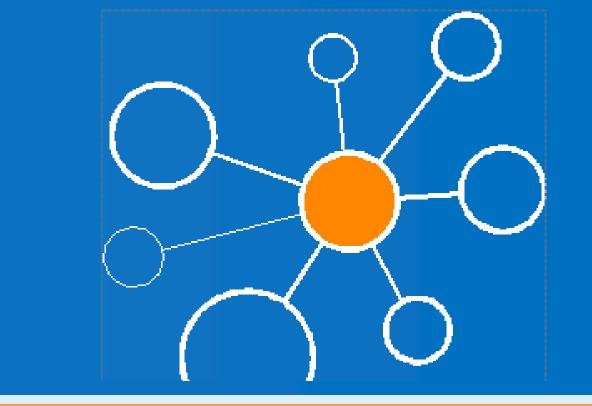
Gloucestershire Safety and Quality Improvement Academy

Gloucestershire Hospitals **NHS NHS Foundation Trust**



Homelessness in the Emergency Department (ED) Shona Duffy and Becca Shaw



Aim	Primary	Secondary Drivers	Change Ideas
	Drivers		
to the Local	Legislation	Agree referral	Ensure fit service demands
		pathways	Agree types of referrals, phone or email.
		Create guidelines	Multi agency working
		Information	Data sharing
patients		governance	Consent
tie	Documentation	Checklist	Create checklist document
			Use as data collection
meless its.			To be initiated at triage for all homeless patients
		Leaflets	To be given to all homeless patients
of ho rtmer			Covers information sharing
improve the referral rate of rom the Emergency Departn		Safeguarding	Are you homeless or at risk of homelessness?
			Question to be added to safeguarding checklist
	Information Technology	Trakcare issues	Underestimates numbers
enc			Can we get NFA alert?
erg		Data retrieval	Trak / business reports to be set up
rove the the Eme			Collect data from completed checklists
		Receptionists	To put NFA next to presenting complaint
m t			To ask homeless question
d impr from	Education	Teaching sessions	Regular and adhoc teaching sessions
e and (LA) fr			Aim for >80% of staff
e 🔵		Staff inductions	ED induction slot (nursing and medical)
To initiat Authority		Posters	ED newsletters
			Ensure guidelines visible
			Topic of the month



INTRODUCTION

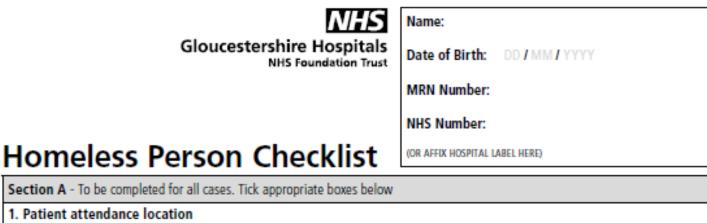
The Homeless Reduction Act (HRA) 2017 places a legal duty on the trust to refer all those that are homeless or at risk of homelessness to a local authority. This came into force on October 2018, and at that time GHFT had no process for this. Our project has focused on implementing this legislation but also using it as an opportunity to improve the care our homeless patients receive in the ED. By working with community services and local authorities as well as developing documentation, homeless patients now receive appropriate support post discharge from ED.

