

Proposed Minimum Standards for Medical Respite Programs

Submit comments online from September 1- September 30, 2014

<http://www.nhchc.org/resources/clinical/medical-respite/>

About the proposed medical respite standards

Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. Unlike “respite” for caregivers, “medical respite” is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, motels, nursing homes, and transitional housing.

The terms “medical respite care” and “recuperative care” are used interchangeably to describe the same service. “Recuperative Care” is defined by the Health Resources and Services Administration as *“short-term medical care and case management provided to persons (generally homeless) recovering from an acute illness or injury, whose conditions would be exacerbated by living on the street, in a shelter or other unsuitable places. This unique set of clinical and non-clinical services, often referred to as a recuperative care program, is offered to treat patients with conditions that have an identifiable endpoint of care for discharge from a facility/setting designed for such purpose.”* The Respite Care Providers’ Network adopted the term “medical respite care” on the grounds that it is more encompassing than the literal meaning of the term “recuperative.”

Medical respite care is a fairly recent phenomenon with the earliest programs beginning in the mid 1980’s. As the need for medical respite care for people experiencing homelessness has grown, communities have responded by developing their own unique programs using the resources available to them. Today, over 70 medical respite programs are available in 28 states and in Washington, D.C. and a number are in development. While all of these programs provide a critical service, they vary significantly in their scope and intensity of services which has made it difficult to secure targeted federal funding.

In 2011, the Steering Committee of the Respite Care Providers’ Network addressed the need to establish minimum standards for medical respite care in order to improve quality and consistency across a range of programs and to improve opportunities for research and federal funding for medical respite care. A Task Force of medical respite care experts was charged with developing minimum standards that (1) align with other health industry standards related to patient care, (2) reflect the needs of the patients being served in the medical respite setting, (3) promote quality care and improved health, and (4) are achievable for a range of medical respite programs with varying degrees of resources.

The following proposed minimum standards are not intended to serve as a “one-size fits all” approach to delivering medical respite care. Rather, they serve as a framework to help medical respite programs operate safely, effectively, and seamlessly with local health care systems.

The first draft of the proposed minimum standards was made available to the attendees of the 2014 Medical Respite Pre-conference Institute held in New Orleans on May 27, 2014. The Medical Respite Standards Development Task Force considered feedback from attendees in developing this set of standards which is available to a wider audience for feedback.

Your feedback will be used to develop a final draft of these standards. The final version of these standards will be delivered to the Health Resources and Services Administration and used for training and technical assistance for developing programs. Additionally, the National Health Care for the Homeless Council will use the standards in exploring accreditation opportunities as well as opportunities for federal health care funding for medical respite programs.

This document does not replace local, state, and federal regulations related to health and safety. Medical respite programs are expected to meet all applicable local, state, and federal regulations.

Medical Respite Standards Development Task Force

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The Task Force believes that the medical respite standards reflect and respond to the following circumstances:

- People experiencing homelessness suffer profound disparity in health and mortality compared to the general population.
- Hospital lengths of stay are generally decreasing across all medical conditions and acute and post-acute medical care is increasingly being delivered on an outpatient basis.
- People need a safe, stable and supportive place to recover from illness and injury.
- Recovery is extremely difficult on the streets; shelters generally are not equipped to support people who are sick or injured.
- Homelessness itself causes and exacerbates existing medical conditions, and makes adherence to treatment plans more difficult.
- Medical respite programs promote connections to primary and behavioral health care and decrease hospital utilization; thus, improving efficiency and reducing costs in health systems.
- Medical respite programs are critical to community efforts to end homelessness.

Standard 1: Medical respite program provides safe and quality accommodations

Medical respite programs provide patients with space to rest and perform activities of daily living (ADLs) while receiving care for acute illness and injuries. As such, the physical space of medical respite programs should be habitable and promote physical functioning, adequate hygiene, and personal safety.

