

# IMPLEMENTING MEDICAL RESPITE STANDARDS

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Experiences from the Field

## Panelists

Jennifer Nelson-Seals, Executive Director, Interfaith House, Chicago, IL

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**May 6, 2015**

**Standard 1:  
Medical respite  
program provides  
safe and quality  
accommodations**



# INTERFAITH HOUSE



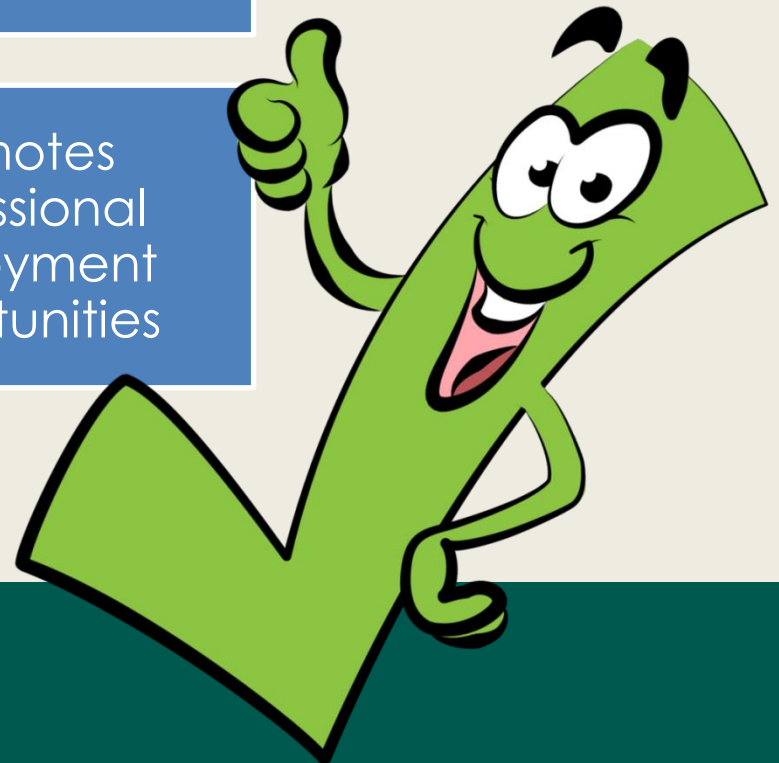
# BENEFITS OF STANDARDS

Enhances  
Reputation

Provides  
continuous  
improvements and  
effective systems

Helps us to deliver  
safe, high quality  
care

Promotes  
professional  
employment  
opportunities



# STANDARD 1

**Standard 1:11** Medical respite programs have 24 hours on call medical support or a nurse call line for non-emergency medical inquiries

## **Problem Solved:**

- Revisit our policies and established an agreement with clinic provider-
- When a provider is not available for an acute health care need, the clinic will offer its on call physician for health care advice.



# STANDARD 1

**Standard 1: 14** If medical equipment (including resuscitation equipment) is available then appropriate staff are trained and or licensed in its use.

## **Problem Solved:**

- Established Policy
- All staff were trained on AED machine
- Support staff went through CPR training

**Standard 2:  
Medical respite  
program provides  
quality  
environmental  
services**



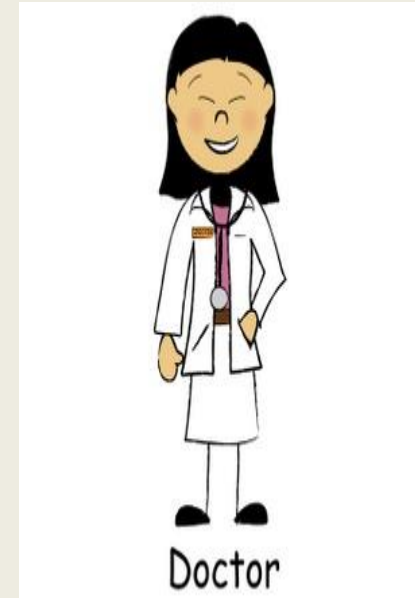
# STANDARD 2

**Standard 2:2** The medical respite program has a written protocol for managing exposure to bodily fluids and other biohazards.

