

Medical Respite Organizational Self-Assessment ©

Medical Respite Tool Kit
December 2020

Introduction

The National Health Care for the Homeless Council [Medical Respite Standards](#) were developed to serve as a framework for medical respite programs, to support medical respite programs' ability to operate safely, effectively, and seamlessly with local health care systems, and to promote program development and growth (NHCHC, 2016). Although medical respite programs structure and service delivery may vary in response to their community's needs and resources, the Medical Respite Standards help to ensure quality and effectiveness of all medical respite programs in serving persons experiencing homelessness.

A medical respite program should strive to meet each of the Medical Respite Standards criteria to ensure quality care. Medical Respite Organizational Self-Assessment was developed to allow programs to self-assess their fidelity to the Medical Respite Standards. With this tool, programs can identify aspects of their practice that align with the standards, and also to inform strategic planning and goal setting for the growth of the program.

The Medical Respite Organizational Self-Assessment tool identifies specific criteria to meet each of the Medical Respite Standards, provide tangible examples and evidence of processes that support meeting each of the criteria, and a goal-planning form to identify areas for improvement.

This tool is designed so that individual programs may use it independently to evaluate their fidelity to the Medical Respite Standards. However, the National Health Care for the Homeless Council is always available to provide support for programs in implementing the Self-Assessment tool, provide feedback on results, and technical assistance to support quality and program improvement efforts.

Instructions for Completing the Self-Assessment Form

For each set of criteria, mark whether or not the criteria is Met or Not Met.

- If Met, provide a description or evidence of how the criteria is met.
- If Not Met, describe the current limitations or barriers to implementing the stated criteria.

The following provides an example for Medical Respite Standard One:

Criteria:	Met	Description	Not Met	Barriers/Limitations
A bed is available to each patient for 24 hours a day while admitted to the program.	X	<i>The facility is open for 24 hours/day for residents to rest and access belongings.</i>		
The medical respite facility is accessible to people who have mobility impairments and other physical disabilities.			X	<i>Due to being located in an older building, not all areas and rooms are ADA compliant for residents in wheelchairs.</i>
The organization has written policies and procedures for responding to life-threatening emergencies.	X	<i>We have written policies and procedures for emergencies, located both in a shared computer drive and printed in the nurse's office.</i>		

At the bottom of each Standard, count the number of items that were Met and Not Met.

The following provides an example for Medical Respite Standard Three:

Total # Criteria Met:	6 /10	Total # Criteria Not Met:	4 /10	
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Once the Organizational Self-Assessment Form is completed, complete the Self-Assessment Summary page (Appendix A) to determine overall fidelity to the Medical Respite Standards and to inform your action plan.

Appendix B is a supplemental resource that can be used to identify goals for program and quality improvement based on the results of the self-assessment.

Standard 1: Medical respite program provides safe and quality accommodations

Medical respite programs provide patients with space to rest and perform activities of daily living (ADLs) while receiving care for acute illness and injuries. As such, the physical space of medical respite programs should be habitable and promote physical functioning, adequate hygiene, and personal safety.

Criteria:	Met	Description	Not Met	Barriers/Limitations
1. A bed is available to each patient for 24 hours a day while admitted to the program.				
2. Onsite showering and laundering facilities are available to patients to promote proper hygiene.				
3. Clean linens are provided upon admission.				
4. The medical respite facility is accessible to people who have mobility impairments and other physical disabilities.				
5. The medical respite facility provides access to secured storage for personal belongings and medications (when the program is not authorized to store/dispense medication by applicable governing bodies).				

<p>6. Food services meet applicable public health department guidelines for food handling. Note: If partnering with another organization to provide food services, the partnering organization agrees that they meet this criterion in a written formal agreement.</p>				
<p>7. At least three meals per day are provided:</p> <ul style="list-style-type: none"> • Non-congregate settings (including private and semi-private rooms in apartments or motels) may provide unprepared food if a fully equipped kitchen is available to the patient. If a kitchen is made available, it is safe and hygienic and includes proper refrigeration and disposal of trash. • Meals and unprepared food accommodate medical diets. 				
<p>8. Medical respite programs located in congregate facilities maintain 24-hour staff presence.</p> <ul style="list-style-type: none"> • On-site staff (either clinical or non-clinical) is trained at minimum to provide first aid and basic life support services and communicate to outside emergency assistance. 				