Minimum criteria:

1. A bed is available to each patient for 24 hours a day while admitted to the program.
2. Onsite showering and laundering facilities are available to patients to promote proper hygiene.
3. Clean linens are provided upon admission. *For best practices, see standards established by [Healthcare Laundry Accreditation Council](#).*
4. The medical respite program maintains a clean and hygienic environment.
5. The medical respite facility is accessible to people who have mobility impairments and other physical disabilities.
6. To the extent possible, the physical surroundings minimize fall risks.
7. The medical respite facility provides access to secured storage for personal belongings and medications (when the program is not authorized to store/dispense medication by local or state governing bodies).
8. At least three meals per day must be provided. Non-congregate settings (including private and semi-private rooms in apartments or motels) may provide unprepared food if a fully equipped kitchen is available to the patient. Meals and unprepared food accommodate dietary needs.
9. Food services meet applicable public health department guidelines for food handling.
10. Medical respite programs located in congregate facilities maintain 24-hour staff presence. Onsite staff is trained at minimum to provide first aid and Basic Life Support (CPR) services and communicate to outside emergency assistance.
11. Medical respite programs providing patients with individual apartment or motel units provide 24-hour on-call medical support when clinical staff is not on site. A nurse call-line is sufficient for non-emergency medical inquiries.
12. The organization has written policies and procedures for responding to life-threatening emergencies.
13. The medical respite program ensures that patients understand fire and evacuation plans.

14. If medical equipment (including resuscitation equipment) is available then appropriate staff are trained and/or licensed in its use.
15. The medical respite program has a written code of resident conduct or behavioral agreement that describes program policies including potential causes for early discharge.
16. The medical respite program has a policy in place that describes the handling of alcohol, illegal drugs, and non-medical prescription drugs on site.
17. The medical respite program has a safety policy in place that describes the handling of weapons brought into the facility, details strategies to maximize client and staff safety, and outlines staff response to violence.

Standard 2: Medical respite program provides quality environmental services

Like other clinical settings, medical respite programs must manage infectious disease, handle biomedical and pharmaceutical waste, and respond to emergencies and other crisis situations. Medical respite programs should follow applicable local or state guidelines and regulations related to hazardous waste handling and disposal, disease prevention, and safety. Written policies and procedures described below should reflect applicable local, state, or federal guidelines and regulations.

Minimum criteria:

1. The medical respite program has a written policy and procedure for safe storage, disposal and handling of biomedical and pharmaceutical waste, including expired or unused medications and needles.
2. The medical respite program has a written protocol for managing exposure to bodily fluids and other biohazards.
3. Any medical respite program that is authorized to store medication for patients has a written policy to address storage, handling, security, disposition, and return to storage by staff and patients. The written policy describes how controlled medications are stored (and administered, if authorized and applicable) to prevent diversion.
4. Medication is stored according to manufacturers' recommendations or, in the absence of such recommendations, according to pharmacist or provider instructions. Medication storage areas are inspected periodically, as defined by the organization, to verify that medications are stored properly.
5. The medical respite program has written protocols in place to promote infection control and the management of communicable diseases (e.g. scabies, MRSA).
6. The medical respite program follows applicable reporting requirements for communicable diseases.
7. The medical respite facility has a contract in place for routine pest and rodent control and maintenance.

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

Care transitions refer to the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions and care needs change. Care transition initiatives aim to improve quality and continuity of care and reduce the chances of medical errors that can occur when patient care and information is transferred to another provider.

Minimum criteria:

1. The medical respite program takes steps to ensure that medical respite is considered an option in discharge planning. This might include written agreements between major referring organizations and the medical respite program.
2. The medical respite program offers regular trainings to appropriate staff from referring organizations on the role of medical respite care including indications for admission, as well as exclusion and inclusion criteria.
3. The medical respite program reviews admission applications and makes admission decisions in a timely manner.
4. Qualified medical personnel (e.g., RN, PA, NP, MD) make admission decisions.
5. The medical respite program accepts patients based on its ability to keep patients safe and provide the care, treatment, and services needed by the patient.
6. When beds are unavailable, the medical respite program provides the referring organization with an estimation of availability with updates provided at predetermined intervals.
7. If a prospective patient is not accepted after referral and preadmission screening, the reasons for denying admission are documented and explained to the referring organization.
8. The medical respite program has designated point(s) of contact for referring organizations.
9. Roles and responsibilities related to transportation to and from the medical respite facility are described in a written agreement with each major referral organization.
10. Adequate protocols are in place for transferring patient information (or access to e-record). Protocols must include process for adherence to patient privacy rights under HIPAA.
11. The medical respite program ensures that the patient has an accountable provider at all points of care transition.
12. For those patients referred from a clinical setting, after admission is approved, a discharge summary for the patient is requested. If a discharge summary cannot be made available upon transfer, the medical respite program requests patient information on the following:

