

Hospitals grapple with challenge in caring for homeless

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The patient, a homeless man with substance abuse problems, had been hit by a car and was taken to a hospital for treatment. Upon discharge, he went back to the woods, where he'd been living.

Three days later, he returned to the hospital. This time, the ambulance crew stuffed him into a body bag because he was covered with his own feces.

"He was alive, but he had no ability to care for himself," said Donna J. Biederman, an associate professor at the Duke University School of Nursing.

"It was just a really horrible, undignified situation, and he actually stayed at the hospital for probably 60 days," said a recent study co-written by Biederman. The study looked at how homeless people were being released from hospitals in Durham, N.C., Duke's home.

Biederman's study, published in the *Journal of Community Health Nursing*, found that homeless patients were more likely to be readmitted to "safety net" hospitals when they had no safe place to recover from illnesses. Sending them to a homeless shelter, a boardinghouse or back to the street did not provide the security and medical attention they needed.

The patients in the study complained of developing infections in shelters. Their pain medications would be stolen. They couldn't handle stairs or had other impediments.

"Shelters close during the day or don't have the staff to provide the support these patients need," agreed Sabrina Edgington, director of special projects at National Health Care for the Homeless Council.

In Dallas, two hospitals were recently cited by federal regulators for placing a homeless patient in "immediate jeopardy" when they discharged him.

Green Oaks Hospital sent the patient to a boardinghouse that could not accommodate his wheelchair and provided no medical oversight. A few days later, Parkland Memorial Hospital sent the same patient to a homeless shelter that could not meet his needs.

“You can’t just send them anywhere,” said David Wright, deputy regional director of the Centers for Medicare & Medicaid Services, the regulatory agency that cited both hospitals.

For years, releasing homeless patients to the streets was the status quo for hospitals. Now, however, many places are taking a different route.

More than 70 U.S. cities have set up respite care facilities for homeless patients who need a place to recover after leaving a hospital.

In Texas, there are four such centers — three in Houston and one in Austin.

“One of the really cool things that happens if you get homeless people into a safe place for a time is they connect with human services,” Biederman said. “They may get disability [payments] and now are in line to get an apartment. This suddenly becomes a success story.”

Usually, a city will consider setting up a respite care center after a death or other misfortune involving a homeless patient, Edgington said. “Homeless shelters and clinics will get together and develop a program.”

The decision also can be based on hospitals’ wanting to reduce inpatient costs.

A 2006 study suggested that homeless patients discharged to a medical respite facility experienced 50 percent fewer hospital readmissions within 90 days, compared with patients discharged to their own care.

Respite care centers are relatively cheap to operate. They provide a nurse or other midlevel practitioner to watch over homeless people recovering from illness or injury. Such centers can be no more than a couple of rooms set aside in a nursing home or homeless shelter. Others are stand-alone facilities handling dozens of patients.

Dallas probably needs a respite facility, given the number of patients being sent to homeless shelters from hospitals, especially Parkland Memorial Hospital, said Jay Dunn, president and chief executive officer of The Bridge, the downtown shelter operated by the city of Dallas.

“Usually, we get 100 to 120 people per month discharged from the hospital,” he said. Often, he said, those people wind up “in crisis and we have to send them back to the hospital.”

“We may have to allocate more beds for these people or develop respite care,” he said.