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“Effect of SB1152 (Safe Homeless Discharge Legislation) on Emergency Department Length of Stay and Recidivism”

In 2007 Kaiser settled a lawsuit for 550 thousand dollars after a 63-year-old homeless woman with dementia was discharged by taxi to Skid Row wearing only in a hospital gown and a diaper. It was in response to cases such as this that Senate Bill 1152 (SB1152) was passed on January 1st 2019. This bill was proposed in California to improve the discharge process for homeless patients and decrease “patient dumping” by hospitals. Under this legislation patients who are homeless must be provided food, weather appropriate clothing, medications, referrals to social services, and transportation at time of discharge. While homelessness and specifically patient dumping are very controversial topics, homeless legislation is mostly driven by anecdote, not data. While this piece of legislation is well-intentioned, imposing this mandate on emergency department has the potential to cause delays and put more demand on an already fragile system, making it essential that we carefully analyze the impact of this legislation.

This project quantifies the impact of SB1152 both on the hospital system as well as on patients experiencing homelessness. We will analyze the impact of SB1152 on the medical system using emergency department (ED) length of stay data to determine if providing services leads to delays in discharge and increased ED boarding. Data will be collected from electronic medical records at three large LA county hospitals that see more than 345,000 ED patients a year. We will compare ED length of stay for discharged patients from the year before SB1152 was enacted to data from the following year. Data from patients with stable housing will also be analyzed as a control group to control for hospital wide interventions that may affect both groups equally. 30-day ED revisit data is used a metric to quantify the impact of SB1152 on patients experiencing homelessness.

Discharge planning that addresses social needs helps to provide patients the resources to care for themselves and prevent repeat ED visits. This study identifies homeless patients using LA County electronic medical record data and then link this to Medi-Cal Managed Care claims data in order calculate the rate of 30 –day return visits to EDs both with the LA County Department of Health Services and other health systems. The primary comparison will be between the years before and after institution of SB1152. We will also compare this group to a housed control group.

We hypothesize that implementation of this new bill will decrease emergency department 30-day re-visits but increase emergency department length of stay. Providing resources

will inevitably use more time in the emergency department but if this results in decreased repeat visits and improved health it is potential a worthwhile intervention.