<p>9. Medical respite programs have 24-hour on-call medical support or a nurse call-line for non-emergency medical inquiries when clinical staff is not on site.</p>				
<p>10. The organization has written policies and procedures for responding to life-threatening emergencies.</p>				
<p>11. The medical respite program is compliant with local and/or state fire safety standards governing its facility.</p>				
<p>12. The medical respite program has a written code of resident conduct or behavioral agreement that describes program policies including potential causes for early discharge.</p>				
<p>13. The medical respite program has plans in place and staff trainings to address:</p> <ul style="list-style-type: none"> • The handling of alcohol, illegal drugs, and unauthorized prescription drugs found on site. • The handling of weapons brought into the facility, including strategies to maximize client and staff safety, and appropriate staff response to violence. 				
<p style="text-align: right;">Total # Criteria Met:</p>	<p style="text-align: center;">/13</p>	<p style="text-align: right;">Total # Criteria Not Met:</p>	<p style="text-align: center;">/13</p>	

Standard 2: Medical respite program provides quality environmental services

Like other clinical settings, medical respite programs must manage infectious disease and handle biomedical and pharmaceutical waste. Medical respite programs should follow applicable local or state guidelines and regulations related to hazardous waste handling and disposal, disease prevention, and safety. Written policies and procedures described below should reflect applicable local, state, or federal guidelines and regulations.

Criteria:	Met	Description	Not Met	Barriers/Limitations
1. The medical respite program has a written policy and procedure for safe storage, disposal, and handling of biomedical and pharmaceutical waste, including expired or unused medications and needles.				
2. The medical respite program has a written protocol for managing exposure to bodily fluids and other biohazards.				
3. When patient medications are stored and/or handled by staff, the medical respite program follows state regulations for the storage, handling, security, and disposal of patient medications.				
4. The medical respite program has written protocols in place to promote infection control and the management of communicable diseases (e.g. scabies, Methicillin-resistant Staphylococcus aureus (MRSA)).				

5. The medical respite program follows applicable reporting requirements for communicable diseases.				
6. The medical respite premises and equipment are cleaned and disinfected according to policies and procedures or manufacturers' instructions to prevent, minimize, and control infection or illness.				
7. A pest control program is implemented and documented.				
Total # Criteria Met:	/7	Total # Criteria Not Met:	/7	

Standard 3: Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings

Care transitions refer to the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions and care needs change. Care transition initiatives aim to improve quality and continuity of care and reduce the chances of medical errors that can occur when patient care and information is transferred to another provider.

Criteria:	Met	Description	Not Met	Barriers/Limitations
1. Medical respite program maintains clear policies and procedures for the screening and management of referrals into the medical respite program including: (score each sub-criterion individually)				
a. Written admission criteria				
b. Review for clinical appropriateness				
c. The point of contact of phone number for referrals				
d. Clinical summary				
e. Referral decision time and communication back				
f. HIPAA compliant communication				

2. The medical respite program maintains standards for admitting practices: (score each sub-criterion individually)				
a. Each patient admitted to the medical respite program has a designated medical provider of record				
b. The medical respite program performs medication reconciliation				
c. The medical respite program screens for and honors existing advance directives				
d. The medical respite program notifies existing primary care providers about a patient's transition into the program				
Total # Criteria Met:	/10	Total # Criteria Not Met:	/10	

Standard 4: Medical respite program administers high quality post-acute clinical care

In order to ensure adequate recuperation from illness and injury, medical respite programs must provide an adequate level of clinical care. Medical respite programs need qualified medical respite personnel to assess baseline patient health, make ongoing reassessments to determine whether clinical interventions are effective, and determine readiness for program discharge. High quality clinical care responds to the patients' needs and goals and promotes interdisciplinary teamwork.

Clinical care may be provided by a partner organization as long as all of the criteria below are met. In the event that clinical care is delivered by another provider, that relationship should be documented in a written contract or agreement. The contract or agreement should address the criteria below.

