



The Royal College of
Emergency Medicine

Clinical Audits



FACULTY
FOR HOMELESS AND
INCLUSION HEALTH



Royal College
of Physicians

EXCELLENCE IN EMERGENCY MEDICINE

Inclusion Health Clinical Audit 2015-16

Pilot Report – Patient Audit

Published: 22 December 2015



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Foreword



Homeless people represent some of the most vulnerable individuals in our society. It is surely a marker of a civilised society that care and concern for these people is reflected in the provision of appropriate healthcare services.

This first pilot audit seeks to quantify provision of these services and act as a catalyst for future improvement projects.

Dr Clifford Mann

President, Royal College of Emergency Medicine



An audit of ED's in areas with significant numbers of homeless people has identified a number of simple measures which can improve care, with the prospect of reducing the number of medical emergencies experienced by homeless people.

The RCEM is working with the Faculty for Homeless and Inclusion Health to encourage more ED's to improve their care of homeless people.

Dr Nigel Hewett

Secretary to the Faculty for Homeless and Inclusion Health



Homeless people deserve the best medical treatment possible. The RCP is committed to improving quality of care for homeless patients, and supporting clinicians to reduce health inequalities.

I am proud to work with RCEM and Pathway on this important project. Together we are in a position of strength to make a positive change.

Prof. Jane Dacre

President, Royal College of Physicians



Executive summary

The purpose of this pilot audit was to stimulate improved outcomes for homeless people attending EDs. Standards were set by the Faculty for Homeless and Inclusion Health, in collaboration with RCEM.

A total of 294 homeless people presenting to 22 Emergency Departments were included in this pilot clinical audit. One additional ED reported no attendances by eligible patients during the data collection period, therefore this ED is not represented in the data.

EDs are ideally placed to support the work of primary care teams as homeless patients are nearly 5 times more likely to attend ED than housed-controls¹. Homelessness is estimated to have increased by 40% over the past 4 years, therefore it is essential that ED staff are trained appropriately.

Summary of findings

This is the first time that a national multi-centre clinical audit of ED care for homeless people has been carried out in the UK.

This pilot audit has demonstrated that it is possible to conduct an effective audit against these Standards. Fundamental Standards scored better than Developmental. There are plainly opportunities for improvement in every aspect of care, and this audit process will support EDs to improve care.

Recommendations and next steps

1. ED's to continue to identify and care for homeless people, by making sure that particular problems such as mental illness and drug or alcohol dependency are properly addressed.
2. Where patient information is available ensure that this is provided, to signpost homeless people for help and support in the community.
3. RCEM and Faculty for Homeless and Inclusion Health to revise the draft Standards in the light of this pilot audit.
4. RCEM and Faculty for Homeless and Inclusion Health to develop an on-line learning resource on the RCEM website to help ED improve their care of homeless patients

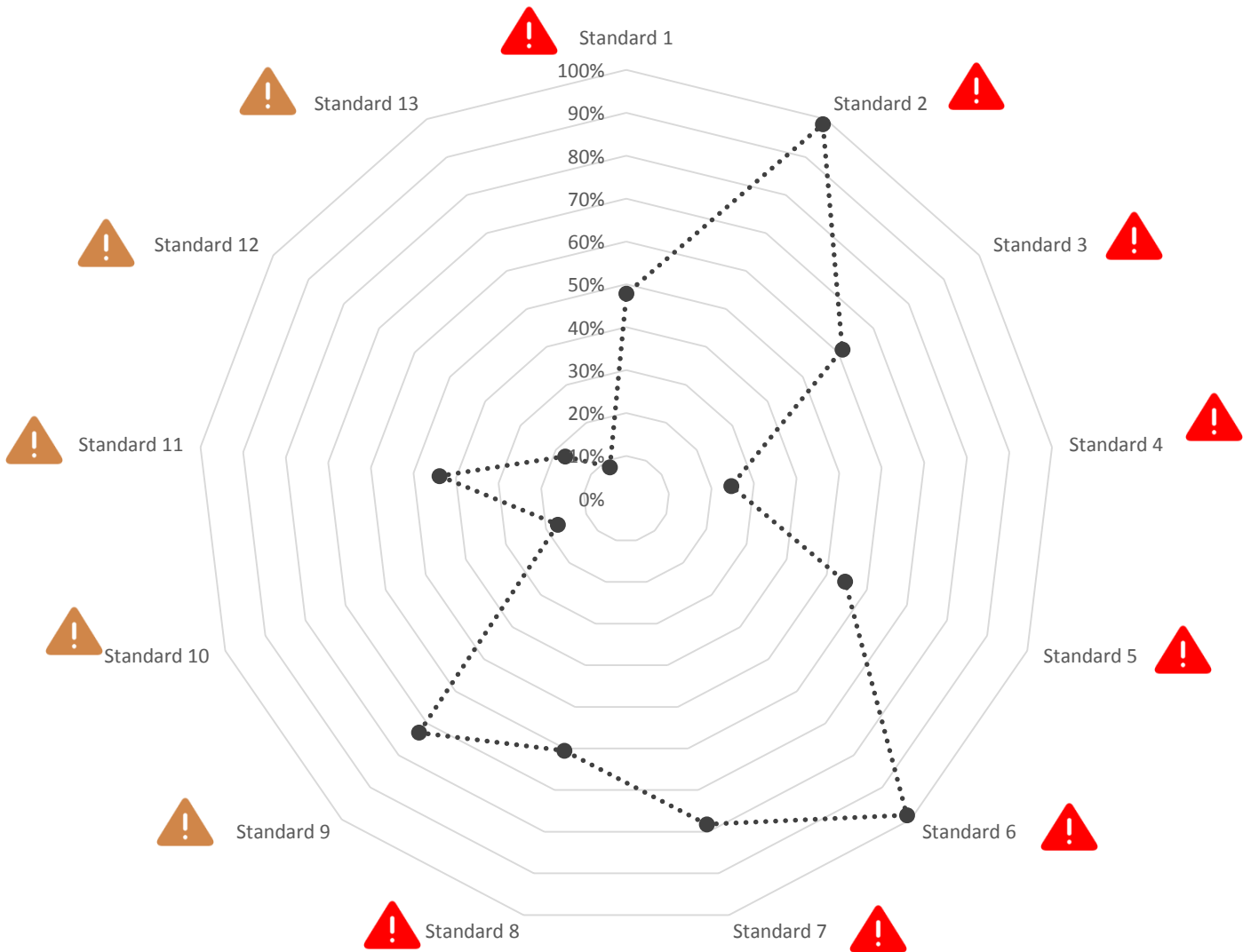
This report should be read in conjunction with the organisational audit report, also published 22 December 2015.

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



Inclusion Health Clinical Audit 2015

This graph shows the national performance on all standards for this audit.



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

↑ Higher scores (e.g. 100%) indicate higher compliance with the standards and better performance.

↓ Lower scores (e.g. 0%) indicate that your ED is not meeting the standards and may wish to investigate the reasons.



