Rachel Smith
Nurse Practitioner

KHP Pathway Homeless Team

Working with A&E

Guy's and St Thomas' NHS
NHS Foundation Trust

A&E is a unique service

- 400-450 patients daily (18 – 20 patients an hour)
- Average staffing:

  13 nurses, 8 doctors, 2 consultants

  UCC - 1 Nurse, 3 Nurse Practitioners, 3 GPs

- 24 hours a day, 7 days a week, 365 days a year
- Instantly accessible
- Everything and anything that comes through the door

A&E Clinical Quality Indicators

- Time in A&E 4 HOURS From registration to admission or discharge
- Unplanned re-attendance Within 7 days target of 1-5%
- Left without being seen Target of less than 5%
- Ambulatory Care Unnecessary admission avoidance.

Social exclusion

Early death and high health costs

Looking a little further

- Homeless people attend A&E 5 times as much, are admitted 3 times as often, and stay 3 times as long as the general public. Overall they cost 8 times as much.[1]

- The average age of death for homeless people is just 47 years.[2]

- In 2011 A&E had **3397** homeless attendances. That's 7 – 10 daily

With an estimated health care cost of

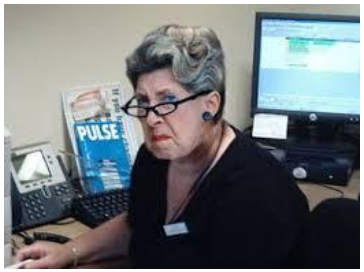
£2.5 million

Identifying the challenges

Homeless patients attending A&E in 2011

70% came via London Ambulance Service

70% Discharged with GP f/u - no registration



70% DNA rate for OPA

Developments of the project

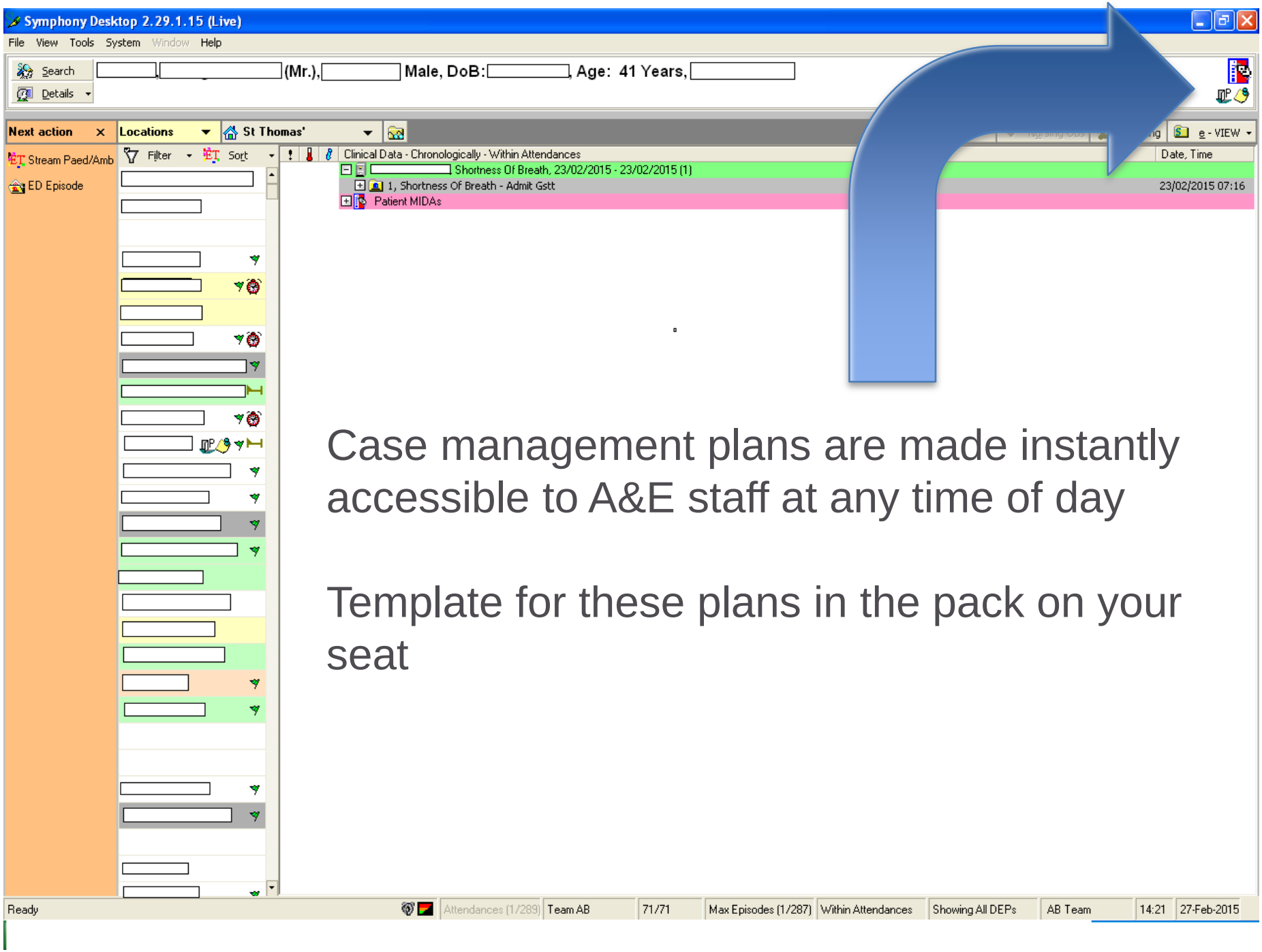
- Built networks with local homeless services and hostels (across boroughs!)
- Simple staff resources available on all department computers
- Patient hand-outs for homeless services
- Staff training days
- Targeted training for hostels
- Frequent attenders meeting

