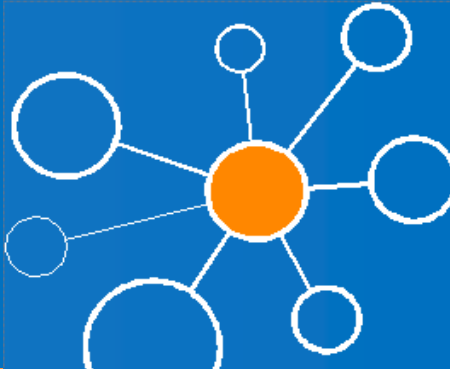


Offering more specialised support services for vulnerable women attending the emergency department

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Introduction

- There are many women in Gloucester who would be considered vulnerable.
- These include women who using drugs and alcohol, women working as sex workers and women who are homeless.
- These woman face huge barriers to accessing healthcare because
 - o a) they are not being identified by healthcare workers
 - o b) they are not able to access the support they need

Background

- Whilst women use alcohol and illicit drugs at lower rates than men, but this can obscure an uneven distribution of health impact, which is in some cases greater for women. (1)
- For example, studies have also highlighted a higher vulnerability to psychiatric co-morbidity (2) including low self-esteem, self-mutilation, suicide attempts, eating disorders and post-traumatic stress following domestic or sexual violence (3)
- There are charities available who provide support to vulnerable women but communication between hospitals and these services requires improvement (4)

Driver Diagram

Primary Drivers	Secondary Drivers	Change Ideas
Improve quality of care given to vulnerable women attending ED	Time efficient referral process for ED	Involve specialist substance misuse nurse as a key gateway for facilitating link between ED & Nelson Trust
Improve patient satisfaction & engagement with medical treatment among vulnerable women	Provide care plans that are more personalised for vulnerable women	Put Nelson Trust representative in touch with specialist substance misuse nurse
Reduce staff stigma towards vulnerable women	Increase awareness of the Nelson Trust and the support they offer	Create a poster which highlights role of the Nelson Trust Incorporate relevant referral pathway into poster Educate ED staff at the 4pm meeting regarding the Nelson Trust and the services they offer

Aim

To create a link between Gloucester Royal Hospital Emergency Department and the Nelson Trust and therefore increase the number of referrals by 5 over 4 months.