Introduction

"Inclusion Health" addresses the health care needs of the socially excluded, who experience the extremes of health inequalities. Needs are characterised by complexity, often involving the combination of physical ill health with mental illness and drug or alcohol dependency in the context of a lack of social support and personal resilience. Individuals may be homeless, sex workers, vulnerable migrants or Gypsies and Travellers.

This pilot audit focuses on the needs of homeless people, including rough sleepers and members of the street community (squats, sofa surfers, hostel dwellers and others in insecure accommodation).

An effective response to this complexity requires multi-agency coordination and links to appropriate services and support.

The Faculty for Homeless and Inclusion Health is a multi-disciplinary network of clinicians and service users, supported by Pathway Charity, with the aim of improving the quality of health care for homeless people and other excluded groups. The Faculty publishes [Standards for Commissioners and Providers](#). V2.0 was commissioned by DH and endorsed by the Royal College of Physicians.

V3.0 of the Standards is in preparation, and will include more recommendations for secondary care and emergency departments. As part of this process the Royal College of Emergency Medicine has supported a pilot homeless health audit, carried out in selected Emergency departments in preparation for Christmas period 2015.

Nationally, 294 cases from twenty-two EDs were included in the audit.

Endorsements

This report has been endorsed by:



The Royal College of
Emergency Medicine



Royal College
of Physicians





Understanding the different types of standards



Fundamental: 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: set requirements over and above the fundamental standards.



Aspirational: setting longer term goals.

Standards

The audit asked questions against standards published by The Faculty for Homeless and Inclusion Health and RCEM in September 2015.

Patient Standards relevant to the audit

Below are listed the organisational standards relevant to this pilot audit. For the full list of organisational standards, please see the appendix.

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



Audit history

'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
Former Chair, Faculty for Homeless and Inclusion Health
College of Medicine*

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.

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

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.



Format of this report

The table overleaf shows the overall results of all pilot trusts. More detailed information about the distribution of audit results can be obtained from the charts on subsequent pages of the report.

Please bear in mind the comparatively small sample sizes when interpreting the charts and results.

Feedback

We would like to know your views about this report, and participating in this audit. Please let us know what you think, by completing our feedback survey: www.surveymonkey.co.uk/r/T2JMZF9

We will use your comments to help us improve our future audits and reports.



Summary of pilot patient audit findings

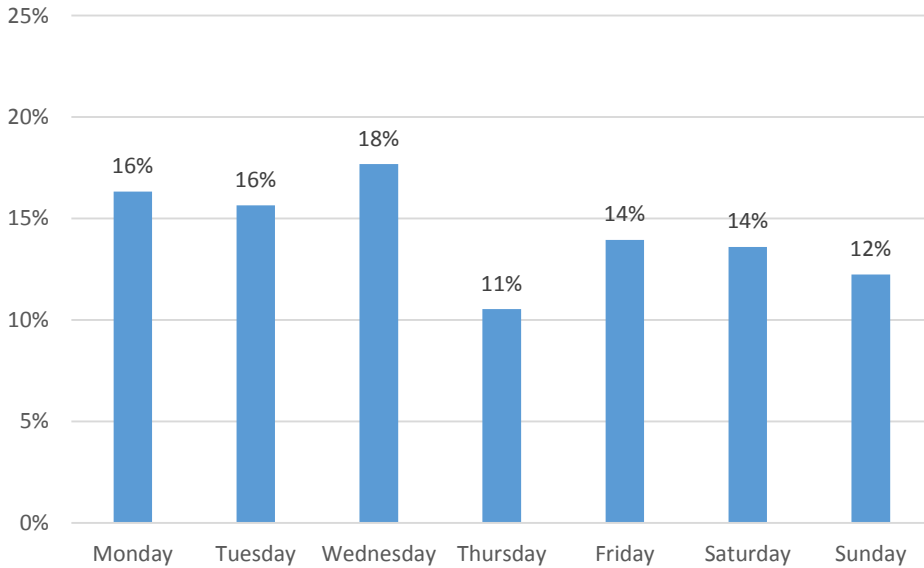
Patient audit	Standard	Mean
Fundamental		
1. Homeless ED attendances in the last 3 months recorded	100%	48%
2. Homeless patients are seen by a clinician, or are recorded as having left the department before being seen	100%	99%
- Patients are seen by a clinician before leaving the department	-	78%
3. Drug and alcohol history documented	100%	61%
4. If drug or alcohol use is direct cause for presentation, referred for specialist assessment	100%	25%
5. If acute mental health problem identified, risk assessment/ MMSE/MOCA documented and referred to mental health liaison team	100%	55%
6. Method of attendance documented (self/ police/ ambulance)	100%	99%
7. Past medical history documented	100%	78%
8. Medication history documented	100%	61%
Developmental		
9. Patient is only referred for GP follow up if they have a registered GP	100%	73%
10. If patient is not registered with a GP, advice or signposting for registration is given	100%	17%
11. Discharge letter to GP includes homeless status	100%	44%
12. Written information on homeless services offered to patient.	100%	17%
13. Replacement clothing offered if necessary	100%	8%



Casemix

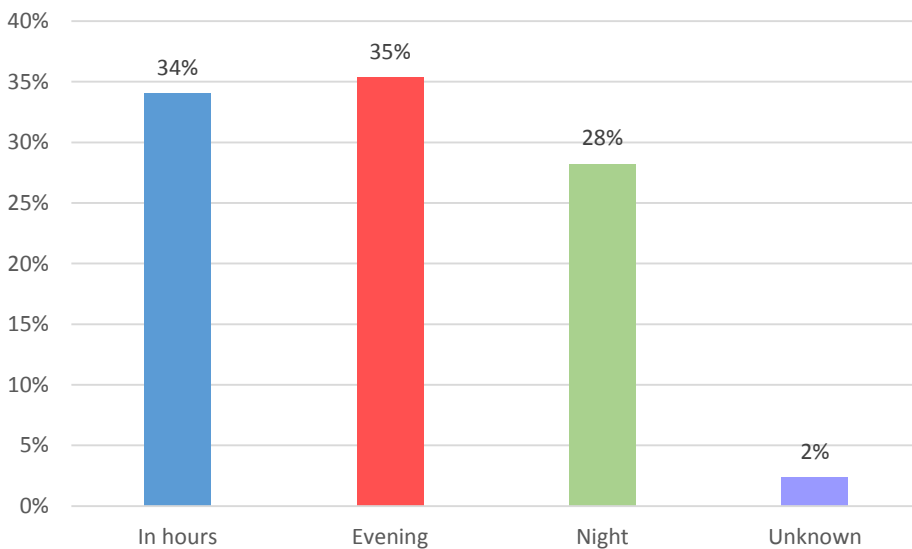
This section gives information about the national case mix and demographics of patients.

