



911 Call Utilization Amongst the Medically Underserved

Enid Tatum, MSN, FNP-BC; Jessica Parrott, DNP, CPNP-PC; Tina Gustin, DNP, CNS, FAAN; Carolyn Rutledge, PhD, FNP-BC, FAAN



PURPOSE

- To determine if a free health clinic for medically underserved patients impacts the use of Emergency Medical Services (EMS) accessed through 911 utilization.

BACKGROUND/SIGNIFICANCE

- Healthcare of people in homelessness is often compromised by limited healthcare coverage, low health literacy, transportation challenges, and unavailable providers. This results in use of EMS transportation more in unhoused than those with housing.



RESEARCH QUESTIONS

- RQ1:** When do most EMS calls occur for patients seen in the Nurse-led clinic versus those seen at the Federally Qualified Health Clinic (FQHC)?
- RQ2:** Is there a difference in EMS calls from patients served by a nurse-led clinic versus a FQHC?
- RQ3:** Is there a difference between 911 call utilization for EMS transportation to the ED on days the free clinic is open versus days it is closed?

METHODS

- Design**
 - Retrospective, non-experimental chart audit. Causal Comparative Design comparing a free nurse-run clinic to a FQHC in two sites that care for individuals encountering homelessness.
- Study Sites**
 - Nurse-Led:* People in Need (PiN) Ministry
 - FQHC:* Housing Resource Center (HRC)
- Sample**
 - A convenience sample comparing patients seen two sites from 2-1-23 to 2-29-24
 - Participants who activate 911/EMS utilizing the PiN or HRC address.
- Data Collection Tool**
 - Researcher-developed Excel spreadsheet used to extract study data from Virginia Beach EMS database

RESULTS

Difference in # calls each day between Nurse-led Free Clinic and FQHC

	Nurse-led Clinic	FQHC
Monday	2	26
Tuesday	2	36
Wednesday	5	41
Thursday	4	36
Friday	1	33
Saturday	0	39
Sunday	12	22

75% of EMS calls occurred on Sunday from nurse-led clinic. Similar # patients called EMS each day from FQHC

Difference between Nurse-led Free Clinic and FQHC

	Nurse-led Free Clinic (n=26)	FQHC (n=233)
Age	23-70 (x=49)	1-78 (x=50)
Women	N=8 (30.8%)	N=100 (42.9%)
Not Transported	N=7 (43.8%)	N=38 (16.3%)
Not transported when clinic open	N=2 (7.7%)	N=14 (6.0%)
Called when clinic open	N=4 (25.4%)	N=172 (73.8%)



- 9 times more patients seen at FQHC called EMS
- Fewer patients at nurse-led clinic called EMS (25.45% vs. 73.8%)
- Greater % of patients were not transported from nurse-led clinic

CONCLUSIONS

- Fewer patients from the Nurse-led Free Clinic called for EMS than those seen at the FQHC suggesting that the Nurse-led Clinic was more effective in decreasing the need for EMS calls.
- Patients seen at the Nurse-led clinic made fewer calls for EMS when the clinic was open than those seen at the FQHC, suggesting that the nurse-led clinic was more effective in meeting the needs of their patients.

IMPLICATIONS

- Reduced 911 calls can result in cost savings that can be used to fund additional clinic
- Nurse-led clinic model have replaced the FQHC for caring for Individuals in Homelessness at the HRC.
- Future research should examine 911 call usage before and after ODU's involvement in both clinics to assess its impact and identify
- Study underscores the importance of nurse-led care in addressing underserved population health needs, improving health outcomes, and reducing disparities through collaboration services.

REFERENCES



SCAN ME

CONTACT

emtatum1920@gmail.com