

# Data recording and reporting: The KHP Pathway Homeless Team Experience

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Homeless Teams



# The journey so far...

- Trailblazing and trying things
- Spreadsheet that team filled out
- Moved to EMIS and Spreadsheet
  - Improved coding of clinical codes but other issues
- Now both but separated
- Linear episodes of care – database

# What worked and what didn't

- Considerable variation between the 3 sites considerable
- Hindered by different patient record systems in different boroughs and duplication
- Capturing data has less binaries and each case is different.
- Unless you are recording a lot on each case then it might not be useful
- Numbers can only tell a small part of the work involved
- Situations can change quickly
- Helps to have researchers involved

# What we do now – and why it works for us

- Must have a data manager
- Data you need to report on – usually for money
- Data you want to capture – demographics, clinical coding and interventions
- No short cuts and manually transplanting data from EMIS to spreadsheet
- Admission data, interventions, discharge data
- Outcomes – difference between the two datasets

# What we do now – an example

Core admission data	Interventions	Core discharge data
Housing status and Homelessness description	Housing applications/presentations	Housing status
GP registration	Checked on spine	Confirmed, changed, re-registered
Local connection	Referrals, signposting	Local connection ? Change
Eligible for reconnection	Referrals, information offered, organisation	Reconnected (UK, international)
Benefits	Applications made/confirmed	Benefits confirmed, changed
Recourse to public funds	Referrals, legal advice	Status confirmed
ID	Request for ID	Confirmed ID

## Data April 2015 - September 2017

	GSTT		KCH		SLAM	
Referrals	2792		1451		437	
Accepted, admitted, assessed	1631	58%	623	43%	238	54%
Improved housing status	670	41%	312	50%	171	72%
Maintained Housing Status	769	47%	223	36%	25	11%
Presented to HPU/Housing Options	114	7%	112	18%	57	24%
Reconnected outside of local boroughs	144	9%	120	19%	50	21%
Seen by a housing worker	1087	67%	331	53%	133	56%
Average time on caseload	9		20		43	
Average time in hospital	11		23		33	

# What's improved

- Clear process that is robust
- Delivers data that we can understand and share
- Improved communication
- Shared record between sites and community
- Ongoing funding
- Papers, education, training

# What we report on and why

- Key Performance Indicators
- Commissioning agreements – services or outcomes
- Cost-effectiveness and value – how we save money
  - Confirming GP registration
  - Frequent attenders
  - Reconnection
  - Length of stay/admissions/bed days
- Secondary care usage



# Demonstrating a quality service

- Housing applications and success
- Clinical care and interventions
- Housing outcomes
- Healthcare support at discharge - primary care, community, mental health, voluntary
- Feedback from reconnections teams – supporting someone to where they have access to services

# Data is only half the story

- Describe the narrative using the data
- Aim to gather robust feedback from service users and staff in the trust
- Aim to incorporate researchers, health economists and academics in your project
- Stories that the data can't describe

# In the end it's about the people

**“You say you did your job. I’d say you changed my life”**

# Multi-agency and Multidisciplinary



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