

GUIDE

NATIONAL
INSTITUTE
for
MEDICAL
RESPITE
CARE

Introduction to the Clinical Guidelines for Medical Respite Care

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Introduction

Medical respite care is an essential part of the health care continuum for people experiencing homelessness. Medical respite care (MRC) is defined as acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital. These programs provide short-term residential services (often in a shelter or transitional program) coupled with support services and access to medical care. The terms medical respite care and recuperative care can also be used interchangeably to describe the same service. MRC provides a unique opportunity for people experiencing homelessness to address acute health care conditions while ensuring that their basic needs are being met. Medical respite care can also be an opportunity to address social service needs and disrupt the cycle of homelessness through care coordination to access benefits, connections with health and housing services, and links to other community resources for long-term well-being and stability.

Standard 4 of the [Standards for Medical Respite Care Programs](#) states “Medical respite program administers high quality post-acute clinical care.” One of the challenges in providing care to people experiencing homelessness is that many medical guidelines and interventions are not developed with consideration of housing status/instability and limited resources. General recommendations for addressing acute and chronic conditions may be based on the assumption that a person has stable housing, economic resources, or available support systems. In response to this challenge, the [National Health Care for the Homeless Council \(NHCHC\)](#) and the [National Institute for Medical Respite Care \(NIMRC\)](#) have developed adapted clinical guidelines for providers working with this population. The [Clinical Guidelines for Medical Respite Care](#) are a series of publications intended to guide practitioners within the MRC setting for clinical decision-making for various medical conditions, symptoms, and needs. The [adapted clinical guidelines available from NHCHC](#) are more in-depth on specific conditions, which are applicable to providers across settings. **This introductory document provides an overview of how to use the [Clinical Guidelines](#) and considerations for working with people experiencing homelessness in a medical respite setting.**

Unique Considerations in Medical Respite Care

Delivery of Services

Medical respite care programs differ from other homeless services and health centers in that they are able to provide a safe place for their clients to stay while addressing their medical needs. Although the goal of every medical respite program is the same, differing [Models of Care](#) will impact how clinical services are delivered within the setting. In using these clinical guidelines, programs should ensure that all clinical services provided are within their scope of practice and can be safely implemented with their current staffing level and facility resources. For programs who work with partnering organizations, such as health centers, the clinical guidelines may be a helpful resource to share with these agencies.

Population Considerations

Research has clearly indicated that people experiencing homelessness experience higher levels of many chronic health conditions, mental health and substance use diagnoses, and traumatic brain injuries^{1,2}. Health conditions are exacerbated by contextual factors, such as lack of shelter, safety, sleep, access to food, and health care (among many others). The *Clinical Guidelines* focus primarily on the medical conditions, both acute and chronic, that are commonly seen within medical respite care. Addressing social services resources is not a focus in these documents, although accessing those services can support management of health needs.

Importance of Trauma-Informed Care and Harm Reduction

Trauma informed care (TIC) is a patient centered approach to care, recognizing the profound impact of trauma on people experiencing homelessness. The principles of TIC are grounded in the establishment of a trusting relationship that is provided in a safe space, and ultimately empowers the individual to make choices related to their respective care.

People experiencing homelessness have substantially higher rates of trauma and traumatic experiences than the general population³. Unfortunately, people experiencing homelessness are more likely to have a history of trauma along with continued exposure to trauma and traumatic events due to lack of a stable living environment³. Because of this, trauma-informed care is an important approach within medical environments. Since so many people experiencing homelessness face bias and stigma within health care settings^{4,5}, and because managing health issues can be traumatic, programs should also consider how addressing and responding to a medical condition may be its own trauma. Incorporating trauma-informed care within medical respite is vital in providing a true opportunity for recovery and supporting the best possible outcomes⁶. TIC practices are integrated throughout the clinical guidelines to support implementation within the medical respite care setting.

Providers who are not familiar with TIC and principles are encouraged to seek out additional learning and training opportunities. The following are recommended places to start:



[Trauma Informed Care in Medical Respite Online Course](#)



[Trauma Informed Care Webinar Series](#)



[The Substance Abuse and Mental Health Administration's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)



[Trauma Informed Environment in Medical Respite Care](#)

Harm reduction encompasses various practices aimed at minimizing the health and social impacts associated with substance use, while focusing on incremental, positive changes. Consistent with person-centered care, harm reduction programs offer services without judgement, coercion, or requiring that people stop using substances as a precondition for support. It is important to note that a harm reduction lens does not attempt to trivialize or ignore the real and tragic harms associated with substance use, and it is not in conflict with sobriety or cessation when consumers choose such goals⁷. Harm reduction practices are important tools that align with trauma-informed care and ensure equitable access to the critical care provided within medical respite programs. Like trauma-informed approaches, harm reduction is woven into the recommendations of the clinical guidelines.

Providers who are unfamiliar with harm reduction or would like to learn more about what this can look like in a variety of medical respite settings should seek out additional information and training. The following recommendations are a good baseline for learning more:



[Harm Reduction in Medical Respite Online Course Care](#)



Healing Hands from NHCHC: [Harm Reduction Issue](#)



[Resources](#) available from the [Harm Reduction Coalition](#)

Using the Clinical Guidelines in Medical Respite Care Programs

The *Clinical Guidelines* follow best and promising practices for medical and clinical care within the medical respite setting. However, one of the key elements of medical respite care is client-centered practice. Providers and practitioners are encouraged to use these guidelines, along with their training, experience and expertise, for clinical reasoning in how these may be best applied to the individual clients they serve. Each *Clinical Guideline* publication includes the following sections to assist in guiding practice:

Clinical Considerations: Identification of the causes of the clinical issue, both general and specific to people experiencing homelessness, including key risk factors for the particular condition.

Assessment: Recommended assessment tools, or approaches to assessments, to address the specific medical issue(s) identified.

Person Specific Strategies: Strategies that can be implemented with an individual person, such as medication education or techniques for self-management.

Environmental Strategies: Strategies that can be implemented within the environment of the medical respite setting to support the person's overall environment and to improve the health condition, such as making the building accessible.

Referrals: Suggested referrals or specialists that may be needed to address the medical issue(s).

Discharge Planning: An overview of considerations for discharge planning for individuals with specific condition(s). This can include questions for providers to consider, recommended discharge placements, supports or supplies needed for self-management, and consideration of the client's preferences and options for discharge.

Advanced Training and Advocacy: Various recommendations for providers to pursue advanced training to address specific needs or conditions within the medical respite setting. Also included are recommendations for advocacy to improve access to services, supplies, or discharge settings within the community, and collaborations to support the needs of people experiencing homelessness with this condition.

Case Examples: Highlights how a provider can approach a client with the condition addressed within the guidelines, and examples for applying the assessments and strategies suggested.

These clinical guidelines are specific to medical respite programs. However, providers may desire additional information on the conditions addressed, in which they can utilize the more comprehensive [NHCHC Adapted Clinical Guidelines](#) that are applicable to health centers, medical respite, and street medicine programs.

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