**Standard 2:5** The medical respite program has written protocol in place to promote infection control and the management of communicable diseases

## Problem Solved:

- With the help of the clinic both policies were established.
- In the process of reviewing and updating all of our policies and procedures





# TESTING RESULTS

- Policies and procedures were outdated
- We were doing the work, but no policies were in place
- Staff trainings
- Better communication system in place with Clinic providers
- New Forms in placed

# STANDARD 2 – JWCH INSTITUTE

# Standard 3: Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings





# YAKIMA NEIGHBORHOOD HEALTH SERVICES



## 3.1. RESPITE IS CONSIDERED AN OPTION IN DISCHARGE PLANNING

### YNHS Housing/ Respite Guidelines

#### Recuperative Respite Housing:

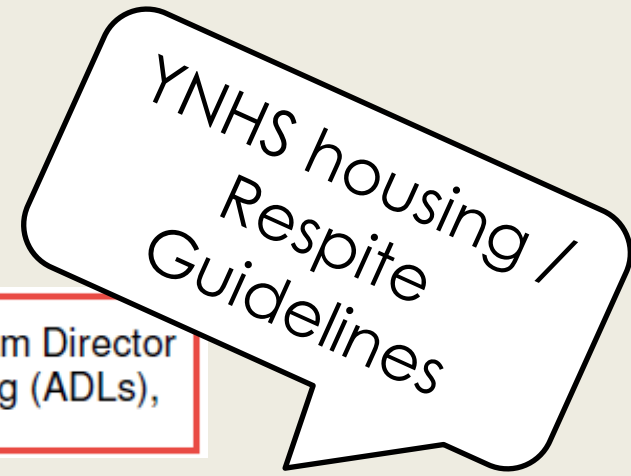
The term “respite” is commonly used to refer to providing a break for caregivers of a disabled or very ill person. The term has a different meaning for homeless people. It describes recuperative or convalescent services needed by homeless people with medical problems – in essence, providing sick or injured homeless people a respite from the hardships of living in public and shared housing, or a break from the harsh elements of the cold and heat of living outdoors.

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, and upon recommendation from a medical provider.

Maximum length of stay is provided for up to four weeks. Exceptions may be made in unusual circumstances by the program director.

At least annually, the Program Director requests to provide presentations to hospital discharge planners at Yakima and Sunnyside hospitals to make them aware of services available for homeless individuals through the YNHS Respite program.

## 3.2. ADMISSION CRITERIA



- As part of the respite intake assessment, the HCH RN or Program Director attests the patient is capable of managing Activities of Daily living (ADLs), as the referring PCP indicated on the Respite Referral Form.

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.

At any time a member of the respite team is unsure of the appropriateness of a referral to respite, the referral should be given to the program director, who should then review it with the YNHS Chief Medical Officer for a decision.

As part of the YNHS Quality Assurance program, the YNHS Chief Medical Officer should review the utilization of the respite program on an annual basis. The QA Committee should determine the appropriate number of cases for review.

Considerations should include:

- Reasons for referral
- Appropriateness of referral
- Length of staff
- Re-admissions to hospital (if any)

## 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**

Referral Form



### Yakima Neighborhood Health Services – Neighborhood Connections Respite Care for Ill and Injured Homeless Persons

The term “respite” is commonly used to refer to providing a break for caregivers of a disabled or very ill person. The term has a different meaning for homeless people. It describes recuperative or convalescent services needed by homeless people with medical problems – in essence, providing sick or injured homeless people a respite from the hardships of living in public and shared housing, or a break from the harsh elements of the cold and heat of living outdoors.