- Admission history and physical assessment
 - Description of hospital course
 - Discharge medication list
 - Follow up instruction list
 - Any specialty care and/or primary care follow up appointments made while at the referring institution
 - 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 referring institution
 - Contact information for medical personnel involved in the patient's care
13. Appropriate medical respite staff reconciles medication or verifies medication reconciliation performed by a referring provider upon admission.
 14. Medical respite program staff reinforces discharge instructions and reassesses patient's ability to follow instructions.
 15. Medical respite program provides patient with contact information for outpatient/community providers involved in their care.

Standard 4: Medical respite program administers high quality post-acute clinical care

In order to ensure adequate recuperation from illness and injury, medical respite programs must provide an adequate level of clinical care. Medical respite programs need qualified medical respite personnel to assess baseline patient health, make ongoing reassessments to determine whether clinical interventions are effective, and determine readiness for program discharge. High quality clinical care responds to the patients' needs and goals and promotes interdisciplinary team work. Clinical care may be provided offsite by a partner organization as long as all of the criteria below are met.

Minimum criteria:

1. A medical record is maintained for each patient and its content, maintenance, and confidentiality meet the requirements set forth in federal and state laws and regulations.
2. An individualized care plan is developed for each patient, specifying treatments, desired outcomes or goals, and discharge indicators.
3. Each program participant understands the role of medical respite care and helps to inform his/her individualized care plan.
4. Appropriate medical respite staff conducts a baseline assessment of each patient to determine factors that will influence care, treatment and services. For each patient, the baseline assessment includes:
 - Current diagnoses, pertinent history, medication history (including allergies and sensitivities), current medications, and current treatments
 - Physical and mental health status
 - Functional status, including communication needs
 - Psychosocial needs, including substance abuse and options for treatment
 - Cultural and ethnic factors
 - Pain status, as needed
 - End of life needs, if relevant
5. Clinical encounters are conducted based on individualized care plans or changes in patient conditions. The intended frequency of encounters is included in the individualized care plan.
6. Patients receive at least one wellness check every 24 hours by medical respite staff. Changes in the patient's condition are communicated to the attending physician or other authorized health care professional(s) and to the patient.
7. The organization uses and effectively implements evidence-based clinical practice guidelines for treating the admitting condition.
8. When various professional disciplines are involved in the care plan, care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner.

- Information about the patient is shared among all members of the interdisciplinary team. Shared information might include changes in the patient's condition, consultation and evaluation reports, and diagnostic testing results.
- The interdisciplinary team has regularly scheduled team meetings to review patient progress towards goal attainment.
- The interdisciplinary team discusses the care, treatment, and services with the patient on an ongoing basis. Discussion should include current status and treatment outcomes, barriers to achieving goals, and alternative interventions to facilitate goal attainment.

Standard 5: Medical respite program assists in health care coordination and provides wrap-around support services

Medical respite programs are uniquely positioned to coordinate care for a complex population of patients who may otherwise face barriers to adequately navigate and engage in support systems. Case managers can improve coordination of care by brokering linkages to community and social supports in order to help patients transition out of homelessness and achieve positive health outcomes.

Minimum criteria:

1. The medical respite program designates staff to coordinate the provision of medical respite care with members of the care team. *Care coordination* activities might include but are not limited to:
 - Supporting the patient in meeting self-management goals. *Self-management goal setting is a collaborative approach to help patients increase understanding of actions that affect their health and develop strategies to live as fully and productively as possible.*
 - Providing educational resources to the patient to promote knowledge about medical conditions in a manner that accommodates the patient's comprehension, including their language needs and reading level.
 - Helping patients navigate health systems and establish an ongoing relationship with primary care providers/patient-centered medical homes.
 - Coordinating or providing transportation to and from medical appointments and support services.
 - Facilitating patient follow up for medical appointments and accompanying the patient to medical appointments when necessary.
 - Ensuring communication occurs between medical respite staff and outside providers to follow up on any changes in the patient's care plan. *Medical respite program ensures that signed patient consent forms and HIPAA privacy notices are in place.*
 - Providing access to local phone service during the medical respite stay.
 - Helping patients reconcile prescriptions to a single community pharmacy and establish an ongoing relationship.
2. The medical respite care team coordinates with case managers, including contracted case managers as appropriate, in carrying out care plans. Case management activities might include but are not limited to:
 - Facilitating access to housing, including supportive housing when appropriate.
 - Identifying community resources as indicated.

