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Implementing a Screening Tool For Homelessness at LVHN

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Implementing a Screening Tool For Homelessness at LVHN

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Introduction

With the initiation of the Affordable Healthcare Act, the United States has made great progress toward providing healthcare to all. However, one population that continues to struggle to have basic medical needs met is the homeless, many of whom remain under or uninsured. It is reported that 1.5 million Americans are homeless each year and the homeless have notably poorer health than comparable groups (NHCHC, n.d.; NHCHC, 2011). Additionally, research has shown that a significant percentage of the homeless population frequently use of the emergency department (ED) for medical care (Kushel, Perry, Bangsberg, Clark, & Moss, 2002). The Lehigh Valley is not immune to these trends, and much of the Lehigh Valley Health Network (LVHN) funding goes to uncompensated care (LVHN, 2013). However, to date, no research has been conducted within the LVHN to assess the number of homeless patients coming into the ED, and the current study aims to address this.

Objectives:
1. To find the prevalence of homeless or at risk for homelessness patients in the Cedar Crest (CC), Muhlenberg (MHC), and 17th Street EDs.
2. To make comparisons between sites and between days of the week (weekday vs. weekend).
3. Gain valuable information about the need for and encourage the use of the street medicine program.

Methods

Patients who meet the inclusion and exclusion criteria will be recruited in randomly assigned pods at the CC, MHC, and 17th Street EDs over two months. Surveys will be administered to all willing participants who meet the criteria and entered on an electronic form. A log will be kept of demographic information for all patients in the pod during a given shift with whether or not the patient participated and a reason for not participating. Analysis will be run to assess the percentage of positive screenings for homelessness and at risk for homelessness overall and between sites, as well as analysis of the percentage of homeless patients in the ED between weekdays and weekends.

Survey Questions: All questions are yes/no responses.
In the last 60 days, have you:
1. Changed residences more than twice?
2. Been concerned about losing your housing?
3. Lived with a friend or family member you do not normally reside with due to financial hardship?
4. Been evicted or served an eviction notice?
5. Slept outside, in an abandoned building, in your car, in an emergency shelter, or in a motel due to financial hardship?
To prevent duplicates:
Have you taken this survey before?

Log information:
Date, time of day, gender, age, whether or not the patient participated, and reason for not participating.

Results

Participants (N= 1646) were recruited across all 3 sites; after removing participants who had taken the survey before, 1616 subjects were used in the analysis . Of the 1616 subjects analyzed [female (f)= 936], the site variability was as follows: Cedar Crest (CC) (N= 673, f= 378), Muhlenberg (MHC) (N= 668, f= 390), and 17th Street (N= 275, f= 168).

