

The Los Angeles Times

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### **After the hospital, a haven for homeless patients to recuperate**

On the streets, 'it is virtually impossible' for patients to manage wounds and medications. Recuperative centers are on the rise, thanks to healthcare reform and new procedures spurred by a dumping scandal.



Kim McAuliffe takes an insulin injection in a motel room where she is recovering after a hospital stay. A nonprofit turned the motel into a recuperation center for homeless patients. (Wally Skali, Los Angeles Times / August 28, 2011)

By Anna Gorman, Los Angeles Times

August 28, 2011

A taxi dropped off Kim McAuliffe, clutching a plastic bag of medications, at a Los Angeles motel. She had just been discharged from Garfield Medical Center and had nowhere to go.

"The hospital sent you here to rest after you've been sick," Roy Kaufman, a case coordinator, told her as she slumped into a chair. "We're gonna take care of you."

Everyone here has been in a hospital, is ill and homeless. Outside, the place looks like a standard motel, with a sign advertising color TV and air conditioning. Inside, nurses help homeless patients change bandages, take medication and recover from surgeries.

Opened 10 months ago by the nonprofit Illumination Foundation, the Recuperative Care Center has 20 motel beds where homeless patients with acute illnesses or injuries recover after being released from local hospitals.

The program and others like it dramatically reduce costly hospital stays and emergency room visits — often funded by taxpayers — and give hospitals a place to safely release patients without leaving them on the streets.

"Hospitals discharge patients with instructions to rest, eat well, keep wounds clean and take medications," said Sabrina Edgington, a program specialist at the National Health Care for the Homeless Council, an organization of

providers. "When you are on the street, it is virtually impossible."

Recuperative, or respite, care started more than 25 years ago but has grown in recent years. There are 57 programs nationwide and more are expected in coming years. The Obama administration has cited the centers as a critical part of the strategy to reduce homelessness. The programs also deliver services for less money — a major goal of healthcare reform.

"There is really an increased understanding of the healthcare needs and the healthcare costs of people who live on the streets," said Jennifer Ho, deputy director of the U.S. Interagency Council on Homelessness.

Three of the four centers in Los Angeles County opened in the last three years, following a widely publicized patient-dumping scandal that prompted lawsuits and hefty penalties and set guidelines for how hospitals should discharge homeless patients. Some of the settlement money went toward recuperative care, said James Lott, executive vice president of the Hospital Assn. of Southern California.

"It's a win-win. The hospitals get off the hook from being persecuted by politicians," Lott said. "It also gives homeless patients what they need and [what] government is not providing them — a place to go."

The nightly cost for recuperative care in Los Angeles ranges from \$175 to \$200, a fraction of the estimated \$2,300 for a hospital bed. "It's a no-brainer," Lott said.

According to the JWCH Institute, which has 53 beds in Bell and downtown L.A., recuperative care can save area hospitals up to \$1.5 million a year. The average length of a hospital stay is 4.6 days, but the average homeless patient stays twice as long, according to the National Health Care for the Homeless Council.

On a recent morning at the Bell center, which opened in 2008, patients rested in beds separated by cubicle walls. The smell of bleach hung in the air as a nurse called patients into an exam room.

"Where on your body has the most pain?" one of the nurses asked 49-year-old Anthony Delgado, who was recovering from a clavicle bone infection.

"My right shoulder is very painful," he said, wincing as he touched it. Delgado, who also has hypertension and insulin-dependent diabetes, said he lost his warehouse job and his rented room after spending two months in a hospital and rehabilitation center. "Now I have to start all over," he said.

Another patient, John Hudock, 55, came to the center after spending two weeks at Providence Saint Joseph Medical Center being treated for complications of diabetes and cellulitis. A nurse cleaned open wounds on his feet and wrapped them with new bandages. Hudock, who lives in his Toyota Camry in North Hollywood, said it's difficult to stay off his feet and keep them from getting infected. "Being homeless, my condition is not improving," he said.

Patients stay at the JWCH centers between 35 and 40 days on average, and staff members try to find them permanent housing before they leave. "Our goal is to get the patients fully functioning and literally back on their feet ... so they can fend for themselves," said Marcus Hong, who directs recuperative care at the institute.

But long-term housing for the homeless is scarce. Until more is available, said JWCH Chief Medical Officer Paul Gregerson, "recuperative care remains the best alternative for people who don't have a house."

The centers also work to connect patients with primary care doctors and enroll them in Medicaid or Medicare so

they don't use the emergency room as a revolving door. According to a 2009 study out of Boston, homeless patients released to recuperative care were 50% less likely to be readmitted to a hospital within 90 days compared with patients discharged to the streets or shelters. And a 2006 study out of Chicago showed that such programs also reduced ER visits and the length of hospital stays.

Although they have proved cost-effective, recuperative care programs lack sustainable funding. Most patients are uninsured and Medicaid doesn't generally reimburse providers, so organizations rely on grants and hospitals to cover costs.

As a result, patient stays are usually limited. The average stay at the motel that took in Kim McAuliffe, for example, is 10 days. "It's case management on speed," said Aiko Tan, director of recuperative care for the Illumination Foundation.

The program, which leases the entire motel, takes patients from 33 area hospitals. They are recovering from brain surgery, car accidents, drug overdoses and amputations. Many are mentally ill.

"We're a cross between 'MASH' and 'One Flew Over the Cuckoo's Nest,' " said nurse Lindie Kuzmich.

One of the patients, Ramiro Salgado, 68, has diabetes, cirrhosis of the liver and high blood pressure. Salgado, an uninsured illegal immigrant who uses a walker, went to Providence Saint Joseph after coughing up blood and spent six days there before coming to the motel last week. Salgado said he had been to the emergency room at least 30 times.

"From here where will you go?" asked site supervisor Tex Garza.

"Back to the streets, where else?" Salgado responded.

John Nabonne, 55, has been homeless for more than four decades and was taking IV antibiotics after having surgery and an infection. "For many of us, from where we come from, this is 5-star hotel," Nabonne said as he sat in a wheelchair under the shade of a small tree.

A few hours after arriving at the motel, McAuliffe sat on her bed, covered her face in her hands and started shaking. Twelve bottles of prescription pills sat beside her. She had been homeless for a year and suffered from depression, hypertension, diabetes, schizophrenia and, recently, a stroke and a heart attack.

"You'll be OK," Kaufman said. "At least while you're here, it'll be OK."

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