



August 9, 2022

Tasha Kama, Chair
Human Concerns and Parks Committee
County of Maui
One Main Plaza
2200 Main Street, Suite 315
Wailuku, Maui, Hawaii 96793

RE: Response to MMMC Discharge Procedures Update

Dear Ms. Kama:

Thank you for the opportunity to provide further information on our discharge procedures. Our team compiled as much available information as possible for your review. Answers are provided for most of the questions received and are listed below:

1. Obstacles to discharging houseless patients was previously detailed at the June committee meeting. They include:
 - a. Medical Respite Shelter capacity - not always enough shelter beds available
 - b. COVID + patients - no shelter, or transportation available
 - c. Must be independent – For patients who need help with ADLs, they would not meet eligibility for services.
 - d. Lack Social Support Network – Caregiver support, family, friends, to help with transitions
 - e. Challenged to find nursing facilities, home health and home care willing to accept
 - f. Patient may not accept or follow through on community referrals
 - g. Substance abuse limits access to programs
 - h. Patients with previous behavioral issues at shelters
 - i. No accepting facilities for patients receiving IV antibiotics if they have a history of intravenous drug use
2. Data on the number of discharged houseless patients in need of ADL assistance is not available.
3. A patient's houseless status may impact the discharge plan for many of the reasons listed in question one.
4. The total number of discharged native Hawaiian and part-Hawaiian patients was 17.5% in 2021 and 18.3% in 2020. There is no specific data on the number of these patients that were houseless.
5. The number of discharged patients by payor class for Veteran Administration/Champ VA was 2,424 in 2021 and 1,203 in 2020. Data on discharged houseless patients with veteran status is not available.
6. The discharge plan process for houseless patients was discussed at the June committee meeting and includes:
 - a. The attending physician of record makes a clinical decision when it is appropriate and safe for a patient to be discharged.

- b. The discharge process includes a multidisciplinary team: Case Management, Nursing, Hospital Medicine, Pharmacy and Social Work.
 - c. Patient's case manager and health care team develop a plan for each patient:
 - i. Clinically appropriate
 - ii. Focused on the patient's care needs and goals for care
 - iii. Includes caregivers/support person(s)
 - iv. Treatment plan that is consistent with patient choice
 - v. Treatment plan based on available resources
7. Of the 134 houseless patients cared for in 2021, 36 were readmitted (27%).
8. Some of the reasons houseless patients may be readmitted include:
 - a. Difficulty in making follow-up appointments when patient is released from the ER or discharged from the hospital.
 - b. Patients without stable homes, families, and support systems to assist with follow-up appointments and care.
 - c. If follow-up appointments are made, the patient's inability to make the appointment due to lack of transportation and other social factors may contribute.
 - d. Many patients have a coping deficit in which they cannot remember and fail to follow up on their discharge plan and appointments.
9. There is no data available on the number of houseless patients who experience challenges securing housing and/or ADL assistance upon discharge.
10. The data on the number of total discharged psychiatric patients, with and without shelter, is provided from the MMMC inpatient psychiatric unit for uninsured and houseless patients (this is a total and not a breakdown of each category):
 - a. 2021: 386
 - b. 2020: 480
 - c. Discharges with final DRG of Psychoses – total inpatient population

	Total Discharges	Uninsured homeless
i. 2020	290	32
ii. 2021	279	26
11. The number of discharged houseless patients who were uninsured would be listed as "self-pay" or charity care. As indicated, the hospital will assist any patient with Medicaid application or financial assistance. This data reflects the total discharges of houseless and uninsured patients:

	Total Discharges	homeless	uninsured
a. 2019	11,170	219	16
b. 2020	9,459	165	6
c. 2021	9,721	190	3
12. See answer to #12 above.
13. Patient discharge is more challenging for a houseless patient, as explained earlier, but it is not contingent on their insurance status.
14. Patients that do not have health insurance are treated equally and care is based on their individual health care needs and not on their insurance status. As stated, inpatient discharge with no insurance would be self-pay unless they qualify for financial assistance, which the hospital will assist with the Medicaid application or financial assistance.
15. The number of patients that required subsidized patient care expenses was 30% of total discharges or 2,873 patients.



16. Maui Health is collaborating with the Healthcare Association of Hawaii on a Housing Security initiative that includes a data improvement process for tracking houseless and ADL related discharges.
17. Improving the discharge process metrics is continuing as it is important to track readmission data, identify any patterns, and collaborate with the medical staff to improve processes across the care continuum.
18. Post discharge contact with houseless patients is a challenge, as many do not have the ability to receive follow-up calls. Community providers are asked to assist when applicable.
19. There is no data available on the number of trespassing violations at MMMC.

Thank you for the opportunity to respond. Our goal is to continue this conversation and work collaboratively with Maui County to find viable solutions to further assist our houseless residents. Please contact me with any questions.

Sincerely,

Wade G. Ebersole, FACHE
Chief Operating Officer
Maui Health