

Discharged from hospital, admitted to the streets

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When most people get out of hospital, they are sent home where they are able to rest and recover for as long as they need. But where do you go after surgery when you have no 'home' to return to? One Nashville organisation cares for homeless patients when they need it the most. (2210 Words) - By David Adams, Julie Williams and Allison Woods



A homeless man snoozes on a bench in a park. Photo: REUTERS/Molly Riley

Two years ago, a man showed up at Nashville's Room In The Inn for looking for a place to stay. When a volunteer doctor performed a routine check-up, he found surgical marks on each of the man's toes.

The homeless man suffered from a vascular disease, and a hospital had determined that his toes needed to be amputated. However, the hospital decided that the best option was to release him to the streets in order to let his toes self-amputate.

"It seems to us-not just it seems to us, it is-very Third World to think that in Nashville, Tenn., someone is released to the streets so that their toes can fall off," said Lisa Stetar, project manager for Room In The Inn's recent expansion of the Guest House. "That doesn't make sense to me since I live in the city that claims to be one of the healthcare capitals of the world." Room In The Inn was able to offer this man a place to stay, arrange for his surgery to take place and provide him with prosthetic toes.

"He literally left dancing," said Rachel Hester, executive director of Room In The Inn.

Respite care for Nashville's homeless community

Room In The Inn operates Nashville's only recuperative-care facility for the homeless community, and now it's getting a facelift.

In 1991, the organization started a division called the Guest House as a partnership with Metro Police to offer intoxicated homeless people a place to sober up instead of being jailed.

The initiative would save the city time and money by preventing a booking and offer homeless people access to various services. It was done, as Stetar said, as a medical and social issue, not a criminal issue—a "win-win" for the community.

She explained that the respite program grew out of the Guest House.

"We've always taken care of people who are part of our community, going out to Room In The Inn, people who are under the weather and needed extra care. Then we started getting referrals from the hospitals," she said.

The organization has now been taking referrals from hospitals for 20 years to provide respite care for the growing number of homeless persons being discharged with no place to go.

Between July 1, 2009 and June 30, 2010, the Guest House provided recuperative care, similar to home health care, for 319 people, 220 of whom were referred directly from a hospital.

While the typical stay is 14 days, some stay for a few days, others for a few months.

"For the homeless individuals, the streets are not a place that you can take care of your medical needs," Stetar said.

The facility is being renovated in the second phase of Room In The Inn's recent expansion. The number of beds will be increased from nine to almost 20.

The new facility better assists the care for people coming out of the hospitals, individuals who aren't healthy enough for Room In The Inn, people stabilizing on mental health medications and homeless people who need a place to sober up. Its expansion allows caregivers to see to individual's health issues, then move them into other programs or even housing.

"Really, it creates a continuum of care that they wouldn't have if we just treated it as a transaction," Hester said. "So we really try to look at the whole person as we go on that journey with them."

Part of the overall goal is to prevent unnecessary hospitalization. Nashville General estimates in the last two years they've spent \$6 million dollars treating the homeless.

"Somebody who gets discharged from the hospital, if they go to the street, they can't take care of their wounds, they can't necessarily get the prescriptions filled," Stetar said. "The chances are very high that they'll end up back in the hospital. So from a healthcare perspective, it's much more cost effective for us to take care of them.

"Obviously, they're in much better hands. I think the fact that we're also able to address other needs really increases the effectiveness of recuperative care," she said, describing such things as filling prescriptions, arranging doctors' appointments and handling patients' follow-up care. One issue the Guest House and hospitals have faced, however, is homeless individuals who check themselves out of the hospital prematurely.

Jennifer Hamilton, director of case management at Nashville General Hospital at Meharry, said that there's not a lot the hospital can do when homeless patients check themselves out before being discharged.

"It ties your hands when a patient leaves the hospital against medical advice," she said. "When a patient chooses to leave, they usually sign paperwork that says, 'I don't wish to be treated any longer.' It's unfortunate because it does sever that. Oftentimes you see those patients return within a few days because they've become so sick they didn't complete their treatment, and we start all over. When they come back, unfortunately, that's when we have the talks about 'this is going to continue happening unless you let us complete what needs to happen.'

"That's not just a homeless thing though," she added. "Patients leave hospitals all the time for different reasons; I guess no one wants to be in the hospital."

Once out the door, Larry Prisco says it's nearly impossible to ensure anyone a safe recuperation. Prisco is a social work director at Vanderbilt Medical Center. He says every patient leaves with a discharge plan and referrals for follow up care. Still, it can be hard to meet every individuals' needs.

"If someone is ready for discharge from any hospital because they no longer need that level of care, it does not mean that they can go to respite," Priso says. "So, as with any patient, if a person has no insurance but needs a certain kind of care beyond that acute hospital, it is often very difficult to arrange that next level of care."

