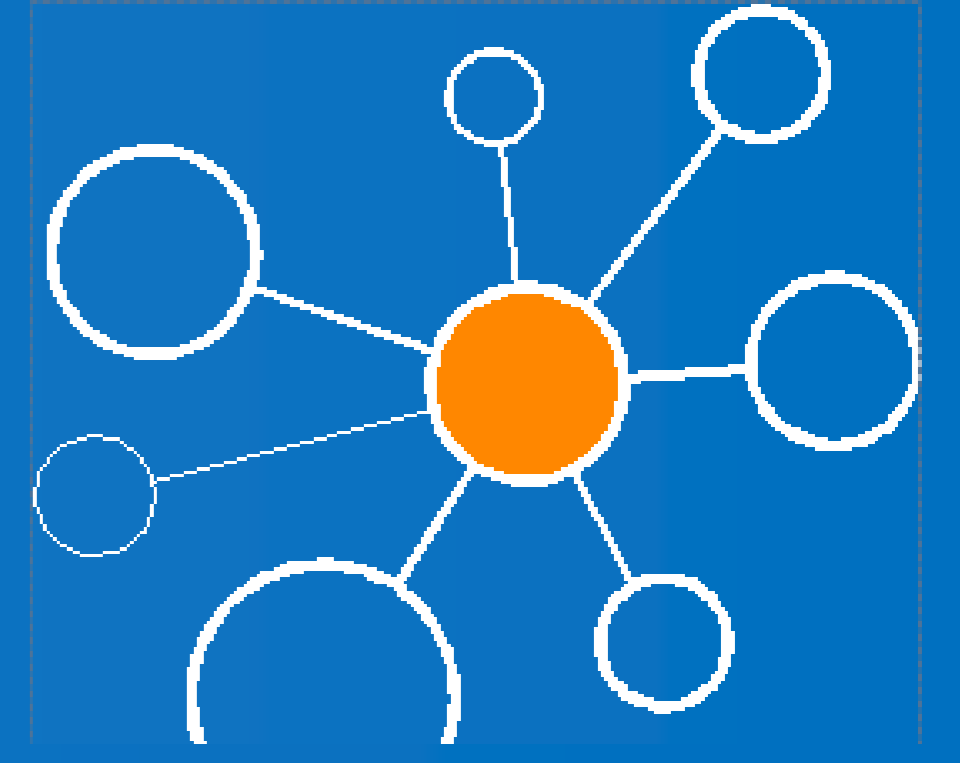


Homelessness in the Emergency Department (ED)

Shona Duffy and Becca Shaw



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.

