What matters in healthcare for people experiencing homelessness?

Through the lens of lived experience
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Under the stewardship of Mary Aikenhead Ministries

Declaration of interests

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Key Messages

People experiencing homelessness (PEH) and their experiences of healthcare matter

Involving people with lived experience of homelessness in research helps shape and inform meaningful outcomes

Asking the right questions and enabling feedback through a variety of methods will assist in targeting areas for improvement that are going to have a bigger impact on PEH and the wider community across healthcare services

Overview

Who we are

Problem identification

Designing the scoping review

Methods

Through a lived experience lens

- An illustrative example of pivotal moments uncaptured in patient experience data

Results

Conclusion

Who are we?

Claire Doherty

Senior Research and Evaluation Officer

Healthcare for the Homeless Department

- How the HftH Department was established

Matthew Scott

Lived Experience Support Worker

Healthcare for the Homeless Department

- What is ALERT?
- What is the Cottage?

James Morrow

Consumer with a lived experience of homelessness

Healthcare for the Homeless Department

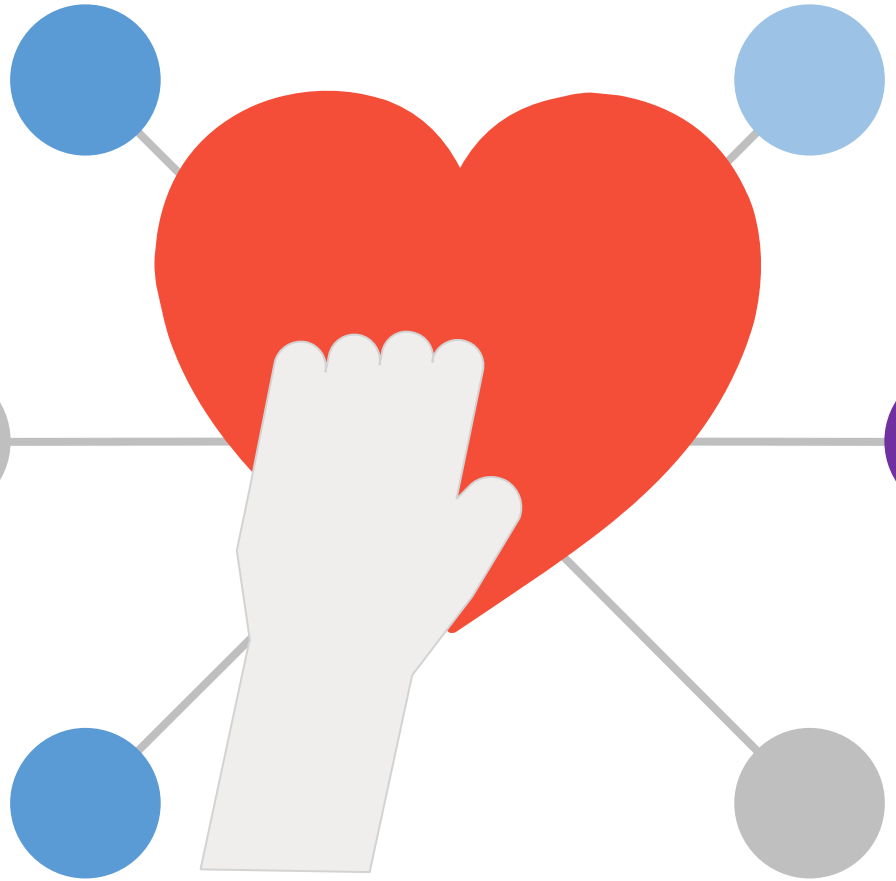
Problem identification

Patient Experience Surveys

State-wide and locally, identifying PEH in patient experience surveys is challenging

How is data collected?

SMS, Email
Moved to electronic format
Post-discharge



We can't improve on things we don't understand

Barriers that may exist

Access to technology
Competing priorities
Where does the information go?

Consumer Voice

How well is the voice of PEH represented in the data SVHA collect?

What does the literature say?

What does matter?

