KITSAP PUBLIC HEALTH DISTRICT

Medical Respite in Kitsap County

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CHI Franciscan/Harrison Medical Center

"We have come dangerously close to accepting the homeless situation as a problem that we just can't solve."

Linda Lingle

Objectives

- To provide a safe and secure location in Kitsap County for patients experiencing homelessness who are discharged from the hospital and need stable recuperation from their illness or injury.
- To engage the health care system to partner with local organizations in order to provide resources for patients experiencing homelessness.
- To decrease avoidable inpatient days, admissions, and ED visits attributed to homelessness. To increase patient throughput within the health care system.

Background

- In 2014, the Kitsap Community Health Improvement Process (KCHP) identified medical respite care as an important unmet need in our community.

- Major community goals included: (Kitsap Homeless Housing Plan, 2016)
  - Make homelessness rare (Strategy 1.2 B. Respite beds)
  - Make homelessness brief
  - Make homelessness one-time
  - Continuously improve the homeless response system
  - Expand community engagement

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Kitsap County in Crisis

- **Harrison Medical Center**
  - Avoidable inpatient days from 10/16-12/16: **931**
    - Lack of funding for post-hospitalization ongoing care needs
    - Complex patient placement
      - (ventilator, bariatric, wound care, psych)
    - Inadequate patient support at home
    - Homelessness

Harrison Medical Center

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- **Kitsap County Point in Time Count: 2017**
  - Increased 13% from 2016 to 2017: **663 homeless**
    - ***43% reported health issues as the reason for homelessness***
  - Lack of affordable permanent housing

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What is Medical Respite?

"Medical respite programs provide care to homeless patients who are too sick to be on the streets or in a traditional shelter, but not sick enough to warrant inpatient hospitalization. They are designed to improve the health of homeless patients while also decreasing costly hospital use," (Doran, Ragins, Gross, & Zerger, 2013).

Evidence-based Justification

- A systematic literature review concluded that medical respite programs:
  - Reduce future hospital admissions and hospital days
  - Reduced 90-day hospital readmissions *(in some cases 50%)*
  - Reduced hospital length of stay among homeless patients. (Doran, Ragins, Gross, & Zerger, 2013, p. 520).

- "By program discharge, many respite clients experienced improvements not only in health status, but also in other areas critical to their overall health such as access to health care, health insurance, income, and housing," (Zerger, S., 2016, p. 5).

- "Seek opportunities to increase the availability of **medical respite programs** in communities to allow hospitals to discharge people experiencing homelessness with complex health needs," (usich.gov, 2017).

Why Medical Respite?

- Medical respite is a cost effective solution to inpatient throughput, high emergency department utilization, and readmission.
- Medical respite programs reduce the burden to social and emergency shelter providers by ensuring clients who utilize their services are healthier

- Align with CHI Franciscan vision:

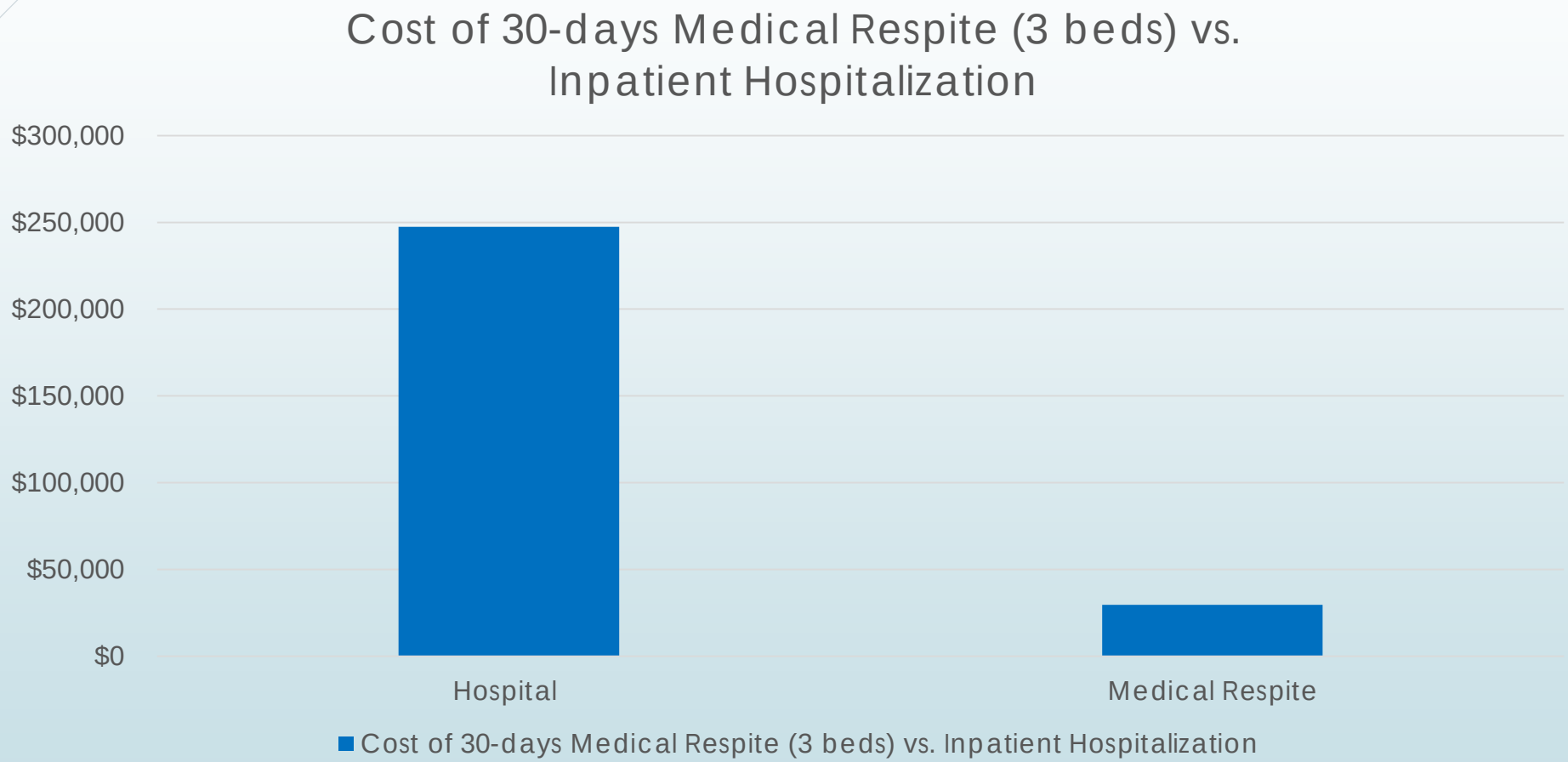
  "We will lead the transformation of healthcare to achieve optimal health and wellbeing for the individuals and communities we serve, especially those who are poor and vulnerable."

- Medical respite programs connect individuals experiencing homelessness who are recovering from illness or injury with wrap around community services:
  - Housing
  - Primary care providers
  - Disability benefits
  - Substance abuse treatment
  - Supportive services

Washington State Programs:

Program Site:	Facility Model:	Number of Beds:	Homeless Population (2016):	Avg. Length of Stay:
Edward Thomas House	Stand-alone Facility	34	10,688	21 days
King County	(low-income housing)	*0.32%*		
Seattle, WA				
Catholic Charities Transitional	Homeless Shelter	21 m/ 3 f	981	18 days
Spokane County		*2.45%*		
Spokane, WA				
Yakima Neighborhood Health	Apartment Units	6	580	23 days
Services		*1.04%*		
Yakima County				
Yakima, WA				
Catholic Community Services	Homeless Shelter	3	1,762	TBD
Nativity House (pilot program)		0.17%		
Pierce County				
Tacoma, WA				
Total:		67	14,247	
		0.47% (percent of population served by available beds)		

Budgetary Impact



*Represents 90 avoidable inpatient days

Phase 1: Benedict House

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Phase 1:
Benedict House

- Operated by Catholic Community Services of Western Washington.
- Shelter accommodations for up to 25 homeless men.
- *Pilot Program Proposal:*
  - *3 male beds*
  - *Convert current family room into medical respite pilot site*
  - *Hire staff for 24/7 coverage*
  - *Coordination of medical care/ case management with PCHS*
  - *Respite care training for staff*
  - *Meals/ transportation provided*
  - *Target goals for transitional and permanent housing after graduation from program*

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Phase 1 Change Process

Request

- CHI Harrison Care Management makes referral to CCS Benedict House program supervisor.
- Responsibility of Care Manager to adhere to guidelines.

Review

- CCS Benedict House reviews patient bed request.
- Approve or deny acceptance to program.

Intake

- First discharge primary care appointment made and arrives with enough medication until seen.
- Case management appointment made (Kitsap Connect)

Proposed Patient Criteria

- Meet the definition of homelessness:
  - “Where did you stay prior to the hospital?”
- 18 years or older
- Medical condition requiring short-term respite care
- Agreeable to admission and receiving care from Benedict House staff
- Able to live in a community setting (no communicable diseases)
- Behaviorally stable (no risk to self or others)
- Medically cleared if detoxing from drug or alcohol use
- Independent with activities of daily living (ADLs)
- Not a fall risk (0-24 Morse Fall Scale upon discharge)
- Participatory in their care and program

References:

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