



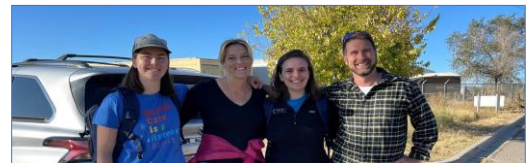
CU Street Medicine: An Exemplar of Academic Nursing Innovation, Interprofessional Education, and Clinical DEI Excellence

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On behalf of the CU Street Med leadership team, including:
Kiera Connelly, BS, RN; Rebecca Henkind, MS4; Chloe Finke; Katy Boyd-Trull, MD

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Presentation purpose



- To showcase the interprofessional University of Colorado Street Medicine program as an exemplar of academic nursing innovation
- To describe the unique malpractice, liability, and safety issues of street medicine as a clinical opportunity
- To explain the promise of Street Medicine as an exemplar of SDoH education and *Essentials*

A note on terminology, “medicine” and “health”

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Literature Review Summary

- Withers (2011): “Godfather” of street medicine; main overview paper
- Feldman et al (2021)...times two! Great overview of measurement
- Doohan and Mishori (2020): 12 step blueprint for new Street Med programs
- McDevitt & McDevitt (2021): Primer of Good Samaritan laws and care from a professional nursing perspective; *Journal of Christian Nursing*
- DeGuerre (2004): *Boccasile v Cajun Music Limited* showed Rhode Island Supreme Court protected volunteer MD/RN under Good Samaritan statutes
 - Requirements: true emergency, free care, provided in "good faith", remain until handoff
- Ware (2019): Most Good Sam laws likely don't cover street medicine providers; *MPH capstone, great paper!*

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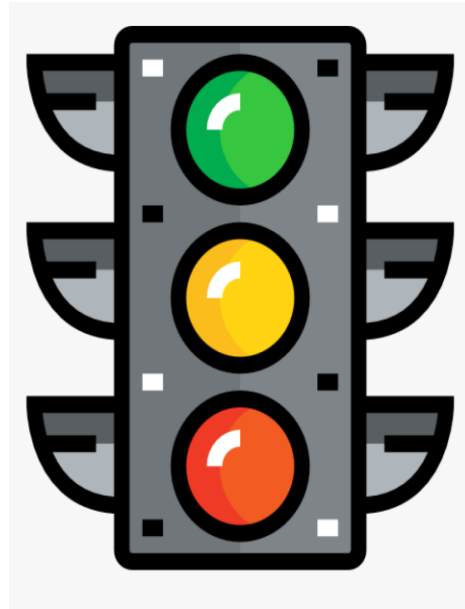
Liability/Malpractice summary...

- Is Street Med considered “good sam” work? (Compared to natural disaster work, pandemic work, etc)...historically, NO!
- Case law in the United States: 1) Volunteers shouldn't be paid, 2) Care delivered in the context of a true emergency, 3) Good faith effort in care delivery
 - Canadian Good Samaritan Act, [RSBC 1996] CHAPTER 172
- Volunteering outside of work context and uncertain...get one's own liability insurance! ~\$100 a year for a RN in the U.S.
- Key step in setting up a new Street Med program (Doohan & Mishori)

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Safety/Emergency Protocol

- *Borrowed from SMI Student resources!*
- Code System:
 - "Can I have the _____ pen?"
 - "Green pen" = everything is fine, but it's time to wrap up and go.
 - "Yellow pen" = things are escalating, so let's wrap up and go.
 - "Red pen" = let's leave now.
- The team must respect the concerns of the most-concerned team member. Situations can be re-evaluated once the team is in a safe space.