Room for improvement

Room In The Inn staff acknowledges there is much room in Nashville to improve recuperative care for homeless people.

"Our hopes are that we all come to the table with the hospitals and we really talk about systemically how do we really serve the homeless," Hester said. "It can't be just 'transactions,' and it can't be the same way you deal with people from East Nashville or Brentwood. This is a different culture. Father Strobel has often said, 'This is a Third World country in the middle of a First World city': you have to understand first how it operates before you respond to it."

Stetar said that one of the things Room In The Inn wants to work closely with hospitals on is discharge planning.

"For the homeless individual, discharge planning needs to start the day you hit the door, not the day they decide they're ready to release you," Stetar said. "That's one of the difficulties-they don't necessarily recognize that that patient is homeless. You can't go to the hospital and ask, 'How many homeless people do you serve?' They can't track that because they don't code people that way."

According to Stetar, because hospitals don't keep track of who's homeless, when the time comes for a homeless patient to be discharged, it is often too late.

"We really want to get [hospitals] to work with us really from the front end, not waiting 'til the day they're ready to release them and calling us and we say, 'Well, we don't have a bed.'"

Hester said that the social workers at the hospitals have been extremely helpful.

"They really work hard to get their patients somewhere safe if they can do it, and that's their intention, so they call us and we really try to accommodate them if we can," Hester said. "It's a good working relationship, but I think, in general, the system of the hospitals and the whole system of care for the homeless needs some serious tuning up."

Sabrina Edgington, a program and policy specialist with the Nashville-based National Health

Care for the Homeless Council, agreed that a key step for Nashville is moving patients out of the hospital and emergency-care system into "health stability."

"[This involves] connecting somebody with a primary care provider in order to better coordinate their care," she said, stressing the importance of "health education to help patients really understand when to see your primary care provider and when to go to the emergency room.

"If the best practices are really implemented well, [patients transition] out of that emergency care and [have] more knowledge and better resources hopefully to manage their disease."

Edgington said her council is pushing for a stronger discharge planning program. To that end, the council recently applied for a grant with the Baptist Healing Trust that would enable them to train discharge planners in motivational interviewing, goal setting, referrals to respite and housing, and more.

Another gap, she said, is data collection and tracking by hospitals.

"Right now, they're not consistently tracking housing status," she said. "That's part of our discharge planning program [that] would help them track that so they can see whether or not these new efforts are actually reducing readmissions."

One hospital's perspective

Jennifer Hamilton of Nashville General Hospital said that her team's protocol is to see and assess each potential patient regardless of social or insurance status. As a result, she sees a lot of needs.

"For all patients, we try to formulate a good, safe discharge. We try to look at everyone's situation and say, 'OK, what needs are they going to need to continue recuperating?'"

For homeless patients, Hamilton said her hospital does several things.

"If we identify that someone has a social issue such as homelessness, we bring in a social worker to help complete a more detailed assessment of that patient to find out where they have been receiving health care, what are their barriers, have they joined up with the resources out there such as the Campus for Human Development," she said.

If she sees that patients need a place for further recuperation, she refers them to the Guest House.

"The hospital, the case management social services department, we work with them, we talk with them and make referrals," she said. "If we get patients that come from them, we might call to see if their doctor can give us any information.

"It might just be a couple days extra, it could be that the patient needs a week or two weeks more," Hamilton said. "I try to make sure medications are addressed. I know that my homeless population oftentimes don't have the resources to purchase their medication, so we work with them on that.

"So we try to reach out and create a safe discharge plan that would mimic that of someone with insurance so that those patients don't leave here without all the things they need to continue getting better, even though they are discharging into a far different environment."

Hamilton said that one thing Meharry has started doing is getting a home health agency to go in to the Mission to follow a homeless patient it has discharged, which she described as "huge."

She also networks with organizations willing to donate medical items.

"I've had oxygen companies donate oxygen, for those that need to be on oxygen and they don't have the resources. Goodwill is great about calling us when they have medical equipment, because some of my homeless population have insurance, but not all of them, so a safe discharge plan might mean they need a walker or might mean they need a wheelchair." Hamilton said she recently attended a meeting at Room In The Inn that addressed a collaborative effort among Nashville's hospitals.

"We are looking at, is there something we can do as a city?" she said. "This is an area that impacts all of us; it impacts all of the hospitals in the area. It also impacts the patient because they feel they have to use the emergency department as a doctor's office, and we don't want health care to be approached that way from anyone."

Hamilton said she would love to see the Guest House have at least 20 respite beds and then devote beds to other-than-medical needs.

"Offer the respite a little more support with physical therapy and things like that," she said. "I think we're trying to go in the right direction of creating more beds and having more opportunity for these patients."

Lisa Stetar, with the Guest House, acknowledged that a need will always exist.

"Even after the renovation, we can serve a significant larger number of people, but there's always going to be a need that exceeds what we can provide."

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