The Royal College of Emergency Medicine

Clinical Audits

FACULTY FOR HOMELESS AND INCLUSION HEALTH

Royal College of Physicians

*EXCELLENCE IN EMERGENCY MEDICINE*

**Audit information sheet**
**Inclusion Health Clinical Audit Pilot**
**Nov – Dec 2015**

## 1. Introduction and background

The pilot clinical audit by RCEM is focusing on the needs of homeless people, including rough sleepers and members of the street community. The audit will look at how Emergency Departments are organised and how homeless patients are cared for. Data will be collected in EDs for two weeks in the run up to Christmas. The report will be published in time for Christmas, and will reflect on the quality of care in the UK at the moment.

Homeless people constitute a red flag symptom, marking a significantly increased risk of ill health and premature death. For too long, the NHS has dismissed these vulnerable minority groups as simply an issue of housing and social care, but there is a growing body of evidence that long-term 'dispossession' is fundamentally an issue of health. These disadvantaged groups lack work, home and health.

*Late Professor Aidan Halligan*
*Chair, Faculty for Homeless and Inclusion Health*
*College of Medicine*

## 2. Aims and objectives

The purpose of the audit is:

- To pilot the feasibility of a national clinical audit on homeless healthcare in the ED
- To provide a baseline for future comparison and full national clinical audit
- To identify current performance in UK Emergency Departments (EDs) against Faculty for homelessness and inclusion health standards (revised September 2015)
- To identify areas for national improvement and facilitate quality improvement

### 3. Inclusion criteria

The first 20 unique patients meeting all the following criteria for inclusion:

- Adult patients past their 16th birthday attending the ED
- Homeless people, including
    - rough sleepers
    - no fixed abode or
    - street community

### 4. Exclusion criteria

- Patients aged 15 or under
- Patients currently residing at a hostel*
- Repeat visits of the same patient within the data collection period

*Due to anticipated difficulties in distinguishing hostels from other residential addresses, particularly in large towns and cities.

### 5. Identifying eligible patients

The optimum method for identifying the audit sample will be dependent on local organisational processes and structures. The following suggestions may help you to identify homeless patient notes, but is not intended to be an exhaustive list:

- Liaison with local homeless team (if available)
- Consultation with locally held database of known homeless patients (if available)
- Search for patient notes with 'no fixed address', 'no fixed abode', 'NFA'
- Search for patients with the following postcodes: ZZ99 3VZ, ZZ99 3WZ, NF1 1AB. Further information on identifying eligible or potentially eligible patients via postcodes is given below.

Data dictionary guidance on postcodes:
If a PATIENT has no fixed abode this should be recorded with the appropriate code (ZZ99 3VZ).

It may be relevant to search patients with no postcode recorded, or using the postcode ZZ99 3WZ:

| *Unable to be allocated:* | |
|---|---|
| At sea | ZZ99 3WZ |
| In the air | ZZ99 3WZ |
| Inadequately described/specified | ZZ99 3WZ |
| Information refused | ZZ99 3WZ |

| | |
|---|---|
| Not collected | ZZ99 3WZ |
| Not known | ZZ99 3WZ |
| Not stated/specified | ZZ99 3WZ |

HSCIC guidance on postcodes
ZZ99 3CZ = England, GB, UK (not otherwise stated)
ZZ99 3VZ = No fixed abode
ZZ99 3WZ = Not known + sundry categories
ZZ99 2WZ = Northern Ireland
ZZ99 1WZ = Scotland
ZZ99 3GZ = Wales

ISD Scotland guidance on postcodes
The following postcodes should be used:
No fixed abode NF1 1AB

Read codes:
Living rough - 13FL
Sleeping in night shelter - 13FM
Living in hostel - 13F9
Lives with others: supported group living - EMISNQLI11
Sofa surfer - person of no fixed abode - 13D7
Accommodation status - staying with friends or family as short term guest - EMISNQAC794
Squatter - 13FG
Living in temporary accommodation - 13FW
Living in B&B accommodation - 13FA
Housing problem – 13EH
Lives on council site - 13FQ
House rented - private landlord - 13KA
Lives in residential home - 136FK
House owner with mortgage - 13K7
House owner - no mortgage - 13K6
Accommodation status other - EMISNQAC4
Accommodation status unknown - EMISNQAC830

## 6. Data Sources

ED patient records (paper, electronic or both).

