

ED Readmission Rates in People Experiencing Homelessness

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Background

People experiencing homelessness have an increased risk for being readmitted to the ED after discharge in comparison to those not experiencing homelessness (Hewett et al., 2016). This puts an increased strain on not only healthcare providers but also on hospital and insurance systems (McCormick et al., 2016). Studies have shown that people experiencing homelessness have nearly four times the odds of being readmitted to a hospital after being discharged in comparison to a person who is not experiencing homelessness (Saad, et al., 2016). While this population is already considered vulnerable, multiple hospitalizations increases a patient's risk for hospital acquired illnesses.

Aims

The aim of our project is to identify barriers that increase a person experiencing homelessness's likelihood of being readmitted to the hospital or seeking ED services. We also hope to identify solutions that address the barriers and decrease readmission rates and ED usage by people experiencing homelessness.

Methods

Literature Search 1

Database: PUBMED

Search terms: “emergency room” AND “homeless” OR “homeless shelter” AND “readmission” AND “discharge” OR “homeless shelter”

Literature Search 2

Database: SCOPUS

– Search Terms: “emergency room” OR “ER” OR “hospital” AND “homeless” AND “discharge” AND “readmission” OR “return”

Results

1. Ongoing, targeted, long-lasting interventions to place homeless patients in stable housing post-discharge has been shown to be effective in reducing rates of hospital readmission
2. Community outreach prior to discharge and post-discharge are effective tools in reducing readmission
3. Limited social work interventions that end at discharge are not effective in reducing hospital readmission rates

SOURCES

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Discussion

Studies have shown that people experiencing homelessness have greater chances of being readmitted to a hospital after being discharged compared to those individuals who are not homeless. Every hospitalization heightens the risk that an individual can be exposed to a hospital acquired illness. This is especially true for a vulnerable population, such as those experiencing homelessness. Efforts have been made to place interventions that will halt this viscous cycle of readmission rates. One solution is to have ongoing targeted, long-lasting interventions that place homeless patients in stable housing post-discharge. This has been shown to be effective in reducing rates of hospital readmission. Additionally, community outreach prior to discharge and post-discharge are effective tools in reducing readmission rates. Furthermore, allowing for social workers to be involved in helping this population post discharge can also aid in reducing hospital readmission rates. Future studies should examine hospitals around the country, including ones with medical and specialized post-discharge programs and compare readmission rates.

Implications for NP's

Healthcare for the homeless is extensive and provided in various settings. The multidisciplinary team approach in caring for this population works best to prevent patient relapse into homelessness when multiple providers are involved, and care is thorough. The power of generating feasible care plans that are individualized and interdisciplinary in nature is essential. For those patients with an acute diagnosis, organizing appropriate interventions with medical facilities and mental health clinics needs to be a priority.