Figure 1. The overall prevalence of at risk for homelessness was 3% and homelessness was 7%. Summated, the screening period showed prevalence of homelessness or at risk for homelessness of 10%.
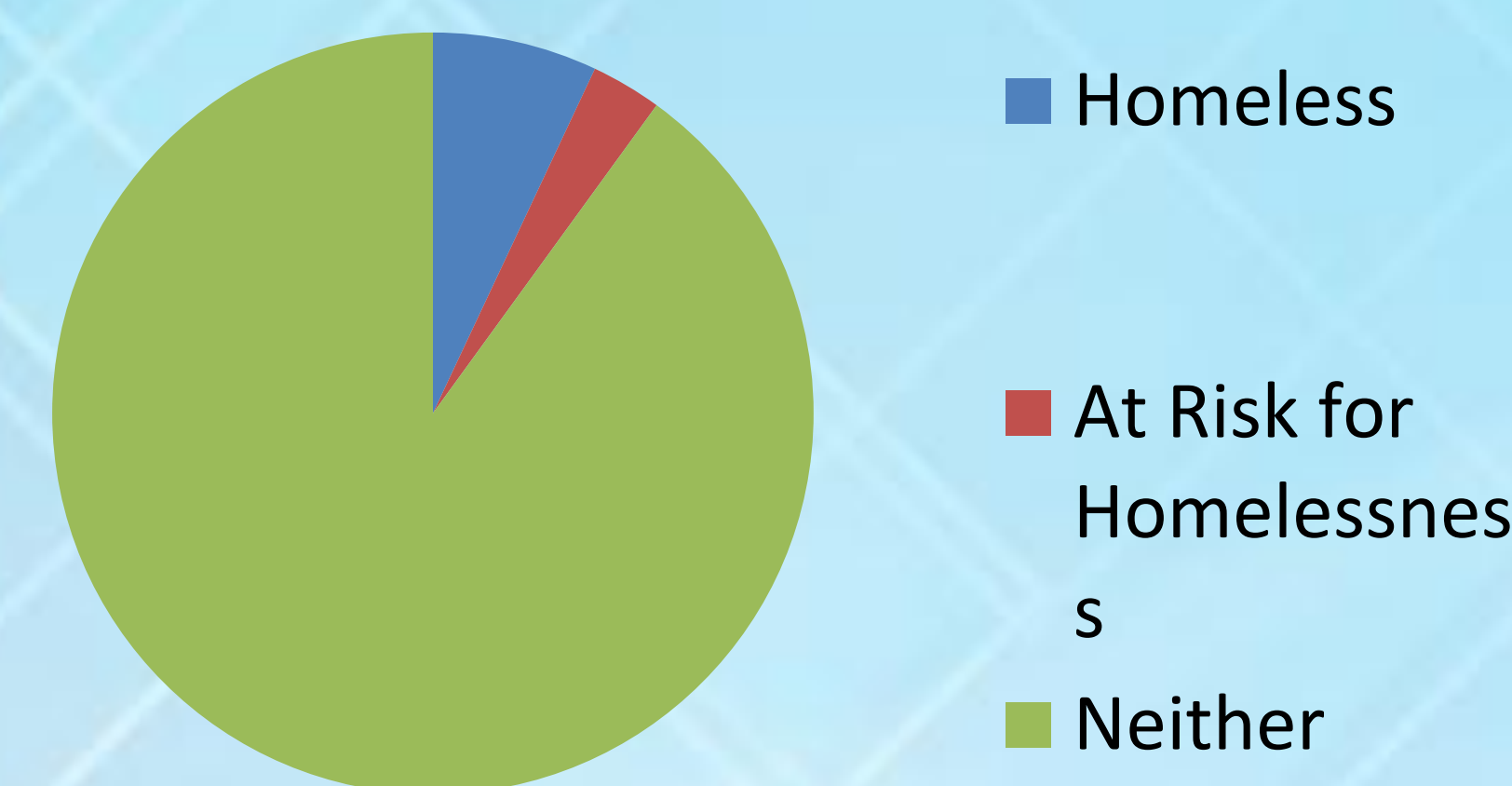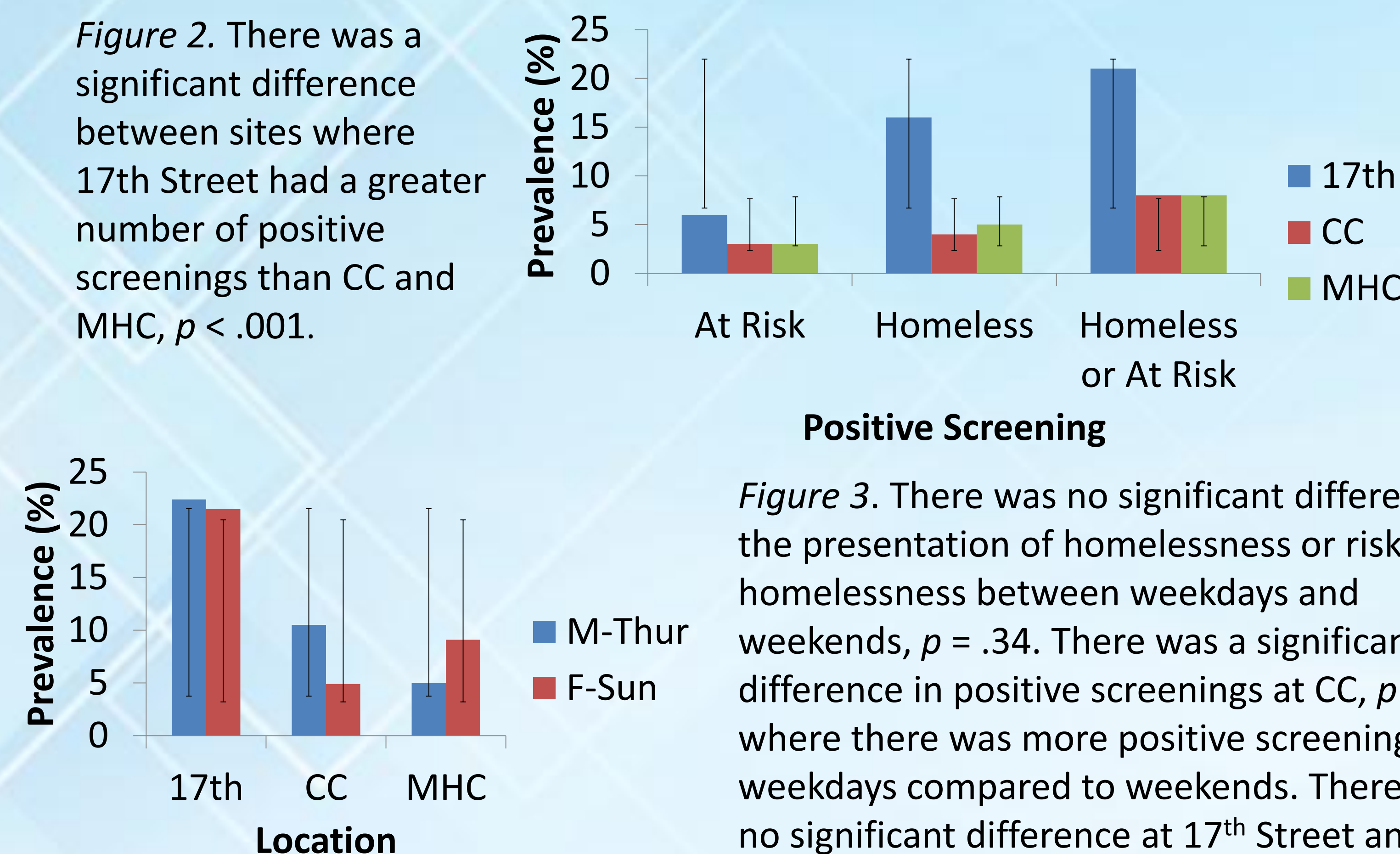
Figure 2. There was a significant difference between sites where 17th Street had a greater number of positive screenings than CC and MHC, $p < .001$.

