STANDARDS' COMPANION EXAMPLES

NATIONAL INSTITUTE *for* MEDICAL RESPITE CARE

Standard 6: Medical respite program facilitates safe and appropriate care transitions out of medical respite care.

2023

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Medical Respite Program Discharge Guideline

The medical respite program is considered to be an acute care setting for patients who have daily nursing needs. The program serves the entire homeless population in the County and has a responsibility to utilize the limited available beds for those patients with the greatest need for medical care. Patients should generally be discharged from respite on the date that their acute medical issue is stable and they no longer have daily nursing needs (though weekend discharge dates are avoided when indicated). Allowing patients to remain in medical respite past their date of healing can cause problems including:

- Preventing access to respite's medical and social services for other patients who have an acute care need but can't remain in the hospital.
- Extending lengths of stay for inpatients waiting for respite beds. Each extra day in the hospital costs at least $2000.
- Billing MCO's for respite level care

Medical respite routinely connects patients with primary care providers and outside supportive services for continued follow up. Additionally, a number of emergency shelters offer weekday RN care for more minor medical issues and offer bunks and on-site meals for patients with limited weight bearing or other mobility limitations. Our team is responsible for making "warm hand-offs" to clinical staff who will continue to provide care and services to our patients after discharge. Our outreach MHP staff can assist patients with post-respite transitions. Respite patients should generally not remain in respite for the purposes of attending outpatient appointments if they don't have active nursing.

If a patient has been in respite for a 3-month period of time without resolution of their acute process, they generally should be discharged from respite with a plan for outpatient follow up. A wound that has not resolved within a 3-month period of time, even if it is slowly progressing in terms of healing, should be transitioned to outpatient wound care. There are rare circumstances for which medical respite would extend a patient's care beyond 3 months. I patients who are receiving support for cancer treatment or palliative care have care needs that exceed 3 months, their stay may be extended for up to 6 months.

It is the responsibility of the medical providers at respite to determine the discharge date for respite patients. Providers utilize their clinical assessments, input from medical and mental health staff and medical data to determine whether a patient is sufficiently stable and safe to leave respite. Providers are responsible for setting discharge dates and writing discharge orders. This decision also requires consideration of medical issues unrelated to the primary reason the patient has received care in respite. Respite medical providers are to determine whether patients are in need of discharge to the emergency department and would contact follow-up providers as indicated. Discharge summaries are to be forwarded to primary care providers (and specialist providers, when indicated).

Patients must have a provider review and provider discharge decision prior to being discharged from respite. Respite providers should review clinical information on every patient prior to making a discharge decision.

Administrative Discharges:

Administrative discharges are sometimes indicated for policy violations or for patients who have been absent from the unit or missing nursing care visits. If a patient should be considered for administrative discharge, a medical respite provider would review the case with the team, review the status of the patient's medical issues and determine a discharge decision. For administrative discharges, the provider would write a brief administrative discharge note to include indication for discharge, decision of discharge, disposition (ED vs shelter, etc.), follow-up medical needs and plans for care. This note is to be forwarded to a patient's primary care provider.

If a patient is felt not to be appropriate to remain on the unit when no provider is on-site, the patient should be asked to leave the unit and return at noon the following day. The oncoming provider would gather information about the incident, review pertinent clinical information, determine appropriate disposition and make a discharge decision. If a patient is felt to be unsafe to return to respite premises after being asked to leave the unit, the ARNP would review the case, write a discharge order and administrative discharge note and follow-up on any outstanding medical issues. In some circumstances, a violation of respite policies, such as on-site drug use, might not result in immediate discharge from the program, if there is a clinical indication to keep the patient in respite. If there is not provider coverage when an administrative discharge decision is needed, staff could contact the ETH Medical Director to discuss the case or contact the on-call AMC provider. If the patient is deemed safe to remain on the unit, at the discretion of on-site staff, the decision could be deferred until an on-site provider is scheduled to be at respite.

