GUIDE

Identifying Outcomes for Medical Respite/ Recuperative Care Programs

November 2021

Introduction

Medical respite/recuperative care programs see the positive impact of their programs and services in the lives of their patients on a daily basis. Identifying and demonstrating positive outcomes can be a critical way to support program sustainability and quality improvement in services. Although it is tempting to focus solely on the potential for cost savings to gain financial support from health systems, there is much more to a medical respite stay than cost savings. Programs also may have difficulty in accessing data collected by partners limiting potential to highlight certain outcomes. However, programs, through their day-to-day process, have the ability to track multiple outcomes that demonstrates the value of their services and can "tell the story" of medical respite/ recuperative care. **This document is intended to help programs identify specific outcomes and variables that they can feasibly track within their program.**

Process for Selecting Outcomes

The following outlined process can be utilized by medical respite/recuperative care programs to determine data points to be collected.

1. Programs are encouraged to first review Outcome Measures and Data Collection: Recommendations for Medical Respite Programs to develop an understanding of the different types of outcomes that can be tracked.
2. Programs can review this list of potential data points and outcomes described in this document, which include program outcomes, health outcomes, and social outcomes.
    - This list is extensive, realistically programs will initially select a few outcomes to track.
    - *Internal data* is data that can be collected by the medical respite program based on services they provide.
    - *External data* is data and information that is collected and tracked by an organization outside of the medical respite program. This can include health and hospital systems, Continuums of Care, and health plans/managed care organizations. Programs will likely have to complete a contract in order to access data collected by these entities.
3. After reviewing the list, programs can select outcomes to track. Considerations for selecting outcomes and data to collect include:

- Identifying the key features of the program and successes the program would like to highlight,
- Considering outcomes and data that reflect programs and services available,
- Matching operational goals or quality improvement efforts,
- Examining existing relationships with external providers and partners for potential data sharing opportunities,
- Working with partners to identify shared metrics of interest or determining expectations of funders,
- Ensuring outcomes are simple to track within established systems (such as an electronic medical record or HMIS),
- Ensuring data can realistically be collected by various program staff, and
- Ensuring all data collected can be protected and kept in a secure location.

4. Once outcomes are selected, programs should develop a process and procedure for data collection. This includes:
    - Identifying what systems or programs will be used to collect data.
    - Identifying who is responsible for inputting data and information into the system and who is responsible for the secure storage of private data
    - At what intervals data should be collected (e.g. for each client as services are delivered, weekly, monthly).
    - What data sharing agreements need to be established.
    - At what point and frequency data will be reviewed, analyzed, and reported, including which outcomes will require baseline data to be collected and measured.
5. All data collected should be analyzed by a person familiar with data analysis to ensure outcomes are appropriately identified and reported.
6. Outcomes can be used to support program efforts, including:
    - Identifying areas of improvement.
    - Reporting to funders.
    - Demonstrating the importance of medical respite within the community and engaging new stakeholders.

It is important for programs to develop their outcomes and evaluation plan prior to beginning the data collection process. This also provides an opportunity for programs to engage and potentially collaborate with partners and establish clear expectations of what can be reported. A comprehensive plan ensures all involved have a good understanding of the process and can minimize issues in the analysis and reporting process.

Program Outcomes

Program outcomes help to evaluate the delivery of medical respite services and promote quality assurance, program development, and growth. This includes data regarding operations, broad service delivery, and partnerships established within the community.

INTERNALLY COLLECTED	
Data Points	Example
Number of clients served per year	• Total number of clients • Percentage of nights medical respite beds are filled • Demographics of clients served
Demographics of clients	• Age • Gender identity • Race/ethnicity • Mobility status (e.g. walker, wheelchair user)
Number of consumer surveys completed and information gained from consumer surveys	• Satisfaction with stay and services • Health needs met • Social service needs met • Care plan goals met • Areas of concern or noted for improvement in care
Fidelity to the Standards for Medical Respite/ Recuperative Care Programs	• Good fidelity is indicated by meeting 70% of the Standards as measured on the *Organizational Self-Assessment*
Admissions	• Number of individuals referred to the program • Number of individuals admitted • Number of individuals not admitted and reasons why (e.g. diagnosis, level of acuity or support needed) • Number of individuals admitted and number not admitted, stratified by demographic group Tracking the top referring and admitting diagnoses
Discharge	• Number of clients who leave with a planned discharge • How many discharged with completed care plans or a majority of goals met

	• Tracking where individuals discharge to (e.g. independent or permanent supportive housing, transitional housing secure shelter bed, recovery program) • Identifying the number who move into more stable places to stay or report satisfaction in their discharge location • Demographics of clients who have an unplanned discharge and reason for discharge
Number and type of community partners who refer to respite program	• Hospitals • Street medicine teams • Skilled nursing facilities • Health centers • Number of individuals referred by each entity/partner
EXTERNALLY COLLECTED	
Cost of care for clients served within respite program	• Cost savings for each client referred to the medical respite program. *Note, these numbers should be determined in collaboration with hospital partners.* • Number of hospital admissions with reduced lengths of stay due to discharge to medical respite program • Cost shifts to community based care, (e.g. from use of hospital ED to primary care services)

Health Outcomes

Health outcomes focus on the health needs of clients and the clinical care provided by the medical respite/recuperative care program. This can include type and frequency of clinical services offered, health needs addressed, and outcomes of clinical care.

