

# STANDARDS' COMPANION EXAMPLES

NATIONAL  
INSTITUTE  
*for*  
MEDICAL  
RESPIRE  
CARE



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

2023



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**RICHARD M. SCHULZE  
FAMILY FOUNDATION  
RECUPERATIVE CARE CENTER**



**Health Care**  
for the **Homeless**

## **Endeavors respite program**

Respite is a short-term service for patients experiencing homelessness who are too sick to be on the streets or shelter, but not sick enough to be in the hospital. Respite provides a space for patients to recover from an acute health concern or exacerbations of chronic health conditions.

While in respite and prior to discharge, our team will work with the patient to develop a plan that addresses what is important to them and steps towards their recovery.

### **Endeavors respite eligibility**

- Experiencing homelessness
- Over 18 years of age
- Acute health concern or exacerbation of a chronic health condition
- Independent in all ADLs (mobility of >100 ft to bathroom/cafeteria)
- Continent of bowel and bladder, or able to manage
- Not acutely intoxicated and/or is not likely to experience withdrawal symptoms
- Is willing to participate in respite program



### **For respite referrals**

Pa Xiong, *homeless consult*                      612-385-5810

EPIC order HCH Respite/Telmediq

HCHRespite@hennepin.us

### **Respite team members**

Amy, *nurse practitioner*                      612-290-6669

Stephanie, *clinical social worker*                      612-384-5580

Charis, *nurse*                      612-998-8862

Rotating pharmacist

*Access to HCH Endeavors Clinic for care and support as needed*

### **Clinic hours at Endeavors**

Monday                      8 a.m. to 4 p.m.

Tuesday                      8 a.m. to 4 p.m.

Wednesday                      8 a.m. to 4 p.m.

Thursday                      8 a.m. to 4 p.m.

Friday                      8 a.m. to noon

### **The respite team can help you with:**

- Preventative health screenings/maintenance
- Medication setup and education
- Insurance, GA, and SNAP benefits
- Appointment scheduling and transportation
- Health education
- Mental health assessment and therapy
- Chemical health assessment and referral
- Case management while in respite

**Hennepin County**  
Public Health



## Respite team members

Amy 612-290-6669  
*nurse practitioner*

Stephanie 612-384-5580  
*clinical social worker*

Charis 612-998-8862  
*nurse*

Pharmacist available\* Tuesdays 1 to 4 p.m.

\*subject to change

## Clinic hours at Endeavors

Monday 8 a.m. to 4 p.m.

Tuesday 8 a.m. to 4 p.m.

Wednesday 8 a.m. to 4 p.m.

Thursday 8 a.m. to 4 p.m.

Friday 8 a.m. to noon

## After hours contact

Catholic Charities front desk  
612-204-8330

**Get after-hours, walk-in care at**  
HCMC Emergency Room located at  
730 S 8th Street, Minneapolis, MN 55415

Call Cope for mental health emergencies  
at 612-596-1223.

Call 911 for medical emergencies.

**Hennepin County**  
Public Health  
[hennepin.us/hch](http://hennepin.us/hch)



**Health Care**  
for the **Homeless**



## Endeavors Respite Program

1414 11th Ave S  
Minneapolis, MN 55411

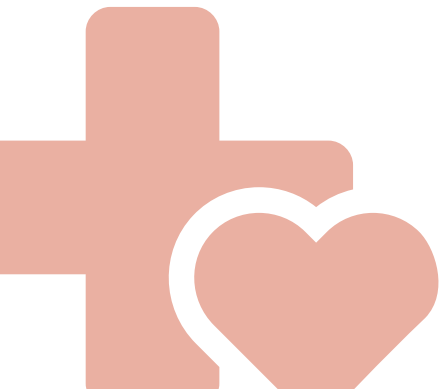
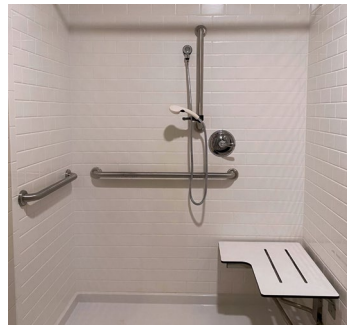
# Health Care for the Homeless Endeavors Respite Program

Respite is for patients experiencing homelessness who are too sick to be on the streets or shelter, but not sick enough to be in the hospital. Respite provides a space for patients to recover from a health concern or flare up of a chronic condition.

While in respite care, our team will work with you to develop a plan that addresses what is important to you and steps towards your recovery.

- Private rooms
- 3 meals a day
- Shared bathrooms
- Shared laundry

Private rooms available





## Medical Respite Care Program Referral & Intake Process



### What is the Medical Respite Care Program?

██████████ Medical Respite Care Program provides individuals experiencing homelessness who are too sick to stay in a regular shelter but not sick enough to be in a hospital with a safe place to recover and receive medical support after hospital discharge. The program is offered through a partnership with ██████████ ██████████ shelters.