Date of arrival



Sample: all patients
(n=294)

Time of arrival



Sample: all patients
(n=294)

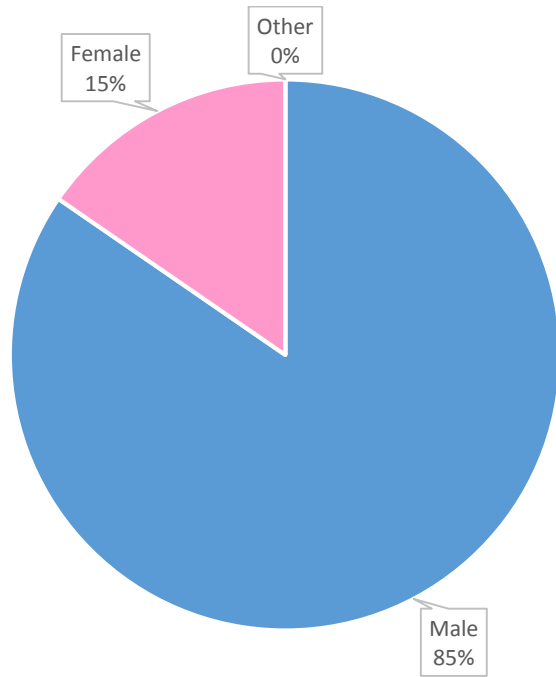
Definition:

- In hours: 09:00-17:00
- Evening: 17:01-00:00
- Night: 00:01-08:59



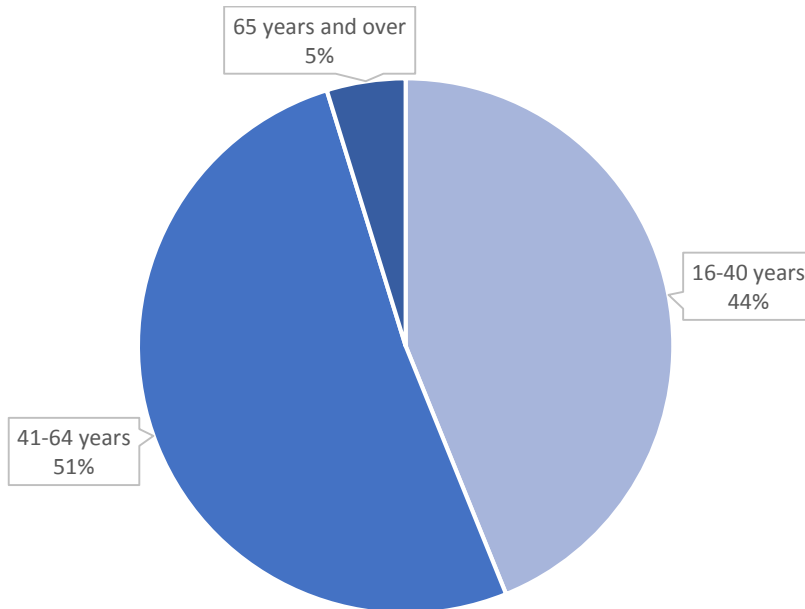
Inclusion Health Clinical Audit 2015

Patient gender



Sample: all patients (n=294)

Patient age

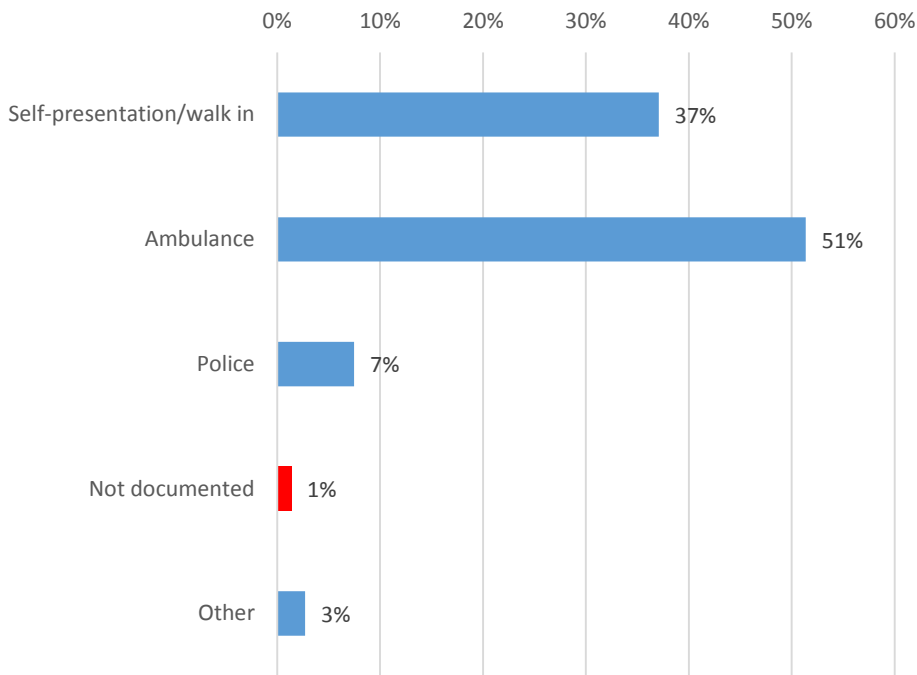


Sample: all patients (n=294)



Inclusion Health Clinical Audit 2015

Method of attendance

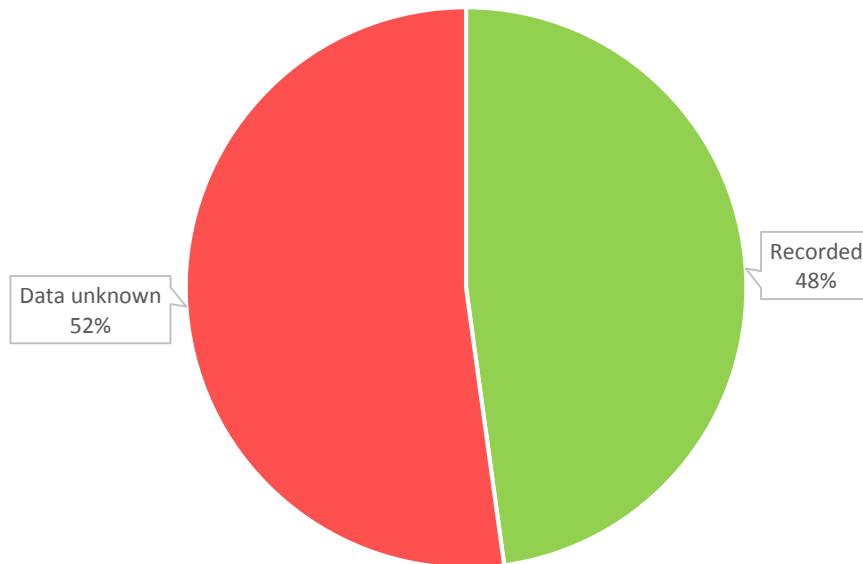


Standard 6: Method of attendance documented (self/ police/ ambulance)

Standard met in 99%

Sample: all patients (n=294)

Number of attendances by homeless patients in the past 3 months documented?



