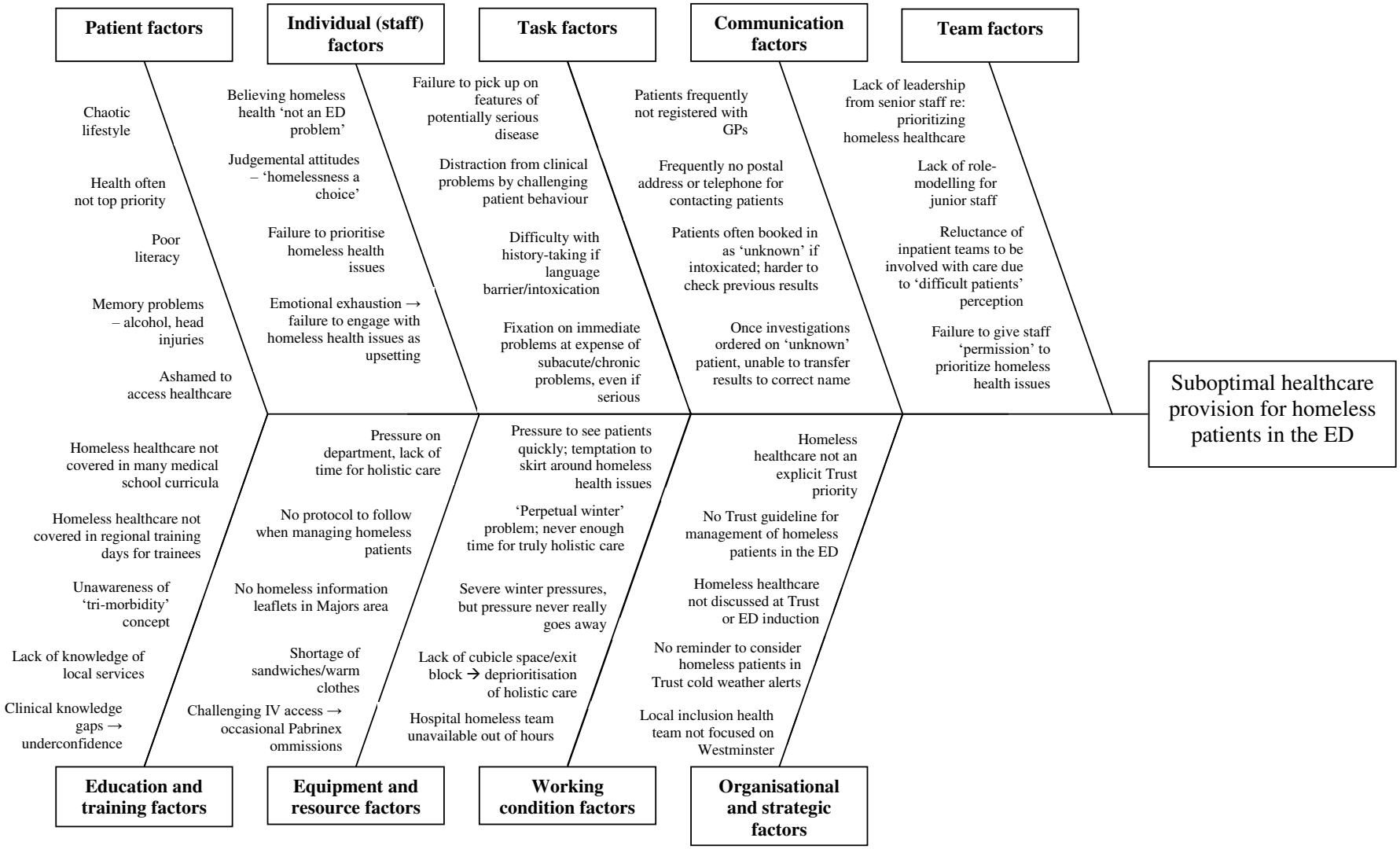
Patient factors
Chaotic lifestyle
Health often not top priority
Poor literacy
Memory problems – alcohol, head injuries
Ashamed to access healthcare
Individual (staff) factors
Believing homeless health 'not an ED problem'
Judgemental attitudes – 'homelessness a choice'
Failure to prioritise homeless health issues
Emotional exhaustion → failure to engage with homeless health issues as upsetting
Task factors
Failure to pick up on features of potentially serious disease
Distraction from clinical problems by challenging patient behaviour
Difficulty with history-taking if language barrier/intoxication
Fixation on immediate problems at expense of subacute/chronic problems, even if serious
Communication factors
Patients frequently not registered with GPs
Frequently no postal address or telephone for contacting patients
Patients often booked in as 'unknown' if intoxicated; harder to check previous results
Once investigations ordered on 'unknown' patient, unable to transfer results to correct name
Team factors
Lack of leadership from senior staff re: prioritizing homeless healthcare
Lack of role-modelling for junior staff
Reluctance of inpatient teams to be involved with care due to 'difficult patients' perception
Failure to give staff 'permission' to prioritize homeless health issues
Suboptimal healthcare provision for homeless patients in the ED
Homeless healthcare not covered in many medical school curricula
Homeless healthcare not covered in regional training days for trainees
Unawareness of 'tri-morbidity' concept
Lack of knowledge of local services
Clinical knowledge gaps → underconfidence
Education and training factors
Pressure on department, lack of time for holistic care
No protocol to follow when managing homeless patients
No homeless information leaflets in Majors area
Shortage of sandwiches/warm clothes
Challenging IV access → occasional Pabrinex ommissions
Equipment and resource factors
Pressure to see patients quickly; temptation to skirt around homeless health issues
'Perpetual winter' problem; never enough time for truly holistic care
Severe winter pressures, but pressure never really goes away
Lack of cubicle space/exit block → deprioritisation of holistic care
Hospital homeless team unavailable out of hours
Working condition factors
Homeless healthcare not an explicit Trust priority
No Trust guideline for management of homeless patients in the ED
Homeless healthcare not discussed at Trust or ED induction
No reminder to consider homeless patients in Trust cold weather alerts
Local inclusion health team not focused on Westminster
Organisational and strategic factors