People experiencing homelessness (PEH) have diverse and complex health and social needs. These disparities are further exacerbated by systemic challenges to accessing healthcare and psychosocial supports, such as food insecurity, lack of primary care provider, and unaffordability of medications. As a result, PEH often experience fragmentation of care, poorer health outcomes, and higher healthcare – especially emergency department (ED) – utilization for unmet needs.

To address some of these challenges, the ED Outreach Worker Program at St. Michael’s Hospital in Toronto, Canada was developed as a local priority initiative with the Downtown East Toronto Ontario Health Team (DET-OHT). The DET-OHT is an integrated care system of partnered health service provider organizations in the Downtown East Toronto community. PEH presenting in the ED are connected with an outreach worker who determines their immediate needs (e.g., food security, income support, clothing) and facilitates necessary referrals and supports for a safe discharge to the community (e.g., housing, primary and/or specialty care follow-up). While empowering and supporting personal agency, the outreach worker continues to advocate for and maintain contact with clients following discharge and facilitates the coordination, navigation, and follow-up of health and social services.

In collaboration with key stakeholder groups within the DET-OHT (e.g., clients with lived experience, staff/providers, community partners), a community-based participatory research (CBPR) study is underway to measure and evaluate patient experience in the ED Outreach Worker Program. This study consists of three phases. Phase I involves conducting in-depth interviews with clients and staff/providers of the program to understand their current/past experiences with the program and inform appropriate patient experience measures that should be evaluated. In Phase II, a group comprised of clients and staff/providers of the program will be assembled to co-design a tool to evaluate patient experience. In Phase III, the tool will be pilot tested with current clients in the program. Findings from the pilot test will inform revisions to the tool to ensure its applicability and utility in the clinical setting, provide data regarding patient experience, care processes, and
health outcomes of the program, as well as facilitate opportunities for process and program improvements.

This paper will present the study protocol and preliminary findings from the first study phase. Central to the principles of CBPR, shared leadership and collective ownership of the project will be facilitated by engaging clients with lived experience at every step and empowering them as active contributors to the research process. Observation work is currently being conducted at healthcare and community organizations participating in the program to facilitate the development of co-design partnerships with PEH and staff/providers. This CBPR study will contribute to new knowledge on the impact of ED-based interventions on patient experience and outcomes for PEH within an integrated healthcare system. Study findings will improve our understanding of how to build effective partnerships among clients and staff/providers in healthcare research and evaluation in an ethical and equitable manner and provide further support for programs that will improve access, coordination, and navigation of care and services for vulnerable and disadvantaged populations.