INTERNALLY COLLECTED	
Data Points	Example
Primary diagnoses of clients accepted into respite program	• Diagnoses that were identified as reason for referral to the medical respite program • Diagnoses identified or addressed while at the medical respite program
Number of medical issues resolved while within respite	• How many clients have acute medical issue resolved and/or stabilized by the time they are discharged • Additional medical issues resolved and/or improved that were identified during respite stay
Improvements in health (physical health and mental health)	• Resolution of medical symptoms • Improvement in symptoms • Medication reconciliation • Health knowledge • Self-management
Outcomes of specific health interventions implemented within the medical respite program	• Completion of post-operative care, pre-operative care, wound healing, IV antibiotic treatment, Hepatitis C treatment, etc. • Completion of health screenings and preventative care (e.g. mental health, cancer screenings) • Initiation of behavioral health and substance use treatment (e.g. medication for opioid use disorder) • Participation in onsite health education and recovery oriented groups
Length of stay in program	• Average number of days spent in program • Range of days (shortest stay to longest stay)
Types of Services provided in program	• Number of medical provider or nurse visits completed while in program

	• Number of visits with case management/community health workers • Number of visits with behavioral health provider • Number and type of groups offered • Number of participants in groups
Number of clients connected to health care services	• Number of clients connected to a PCP • Number of PCP appointments completed while at respite • Number of clients who are referred to and complete visits with specialty care/providers • Number of clients referred to behavioral health • Number of behavioral health visits completed • Number of clients referred to substance use treatment • Number of clients who attend or receive substance use treatment
Number of individuals who return to the ED or hospital from the medical respite program	• How many individuals required an emergency return (e.g. calling 911) to the ED or hospital • How many individuals returned to the hospital as a planned discharge or transfer
EXTERNALLY COLLECTED	
Number of ED visits:	• While individuals are at respite • Comparing number of visits within a time period pre-respite (e.g. 90 days, 6 months) and post-respite for same time period
Number of hospital admissions	• While individuals are at respite program • Comparing number of visits within a time period pre-respite (e.g. 90 days, 6 months) and post-respite for same time period
Number of individuals who remain engaged in care with PCP	• Number of clients who return for care at established PCP or health center
Number of clients who remain engaged with mental health and/or substance use	• Number of clients who return for care at health center or behavioral health program • Number clients who transition to substance use program from respite are able to complete treatment or inpatient stay

Social Outcomes

Social Outcomes focus on care coordination and connection to social supports. These can include number of types of services offered within the program, number of clients referred for social services, and types of social service needs met and addressed while at the program.

INTERNALLY COLLECTED	
Data Points	Example
Number of clients who come in with social services needs	• Type of needs identified at admission into medical respite (e.g. birth certificate, insurance, ID, transportation, benefits/income, education) • Type of needs identified while at medical respite program and in development of care plans • Scores or needs identified through social determinants of health (SDOH) screening tools
Number and type of social service needs met	• Number of social service individuals are connected to while at respite program • Types of social service needs met • Number of clients connected with community case management • Number of clients referred for or who receive benefits • Number of individuals who have all the necessary documentation to move into housing. • Number of clients who complete housing applications • Number of clients who begin coordinated entry process, or are engaged with Continuum of Care (CoC) the community
Care plans	• How many clients complete initial screenings to determine care plan needs • How many clients complete an individualized care plan • How many of the care plan needs or percentage of goals met while at respite • Number of clients connected with social supports in the community (e.g. support groups, re-connected with family)

EXTERNALLY COLLECTED	
How many clients are approved for Social Security Income/Social Security Disability Income	• While individuals are at respite • Within a time period after their medical respite stay (e.g. 6-12 months)
How many clients transition to housing and remain housed	• Number of clients who transition into housing from medical respite stay • How many clients who transitioned into housing remain housed for a specific time period (e.g. 6 months, 12 months)

Conclusion

Medical respite/recuperative care programs have an opportunity to demonstrate their impact in a number of ways. Even if not engaged in a formal data sharing agreement with hospital or health system partners, all medical respite programs can assess their effect by evaluating their programs and services that improve health and social outcomes for clients. Tracking and reporting outcomes can support the internal quality improvement for programs as well as demonstrating the benefits of medical respite to its community, generating further support. Both of these ultimately support the goal of medical respite care, to provide high quality services for those experiencing homelessness and opportunity for recovery, health, and stability.

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