### Who can participate?

The Medical Respite Care Program is best suited for a patient returning to an unstable living situation after hospital discharge who is recovering from an acute illness or injury and has some mobility. The patient must meet all admission criteria for consideration into the program. Please see admission and exclusion criteria on the back of this card.

### What is the referral process?

- 1. Contact our staff.** To refer a patient to the program, please contact the Medical Respite Care Program staff to provide information including the medical reason for the referral, anticipated hospital discharge date and the estimated number of days the patient may need to be in medical respite care, and to confirm the patient meets the admission criteria. We will forward you a referral form.
- 2. Complete the Medical Respite Provider Referral Form.** Complete the referral form and fax to (000) 000-000. Please include all required documentation listed on the form. Our team will review and determine if the patient is eligible to participate in the program.

### Medical Respite Care Program Contacts:

NAME, Program Director: ██████████  
name@██████████ - (000) 000-0000, ext. 0000  
NAME, Care Advocate: ██████████  
name@██████████ - (000) 000-0000, ext. 0000  
NAME, LPN, Respite Care Nurse: ██████████  
name@██████████ - (000) 000-0000, ext. 0000

**Client Authorization - To Use or Disclose Protected Health Information**

**Client Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **SS#** \_\_\_\_\_

I authorize the Center for Respite Care, Inc. to release/obtain the following protected health information about the above-named client.

- |                           |                       |
|---------------------------|-----------------------|
| History and physical      | Admission records     |
| Laboratory results        | Psychotherapy records |
| Medical reports           | Medication records    |
| Operative report          | Discharge records     |
| Pathology report          | Consultation reports  |
| X-ray and imaging reports | Referral records      |
| Physician orders          | All records listed    |
| My Chart                  |                       |

I authorize release of the above listed information **TO** the following agency, individual, or organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**FROM** the following agency, individual, or organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Information is to be released for the following reason(s): at the request of the individual: Research Study  
Or (please be specific): \_\_\_\_\_

I understand that I have a right to cancel this authorization at any time by presenting my written cancellation to the Center for Respite Care, Inc. Medical Recovery Nurse Manager. I understand that a cancellation will not apply to information that has already been released under this authorization. I understand that the cancellation will not apply to my insurance company when the law gives my insurer the right to contest my policy or a claim made under my policy.

Unless I cancel it sooner, this authorization will expire in one year from the date of discharge or on the following date, event, or condition: \_\_\_\_\_

I understand that authorizing the disclosure of this health information is strictly voluntary and I do not need to sign this form to obtain treatment (unless specifically related to Research Treatment).

I understand that the information to be released may include information concerning sexually transmitted disease (STD), Human Immunodeficiency Virus (HIV) testing, diagnosis, or treatment of Acquired Immunodeficiency Syndrome (AIDS), AIDS-related conditions, drug/alcohol abuse and/or drug related conditions, and psychiatric/psychological conditions.



**Client Authorization - To Use or Disclose Protected Health Information**

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. Information will not be released to the above indicated individual or organization without my signature. I understand that I may inspect or copy the information to be used or disclosed, as provided by the federal government's rules, which are in the United States Code of Federal Regulations at section 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Center for Respite Care, Inc. Medical Recovery Nurse Manager.

I understand that any release of my health information has the risk of no longer being protected by confidentiality/privacy rules/laws.

If I have any questions about use/disclosure of my health information I can contact the Medical Recovery Nurse Manager.

I understand I will receive a copy of the signed *Patient Authorization* to keep for my records, and all copies are considered valid for future use.

\_\_\_\_\_ / /  
Client Signature Date

**If signed by personal representative, proof of identity or client affirmation required:**

Name of Personal Representative (please print): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Authority of Personal Representative - e.g., health care power of attorney, guardian, other statutory authorization (proof of identity or patient affirmation required): \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

\_\_\_\_\_ / /  
Signature of Personal Representative Date

\_\_\_\_\_ / /  
Witness to Signature Date



# Haywood Street Respite Referral Form

**Directions:** Please fill out this form completely and email to Haywood Street Respite at [HSRreferral@haywoodstreet.org](mailto:HSRreferral@haywoodstreet.org) along with face sheet, history & physical (H&P), recent progress notes (PN) and other pertinent supportive documents. Haywood Street personnel will evaluate the appropriateness of the referral and contact you by email to confirm approval or denial. Patients are accepted five days a week (non-holiday). We ask that all patients be discharged by 2pm to provide time for intake. **\*\*Please note that if the patient is a veteran, they should be referred to ABCCM's Respite Program\*\***

- Discharge instructions must accompany patient to HSR
- Patients must arrive at HSR with at minimum 2 weeks of medications according to discharge instructions

