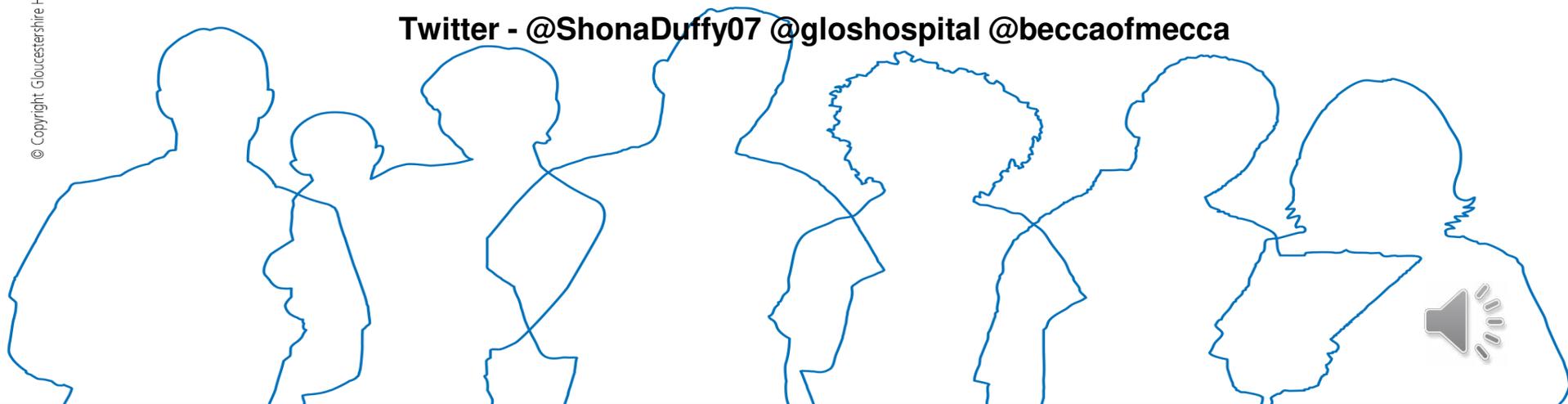


Homeless Patient Guideline Initiative Emergency Department

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Co-authored by Sister Becca Shaw and Dr Pippa Medcalf

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Introduction

- As a trust we see approximately 600 No Fixed Abode attendances a year to our Emergency Department (ED). Like many trusts we often discharged back to the streets at any time and with no support
- Our project focused on improving care given to homeless patients and simultaneously enacting the Homeless Reduction Act (2017) Duty to Refer legislation.
- The initiative focused on building relationships with local services and putting processes in place.



Interventions

- Volunteer with local charities.
- Work closely with community services to create referral pathways suitable to meet all individual service demands.
- Create guidelines and checklist document.
- Update patient information leaflet conforming to information governance protocols.
- Work with IT to identify homeless patients on presentation.
- LOTS of teaching and engagement with staff.



		Name: _____	
		Date of Birth: DD / MM / YYYY	
		MRN Number: _____	
		NHS Number: _____	
		<small>(OR AFFIX HOSPITAL LABEL HERE)</small>	

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/site or area _____

2. What is the housing concern? (Please tick all that apply)

Over-crowded accommodation? <input type="checkbox"/>	Domestic abuse? (complete DASH) <input type="checkbox"/>
Rent/mortgage arrears? <input type="checkbox"/>	Court eviction? <input type="checkbox"/>
Staying with friends? <input type="checkbox"/>	Asked to leave current accommodation? <input type="checkbox"/>
Rough sleeping? <input type="checkbox"/>	Other (please specify) _____ <input type="checkbox"/>

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) _____

Patient phone number _____ Email _____

Patient current address/area _____

Patient contact name/address (if different) _____

Patient contact number _____

With patients consent refer to appropriate council according to patient's postcode. Without consent you may still refer if there are children involved or Support/Care Needs
 dutyreferefer@cheltenham.gov.uk dutyreferefer@gloucester.gov.uk
 dutyreferefer@cotswold.gov.uk dutyreferefer@stroud.gov.uk
 dutyreferefer@isaan.gov.uk dutyreferefer@wekesbury.gov.uk

4. Is patient being admitted **please go to Section B**
discharged **please go to Section C**

Section B - To be completed if patient is being admitted
Make Referral to ELIM Homeless Housing Officer: 07525918378 (based in GRH)
 If answerphone leaves 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 _____

