GUIDE

NATIONAL INSTITUTE for MEDICAL RESPITE CARE

Clinical Guidelines for Medical Respite Care: Pre- and Post-Operative Care

FEBRUARY 2023

Introduction

Surgery has become a routine part of health care, from outpatient procedures like colonoscopies, to planned joint replacements, to emergency cardiac surgeries. As with all other aspects of health care, the experience of homelessness can significantly impact one's ability to qualify for, prepare for, and recover from surgery. Barriers to engaging with post-surgical follow-up care include lack of insurance or being under-insured, not having a primary care provider, lacking transportation, not having facilities to wash or perform surgical preparations, and not having a safe place to recover[1]. People experiencing homelessness (PEH) may also have a much harder time attending needed diagnostic studies, follow-ups, and specialty care.[1,2] A lack of engagement in follow-up care for surgical interventions can result in increased complications, the need for emergency care and may impact overall health and function[2]. People experiencing homelessness encounter additional barriers to scheduling non-emergency surgeries and procedures, such as not having safe places to complete pre-operative instructions, lack of safe discharge locations, and not having supports to manage post-operative needs[3]. Medical providers may be hesitant to even schedule surgical interventions when there is not a safe discharge plan, specifically, a location for the person to recover, manage and store pain medication, or follow other key instructions[3]. Those who have emergency surgeries may also face significant challenges in finding safe and stable locations for recovery. Medical respite care is an ideal place to address the innumerable barriers, to support individuals in accessing needed surgical care, and can be a resource for those to safely recover from both planned and emergency surgeries[4]. **This document provides an overview of pre- and post-operative considerations for people experiencing homelessness and guidance for medical respite programs to support pre- and post-operative care.**

Key Terms and Definitions

Elective Surgery refers to surgeries that are scheduled in advance. These can include minor outpatient surgeries or more intensive surgeries to treat a life-threatening condition.

Emergency Surgery (or urgent surgery) is unplanned and undergone to address an urgent medical condition, including those that are life threatening.

Harm Reduction: A philosophical approach to medical care that extends beyond substance use and, in general, establishes individual agency and self-determination as central to any health intervention or efforts towards well-being. Harm reduction approaches call for the non-judgmental, non-coercive provision of services and resources to people experiencing homelessness to assist people in reducing harms related to chronic health conditions or health behaviors. Harm reduction-based care is collaborative, provides education on available interventions, and centers the goals of the individual in care planning.

Outpatient Surgery (also known as same-day, ambulatory, or office-based surgery) typically occurs in a facility connected to, but outside of, the hospital. Outpatient surgery avoids being admitted to the hospital and requires the person to prep for surgery and recover at home. Outpatient surgeries are typically planned and do not treat medical emergencies.

Trauma Informed Care (TIC): A patient-centered approach to care that recognizes the impacts of trauma and actively works to prevent re-traumatization and promote recovery. The principles of TIC are grounded in establishing a trusting relationship and a safe physical and psychological space in which to address needs.

Clinical Considerations

Background

Many different medical conditions can result in needing inpatient or outpatient surgical treatment. Even same day outpatient surgeries and routine screenings, such as colonoscopies, require preparation, anesthesia, and the need to have a safe place to recuperate. **People experiencing homelessness often forgo or are disqualified from outpatient and surgical procedures due to:**

- Lack of resources to complete preparatory activities.
- Difficulty navigating required pre-operative activities, such as primary care appointments and submitting medical information.
- Lack of a safe, stable place to stay and recover post-surgery.
- Lack of support and resources to complete post-operative care.
- Stigmatization and exclusion of those who use substances or tobacco products for procedures, and a need for advocacy to adequately manage pain pre- and post-operatively.
- Inadequate understanding of need for pain management and lack of provider coordination to manage pain pre- and post-operatively, especially for those who use substances or take medications for opioid use disorder (MOUD).
- Limited literacy or health literacy to read and follow complex preparatory guidelines and discharge instructions.

