



CASE STUDY:

How We Reduced Resident ER Visits by More than 50%

24%

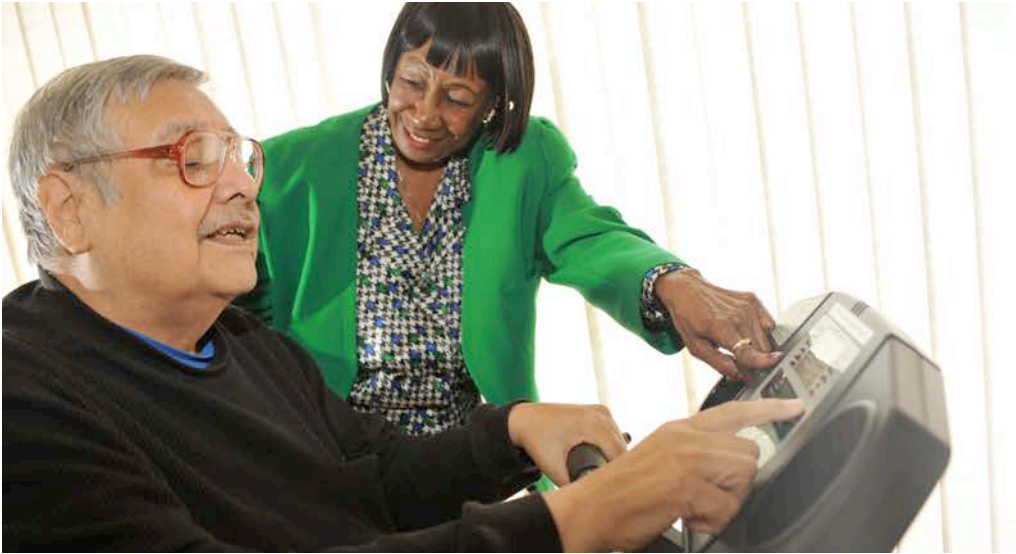
Number of ER visits among seniors age 65 and older.

Centers for Disease Control and Prevention, 2010

Executive Summary

Senior housing providers are looking for ways to meet the care transition needs of senior populations. According to the [National Council on Aging](#), over 23 million Americans, over the age of 60, are living at or below the federal poverty level. Limited access to quality health care, preventable health screenings, and follow up services is challenging for this cohort. Focused efforts towards interventions that promote independence and successful aging, within the community, can help.

Through community partnerships and collaborations, senior housing providers have been given a unique opportunity—one that can cut the rate of hospital admissions, ER visits, and help foster healthy transitions for seniors.



70%

Percentage of decrease, in hospital admissions, for residents of Presbyterian Apartments.

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Challenges

Over the course of several years, Presbyterian Senior Living (PSL) started noticing an increase in ER visits from residents living at one of its Affordable Senior Housing locations in Harrisburg, PA. The residents of Presbyterian Apartments were frequenting emergency rooms, often in place of primary care. Why the increase? What can we do to address this issue?

Implementation

After a meeting of the minds, PSL and hospital network Pinnacle Health decided to join forces. The collaboration between PSL and Pinnacle Health began in 2011 after careful review and an assessment of the Presbyterian Apartment resident population. With the support of Enterprise Community Partners, an organization that helps create opportunities for low- and moderate-income people, PSL and Pinnacle Health were able to identify and implement a plan to address needs.

The first phase of collaboration began with the launch of a diabetes management program to provide on-site diabetes education and screenings for residents. Upon its success, PSL and Pinnacle Health saw the value and began developing a more comprehensive program to better manage delivery of health care services. This second phase included:

- Weekly on-site visits from a physician, nurse, and social worker
- Home visits conducted by a physician and nurse
- Weekly clinics
- Prescription reconciliation
- Personal Care Physician (PCP) follow up

Results, ROI, and Future Plans

- Since January 2012, ER visits declined more than 50%.
- An overall reduction in hospital admissions of more than 70% was observed.

The results seen at Presbyterian Apartments are just a foreshadowing of the success to come for the PSL/ Pinnacle Health partnership. To date, PSL has taken this model and has extended it across a number of communities.

Diane Burfeindt, VP of Population Health and Affordable Housing for PSL, told Senior Housing News in a recent interview, "This inter-relationship between the medical and social components of health is one of the hallmarks of the partnership."