Evaluation of the Impact of Temporary Housing and Social Work Assistance to Address Social Determinants on Hospital Readmission Rates

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Introduction

- Social determinants of health (SDOH) affect an array of health risks and outcomes
- SDOH are the conditions of the places where we live, learn, work and play
- Homelessness is a significant SDOH
- The Delivery System Reform Incentive Program (DSRIP) clinic at the project site offered a motel voucher for patients facing homelessness at the time of discharge along with follow-up with the social worker and if necessary, follow up in clinic with an APN

Background and Significance

- It is estimated that there were approximately 8862 people who were homeless in NJ as of 2019
- Homeless persons:
  - Are 3-6 times more likely to develop disease
  - Are hospitalized 4x more often
  - Have shorter lifespans than the general public
  - Poor access to primary care
  - Have higher utilization of ER and inpatient services
  - Have longer lengths of stays
- A study found that 30-day and 90-day readmission rates in homeless patients is higher than housed patients that were matched
- ***The project site received a reduction in payment by 0.81% in 2021 as a penalty for excess rehospitalizations***

Clinical Question

In patients who are identified as being homeless at the time of discharge at a large academic medical center, do motel vouchers, social work assistance, and Nurse Practitioner follow up decrease readmission rates and what gaps need to be addressed?

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References

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Methodology

Design

- Program evaluation of the Motel Voucher Program provided to homeless patients at the time of discharge

Setting

- DSRIP clinic located within a large academic medical center in Central Jersey

Sample

- Patients discharged from the hospital that were identified as homeless and provided with temporary motel vouchers in 2019
- DSRIP clinic staff

Evaluation

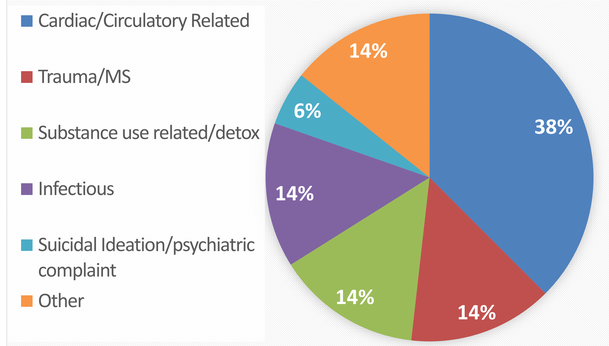
- Retrospective chart review of patients that received the motel voucher with specific de-identified data entered in the collection tool
- Six question anonymous survey sent to staff to assess staff satisfaction with the current process and their perceived barriers
- Development of formal recommendations to improve program

Results

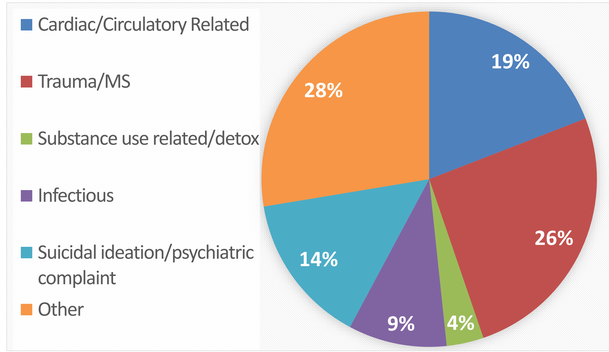
- 28 Patients received the motel voucher in 2019 and met project criteria
- 5 (out of 9) staff members responded to the survey

Outcomes	n(%)
Readmitted in 30 days	13(46)
Readmitted in 90 days	8(29)
Not readmitted at 30 or 90 days	14(50)
Readmitted at 30 and 90 days	7(25)
Followed up with social worker	23(82)
Followed up with clinic APN	11(39)
Prescriptions filled at discharge (confirmed)	16(57)
Permanent housing established (confirmed)	5(18)

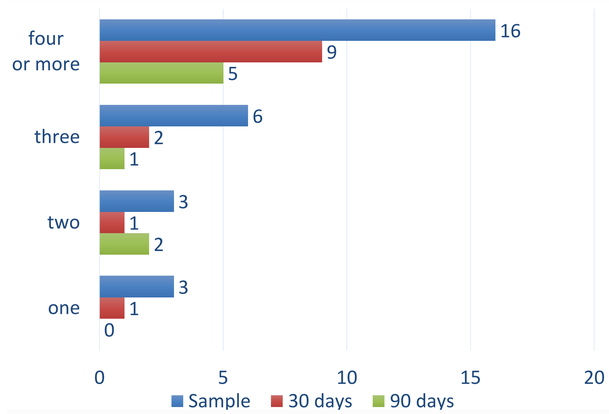
Primary Admission Diagnosis



Readmission or Subsequent ER Visit Diagnosis



Number of health conditions vs. initial admission, 30-and 90-day readmissions



Staff Survey

- Satisfied with motel voucher program 40% strongly agree, 60% agree
- Believe it is making a positive improvement in patient outcomes 80% strongly agree, 20% agree
- Satisfied and fulfilled by the work they do 80% strongly agree, 20% agree
- Likely to accept recommendations for program improvement if it meant patient outcomes improve: 100% strongly agree

Most wanted changes or missing components to process:

- Staff education on trauma informed care and motel voucher eligibility
- Improve reservation process between hospital and motel
- Have a standardized workflow and appointed, trained staff members available at all times

Common perceived barriers to improving outcomes of homeless patients:

- Lack of resources
- Late or missed identification of homelessness
- Lack of staff awareness of programs/process

Formal Recommendations

- Provide education program to all staff on patient centered language and raise awareness of the impact of homelessness on health
- Implement workflow process to quickly identify patients with unstable housing or are homeless and flag for referral to social worker
- Strengthen current and form new community relationships/partnerships to advocate for patients and lack of resources

Implications/Discussion

- Complex health conditions/comorbidities are difficult to manage even for patients with resources and homelessness makes it all the more challenging
- Nearly half of the patients who were homeless, returned to the hospital within 30 days of discharge and 25% returned at both 30 and 90 days after their initial discharge
- The top primary admission and readmission diagnosis was cardiac related
- Lack of resources and the absence of a standardized workflow places the multidisciplinary care team at a disadvantage to address all the needs homeless patients require
- Providers should take advantage of all interactions with patients to tailor discharge planning appropriately to patients' circumstances for best possible outcomes

Sustainability

- Future scholarship may evaluate readmission rates in patients who received the motel voucher in 2020 and 2021 during the COVID 19 pandemic
- Additionally, if the recommendations are instituted, evaluation of its impact for both patients and staff can be assessed