

The Hospital Experience for Homeless People

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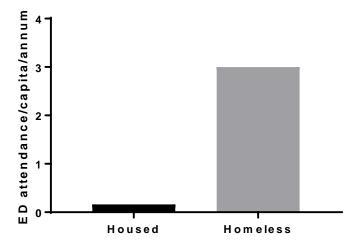




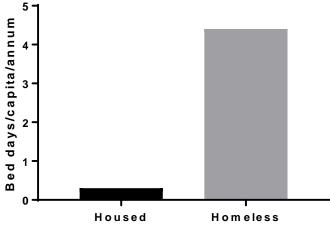
The problem...



ED attendances per person, 2015



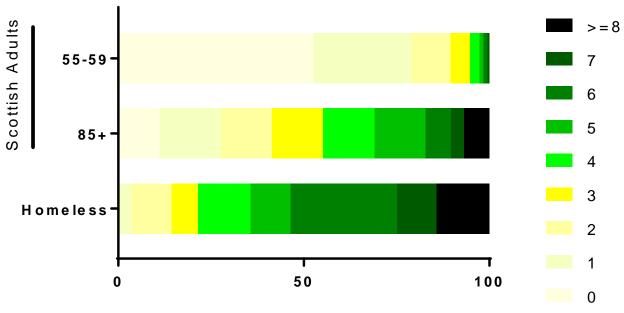
Bed days per person, 2015



Clíona Ní Cheallaigh et al. BMJ Open 2017;7:e016420



Proportion of population by number of morbidities



No. of chronic conditions

What does the front line see?









What does management see?





What does the community sector see?





What do socially excluded people see?





Inclusion Health in Hospitals

What is it?





Gaps, blocks, solutions, support

Inclusion Health Pilot SJH 2016-2017





Referral

- Community (primary care, accommodation provider, addiction service)
- Internal (ED, medical/surgical team, nursing, social work, dashboard)

Assessment

• Comprehensive Inclusion Health assessment (acute and chronic disease, addiction, accommodation, nursing, mobility, cognition, frailty, engagement with community services)

Discharge Plan

- Discussion at MDT short-, medium- and long-term chronic disease/accommodation/rehabilitation plan
- Liaison with local authority

Follow-up

- Advocacy for accommodation, support with chronic disease management
- Outpatient clinic Merchants' Quay

THE

TRUTH ABOUT ACES

WHAT ARE THEY?

ACLS are

ADVERSE CHILDHOOD EXPERIENCES The three types of ACEs include

ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION









Emotional





Mother treated violently



Substance Abuse



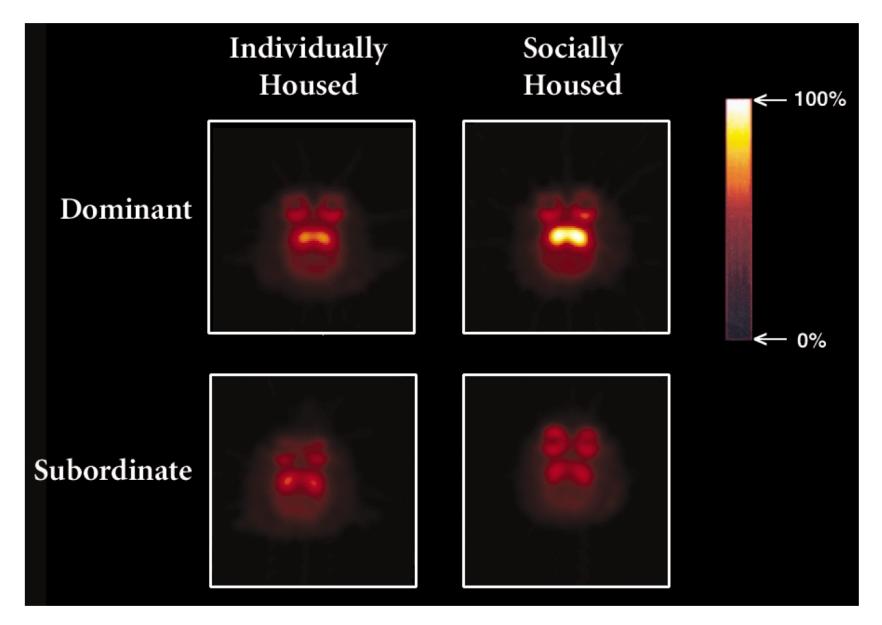
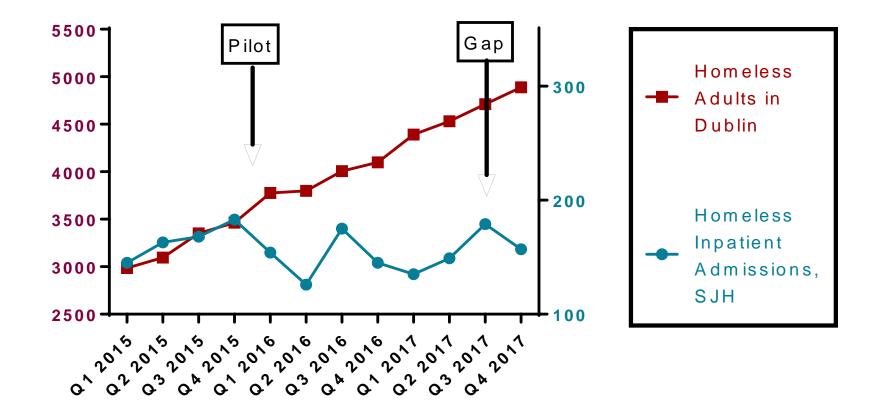


Fig. 3. [¹⁸F]FCP binding potential increases in dominant monkeys. Normalized, co-registered PET images (percent injected dose per ml) of [¹⁸F]FCP binding in the basal ganglia of a dominant and a subordinate monkey, while individually housed and socially housed.

Outcomes to date

Local outcomes









Homeless Hospital Discharge Pilot: MMUH and SJH





SLÁINTECARE IMPLEMENTATION STRATEGY