Medical respite care can be an opportunity to:

- Complete preparatory activities for surgeries and outpatient procedures to mitigate environmental or individual barriers,
- Serve as the ideal location for someone to recuperate from surgery in a safe, supportive environment,
- Receive the care coordination supports needed to heal and complete post-surgical activities, and
- Move towards housing to support overall health.

Assessment

In all assessment processes, it is important to implement a trauma-informed approach. Additionally, medical respite care can provide an opportunity to establish a baseline of function that can be communicated to primary care and specialty providers and support monitoring of recovery and/or onset of complications.

Pre-Operative Procedure Assessment:

- Develop History and Physical which includes:
  - Medical history
  - Behavioral Health history
  - Surgical history
  - Current housing status/sleeping arrangements
  - Allergies
  - Immunization status
  - Diet and nutritional status
  - Any skin conditions or wounds
- Access and review any hospital discharge paperwork or paperwork from the surgical team or specialty providers
- Complete the Mini Mental Status Exam © (MMSE) to establish baseline of mental status
- Reconcile prescribed medications and call primary care provider, specialty providers, and pharmacies to compile a complete list of medications
- Assess for tobacco use to identify plan for reduction or cessation
- Assess for substance use (DAST-10) to identify potential conflict with anesthesia or procedure and to make a pain management plan prior to procedure
- Assess for alcohol use to establish a managed taper prior to procedure and communicate with anesthesiology team (ASI)
- Establish the patient's baseline pain level(s), pain management skills, and understanding of modalities to manage pain
- Establish baseline functional status and assess ability to follow medication regimens
- Assess literacy and health literacy to determine supports needed to follow pre- and post-operative care instructions
- Review pre-operative procedure instructions, including appointments and lab work to be completed, as well as medication, food, and beverage intake instructions

Post-Operative Procedure Assessment

- Re-complete MMSE© to assess for changes in mental status post-operatively
- Physical exam and observation of incision or procedure site
- Fall risk assessments
- Assessment of activities of daily living (ADL) and impacts on function due to procedure
- Review of post-operative care instructions and need for support to complete post-operative activities, such as dressing changes, pain management, follow-up appointments, etc
- Assess pain control, efficacy of current pain management regimen, and the need for any modifications

Care Plan and Management

Strategies and treatment plans implemented should be person-centered, collaborative, and based on priorities and needs identified during the assessment process. As noted, interventions should be trauma-informed and integrate harm reduction principles to minimize risks and improve care.

Person Specific Strategies

Pre-Operative Care

- Identify pre-operative steps to be completed, including scheduling with primary care and completing lab work. Use care coordination to support the person in completing necessary pre-operative appointments.
    - Ensure all required documentation has been completed and shared with surgical team.
- Review, provide education, and support the patient in following pre-operative instructions, including:
    - What foods may/may not be eaten ahead of time, and when to stop eating.
    - What fluids are allowed and when to stop drinking fluids.
    - What medications can/cannot be taken ahead of the procedure, and the last dose the person should take. Include instructions about over the counter medications, such as ibuprofen, that could impact surgical readiness.
- Education on expected levels of pain (acute and chronic) to be experienced following procedure.
- Education on expected limitations in activities and diet following procedure.
- Coordinate care with surgical and anesthesiology team, including identifying:
    - Will the person have staples, drains, or catheters?
    - What are the instructions for post-operative care and device removal?
    - What medications will the person be discharged on?
    - Can the medications be sent to the medical respite program or associated pharmacy prior to the procedure to ensure they are available?
    - What is the pain management plan, and can instructions and prescriptions be sent ahead of time?
    - Who will be managing and prescribing for post-operative needs?
    - Has all required documentation been completed and shared with surgical team?
- Identify transportation to and from the procedure, and if personnel will need to be available to accompany the patient and/or escort them home.
- Ensure all paperwork is completed so the surgical team can communicate follow-up care to medical respite program staff.