- Providing opportunities to improve daily living skills.
- Submitting applications for SSI/SSDI, food stamps, Medicaid, and/or other federal/state benefit programs.
- Making referrals to substance use and/or mental health programs, as needed.
- Facilitating social support groups (e.g., cancer support, addiction support).
- Facilitating family/caregiver interaction.

Standard 6: Medical respite program facilitates safe and appropriate care transitions from medical respite to the community.

Medical respite programs have a unique opportunity to influence the long-term health and quality of life outcomes for individuals experiencing homelessness. A formal approach to the transition of care when patients are discharged from medical respite will optimize the chances for success.

Minimum criteria:

1. A staff person or team is designated to work with each patient early in the stay to begin discharge planning.
2. The medical respite program has a written discharge policy that lists the personnel authorized to make discharge decisions.
3. Patient is informed of the discharge policy and procedure.
4. 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).
5. Upon discharge, a discharge summary is made available to the patient. For patients who leave against medical advice or without notice, a discharge summary can be made available within a reasonable period of time. The discharge summary includes 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)
6. Adequate protocols are in place for transferring patient information (or access to e-record) to appropriate community providers. Protocols must include a process for adherence to patient privacy rights under HIPAA.
7. A discharge summary is forwarded to providers who are assuming the patient's care. The summary is to 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
8. Patients are provided with options for placement after discharge from the medical respite program. Every effort is made to transition patients to permanent housing, including supportive housing if appropriate. If permanent housing is not available following discharge, a local emergency shelter or other transitional housing facility may be considered as an option of last resort.

Standard 7: Medical respite care is driven by quality improvement

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The integrity of medical respite programs rests on its ability to provide meaningful and quality services to a complex population. As such medical respite programs have policies and procedures in place to ensure that their personnel are qualified and effective in improving the health of people experiencing homelessness.

Minimum criteria:

1. The medical respite program has a process for collecting and securing data, ensuring all applicable privacy and HIPAA rules and policies are in place.
2. The medical respite program has a quality improvement plan that identifies and responds to trends in processes, outcomes, patient experience, and performance measures.
3. The medical respite program sets priorities for data collection, including the frequency at which data is collected.
4. The medical respite program has a written policy and procedure for incident reporting and handling.
5. The medical respite program has a written procedure for conducting self-audits. Self-audits are regular reviews of client files to ensure that medical records reflect the data reported to outside regulatory and funding bodies.
6. Staff employed by the program have written job descriptions and meet the qualifications required by such job descriptions. The job description defines the competencies of employees involved in patient care, treatment or services. Competency includes the ability to follow patient-centered care principles and an understanding of the mission and core values of the organization providing medical respite care to its patients.
7. The organization has written procedures used to verify the credentials of and determine the competency and qualification of personnel. All licensed and certified professionals have appropriate initial verification of credentials and periodic review of those credentials. Appropriate credentials include those required for clinical practice and billing purposes.
8. To the extent the program or organization utilizes volunteers in providing care, treatment, or services, there will be written procedures in place to screen volunteers to ensure patient safety.
9. Personnel provided by other organizations are clearly defined as to their role and responsibility in a written agreement. The written agreement with partner organizations meets personnel requirements regarding licensure or other relevant qualifications.

10. There is a medical director who is a licensed physician in the state where services are provided and who is employed or appointed by the medical respite care program to oversee the medical aspects of the program.
11. The medical respite program considers the number and qualifications of clinical staff needed based upon the clinical care required by patients and the complexity and type of clinical tasks to be carried out.
12. Performance reviews are conducted annually for all employees pursuant to written human resource policies. For clinical staff, the performance review includes an evaluation of the quality of clinical care provided.
13. As appropriate or where required by law, employees, volunteers, and contractors participate in education and training in safety and health aspects of medical respite care. Examples include:
 - Health information privacy and HIPAA regulations
 - De-escalation
 - Non-discrimination and cultural competency
 - Sexual harassment
 - Bloodborne pathogen exposure
 - Incident reporting