



Yakima Neighborhood Health Services Yakima, Washington



YNHS Admission Criteria

What YNHS Respite Care staff can do?

- Respite care is available for individuals after discharge from the hospital, or for individuals injured or too ill to be in shelters or on the streets, but not sick enough to be in the hospital, upon recommendation from a medical provider.
- Care and oversight is provided in apartments for up to four weeks.
- Provide a nurse case manager and outreach worker to provide daily health education visits in a safe and structured setting, and assess need for evaluation of other services (mental health, CD, transitional or permanent housing) to aid in patient's recuperative care.
- Assist residents in accessing a primary care provider for discharge follow-up care, and other needed services to help in their recuperative care.
- Coordinate care to specialty and ancillary providers.
- Work with hospital discharge planners to facilitate recovery.
- Initiate a process for housing stabilization, connecting the patient to transitional and or permanent supportive housing placement once respite care is complete.

What YNHS Respite Care staff cannot do:

- YNHS does not provide Skilled Nursing or Home Health in the Respite units. If the resident qualifies, a Certified Home Health Provider will be ordered by the Primary Care Provider or Hospital Physician. Services can be provided by Home Health staff onsite in the YNHS respite facility if appropriate.

ADMISSION CRITERIA

Homeless or in Emergency Shelter
Independent in Activities of Daily Living
(ADLs)
Independent in Medication administration
Independent in mobility
Continent of urine and Feces

Acute medical problem but medically stable
No DTs from Alcohol withdrawals
Patient willing to be visited daily by HCH staff
No Intravascular lines
Does not require long term or Skilled Nursing
placement

Referring Provider / Hospital Completes Referral Form

Hospital or Medical Provider – Referral of Homeless Person for Respite Housing:

- 1. CONTACT YNHS Outreach at (509)249-6232 (Monday – Friday) to identify if housing shelter is available** (before completing this form).
- 2. FAX this Referral Form + Hospital Discharge patient instructions including HP to Yakima Neighborhood Health Homeless Resource Center “Depot” (509) 823-4416.**

Referring Medical Provider

Provider Name: _____	Soc. Serv Pager/Phone: _____
Hospital or Clinic: _____	Service: _____

Is YNHS the PCP? ___ Yes If not, who is / will be _____

Referring Medical Provider to Complete all Following Sections

Respite Criteria – Check Boxes Below (must meet all criteria)

Homeless or in Emergency / Transitional Housing	Willing to see respite staff daily and can comply independently with medical recommendations from medical provider
Acute medical problem that would benefit from short-term respite	Behaviorally appropriate to be left alone (including no known suicidal or assaultive risks)
Independent in ADL's including medication administration	No intravascular lines
Independent in mobility	Does not require > 4 week respite stay
Continent of urine and feces	Does not need SNF placement
Medically stable	Patient understands respite facility is alcohol and drug free
Has not received benzodiazepines for alcohol withdrawal in past 24 hours	

Diagnosis requiring respite: _____ **Anticipated Stay Needed** _____ **Days**

Days patient was hospitalized _____ **W/O Respite, Days longer you would keep Patient** _____

Last Vital Signs: T max _____ BP _____ HR _____ RR _____ RA O2 Sat _____

ETOH:	Yes	No	Extremity	Wt. Bearing	
Hx ETOH SZ:	Yes	No	RLE	FULL	
Hx DT's:	Yes	No	LLE	WBAT	Allergies _____
Drugs	Yes	No	RUE	TTWB	Diet _____
			LUE	NWB	Psych Dx _____
					Psych FU _____

Special monitoring, activity restrictions (if not on Discharge Instruction Forms):

- Attach Current or Discharge Medication List, H& P, and Hospital Facesheet.

Medical Provider Signature: _____ **Date:** _____

Resident Agreements - Managing Expectations

Client Name _____ Unit # _____ Date _____

Everyone who participates in our program is responsible for promoting and maintaining a safe and respectful environment. Every client, staff member, visitor, and volunteer can expect to be treated respectfully and feel safe.

