

# Patient Experiences of Hospital to Shelter Transitions

## Findings of an Implementation Project

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Canada 

This project is funded in part by the Government of Canada's  
REACHING HOME: CANADA'S HOMELESSNESS STRATEGY



**HSABC**  
Homelessness Services  
Association of BC

# Where This Work Took Place

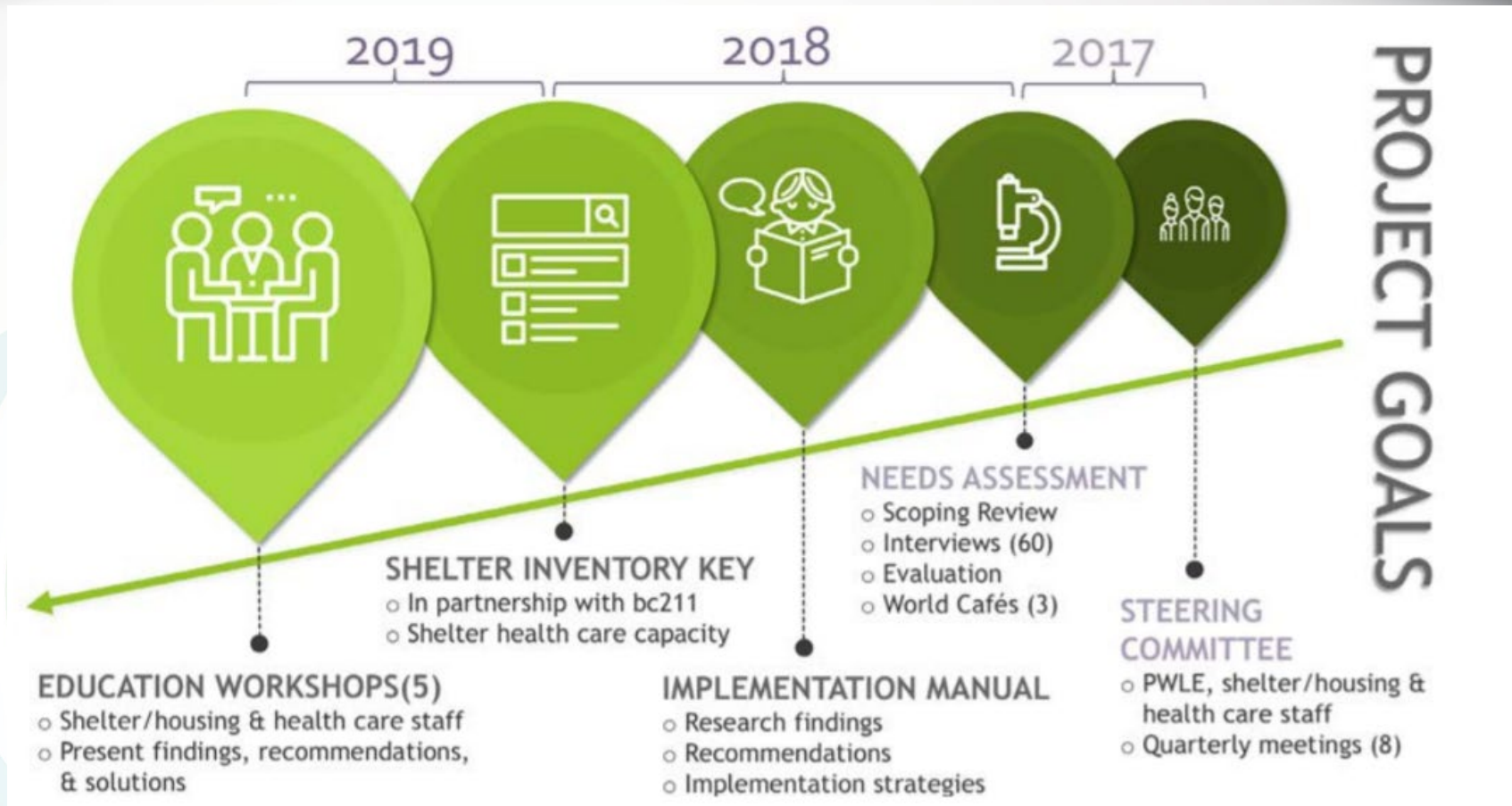
HSABC acknowledges that this project was conducted on occupied and stolen Indigenous land, including the territories of the hən'q'əmin'əm', SENĆOŦEN and Skwxwú7mesh sníchim speaking people.

