to initiate a call with a Spanish-speaking client who had his appendix removed a few weeks ago.

On the phone, he tells her he's developed a fever but, due to the language barrier, wasn't sure how to call the surgeon to tell him.

Kayla immediately calls the hospital on his behalf and is able to move his post-op appointment sooner to rule out any infection.

4:30 PM Kayla gets ready to head home. Anyone calling our main number after 5pm will get the automated option to leave a message or get routed to after-hours support for urgent medical or behavioral health care. In the morning, the call center staff will screen for medical questions for Kayla to respond to anew.

"Before the call center system, clients would call and get routed to whoever they asked for," Kayla says. "Providers' entire days are booked with appointments, and they couldn't get to their voicemails. We didn't have a good mechanism for responding to emergencies. Having this role – someone on the medical team dedicated specifically to clients calling with requests and concerns—we're able to get in touch quickly, answer questions and support the rest of the team, too."

Reporting back on REI

In 2021, we created a Racial Equity and Inclusion (REI) Action Plan to be more accountable to the work of becoming an anti-racist agency. Now, we're pleased to share back the ways we have engaged in this work in 2022.

Read the full report →

Here are a few highlights from the report:

Staff
- 67% of staff promoted into supervisory positions were people of color (6/9)
- Roll out of Pay Transparency
- Launch of staff Affinity Groups

Clients
- Created monthly Performance Improvement Health Disparities Dashboard
- Improved diabetes treatment and care for Spanish-speaking clients
- Launched real-time client survey

Agency
- 2022-2025 Strategic Plan guided by REI principles
- New mission statement eflective of our commitment to racial equity
- Extensive staff training in REI

Community
- Renewal and 50% expansion of Medicaid supportive housing waiver
- Through advocacy, expanded Medicaid coverage for adult dental benefits and pregnant people (regardless of immigration status)
- Introduced Pay-What-You-Can tickets for more equitable access to our signature fundraising event The Chocolate Affair

PASS the MIC with LUCIA

Lucia, 24, and her son Israel, 2 months.

August makes it one year we've been in Baltimore. My family's from all over Mexico, but we came from Guerrero, out in the mountains.

Everything was going well throughout my pregnancy; I got all my care here at the clinic, and all the tests they ran were normal. It was only during the birth that I had complications. My due date came and went, and the baby wouldn't come; they had to induce my labor. It was scary, because when I had my first son, everything was normal—I never expected the emergency C-section.

The cesarean, and then sending the baby home with my husband while I stayed in the hospital—eso es lo más feo. It was terrible. The pains were killing me, and I thought I wasn't going to recover. It hurt too much to walk. And without them by my side, I was so, so sad. I couldn't eat—couldn't feel him.

But my husband was so good with the baby. He told me he watched him like a hawk, barely sleeping. Once we were all back together, I felt much better. And he is healthy, gracias a Dios, él está saludable. Once he was with me, I felt like I could start to recover.

We named the baby Israel, after his father.

Our eldest son is five and living with my mother-in-law in Mexico. His grandma sends me photos every day, and we Facetime as often as we can. He got to meet his little brother over video chat.

It's hard. He wants to know why we don't come back home to him. But my biggest dream is to bring him here with us, as soon as we can. From here, he can study to be anything he wants to in life.

I want to study too, to make a better life for him. In Mexico, I always liked to study, especially computers, but I didn't have much opportunity to learn. Now, in my free time whenever Israel is sleeping, I like to study English a little, speak it with him, or write on the computer; whatever's in my imagination. I used to make crafts, embroider little things to sell—napkins and tortilla warmers, though now it's hard to find the supplies, or the time.

My husband works construction, but the work comes and goes. I want to be able to work and help provide for us. I want us to have our own house, a ver si Díos quiera que tengamos.

I've had to get used to how different things are from home. To tell you the truth, I'm still not used to it. The food is different. I still don't know many people, and I don't speak the language. Sometimes I can feel like I'm locked in—like I'm not learning anything new, and my imagination even goes out.

Since my son was born, though, I'm better off, because he's with me. Look at him. He's beautiful, he's healthy, he's happy. What more can you ask for?

That's what I want people to know: whatever troubles life gives us, you cannot give in. We have to fight to keep moving forward. Whatever you dream of, the future you want—as long as you stand by your family and do well by them, you can achieve it.

If you have a reason to get up in the morning, if you have your family and you have work and enough food on the table, we have to thank God, because everything we have is from him, yo creo en esto.

"Pass the Mic" is a storytelling space featuring the voices and stories of people with a lived experience of homelessness. This story was translated from the original Spanish.

