



Standards for Medical Respite Programs

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About the medical respite standards

Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. Unlike “respite” for caregivers, “medical respite” is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, motels, nursing homes, and transitional housing.

The terms “medical respite care” and “recuperative care” are used interchangeably to describe the same service. “Recuperative Care” is defined by the Health Resources and Services Administration as “*short-term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions (e.g., street, shelter or other unsuitable places).*” The Respite Care Providers’ Network adopted the term “medical respite care” on the grounds that it is more encompassing than the literal meaning of the term “recuperative.”

Medical respite care is a fairly recent phenomenon with the earliest programs beginning in the mid 1980’s. As the need for medical respite care for people experiencing homelessness has grown, communities have responded by developing their own unique programs using the resources available to them. Today, nearly 80 medical respite programs are available in 29 states and in Washington, D.C. and a number are in development. While all of these programs provide a critical service, they vary significantly in their scope and intensity of services. These standards aim to eliminate ambiguity about what constitutes medical respite care and create a foundation for program operations.

In 2011, the Steering Committee of the Respite Care Providers’ Network addressed the need to establish standards for medical respite care in order to improve quality and consistency across a range of programs and to improve opportunities for research and federal funding for medical respite care. A Task Force of medical respite care experts was charged with developing standards that (1) align with other health industry standards related to patient care, (2) reflect the needs of the patients being served in the medical respite setting, (3) promote quality care and improved health, and (4) are achievable for a range of medical respite programs with varying degrees of resources.

The following standards are not intended to serve as a “one-size fits all” approach to delivering medical respite care. Rather, they serve as a framework to help medical respite programs operate safely, effectively, and seamlessly with local health care systems, and to promote program development and growth.

These standards are written to accommodate program services delivered through formal partnerships or affiliations. Many medical respite programs exist as partnerships between two or more organizations that together provide the services referenced in this document. For example, a medical respite program may be jointly operated and administered by a housing provider and health center. In such cases, facility standards might be met by the housing provider while health care related standards might be met by the partnering/affiliated health care entity.

This document does not replace local, state, and federal regulations related to health and safety. Medical respite programs are expected to meet all applicable local, state, and federal regulations.

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- Sabrina Edgington, MSSW, National Health Care for the Homeless Council, Nashville
- Leslie Enzian, MD, Harborview Medical Center, Seattle
- Henry Fader, JD, Pepper Hamilton LLP, Philadelphia
- Jessie Gaeta, MD, Boston Health Care for the Homeless Program, Boston
- Joanne Guarino, Consumer, Boston Health Care for the Homeless Program, Boston
- Nancy Hanson, MSW, Interfaith House, Chicago
- Tim Johnson, BA, BBA, Harmony House, Houston
- Brooks Ann McKinney, MSW, Mission Health and Hospitals, Asheville
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- Dawn Petroskas, RN, PhD, Hennepin County Public Health, Minneapolis

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The Task Force believes that the medical respite standards reflect and respond to the following circumstances:

- People experiencing homelessness suffer profound disparity in health and mortality compared to the general population.
- Hospital lengths of stay are generally decreasing across all medical conditions and acute and post-acute medical care is increasingly being delivered on an outpatient basis.
- People need a safe, stable and supportive place to recover from illness and injury.
- Recovery is extremely difficult on the streets; shelters generally are not equipped to support people who are sick or injured.
- Homelessness itself causes and exacerbates existing medical conditions, and makes adherence to treatment plans more difficult.
- Medical respite programs promote connections to primary and behavioral health care and decrease hospital utilization; thus, improving efficiency and reducing costs in health systems.
- Medical respite programs are critical to community efforts to end homelessness.

Standards for Medical Respite Programs

- Standard 1 Medical respite program provides safe and quality accommodations
- Standard 2 Medical respite program provides quality environmental services
- Standard 3 Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings
- Standard 4 Medical respite program administers high quality post-acute clinical care
- Standard 5 Medical respite program assists in health care coordination and provides wrap-around support services
- Standard 6 Medical respite program facilitates safe and appropriate care transitions from medical respite to the community
- Standard 7 Medical respite care is driven by quality improvement

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:

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).
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.
7. At least three meals per day are provided.
 - a. 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.
 - b. Meals and unprepared food accommodate medical diets.
8. Medical respite programs located in congregate facilities maintain 24-hour staff presence. 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.
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.
10. The organization has written policies and procedures for responding to life-threatening emergencies.
11. The medical respite program is compliant with local and/or state fire safety standards governing its facility.

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.
13. The medical respite program has plans in place and staff trainings to address:
 - a. the handling of alcohol, illegal drugs, and unauthorized prescription drugs found on site.
 - b. the handling of weapons brought into the facility, including strategies to maximize client and staff safety, and appropriate staff response to violence.

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:

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.

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:

1. Medical respite program maintains clear policies and procedures for the screening and management of referrals into the medical respite program including:
 - a. Written admissions criteria
 - b. Review for clinical appropriateness
 - c. The point of contact or 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:
 - a. Each patient admitted to medical respite program has a designated medical respite 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

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 team work.

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:

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.
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.
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:
 - a. Current diagnoses, pertinent history, medication history (including allergies and sensitivities), current medications, and current treatments
 - b. Physical and mental health status
 - c. Behavioral health needs, including substance abuse
 - d. Pain status, as needed
 - e. Fall risk
 - f. Immunization status (at minimum influenza, consider other age appropriate vaccinations)
3. With each patient, an individualized care plan is developed specifying treatments, desired outcomes or goals, and discharge indicators.
4. Clinical encounters are conducted based on individualized care plans or changes in patient conditions.
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.
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.

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.

Criteria:

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

2. The medical respite care team provides wrap around services including the following as appropriate (the services are either provided internally or contracted for).
 - a. Facilitating access to housing, including supportive housing when appropriate
 - b. Identifying 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

* 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.

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:

1. Medical respite program maintains clear policies and procedures for discharging medical respite patients back into the community.
 - 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 of 24 hours' notice prior to being discharged from the program (exceptions for administrative discharges in the event of inappropriate behavior).

2. The medical respite program maintains standards for discharging practices:
 - 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:
 - 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)
 - b. Adequate protocols are in place for transferring patient information (or access to e-record) to appropriate community providers.
 - c. A discharge summary generated by the medical respite clinical team is forwarded to the primary care provider. The summary may include:
 - 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

- d. For patients returning to the hospital, a clinical summary is generated by the medical respite clinical team to describe the reason for return.
- e. The medical respite program has a policy and procedure that addresses non-routine discharge including but not limited to death and elopement.
- 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.

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:

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.
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.
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.
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.
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).
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 clinical care provided.
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:
 - a. Health information privacy and HIPAA regulations
 - b. De-escalation
 - c. Non-discrimination and cultural competency

- d. Sexual harassment
- e. Bloodborne pathogen exposure
- f. Incident reporting
- g. Timely and complete documentation of clinical care

11. The medical respite program conducts a patient experience of care survey.



About the National Health Care for the Homeless Council

The National Health Care for the Homeless Council is a network of doctors, nurses, social workers, patients, and advocates who share the mission to eliminate homelessness.

Since 1986 we have been the leading organization to call for comprehensive health care and secure housing for all. We produce leading research in the field and provide the highest level of training and resources related to care for persons experiencing homelessness.

We collaborate with government agencies and private institutions in order to solve complex problems associated with homelessness. Additionally, we provide support to more than 200 public health centers and Health Care for the Homeless programs in all 50 states.