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Characteristics of an at-risk patient population presenting to a Philadelphia student-run free clinic within 30 days of hospital visit

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Background

Day-30 readmission rates are the parameter that hospitals and insurance companies use to measure clinical quality of care and set reimbursement levels for care (McCormack, et al., 2013). The 2019 readmission rate for United States hospitals was 14.9%; however, reported readmission rates vary in accuracy due to exclusion of at-risk populations or patients who seek care outside the hospital network (America's Health Rankings, 2020; Gupta, et al., 2018). As coordinators of a student-run urgent care clinic operating within a Philadelphia syringe exchange and harm-reduction social services organization, we serve an at-risk patient population that includes a large portion of individuals who are transiently housed, people who engage in sex work, and people who use drugs (PWUD). In Philadelphia, there has been a drastic increase in injection-related infections requiring hospitalization from 2013-2018 (Philadelphia Department of Public Health, 2020). We sought to determine our at-risk population's impact on current readmission rates and the ability of hospitalization to meet their unique medical needs.

Methods

We conducted a retrospective review of 607 electronic charts for patients who sought care at our student run clinic associated with a syringe exchange in Kensington, Philadelphia from January 2017 to January 2020, and identified patients who visited our clinic within 30 days of self-reported hospitalization. We identified time since hospitalization, purpose for hospitalization, and reason for clinic visit.

Results

607 visits, 100 (16.5%) self-reported hospitalization within 30 days clinic presentation. Of these 100 clinic visits, 64% presented with the same chief complaint as their reason for hospitalization, and 21% presented with a complication related to their hospital visit. 33% of visits associated with previous hospitalization were from infections associated with IV drug use, including abscess, cellulitis, and osteomyelitis. On average, patients presented 7.5 days following hospital departure.

Conclusions

We identified a high incidence of clinic visits for medical needs associated with recent hospitalization, particularly injection-related infection, which suggests insufficient hospital care for this at-risk population. The number of readmissions for this population is underestimated due to their ability to seek medical care outside of the hospital network.

Keywords patient readmission, student run clinic, drug users.

Biography

Kaitlyn Thomesen, Matthew Lipow, and Tess Munoz are all currently third year medical students at the Drexel University College of Medicine where they coordinated the operations of a student-run free clinic at Philadelphia syringe exchange. Their advisor is Sara Schultz, MD who is a member of the Division of Infectious Diseases and HIV Medicine, Drexel University College of Medicine and is the physician present during the clinic hours.

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