## 7. Sample size

RCEM recommends auditing the first **20** unique eligible patients presenting to the ED within the data collection period. EDs will have the opportunity to audit more than 20 patient notes if this is a particular area of concern or interest for quality improvement.

It is recognised that smaller EDs may not see 20 eligible patients within the data collection period, in this case RCEM recommends auditing all eligible patients seen between 23 November - 6 December 2015.

**8. Data collection period**

Eligible patients attending the ED between 23 November - 6 December 2015.

**9. Data submission period**

Data can be submitted online between 23 November - 8 December 2015 at https://rcem.l2s2.com. Please note that there is an additional two day period (6 - 8 December) after the end of the data collection period to enable entering final data.

Due to tight timelines no extensions will be possible.

**10. Standards**

Understanding the different types of standards:

- **Fundamental standards**: need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels and service provision need to be in accordance with at least these fundamental standards. No provider should provide any service that does not comply with these fundamental standards, in relation to which there should be zero tolerance of breaches.

- **Developmental standards**: set requirements over and above the fundamental standards.

- **Aspirational standards**: setting longer term goals.

## Organisational Standards

| Standard |
|---|
| **Fundamental** |
| 1. Homeless patients are identified and recorded by ED staff |
| 2. Discharge letter is generated and sent to primary care, if the patient is registered with a GP |
| 3. Drug use as direct cause for presentation is identified and recorded |
| 4. Alcohol use as direct cause for presentation is identified and recorded |
| **Developmental** |
| 5. ED has access to NHS spine to identify registered GP |
| 6. Homelessness staff information pack is available and reviewed annually, with details of Streetlink, local street outreach, day centres, alcohol, drug and specialist targeted health services, and information on out of hours services |
| 7. Homeless patient leaflets are available in the ED, with details of day centres, alcohol, drug and specialist targeted health services, and information on out of hours services |
| 8. Designated link nurse for homelessness in the department |
| 9. Follow up plan is documented in the patient notes |
| 10. Trust has a policy for safeguarding vulnerable adults in A&E (including homeless) |
| 11. Trust has a system of recording alerts and multi-agency care plans for high risk or frequent attenders accessible at point of contact |
| 12. In department alcohol assessment, brief advice and referral is available according to NICE guidance |
| 13. In department drug assessment, brief advice and referral is available |
| 14. Multidisciplinary forum organised regularly to discuss homeless frequent attenders with community support services |
| **Aspirational** |
| 15. Lead consultant for homelessness and/or vulnerable groups |
| 16. ED has access to GP records |
| 17. Prioritised pathways for high risk homeless groups: e.g. Homeless IVDU attending with suspected DVT will be unlikely to return for USS next day - need to be prioritised to prevent DNA and re-attendance |
| 18. Identified process to locate homeless persons with abnormalities on results after leaving department (e.g. check previous records for addresses / contact numbers; Check CHAIN (if in London); Check Spine; Check psych system. If all no leads add alert in case of next attendance, contact police if urgent) |
| 19. Homeless patients further defined and recorded as "rough sleepers" (actually sleeping outside) or "street community"(includes all short term or insecure accommodation such as sofa surfing, squatting or living in hostels and shelters) |