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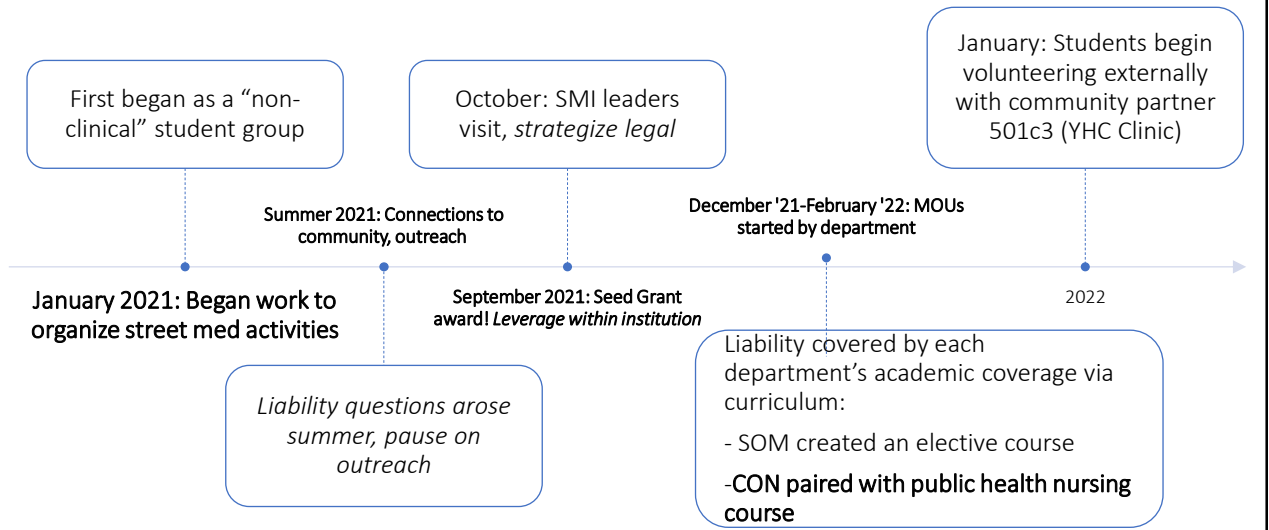
Key initial steps in creating our program...

- Experiences and passionate student and faculty leaders
- Clinical expert (medical director) and academic admin savvy (faculty)
- Standard operating procedures, safety plan
- Collaborations: Other programs for advice, community partners
 - Know everyone doing this work in our community
- Inform campus 'chain of command'; don't start without permissions
- 501c3 community partnerships
- *Write-up and stick to the mission*
- Start-up money is nice

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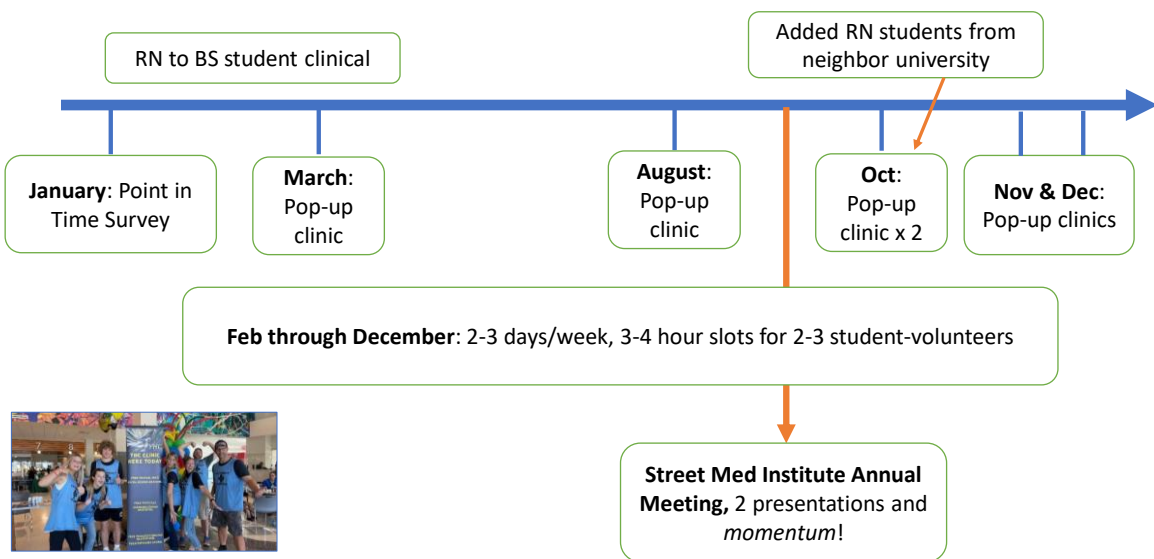