Criteria:	Met	Description	Not Met	Barriers/Limitations
<p>1. A medical record is maintained for each patient and its content, maintenance, and confidentiality meet the requirements set forth in federal and state laws and regulations.</p> <p>Note: Medical records may be maintained by an off-site health care organization that assumes responsibility for the clinical care of patients while in the medical respite program provided all privacy laws are followed in the sharing of patient information and access to such information.</p>				

<p>2. Appropriate medical respite staff conducts a baseline assessment of each patient to determine factors that will influence care, treatment, and services. For each patient, the baseline assessment includes: (score each sub-criterion individually)</p>				
<p>a. Current diagnoses, pertinent history, medication history (including allergies and sensitivities), current medications, and current treatments</p>				
<p>b. Physical and mental health status</p>				
<p>c. Behavioral health needs</p>				
<p>d. Pain status, as needed</p>				
<p>e. Fall risk</p>				
<p>f. Immunization status (at minimum influenza, consider age-appropriate vaccines)</p>				
<p>3. With each patient, an individualized care plan is developed specifying treatments, desired outcomes or goals, and discharge indicators.</p>				
<p>4. Clinical encounters are conducted based on individualized care plans or changes in patient conditions.</p>				

<p>5. Patients receive at least one wellness check every 24 hours by medical respite staff (clinical or non-clinical). Changes in the patient's condition or patient concerns are communicated to the designated medical provider.</p>				
<p>6. When various professional disciplines are involved in the care plan, care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner.</p>				
<p>Total # Criteria Met:</p>	<p>/11</p>	<p>Total # Criteria Not Met:</p>	<p>/11</p>	

Standard 5: Medical respite program assists in health care coordination and provides wrap-around support services*

Medical respite programs are uniquely positioned to coordinate care for a complex population of patients who may otherwise face barriers to adequately navigate and engage in support systems. Case managers can improve coordination of care by brokering linkages to community and social supports in order to help patients transition out of homelessness and achieve positive health outcomes.

** The Federal Health Center Program uses the term enabling services to describe wrap-around support services. Per Section 330(b)(1)(A)(iv), enabling services are non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes. Enabling services include case management, referrals, translation/interpretation, transportation, eligibility assistance, health education, environmental health risk reduction, health literacy, and outreach.*

Criteria:	Met	Description	Not Met	Barriers/Limitations
1. The medical respite program designates staff to coordinate health care. Care coordination activities include: (score each sub-criterion individually)				
a. Supporting the patient in developing self-management goals. Self-management goal setting is a collaborative approach to help patients increase understanding of actions that affect their health and develop strategies to live as fully and productively as possible				

<p>b. Helping patients navigate health systems and establish an ongoing relationship with primary care providers/ patient-centered medical homes</p>				
<p>c. Coordinating or providing transportation to and from medical appointments and support services</p>				
<p>d. Facilitating patient follow up for medical appointments and accompanying the patient to medical appointments when necessary</p>				
<p>e. Ensuring communication occurs between medical respite staff and outside providers to follow up on any changes in patient care plans</p>				
<p>f. Providing access to local phone service during the medical respite stay</p>				
<p>g. Making referrals to substance use and/or mental health programs, as needed</p>				

2. The medical respite care team provides wrap around services including the following as appropriate (the services are either provided internally or contracted for). (score each sub-criterion individually)				
a. Facilitating access to housing, including supportive housing when appropriate				
b. Identify community resources as indicated				
c. Submitting applications for SSI/SSDI, food stamps, Medicaid, and/or other federal /state benefit programs				
d. Providing access to social support groups (e.g. cancer support, addiction support)				
e. Facilitating family/caregiver interaction				
Total # Criteria Met:	/12	Total # Criteria Not Met:	/12	

Standard 6: Medical respite program facilitates safe and appropriate care transitions out of medical respite care.

Medical respite programs have a unique opportunity to influence the long-term health and quality of life outcomes for individuals experiencing homelessness. A formal approach to the transition of care when patients are discharged from medical respite will optimize the chances for success.

