**TITLE:** An Emergency-Department-To-Home Intervention to Improve Quality of Life and Reduce Hospital Use

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**RESEARCH PROJECT DESCRIPTION** (brief overview of background, hypothesis, methods, role of medical student, funding and relevant publications)

**BACKGROUND AND SIGNIFICANCE** - Suboptimal Emergency Department (ED)-to-home transitions for patients with chronic medical conditions create confusion and anxiety and lead to a cycle of repeated and costly ED visits and hospital admissions. The ED is the safety net for vulnerable populations with chronic health problems. In this regard, minorities, the poor, those with low health literacy and the elderly are particularly prevalent populations.

**HYPOTHESIS** - The *central hypothesis* of this project is that an ED-to-home intervention that proactively links patients with community-based social support and medical follow-up will improve quality of life and decrease the need for resource-intensive hospital-based care in chronically ill, older ED patients.

**METHODS AND MATERIALS AND DATA ANALYSIS** – A randomized controlled study design will compare outcomes of patient-reported quality of life measures and ED visits and hospital admissions from administrative data in patients enrolled in the intervention and usual-care groups. A grounded-theory approach using in-depth interviews will determine how the proposed intervention affects patients’ decision-making about their health and use of healthcare services and the individual and community factors that influence these decisions.

**ROLE OF MEDICAL STUDENT** – The medical student will be responsible for obtaining informed consent from ED patients eligible and willing to participate. The student will also be responsible for survey administration, data entry, and attendance at quarterly stakeholder meetings. The student will contribute to data analysis, data interpretation and presentation.

**FUNDING SOURCE** – This project is funded by the Patient-Centered Outcomes Research Institute.

**RELEVANT PUBLICATIONS**