Designing the scoping review

Strategic alignment

Value add

Aligning between SVHM and SVHS

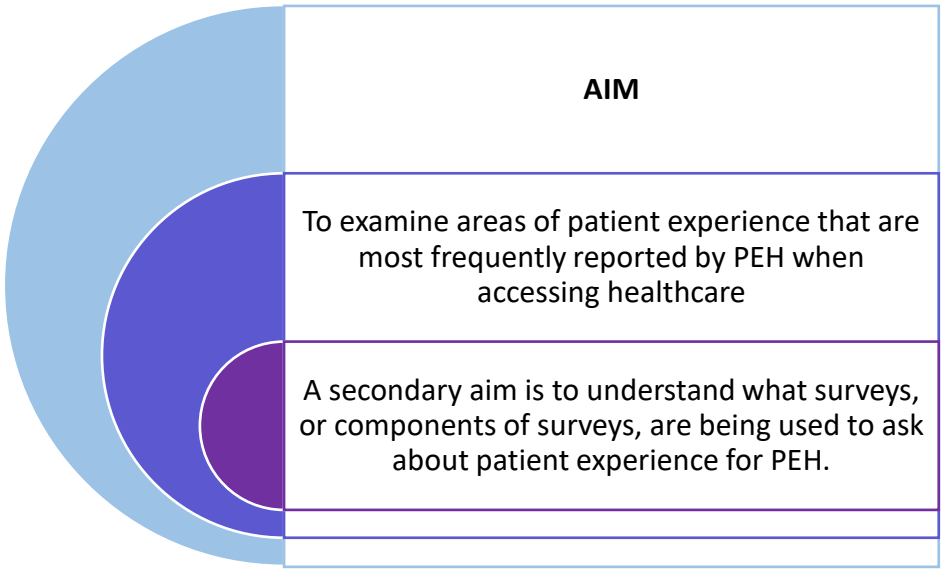
Engaging experts

Experts:

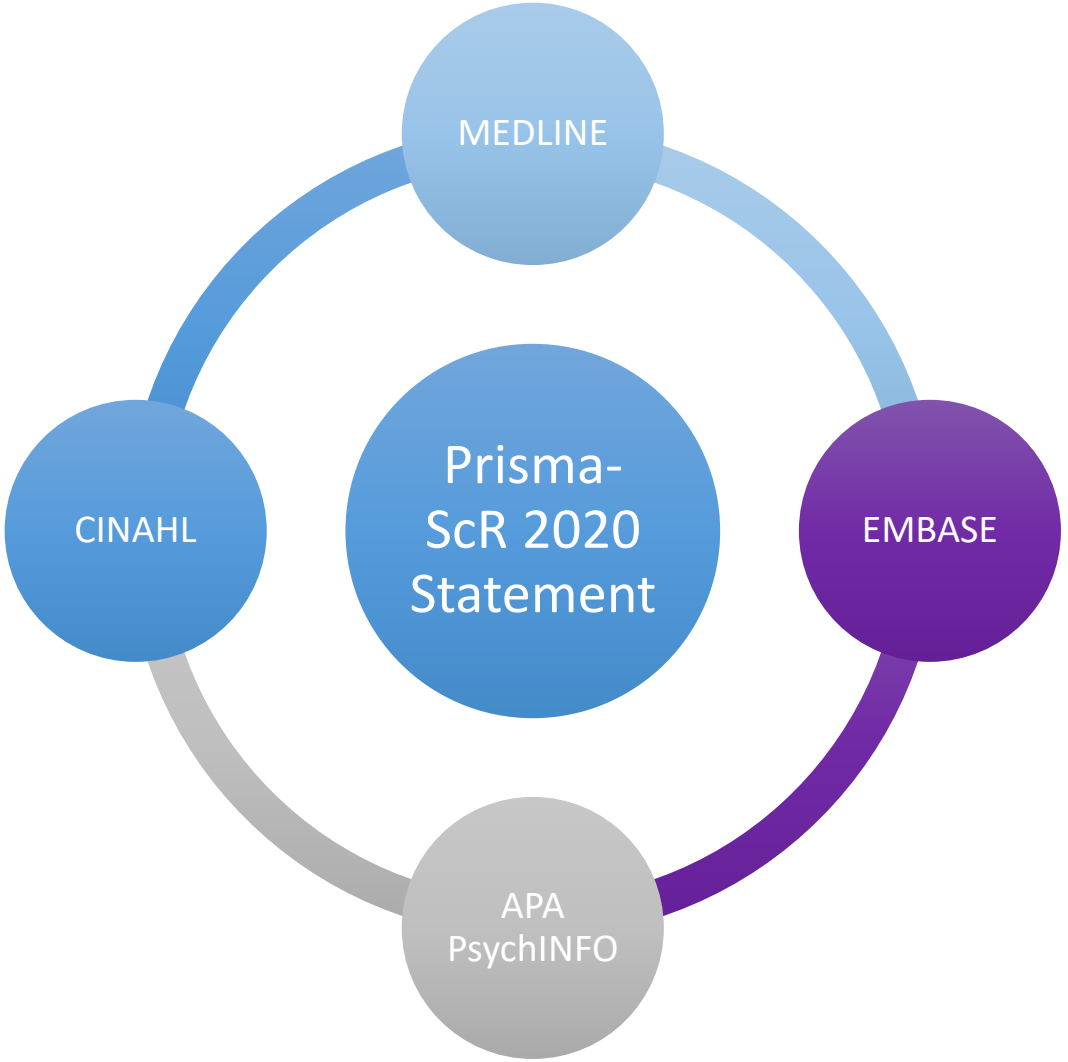
Lived Experience Consumers

Academics

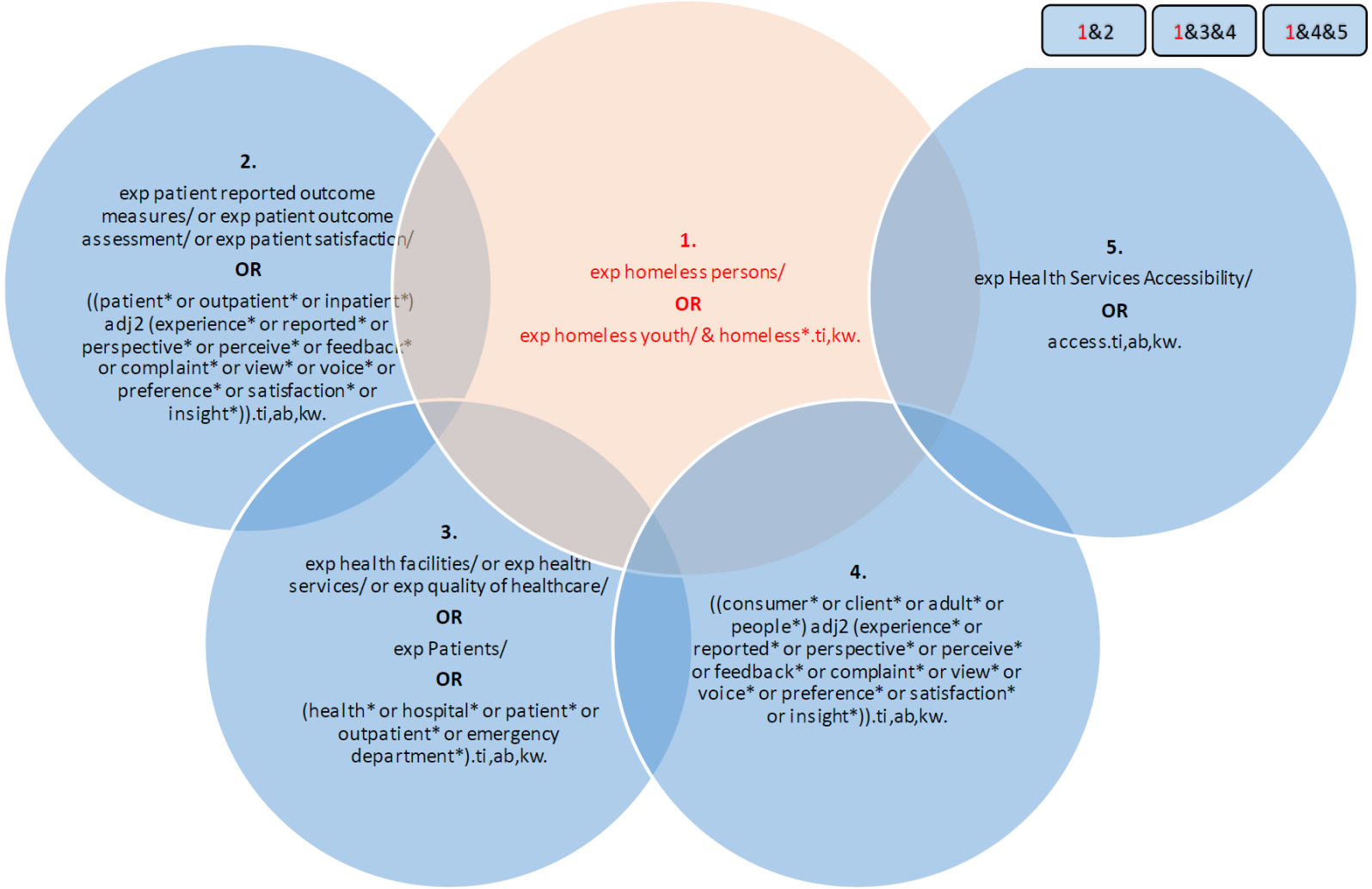
Clinicians



Methods - Databases



Methods – Search Terms



Methods – Data Extraction Framework

National Institute for Health and Care Excellence Guidelines

