Royal Perth Hospital Homeless Team

EVALUATION REPORT SUMMARY FEBRUARY 2019

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We need to intervene differently and earlier to overcome the steep precipice of health inequity experienced by people who are homeless... How we address the needs of our most marginalised populations is not only part of our duty of care as health professionals, but a fundamental marker of our humanity.

Background

Homelessness is a massive social, humanitarian and health issue in Western Australia. It results in adverse health outcomes including increased mortality and multiple morbidities. Furthermore, people experiencing homelessness often face significant barriers to accessing primary and community care, resulting in increased burden on costly, acute care services.

The Royal Perth Hospital (RPH) Homeless Team commenced in June 2016 as a collaboration between RPH and Homeless Healthcare (HHC) General Practice. The RPH Homeless Team provides in-reach General Practitioner (GP) care, enhanced care coordination and discharge planning that improves continuity of care for RPH patients experiencing homelessness. Based on the UK Pathway model, the RPH Homeless Team works to link patients with services that address underlying psychosocial determinants thereby enabling stabilisation of their health.

Evaluation Overview

This snapshot is based on the second evaluation report and provides an overview of the RPH Homeless Team model of care, patient demographics, changes in healthcare utilisation as a result of support from the team and initiatives and collaborations the Homeless Team have embarked on to improve the care and health of people experiencing homelessness.

For a copy of the full evaluation report please visit the Homeless Healthcare website:

RPH Homeless Team Aims

The RPH Homeless Team aims to support patients during their stay in hospital and link them to long-term GP care and other appropriate services for ongoing support in the community, with the aim of facilitating long-term improvements in health and wellbeing.

The overall aims of the Homeless Team are:

1. Review and offer assistance to all homeless patients identified within RPH
2. Link patients to community services assist with housing and support services
3. Improve discharge planning and aftercare for homeless patients at RPH
4. Link homeless patients to long term GP care
5. Reduce hospital healthcare utilisation via improvements in social situation and access to GP care
6. Facilitate long term improvements in health and welfare by addressing social determinants of health

Homeless Team Caseworker and Homeless Healthcare GP at Royal Perth Hospital

Royal Perth Hospital

Homeless HEALTHCARE

THE UNIVERSITY OF WESTERN AUSTRALIA

Demographic Profile of Homeless Team Patients

The RPH Homeless Team supports patients who are homeless or at risk of homelessness, this is a highly vulnerable cohort, with 70% of patients seen by the Homeless Team disengaged from community-based services and not receiving primary health care at the time of first contact with the Team.

1,014 **patients supported in the first two and half years**

73% **Rough sleeping at first contact with the Homeless Team**

44 **average age**

68% **male**

29% **Aboriginal or Torres Strait Islander**

Health Needs

The majority of RPH Homeless Team patients have multiple serious health conditions. **Psychiatric conditions** are common among active patients, with depression (26%), anxiety (12%), and schizophrenia (12%), the most frequent conditions. **Physical health conditions** are also common, with 28% of patients affected by Hepatitis B or C and 12% by diabetes at the time of their first contact with the Homeless Team. Additionally, there are high rates of substance use: methamphetamine (34%) and alcohol (32%), contributing to the poor health of RPH Homeless Team patients.

The many health issues of homeless individuals cluster with, and are exacerbated by, other social determinants of health such as psychological trauma, poverty, unemployment, domestic violence and social disconnection. This constellation of underlying social issues challenges traditional clinical boundaries: they are not seen as "medical" problems although they are major determinants of health for people experiencing homelessness
– Dr Amanda Stafford, Royal Perth Hospital

Case Study: The Role of the Homeless Team in Engaging a Patient with Complex Health Issues