Frequent attender meeting

Agencies across Westminster, Southwark, and Lambeth

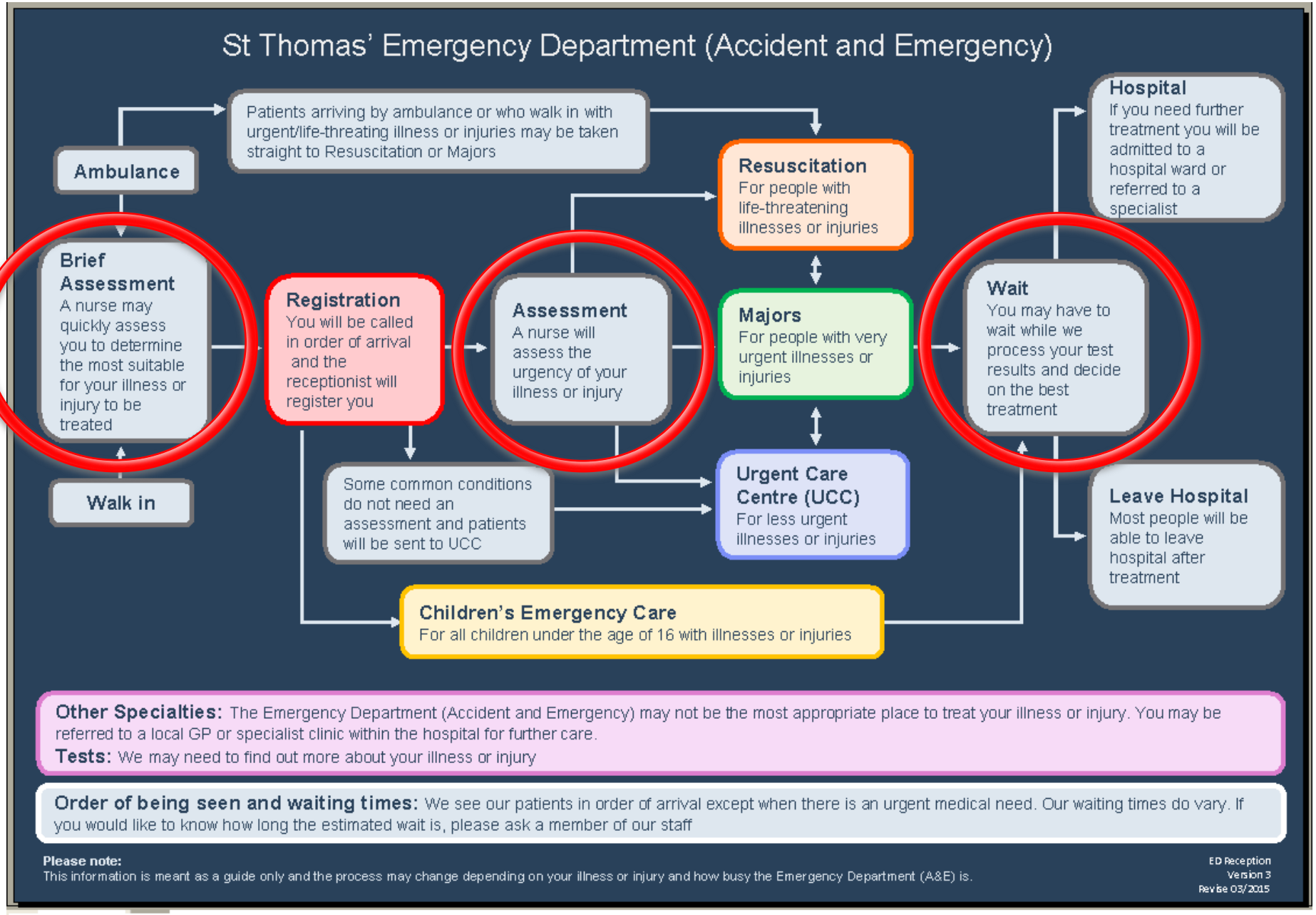
Focus on case management and care planning

Other A&Es
Mental Health
Specialist Nursing Teams
GPs
Outreach Teams
Hostel Managers
Commissioners



Case management plans are made instantly accessible to A&E staff at any time of day

Template for these plans in the pack on your seat



Flow process with stages of potential positive intervention

Case Study RG

- 42, Male, hostel resident. Alcohol misuse, ASBO in place for borough, highly chaotic
- 3 attendances weekly, mostly walk-in with chest pain
- Majority of attendance outcomes a DNA or removed by security
- Care planning centered around Psychological background of presentations.
- Understanding of driving factors and work with hostel staff drastically reduced poor outcomes, department disruption and reduced attandances.

Case study 2 CS

- 62, Female. Highly chaotic, stroke, alcoholism, incontinent
- 12 names across 13 sites in 12 years
- 5 year data from 7 hospitals – 508 A&E attendances with 58 admissions – estimated cost of £250,000
- Not known to homeless services, failing to engage with multiple services. Debate over capacity
- Co-ordinated work Pan-London with sole focus on ownership – Now in nursing home. 2 planned hospital attendances at 6 months post placement

SAVINGS ????

Adding up the costs

- Analysed attendance and admission data on 8 highly case managed frequent attending clients
- The average cost of the presentations of these 8 clients:

2011 £119'326

2012 £127'768

2013 £98'730 (A&E project started)

2014 £11'576 (KHP Pathway Team started Jan 2014)

Next steps?

- Pan-London information sharing
- KHP Service extended into SLAM February 2015 – improved co-ordination of care
- Championing within The College of Emergency Medicine
- Further development with ED - Further integration project driven by Lead Consultant at GSTT Please complete 'Top 5 challenges' hand out.

References

1. Office of the Chief Analyst. Healthcare for single homeless people. Department of Health, 2010. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250.

2. Crisis 2011. Homelessness: a silent killer. London Dec 2011. http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf

Thank you for listening

Any Questions?

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