Pre-Operative Harm Reduction Strategies

- Support **tobacco** reduction or cessation, and identify if full cessation is required for procedure.
    - Identify plan for nicotine management prior to surgery and while in the hospital (if admitted for surgery). This plan may need to include patient's PCP if the person is required to be tobacco free for more than a few days.
- Coordinate care with prescribing providers and surgical team to manage **opioid use disorder.**
    - Decide **buprenorphine** dosing prior to procedure
    - Buprenorphine and methadone do not need to be discontinued prior to surgery, but will require coordination to identify an appropriate pain management plan.
    - Dosing for medications for opioid use disorder may need to increase to address acute pain and provide management of pain, in addition to other temporarily prescribed pain medications.
    - Providers are encouraged to review *Acute Pain Management for the Patient on Chronic Buprenorphine* which includes guidance and decision trees to facilitate clinical decision making.
    - If a client has an OUD they may require higher doses of opioids to achieve pain control. Coordinate with anesthesia teams to consider admitting the client post-operatively for same day surgeries for pain control to leverage alternative pain treatment modalities like nerve blocks, ketamine, and others. This communication in advance is essential in ensuring the client receives high quality care and pain control, and results in less stress for both the patient and hospital staff.
- Coordinate care with the primary care, surgical, and anesthesiology team regarding **alcohol** use.
    - If the patient needs a managed taper prior to surgery, determine if this can be handled in medical respite care or if the patient needs to be admitted to the hospital or detox program to complete the taper.
    - Even patients undergoing a same day procedure may need a plan for alcohol withdrawal management if they typically wake up with signs of withdrawal, or drink heavily throughout the day, and need to maintain nothing by mouth (NPO) status ahead of a same day surgery. These patients may need medications to manage withdrawal and prevent seizures prior to and/or during and after surgery.
- Coordinate care with patient and surgical team to support abstaining from **stimulant** use.
    - Patients who use stimulants like cocaine or methamphetamine will need a plan to abstain from use at least 5 to 7 days prior to surgery, or as recommended by their surgical team. Urine drug screenings on the day of surgery can cause surgery cancellations for patients who use stimulants.
    - For those who have difficulty abstaining from use for an extended period, a short-term inpatient stay, and support directly from inpatient discharge to the hospital or surgery center, can be a way to facilitate a successful surgery.

Post-Operative Care

- Provide support to return to medical respite program after procedure. Ensure that instructions are handed to escort or sent to the medical respite program ahead of time.
- Support the patient in accessing prescribed medications and following medication instructions.
- Support the completion of post-operative recommendations, which may include (but are not limited to):
    - Dressing and wound changes;
    - Cleaning of incision or surgical site;
    - Taking medications, including topical medications;
    - Getting adequate rest;
    - Managing food or fluid intake;
    - Maintaining recommended position (such as elevation, propping);
    - Following mobility and weight bearing precautions;
    - Acquiring and using assistive devices or other durable medical equipment; and
    - Acquiring comfortable clothing following procedure, such as elastic waist pants, loose clothing, button-up shirts, etc.
- Patient education should also include information on self-management and self-monitoring, including the signs of a worsening acute condition, acute or chronic exacerbation, or symptoms that warrant going to the emergency room/calling 911 versus calling or visiting their primary care or medical respite provider.
- Provide support for pain management, including:
    - Support for medication management and dosing;
    - Advocacy to manage pain more effectively or change prescribed medications;
    - Access to over-the-counter medications that are recommended by providers;
    - Offer additional techniques such as hot/cold packs, lidocaine patches, topical creams, etc.
- Care coordination and support to complete follow-up care and scheduled appointments.
- Continued monitoring to assess for unexpected changes in functional status, signs of infection, delirium, and post-operative complications.
- Continued communication with surgical team and referring providers regarding incidental findings within discharge summary and need for follow-up care.