PDSA Cycles

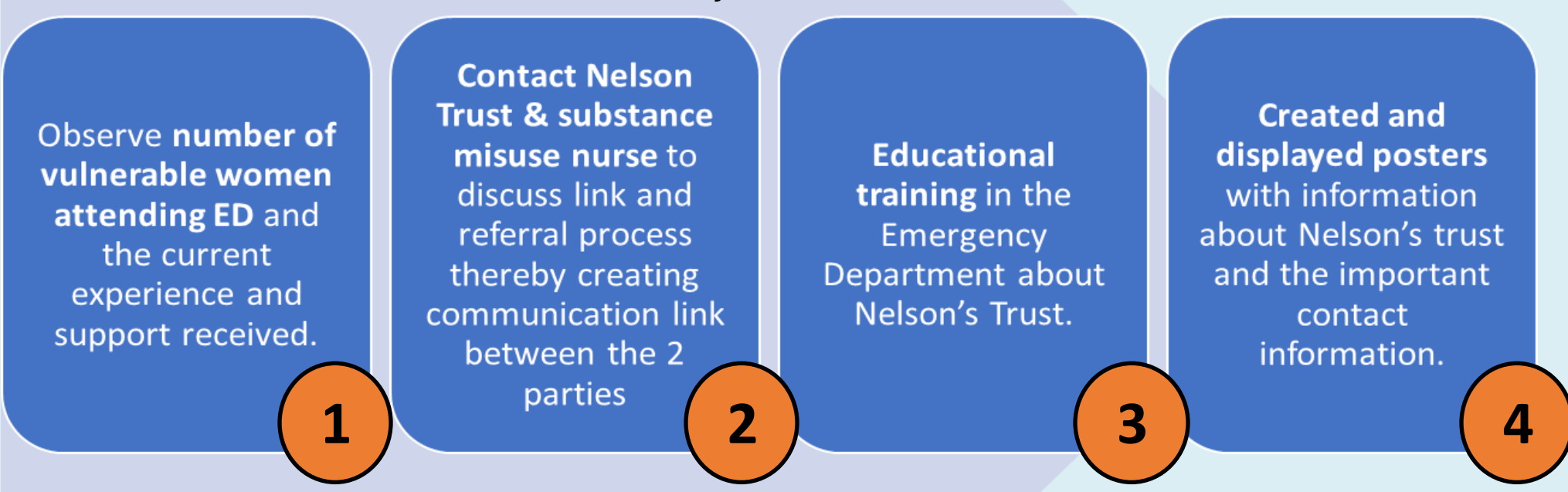


Table 1 - Vulnerable female attendances

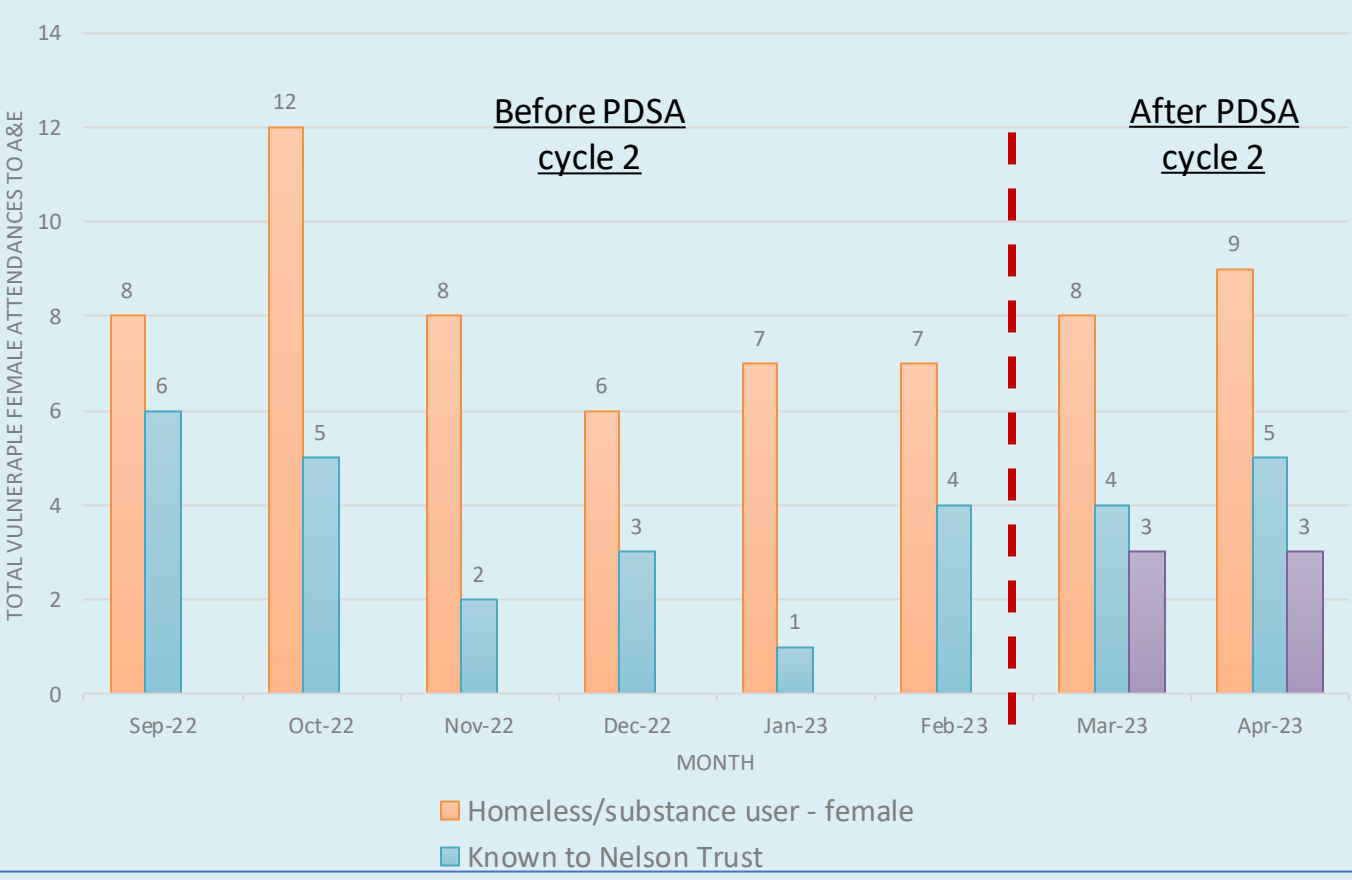
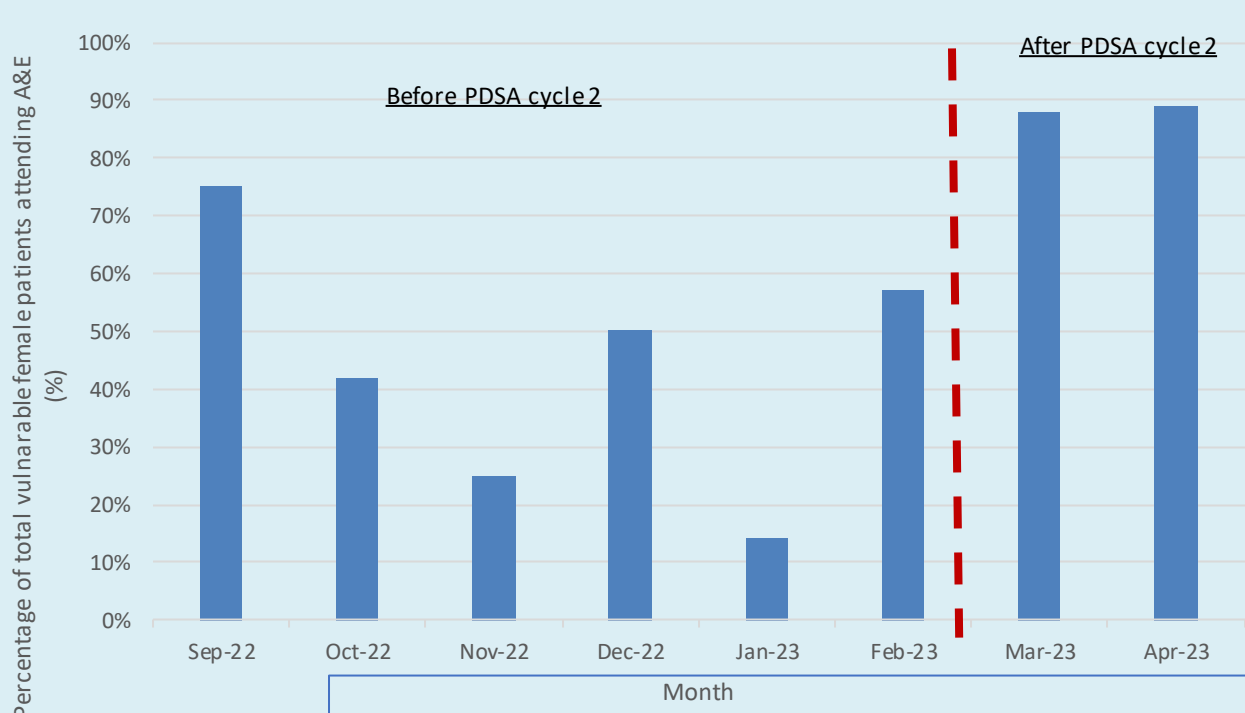


Table 2 - Percentage of vulnerable females attending A&E which resulted in contact with Nelson Trust



Results (Table 1)

In March we made an official connection from Nelson Trust to the hospital in the form of the Drug and Alcohol liaison team. We can see from this point there has been an average of 3 new referrals to Nelson trust per month. Higher than the baseline 0 before the second PDSA cycle, connecting the services.