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| 20. Process to facilitate GP registration where necessary (e.g. GP Service that has an open policy to homeless patients & agreement to temp register for follow-up or continued primary care |
| 21. Shared list of high risk/vulnerable patients across health and social care and street outreach services |
| 22. Method of obtaining feedback on how patients felt they were treated and if their problems were addressed e.g. friends and family test |
| 23. Robust and regular contact to provide link to community support organisations for rough sleepers and other vulnerable groups |
| 24. Designated worker or team to support follow up from A&E |
| 25. Process to record people using waiting room for shelter without booking in |
| 26. Care for staff: Training to provide alcohol brief intervention for homelessness, including quick risk assessment and signposting |
| 27. Care for staff: Support or clinical supervision available for staff dealing with homeless patients. |
| 28. Training for staff on homelessness and helping homeless patients |
| 29. Bookable slots with a specialist local homeless nurse (linked with GP) service 3 times weekly to manage primary care (chronic illness, wounds etc). |
| 30. Specialist homelessness practitioner or team on site |

**Patient Note Standards**

| **Standard** |
|---|
| **Fundamental** |
| 1. Number of homeless ED attendances in the last 3 months recorded |
| 2. Number of homeless patients leaving department without being seen by a clinician in the last 3 months recorded |
| 3. Drug and alcohol history documented |
| 4. If drug or alcohol use is direct cause for presentation, referred for specialist assessment |
| 5. If acute mental health problem identified, risk assessment/ MMSE/MOCA documented and referred to mental health liaison team |
| 6. Method of attendance documented (self/ police/ ambulance) |
| 7. Past medical history documented |
| 8. Medication history documented |
| **Developmental** |
| 9. Patient is only referred for GP follow up if they have a registered GP |
| 10. If patient is not registered with a GP, advice or signposting for registration is given |
| 11. Discharge letter to GP includes homeless status |
| 12. Written information on homeless services offered to patient. |
| 13. Replacement clothing offered if necessary |
| **Aspirational** |

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| 14. Social history documented by assessing clinician to include sleep site, length of time homeless, homeless services frequented, key worker (may be street outreach, hostel worker, probation) |
| 15. If brought by ambulance service - patient notes document where collected (essential for reviewing notes for safeguarding / frequent attenders) |
| 16. If attending with alcohol related cause - CIWA score to be documented before leaving department |
| 17. Homeless patients with alcohol as cause of attendance to have Pabrinex IV administered if indicated |
| 18. If sleeping rough, referred to an outreach team |

## 11. Questions

**Organisational audit**

**Please answer the following organisational questions once per emergency department only**

| | | | |
|---|---|---|---|
| Q1 | Do staff in the Emergency Department identify and record homeless patients? | Fully identified and recorded | |
| | | Partially e.g. identified but not recorded | |
| | | No | |
| Q2a | Number of ED attendances over the past three months (over 16 years of age)[1] | *[number]* | |
| Q2b | Number of ED attendances from homeless patients over the past three months (over 16 years of age)[2] | *[number]* | |
| | | Data not available/known | |
| Q3 | Are discharge letters generated and sent to primary care, if the patient is registered with a GP? | Yes – always | |
| | | Yes – sometimes | |
| | | No | |
| Q4a | Is a homelessness staff information pack available? | Yes | |
| | | No | |
| Q4b | If yes: Does the homelessness staff information pack contain information on the following: (tick all that apply) | Streetlink | |
| | | Day centres | |
| | | Alcohol services | |
| | | Drug services | |
| | | Specialist targeted health services | |
| | | Out of hours services | |
| Q4c | If yes: Has the homelessness staff information pack been reviewed in the past 12 months?[3] | Yes | |
| | | No | |
| Q5a | Are homeless patient leaflets are available in the ED? | Yes<br>No | |
| Q5b | If yes: Do the homeless patient leaflets contain information on the following: (tick all that apply) | Day centres | |
| | | Alcohol services | |
| | | Drug services | |
| | | Specialist targeted health services | |
| | | Out of hours services | |
| Q6 | Does the Trust have a policy for safeguarding vulnerable adults in A&E? | Yes – explicitly including homeless patients<br>Yes – but not explicitly including homeless patients | |