**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**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_



#### 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 H/P to Yakima Neighborhood Health 107 house at (509)249-2800.

#### Referring Medical Provider

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

Is YNHS the PCP ?  Yes  No 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                          | <input type="checkbox"/> 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         | <input type="checkbox"/> Behaviorally appropriate to be left alone (including no known suicidal or assaultive risks)                        |
| Independent in ADL's including medication administration                 | <input type="checkbox"/> No intravascular lines   |
| Independent in mobility  | <input type="checkbox"/> Does not require > 4 week respite stay   |
| Continent of urine and feces   | <input type="checkbox"/> Does not need SNF placement  |
| Medically stable   | <input type="checkbox"/> Patient understands respite facility is alcohol and drug free  |
| Has not received benzodiazepines for alcohol withdrawal in past 24 hours | <input type="checkbox"/>  |

**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 \_\_\_\_\_

|                    |     |    |                  |                    |                  |
|--------------------|-----|----|------------------|--------------------|------------------|
| <b>ETOH:</b>       | Yes | No | <b>Extremity</b> | <b>Wt. Bearing</b> |                  |
| <b>Hx ETOH SZ:</b> | Yes | No | <b>RLE</b>       | <b>FULL</b>        |                  |
| <b>Hx DT's:</b>    | Yes | No | <b>LLE</b>       | <b>WBAT</b>        | <b>Allergies</b> |
| <b>Drugs</b>       | Yes | No | <b>RUE</b>       | <b>TTWB</b>        | <b>Diet</b>      |
|                    |     |    | <b>LUE</b>       | <b>NWB</b>         | <b>Psych Dx</b>  |
|                    |     |    |                  |                    | <b>Psych FIU</b> |

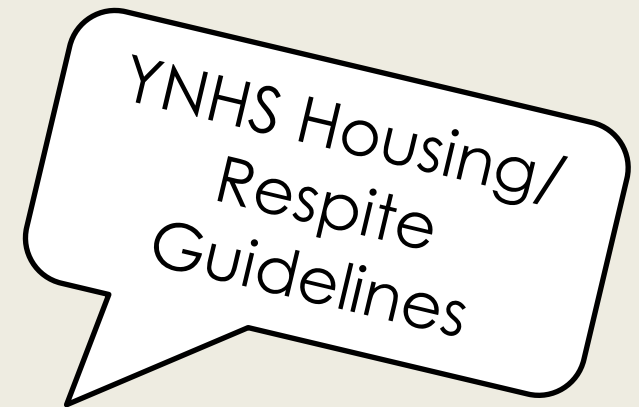
**Special monitoring, activity restrictions (if not on Discharge Instruction Forms):**

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

**Medical Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



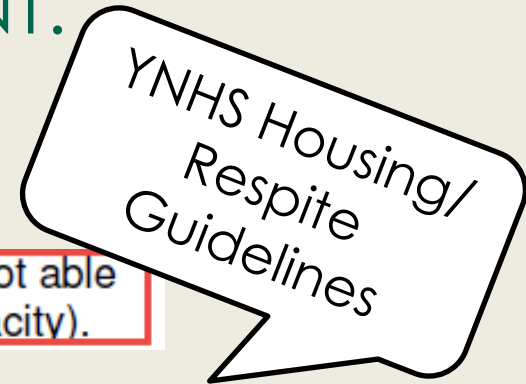
### 3.3. REVIEW ADMISSION APPLICATIONS AND MAKE DECISIONS IN A TIMELY MANNER



Respond to requests from hospital discharge planners to assess patients within 24 hours of referral from hospital. If referral is made on weekend or holiday, respite assessment should be made on first working day after weekend or holiday.



### 3.4. ACCEPTS PATIENTS BASED ON ABILITY TO KEEP PATIENTS SAFE AND PROVIDE CARE, TREATMENT, AND SERVICES NEEDED BY THE PATIENT.



YNHS staff should notify hospital discharge immediately if we are not able to accept referral, and reason for denial (medical acuity and/or capacity).

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.

