

Medical respite: A step toward hospitality in NC

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Opinion

By Crystal Hambley

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The cold weather makes me think of Fran, a skinny, formerly homeless, chain-smoking, alcoholic brunette with an eccentric personality who lives with my husband, me and others in a Catholic Worker hospitality house in Durham.

It's one of three houses associated with the Franciscan Way – a mission in the Episcopal Church. Our houses aim to live out the works of mercy among the homeless, immigrants, asylum-seekers, refugees and others in need or trouble. Each house hosts students, formerly homeless persons and others who, like myself, work outside the community but participate in its prayers, feasts and daily rhythms.

Fran, 63, frankly can be a handful, but she would be in a desperate situation without this church community, even when the weather is not as severe as it has been. This is especially true when she has health concerns, as she did when she underwent an outpatient procedure and was then able to recover with us in a home setting.

Too many other homeless people in the Triangle face a much grimmer challenge when they get sick. Without adequate transportation or housing, they may not receive certain procedures. If they do, once discharged they're often still too ill to continue their recovery on the streets.

A Medical Respite Program could help alleviate these situations by providing adequate post-discharge health care and follow-up.

An MRP offers short-term recovery housing for homeless persons who have been discharged from a hospital but have not returned to a baseline level of health. The average stay at such facilities is 35 days. There are currently 62 MRPs in the United States. The first began nearly 30 years ago and is still operational.

According to the N.C. Coalition to End Homelessness, North Carolina has more than 12,000 homeless people, with nearly 2,000 in the Triangle alone. The state's only MRP, however, is in Charlotte.

That means there is no MRP in the Triangle to help someone like Bernard, a 58-year-old homeless man who often sleeps on the ground outside our church. He recently had heart trouble and was admitted to a hospital for open-heart surgery. Three days later, he was discharged with a prescription for high-dose antibiotics to prevent infection. However, without a home, Bernard had to continue his recovery outdoors.

Local shelters offer beds but generally require overnight residents to leave early the next day. Bernard and others like him would benefit from an MRP in the Triangle, a step that could actually save money in many ways.

Most MRPs are funded by multiple sources: local hospitals, local governments, private donations, foundations and religious organizations. Since 2005, Charlotte's program has cost \$1.7 million to operate but saved \$186 million in hospital bed days, according to thesamaritanhouse.org. MRPs reduce hospital readmission rates, inpatient days and emergency department visits. It may cost \$2,500 per day for a patient to stay at the hospital, but it costs only about \$80 per patient per day to run Charlotte's MRP facility.

Since 2005, the homeless population has increased in North Carolina by 12 percent. Creating MRPs would not solve homelessness. However, absent personal hospitality, MRPs help address a specific community health concern by providing desperate persons a place to recover.

Many homeless folks can be challenging. Fran calls the police on her friends sometimes. Has she burned her own bridges? Sure. Does she deserve to be treated hospitably even though society and her past decisions have led her life down its current path? Absolutely. She's a woman, a sister, a daughter and a mother. She's a person you may know. Fran and the thousands of others like her deserve basic care regardless of whether they have an address to call home. After all, we all depend on the care and hospitality of others, especially when we get sick.

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Read more here: <http://www.newsobserver.com/2014/02/07/3600590/medical-respite-a-step-toward.html#storylink=cpy>