| | | | |
|---|---|---|---|
| | | Policy under development<br>No | |
| Q7 | Does the Trust have a system of recording alerts for high risk or frequent attenders? | Yes – accessible at point of contact<br>Yes – not accessible at point of contact<br>No | |
| Q8 | Does the Trust have a system of recording multi-agency care plans for high risk or frequent attenders? | Yes – accessible at point of contact<br>Yes – not accessible at point of contact<br>No | |
| Q9 | Is the following available according to NICE guidance? [4] | In department alcohol assessment | |
| | | Brief advice | |
| | | Referral | |

| Notes |
|---|
| |

**Help notes:**

[1] Number of adult patients attending the ED between 1 September – 30 November 2015, including repeat attendances within this period.

[2] Number of homeless adult patients attending the ED between 1 September – 30 November 2015, including repeat attendances. Include rough sleepers, street community and patients with no fixed address.

[3] Is there documentation that the homelessness staff information pack has been reviewed between 23 November 2014 and 23 November 2015?

[4] NICE guidance: http://pathways.nice.org.uk/pathways/alcohol-use-disorders/brief-interventions-for-alcohol-use-disorders

**Patient notes audit**

To be answered for every homeless patient seen in the data collection period: 23 Nov – 6 Dec 2015

| | |
|---|---|
| Record # | |
| Patient reference | |

**Please submit all data online: https://rcem.l2s2.com**
The deadline for data submission is **8 December**

**Casemix**

| | | | |
|---|---|---|---|
| | Date of arrival | dd/mm/yyyy | |
| | Time of arrival | hh:mm | |
| | Age of patient on attendance | 16-40 | |
| | | 41-64 | |
| | | 65 and over | |
| | Patient gender | Male | |
| | | Female | |
| | | Other | |
| | Documented method of attendance | Self-presentation/walk in | |
| | | Ambulance | |
| | | Police | |
| | | Not documented | |
| | | Other | |

**Patient history and presentation** [1]

| | | | |
|---|---|---|---|
| 1 | Is the past medical history documented in the notes? | Yes<br>No | |
| 2 | Is the medication history documented in the notes? | Yes<br>No | |
| 3a | Is the patient registered with a GP? | Yes – in area<br>Yes – out of area<br>No | |
| 3b | If no or GP not in area: was advice or signposting for GP registration given? | Yes<br>No | |
| 4 | Did the patient leave before being seen? | Yes | |
| | | No patient self-discharged<br>No | |
| 5a | Was drug or alcohol use[2] identified and documented in the notes? | Yes - direct cause of presentation | |

| | | | |
|---|---|---|---|
| | | Yes – not as the direct cause of presentation<br>No | |
| 5b | If yes: is there documented evidence that the patient was referred for specialist drug or alcohol assessment? | Yes<br>No – reason documented<br>No patient refused<br>No | |
| 6a | Was an acute mental health problem identified and documented in the notes? | Yes<br>No | |
| 6b | If yes: was a risk assessment documented? | Yes<br>No – reason documented<br>No patient refused<br>No | |
| 6c | If yes: is there documented evidence that the patient was referred to mental health liaison team? | Yes<br>No | |

**Discharge and follow up**

| | | | |
|---|---|---|---|
| 7 | Was the patient referred for GP follow up? | Yes<br>No<br>unknown | |
| 8a | Was a discharge letter generated and sent to primary care? | Yes<br>No | |
| 8b | If yes: Did the discharge letter to the GP include the patient's homeless status? | Yes<br>No<br>Unknown | |
| 9 | Is there documented evidence of written information on homeless services offered to the patient? | Yes<br>No | |
| 10 | Is there documented evidence of replacement clothing offered if necessary? | Yes<br>No<br>No - not necessary | |

| Notes |
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**Help notes:**

[1] Do not include repeat visits of the same patient within the data collection period

[2] Refers to harmful or problematic drug or alcohol use

[3] See audit information for relevant reed codes

**References**

Data dictionary guidance on postcodes

HSCIC guidance on postcodes

ISD Scotland guidance on postcodes

NICE alcohol guidance