The Queen's Nursing Institute

Transition to Homeless Health Nursing

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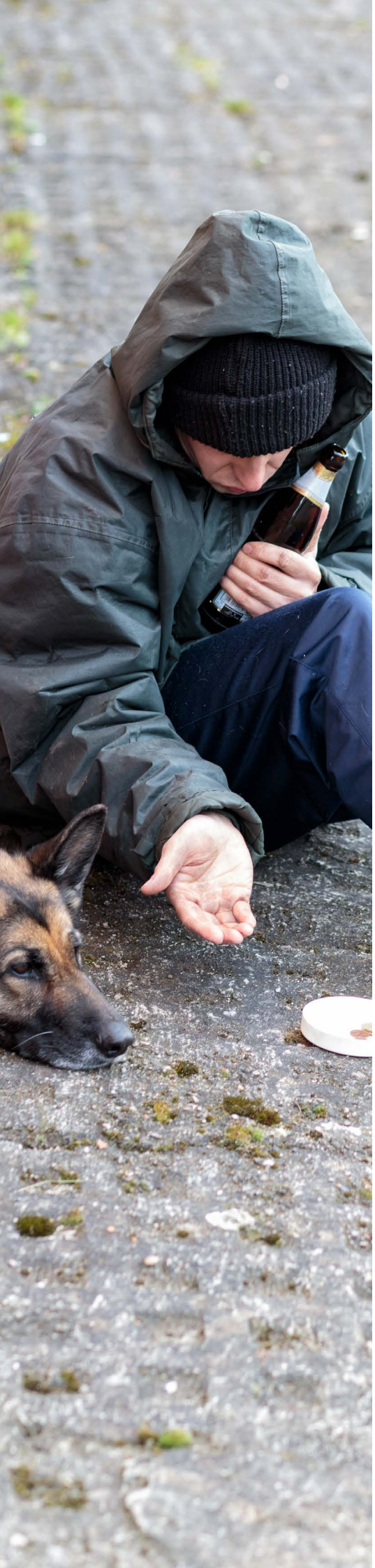


Section B - Working in the community nursing setting

Chapter 5 - The effective multi-disciplinary team

Completing this chapter will enable you to:

- explore good practices of working within a multidisciplinary team (MDT)
- know more about working collaboratively with health and non-health professionals to achieve good care outcomes
- develop a working culture of learning from events
- keep effective records

Introduction

Your patients will often present to you with a range of complex problems. These are likely to feature housing and health (mental and physical) and could include other issues around relationships, employment, benefits, and immigration status. No single professional can solve all of these issues, so it is very important that you work with other professionals to achieve the best possible health and care outcomes for your patients.

Good team work includes working well with colleagues within your immediate team, talking with experienced colleagues, holding regular meetings, building a network of support, reminding each other to gather up-to-date information, using reflective practice and being prepared to talk about your concerns openly.

A unique feature of working with people experiencing homelessness is that they tend to be more transient than the housed population. Having no access to stable, safe accommodation means that they have a greater range of risks to their security, health and safety. Some mainstream services are not always effective at recognising these risks. This provides professionals with added challenges – if you cannot contact or physically find your patient, how can you effectively treat and support them?

It is vital that you build good working relationships with local organisations and agencies to promote continuity of care. In London, the CHAIN system records contact between people experiencing homelessness and homelessness services. For example you could use the CHAIN alert system to flag a need for patient contact. This then allows day centre staff to see the CHAIN record and remind patients that they have a follow up appointment with the nurse. Other areas may have similar systems to ensure information is shared between agencies.

Collaborative ways of working

Genuine collaborative working is the coming together of organisations and people with a common purpose with clear goals. Multidisciplinary teams work with the purpose of delivering effective care to the patients and clients on their case load. This is not just a matter of being told to carry out a certain task, it involves discussion, debate and reflection about what is best for the patient/client. All members of the team should be involved in the discussion, as every team member will have a

‘Genuine collaborative working is the coming together with a common purpose with clear goals.’

valuable contribution to make. The philosophy of collaborative working should be to ensure that the patient/client is at the centre of all discussions and their needs should always be the priority of the multidisciplinary team.

It is really important that time is spent on reporting accurately within primary care as a means of safeguarding patients[1]. It is essential that there is a process for disseminating information between the multidisciplinary team.