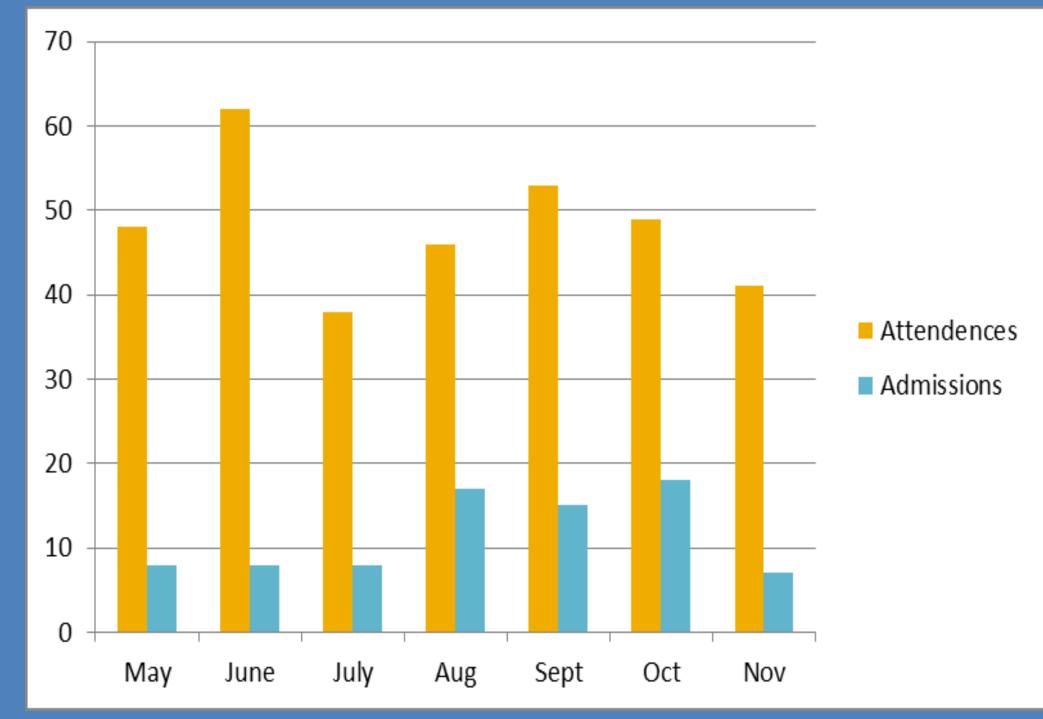
BACKGROUND

GHFT see roughly between 400 and 600 homeless presentations annually. We started collecting broad data in May 2019 of patients declaring No Fixed Abode (NFA) at presentation. Until now homeless patients were discharged from ED back to the streets without any ongoing support 24 hours a day. The graph below shows the NFA attendance's and admission rate across the trust.

OUTCOME & PROCESS MEASURES

• Our measure was NFA/Trakcare data vs. checklist completion to give a compliance rate.