Do less harm

Since 2011, Baltimore Harm Reduction Coalition has offered services and advocated for people targeted by the war on drugs and anti sex-worker policies. Health Care for the Homeless partners with BHRC in calling for overdose prevention sites in Maryland as well as other policy changes, including this past year's successful expansion of the Good Samaritan Act. We spoke with ***Policy Manager Owen O'Keefe*** *about BHRC's continued goals for harm reduction in Baltimore.*

What is harm reduction and how does it guide your work?

At BHRC, we approach harm reduction as part of a broader movement for social justice, and we define it on two levels. At the individual level, we see harm reduction as a set of practices that **expand choices, increase access, and promote opportunities to assist people to be safer,** particularly when engaging in stigmatized behaviors such as drug use and sex. At the institutional level, harm reduction aims to shift systems and broader culture to be safer for both individuals and communities.

How has the rise of fentanyl and xylazine in street drugs changed the kinds of care that Baltimoreans are seeking?

Our services team is constantly adapting to address changes in the drug supply. The presence of fentanyl increased the number of overdoses we see and the need for Narcan. With more xylazine use, we see folks who are heavily sedated and have more severe wounds. Our services team is having to focus more on wound care.

What does Baltimore City need to do to reduce harm?

Baltimore City needs Overdose Prevention Sites (OPS). We need non-judgmental spaces where people who use drugs are met with dignity and respect. OnPoint NYC recently celebrated their 1,000th overdose intervention since opening in 2021. That's 1,000 lives saved by having this service in the community.

The BHRC team. As experts in the on-the-ground harm reduction needs of Baltimore City, BHRC has been an instrumental partner in shaping Health Care for the Homeless' substance use services.

Other than OPS, we need expanded housing options for people who use drugs. Housing will always be one of the biggest barriers to wellness for our participants. And as long as drug paraphernalia is criminalized, there will be a fear around obtaining sterile drug use supplies and holding onto them. We are calling for a full decriminalization of paraphernalia in Maryland, something recently accomplished in Minnesota.

What else can individuals do?

The first thing I would suggest is to address stigma, both within yourself and within your social circles. People who use drugs, people who sell or trade sex, and people experiencing houselessness are our neighbors, family, and friends and we need more people to advocate for their humanity.

Having those difficult conversations is the first step in organizing to change oppressive policies. So whether it's in discussion with your parents, coworkers, your community association, or at a hearing in the Maryland General Assembly—we need more people willing to step up.

Learn more about BHRC's work:
baltimoreharmreduction.org

Fast facts about XYLAZINE or "TRANQ"

Sources: The Baltimore Banner, Behavioral Health System Baltimore

XYLAZINE:

- Is an animal sedative—not an opioid—that is showing up in street drugs
- Causes, and makes worse, wounds and infections
- Is often mixed with opioids, so use Narcan if you suspect an overdose

80% of samples tested at Maryland needle exchange sites have XYLAZINE

Testing strips are available at BHRC and Health Care for the Homeless

Harm reduction works: be cautious when using drugs alone, use new supplies every time, and keep wounds clean.

Spend the morning with us:
Saturday, November 4

Rock Your Socks 5K

Meet us at the Pulaski Monument in Patterson Park and run (or walk!) to end homelessness with family, friends and community! There's still time to save your spot—and earn some rockin' swag, too.

Register at giving.hchmd.org/5K

New staff leaders you should meet

Laura Garcia, CRNP

Chief Medical Officer

(Promoted from Senior Medical Director of Fallsway; with Health Care for the Homeless for 9 years)

"I see it as my job to continue pushing to expand when, where, and how our care is delivered with the patient's voice as our guide so that patients can have more control over their health. For me, ongoing clinical time strengthens my ability to lead and to stay grounded in what patients and staff are experiencing. Nothing can replace sitting down and talking to a patient about what's bothering them and coming up with a treatment plan together."

Christina Bauer, CFRE

Director of Development

(Promoted from Senior Major Gifts Officer; with Health Care for the Homeless for 11 years)

"There are real financial goals we set and must reach to maintain the level of care we provide at our clinics every day. In Development, we raise funds for everything from general operating costs to program-specific work like the Dental Program, the Pediatric and Family Clinic, and Client Assistance—basically everything that isn't covered by billable services or public grants. I always want more feedback from donors, attendees, staff, clients and volunteers—What are we doing well? What would you like to see change? What new ideas do you have?"

Dr. Taavon Bazemore, LCSW-C

Senior Director of Housing Services

(Previously with the Baltimore City Department of Social Services and Child Protective Services)

"Housing is health care. If people do not have a safe place to sleep permanently, it is almost impossible to focus on any other area of your life. I remember what it felt like for me to finally purchase my own home as an adult; the traumas related to my childhood felt like they were lifted off my shoulders. I am really intrigued by the *Housing First and Harm Reduction* models, and I want to continue to strengthen our efforts in these areas."

Wouldn't you love to work with Laura, Taavon and Christina? We're hiring!
www.hchmd.org/work-here