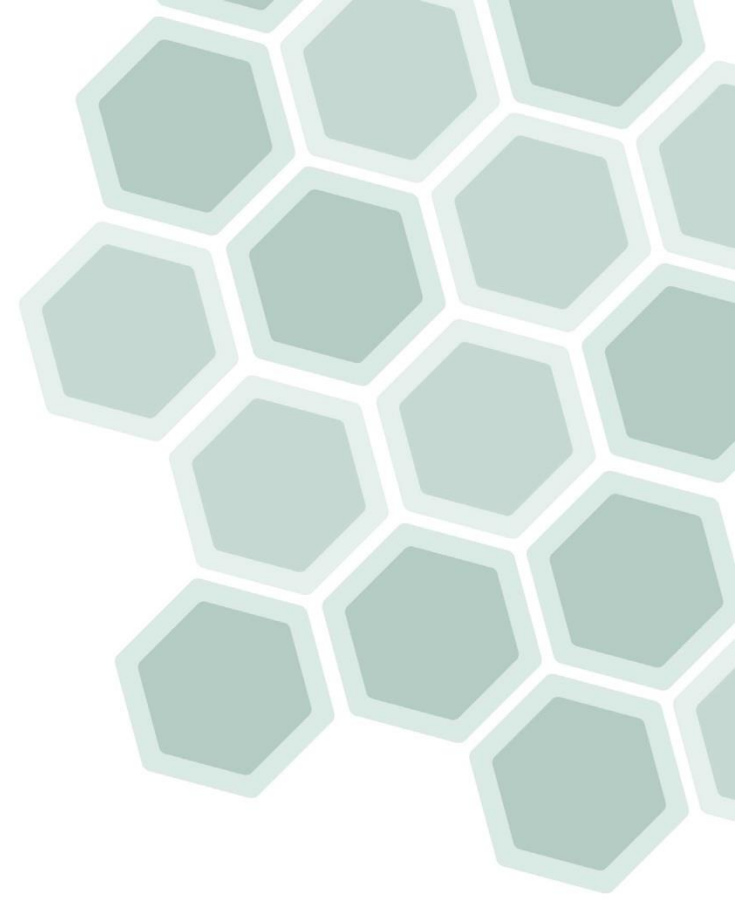**IRISH STREET MEDICINE SYMPOSIUM**

Homeless Hospital Discharge

28th /29th September 2018

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Hospital Discharge Feasibility Study Recommendations with Group Suggestions for Implementation

KEY RECOMMENDATIONS

1 Commitment and buy in from senior management

2 Care coordination: Continuity of care through dedicated workers and teams

3 Long term sustainable housing solutions

4 Interagency technology solution

5 Local homeless hospital discharge protocol (standardised)

6 Training and education

7 Data collection

Care coordination: Continuity of care through dedicated workers and teams

- Family Engagement (liaison)
- Dedicated Key/ Support Worker and Care Plan (for everybody who wants one)
- Use existing models (e.g. care of the elderly)
- Involvement of PHNs – Primary Care
- Home Care Packages – noted that there is age restrictions/ geographical variances
- Fidelity to Housing First Model
- Address Palliative care needs

Commitment and buy in from senior management

- Evidence of VFM
- National Directive
- Human Rights Approach
- Legislation "Right to a Home"
- Opportunity for all Staff to feed into plans
- KPIs – change way performance is measured

Long term sustainable housing solutions

- Availability of Social Housing
- Housing – user friendly needs based
- Hostels – drug free
- More LTA beds
- Housing First to maintain tenancys
- Availability of Mental Health Support – Simon/ Hail, EVE day programmes/ residential aspect
- Housing Coordinators

Interagency technology solution

- Dispel myths of sharing information
- Applied consent approach
- Integrated CRM
- Link James/ Mater pilot

Local homeless hospital discharge protocol (standardised)

- Awareness of available services
- Shared services
- Step down/ transitional housing/ holding wards
- Predischarged meetings/ plans
- Whos responsible for discharge for homeless people – whats the procedure – Tallaght – FEANTSA
- One person, one plan – care and case management review

Data Collection

- Shared server
- Diagnosis via HIPE (admissions)
- Look at what is there (eCASS)
- Links with data specialists
- Use of z codes
- Data for action – link health to PASS
- Standardised
- Dynamic – able to add to…
- Role of triage – training piece/ why asking/ homeless hostel addresses
- Review outcomes to inform development of data system

Training and education

- Signposting – directory of services
- Shared services
- Outside agencies – collective learning
- Different disciplines
- Compulsory part of the curriculum – e.g. nurse, GPs etc../ training colleges approach
- Importance of the determinants of health model
- Cultural piece
- Peer/ service user experience/ involvement piece
- Acknowledge limitations
- Respect
- Specialist training modules e.g. mental health