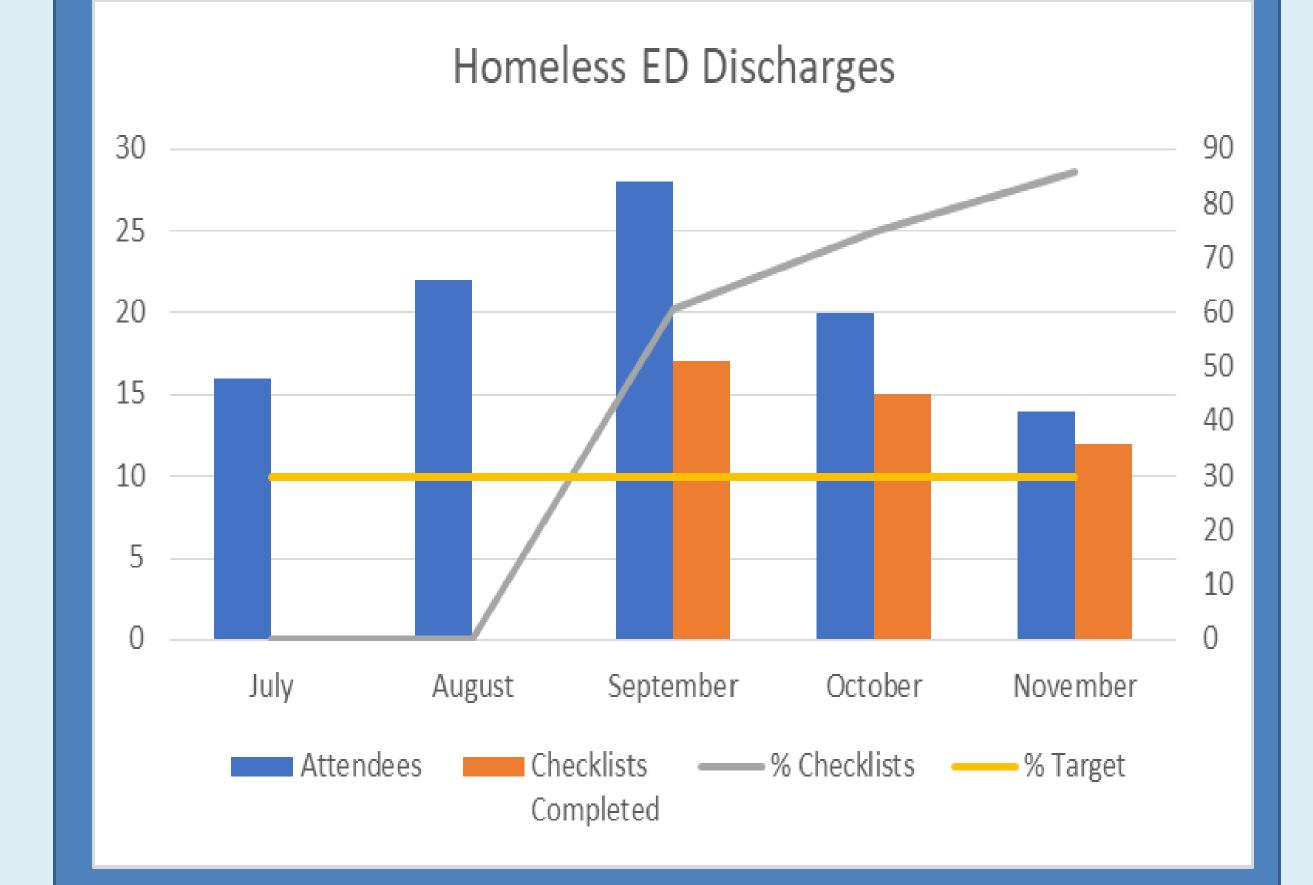




INTERVENTIONS

Work with community services to set up new pathways. Create guidelines and Checklist (used since September)

Our target group was patients homeless or at risk of
homelessness that were medically fit for discharge from
the ED.
Those who did not wait for assessment were discounted
from the figures.
Limitations with the accuracy of Trak care mean NFA
numbers are underestimated and don't account for hidden
homelessness.
All referrals to the Local authority are made with the
consent of the patient.
<u>RESULTS</u>



2. What is the housing conc	ern? (Please tick all that apply)		
Over-crowded accommodation?		Domestic abuse? (complete DASH)	
Rent/mortgage arrears?		Court eviction?	
Staying with friends?		Asked to leave current accommodation?	
Rough sleeping?		Other (please specify)	
Have they been given the releva	nt Patient Information Leaflet	Yes 🗆 Declined 🗆	
What type of accommoda		-	
Street 🖬 🛛 Hostel 🗖 Sqi	uat 📮 Supportive housing	Temporary housing	
Other (please specify)			
Patient phone number		Email	
Patient current address/area			
Patient contact name/address (if	f different)		
Patient contact number			
with patients consent refer refer if there are children in dutytorefer@cheltenham.gov.uk	volved or Support/Care Nee		ent you may still
dutytorefer@cotswold.gov.uk dutytorefer@fdean.gov.uk	dutytorefer@stroud dutytorefer@tewke	.gov.uk	
dutytorefer@fdean.gov.uk 4. Is patient being admitted	dutytorefer@tewke	.gov.uk	
dutytorefer@fdean.gov.uk 4. Is patient being admitted	dutytorefer@tewke please go to Section B please go to Section C	.gov.uk	
dutytorefer@fdean.gov.uk 4. Is patient being admitted discharged	dutytorefer@tewke please go to Section B please go to Section C patient is being admitted eless Housing Officer: 07525	.gov.uk sbury.gov.uk 5918378 (based in GRH)	
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BALANCING MEASURES

Time pressures to staff work load. Trakcare inconsistencies.

- 2019)
 - Update Patient information leaflet according to information governance protocols.
- Multi Disciplinary Staff education using one to one teaching, focus groups and noticeboard presentations.

Patients streamed out of department eg AEC/AMIA therefore checklist not completed. Added work load to medical secretaries.

BEST CARE FOR EVERYONE

SUMMARY AND FUTRE AIMS

We have met our aim of a compliance of 30% referral rate to the Local authority and are complying with our legal duty to refer. Future aims for this project are that the compliance with legislation is rolled out across that acute trust. Furthermore, that documentation is implemented that allows staff to make good holistic assessments of the homeless patient leading to improve care. Work for this Quality Improvement project (QI) has helped secure funding to improve services at Cheltenham General Hospital in form of dedicated housing officer and also a trust Homeless Specialist Nurse, with both roles starting in the new year.

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#TheGSQIAWay