Standard 1: Number of homeless ED attendances in the last 3 months recorded

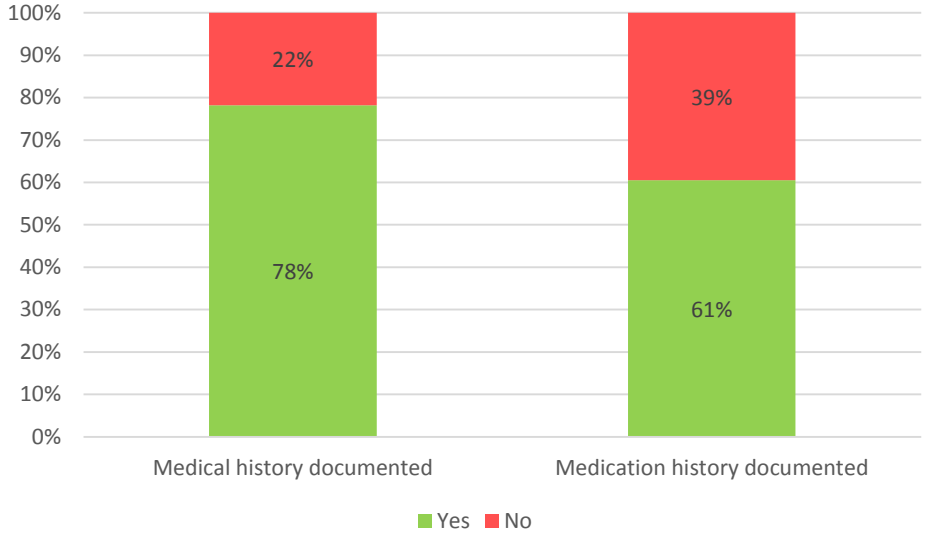
Standard met in 48%

Sample: all patients (n=294)



Patient history and presentation

Q1 and 2: Is the past medical and medication history documented in the notes



Standard 7: Past medical history documented

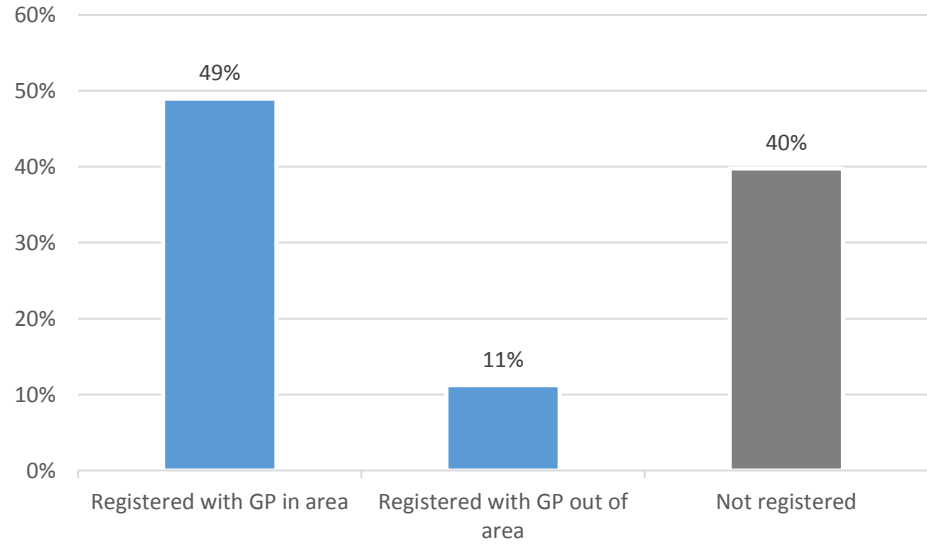
Standard met in 78% patients

Standard 8: Medication history documented

Standard met in 61% patients

Sample: all patients (n=294)

Q3a: Is the patient registered with a GP?

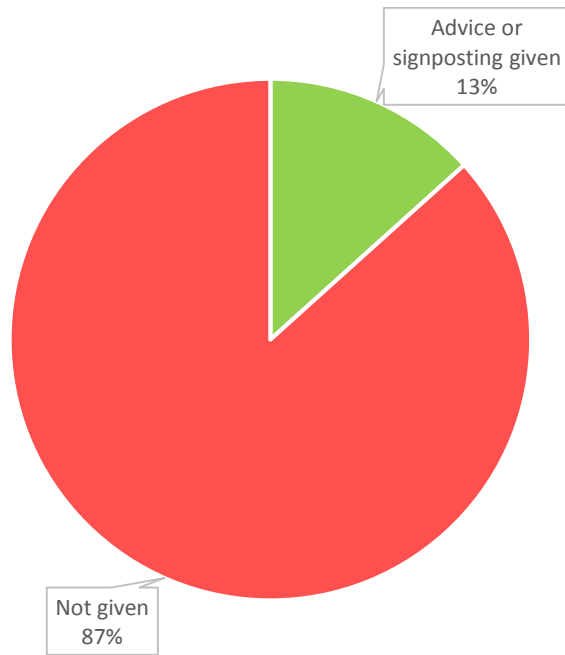


Sample: all patients (n=294)



Inclusion Health Clinical Audit 2015

Q3b: If the patient is not registered with a GP, or is registered with a GP out of area, was advice or signposting for GP registration given?



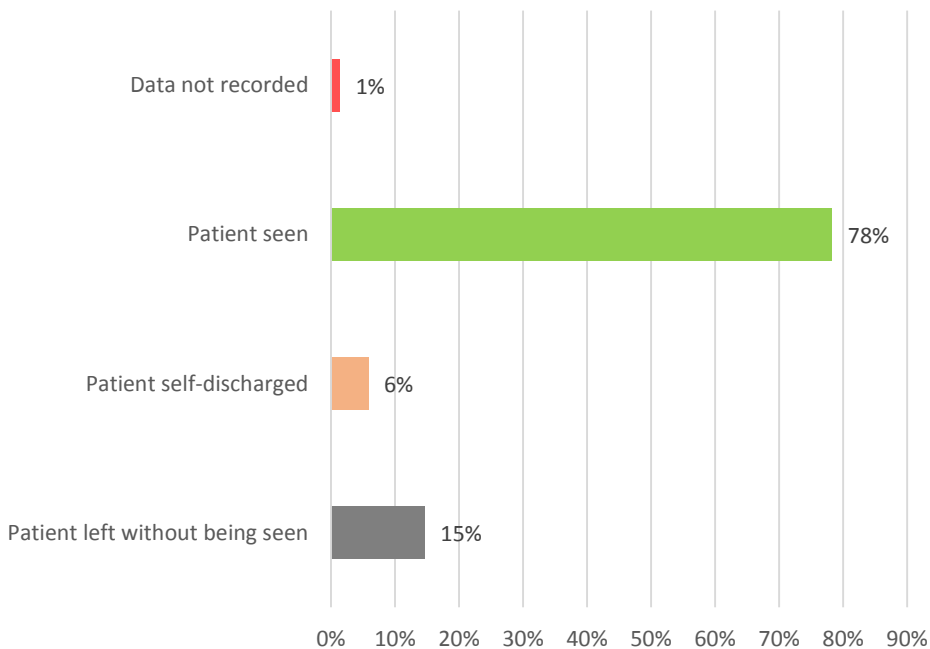
Standard 10: If patient is not registered with a GP, advice or signposting for registration is given

Standard met in 17% patients

Sample: if Q3a = 'yes – out of area' or 'no' (n=150)

Note: the sample for the standard differs to the sample used for the graph.
Standard sample: if Q3a = 'no'

Q4: Did the patient leave the ED before being seen?



