

# Homelessness in the Emergency Department (ED)

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## 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.

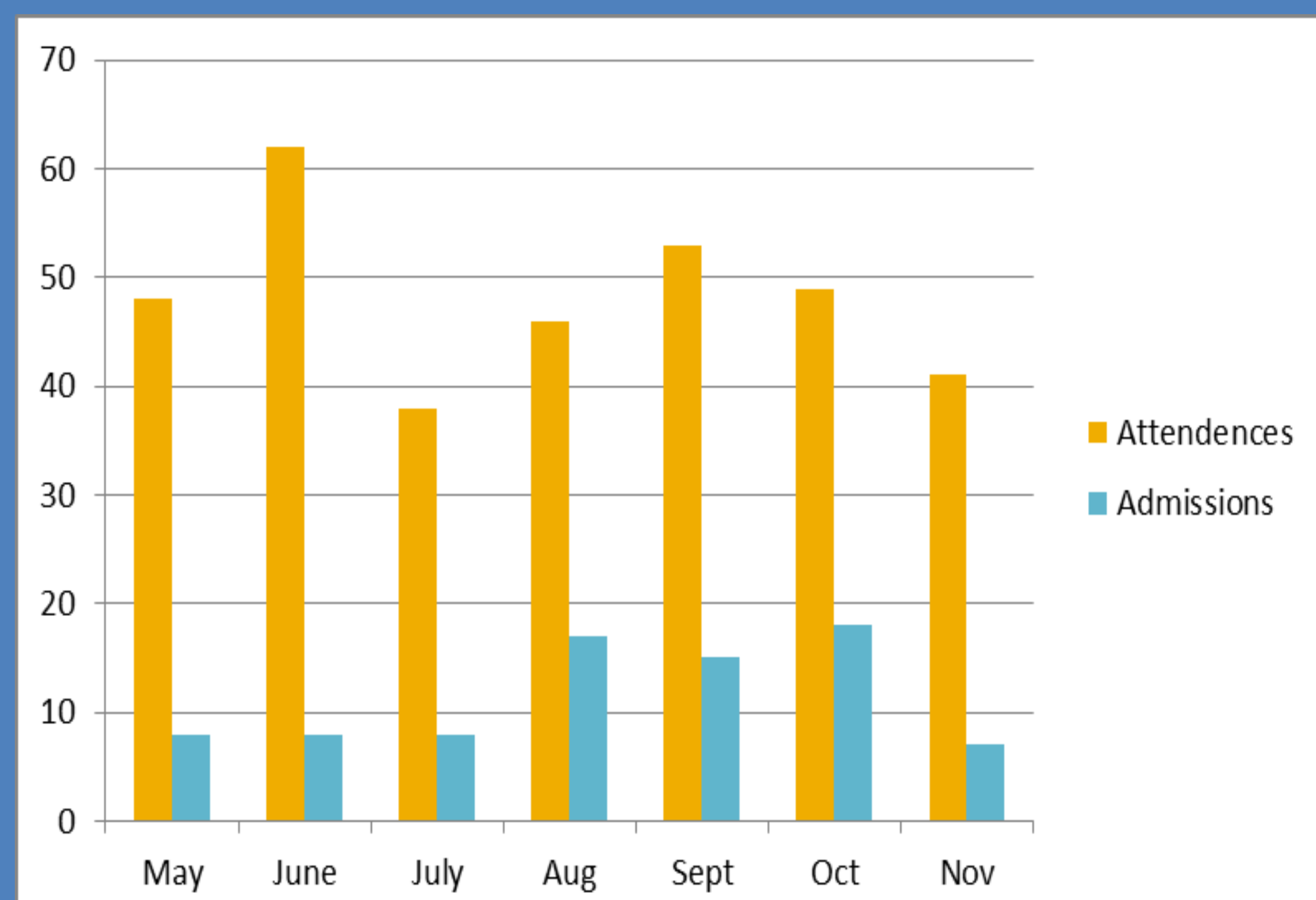
Aim	Primary Drivers	Secondary Drivers	Change Ideas	
To initiate and improve the referral rate of homeless patients to the Local Authority (LA) from the Emergency Departments.	Legislation	Agree referral pathways	Ensure fit service demands	
		Create guidelines	Agree types of referrals, phone or email.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

