
CONFERENCE ABSTRACT

THE ROLE OF THE PATRONAGE NURSE IN CARE FOR THE HOMELESS

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Introduction

Homelessness, as an extreme form of poverty, is associated with an increased risk for ill-health. Furthermore, homeless often lack access to appropriate healthcare, which is an additional risk factor for poor health outcomes. The aim of this paper is to present the role of patronage nursing service in the care for the homeless and collaboration with the shelter “Ruže sv. Franje” in Rijeka.

Short description of practice change implemented:

Comprehensive nursing interventions were implemented to meet the needs of the homeless.

Aim and theory of change

Collaboration with the shelter started as a result of recognized need for making healthcare services available and bringing them closer to the homeless, with the main goal of improving health outcomes of residents in the shelter. Adapting services to the needs of the homeless was set as immediate outcome, based on the assumption that providing flexible and personalized care will offer supportive healthcare environment in which homeless will feel welcome and encouraged to develop positive health behaviors. To achieve desired outcomes, care plan was developed which includes individualized approach, frequent visits to the shelter, shelter staff-requested specific interventions, chronic disease management, individual consultations without time limitation, integration of other services.

Targeted population and stakeholders

Target population are residents in the homeless shelter “Ruže sv. Franje”. Interventions are carried out by patronage nurses in cooperation with the shelter staff and other parties involved in the care for homeless.

Timeline

New interventions were introduced in September 2019 and should be implemented permanently, if they prove effective.

Highlights

Compared to the previous occasional visits to the shelter which comprised brief group-level health checks only, new interventions offer a much broader range of care and individualized approach. Since changes were implemented only few months ago it is too early to evaluate the outcomes, but it was noticed that the residents are receptive to change, disease management is somewhat better and shelter staff are pleased with the quality of care.

Comments on sustainability

Interventions don't require any additional financial investment, only time and effort which are supported by employer.

Comments on transferability

Interventions can easily be implemented by patronage nurses who work in systems with similar model of patronage service.

Conclusions

The homeless are a vulnerable group that needs support in maintaining health and accessing healthcare services. To improve health outcomes, it is necessary to integrate services and bring them closer to the homeless.

Discussions

Implemented changes were built upon existing evidence which suggest that homeless people have high risk of chronic conditions that are often poorly controlled, respond better to flexible outreach services, and need coordination in various aspects of care.

Lessons learned

1. Patronage service is probably the only part of the strained healthcare system that can invest enough time and effort to provide comprehensive care for the homeless.
2. Homeless often perceive their health better than it really is and are not inclined to seek medical advice. It is important to build a relationship of trust and respect to stimulate positive health behaviors.