As a resident of the Respite program, I understand:

1. I am staying here on a short-term basis, to help with my health care recovery. I understand part of my recovery involves meeting daily with the YNHS health care team to develop a housing stability plan that will include health care goals for my recovery. I understand my space will be available for me 24 hours a day during my stay.
2. I understand my length of stay at Respite will be determined by my need for recuperation and health care oversight. The health care team will work with my primary care provider to determine the most appropriate time for me to leave the respite program.
3. YNHS will try and help me find a housing destination once I leave the respite program. I understand I might not have a housing solution when it is time for me to leave the respite program.
4. I understand my respite unit can be given to another person if I fail to have daily contact with my case manager/ health care team or if my health care team believes I have abandoned my space.
5. I will go to my follow up appointments with my health care provider. If I need help getting there, I will tell the outreach team so they can help me make arrangements.
6. I will not bring alcohol, illegal drugs, or weapons into the apartments. I understand I cannot smoke in the apartments. If a friend comes to visit me, I am responsible for his or her behavior as well, and the rules that apply to me also apply to any visitors.
7. I agree to be verbally and physically respectful with the YNHS staff. I will not use disrespectful language, make threats, or tell abusive jokes/comments. This includes sexual comments, sexual advances, teasing, insulting, or making fun of others. I will not strike, punch, slap, or intimidate anyone (even as a joke). I will not damage any property or equipment, or threaten to do so.
8. I understand I cannot have overnight guests in the apartment.
9. I understand that there are no pets allowed in the apartment.
10. I accept my personal responsibility to promote and an atmosphere of safety and respect in the apartment. I will speak to a staff member if I feel that I am unable to keep the terms of this agreement.

11. Residents are responsible for the actions of their guests. Your right to enjoy yourself does not include the right to disturb others:

- Quiet time starts at 7pm – with or without guests.
- No parties allowed. Noise must be kept within reasonable limits.
- Individuals who are known to be under the influence of substances are not allowed on the premises.
- Unauthorized guests, leaving guests in the room, or lending your key to anyone could result in being asked to leave the Respite Shelter.
- Fire extinguisher provided, must remain in room at entry and exit. Client initials _____
- Smoke/carbon monoxide alarm must remain in working order and will be checked weekly by YNHS staff client initials _____

12. I understand I will be responsible for securing my unit, that I will be provided a key to lock up my personal belongings and I should not share my key, or provide a key to anyone.

I have read and I understand the above terms of this Resident Agreement, or I have had it read and explained to me. I have been given the opportunity to ask questions, and my questions have been answered. I understand that if I break the terms of this agreement,

I may be asked to leave Respite Shelter immediately and without written notice. My bed will only be held for 24hrs if I fail to have contact with my case manager.

Signature of Agreement _____ Date _____

Staff Witness _____ Date _____

Checklist Keeps us Honest

Check and date when completed:

- ___/___/___ Check for safe and stable environment (**Unit #** ___)
 - Unit ready, food (B,L,D) clean, hygiene supplies, towels and bed is made, phone is in working order.*

- ___/___/___ Notify Outreach RN & Coordinator for **Referral** review if not available consult Medical director or Nursing director
 - Admitted* *Declined*
 - Reason for declining referral: _____

- Clients exit date** ___/___/___ *May be extended based on need*
 - ___/___/___ Outreach Nurse goes over prescribed medications and discharge instructions with respite client

- ___/___/___ YNHS housing intake application for Respite shelter.
 - ___ *Include consent for W.S.P. back ground check.*
 - ___ *Client Intake and Assessment form*
 - ___ *complete HCH certification for YNHS*
 - ___ *update Sliding fee scale application and emergency contact inforamtion*
 - ___ *Emergency Assistance Referral*
 - ___ *Client Assessment form*
 - ___ *AZ. Self-Sufficiency Matrix (Do not enter in next Gen)*
 - ___ *Housing Stability Plan/landlord tenant booklet*

