BRIDGING THE GAP:

Care Transitions for Homeless Persons Leaving the Acute Care Hospital

Sherry Holm, LCSW New Directions, Intensive Case Management Program Malinda Mitchell, RN Medical Respite Program of Santa Clara County

FREQUENT USER PROGRAM MEDICAL RESPITE PROGRAM

- Brief history
- Hospital participation
- Services provided
- Partners and their roles
- Numbers served, some results/data

HOSPITAL ENGAGEMENT

- Hospital Council role
- Hospital identifying and collecting data about the problem
- Initiatives that required hospitals participation
- Helping hospitals see linkage between housing and healthcare

KEEPING HOSPITALS ENGAGED

- Negative publicity about homeless patients discharged to the streets
- Staying active in Advisory Groups
- Using the programs for efficiently discharging homeless patients
- Linking hospital to other homeless service organizations, housing groups
- Engage at clinical level and administrative level

BENEFITS TO HOSPITAL

QUALITY

- More effective care for patients including continuity
- Reduce risk of discharging patients to street
- Decreased readmission to ED and hospital

FINANCIAL

- Cost savings in ED and inpatient care
- Reduction in bad debt

• EFFICIENCY

- More appropriate use of ED space and staff
- More efficient use of hospital social workers and discharge planners

KEEPING HOSPITALS MOTIVATED

Sharing Data

Measuring Outcomes

Responsiveness

Sharing Success Stories

CLIENT STORY