(Centre for Homelessness Impact)

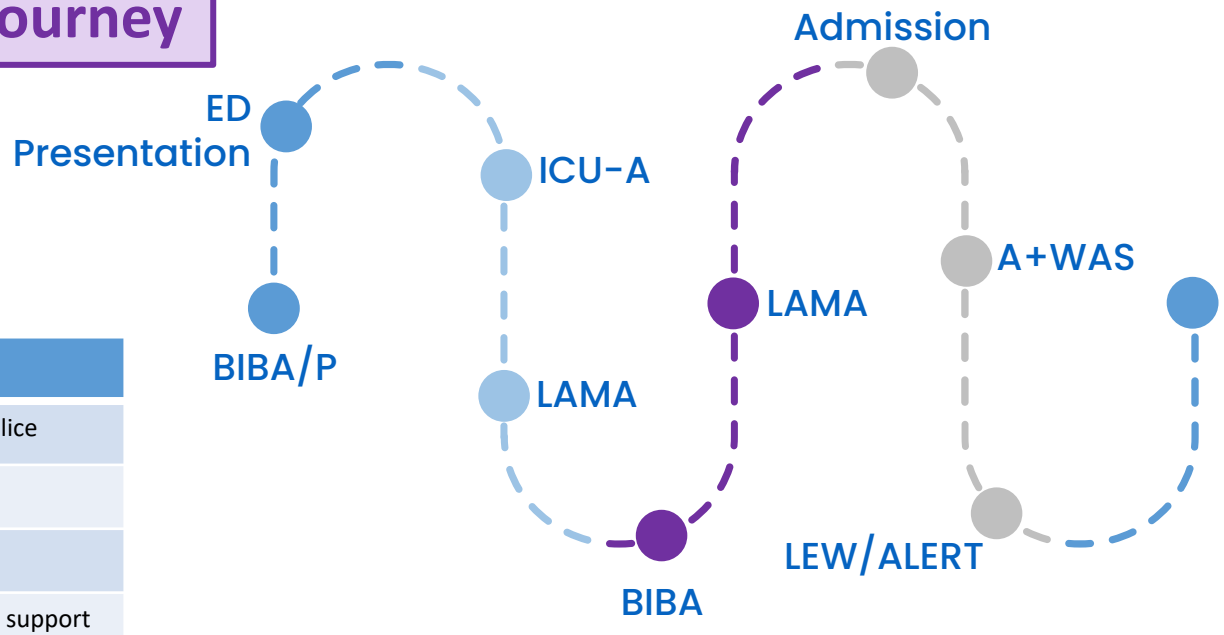
Domains	Core Values
Safety	Dignity and Respect
Effective	Kindness with Compassion
Person-Centred	Holistic
Accessible & Timely	Partnership & Coproduction
Efficient	Communication
Equitable	