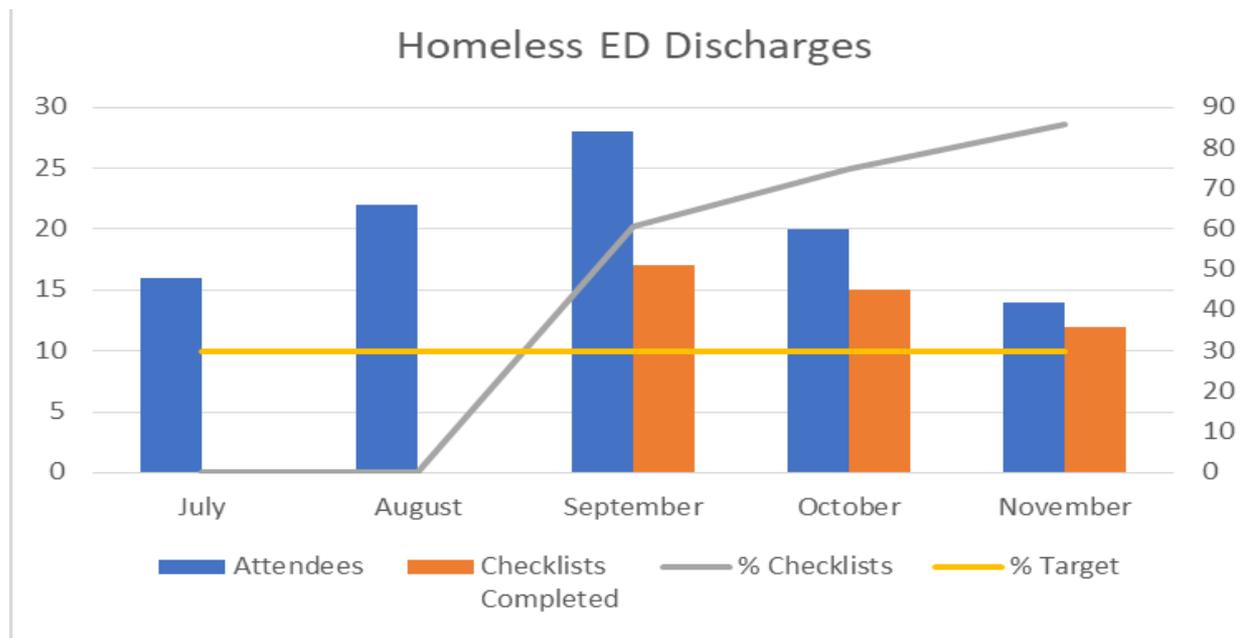
If patient is not registered with a GP, advise to register with HHT George Whitefield Centre, 107 Great Western Road, Gloucester and send Discharge Summary.

Signature _____	Print name _____
Designation _____	Date DD / MM / YYYY Time 00 : 00

TO BE FILED IN PATIENT'S HEALTH RECORD GIN051Y1988/01, 19 Review Date: 01, 22

Results.....

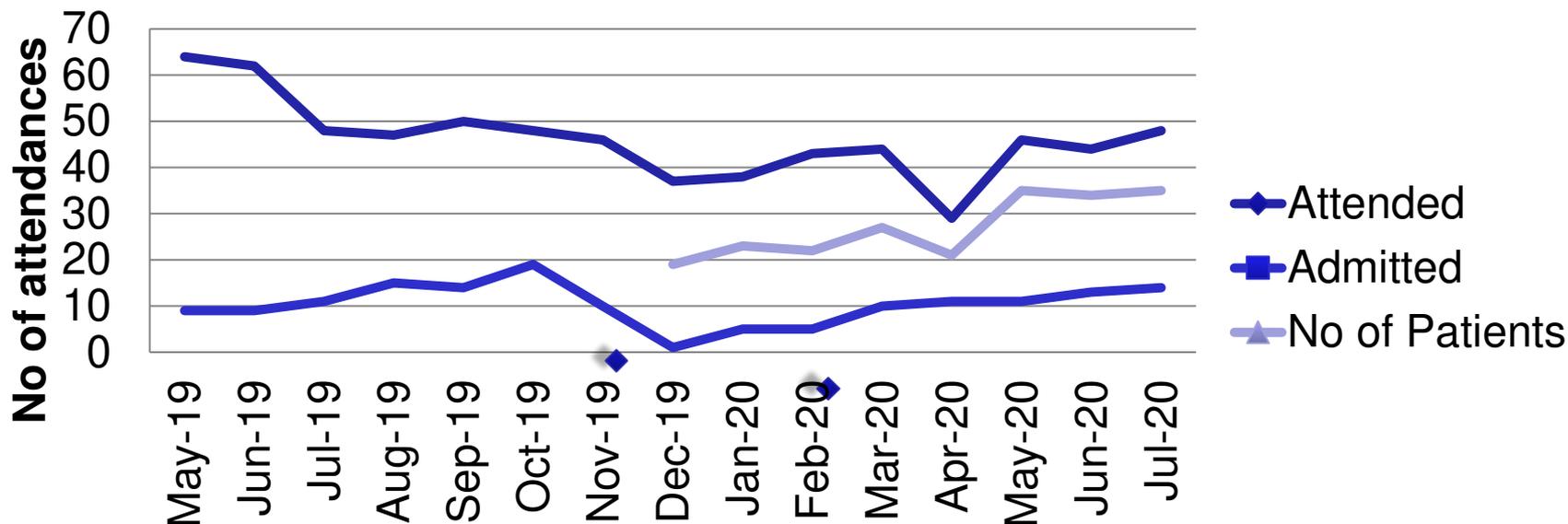
We initially had a compliance aim of 30%, by end of November we had hit 87%!





And the result is this....

Homeless Attendances



Summary

We have seen a large cultural shift in our ED's. Moving from discharging homeless patients back to the streets to ensuring ongoing support is in place. Thanks to the new pathways this support can be implemented 24 hours a day.

The multi agency working now happening from the ED is leading to better outcomes for this vulnerable group of people, with many of our referrals being accommodated within 24 hours and then not reattending the ED.

As clinicians in ED we may be the one and only health professional that person has contact with. It is vital that we identify homelessness, the associated risks and act on them. **Every contact counts!**

