

Medical Student Patient Navigators: Connecting Hospitalized Homeless Patients to Outpatient Care

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Background

Washington D.C. has extensive resources to serve the homeless population; however, connecting these patients with resources upon discharge from GW hospital remains a challenge. After key informant interviews with local physicians who care for the homeless community, we decided to explore the use of medical students to bridge the gap between patient discharge and follow up with local resources.

Objectives

1. Identify community-wide resources to connect patients with comprehensive follow-up care
2. Train medicine residents to identify and use specific ICD-10 codes for homelessness
3. Measure the effectiveness of homeless patient identification upon admission
4. Assess the feasibility of using medical students as resource navigators
5. Evaluate 30-day readmission data

Methods

- Resource mapping exercise completed to develop a community-wide resource guide for patients
- Consultation with community health care professionals to identify the most accurate screening questions for homelessness in a busy clinical setting
- Brief presentations given to GW medicine residents to introduce the topic, describe protocol, and answer any questions
- Data collection: patient interviews, retrospective chart analysis (review of admission dates, clinician coding practices and screening of housing status, discharge dates, resource guide use)

Results

Figure 1. Proportion of homeless patients in total Internal Medicine admissions 6/24/18 - 8/31/18

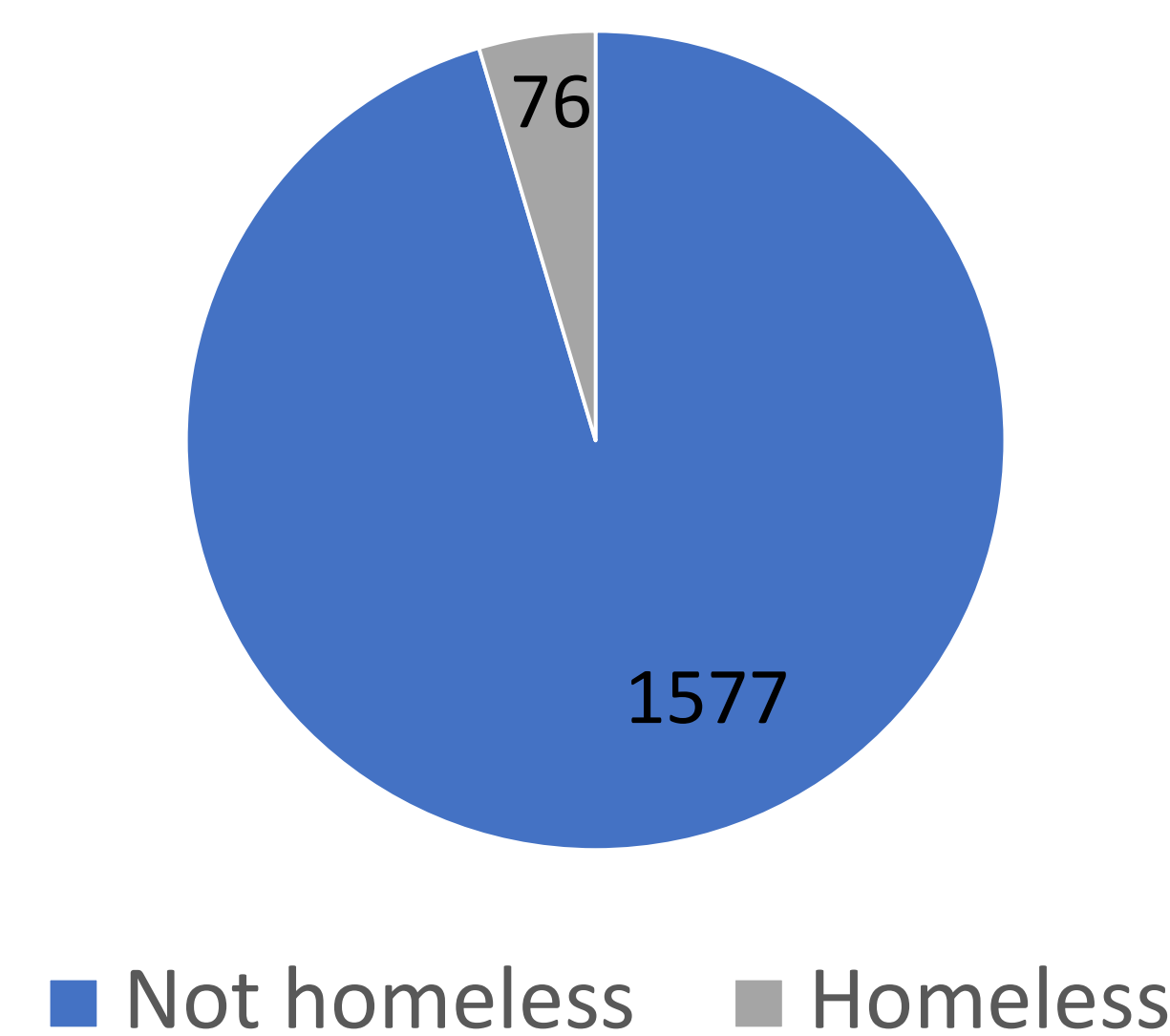


Figure 2. Housing status documentation location

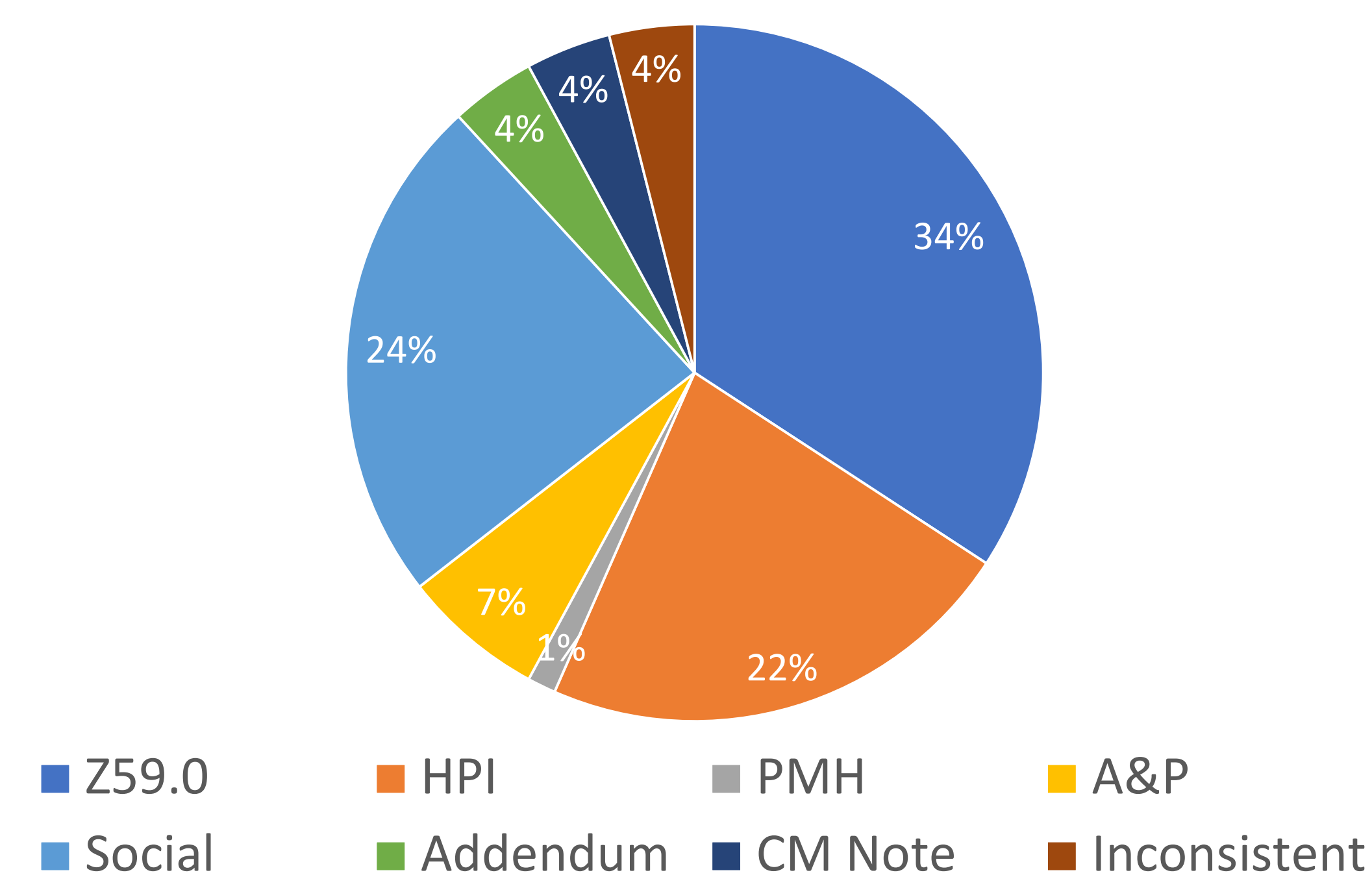


Figure 3. Readmitted to GWU within 30 days

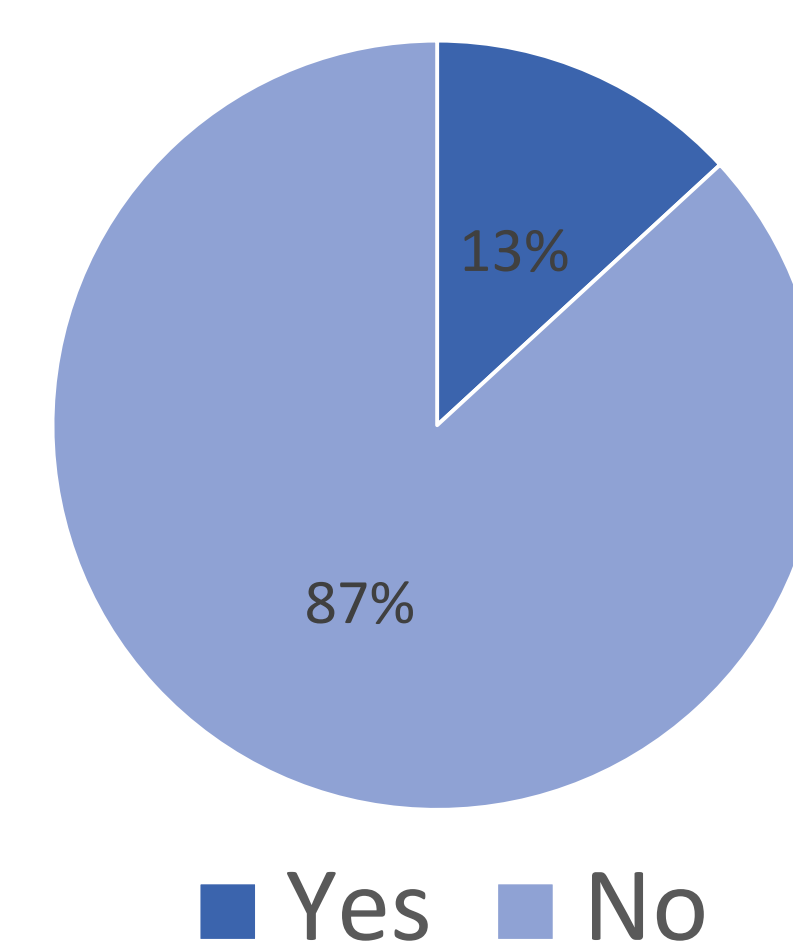
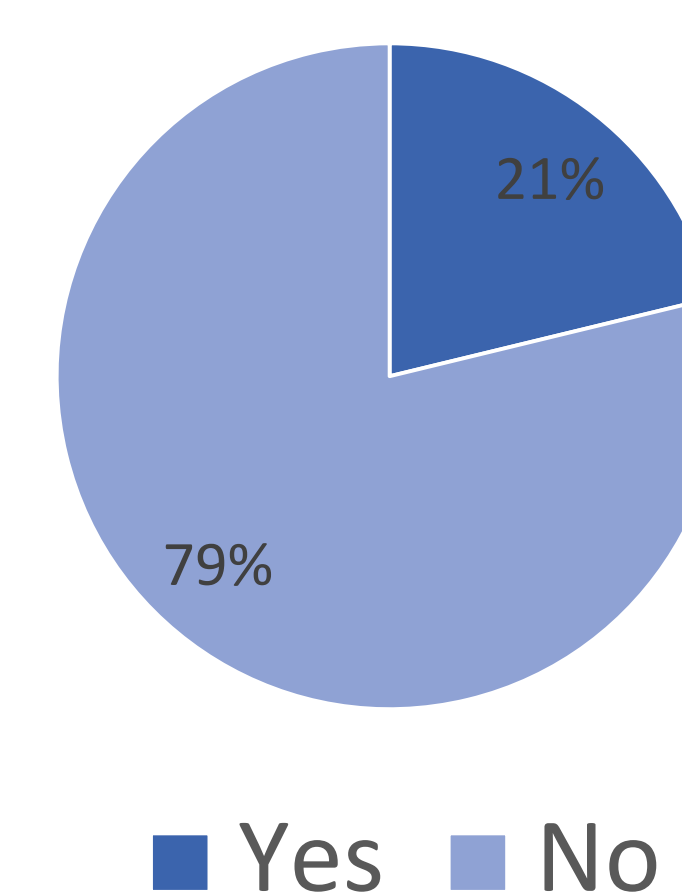