Standard 2: Number of homeless patients leaving department without being seen by a clinician in the last 3 months recorded.

Standard met in 99% patients

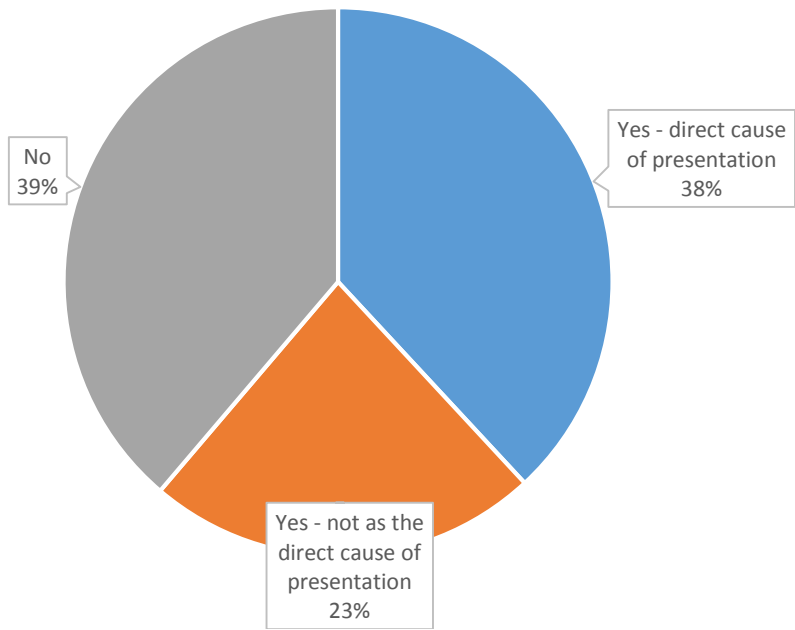
78% of patients were seen by a clinician before leaving the department.

Sample: all patients (n=290, missing data for 4 patients)



Inclusion Health Clinical Audit 2015

Q5a: Was drug or alcohol use identified and documented in the notes?

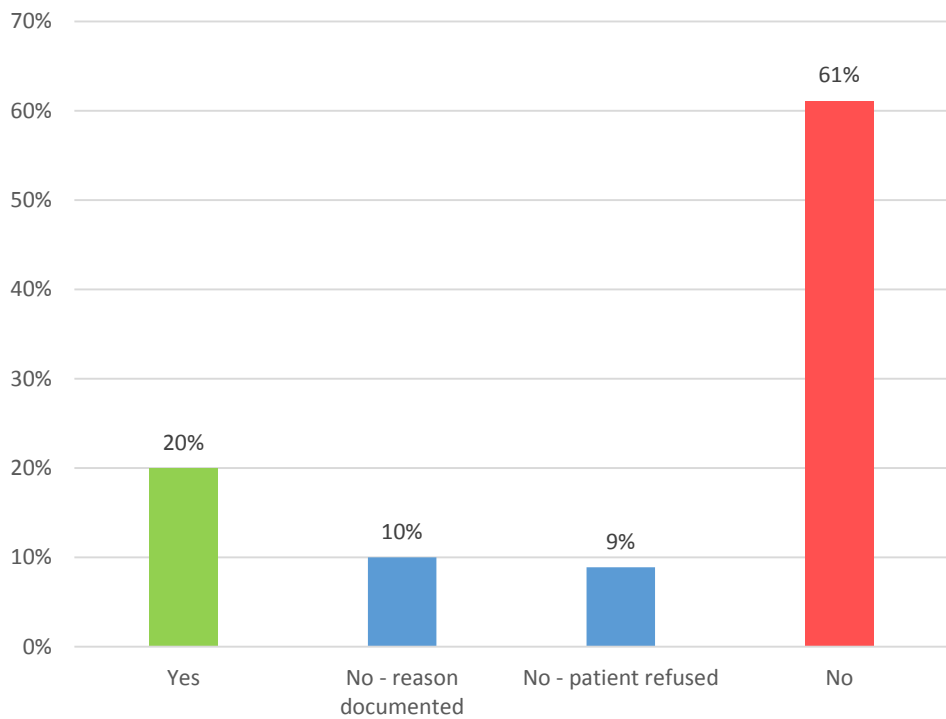


Standard 3: Drug and alcohol history documented.

Standard met in 61% patients

Sample: all patients (n=294)

Q5b: If yes: is there documented evidence that the patient was referred for specialist drug or alcohol assessment?



Standard 4: If drug or alcohol use is direct cause for presentation, referred for specialist assessment.

Standard met in 25% patients

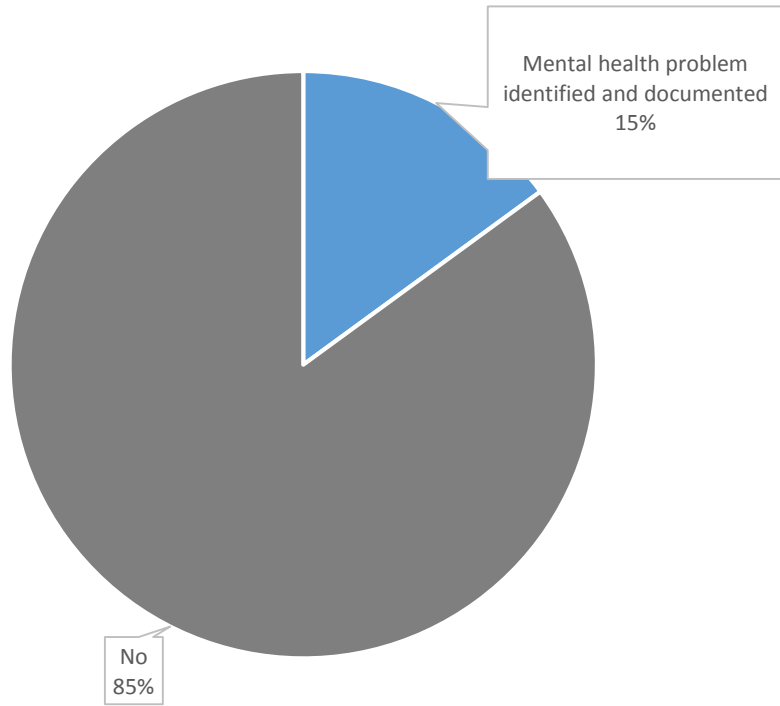
Sample: if Q5a = yes (n=180)

