



# CASE STUDY

## Healthcare Inequalities

## COMMENDED: Clinical Audit Heroes Awards 2023

Mikaela Wardle, Senior House Officer at Sandwell & West Birmingham NHS Trust, in partnership with the Homeless Patient Pathway and Alcohol Care teams

**Inclusion Health in the Emergency Department, caring for patients who are homeless or socially excluded**

Homelessness in Birmingham is a growing concern. Birmingham now has the 5th highest rate of people experiencing homelessness in the UK, with 1 in 80 people living in temporary accommodation or sleeping rough. City Hospital is located within inner city Birmingham; its A&E department therefore serves many patients who are experiencing homelessness. According to the Royal College of Emergency Medicine, people experiencing homelessness are 60 times more likely to visit A&E than the general population. They often present A&E with complex medical, social, and mental health needs which can be challenging to manage in the time-pressured and often stretched A&E environment.

**“ We were impressed by the team’s focus on the need to capture information in a compassionate and sensitive way to, in particular, assess for a history of assault, sexual exploitation and trafficking risk; factors which all have a significant impact on mental and physical health.”**

Clinical Audit Awareness Week judging panel

### Project aims

To improve the quality of care delivered to the homeless population presenting to A&E, by:

1. Ascertaining whether the A&E department was meeting national standards in caring for those who are homeless.
2. Identifying ways to support A&E staff to provide holistic care for patients experiencing homelessness.
3. Seeing if A&E staff were utilising the wider MDT (the in-house Homeless Patient Pathway team, Alcohol Care Team, and Liaison Psychiatry) to make safe, holistic plans for homeless patients presenting to the department.

### How did it work?

We used the Royal College of Emergency Medicine (RCEM) Best Practice Guideline “Inclusion Health in the Emergency Department” as my audit standard. This guideline listed a set of fundamental standards, developmental standards and aspirational standards which all A&E departments should be meeting or aspiring to. We reviewed the electronic notes for all patients known by or referred to the trust’s homeless team presenting to A&E between 1st Jan 2022 and 31st March 2022 to see if the standards were being met within the department.

We also sent a survey to all A&E junior doctors working in City Hospital in March 2022 to ascertain their knowledge and confidence levels about managing patients experiencing homelessness in the department.

## Findings

Overall, the audit showed that the homeless population were frequent attenders to A&E (mean of 3 visits to A&E in the 3-month audit period). Despite attending frequently, they often left the department without being seen by a clinician (9% of cases) and did not return for follow up appointments organised by the department (87.5% of patients did not attend follow up appointments). Homeless patients most frequently presented with problems related to drug and alcohol misuse, mental health, and injuries from physical altercations.

The staff in A&E did not always utilise the wider MDT to assist in management plans for the homeless population. They were also unaware of the available resources in the department to help signpost patients. The findings also identified that it is difficult to identify those who are “homeless” from the patient notes, and that the trust’s audit department does not keep a record of patients who are “homeless”.

## Outcomes

1. Presented the results of the audit at a departmental Quality Improvement meeting in May 2022. During this presentation it was highlighted that the importance of involving the wider MDT when caring for homeless patients in the department and advised staff about where to find the already available resources to signpost patients to.
2. The rotating junior doctors in the department have a two-day induction at the start of their rotation. The homeless patient pathway team and the Alcohol Care teams now have a slot to speak at the induction to raise their profile amongst the rotating doctors.
3. Worked with the homeless patient pathway team to print staff and patient information packs to be kept in the doctor’s computer area to help doctors advise and signpost homeless patients to relevant services.
4. Suggestion made that staff should “flag” homeless patients on the trust’s computer system to make it easier to identify and search for patients experiencing homelessness in the future.

Further information (RCEM Best Practice guideline for this project):

[https://res.cloudinary.com/studio-republic/images/v1635410921/Homelessness\\_and\\_Inclusion\\_Health/Homelessness\\_and\\_Inclusion\\_Health.pdf?i=AA](https://res.cloudinary.com/studio-republic/images/v1635410921/Homelessness_and_Inclusion_Health/Homelessness_and_Inclusion_Health.pdf?i=AA)

## Clinical Audit Heroes Awards

part of  
Clinical Audit  
Awareness Week

## Healthcare Inequalities

The Healthcare Inequalities award recognises clinical audits and projects that address inequalities in healthcare, and is one of five categories in this year’s Clinical Audit Heroes Awards.

The winners of each award were announced at a series of daily Lunch & Learn events, hosted by N-QI-CAN, on each of the award topics during Clinical Audit Awareness Week.

Details of these events (and recordings for those who wish to listen again) – with news of all the winners – can be found on the [Clinical Audit Awareness Week webpage](#).