Figure 3. There was no significant difference in the presentation of homelessness or risk for homelessness between weekdays and weekends, $p = .34$. There was a significant difference in positive screenings at CC, $p = .01$, where there was more positive screenings on weekdays compared to weekends. There was no significant difference at 17th Street and MHC, $p = .867$ and $p = 441$, respectively.

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Discussion

The prevalence of homeless or at risk for homelessness patients seeking medical care in the ED validates the implementation of the street medicine program and emphasizes the areas of the Lehigh Valley community that would benefit most from its usage. Given that there is no overall difference between weekends and weekdays, the findings suggest that the needs of the homeless population in the ED are consistent across the week, meaning an even distribution of funding and staffing is adequate. More information should be gathered for CC as to why a difference appears.

Limitations:
1. Patients who cannot participate may have other factors making them more vulnerable for homelessness
2. Misinterpretation of survey questions
3. Social desirability bias

Future Directions:
The current study will continue into the winter months to look at seasonal differences.

Other Directions:
1. Examine prevalence of homelessness across the LVHN
2. Look at financial and insurance situations of LVHN ED patients screened for homelessness
3. Look at the reasons for emergency room visits by the homeless population – emergent vs. non-emergent

Final Conclusion:
The current study should be continued to be integrated into ED care as a regular screening to promote better discharge plans and encourage preventative care by homeless patients utilizing the ED for conditions that could be treated or prevented more cost effectively.

Acknowledgements

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