At any time a member of the respite team is unsure of the appropriateness of a referral to respite, the referral should be given to the program director, who should then review it with the YNHS Chief Medical Officer for a decision.

### 3.5. WHEN BEDS ARE UNAVAILABLE, WE PROVIDE REFERRING ORGANIZATION ESTIMATE OF AVAILABILITY WITH UPDATES PROVIDED AT PREDETERMINED INTERVALS.

YNHS Housing/  
Respite  
Guidelines

- YNHS staff should notify hospital discharge immediately if we are not able to accept referral, and reason for denial (medical acuity and/or capacity).
- Patients needing recuperative respite care for same day surgeries should be scheduled/coordinated with surgical staff in advance whenever possible.

### 3.6. IF PATIENT IS NOT ACCEPTED, REASON FOR DENYING ADMISSION IS DOCUMENTED AND EXPLAINED TO REFERRING ORGANIZATION

YNHS Housing/  
Respite  
Guidelines

YNHS staff should notify hospital discharge immediately if we are not able to accept referral, and reason for denial (medical acuity and/or capacity).

# 3.7. MEDICAL RESPITE PROGRAM HAS DESIGNATED POINT OF CONTACT

Top of Respite Referral Form

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_



Yakima Neighborhood Health Services  
12 South 8<sup>th</sup> St, PO Box 2605  
Yakima WA 98907-2605  
www.ynhs.org

## **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 H/P to Yakima Neighborhood Health 107 house at (509)249-2800.

### **Referring Medical Provider**

Provider Name:

Soc.Serv Pager/Phone:


Hospital or Clinic:

Service:



# 3.8. POLICIES TO REDUCE BARRIERS TO ACCESS PROGRAMS RELATED TO TRANSPORTATION

Respite Checklist is started as part of Intake



Neighborhood  
HEALTH

Yakima Neighborhood Health Services  
12 South 9<sup>th</sup> St, PO Box 2605  
Yakima WA 98907-2605  
Phone (509) 454-4143 Fax (509) 823-4416  
www.ynhs.org

Name: \_\_\_\_\_  
 Entry Date: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 HMIS #: \_\_\_\_\_  
 Exit Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Respite Checklist

**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

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\_\_\_/\_\_\_/\_\_\_ 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 information  
 \_\_\_ 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 pcp 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.



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Patient Centered Medical Home Level 3

RESPITE Checklist#003

# 3.9. ADEQUATE PROTOCOLS IN PLACE FOR TRANSFERRING PHI , AND INCLUDES PATIENT PRIVACY RIGHTS UNDER HIPAA

- YNHS Privacy Policies
- Hospital Agreement to Share PHI and Electronic Access

## ARTICLE 1

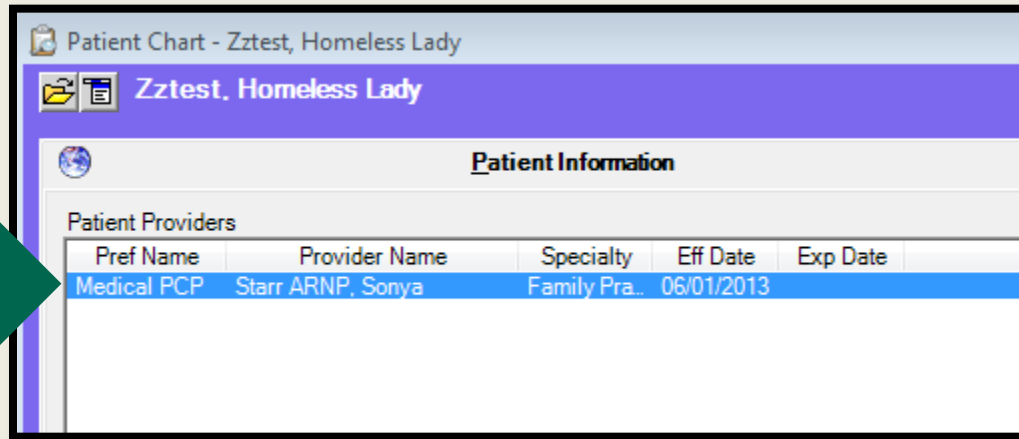
### Duties of Hospital, Clinic or Health Professional