Lachman's multidimensional quality model

Institute of Medicine Framework for Health Care Quality

Through a lived experience lens

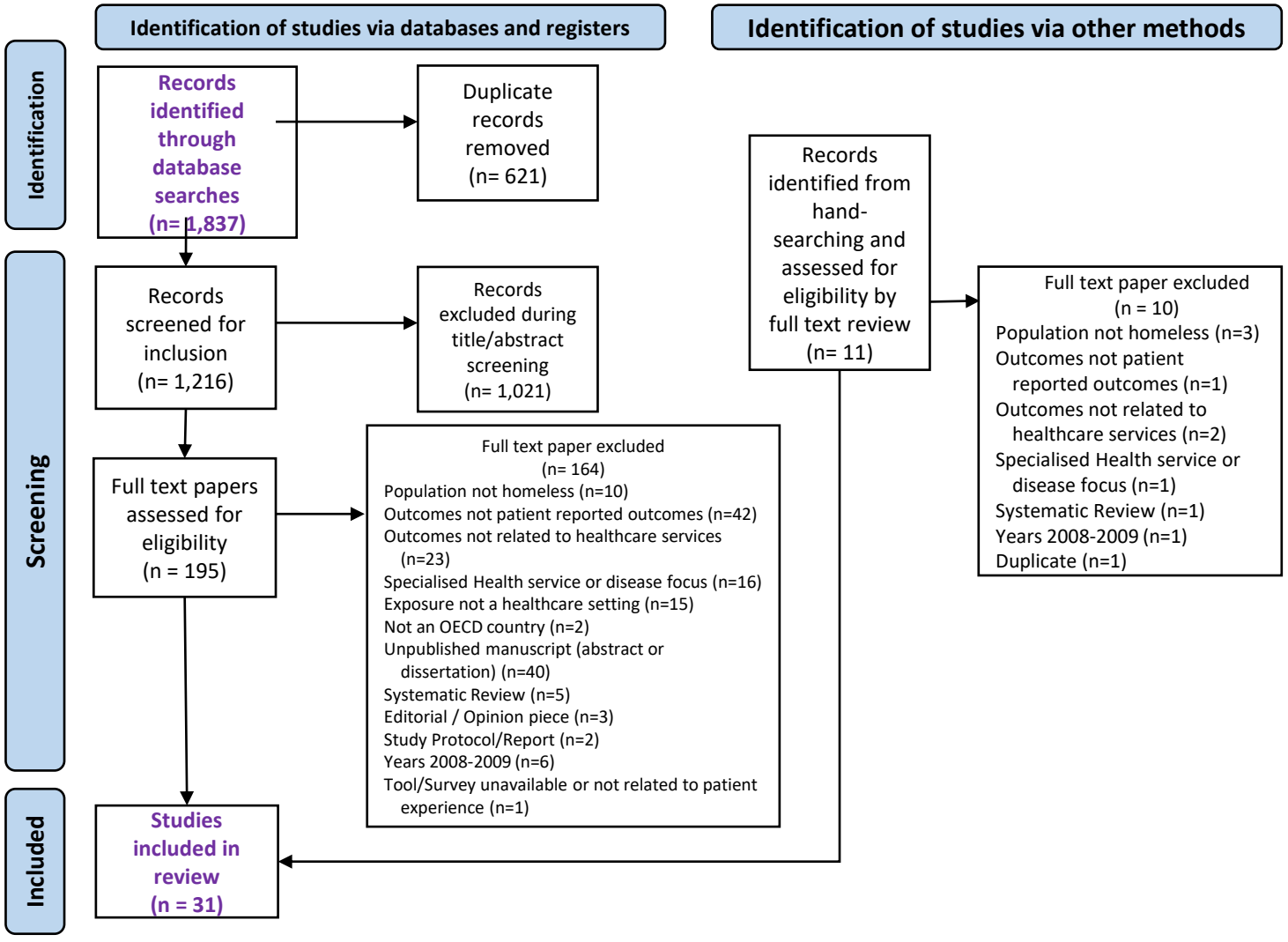
James' Journey



Cottage stay to crisis accommodation;
Continued involvement from wrap-around services