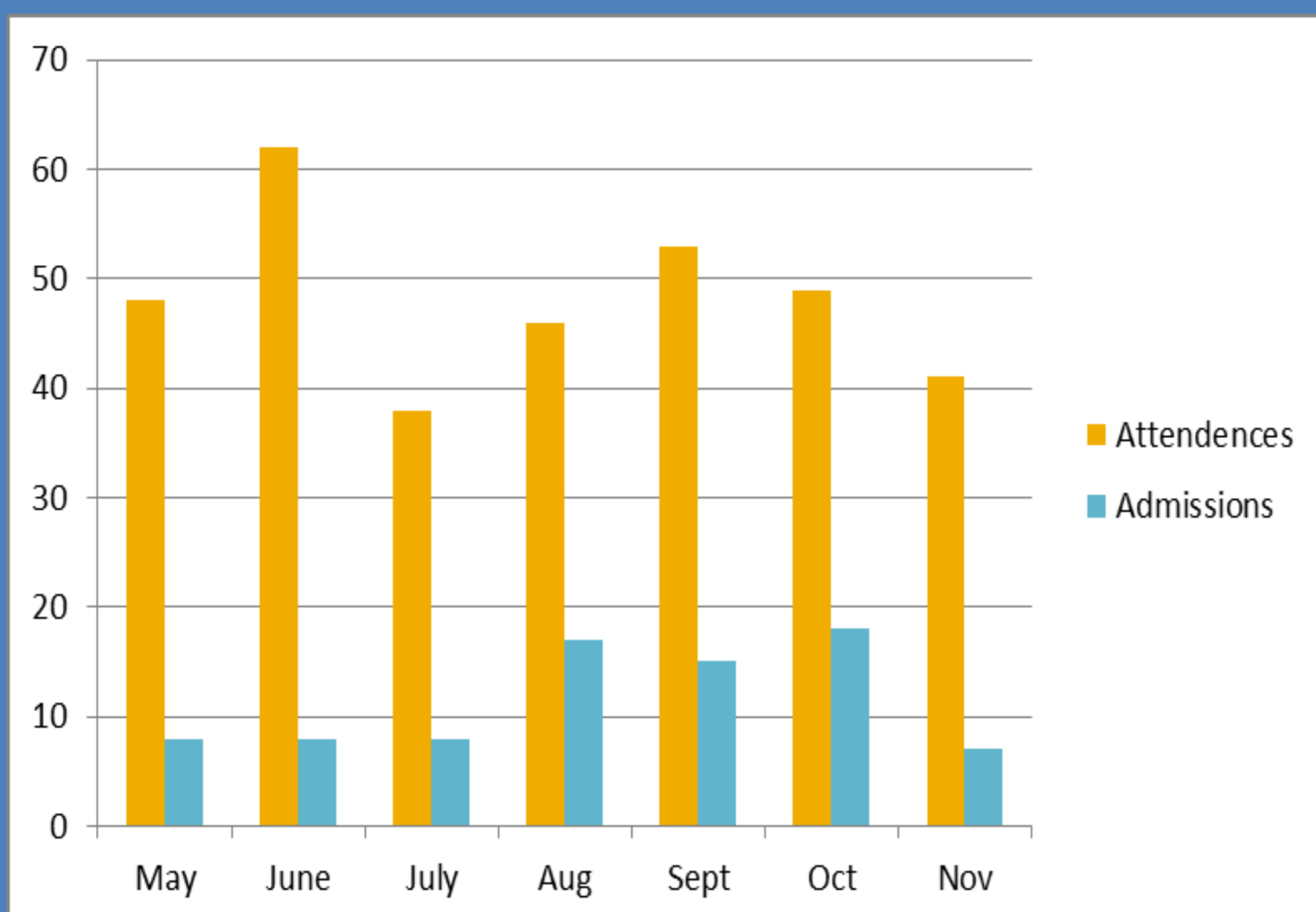
Aim	Primary Drivers	Secondary Drivers	Change Ideas
To initiate and improve the referral rate of homeless patients to the Local Authority (LA) from the Emergency Departments.	Legislation	Agree referral pathways	Ensure fit service demands Agree types of referrals, phone or email.
		Create guidelines	Multi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



