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Medical Respite Care Services for Homeless Patients Discharged from Thomas Jefferson University Hospital: A Needs Based Assessment

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Introduction: Medical respite programs have been proposed as a temporary solution to address the increased hospital readmission rates and lack of appropriate discharge options that exist for homeless patients.

Objective: This study examines the 90-day readmission rate and discharge locations of patients experiencing homelessness.

Methods: We conducted a retrospective chart review of homeless patients discharged from Thomas Jefferson University Hospital (TJUH) between April 30th 2017 to April 30th 2018. Homelessness was identified as any patient with 1 of the following locations listed for residency: 833 Chestnut Street, Broad Street Ministry, St. John's Hospice, shelter as address, no address listed. The primary outcome was 90-day hospital readmission rate to TJUH. The secondary outcome was discharge location. Data regarding patient age and insurance status were also collected. Descriptive statistics were performed using SPSS, version 23.

Results: Out of a sample of n=14233, data was separated by hospitalization type documented as emergency department (n=2283), observation (n=98) and inpatient (n=202). Inpatient data was examined. The mean age was 46 years and 58.4% of patients had Medicaid. 70.8% of patients were discharged to home/residence and 15.8% left against medical advice (AMA). 20.8% of patients experienced ≥ 1 hospital readmission in 90-days.

Conclusion: Gaps exist in the discharge disposition options in EPIC (an electronic medical record system). Homeless patients have higher AMAs compared to the general population. Future efforts should focus on integrating medical respite care into the comprehensive discharge planning programs by TJUH, and educating healthcare providers on discharge options available for homeless patients.