Furthermore, recognizing that ongoing colonization and genocide are direct causes of Indigenous homelessness, HSABC commits our privilege and power to centering to voices of Indigenous People and strives to act in solidarity towards Indigenous sovereignty.

# Presentation Overview

1. Background and scope
2. Pilot intervention implementation
3. Participant survey results
4. Peer involvement
5. Promising Practices/Next Steps

# Project Background



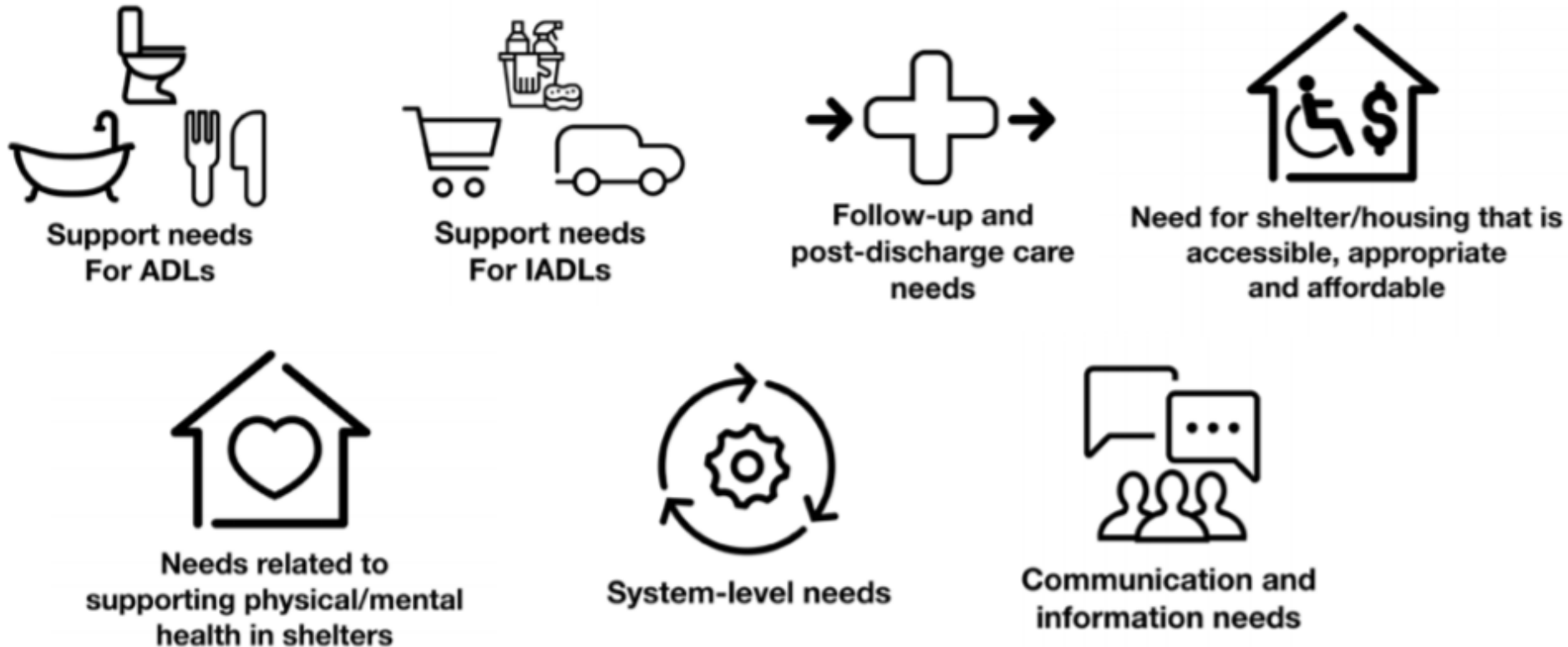
Canham, S. L., Bosma, H., Mauboules, C., Custodio, K., Good, C., Lupick, D., Seetharaman, K., & Humphries, J. (2019). Supporting Partnerships between Health and Homelessness. Vancouver, BC: Simon Fraser University, Gerontology Research Centre.