Note: the sample for the standard differs to the sample used for the graph. Standard sample denominator: all patients, excluding those refusing referral or with reason documented (n=146)



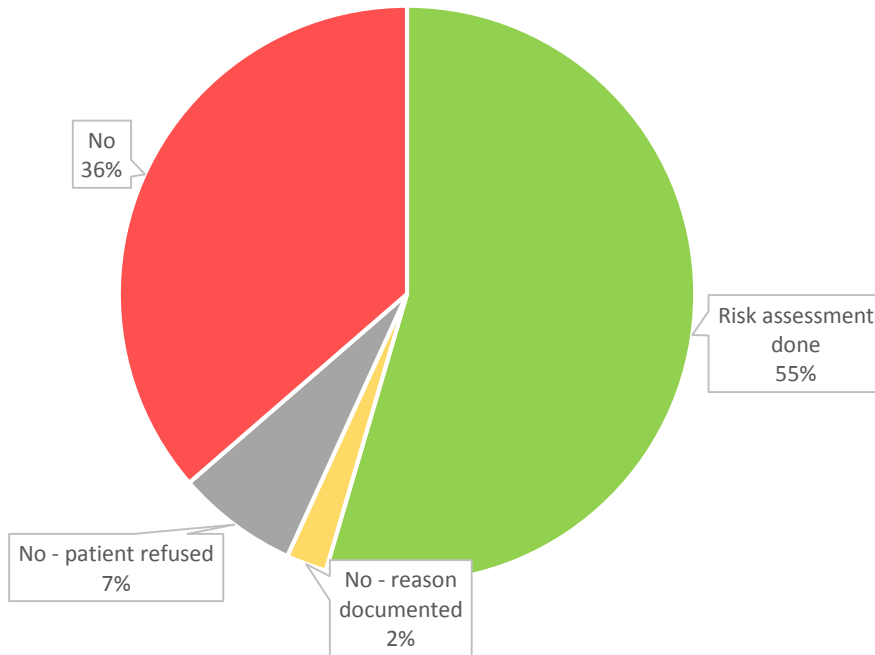
Inclusion Health Clinical Audit 2015

Q6a: Was an acute mental health problem identified and documented in the notes?



Sample: all patients (n=294)

Q6b: If yes: was a risk assessment documented?



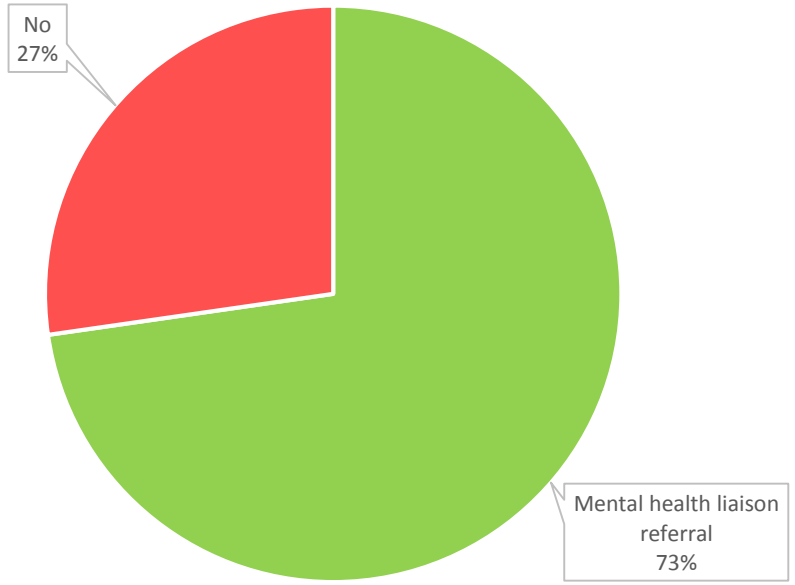
Sample: if Q6a = yes (n=44)



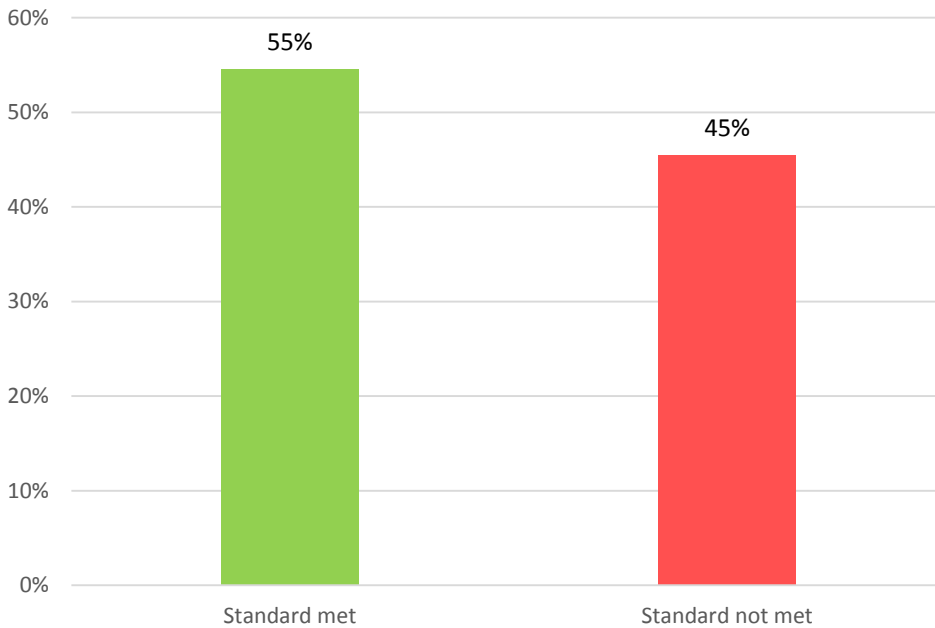
Inclusion Health Clinical Audit 2015

Q6c: If yes: is there documented evidence that the patient was referred to mental health liaison team?