**1.1 Access to Information Systems.** The Parties acknowledge that from time to time Hospital, Clinic or Health Professional may be provided access to specific YNHS information systems. When such access is provided the terms of this Agreement shall be applicable. Nothing in this Agreement shall be intended to guarantee access to any specific YNHS information systems. The Hospital and Provider agrees that it will use its access to YNHS information systems for the specific purpose of providing health services to YNHS patients, and /or patients shared between YNHS and the Hospital, Clinic or Health Professional.

**1.2 Access to Patient Records.** Hospital, Clinic or Health Professional agrees to only access patient records of which they have a direct patient care relationship. Accessing individual records of patients within YNHS's information systems of which Hospital, Clinic or Health Professional does not have a current, direct patient care relationship is strictly prohibited. Such prohibited access could result in removal of access privileges for specific individuals or entirely for Hospital, Clinic or Health Professional.

**1.3 Confidentiality of Proprietary Information.** Hospital, Clinic or Health Professional and YNHS agree that all Information of YNHS's that comes to Hospital, Clinic or Health Professional by way of its access to YNHS information systems is confidential or proprietary. This provision shall survive the termination of this Agreement.

### 3.10. RESPITE PROGRAM ENSURES THE PATIENT HAS AN ACCOUNTABLE PROVIDER AT ALL POINTS OF CARE TRANSITION



Patient Chart - Zztest, Homeless Lady

Zztest, Homeless Lady

**Patient Information**

Patient Providers

| Pref Name   | Provider Name     | Specialty   | Eff Date   | Exp Date |
|-------------|-------------------|-------------|------------|----------|
| Medical PCP | Starr ARNP, Sonya | Family Pra. | 06/01/2013 |          |

#### Role of the YNHS HCH / Respite Team

- The YNHS Respite team consists of a Registered Nurse, Behavioral Health Specialist, Health Educator, Case Manager, Outreach Worker, and Housing Specialist. This team works closely with the identified Primary Care Provider (PCP), or establishes a PCP when there is none, and the hospital discharge planners (when appropriate) to provide the appropriate level of oversight and care for the patient accepted into the respite program.

# 3.11. PATIENT REFERRED FROM A CLINICAL SETTING – DISCHARGE SUMMARY AND INFO IS REQUESTED

- Within 24 hours of admission to the Respite program, the YNHS health record is reconciled with external records (hospital or other facility), to include medications, allergies, problem list, discharge summaries, and other known histories

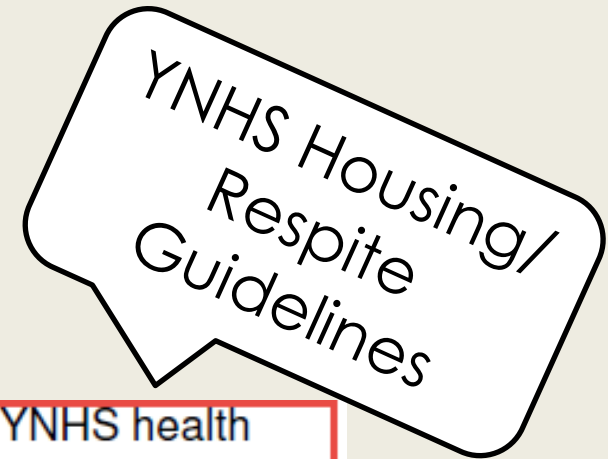
YNHS  
Housing/  
Respite  
Guidelines

Hospital  
MOU

4. Hospital will provide 24/7 inpatient care for patients of Yakima Neighborhood Health Services. The following information will be provided to YNHS at admission and discharge:
  - a. Admission History & Physical Exams
  - b. Consults
  - c. Discharge Summaries