- ___/___/___ Consents for HMIS, DSHS, S.S. or other community services provider

- ___/___/___ YNHS Respite Care Resident Agreement signed

- ___/___/___ Coordinate meals (*check for special diabetic needs include in order*). Call People for people Food Services at 509-426-2601 (3 frozen & Cold pack meals a day x 7). Pick up on Wednesday (1711 Englewood Ave)

- ___/___/___ Make E.R. medical follow up, or community resource appointment (If YNHS/N.C is not the pcpr get the appropriate consent for HCI)

- ___/___/___ Coordinate transportation for patient (PFP or YNHS Outreach)

- ___/___/___ Assist client with obtaining Health care coverage. (HBE/WAH, HEN ABD. SNAP(Food stamps) and other possible benefits. Apply for public or other community housing programs.

- ___/___/___ Obtain Proof of income examples: copy of DSHS benefit letter/ BVS, pay stubs from employment or letter from Social Security, Self declaration of income for over 18yr.

Who to Call -Back of the Door



Yakima Neighborhood Health Services
12 South 5th St, PO Box 2605
Yakima WA 98907-2605
Phone (509) 454-4143 Fax (509) 823-4416
www.ynhc.org

RESPIRE WELCOME

To YNHS/Neighborhood Connections Respite shelter program

Your expected exit date is _____

IN CASE OF AN EMERGENCY CALL 911

Your address location is **207 south 4th Street #**____ (MAIL DOES NOT STOP AT THIS ADDRESS, DO NOT USE AS A MAILING ADDRESS).

If you are a patient of YNHS to make or confirm an appointment call:

Yakima Neighborhood Health Services **509-454-4143**
Neighborhood Connections **509-834-2098**
Your primary care provider is _____ Phone _____

If you have a medical problem and the clinic is closed:

A medical condition that can't wait Dial **509-577-5172**

Maintenance problem: Michael **509-426-0699**

Transportation through People for People: **509-248-6793**
(Have your medical coupon available)

Yakima Neighborhood Health Services Outreach Staff:

Eliel (Eli) 509-949-1937
Darlene 509-949-9677
Outreach Nurse Jean 509-949-9685

Annette Rodriguez. 509-949-9122

Homeless Services Director



RESPIRE Welcome #001

Feedback is Important – Be Careful What You Ask For

RESPITE EXIT
CLIENT EXIT INFORMATION AND SURVEY

Client's Name _____ DOB: _____

Address _____ Unit# _____

Date moved in _____ **Income \$** _____ **Source** _____

Date moved out _____ **Income \$** _____ **Source** _____

We hope that your stay at Respite helped you recover and get back on track.

- Your new address: _____ Phone # _____
- Clients comments about program _____

- Where are you moving to:

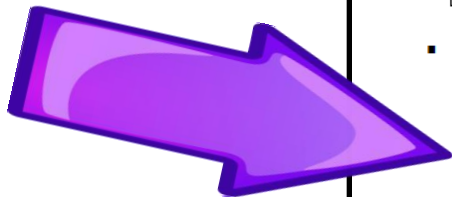
Moving with friends/family	Shelter	Leaving Town	Don't know
Transitional Housing	Voucher/ subsidized rental	Treatment Center	Other
Section 8 Public Housing	Section 8 Voucher	Jail	
- Reason for leaving _____