Background

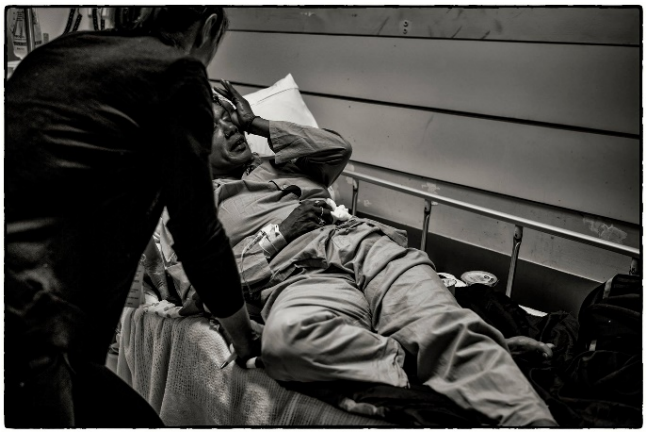
Mitch is a male in his mid-forties, who has been rough sleeping for over six years. He has a history of methamphetamine use and poorly controlled type 2 diabetes and related complications. A serious infection in a foot wound resulted in 11 admissions to RPH, totalling 61 days. Rough sleeping meant he was unable to keep off his foot or keep it clean, unable to store his diabetic medications and antibiotics, and unable to attend hospital dressing clinics and appointments as he had no means of contact. Ongoing methamphetamine use made finding accommodation challenging because it consumed his money and excluded him from most accommodation.

Role of RPH Homeless Team

Over many Homeless Team visits, the **caseworker** engaged Mitch in looking for suitable supported accommodation where meals and accommodation were provided, and eventually was accepted into a transitional accommodation. The RPH Diabetic team then admitted him for definitive treatment of the foot infection via amputation of the toes with infected bones. This required a 20-day admission, two operations and prolonged antibiotics. Mitch is now seen by HHC GPs for follow-up care in the community.

Current Situation

Mitch was discharged back to the Transitional Accommodation but within a month made the decision to return to his family in the country town, living with his father and regularly attending the local hospital for dressings.



It was a big relief to have the Homeless Healthcare team at the hospital, I felt reassured that I would have the medical care that I needed, they were a friendly face who knew me and my circumstances. It is really hard when you have to repeat your story and explain why you are homeless to the nurses and doctors at RPH, so having the Team at RPH made a big difference to me. – RPH Peer Advocate

Health Service Utilisation

The revolving door between homelessness and hospitals is well documented, and the imperative to reduce preventable hospital presentations is an important metric for health systems.

In this snapshot, health administrative data were available for 630 RPH Homeless Team Patients, who had at least a year follow up post first contact, from four hospital sites in the East Metropolitan Health Service catchment area (RPH, Bentley, Kalamunda and Armadale).

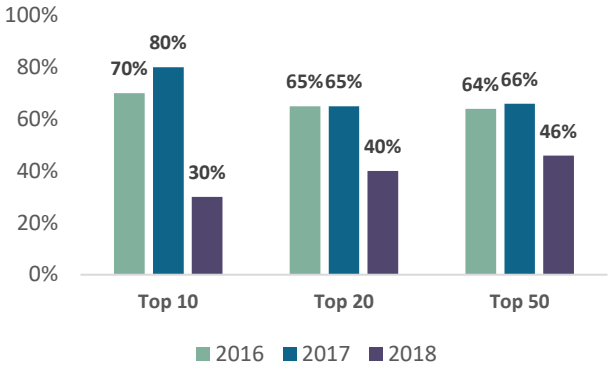
When comparing **ED presentations** for this cohort from the year prior to first contact with the Homeless Team, to the year after first contact there were observable changes:

- **21% reduction** in number of patients presenting to ED
- **54%** of Homeless Team patients had **fewer ED presentations** than the previous year

When comparing **inpatient admissions** for this cohort from the year prior to first contact with the Homeless Team, to the year after first contact there were observable changes

- **27% reduction** in number of patients admitted as inpatients
- **9% reduction** in inpatient admissions
- **28% reduction in inpatient days** (overall 60% of patients had a reduction in inpatient days)

Additionally there was a **decrease in the proportion** of patients who were homeless amongst **frequent presenters** to RPH ED:



Year Prior to First Contact with the RPH Homeless

3,201
ED Presentations

6,163
Inpatient Days

5.1
ED Presentations
per person – year before

2.1
Inpatient Admissions
per person – year before

$19.2 million
for the 630 patients – year before

$30,476
per person – year before

Year Post to First Contact with the RPH Homeless

3,267
ED Presentations

4,452
Inpatient Days

5.2
ED Presentations
per person – year after

1.9
Inpatient Admissions
per person – year after

$14.6 million
for the 630 patients – year after

$23,174
per person – year before

When comparing one year prior to one year post first contact:

$4.6 million
aggregate cost saving

$7,302
cost saving – per person

RPH Homeless Team Work across Hospital and Community Settings

EDs are increasingly strained across Australia and there is urgent need for innovative ways to address the high rates of ED presentations among people who are homeless. Over two and a half years, RPH's Homeless Team has demonstrated how a hospital can break the cycle of homeless people presenting to EDs. Most EDs are only resourced to respond to immediate medical issues, with homeless people then discharged back to the streets. The Homeless Team has been proactive in connecting rough sleepers with stable housing and support, and once housed, other health and social issues can be addressed. This is a program that needs recurrent funding and should be rolled out across Australia.

–Australasian College for Emergency Medicine

The Homeless Healthcare GP and nurses and the RPH Homeless Team Caseworker work both within RPH and in the community. The consistency of staff across settings facilitates patient engagement and improves outcomes.

Having a specialist community caseworker as part of the Homeless Team at RPH is invaluable. This gives patients access to immediate community supports and follow up after discharge. The caseworker is also able to assess and address some of the complex social issues underlying hospital re-presentations.

– Stephanie Macfarlane, South Eastern Sydney Local Health District

The RPH Homeless Team

Case Study: The Collaborative Impact of the Homeless Team, HHC and 50 Lives

Cameron is a male in his late forties who, due to his ABI was unable to remember to attend follow-up appointments and with limited family or social support and tenuous accommodation circumstances became homeless. After a period of rough sleeping, Cameron was housed through the 50 Lives 50 Homes program but continued to experience difficulties related to his ABI and was reluctant to take necessary medications and so had frequent seizures. The RPH Homeless Team supported Cameron when admitted to hospital, linking him with HHC, who, in conjunction with the After Hours Support Staff, continue to provide continuity of care and assist him to retain his tenancy.

Impact of Caseworker and Brokerage Funding

The addition of a full-time caseworker (albeit temporarily funded only) to the Homeless Team has strengthened its capacity to connect patients to accommodation and other community supports, reducing the likelihood of re-admission. During the 2018 winter period, the Homeless Team received funding from WA Health as part of an iniative to reduce the winter demand on hospitals. As part of this, the caseworker had access to brokerage funding to secure short-term accommodation for homeless patients. Over the winter period, 498 nights of low cost accomodation were provided for 112 patients – the average cost of this accomodation was $68 per night, **40 TIMES cheaper** than the $2,718 average cost per night for a hospital bed in WA. Many of these patients had been presenting repeatedly to the ED, where an average presentations costs $765. Being able to discharge patients to stable location is not only more cost effective, but has also given the caseworker time to work with patients to identify longer term goals and options.

Case Study: Use of Brokerage Funds

The Homeless Team arranged for a patient and his partner to enter temporary accommodation in a backpacker hostel close to RPH, made possible by the brokerage funding. A total of 21 night's accommodation was provided for a cost of $1,502, cheaper than the $2,718 cost of one night in a hospital bed. This allowed the patient to start outpatient palliative chemotherapy while engaging in ongoing casework with the Homeless Team caseworker to find a private rental apartment.

This summary was based on findings reported in:

Gazey A, Wood L, Cumming C, Chapple N, and Vallesi S. (2019) Royal Perth Hospital Homeless Team. A Report on the First Two and a Half Years of Operation. School of Population and Global Health: University of Western Australia, Perth, Western Australia.

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References

Independent Hospital Pricing Authority. National Hospital Cost Data Collection, Public Hospitals Cost Report, Round 20 (Financial year 2015-16). 2018. Available from: https://www.ihpa.gov.au/publications/national-hospital-cost-data-collection-public-hospitals-cost-report-round-20-financial