### 3.12. APPROPRIATE MEDICAL STAFF RECONCILES MEDICATION OR VERIFIES MED REC PERFORMED BY A REFERRING PROVIDER UPON ADMISSION




- Within 24 hours of admission to the Respite program, the YNHS health record is reconciled with external records (hospital or other facility), to include medications, allergies, problem list, discharge summaries, and other known histories

# 3.13. RESPITE PROGRAM STAFF REINFORCE REINFORCES DISCHARGE INSTRUCTIONS AND REASSESS PATIENT'S ABILITY TO FOLLOW INSTRUCTIONS

**Clients exit date**  
 \_\_\_/\_\_\_/\_\_\_ Outreach Nurse goes over prescribed medications and discharge instructions with respite client

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

**Respite Checklist**




**Neighborhood HEALTH**  
 Yaloma Neighborhood Health Services  
 11 South 8<sup>th</sup> St, PO Box 1665  
 Yaloma WY 82097-2665  
 Phone (509) 454-4143 Fax (509) 822-4416  
 www.ynhs.org

Name: \_\_\_\_\_  
 Entry Date: \_\_\_/\_\_\_/\_\_\_  
 HMIS #: \_\_\_\_\_  
 Exit Date: \_\_\_/\_\_\_/\_\_\_


**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: \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ need \_\_\_\_\_  
 cations and discharge \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ shelter. \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ contact information.

- \_\_\_/\_\_\_/\_\_\_ 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 \_\_\_\_\_ 2601 (3 frozen & Cold pack 711 Englewood Ave)
- \_\_\_/\_\_\_/\_\_\_ resource appointment (If \_\_\_\_\_ consent for HCI)
- \_\_\_/\_\_\_/\_\_\_ YNHS Outreach) \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_ page. (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.



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Patient Centered Medical Home Level 3

RESPITE Checklist #003

# 3.14. PROVIDE PATIENT WITH CONTACT INFO FOR COMMUNITY PROVIDERS INVOLVED IN CARE

Posted on Back of Door

  
Yakima Neighborhood Health Services  
12 South 8<sup>th</sup> St, PO Box 2605  
Yakima WA 98907-2605  
Phone (509) 454-4143 Fax (509) 823-4416  
www.ynhs.org

**RESPITE 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 4<sup>th</sup> 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:

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

Annette Rodriguez. 509-949-9122                      Homeless Services Director

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**RESPITE Welcome #001**

# STANDARD 3 – JWCH INSTITUTE

# Standard 4: Medical Respite Program Administers High Quality Post-Acute Clinical Care



## 4.1. FORMAL CONTRACT IS IN PLACE FOR OFF-SITE CLINICAL CARE.

- Most care provided by our CHC
- Coordination of care documented when PCP is a community provider
  - Consent for Care signed by Patient to share PHI on Respite Checklist

□ \_\_\_/\_\_\_/\_\_\_ Consents for HMIS, DSHS, S.S. or other community services provider

# 4.2. A MEDICAL RECORD IS MAINTAINED FOR EACH PATIENT

YNHS Housing/  
Respite  
Guidelines

All encounters by respite staff are documented in Electronic Health Record.

All encounters by primary care providers are documented in Electronic Health Record.

All activity regarding respite patients should be documented in YNHS Electronic Health Records system to provide maximum integration for all YNHS providers and support staff.