Environmental Strategies

- Ensure spaces are accessible and provide durable medical equipment as needed, especially for ADL spaces. Examples include shower chairs and grab bars for bathing, non-slip tread of bathmats, railings on hallways or beds, and easy to open door handles.
- Ensure walkways are well-lit to decrease the risk of falls and use nightlights or motion lights for bathrooms and hallways at night.
- Provide supplies to support movement precautions and positioning recommendations (such as additional pillows, blankets, or bolsters) and offer a variety of seating options.
- Provide supplies and safe, private, and clean spaces to complete post-operative care activities.
- Place patients close to bathrooms, especially if completing pre-operative instructions that may increase frequency of bathroom use (e.g., colonoscopy prep), or if the person has post-operative mobility limitations.

Referrals

- Home health nursing: follow-up care to manage surgical or wound care sites, administer or manage time-limited medications, and for management and monitoring/removal of surgical devices (such as stitches, drains, or wound vacs).
- Occupational Therapy: evaluation to identify adaptive strategies and equipment needed to complete ADL following procedure and for continued education on precautions during ADL and other activities.
- Physical Therapy: evaluation of mobility (including gait, balance, and motor skills) and for ways to improve balance, strength, and movement following precautions or as part of rehabilitation process.
- Specialty providers related to reason for surgery, or to address complications or other health needs identified during surgery (such as oncology).

Discharge Planning

Patients recovering from surgical procedures may be ready for discharge from medical respite care when:

- All surgical devices that are not permanent have been removed. .
- The person is stable on medications.
- Their pain is well controlled.
- They have completed necessary post-surgical follow-up appointments.
- The person is connected to, and has had a follow-up visit with, their primary care provider.
- The person is able to complete ADL safely within discharge environment (such as shelter setting).
- The person is able to ambulate safely in the community.

Advanced Training and Advocacy

- Training and education on pain management for individuals who use substances or are on medication assisted treatment for substance use.
- Education on implementing harm reduction practices within the medical respite care setting.
- Advocacy for appropriate pain management practices within surgical centers for individuals who use substances or are on medication assisted treatment.
- Advocacy for consideration of surgical interventions for people experiencing homelessness who may have encountered stigma or discrimination in health care settings.

Case Example 1

Background: Alex (they/them/theirs) is 23 years old and receives primary care from their local Health Care for the Homeless (HCH) health center. Alex left home at 16 after sharing their gender identify with their family, to which their family enforced that they would either need to leave home or identify as their sex assigned at birth. Since that time, Alex has experienced housing instability, staying with various friends and acquaintances. Most recently, they have been staying in a local encampment with a few trusted peers. Alex has been working with their care team on their overall health with a goal to complete gender-affirming surgery. Alex has encountered several major barriers to being able to schedule this surgery, one of which is not having a safe, stable place to recover post-operatively. Alex was referred by their HCH provider to the local medical respite care program to complete post-operative recovery. The medical respite program has recently undergone several steps to provide improved gender-affirming care, including transitioning two bathrooms to "all gender bathrooms," and converting several double rooms into single rooms to support increased privacy for medical respite patients. Staff has also recently undergone several trainings on how to provide trauma-informed and inclusive care. Alex was able to visit the medical respite program prior to surgery to ensure they felt safe and comfortable returning there for follow-up care.

Alex was able to schedule and complete the gender-affirming operation. After admission to the medical respite program, Alex engaged with the medical respite team to focus on recovery.

Assessment: The medical respite team initially completed a history and physical with Alex, including focusing on assessing surgical sites and current pain status to ensure pain was adequately managed. Alex was already engaged with a behavioral health provider at their HCH health center. Alex had also received recommendations for adaptive equipment from the hospital OT and PT. The medical respite team assisted Alex in procuring the needed DME to support the ability to safely engage in ADLs. Alex was assessed to still be experiencing difficulty with mobility and ADL and was referred for home health PT and OT to continue the plan of care established in the hospital. Additionally, Alex identified with their case manager feeling somewhat isolated throughout the experience, and that additional peer support from those who "have been through the same stuff" might be helpful.

