

Inclusive Health and Wellness Hub

Homefront Outreach Team

Homefront is a collaboration between Micah Projects, Princess Alexandra (PAH) and Mater Hospitals and primary care providers. Homefront is collocated at the Inclusive Health and Wellness Hub and delivers outreach services that connect people with clinical care, community support and housing by providing integrated care.

Beneficiaries are people experiencing poor health due to a combination of homelessness / vulnerable housing, domestic violence, chronic health conditions, disability and social isolation.

The outcomes will be improved access to clinical care, social support and housing, better outcomes for individuals, reduced presentations to Emergency Departments (EDs) and less unnecessary hospitalisations.

What is Homefront?

Homefront is funded by Queensland Health to improve the outcomes of people with complex health needs who present frequently at Hospital Emergency Departments.

Homefront works with the PAH and other hospital EDs, other PAH stakeholders, and community-based homelessness services to deliver integrated care in the immediate PAH catchment.

How does Homefront work?

Micah Projects and the Inclusive Health and Wellness Hub have implemented and will evaluate an integrated model of care delivered by a multidisciplinary team. The team provides

outreach services to vulnerable people in the community who are living with multiple and complex health and social needs.

Integral to the program's success will be collaboration between the PAH stakeholders and the Homefront multidisciplinary outreach team. The Homefront team will support people to effectively engage with community-based services and reduce hospital attendance / dependence.

In addition to referrals from PAH, Homefront also works with Mater Health Services, local GPs and homelessness services to ensure as many people as possible benefit from the service. People can also self-refer.

Homefront Deliverables

Homefront's primary focus is health and wellbeing and the deliverables are:

- » **Improved health and wellbeing** of vulnerable populations through integrated care.
- » **A reduction in ED presentations** by people in the target group (vulnerable members of the community who may have complex health and housing issues). Many of the participants may be experiencing homelessness, poverty, social

isolation, domestic violence and / or be experiencing difficult family circumstances.

- » **Provide an integrated care response** where one does not currently exist or exists and could be more effectively managed.
- » **Provide a continuum of care** and referral point primarily from the PAH and Mater EDs and hospital departments, through effective discharge planning. This will reduce unnecessary re-presentations.

What is the Inclusive Health and Wellness Hub?

The **Inclusive Health and Wellness Hub** is in South Brisbane and has received recurrent (five years to 2020) funding from Queensland Health.

The Hub is a primary care centre offering general practitioners, nurses, allied health practitioners, dentists, alternative therapies and community / psycho social support. The hub delivers care to vulnerable people and is an excellent referral point for Hospital EDs when people present who would be better suited to high quality, primary care.

The success of Homefront will contribute to the sustainability of the outreach team in delivering services to this cohort of patients.

Referral Criteria

It is important to note that there are no exclusion criteria.

The primary inclusion criteria are:

- » Poor health requiring effective clinical management in the community
- » Homelessness or vulnerably housed people who are experiencing social isolation
- » The likely requirement for other community support.

Referral Process (for PAH ED)

The referral process has been designed to ensure that Homefront is person / patient focused:

1. It ensures PAH ED clinicians and staff can get essential information to Homefront ASAP.

2. The information required will ensure that support for people can commence immediately. However, Homefront understand that not all information may be available and gathered at the time at which the person is in ED. Homefront will undertake to contact PAH ED clinicians and other departments to gather information in a timely manner.
3. The referral process enables the PA Social Work team to add information post referral when practical to do so.
4. Homefront GPs (like all GPs) will have access to the Queensland Health Viewer. Homefront GPs will access the viewer post referral and before contacting the PAH for more information.
5. The referral form has been developed in consultation with PAH ED clinicians and the Inclusive Health and Wellness Hub clinicians.
6. The referral form is an interactive PDF and should be transmitted by email. If that is not possible then it can be sent by facsimile. NB: all information may not appear to the recipient if the form is faxed.
7. Referrers will receive an acknowledgement that the person has commenced with Homefront and, if not, why not.

Homefront ensures relevant and timely information is available to PAH ED clinicians and more broadly to hospital clinicians regarding the services provided to frequent presenters. This will involve flagging people in PAH systems and attaching information to 'flagged' participants' files.

To access the referral form visit:

<https://inclusivehealth.org.au/services#homefront>

Referral Process for GPs, other community-based clinicians and homelessness services

If you have a person who would benefit from Homefront services, please call us or visit the Inclusive Health and Wellness Hub website to access the relevant referral form:

<https://inclusivehealth.org.au/services#homefront>