

Samhita N. Basavanhalli, Student, Louisiana State University Health Sciences Center School of Medicine, New Orleans, Louisiana
Trevor Anderson, Student, Tulane University School of Medicine, New Orleans, Louisiana
Jordan Vaughn, M.D., Clinical Assistant Professor, LSU School of Medicine
 Associate Director of Social Emergency Medicine and Diversity, Equity, and Inclusion, LSU Emergency Medicine Spirit of Charity

Introduction

Social determinants of health (SDOH) screening in emergency departments (ED) is a promising method to capture and address individualized social needs of a broad patient population, ideally lowering emergency department readmissions while reducing health disparities.²

With new Joint Commission guidelines requiring social determinants to be addressed and integration of SDOH-related Z-codes into ICD-10 coding,^{5,6} LCMC hospitals adopted a new SDOH screening tool for use in ED's built into EPIC in March of 2024.

LCMC serves a robust and diverse population across the New Orleans metro, with each clinical site serving a different patient population. This project serves as a needs assessment of two LCMC hospitals after 7 months of screening implementation by comparing rates of reported SDOH impacting ED patients who are admitted as inpatients, and also compares the impacts of SDOH on lengths of hospital stays of this patient population.

Methods

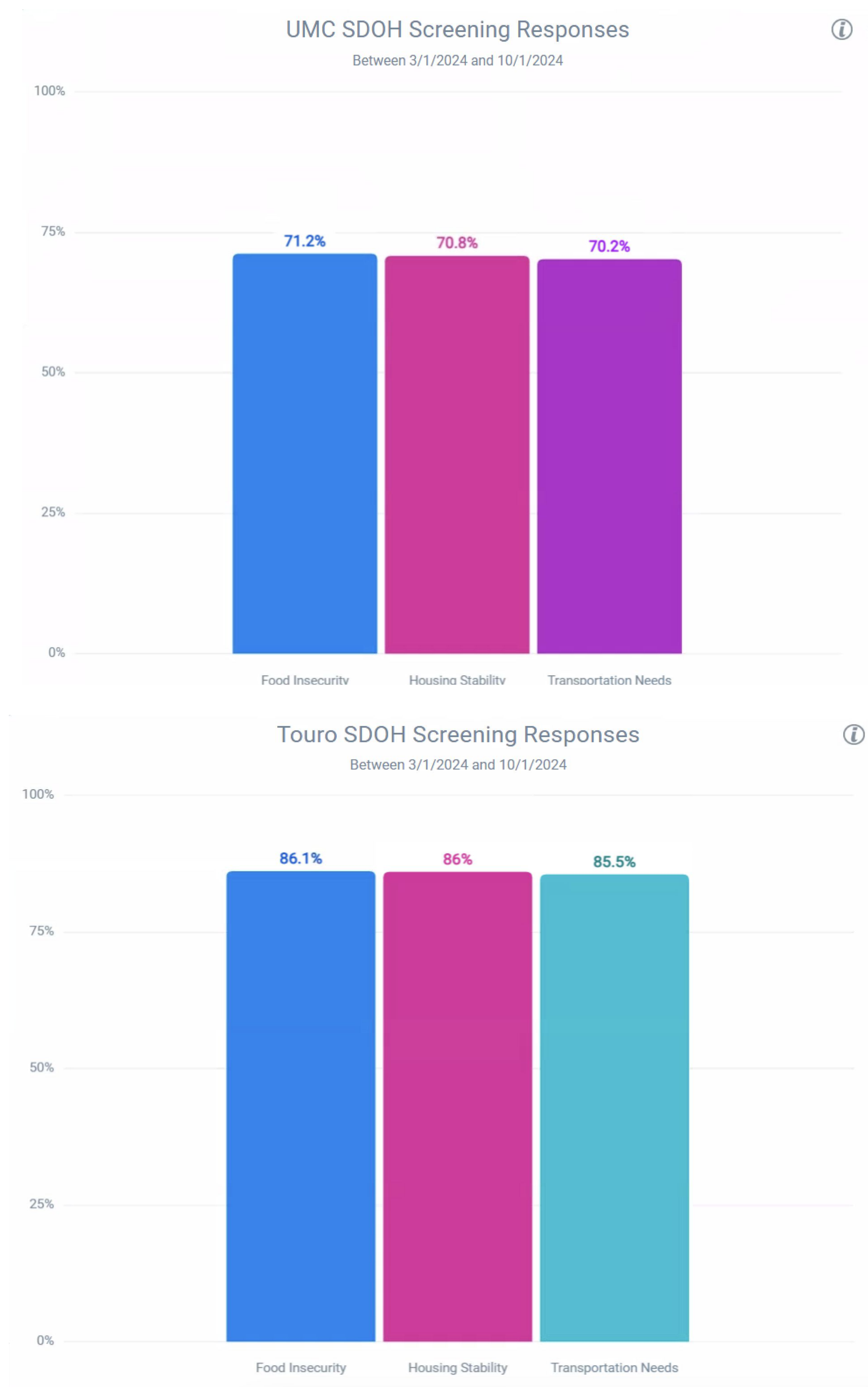
We chose to compare two different LCMC hospitals with the following profiles:

UMC: Large safety net hospital. In 2022, UMC released a fact sheet that showed that 48.2% of their patients used Medicaid and 25.7% used Medicare. UMC is located in Tulane/Gravier neighborhood which has an average household income of \$38,000.⁴

Touro: Smaller community hospital. Touro is located in the Touro neighborhood of uptown, where average family income is over \$140,000.³

Since New Orleans is the second most food insecure city nationally and nearly ¼ of its residents live in poverty, with the city's average household income being \$41,604, over \$20,000¹ under the national average we decided to compare food insecurity to two other essential SDOH-transportation needs and housing stability. SDOH Data from ED patients who were admitted as inpatients was extracted directly from EPIC using Slicer Dicer.

UMC and Touro SDOH Response Graphs

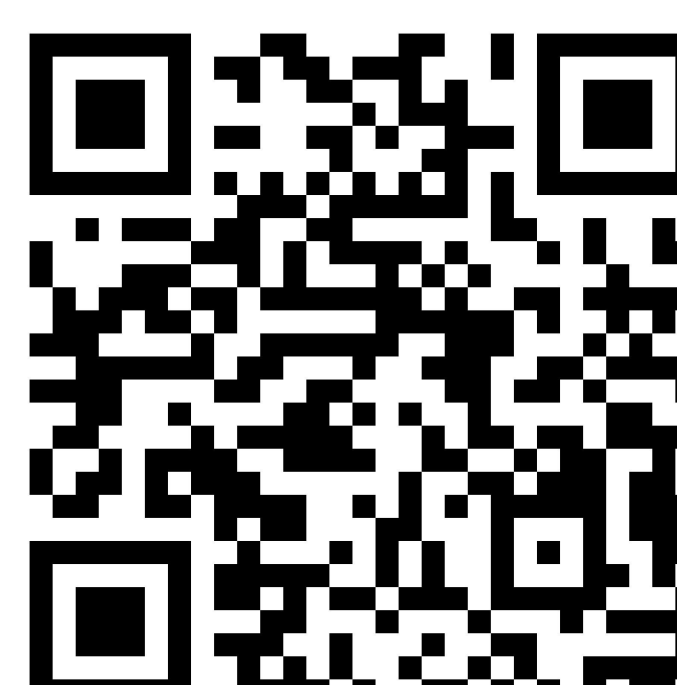


Results

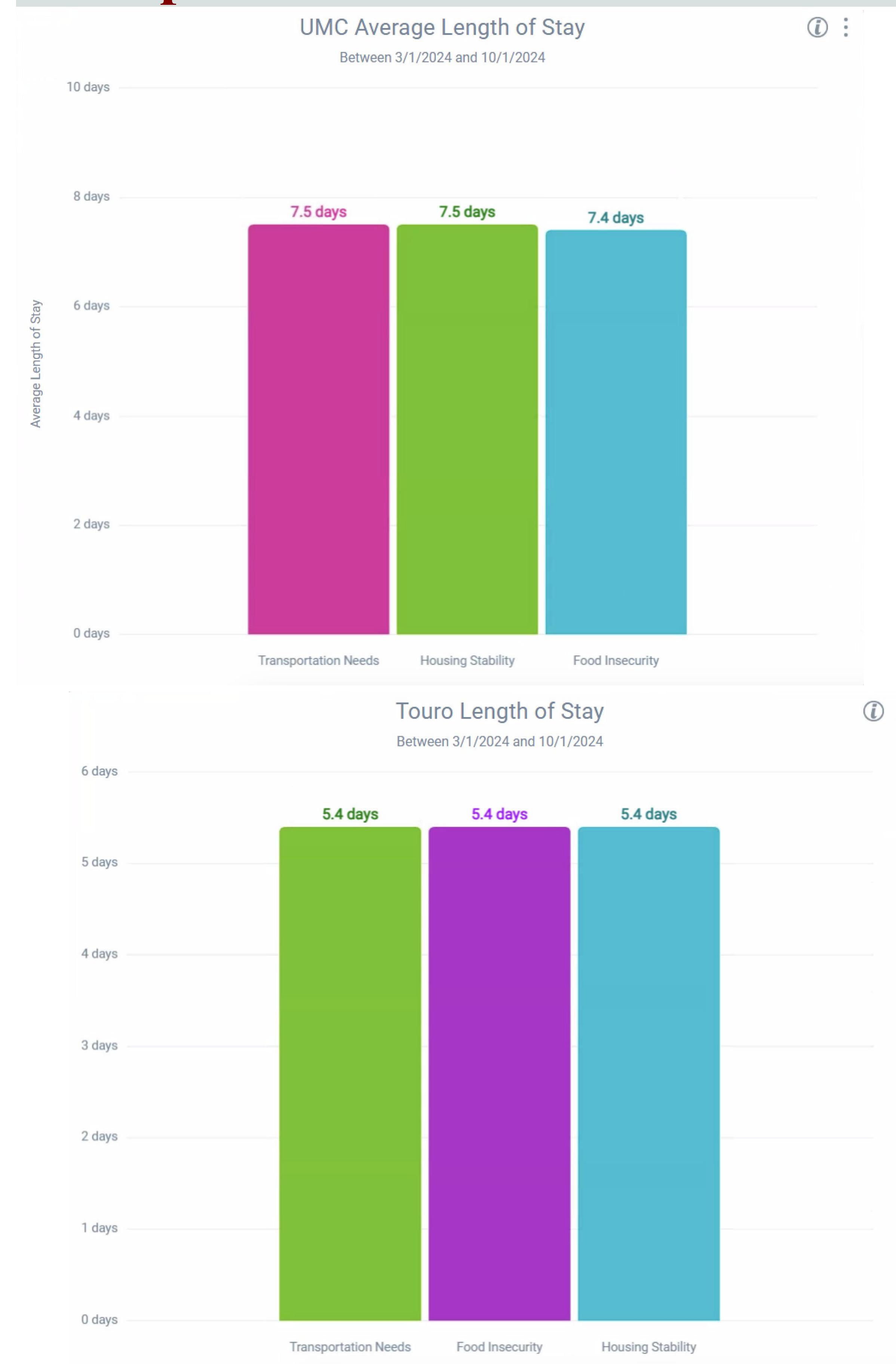
70.2-71.2% of UMC ED patients admitted to inpatient status report the selected SDOH whereas 85.5-86.1% of Touro D patients admitted to inpatient status report the selected SDOH.

The length of stay of UMC patients who reported the selected factors ranged from 7.4-7.5 days, whereas Touro patients impacted by these factors stayed in the hospital for 5.4 days.

QR Code to References



UMC and Touro Length of Stay Graph



Conclusion

1. Touro patients surprisingly reported higher rates of social determinants. More research is warranted to determine if this is due to better/more robust screening processes there or if patients are truly more impacted by SDOH even though the hospital is in a wealthier neighborhood
2. However, even with lower overall rates of reported SDOH, UMC patients end up staying in the hospital longer on average. This could be because the reported social factors have a significant impact on health outcomes of UMC patients, or because UMC is admitting patients who are generally more ill. Using the ED screening to connect New Orleanians to necessary resources such as food banks, housing resources, mental health care, preventative healthcare services, and more will hopefully address some of these issues while lowering ED readmission rates by tackling root causes of admission.