Comments/suggestions: _____

Client Signature _____ Date _____

Client moved without notice

Staff Signature _____ Date _____



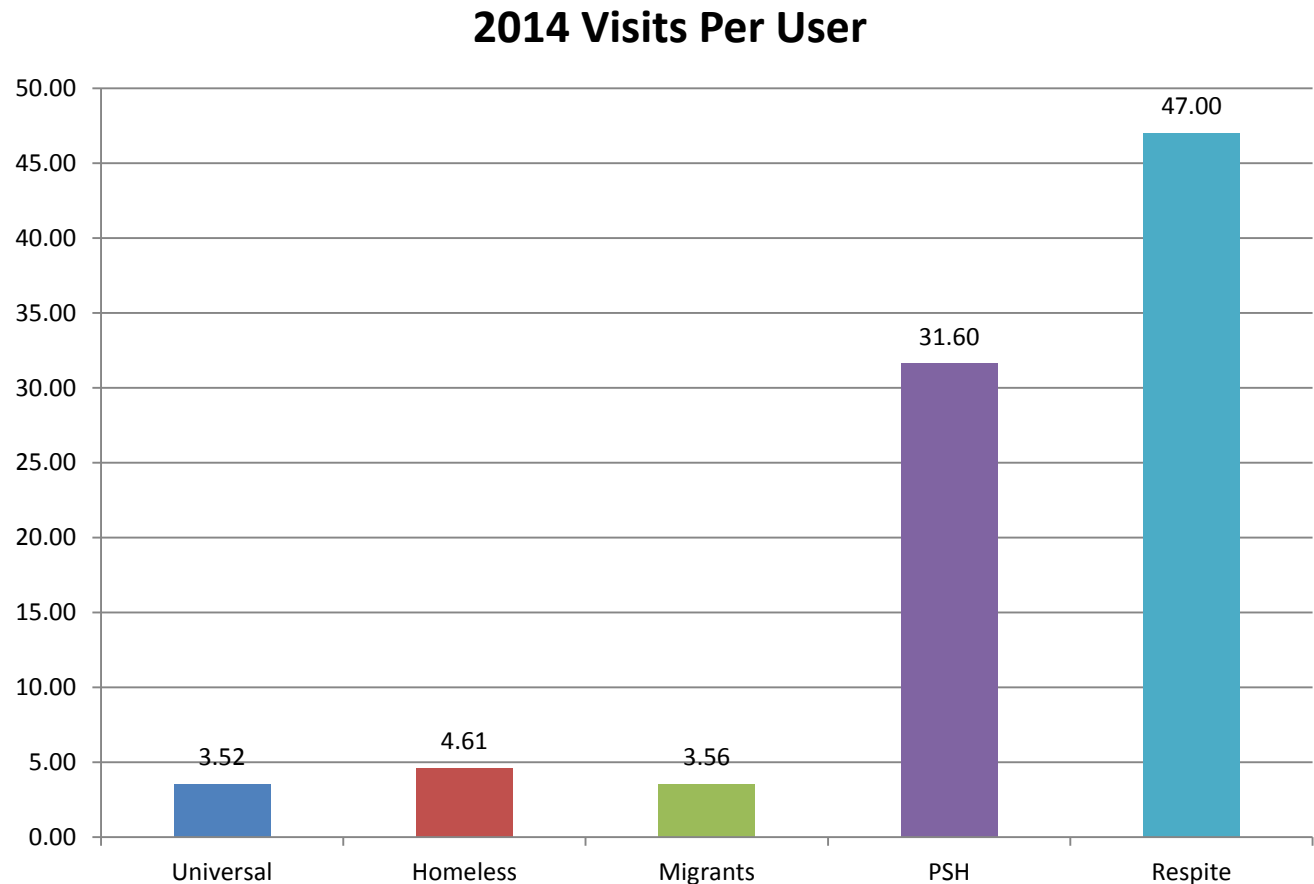
647 Total Bed Nights in 2014

In 2014, only TWO patients required re-admission to hospital within 30 days of release.

Length of Stay		Reason for referral to Respite Care
1 week or less	20%	Cellulitis, rest, wound care, fatigue
1 -2 weeks	25%	Asthma, abscesses, hip replacements, same-day surgeries
2-4 weeks	32%	Pneumonia, kidney disease, diabetes, meningitis
4 weeks or more	17%	Cancer, uncontrolled diabetes

More Disciplines Involved

80% of visits for Respite provided by Nurses, Behavioral Health, and Case Managers



YNHS Average \$180 Per Diem Rate

Homeless patients discharged to medical respite experience 50% fewer hospital readmissions than homeless patients discharged to their own care*

- 2014 Cost for 6 respite apartments = \$115k
 - Leasing
 - Meals
 - RN / BH / Case Manager staffing
 - Housekeeping
- 2013 Average Yakima (non-profit) hospital charge Per Day = \$3,267 for Rehab; \$3940 for GI disorder (WSHA)