Criteria:	Met	Description	Not Met	Barriers/Limitations
1. Medical respite program maintains clear policies and procedures for discharging medical respite patients back into the community. (score each sub-criterion individually)				
a. The medical respite program has a written discharge policy. The policy specifies the personnel authorized to make discharge decisions.				
b. Patient is informed of the discharge policy and procedure				
c. Patients are given a minimum number of 24 hours' notice prior to being discharged from the program (exceptions for administrative discharges in the event of inappropriate behavior)				

<p>2. The medical respite program maintains standards for discharging practices: (score each sub-criterion individually)</p>				
<p>a. Upon discharge, a discharge summary is made available to the patient. Discharge instructions can be made available within a reasonable period of time. The discharge instructions may include the following:</p> <ul style="list-style-type: none"> • Written medication list and medication refill information (i.e., pharmacy) • Medical problem list, allergies, indications of a worsening condition, and how to respond • Instructions for accessing relevant resources in the community • List of follow-up appointments and contact information • Special medical instructions (e.g., weight bearing limitations, dietary precautions, wound orders) 				
<p>b. Adequate protocols are in place for transferring patient information (or access to e-record) to appropriate community providers.</p>				

<p>c. A discharge summary generated by the medical respite clinical team is forwarded to the primary care provider. The summary may include:</p> <ul style="list-style-type: none"> • Admitting diagnosis, medical respite course, and disposition • Allergies • Discharge medication list • Follow up instruction list • Any specialty care and/or primary care follow up appointments scheduled • Patient education/after care instructions • List of pending procedures or labs that require follow up • Communicable disease alerts • Behavioral alerts • Any pain management plan • Any follow-up actions needed as a result of health insurance applications or other benefits initiated while at the medical respite program • Contact information for treating providers • Exit placement 				
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<p>d. For patients returning to the hospital, a clinical summary is generated by the medical respite clinical team to describe the reason for return.</p>				
<p>e. The medical respite program has a policy and procedure that addresses non-routine discharge including but not limited to death and elopement.</p>				
<p>f. Patients are provided with options for placement after discharge from the medical respite program. Every effort is made to transition patients to a living situation that is acceptable to the patient. Patient should be given information about community resources and where to follow up with pending applications.</p>				
<p>Total # Criteria Met:</p>	<p>/9</p>	<p>Total # Criteria Not Met:</p>	<p>/9</p>	

Standard 7: Medical respite care is driven by quality improvement

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in the services provided in the medical respite program. The integrity of a medical respite program rests on its ability to provide meaningful and quality services to a complex population. As such medical respite programs have policies and procedures in place to ensure that their personnel are qualified and effective in improving the health of people experiencing homelessness.

Criteria:	Met	Description	Not Met	Barriers/Limitations
1. The program establishes and annually updates a quality improvement plan. The quality improvement plan includes essential information on how the program will implement and monitor high quality clinical and enabling services.				
2. Self-audits and/or peer reviews are conducted at least annually as part of the quality improvement plan. Self-audit and peer reviews are regular reviews of client files to ensure that appropriate standards are maintained in the provision of care.				
3. The medical respite program has a written patient grievance policy and procedure.				
4. The medical respite program has a written procedure for managing and reporting incidents, including patient falls.				

<p>5. Staff employed by the program have written job descriptions and meet the qualifications required by such job descriptions. The job description defines the competencies of employees involved in patient care, treatment, or services.</p>				
<p>6. The credentials of licensed and certified professionals (employed, contracted, and volunteer) are initially verified and subsequently reviewed at least every two years per program policy.</p>				
<p>7. To the extent the program or organization utilizes volunteers in providing care, treatment, or services, there will be written procedures in place to screen volunteers to ensure patient safety. All clinical volunteers are credentialed per programs credentialing process for their relevant scope of practice.</p>				
<p>8. The administering agency employs or appoints a Medical Director to oversee the medical aspects of the program. The Medical Director is a licensed provider who is an (NP, PA, MD, DO).</p>				
<p>9. Performance reviews are conducted annually for all employees pursuant to written human resource policies. For clinical staff, the performance review includes an evaluation of the quality of</p>				

clinical care provided.				
<p>10. The medical respite program establishes a training plan to equip employees, volunteers, contractors with necessary skills to maintain a safe and quality-oriented environment. Training topics may include:</p> <ul style="list-style-type: none"> • Health information privacy and HIPAA regulations • De-escalation • Non-discrimination and cultural competency • Sexual harassment • Bloodborne pathogen exposure • Incident reporting • Timely and complete documentation of clinical care 				
11. The medical respite program conducts a patient experience of care survey.				
Total # Criteria Met:	/11	Total # Criteria Not Met:	/11	

Appendix A

Medical Respite Organizational Self-Assessment Summary

Summarize your results from the self-assessment into the following table for each standard.