It is very helpful for you to have knowledge of social support systems outside of standard nursing practice. This knowledge includes awareness of housing and homelessness legislation and the Care Act. Joint working with colleagues in other support organisations such as hostels and the Local Authority (social care, housing and public health) is essential and offers opportunities for joint training in key areas. National organisations such as Shelter, Crisis and Homeless Link are also useful sources of training, guidance and advice.

Activity 5.1

If you are already working as a homeless health nurse, answer the questions below.

- Who makes up your multidisciplinary team, when caring for people who are homeless in your area?
- Are the people in the team the right people?
- How does it feel to be a member of your team? Do you feel valued?
- What works well in the team? Which areas need improvement?
- Can you identify ways to make the team work more effectively?
- How could you make stronger links with other teams, medical and non-medical?
- What impact would this collaboration have on you as part of the team?
- What are the potential pros and cons?
- Thinking about the ways multiple agencies communicate, what are the strengths and weaknesses of communicating via email, phone, face to face, and video conferencing?

The multidisciplinary team (MDT)

The multidisciplinary team could consist of professionals across health, housing, police, social care, or voluntary organisations, to name a few.

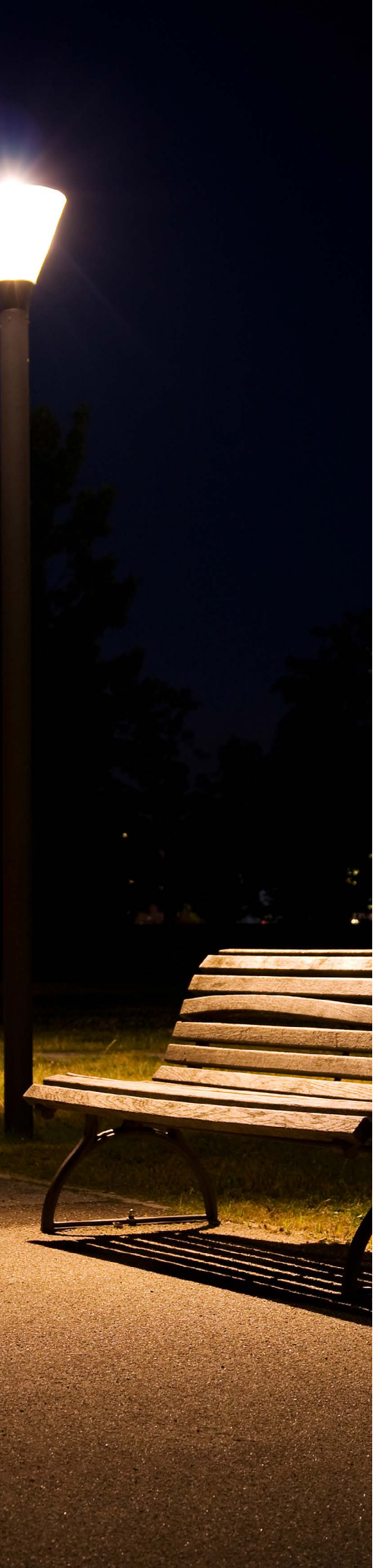
Your work is very different to working in some other areas of nursing, where you may be working in a nursing team. In homeless health, you may be the only nurse in the team, as the following example demonstrates.

Fictional case example

This fictional multidisciplinary team consists of a GP, homeless health nurse, case worker, housing support worker, hospital discharge nurse, and rough sleeper outreach worker. They meet at a weekly case review meeting to discuss current and new patients. Having professionals from different disciplines enables everyone to adapt the support and care for each individual and to prioritise care where it is most needed.

A team meeting discussion focuses on patient x who was last seen by the rough sleeper outreach worker 3 days ago at which time he observed that the patient had been using substances (opiates). He had been in a state of depression and sleeping out on the streets. He had told him he had slept in the same spot for the last 4 days. The rough sleeper outreach worker said that he had managed to connect him with his brother who would have him at his house for emergency but who would only have him at the flat for a week, owing to his substance use.

At last visit to clinic, the nurse prescribed antibiotic medication to clear up a skin infection, and the patient was also drinking about 15 units of alcohol in the day. The patient was also on a programme of methadone treatment. The GP says that the patient was given a prescription for methadone treatment at the last GP appointment 2 weeks ago. At last meeting the case worker says the individual had been supported to make a benefit claim and the housing support worker says there is one room available in a local hostel which may accept him, dependent on the claim and substance use.