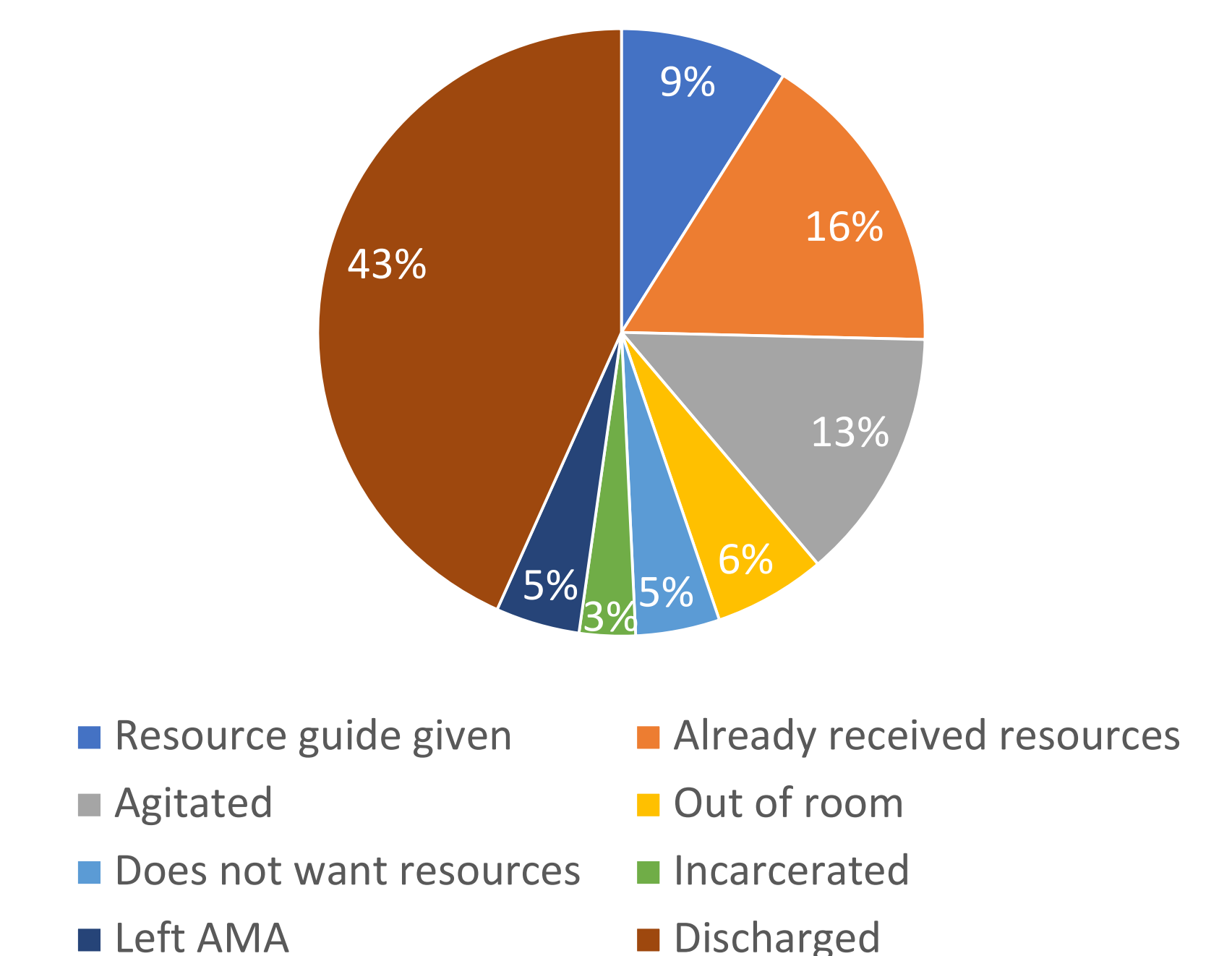
Figure 4. GWU ED Visit within 30 days



Barriers

- Hard for an outside reviewer to determine housing status if not clearly documented
- Accurate admission paperwork: missing/incorrect MRNs without team to search CORES
- Patient inaccessibility
- Keeping resource guide up to date
- Resource guide not all inclusive of desired resources (i.e. showers, laundry, food)
- Challenges of MS1/2s schedule

Figure 5. Resource guide given vs. Reason why it was not



Discussion

GWU Hospital should strive to improve housing status documentation and develop an automated workflow to regularly give homeless patients resource guides upon discharge. While interviewing patients, it was apparent that simply handing out the resource guide was not sufficient. Discussing options and learning about each patient's specific needs was more valuable.

There is significant potential for integrating medical students into the discharge process; however given the need for for extensive knowledge of community resources and student schedule constraints, medical students are not the most efficient resource navigators.