Medical Respite Standard	Total # Criteria Met	Total # Criteria Not Met	Percentage Met
1. Medical respite program provides safe and quality accommodations.	/13	/13	%
2. Medical respite program provides quality environmental services.	/7	/7	%
3. Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.	/10	/10	%
4. Medical respite program administers high quality post-acute clinical care.	/11	/11	%
5. Medical respite program assists in health care coordination and provides wrap-around support services.	/12	/12	%
6. Medical respite program facilitates safe and appropriate care transitions from medical respite to the community.	/9	/9	%
7. Medical respite care is driven by quality improvement.	/11	/11	%
Total	/73	/73	%

INSTRUCTIONS FOR CALCULATING THE PERCENTAGE:

The percentage of each criteria met is calculated by dividing the number met by the total number of criteria. This number is then multiplied by 100 to identify the percentage. (Example provided on next page).

See the following example for Medical Respite Standard 3:

Medical Respite Standard	Total # Criteria Met	Total # Criteria Not Met	Percentage Met
3. Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.	6 /10	4 /10	60 %

Calculation: 6 (criteria met) / 10 (total criteria) = 0.60 . $0.60 \times 100 = 60\%$

Interpreting the Results

GOOD FIDELITY

A total overall percentage of 70% (or 51 Met items) is considered good fidelity to the Medical Respite Standards.

- If a program achieves an overall 70% Met rate, yet there are individual standards that fall below 70%, those standards should be reviewed and targeted for improvement.
- Programs with each standard at 70% or above should review items that were Not Met, and determine if these areas should be targeted goal areas to achieve, or use clinical reasoning and judgement to determine if these cannot be met due to program limitations.
- Additionally, programs can make efforts to establish structures so that the Standards are implemented even if there is staff turn-over or changes, and should re-review and re-assess periodically to ensure things haven't shifted in response to systemic changes, as part of a continuous quality improvement process.

NEEDS IMPROVEMENT

A program that has an overall percentage below 70% (50 or less Met items) demonstrates a need for program improvement to better align with the Medical Respite Standards.

- Any Standards that are at less than 70% met should be targeted for program development and improvement.
- Programs can use the Medical Respite Improvement and Goal Planning Worksheet (Appendix B) to guide the process to review and implement a plan for meeting the Medical Respite Standards.
- Programs may also benefit from reviewing items in the Medical Respite Toolkit to support improvement efforts.
- Programs can also reach out the National Health Care for the Homeless Council for technical assistance for support in implementing the Medical Respite Standards.

Appendix B

Medical Respite Program Improvement and Goal Planning

This worksheet can support programs in identifying areas for improvement based on the self-assessment. Using the criteria that was Not Met, identify specific actions that your program can take to meet the criteria, and a target date for completion.

Of note, it is helpful to be realistic with your goal planning process. It may be helpful to identify areas of priority and establish a timeline to complete those first or identify what goals may be achieved quickly versus long-term. Writing an emergency procedure policy may be easier and can be achieved more immediately than a building restructure to improve accessibility.

Standard 1 - Medical respite program provides safe and quality accommodations:

Tasks for Improvement:

Target Date: _____

- _____
- _____
- _____
- _____
- _____

Standard 2 - Medical respite program provides quality environmental services:

Tasks for Improvement:

Target Date: _____

- _____
- _____
- _____
- _____
- _____

Standard 3 - Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings:

Tasks for Improvement:

Target Date: _____

- _____
- _____
- _____
- _____
- _____

Standard 4 - Medical respite program administers high quality post-acute clinical care:

Tasks for Improvement:

Target Date: _____

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- _____
- _____
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Standard 5 - Medical respite program assists in health care coordination and provides wrap-around support services:

Tasks for Improvement:

Target Date: _____

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- _____
- _____
- _____
- _____

Standard 6 - Medical respite program facilitates safe and appropriate care transitions from medical respite to the community:

Tasks for Improvement:

Target Date: _____

- _____
- _____
- _____
- _____
- _____

Standard 7 - Medical respite care is driven by quality improvement:

Tasks for Improvement:

Target Date: _____

- _____
- _____
- _____
- _____
- _____