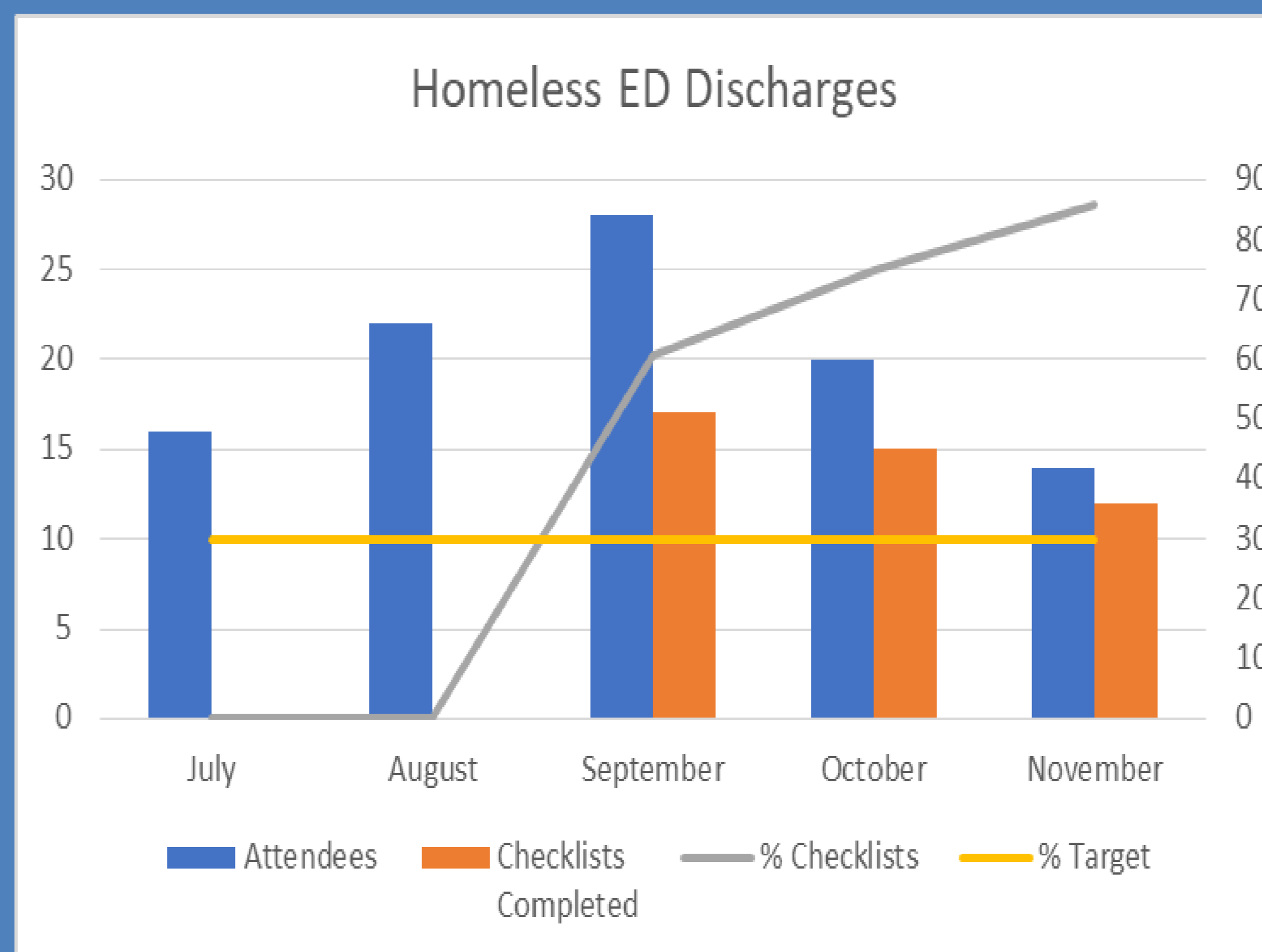
INTERVENTIONS

- ❖ 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



Homeless Person Checklist

Section A - To be completed for all cases. Tick appropriate boxes below

1. Patient attendance location
 ED Outpatient area Inpatient area Please state/line or area

2. What is the housing concern? (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 relevant Patient Information Leaflet? Yes Declined

3. What type of accommodation are they currently living in?
 Street Hostel Squat Supportive housing Temporary housing
 Other (please specify) _____

Other fields include: Patient phone number, Email, Patient current address/area, Patient contact name/address (if different), Patient contact number.

Section B - To be completed if patient is being admitted
 Make Referral to ELIM Homeless Housing Officer: 07525918378 (based in GRH)
 If answer/phone leave message stating patient's name and location

Section C - To be completed if patient is being discharged from Emergency Department
 Does the patient want help in finding a safe place to go?
 Yes (please proceed to actions below) No/Declined (No further actions to be taken)

Refer patient to:
 P3 on 01452 221698 (9-5pm) or 01242 335733
 P3 Safe Spaces Hub 01452 767077 (24hours) GRH
 P3 Safe Spaces Hub 01242 335733 (24 Hours) CGH
 Safe Spaces is not suitable for patients with a history of violent episodes.

Please document below which P3 contacted and outcome

Signature _____ Print name _____
 Designation _____ Date ____/____/____ Time ____:____

TO BE FILED IN PATIENT'S HEALTH RECORD

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 FUTURE 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.