# What's Needed (circa 2018)



Canham, S. L., Bosma, H., Mauboules, C., Custodio, K., Good, C., Lupick, D., Seetharaman, K., & Humphries, J. (2019). Supporting Partnerships between Health and Homelessness. Vancouver, BC: Simon Fraser University, Gerontology Research Centre.

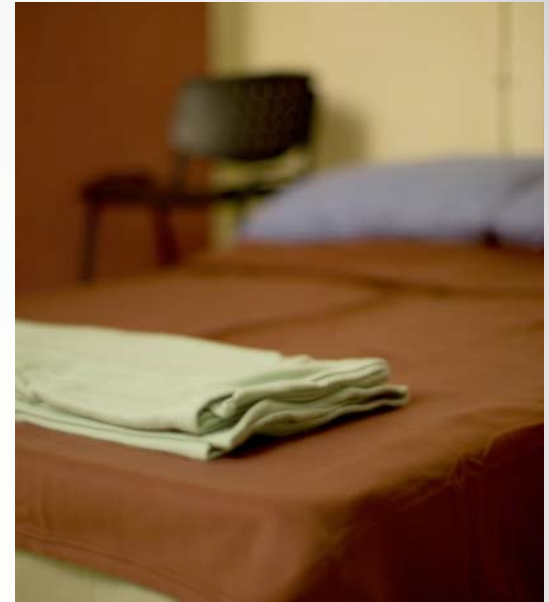
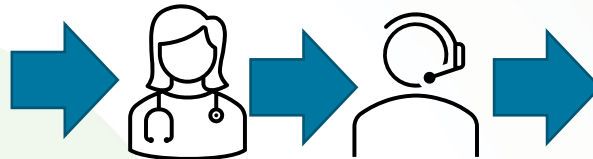
# What the People Say (circa 2018)



Canham, S. L., Bosma, H., Mauboules, C., Custodio, K., Good, C., Lupick, D., Seetharaman, K., & Humphries, J. (2019). Supporting Partnerships between Health and Homelessness. Vancouver, BC: Simon Fraser University, Gerontology Research Centre.



# Intent of This Project



- Planned, coordinated discharges from acute care to a known inventory of shelter spaces
- Appropriate matching to level of need (physical access, supports)

# What Happened



- Dedicated peer worker in shelter
- Supported by dedicated staff person
- Liaison with social work in hospital **after** discharge