Patient Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Are they a Veteran (Y/N) \_\_\_\_\_

Date of Referral \_\_\_\_\_ Date of Hospital Admission \_\_\_\_\_ Anticipated D/C date \_\_\_\_\_

Referring Agency \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Where did the patient stay the night before entering the hospital \_\_\_\_\_

Anticipated length of stay at HSR per MD \_\_\_\_\_

What **acute** medical need are they being referred to respite for \_\_\_\_\_

\_\_\_\_\_

Co-Morbidities \_\_\_\_\_

\_\_\_\_\_

Please list any medication allergies or OTC drug interactions: \_\_\_\_\_

\_\_\_\_\_

Recuperative Care Needs *(Please consider that we are not a Skilled or Rehabilitation Facility)* \_\_\_\_\_

\_\_\_\_\_

Does the patient have any communicable diseases or contagious illnesses? \_\_\_\_\_

\_\_\_\_\_

Does the patient have a history of behavioral health or substance use disorder? *(please note that neither of these will prevent them from entering respite).* \_\_\_\_\_

\_\_\_\_\_

---

To be completed by HSR Staff

Referral Denied

Date of denial \_\_\_\_\_ Date denial faxed to referral source \_\_\_\_\_

Reason for denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Accepted

Anticipated date of admission \_\_\_\_\_ Date acceptance faxed to referral source \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_



# Health Care for the Homeless

## Endeavors Respite Program referral form

Patient name: \_\_\_\_\_ Patient number (hospital/cell): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Referral source: \_\_\_\_\_

Referral contact (name/number) : \_\_\_\_\_ Expected discharge date: \_\_\_\_\_

*Please email most recent therapy notes and H&P along with this form.*

**Patient must be independent in all ADLs (dressing, eating, toileting, showering, transferring and ambulating 100 feet).**

Is the patient independent, or will they be completely independent in ADLs at time of referral?

Yes      No

Is this patient experiencing literal homelessness (staying in a shelter, on the streets, or couch hopping)?

Yes      No

Is the patient interested in participating in a short-stay respite program?

Yes      No

Does patient have a case manager or other social services support? If yes, provide name and contact.

Yes      No      \_\_\_\_\_

Does the patient have medications for the next 30 days?

Yes      No

Does the patient have all home equipment they will need in the next 30 days?

Yes      No

Does the patient have any special diet needs? If yes, specify (e.g., soft diet, pureed) and length of time.

Yes      No      \_\_\_\_\_

# Patient Admission Agreement

The Medical Respite program is a place of healing. Our team of nurses, case managers, mental health specialists, medical assistants, and support staff are dedicated to providing you with a caring environment as well as access to medical and social services. In order to ensure a safe and healing environment, all patients must agree to the following Medical Respite program expectations.

- 1. RESPECT the right of patients and staff. Be considerate of your roommate. Keep your area clean. Maintain environmental and personal hygiene to promote healthy healing.
- 2. SAFETY AND SECURITY: Firearms, knives, scissors, tools, or anything that can be used as a weapon is not allowed on-site. Medical Respite staff and the security team will lock up all weapons and return legally permitted items to patients at discharge. Please be respectful of other patients and staff at Medical Respite. Threats of violence and possession of weapons are grounds for discharge.
- 3. DRUG or ALCOHOL USE: Drug and alcohol use or sales in or around Agency property is prohibited. Alcohol or drug use must occur off of the property.
- 4. NEEDLES: Syringes and other drug paraphernalia must be kept out of sight and locked in your locker. If you are found with drug paraphernalia and it appears you are about to use, you may be discharged. If you are using needles, talk with your team to get clean needles and to learn how to inject safely. Do not leave needles in your room. You may dispose of all needles in the sharps container in each exam room and by the elevator. If you are using needles, talk with your team to get clean needles and to learn how to inject safely.
- 5. SMOKING: Smoking is allowed ONLY outside the building beyond the fence line. Please do not smoke in the building or near the “No Smoking” signs outside.
- 6. PERSONAL BUSINESS: Must be conducted off site of Agency property. Exchange of money, medications, drugs, or any other items on the property is not allowed. IF IT LOOKS SUSPICIOUS DON'T DO IT.
- 7. BELONGINGS: All belongings must fit in the bin and locker provided. Please do not have more belongings than you are able to carry. All medications and valuables must be locked in your locker. Medications that are lost or stolen will not be refilled. Medical Respite is not responsible for lost or stolen items. Medical Respite does not store patient belongings after discharge. If you leave Medical Respite without notifying staff, your belongings will be discarded. The only exception is hospital admission. If you are admitted to a hospital, you have 48 hours (2 days) to notify Medical Respite to secure your belongings or they will be

discarded.

