

Palliative care needs of homeless patients with chronic diseases who frequent emergency departments in Calgary: Retrospective cohort study

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Statement of Problem: Complex chronic diseases in the homeless population occur earlier and with worse prognosis than in the general population; often resulting in unmanaged suffering and premature death. We identified the prevalence and mortality from chronic diseases amongst homeless individuals in Calgary that result in emergency department (ED) admissions, as an initial step in determining the need for focused palliative interventions.

Methods: A retrospective cohort study of homeless individuals who visited four EDs in the Calgary zone from July 1, 2013-June 30, 2016 was conducted using de-identified patient data. We included individuals who experienced either chronic or episodic homelessness by “no fixed address” labels or the address of shelters or supportive housing. The data review focused on the following primary ED diagnoses of homeless patients by using the corresponding ICD-10 codes: respiratory cerebrovascular, cardiovascular and liver diseases, HIV and renal failure.

Results: 256 homeless individuals visited EDs with cerebrovascular diseases, heart diseases, HIV, liver diseases, renal failure, or respiratory diseases resulting in a total of 434 ED visits in the studied time period. Chronic obstructive pulmonary disease (COPD) accounted for 47% of the 434 visits followed by asthma and liver diseases which consisted of 13% and 12% of the total ED visits, respectively. COPD and liver diseases were linked with the highest rate of mortality. The combined in-hospital and post-discharge mortality rates for homeless individuals with a primary diagnosis of COPD was 13 per 100 and 7 per 100 for liver diseases.

Conclusion: Effective palliative care interventions for end-stage COPD and liver diseases would impact the greatest number of homeless individuals who visit EDs for treatment of chronic conditions. Such interventions could not only reduce the mortality rate for these conditions but also improve quality of life.

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