Data Pulled from EHR for Reporting

Respite Care Reporting

Intake	Exit	Stay Length	MRN	Age at Exit	Referred by	Qualifying Diagnosis	Hospital Days	PCP	Notes	Addl Hospital wo Respite	HMISID	Exit To	Readmit w/in 30	Intake Encounter Date	Encounter Payer Name	Primary Payer Name
9/8/2011			000000005699		Yakima Neighborhood Health services			Jackson MD, Caryn			2153806		2		Homeless	Homeless
8/21/2013	9/4/2013		000000039281	53	YNHS Provider	B/L Knee OA-Severe		Jackson MD, Caryn	Visit pt with Outreach director and nurse for evaluation		2159339	YRespiteExit-Emergency Shelter		8/21/2013 12:00:00 AM	Homeless	Full Fee
7/30/2014	8/21/2014	22	000000018623	60	YNHS Provider	Cellulitis	0	Schwarzkopf ARNP, Nancy D	Respite referral from YNHS provider. Cellulitis; outreach nurse	0	2607071	YRespiteExit-Motel	0	7/30/2014 12:00:00 AM	Homeless	Homeless
12/24/2014	2/27/2015	65	000000000087	63	Outreach Nurse	Rt foot ulcer	0	Rutter ARNP, Amelia A	Outreach respite referral. Pt was referred to respite by outreach nurse	0	2150762	YRespiteExit-Emergency Shelter	0	12/24/2014 12:00:00 AM	Homeless	Homeless
11/4/2014	11/14/2014		000000036634	54	Regional Hospital	Cellulitis		Jackson MD, Caryn	Received phone call from Regional, Respite referral; Outreach nurse		2582565	YRespiteExit-Doubling Up		11/4/2014 12:00:00 AM	Homeless	Flat Fee A
8/19/2014	11/18/2014	91	000000000087	62	YNHS Provider		0	Rutter ARNP, Amelia A	Respite referral from YNHS provider; Outreach nurse met pt at UGM	0	2150762	YRespiteExit-Emergency Shelter	0	8/19/2014 12:00:00 AM	Homeless	Homeless
2/25/2015			000000017584		Yakima Regional	post op ileostomy repair		Schwarzkopf ARNP, Nancy D	Met with client referred by Regional Hospital for respite care		2677061			2/25/2015 12:00:00 AM	Homeless	United Healthcare Community Plan

Funding



Revenue	\$115,000
Homeless Network/Continuum	\$24,000
HCH Grant	\$24,000
Health Home	\$ 12,000
Gap / YNHS subsidized	\$ 55,000

2014 Expenses	\$115,000
Leasing	\$ 24,000
Food	\$ 20,000
Staffing	\$ 77,000
.5 Nurse	
.2 BH Specialist	
.8 Case Manager	
.25 Housekeeper	

Questions ?

Rhonda Hauff

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Inland Northwest Transitional Respite Program

Program Model

Rebecca Doughty, MN, RN, PhD student

Founder/Director Inland Northwest Transitional Respite
Program

Director of Medical Services, Catholic Charities Spokane



Introduction

- Inland Northwest Transitional Respite Program
- Shelter-based respite for men and women
- Opened in November 2012 with 1 male bed
- Currently 19 male beds and 2 female beds

Background

- Program launched with \$10,000
- Concept part of class assignment
- Contacted key community stakeholders
- Informed by Community Health Needs Assessment

Community Needs

- Safe hospital discharges for homeless patients
- Care coordination/access to care
- Programs that serve men and women
- Mental health and addiction services

Program Launch

- One year from concept to admitting first patient
- Found space at local homeless shelter
- Creation of MOU

Memorandum of Understanding between Providence and Catholic Charities of Spokane, DBA House of Charity

This memorandum of understanding is made on the ____ of _____, by and between Providence Health Care and Catholic Charities of Spokane (House of Charity) for the purposes of implementing a transitional respite program for Spokane's homeless population.