CU Street Medicine Timeline

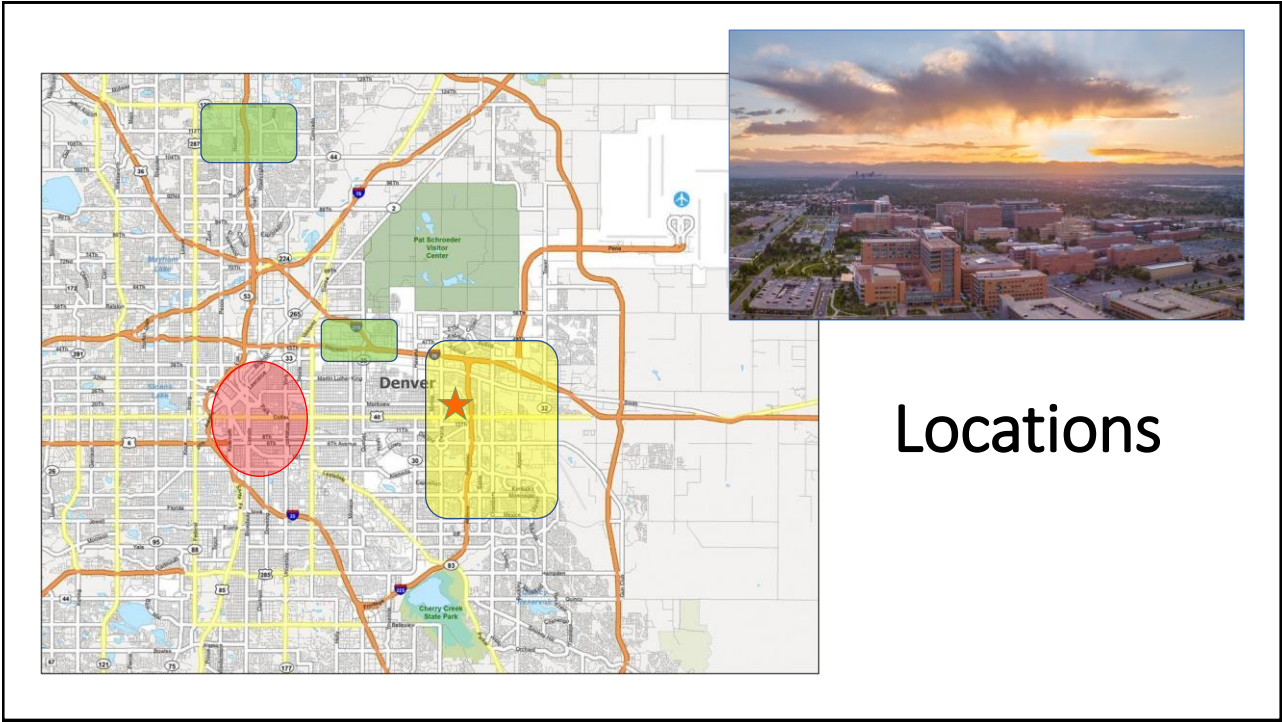


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CU Street Medicine Timeline: 2022