Intervention: Alex was initially able to schedule telehealth visits with their behavioral health provider and was provided with a tablet to attend appointments virtually before they were fully able to go to in-clinic visits. Alex was provided transportation to see their primary care provider for post-operative follow-up visits, who communicated with the surgical and medical respite team regarding ongoing care needs. The onsite RN assisted Alex initially with managing surgical sites and care, and Alex was able to transition to completing this care independently. The home health OT and PT were able to work with Alex to practice and develop strategies for continued independence using DME in ADL and mobility. With continued home health visits and healing, Alex was able to discontinue use of mobility devices and most adaptive equipment. The case manager reached out to a local LGTBQIA+ community group and identified a small support group for those who had undergone gender-affirming surgery. The case manager was able to assist Alex in attending a meeting once they felt comfortable going out more regularly in the community.

Outcomes: Alex planned to return to the encampment, therefore, they stayed at the medical respite program until fully healed to minimize risk of infection and ensure ability to independently navigate the community and encampment site. Alex had also become more connected with the support group and planned to continue attending after leaving the medical respite program. Alex was able to continue care with the HCH health center and expressed it was beneficial to not have their care and support disrupted by the surgery.

Case Example 2

Background: Robin (she/her/hers) is 45 years old who has been staying at the local emergency shelter for the past 2 years while waiting for a housing voucher. Robin has been working with her primary care provider and orthopedist to complete knee replacement surgery, which is needed due to arthritis and significant chronic pain. Robin had been scheduled previously for surgery on two occasions, both of which were cancelled, as Robin was unable to successfully complete the pre-operative instructions. Robin has a diagnosed history of an intellectual disability and a 1st grade reading level. She notes she has trouble with reading health information and instructions. She has also expressed a lot of anxiety around the knee surgery due to concerns of pain and being unable to rest afterwards. Robin's orthopedist's office does not provide any additional supports and stated they would not schedule her for any additional surgeries until she and her primary care provider could provide a pre- and post-operative plan. Robin's PCP referred her to medical respite care for increased support to prepare for, and recover from, the knee surgery.

Assessment: The medical respite program RN care coordinator was able to review Robin's pre-operative instructions and determine a plan of care, which included a primary care visit and lab work, to be completed at an outside lab, specific for the orthopedic office. Robin also completed an initial screening with the behavioral health consultant who determined she would benefit from developing strategies for anxiety for the day of surgery and recommended additional meetings for an opportunity to express concerns about the upcoming procedure. Robin was also introduced to the community health worker (CHW) who would be supporting her the day of the surgery by providing an escort and arranging transportation.

I**ntervention:** The RN coordinated Robin's appointments and the CHW escorted Robin to both the PCP and laboratory appointments. The CHW was able to ensure Robin attended the appointments, support her in using strategies to manage anxiety, especially during bloodwork, and to communicate findings and recommendations to the care team as needed. The CHW also attended the pre-op appointment with the orthopedic surgeon and provided the medical respite RN and team with additional pre-op instructions (such as stopping eating/drinking at the required times). On the day of the surgery the CHW escorted Robin and was able to meet her and the surgeon following surgery. The CHW gathered all post-operative instructions and escorted Robin back to the medical respite program. The medical respite team acquired the needed post-operative medications and reviewed the recovery care plan. The team assisted Robin in following instructions, including movement precautions, through demonstration and cuing. They provided additional visuals by Robin's bed to help her remember key directives. Additionally, the RN assisted Robin in caring for the incision site and was able to help monitor her pain. The RN advocated with the PCP and orthopedist the need for Robin to have additional pain management, supporting this advocacy by taking frequent vital signs that showed elevated heart rate and blood pressure from pre-operative baseline. The medical respite team also coordinated and supported Robin with attending outpatient PT appointments to learn how to use mobility devices and strengthen her leg.