## 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.



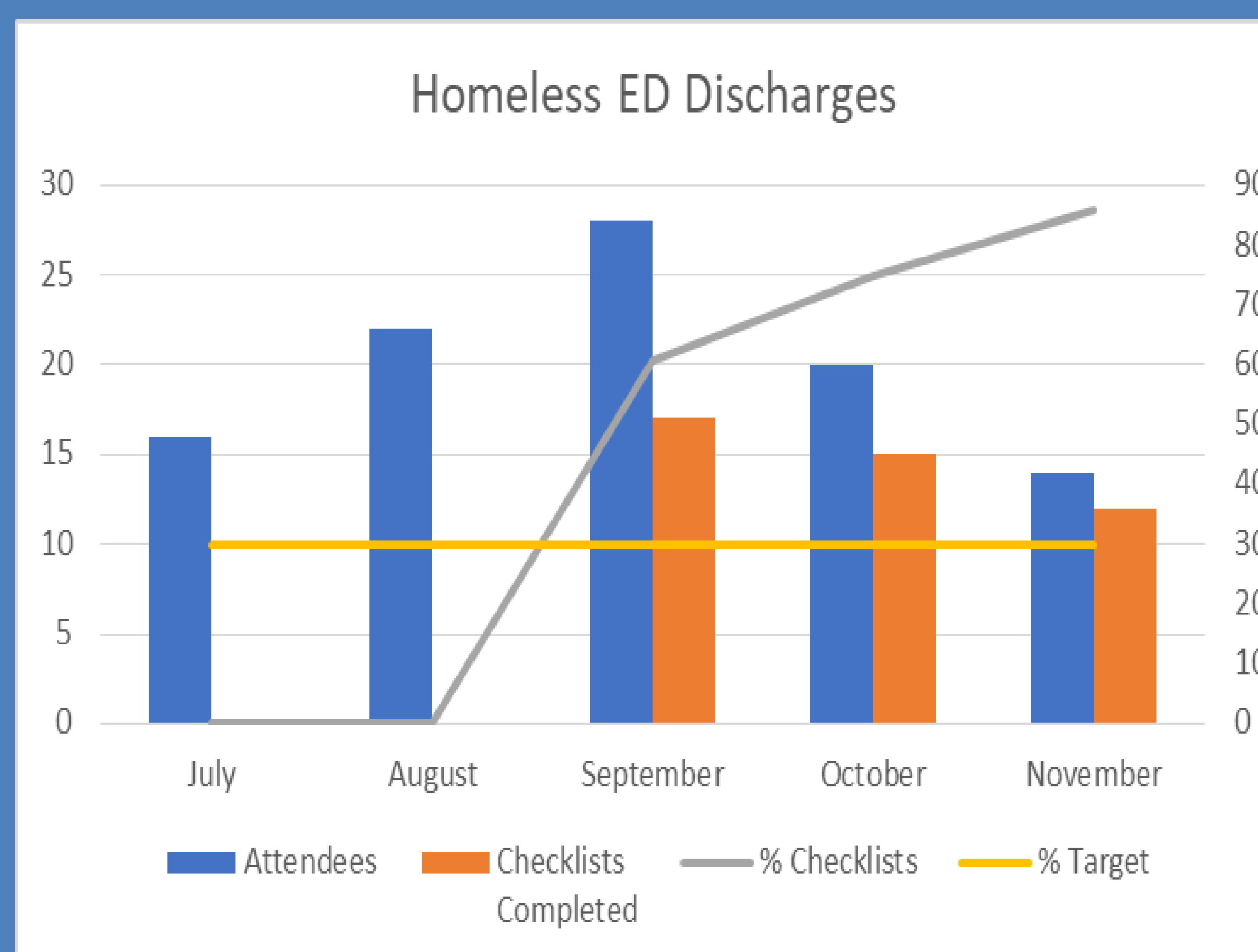
## INTERVENTIONS

- ❖ Work with community services to set up new pathways.
- ❖ Create guidelines and Checklist (used since September 2019)
- ❖ Update Patient information leaflet according to information governance protocols.
- ❖ Multi Disciplinary Staff education using one to one teaching, focus groups and noticeboard presentations.

## OUTCOME & PROCESS MEASURES

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

## RESULTS



## BALANCING MEASURES

- ❖ Time pressures to staff work load.
- ❖ Trakcare inconsistencies.
- ❖ Patients streamed out of department eg AEC/AMIA therefore checklist not completed.
- ❖ Added work load to medical secretaries.

## 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.