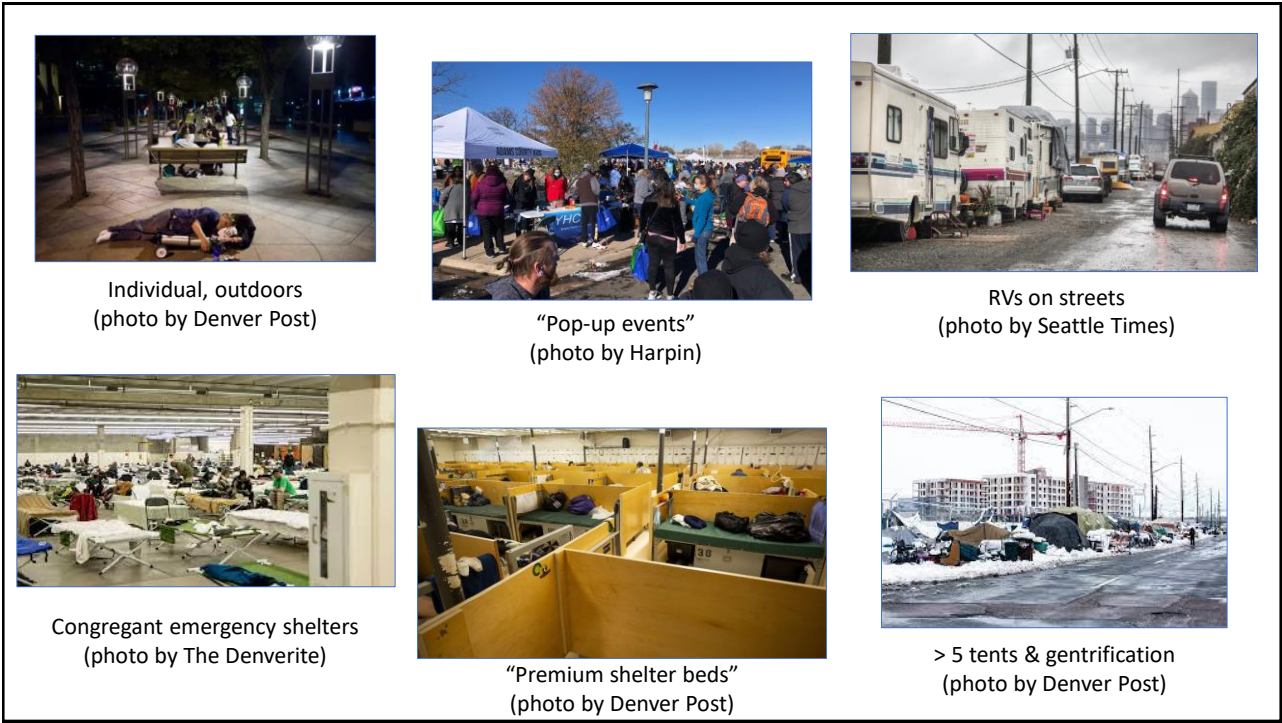


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Locations

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Individual, outdoors
(photo by Denver Post)

“Pop-up events”
(photo by Harpin)

RVs on streets
(photo by Seattle Times)

Congregant emergency shelters
(photo by The Denverite)

“Premium shelter beds”
(photo by Denver Post)

> 5 tents & gentrification
(photo by Denver Post)

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Operations

In our 12 months of operations, we:

- **Formalized partnerships with Commerce City, Westminster, and Thornton**
 - Up to two 3.5-hour SW outreaches per week & 1-2 4-hour pop-up med clinics per month
- **Formally became a CU Student Group and inaugurated a new team of student-leaders to carry on operations and logistics**
 - Completed outreach orientation: 44 healthcare students (PAs/RNs/MSs), 9 prescribing providers, 7 RNs
 - 550 hours of volunteering since January 2022
 - Average 13 client interactions per outreach / Average 10 patient interactions per pop-up clinic

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Sustainability

This 2022/23 academic year, we plan to:

- **Expand disciplinary inclusion, student-centeredness of IP care and students**
 - Dental Med, PT, Pharm, PubH, SW
- **Explore new service delivery partnerships**, especially near our Aurora campus community and Denver partners:
 - MPH student practicum project: Needs assessment; safe parking locations
 - Harm reduction: Needs assessment, Narcan donations, referrals, community CPR
- **Groundwork for partnership with hospital consult service/partnership**
- ***Grow service delivery and volunteer ranks!***

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Speedbumps, roadblocks...

- Sorting out “clinical home” and therefore liability
- Timing of volunteer clinical opportunities, interfering with coursework
- Local politics around homelessness policy
- Community collaborators: employment turnover; “competing” programs; disinterest in partnership
- Tricky to schedule as clinical time; requires higher level of oversight

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SDoH & DEI Intersections



- Rough sleepers and individuals/families experiencing homelessness tend to have a host of social determinants
 - Basic needs, ‘housing first’ models of care
- Health as a human right, *see Harpin et al (2017) paper*
 - Health for rough sleepers was *equity* and *inclusion* long before the term has been ubiquitous
 - *Diversity* manifests in many ways among the population
- Interprofessional service learning, this clinical work is an exemplar and cited by students as a most memorable experience

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The Essentials (2021):

- Domain 1: Knowledge for Nursing Practice
- Domain 2: Person-Centered Care
- Domain 3: Population Health
- Domain 4: Scholarship for Nursing Discipline
- Domain 5: Quality and Safety
- Domain 6: Interprofessional Partnerships
- Domain 7: Systems-Based Practice
- Domain 8: Informatics and Healthcare Technologies
- Domain 9: Professionalism
- Domain 10: Personal, Professional, and Leadership Development



CO Coalition for the Homeless
Outreach RN, Ayla (U of MI alum)

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Thank you!

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