The team agrees that he is at high risk of harm and agrees to visit the patient with the outreach worker on the next street outreach session. They then discuss bringing the patient in for another GP appointment to discuss sticking with his methadone treatment and adjusting doses as needed. The housing support worker says they can hold the provisional place for him until after this appointment.

Working together enables everyone to agree a course of action and for the jigsaw of support services to work together in a holistic way in the best interests of the patient. In this way information and responsibility is shared among the team members and everyone has a part to play. However, while this is undoubtedly the most effective way to work with patients who may have contact with numerous services, it can hold some challenges. Upholding patient confidentiality is a key part of being a health professional and homeless health nurses must be open with patients about use of their health records. Different services have different referral criteria, professional standards, opening times and aims and this diversity of culture can cause friction between team members. It is key that the patient is as central as possible to the decision-making process and that team members are open to explaining their actions to the wider team.

Activity 5.2

- Think of the professionals who may be involved in a multidisciplinary team and identify why they are involved?

Activity 5.3

- Read the following scenario.
- Answer the questions that follow.

Scenario 1.

Ms Ahmed is a 19 year old who has a young son, 14 months old, and is living in emergency accommodation – B&B. She has been there for 3 months. It is a tiny room on the 3rd floor with space for a single bed and cot. There is no lift and only a microwave for preparing food. Ms Ahmed has suffered from depression since the age of 12. Some days she feels unable to go out, has stopped taking medication and is getting very down about her situation. This stops her engaging with professionals.

- What services may be involved in this situation?
- What would you envisage your role to be in this situation?
- What are your priorities when considering care for this young family?
- What areas of care/support could be provided by other members of the multidisciplinary team?
- Is there the potential for overlap of services?
- What can be done to prevent overlap?

Possible actions

The possible actions given below may prompt you to consider what actions you would take in this scenario.

- Liaise with the health visiting services. They will likely be the lead

nurses for this situation. Talk to Ms Ahmed and other agencies working with Ms Ahmed and her child to see if anyone has undertaken a comprehensive assessment of her family health and wellbeing.

- Consider doing a comprehensive assessment if one has not already been done. Once the assessment is completed, call a meeting with the whole multidisciplinary team, including housing and the mother, ensuring that you allocate sufficient time to discuss the family's situation.

- A priority is finding support with Ms Ahmed's mental health issues and encouraging her to take her medication. Is she registered with a local GP? Could a member of the team support her in doing this and accompany her to an appointment?

- Organisations in the voluntary sector might be able to support in getting the family into more suitable accommodation. They may be able to support her to get to appointments, or to a befriending service.

- Without a key worker to coordinate the team, there could be an overlap in services. Ensure that a key worker is in place to co-ordinate the team around Ms Ahmed.

Record keeping

Record keeping is a way of collaborating with all those involved in the care of your patient. It is a way of passing on vital information. For example, it can document safeguarding issues, which give critical historical context if the patient is at risk of harm or causing harm to others.

Accurate record keeping and documentation is essential to professional nursing practice. Once something is written down, it is a permanent account of what happened and what was said. Without a written record of events, there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It is therefore crucial that accurate and consistent records are kept at all times. Ensure you are familiar with other records, e.g. from hospital, district nurse, health visitor or social care. Familiarise yourself with record keeping in day units, homeless hostels, B&Bs or other places where you may be visiting patients in the community.

The NMC Code[2] includes direction on record keeping. Nurses must keep comprehensive records at the time of care and then store and transfer them securely. These records must identify any risks or problems and be:

- clear and accurate
- factual and consistent
- attributable

In most areas you will be using specific computer systems for record keeping, medicines management and for clinical information. You should receive appropriate training and regular updates to enable you to use these systems effectively. It is important to know which agencies can and cannot access the system you are using, as this will influence how you share information.

The other element of accurate record keeping relates closely to investigations and serious incidents[3]. The definition of a serious incident is:

'...serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.[4]'

Examples of serious incidents are too many to list in this resource, but include where the action or inaction of a health services leads to harm, injury, or death of people in its care. For more information read the Serious Incident Framework from NHS England.

Learning from events

Significant event analysis is an increasingly routine part of practice. It is a technique to reflect on and learn from individual cases to improve quality of care overall. Significant event audits can form part of your individual and practice based learning and quality improvement. The process mirrors that of your own reflections on practice.