Sample: if Q6a = yes (n=44)



Standard 5: If acute mental health problem identified, risk assessment/ MMSE/MOCA documented and referred to mental health liaison team



Standard 5: If acute mental health problem identified, risk assessment/ MMSE/MOCA documented and referred to mental health liaison team

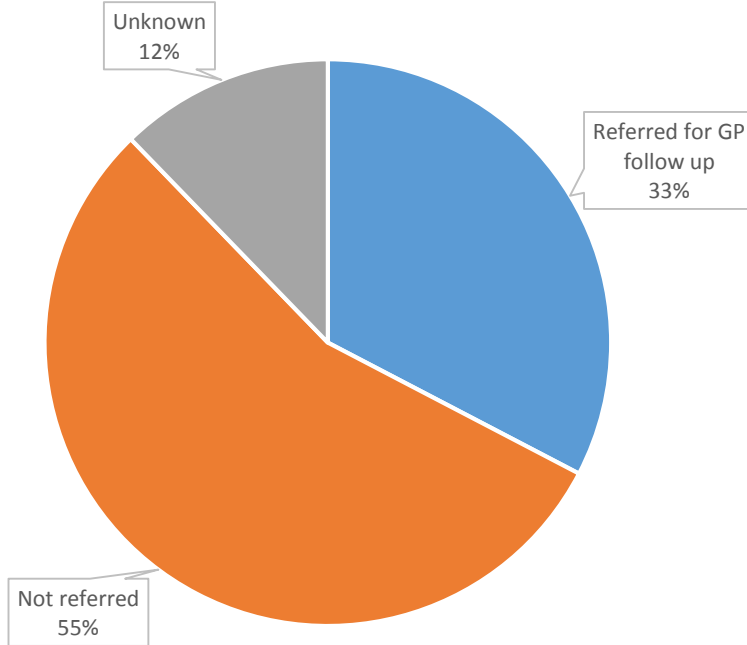
Standard met in 55% patients

Sample: if Q6a = yes (n=44)



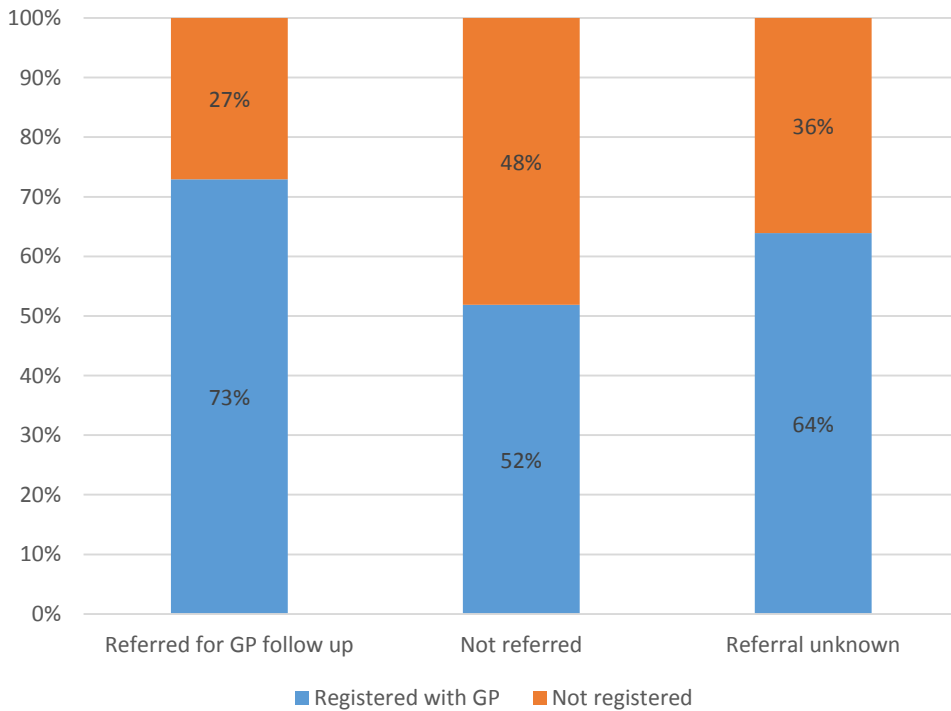
Discharge and follow up

Q7: Was the patient referred for GP follow up?



Sample: all patients (n=294)

Patients are only referred for GP follow up if they have a registered GP



Standard 9: Patient is only referred for GP follow up if they have a registered GP

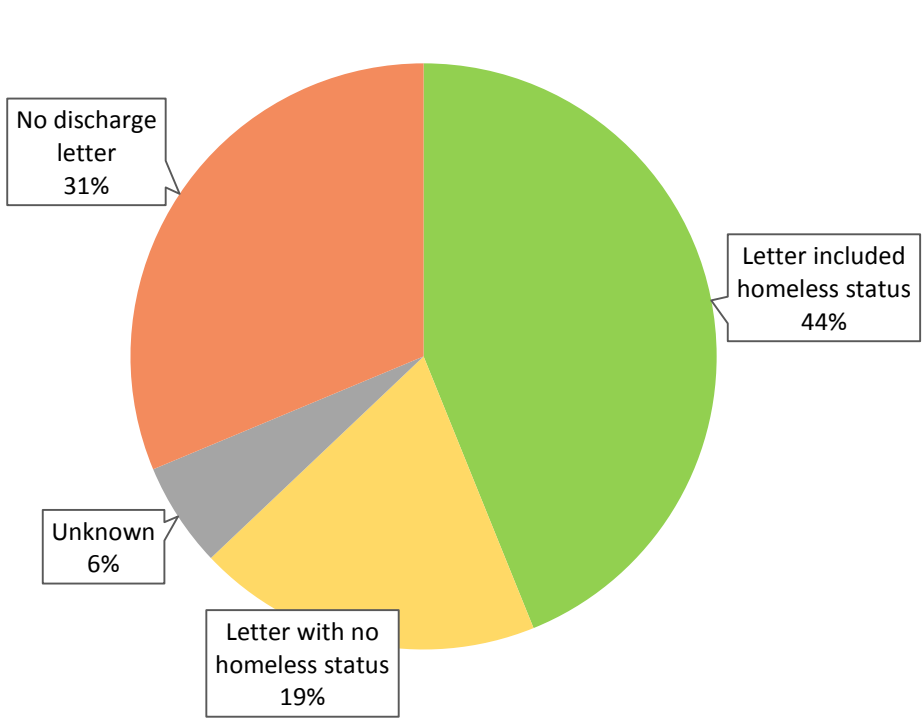
Standard met in 73% patients

Sample: all patients (n=294)



Inclusion Health Clinical Audit 2015

Q8: Was a discharge letter generated and sent to primary care? If yes, did the discharge letter include the patient's homeless status?

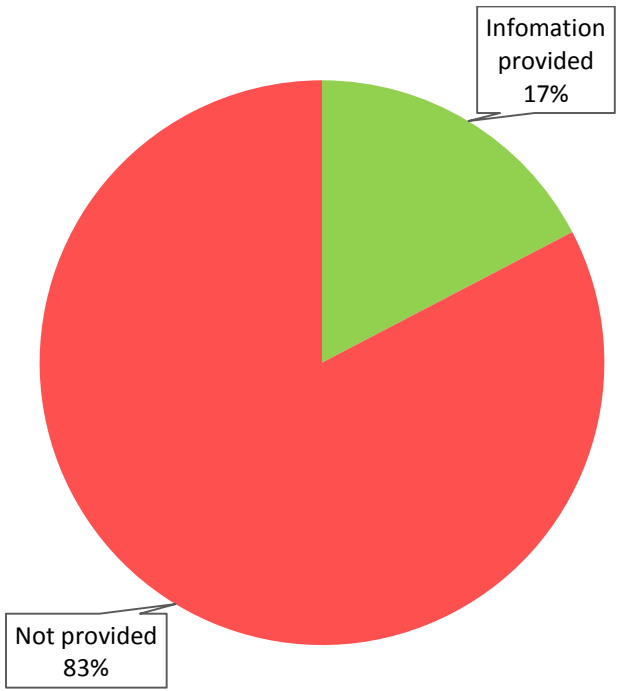


Standard 11: Discharge letter to GP includes homeless status

Standard met in 44% patients

Sample: all patients (n=294)

Q9: is there documented evidence of written information on homeless services offered to the patient?