- 8. APPOINTMENTS: It is important to meet with your Medical Respite care team every day. Nursing appointments are posted each morning. You may meet with your case manager during these appointments or any time during the day M-F. Please attend all scheduled outside medical and social service appointments and follow recommendations of your providers.
- 9. CURFEW: Please return to Medical Respite by 9pm. Call staff if you are late and find out if you may still return to the unit. CALL: 000 000 0000 and dial 5 after the message.
- 10. ABSENCES: Absences will jeopardize your stay at Medical Respite. Patients who leave the unit for 48 hours without talking with the Medical Respite care team will be discharged and belongings will be discarded.
- 11. COMMUNITY ROOM/FOOD: Please do not take food outside the community room. Open food in patient rooms will be discarded. Please do not sleep in the community room.
- 12. PATIENT ROOMS/SAFETY ROUNDS: Please stay out of other patient rooms. Do not hang out in front of a room that is not yours. Room doors must stay open at all times. Medical Respite staff will complete safety rounds hourly during the day and every 15 minutes at night.
- 14. PHYSICAL CONTACT: Physical contact between patients is not allowed.
- 15. VISITORS: Visitors must sign in at the front desk. Visiting hours are Monday to Friday,  
2pm – 4pm. All visits must occur in the community room only.
- 16. DISCHARGE PLANNING: Work with your Respite Nurse and Case Manager on a discharge plan. Patients will be given at least a 12 hour notice of discharge unless there is a policy violation.
- 17. METHADONE: All patients on methadone maintenance must sign a release of information to the methadone clinic for coordination of care between the methadone program and Medical Respite.
- 18. HOUSING – Medical Respite provides temporary medical care and shelter. Our team will help you review housing options but we are not able to extend your stay at respite to wait for housing.

**I recognize that violation of any Medical Respite policies may result in discharge.**

---

Respite Client signature

Date

---

Respite Program Staff signature

Date

## Medical Respite Weapons Policy

### Medical Respite is a Weapons Free Zone

No Firearms or weapons are allowed on the premises of Medical Respite. All weapons are to be turned in by patients at the time of admission. Admission staff should emphasize to patients that all weapons need to be turned in, including pocket knives and cooking knives, and any other items that that could be used as a weapon. Agency security will review the belongings of all new patients upon admission as well as new belongings being brought into Medical Respite during a patient's stay. Weapons retained by Agency security should be labeled with the patient's name and date, entered into the weapons log, and placed in a locked drawer. Possession of weapons after the first post-admission nursing visit will lead to discharge from the program unless there are compelling extenuating circumstances that indicate an alternative decision.

Legal weapons can be returned to patients at the time of discharge. Weapons returned to patients should be entered into the weapons log to include the date, staff initials, and patient signature. Legal knives are fixed blade knives with blades  $\leq$  3.5 inches in length. Knives with switchblade or spring action or with blades  $>$  3.5 inches are not legal and should not be returned to patients. The weapons drawer should be cleaned out every month. Unclaimed and illegal weapons should be placed in a container marked 'disposal' and turned into Agency security staff by contacting the security supervisor at 206-391-5802. Patients are not to be given their weapons when they leave respite premises, prior to program discharge. If a patient is exhibiting behavioral problems at the time of discharge, their weapons should not be returned to them. Examples of items that would be considered weapons include: firearms and sharp-edged knives or sharp scissors. Examples of other items that are not weapons per se but could be used as weapons include tools. If a patient is employed in work that requires use of tools, the tools could be checked out when the patient leaves for work and then checked in again after they return from work.

Because the respite admission process is information-packed and sometimes overwhelming for patients, some new arrivals might not fully absorb our weapons policy on the day of admission. For this reason, the RN assigned to a patient will reiterate the policy during the 1<sup>st</sup> RN visit after admission and ask the patient whether they have any weapons to turn in for safe keeping. The RN should document this conversation in the medical record. If a patient is found to be in possession of a weapon, subsequent to their first nursing visit, they should be discharged. If a patient is noted to have a weapon during evening/night hours and they readily turn over the weapon, night staff can decide whether they feel comfortable asking the patient to leave for the night or whether, for the purposes of avoiding escalation, the patient should be allowed to stay in respite for the night. Night staff should prioritize the avoidance of escalation when negotiating with a patient about possession of a weapon and allow daytime staff to follow-up with the patient discharge as needed. The police should be called for assistance for any patient who is unwilling to turn their weapons over to staff and are unwilling to leave the facility with their weapon.

Referring facilities are to inform patients that firearms are not allowed on respite premises and that all other weapons will be locked up during their stay. This is a stated requirement on the respite referral form.

The respite program desires not to have to discharge patients for possession of weapons. If our up-front weapons screening process is thoroughly carried out, the risk of having to discharge patients for a weapons policy violation will be minimized.

*Revised 10/5/17*