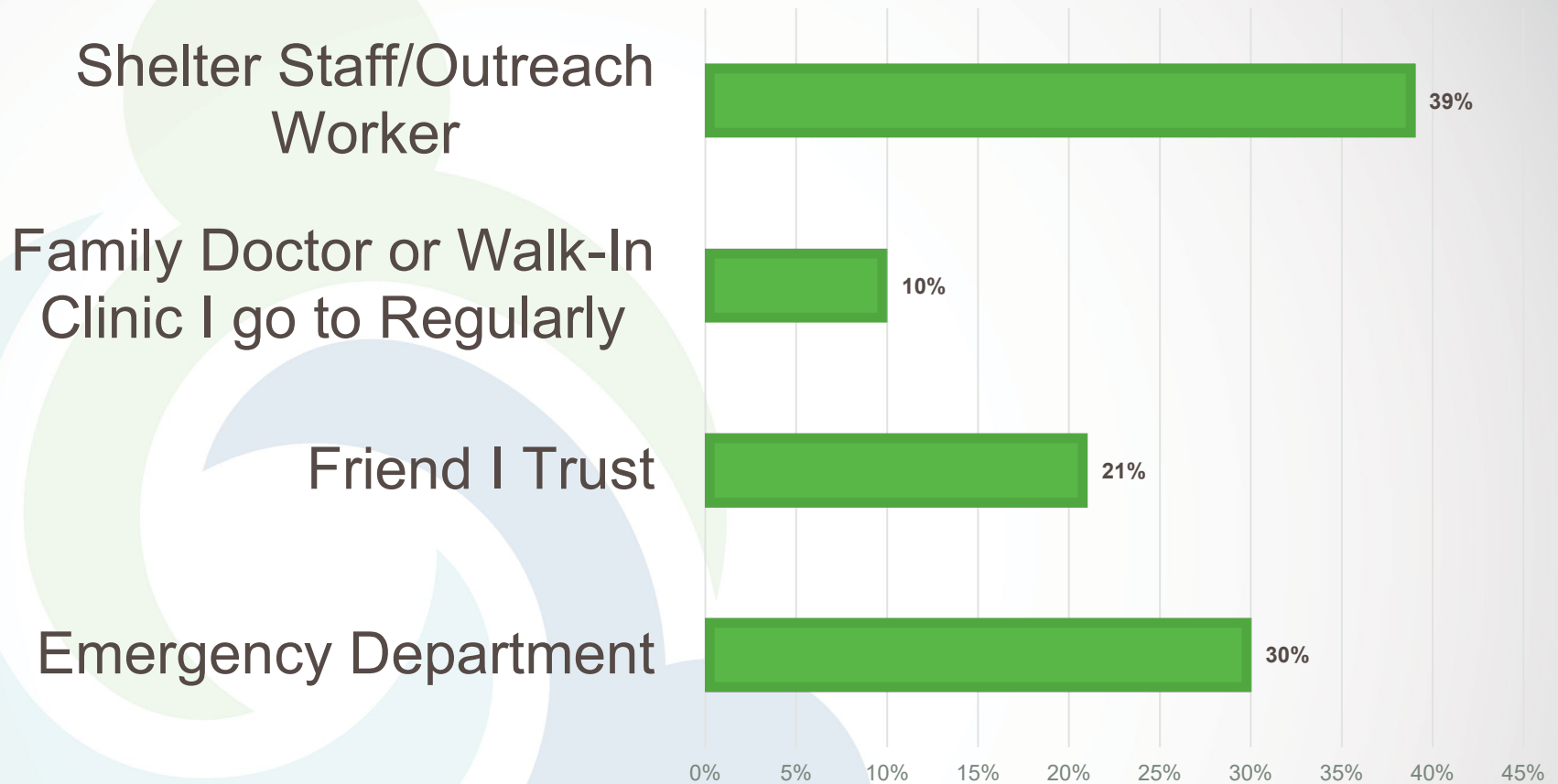
# Peer Survey Highlights

|   | This Survey (n=95) |
|---|--------------------|
| Overall, hospital staff treated me with courtesy and respect (Often/All The Time)   | 23%                |
| From a scale from 1-10, how would you rate the overall <u>quality of care</u> of your most recent <u>emergency department</u> experience? | 5.3                |
| From a scale from 1-10, how would you rate the overall <u>quality of care</u> of your most recent <u>ambulance</u> experience?            | 6.3                |
| How often does your mental health limit what you would otherwise like to do (Never/Not all that often)?                                   | 40%                |

# Peer Survey Highlights

|   | This Survey (n=49) |
|---|--------------------|
| Before you were discharged from the hospital most recently, was your housing situation discussed with you? (Yes)                          | 43%                |
| Before you were discharged from the hospital most recently, did hospital staff ask if you could get to your follow up appointments? (Yes) | 23%                |
| After you were discharged from the hospital most recently, were you able to get to all of your necessary follow up appointments? (Yes)    | 40%                |
| After you were discharged from the hospital most recently, did you have a safe place to return to? (Yes)                                  | 57%                |

# When I Have a Concern About My Health, I go to...



# DTES Site Peer Group Highlights

“The two most prevalent areas were Provider Perception and Provider Behaviour”

“Participants also **prioritize healthcare relationships** that do not necessarily adhere to medical hierarchies if the relationship is **supportive and trusting.**”

“For example, a participant may seek healthcare from their pharmacist or **support worker** rather than a doctor or nurse.”