Mission and Vision

The mission of the respite program is to provide seamless transition through the continuum of care—recognizing that illness does not begin or end with a hospital stay. Identification of at-risk hospitalized homeless patients, provision of a safe location to recuperate and nursing care delivered in a cost-effective environment are necessary measures to reduce emergency department/hospital utilization and to improve the overall health of homeless individuals.

The parties to this memorandum have the following common objectives:

1. To improve the health of our community
2. To enhance the homeless patient's ability to maximize his or her health
3. To foster wise stewardship of limited community and hospital resources, reducing overuse of expensive emergent health services
4. To reduce unnecessary hospital readmissions



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Program Processes

- Referral
- Screening
- Patient transport
- Patient assessment
- Adapted CTI

Services Provided

Case management

- Housing
- Mental health and chemical dependency connection
- Care management meetings

Clinical management

- On-site free clinic
- RN care
- Coordination of home health services

Measuring Impact

- Patient Activation Measure
 - 13-item
 - Identifies 4 possible levels of activation

1.	When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2.	Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3.	I am confident I can help prevent or reduce problems associated with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4.	I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5.	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6.	I am confident that I can tell a doctor concerns I have even when he or she does not ask	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7.	I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8.	I understand my health problems and what causes them	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9.	I know what treatments are available for my health problems	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10.	I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
11.	I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
12.	I am confident I can figure out solutions when new problems arise with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
13.	I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

Program Staffing

- 1 full-time RN
- 1 full-time operations assistant
- 1 full-time Jesuit Volunteer
- 1 part-time respite assistant
- 1 part-time respite cook

Budget

- Staffing

Community Partnerships

- Providence Social Work
- Providence Outreach Clinic
- WSU College of Nursing
- Hotspotters
- Rapid Rehousing

Successes

- In 2013, saved local hospital system \$4 million
- In 2014, discharged 27 patients into permanent housing
- By leveraging shelter and community resources, we run 21 beds at fairly low cost
- 2014 Providence Mission Leadership Award
- <https://www.youtube.com/watch?v=youIMRaUEDo&index=6&list=PL9D85022FD9D616AE>

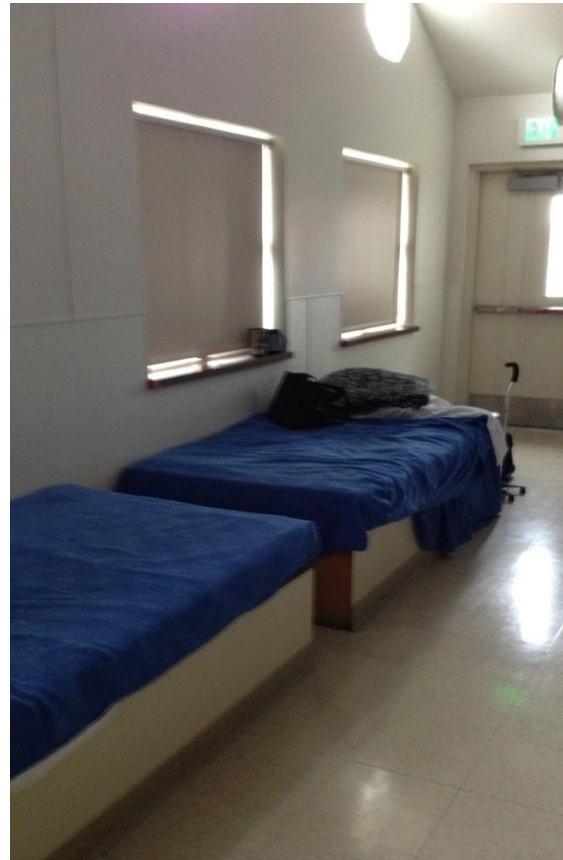
Challenges

- Need to serve men and women in different spaces
- Female patients who are uncomfortable living with transgender patients
- Shelter culture

Suggestions

- Find a passionate person
- Start small, and be careful with partnerships before launch
- Start at a shelter and take advantage of pre-existing wrap-around services
- Consider hiring respite staff with a history of homelessness

Discussion



Contact Information

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