**Patient Service Info**

**Outgoing Referrals**

| Referral Date | Completed  | STATUS    | Facility Referred To      | Facility Referred To - Other | Specialty |
|---------------|------------|-----------|---------------------------|------------------------------|-----------|
| 10/06/2013    | 11/14/2013 | completed | Yakima Urology Associates |                              | Urology   |

**Homeless Referrals**

| Service Date | Completed | Service           | Place Of Service | Facility Referred To |
|--------------|-----------|-------------------|------------------|----------------------|
| 04/19/2013   | ///       | Housing (General) |                  |                      |

**Homeless Services**

| Service Date | User Name     | Service          | Place Of Service | Time Sp    |
|--------------|---------------|------------------|------------------|------------|
| 08/28/2013   | Jean X. Sched | Nurse Assessment | YNHS-H-PH4       | 20 to 29 m |

**Self Sufficiency Goals**

| Encounter Date/Time | Date                | Score |
|---------------------|---------------------|-------|
| 04/15/2013 08:13 AM | 10/22/2013 10:15 AM |       |
| Income              | 2                   | 3     |
| Employment          | 1                   | 1     |
| Shelter             | 1                   | 2     |
| Food                | 2                   | 2     |

**Medications**

| Medication          | Dose | Sig/Description                            | Start Dt | Comment |
|---------------------|------|--|----------|---------|
| SULFAMETHOXAZOLE TR | 800  | take 1 tablet by oral route every 12 hours |          |         |
| ORIGANETON HCL      | 4 mg | take 1 tablet by ORAL                      |          |         |

**Health Monitor**

| Test Name      | Result     | Unit | Reference Range |
|----------------|------------|------|-----------------|
| Physical Exam  | 05/09/2013 |      | ALL LAST        |
| Lipid Panel    | 05/12/2013 |      | 1.6             |
| Colonoscopy    | 05/09/2013 |      | 1.6             |
| Sigmoidoscopy  | 05/09/2013 |      | 1.6             |
| Hgb A1c        | 05/09/2013 |      | 5.7             |
| Influenza Vir  | 05/09/2013 |      | 1.6             |
| Pneumo Vir     | 05/09/2013 |      | 1.6             |
| Eye Exam       | 02/12/2013 |      | 1.6             |
| Foot Exam      | 05/12/2013 |      | 1.6             |
| PSA Test       | 11/02/2011 |      | 1.6             |
| UghAC          | 05/09/2013 |      | 1.6             |
| BMP Fasting    | 05/09/2013 |      | 1.6             |
| Uric           | 05/09/2013 |      | 1.6             |
| Stress Test    | 05/09/2013 |      | 1.6             |
| Echocardiogram | 05/09/2013 |      | 1.6             |
| Chest X-ray    | 05/09/2013 |      | 1.6             |

**Care Management Summary**

**PROBLEMS AFTER DISCHARGE**

| Diagnosis                       | Note   |
|---------------------------------|--|
| Anxiety disorder, generalized   | update updates. Problem automatically mapped to SNOMED code "Generalized anxiety disorder (21897009)" from KBM Chronic Conditions table on 12/13/2014.   |
| Organic Sleep Apnea Unspecified | followed at Yakima sleep clinic next appointment 10/2010. On cpap yadaya/ada Problem automatically mapped to SNOMED code "Sleep apnea (73430006)" from KBM Chronic Conditions table on 12/13/2014. |
| Chronic pain                    | Problem automatically mapped to SNOMED code "Chronic pain (82423001)" from KBM Chronic Conditions table on 12/13/2014.   |

# 4.3. APPROPRIATE STAFF CONDUCT A BASELINE ASSESSMENT OF EACH PATIENT

## Nurse Documentation

Age: 50 Years      Sex: Male

Navigation

[Screening Summary](#)    [Add Nurse Comments](#)    [Patient Service Info](#)    [Referring MD | PCP Info](#)  
[Audiometry Exam](#)    [Vision Screening](#)

Currently Pregnant?

yes

no

possibly

not asked

**Vital Signs**  Unable to obtain       Refused

| Date       | Time     | Temp F | Temp C | BP     | Pulse | Rhythm  | Respiration | Ht In | Ht Cm | Wt Lb | Wt Kg | Co |
|------------|----------|--------|--------|--------|-------|---------|-------------|-------|-------|-------|-------|----|
| 12/11/2014 | 11:38 AM |        |        | 168/94 | 90    | regular | 16          |       |       |       |       |    |