# Peer Perspectives About Accessing Healthcare

## Challenges

**"We  
require  
patience.  
Don't  
make us  
feel less  
than when  
we come  
in for  
help.  
Actually  
listen to  
our  
concerns."**

### The wait times are too long

- I sat for 6 or 7 hours before even getting to triage.
- Wait times put me off- I will walk out.
- Having to wait 7 hours to smoke is very hard for a smoker.
- It's very frustrating to wait when you are in pain.
- Wait times for medication are long when admitted.
- The wait times are long- they need to hire more staff.

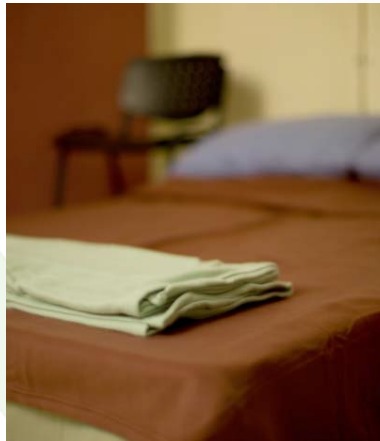
### Staff do not listen

- I'm not taken seriously because of my past.
- They won't listen to you about your own body.
- Even if you speak, they don't listen, they don't care.
- They ignore you and write you off.
- My feelings and concerns are invalidated.
- I would like for them to listen to me and not rush me through.
- I am not listened to, and staff underestimate my pain.

### Communication breaks down

- I don't want to confide in medical professionals.  
You don't know if you have any rights. You live in fear – it's scary. Are they asking you or are they telling you?
- I feel like they do things without permission, telling me one plan and doing something else.
- I am not comfortable asking questions.
- Communication around allergies can be challenging, they don't always ask the right questions.
- Language barriers can make communication hard.

# What Happened





# Promising Practice – Peer Health Navigator Role

## Planning Considerations

- Honoraria should be used and should be paid at a rate that is consistent with other staff rates for similar work.
- In this project, having a dedicated staff person in hospital, who could access patient charts, was critical.

# Promising Practice – Peer Health Navigator Role

## Implementation Considerations

- The key role of the Peer Health Navigator was to collect information from clients who had recent hospital **experiences\*** and unmet health needs, and then relay that information to a designated staff person in hospital.

\* In the case of this project, this was a social worker **with exceptional connections** within the hospital.

# Promising Practice – Peer Health Navigator Role

## Implementation Considerations (continued)

- Shelter staff will play a role in relaying this information, and should be trained on the process that is used.
- \* In the case of this project, shelter staff were responsible for scanning and emailing the Health Service Connection Form to the designated social worker, and relaying responses to the client or the Peer Health Navigator.

# Promising Practice – Communication between Professionals



## Health Service Connection Form

1.    
First Name Last Name

2.   
Date of Birth

3. I consent to the information on this form being shared with Providence Health Care for the purpose of checking to see if any new connections can be made or services can be provided. If so, I understand that I will have the choice of whether or not to engage with any new services, and if I do engage with new services as the result of this process, provide consent at that time.

☐ I consent to this disclosure of information

Signature

Date

4. What is the main health service related issue you're looking for help with? Check all that apply.

- ☐ Medications – I can't access the prescription I have (e.g. no identification)
- ☐ Wound Care – I'm having issues accessing services that I go to at the hospital
- ☐ Wound Care – I'm having issues with services that were planned to come visit me here
- ☐ Follow up – I'm having issues making a specialist appointment
- ☐ Follow up – I'm having issues with transportation to follow up appointments
- ☐ Primary Care – I don't have a family doctor or clinic I go to regularly where staff know me
- ☐ Other

5. Please share any additional information about this issue. Some examples of information that is helpful include: Dates of referrals/appointments, what provider/service, referrals/appointments are for, the pharmacy you use, and what has worked well in the past.

Date Submitted

# Promising Practice – Communication between Professionals

## Lessons Learned

- High demands on staff in both health and sheltering systems (+ Covid-19)
- Conversations about discharge planning exclude those who leave AMA
- Shelter and Hospital Staff have different routines  
e.g. Discharges on Friday – weekend coverage
- Language differences  
e.g. Definition of “medically cleared”
- Unseen pressures within health and shelters
- Different organizational cultures – same goal
- Peer Health Liaison hears different experiences than medical staff

# Thank You!

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