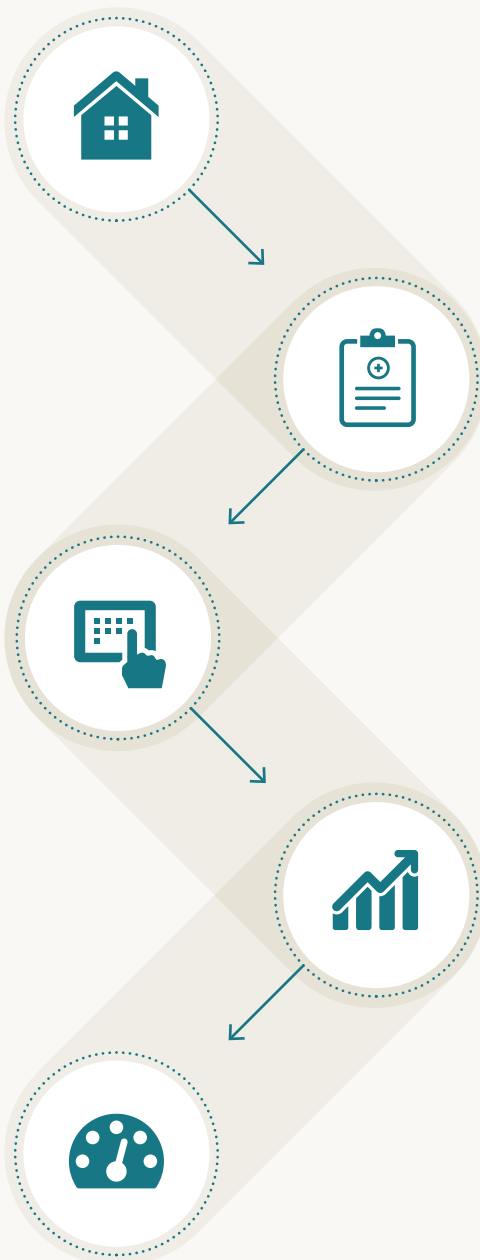# Creating and using quality data to improve care for patients experiencing homelessness

STEP 1

Collect
housing information
from the patient

STEP 2

Document
information in
health records

STEP 3

Record
code Z59.0 in the abstract
for the hospital stay or visit

STEP 4

Analyze
coded data to inform
organization-level
improvements

STEP 5

Report
on findings to guide
improvements (system level)

Canadian Institute
for Health Information

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d'information sur la santé

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STEP 1 — Collect
housing information from the patient

Any health care worker can collect information about a patient's housing status.

- Examples of health care workers include paramedics, registration clerks, physicians, nurses, allied health professionals and crisis support workers.
- Information may be collected through interactions with the client or through a self-report tool such as a standardized screening tool.

STEP 2 — Document
information in health records

- Hospital staff may enter information about housing status in several parts of a patient's health record (e.g., in the patient's address that is documented at registration, in physician notes, in notes by other health care providers).
- To inform the patient's care and discharge planning, include information about the patient's housing status in clinical documentation that is viewable by other care providers.

STEP 3 — Record
code Z59.0 in the abstract for the hospital stay or visit

When preparing abstracts for data submission, hospital coders are required to assign the ICD-10-CA code Z59.0 to reflect a patient experiencing homelessness.

- Coders review multiple sources of hospital documentation; however, the review may not cover all possible sources, depending on factors such as time constraints and volume of work.
- To support consistent coding, the *Canadian Coding Standards* describes a list of living situations that are included in a Canadian definition of homelessness.[1, 2] According to this definition, homelessness encompasses a range of physical living situations, including staying in temporary accommodations.[2]

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STEP 4 — Analyze
coded data to inform organization-level improvements

Hospital staff can use the coded data to improve the quality of care. For example, they can

- Identify the number of patients experiencing homelessness to support resource allocation such as increasing the availability of social workers, counsellors and care coordinators
- Examine patterns in health care use and transitions in care, including discharges to homelessness
- Collaborate with local housing and homelessness service providers in community and government agencies to improve processes for referrals, follow-up visits and discharge planning

STEP 5 — Report
on findings to guide improvements (system level)

Hospital and health authority staff can report their findings to encourage quality improvement and innovative programs to reduce disparities. Stakeholders could include

- Housing and homelessness service providers who are uniquely situated to inform their own service delivery
- Executive leadership of hospitals or representatives of ministries of health who can support system improvements and policy directives that advance equity

Note

This work was completed with the assistance of the Z Codes Journey Map. Centers for Medicare & Medicaid Services. *Using Z Codes: The Social Determinants of Health (SDOH) Data Journey to Better Outcomes*. 2022.

References

1. Canadian Institute for Health Information. *Canadian Coding Standards for Version 2022 ICD-10-CA and CCI*. 2022.

2. Canadian Observatory on Homelessness. Canadian definition of homelessness. Accessed January 17, 2023