Outcomes: Robin was planned to discharge back to the shelter. The medical respite team coordinated and advocated to the shelter staff that Robin would need to be on a bottom bunk and closer to a bathroom due to decreased mobility. They were also able to request that Robin place her visual reminders on movement precautions at her bed. Robin expressed she felt very supported while in the medical respite program, and Robin and her PCP agreed that medical respite care would be an ideal option for her to return to for an additional knee replacement surgery in her other leg once stable enough to do so.

Appendix – Sample Pre-Operative History & Physical

SUBJECTIVE
Requested By:
Specialty:
Planned Surgical Procedure:
Planned Procedure Date:
Planned anesthesia: *local/ regional/ general*.
Specialist Fax Number:

History of Present Illness: Patient NAME is a *AGE SEX* who is here for preoperative evaluation for the above mentioned procedure.

Final Impression & Recommendations Based on This Consultation:

Assessment of Operative Risk: *ASA GRADE*
PATIENT NAME *IS/IS NOT* an acceptable surgical risk candidate for the planned procedure. Chronic medical conditions, if any, are currently stable.

Physical Activity Capacity is >= 4 METS (one flight of stairs, moderate housework, walking 4 mph): *YES/NO*
Prior anesthesia problems: *Describe*
Bleeding risk: *YES/NO*

Special Studies Ordered at this Visit: *EKG/Other*

EKG Findings: *normal EKG/normal sinus rhythm/unchanged from previous tracings*

Medication Considerations/ Adjustments:

Patient taking aspirin, warfarin or other anticoagulant medication daily? *YES*/NO*
Consult with surgeon regarding need to discontinue or hold medications.

Other medications recommended to be held or adjusted for surgery: *YES/NO*
(*Final advice on pre- and peri-operative medications to be provided by anesthesiology*).

ALLERGIES: *List*

History of perioperative complications:
Anesthesia Reactions: *YES/NO*
Malignant Hypertension: *YES/NO*
Bleeding excessively: *YES/NO*
Transfusion: *YES/NO*
DVT/PE: *YES/NO*
Other: *YES/NO – Describe:*

Review of Systems - Pre Op Focused
Feeling abnormally sick or unwell: *YES/NO*
Had serious illnesses in the past other than noted above: *YES/NO*

More dyspnea on exertion than others of same age: *YES/NO*
Current cough or wheezing: *YES/NO*
Chest pain with exertion: *YES/NO*
Pedal edema or PND: *YES/NO*
Possibility of pregnancy: *YES/NO*
Recent use of aspirin or OTC medications: *YES/NO*
Recent use of herbals or substances other than prescribed: *YES/NO*
Physical Activity Capacity: *greater/less/equivocal 4 METS (e.g. Walking > 4 mph, 1 flight of stairs, moderate housework or exercise.)*

OBJECTIVE
PHQ-2 Total Score:
PHQ-9 Total Score:
PHQ-9 Severity Score:

Vital Signs:

Last Blood Pressure:

Last Weight:

BMI:

Physical Exam
Constitutional: *Oriented to person, place, and time and well-developed, well-nourished, and in no distress. Vital signs are normal.*
Head: *Normocephalic and atraumatic.*
Right Ear: *Hearing and external ear normal.*
Left Ear: *Hearing and external ear normal.*
Mouth/Throat: *Mucous membranes are normal.*
Eyes: *Conjunctivae, EOM and lids are normal.*
Neck: Trachea normal. *Neck supple.*
Cardiovascular: *Normal rate, regular rhythm and normal heart sounds.*
Pulmonary/Chest: *Effort normal and breath sounds normal.*
Musculoskeletal: *Normal range of motion.*
Lymphadenopathy: *No cervical adenopathy.*
Neurological: *Alert and oriented to person, place, and time. Intact cranial nerves.*
Skin: *Skin is warm, dry and intact.*
Psychiatric: *Mood, memory, affect and judgment normal.*

Results from lab work

ASSESSMENT AND PLAN
PATIENT NAME will proceed with planned surgery as above.
Known risk factors for perioperative complications: *List risk factors or report "none"*
Patient Instructions:

Follow-Up:

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This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,967,147 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.