Key Points:

- Patients should, generally, be discharged from respite on the day their acute medical issue resolves or is stable and they are not in need of daily RN care
- The broader HCHN programs can follow up with outstanding patient needs when patients are ready for respite discharge
- Not every respite policy violation will automatically result in immediate discharge (including drug use on-site)
- Medical respite providers must review clinical information on each patient prior to making a discharge decision

- The discharge decision is to be made by an on-site or covering provider and the patient should not be discharged from the program prior to a provider case review and provider discharge decision
- If patients are felt to be unsafe or inappropriate to remain on the unit, they should be asked to leave and the case then reviewed with the covering provider

Medical Respite Program Procedures

Indication: Procedure for when a patient is discharged from Christ House, either planned or unplanned.[1]

At the time of discharge, the patient is provided with the following as applicable to their need (with the exception of cases of patient elopement or death):

- Discharge Summary including medical problem list, allergies, medication list, instruction for medication refills, allergies, follow-up appointments and contact information, primary care information, special medical instructions (e.g. weight bearing precautions, dietary instructions, wound instructions).
- Medication bottles, inhalers, nebulizers, drops, topical treatments, Narcan. •
- Referrals and Prior Authorization information.
- Insurance information.
- COVID-19 Vaccination Record Card.
- Condoms.
- Stored belongings.
- Insulin and other diabetic supplies.
- Wound care supplies.

A **planned discharge** occurs when a patient is given a minimum 24 hours' notice that they will be discharged from the program.

An **unplanned discharge** occurs when a patient is discharged without fore planning. Common reasons for unplanned discharges include but are not limited to:

- Patient requesting discharge, as staying at MRC is voluntary.
- Patient is in possession of a weapon.
- Patient is involved in physical violence, theft, verbal abuse or threatening behavior.

[1] NHCHC standards for medical respite discharge: 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). 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. The medical respite program has a policy and procedure that addresses non-routine discharge including but not limited to death and elopement.

- Patient admits to alcohol or drug use, possesses drug paraphernalia, refuses to submit a specimen for drug or alcohol testing, or has submitted a specimen that is positive for alcohol or drugs.
- Patient solicits or participates in sexual activity.
- Patient is missing from premises for extended period or elopes.
- Patient declines to participate in recommended medical plan of care.
- Patient death.

Notes:

- MRC Personnel authorized to make discharge decisions include the Clinical Director, Assistant Clinical Director, Case Managers, Nurses (RNs/LPNs), Providers (MDs/DOs/NPs/PAs).
- The Charge Nurse should complete the Nursing Discharge Checklist for all patients who are discharged, with the exception of patients who elope or those who have expired. The Nursing Discharge Checklist includes specification of discharge location.

Nursing Discharge Checklist

Patient Name:_____
Date of Birth:_____
Discharge Location:_____
Date of Discharge:_____

N/A	Done	
		Medications
	☐	Medications list given and reviewed
	☐	Pill Bottles (empty pillbox if necessary)
☐	☐	Pillbox
☐	☐	Inhalers / Nebulizers / Drops
☐	☐	Current medication refills in overflow
☐	☐	Controlled substances
☐	☐	Topical treatments
☐	☐	Refrigerated medications
☐	☐	Narcan 4mg Intranasal (Lot Number: _____)
		Paperwork
	☐	MRC discharge summary reviewed with patient
	☐	Medical summary given from eCW
☐	☐	Prescriptions and refill instructions
☐	☐	Referrals and prior authorizations
☐	☐	Insurance letter
☐	☐	COVID-19 Vaccination Record Card
		Belongings
☐	☐	Phone and charger
☐	☐	Items in basement
☐	☐	Condoms

Diabetic Supplies

☐ **N/A** **Done**

- ☐ Glucometer
- ☐ Test strips, alcohol swabs, lancets
- ☐ Syringes or pen needles
- ☐ Insulin
- ☐ 719-A form

Wound Care Supplies

☐ **N/A** **Done**

- ☐ Supplies from treatment room
- ☐ 719-A form

Additional Comments:

_____
_____
_____

Updated Contact Info:

Phone #:_____
Additional Phone #:_____
Address:_____

RN Signature:_____ **Date:**_____