Whilst the recorded number of female homeless/substance users, on average, has not changed overall compared to before the QI project, the awareness of these individuals and the services available to them has improved, as demonstrated by the case study displayed.

Results (2)

- Before the QI project, the patients attending ED that were known to Nelson Trust received no additional support, despite their increased vulnerability. Now they are receiving earlier interventions because of an increased awareness from the drug and alcohol liaison team, who can contact Nelson trust support workers and get patients earlier access to familiar support and necessary medication, such as methadone where appropriate.
- Table 2 illustrates this effect and shows the percentage of vulnerable females attending ED which resulted in contact with the Nelson Trust during their admission.
- As seen in Table 2, when comparing contact with Nelson Trust in March and April, after PDSA cycle 2, to the months before the intervention, the percentage of contacts with Nelson Trust is higher, demonstrating a positive correlation between PDSA cycle 2 and Nelson Trust contact from A&E.
- Importantly, in the months after PDSA cycle 2 there is less variation in number of Nelson Trust contacts month to month compared to the variation in the months prior to PDSA cycle 2. This finding is limited to the number of months of data currently available since implementing PDSA cycle 2, the robustness of this finding should improve given a longer period of data collection over the coming months.

Outcome and process measures

- Combination of BI data which recorded female homeless/substance user attendances to A&E, and primary data collected by the drug and alcohol liaison team.
- The drug and alcohol liaison team data consisted of direct referrals from A&E regarding vulnerable female attendances or notifications of patients attending A&E that are already known to Nelson Trust.
- Targey group = 'vulnerable females,'; inclusion criteria focused on homeless, substance user or sex worker females attending A&E.
- Whilst domestic violence could be included in this term but for the purposes of this study were discounted as an alternative referral pathway already exists in the form of GDASS.
- All referrals to Nelson Trust are consensual and collaborative with the patients.

Limitations

- Data limited by accuracy of BI data which relies on the correct identification and coded notification of homeless/substance user attendances to A&E.
- Drug and alcohol liaison team data relies on appropriate referrals from A&E staff. Both these factors likely resulted in an underestimation of vulnerable female attendances to A&E.

Balancing Measures

- Short term increase in ED staff workload
- Long term reduced time pressure to ED staff due to improved system efficiency and potentially reduced frequent attenders.
- Added workload for drug and alcohol liaison team
- Increased awareness of the value of Nelson trust support workers in ED, doctors can create integrated care plans involving the wider community around the patient.

Case Study One

25 year old female – victim of sexual assault. Background – Mental health illness, substance user, does not engage with healthcare appointments and frequently leaves before assessment. Dues to new process – Nelson trust worker contact substance specialist nurse with concerns, Information and guidance shared with multiple partner agencies to support and safeguard individual. Before this project this lady would have 'fallen through the gaps' with no information shared between agencies

Case Study Two

22 year old female – Attending hospital with drug induced psychosis. Background – Homeless, previous victim of modern days slavery, sex for accommodation scenarios, substance user, can be violent towards professionals. Due to new process – New referral to Nelson Trust and other agencies ensured a holistic supportive plan could be actioned to support multiple complex needs. She is now in accommodation and engaging with her Nelson support worker. She is no longer attending hospital

Summary

We exceeded our aim, to increase referrals to Nelson Trust by 5 people over 3 months, with 6 referrals to Nelson Trust in the first two months of the project launch. The next data, representing PDSA cycle 3 is not yet available as it was launched in May 2023, this marks the connection between A&E and the drug and alcohol liaison team, whilst this connection already existed before PDSA cycle 3, it was reliant on individual staff awareness of existing services, rather than a wider department understanding of what support is available. Therefore, the referrals to Nelson Trust, via the drug and alcohol liaison team should improve as a result of this next stage.

Next steps

Scale this QI project to improve the trust wide understanding of Nelson Trust, their services and how to access them
Coordinate other patient referral services, to also be aware of Nelson Trust, such as GDASS, to also be able to appropriately refer to Nelson Trust.