Whether clinical, administrative or organisational, the significant event analysis process should enable the team to answer the following questions:

- What happened and why?
- How could things have been different?
- What can we learn from what happened?
- What needs to change?
- What was the impact on those involved (patient, carer, family, clinician, the team)?

You may be familiar with the above questions, as they are also applied when considering serious case reviews involving the death or serious injury of a child. This reinforces the importance of accurate record keeping. It is essential that these records are kept up to date so that they can be shared with other members of the multidisciplinary team each time they visit the patient or family.

Because of the transient nature of homelessness it is very important to transfer records when it becomes evident the patient/client has moved out of area, registered with a new GP, or moved on to a different hostel or temporary accommodation. There may be previous paper records, especially in health visiting, and these need to be forwarded to the relevant team so that vital information is not lost. It is worth considering whether a verbal handover is also needed. A verbal handover alongside digital handover is good practice.

Activity 5.3

These scenarios are here to help you, your mentor and other team members debate possible solutions to challenging situations. They can be used as a basis for a discussion, a peer reflection session or even a teaching session.

The solutions may vary depending upon organisational policies and procedures. There may be no 'right' or 'wrong' answers to how certain situations might be tackled and so it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

For each scenario, think about and then answer the following questions:

- How would you communicate your concerns?
- Who would you involve?
- What action would you take?

Scenario 1

A patient you are seeing in one of the hostels, for the treatment of a leg ulcer, has missed three appointments in a row. He is known to the mental health team for depression and has a history of self-harm.

‘Because of the transient nature of homelessness it is very important to transfer records when the patient has moved.’

Scenario 2
A number of your clients have mental health problems and you are feeling overwhelmed and unsure how to help them?

Scenario 3
You are working with a colleague who seems to arrive early at work and is always the last to leave in the evenings. She seems to get very heavily involved with the patients/clients she cares for and does not appear to appreciate professional boundaries.

Possible actions – scenario 1

- Liaise with the hostel staff to find out if anybody has seen the patient recently. Is he still living in the hostel?
- Discuss with your senior nurse and the other members of your team possible courses of action
- Contact the GP to ascertain if he has been seen recently at the surgery.
- Check he has attended any appointments with the Mental Health Team.
- Find out from the hostel if your patient has a specific routine. If so then consider an unannounced visit at a more appropriate time
- Think of the impact your decision will have on the patient. Have you collaborated effectively with the correct person in the team?

Advice from experienced homeless health nurses
As part of the development of this resource The Queen’s Nursing Institute asked homeless health nurses what advice they would offer to those starting their careers in this field.

‘You hold unique expertise which can use to train, educate and, when necessary, challenge other services to provide better support for people experiencing homelessness. You may be able to facilitate health training in hostels or night shelters and support access to mainstream health services.[5]*’*

‘Work with as many agencies as possible. There is probably someone out there who already knows a lot about the person.’

‘Be assertive with other services.’

‘Link in with wider nurse and MDT networks.’

‘If you are working in a supportive, helpful team you will be fine.’

Summary

This chapter has explored the importance of teamwork and collaborative ways of working within a multidisciplinary team. It stresses that all members of the multidisciplinary team have a responsibility and all members of the team should be invited to participate in discussions regarding their patients. If a multidisciplinary team is going to be effective there must be respect across all of the disciplines which will foster a positive environment.

The overall aim of collaboration is to encourage health and other professionals to work together and communicate in the most effective and efficient way to produce the best health outcomes for patients. This is especially important when working with a transient population because of the difficulties and challenges of keeping up-to-date knowledge of changes. This chapter has also highlighted the importance of accurate record keeping, emphasising that no matter how insignificant a task may seem, it must be written down or otherwise in a court of law there will be no written evidence available to support the perspective of the nurse regarding the interventions with the patient.

Further learning resources

- Nursing and Midwifery Council

Information about the standards required of nurses in education and practice.

- Government Information

Easy to read government information on housing, benefits, and employment

- Housing data

The charity Shelter has a housing databank, containing housing statistics and useful data

- Homelessness organisations

Homeless Link is a national umbrella body for homelessness organisations, and they hold a directory of services.

References

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4. NHS England, 2015.

5. Fordham, 2012.