Alberta Doctors' Digest

A new way of discharging homeless patients from hospital

Here in Alberta, more than 26,000 people living in homelessness wind up in emergency rooms each year seeking care for a variety of illnesses or injuries. Unfortunately, when it comes time to discharge those individuals from hospital, they often have no place to go and are left to head right back onto the street, where they return to sleeping rough while trying to heal. Not surprisingly, this often leads to complications and hospital readmissions. Without a place to go, they cycle back through emergency rooms over and over again.

A new pilot project aims to break that cycle with the use of temporary bridge-healing transition spaces that offer a safe place to go after leaving the hospital. The Bridge Healing Transitional Accommodation Program is run by the Jasper Place Wellness Centre (JPWC), funded by Alberta Health Services and led by Dr. Louis Hugo Francescutti, an emergency room physician at the Royal Alexandra Hospital and a professor in the School of Public Health at the University of Alberta.

"The current standard of practice when a patient shows up in emergency and is seen and is discharged, if they're homeless, they are discharged into homelessness," explains Dr. Francescutti. "Sometimes that means we try to find a shelter bed for them, but a lot of patients don't feel safe going to shelters. So they will be roaming the streets or going to the library if it's during the day or riding transit with no place to go."

Often those individuals will return to the emergency departments by ambulance, even on the same day. "We don't have enough ambulances and don't have enough space in our emergency departments, so for folks that really don't need to be there, if we can identify them and provide them with an alternative that reduces ambulance calls and reduces ER visits, it's in the best interest of the patient and the system as well."

The Bridge Healing project is designed to give an individual experiencing homelessness who has been in the emergency department, been seen and been discharged, the opportunity to be immediately housed and provided with an array of wrap-around medical and addiction services. Individuals can stay for up to 30 days in the transition spaces, which are fully accessible units equipped with a private sleeping space, their own washroom and a communal living space and kitchen. While they are there, they receive a range of services, including help with securing identification, food security, employment counselling and health care needs, and referrals for detox and residential treatment.

"The only reason we haven't done it in the past is that it's very complicated to get acute treatment facilities to understand that they need to extend further into the community and provide a continuum of care. In addition to the benefits it offers to patients, the

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program holds the promise of substantial cost savings for the health care system. We can do it for \$80/day as compared to a hospital bed that runs \$1,200 to \$1,500/day. It's less than the cost of a shelter, incarceration or even a motel room. We'll see cost savings immediately."

In March 2023, the project is expected to accept its first patient into one of the 12 units located in west Edmonton. An additional 24 beds are expected to be available by early spring, and once the program is able to demonstrate its impact, Dr. Francescutti hopes more beds will quickly be made available, stressing that it will take roughly 108 beds to really make an impact. "But this is a good start."

He notes that the program is a different way of thinking, one that reflects the vision of many groups who recognize the importance of changing the way we support people living in homelessness. "We're very fortunate that the AMA's Section of Emergency Medicine back in March of last year issued a policy statement saying it's no longer acceptable to be discharging homeless patients into homelessness. And we're very fortunate that Alberta Health Services stepped up and is going to be providing the operating funds for these 36 beds that are coming on stream. As far as we know, it's the only health authority or hospital in the country that has been able to start tackling this problem directly by asking patients if they want to be offered a roof over their heads."

The decision to launch the pilot project in Edmonton was based, in large part, on the number of people living in homelessness that pass through the Royal Alexandra Hospital annually. "We see roughly 8,200 visits each year. We're the epicentre of the majority of homeless visits in Alberta, and that's why we're starting with our emergency department."

It's hoped that the program will quickly expand to other areas of the province, and there have already been discussions with groups in Calgary and other cities in Alberta. There has also been a lot of interest from other parts of the country as well, and Dr. Francescutti and his team are working with the Canadian Medical Association to explore creating an implementation model that can be used in any community across Canada. "We spent a lot of time developing the model," he says, noting that it began as the brainchild of graduate students in an advocacy class at the University of Alberta. It then drew the attention of volunteers, partners and foundations, who provided financial support. "It was truly a community response to a problem ... hopefully this establishes a new standard so it is morally, professionally and socially unacceptable to discharge a homeless patient from a health care facility back into homelessness."

While being able to offer individuals a chance to try again is the goal of the project, Dr. Francescutti knows it will have an impact on physicians and other health care providers as well. "It will help with the moral distress that we're all feeling as emergency room providers. We're often frustrated and sad that we can't do more for these patients that have very specific needs ... this will go a long way to making us feel fulfilled in that we're doing what we signed up for."

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