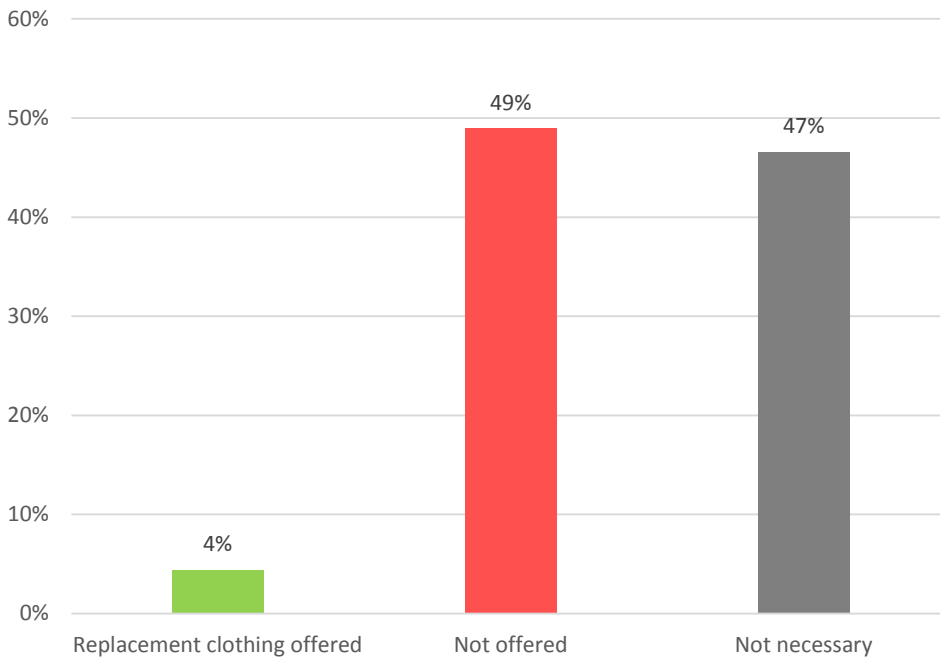
Standard 12: Written information on homeless services offered to patient.

Standard met in 17% patients

Sample: all patients (n=294)



Q10: is there documented evidence of replacement clothing offered if necessary?



Standard 13:

Replacement clothing offered if necessary

Standard met in 8% patients

Sample: all patients (n=294)

Note: the sample for the standard differs to the sample used for the graph. Standard sample denominator: all patients, excluding those for whom replacement clothes were not necessary (n=137)



Summary of recommendations

Use the results of this audit to improve the care for homeless patients in your organisation.

1. ED's to continue to identify and care for homeless people, by making sure that particular problems such as mental illness and drug or alcohol dependency are properly addressed.
2. Where patient information is available ensure that this is provided, to signpost homeless people for help and support in the community.
3. RCEM and Faculty for Homeless and Inclusion Health to revise the draft Standards in the light of this pilot audit.
4. RCEM and Faculty for Homeless and Inclusion Health to develop an on-line learning resource on the RCEM website to help ED improve their care of homeless patients.



Inclusion Health Clinical Audit 2015

Further Information

Thank you for taking part in this audit. We hope that you find the results helpful.

If you have any queries about the report please e-mail audit@rcem.ac.uk or phone 020 7067 1269.

Feedback is welcome at: www.surveymonkey.co.uk/r/T2JMZF9

Details of the RCEM Clinical Audit Programme can be found under the Clinical Audit section of the College website at www.rcem.ac.uk.

Useful Resources

- National report – organisational audit
- CSV data file – allows you to conduct additional local analysis using your site-specific data for this audit (for pilot sites only)
- Resources, links and papers on the Pathway website: www.pathway.org.uk
- Examples of local guidance and proformas: www.rcem.ac.uk/Shop-Floor/Clinical%20Guidelines/Local%20Guidelines

Report authors and contributors

This report is produced by the Royal College of Emergency Medicine, with endorsement from the Royal College of Physicians, Faculty for Homeless and Inclusion Health, Crisis and The Queen's Nursing Institute.

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Endorsed by:



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FACULTY
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INCLUSION HEALTH



Royal College
of Physicians



The
Queen's
Nursing
Institute



References

1. Office of the Chief Analyst. Healthcare for single homeless people. Department of Health, 2010.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250
2. Faculty for homelessness and inclusion health – standards for commissioners and service providers (sept 2013) <http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf>
3. [Data dictionary guidance on postcodes](#)
4. [HSCIC guidance on postcodes](#)
5. [ISD Scotland guidance on postcodes](#)
6. [NICE alcohol guidance](#)



Appendix 1: Full standards list

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
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



Appendix 2: Audit questions and definitions

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>

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



Inclusion Health Clinical Audit 2015

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

Discharge and follow up

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

Notes



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 read codes



Appendix 3: Participating Emergency Departments

We are grateful to contacts from the following trusts for helping with the development and piloting of the audit:

- Addenbrooke's Hospital, Cambridge University Hospitals
- Aintree University Hospital, Aintree University Hospital NHSFT
- Frimley Park Hospital, Frimley Health NHSFT
- Gloucester Royal Hospital, Gloucestershire Hospitals NHSFT
- King's College Hospital, King's College Hospital NHSFT
- Leighton Hospital, Mid Cheshire Hospitals NHSFT
- Lincoln County Hospital , United Lincolnshire Hospitals NHS Trust
- Macclesfield Hospital, East Cheshire NHS Trust
- Mater Misericordiae University Hospital, Dublin
- Musgrove Park Hospital, Taunton and Somerset NHS Foundation Trust
- Queen Alexandra Hospital, Portsmouth Hospitals Trust
- Royal Berkshire Hospital, Royal Berkshire NHS Foundation Trust
- Royal Cornwall Hospital, Royal Cornwall Hospitals Trust
- Royal United Hospital Bath, Royal United Hospitals Bath NHSFT
- St George's University Hospitals NHSFT
- St Thomas', Guy's and St Thomas' NHSFT
- St. James's Hospital, Dublin
- The Countess of Chester NHS Foundation Trust
- The Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Ulster Hospital (Belfast) South Eastern Trust
- University College Hospitals, University College London Hospitals NHSFT
- University Hospital of Wales, Cardiff