Acronym	Meaning
BIBA/P	Brought in by ambulance/police
ED	Emergency Department
LAMA	Left against medical advice
A+WAS	Admission plus wrap-around support
LEW	Lived Experience Worker

Results – Prisma Diagram



Results

Mapping qualitative responses to domains and core values

		IOM Domains						Core Values					
No. of artics	Author	Safety	Effective	Person-centered	Accessible and timely	Efficient	Equitable	Dignity and respect	Kindness with compassion	Holisitic	Partnership and co-production	Communication	Total domains and valyes
1	Bennett-Daly, 2021	✓			✓		✓	✓	✓	✓	✓		7
2	Davis, 2012	✓	✓	✓	✓	✓			✓	✓		✓	8
3	Greysen, 2012	✓				✓				✓		✓	4
4	Gunner, 2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
5	Henderson, 2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		10
6	Hirst, 2021	✓		✓	✓		✓	✓	✓	✓	✓		8
7	Lamanna, 2018			✓	✓	✓		✓	✓	✓	✓		7
8	McCallum, 2020	✓		✓	✓		✓	✓	✓	✓		✓	8
9	Moore, 2011			✓			✓	✓	✓	✓		✓	6
10	Moore-Nadler, 2020		✓		✓	✓	✓	✓	✓				6
11	Nicholas. 2015	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
12	Paradis-Gagne, 2022			✓	✓		✓	✓	✓	✓	✓	✓	8
13	Purkey, 2019	✓		✓	✓		✓	✓	✓		✓		7
14	Saharan, 2021	✓		✓	✓	✓	✓	✓	✓	✓	✓		9
15	Steward, 2016	✓	✓	✓	✓	✓				✓	✓	✓	8
16	Strange, 2018	✓		✓	✓	✓		✓	✓		✓	✓	8
17	Sturman, 2020a	✓	✓	✓	✓	✓		✓	✓		✓	✓	9
18	Sturman, 2020b	✓	✓		✓	✓		✓	✓		✓	✓	8
29	Ungpakorn, 2020	✓		✓	✓		✓	✓	✓		✓	✓	8
20	Varley, 2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
21	Warren, 2021			✓	✓		✓	✓	✓	✓	✓		7
22	Whitley, 2013		✓	✓				✓	✓		✓		5
23	Wise, 2013	✓			✓	✓	✓					✓	5
	Frequency	17	10	18	20	14	15	19	20	15	17	14	

Results

Mapping survey questions to domains and core values

Survey	Primary Care Quality-Homeless (PCQ-H)	Consumer Assessment of Healthcare Providers and Systems Clinician and Group (CG-CAHPS) and supplemental items	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
Survey Characteristics	33 items, 4 scales, & an overall score	21-items[a] (13-CAHPS, 8-PCMH items), 7 scales, & an overall rating of providers	15 items, 5 scales
Survey Setting	Primary Care	Primary Care	Hospital-Based Care
Validity and Reliability	Validated in homeless populations (US).	Valid and reliable for US population. Not specifically for homeless populations.	Endorsed by US Agency for Healthcare Research and Quality and National Quality Forum. Not specifically for homeless populations.
Appears In	Chrystal (2015), Gabrielian (2021), Jones (2021), Kertesz (2013), Kertesz (2021)	Behl-Chadha (2017), Jones (2017)	Vellozzi-Averhoff (2021)
IOM Domains - n			
Safety	-	-	-
Effective	1	-	2
Person Centred	8	7	2
Accessible & Timely	11	4[a]	2
Efficient	4	1	-
Equitable	2	-	-
Core Values - n			
Dignity & Respect	2	2	2
Kindness with Compassion	3	1	-
Holistic	-	3	-
Partnership & co-production	1	1	1
Communication	1	2	3

11

Conclusion

Greatest focus - Qualitative

- Accessible and Timely
- Person-Centred Care
- Dignity and Respect
- Kindness with Compassion

Surveys

- Tools don't consistently align
- Still work to be done

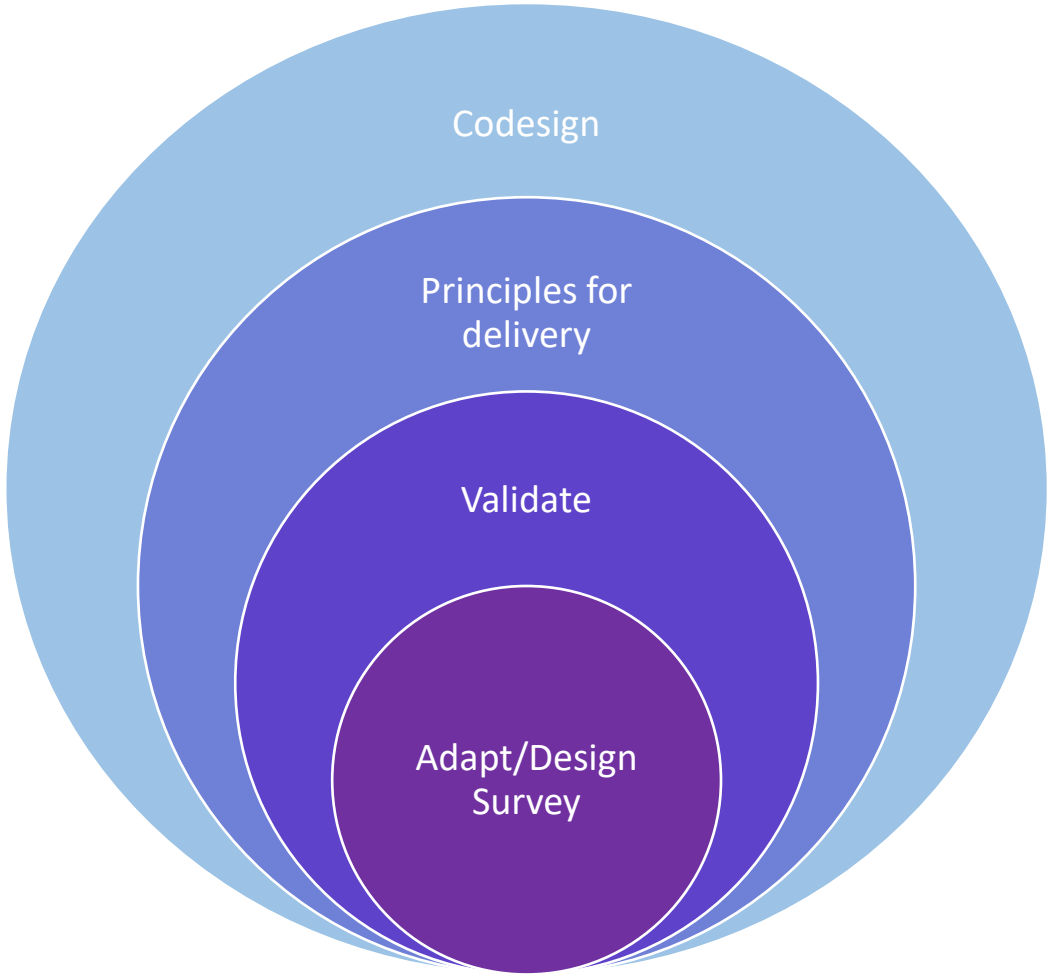
PCQ-H shows promise

- Further exploration required

Safety Kindness with Compassion

- Safety not asked about in surveys
- Kindness with compassion requires further emphasis

Next steps


Codesign
Principles for delivery
Validate
Adapt/Design Survey

Key Messages

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Involving people with lived experience of homelessness in research helps shape and inform meaningful outcomes

Asking the right questions and enabling feedback through a variety of methods will assist in targeting areas for improvement that are going to have a bigger impact on people experiencing homelessness and the wider community across healthcare services

Thank you & Questions