**Allergies**  No known allergies

Allergies reviewed, no change     New allergies added this encounter

| Ingredient/Allergen     | Brand | Reaction |
|-------------------------|-------|----------|
| NO KNOWN DRUG ALLERGIES |       |          |

**Medications**  No medications      [Medication Review](#)      [Medication Comment](#)

| Medication | Dose   | Sig Description                                       | Start Date | Date Stopped |
|------------|--------|---|------------|--------------|
| NAPROXEN   | 500 mg | take 1 tablet by oral route<br>2 times every day with | 12/10/2014 | / /          |

**Office Labs**    [Add Order](#)    [Result All](#)    [All labs ordered this encounter](#)    [Urinalysis History](#)

| Status | Lab Order | CPT | Interpretation | Value |
|--------|-----------|-----|----------------|-------|
|        |           |     |                |       |

(Use appropriate age group immunization template to manage all immunization orders.)

**Office Services Orders**      [All Office Services Orders](#)

| Status | Date Ordered | Timeframe | Order | CPT | Order Type |
|--------|--------------|-----------|-------|-----|------------|
|        |              |           |       |     |            |

**Diagnostic Studies / Orders to be Scheduled** *(Highlight row to print referral)*      [All Orders to be Scheduled](#)      [Print Referral](#)

| Status | Order | CPT | Appt Timeframe | Authorization | Appt. Date | Commen |
|--------|-------|-----|----------------|---------------|------------|--------|
|        |       |     |                |               |            |        |

**Referrals** *(Highlight row to print referral)*      [Print Referral](#)

[Preview](#)    [Offline](#)

[Nurse Document](#)      [Page Down](#)



# 4.3. APPROPRIATE STAFF CONDUCT A BASELINE ASSESSMENT OF EACH PATIENT

**HOMELESS HOME** Patient: James L. Curtis Sr Age: 50 Gender: Male DOB: 09/09/1964  
 Current Provider: Rhonda Hauff COO/Deputy CEO Current Encounter: 12/09/2014

Visit Type: Established HCH Place of Service: YNHS Homeless Ri Time In: Time Out:

Historian: Medications:  No Medications  Medications reviewed Comment

| Medication   | Dose  | Sig | Description                           | Start Date | Stop Date  |
|--------------|-------|-----|---------------------------------------|------------|------------|
| ATENOLOL     | 50 mg |     | take 1 tablet by oral route every day | 12/23/2013 | 12/10/2014 |
| PANTOPRAZOLE | 40 mg |     | take 1 tablet by oral route every day | 11/06/2013 | 12/10/2014 |

Other Medications:

| Medication | Start | End |
|------------|-------|-----|
|            |       |     |

Interpreter Needed:  Yes  No

Primary Language Spoken: English

Alerts: Patient Service Info

**Outgoing Referrals**

| Referral Date | Completed | STATUS  | Facility Referred To | Facility Referred To - Other | Specialty         |
|---------------|-----------|---------|----------------------|------------------------------|-------------------|
| 09/16/2013    | //        | ordered | Yakima Neighborhood  |                              | Behavioral Health |

**Homeless Referrals**

| Service Date | Completed | Service            | Place Of Service | Facility Referred To |
|--------------|-----------|--------------------|------------------|----------------------|
| 12/15/2014   | //        | Other Medical Care |                  |                      |

**Homeless Services**

| Service Date | User Name      | Service                    | Place Of Service              | Time Spent   |
|--------------|----------------|----------------------------|-------------------------------|--------------|
| 12/09/2014   | Jean X. Scheid | Collaboration w/Other Prov | YNHS Homeless Resource Center | 20 to 29 min |

**Self Sufficiency Goals**

| Encounter Date:Time | Income | Employment | Shelter | Food | Adult Education |
|---------------------|--------|------------|---------|------|-----------------|
| 12/09/2014 03:30 PM | 2      | 1          | 1       | 2    | 4               |

**PHQ Score**

| Date       | Score |
|------------|-------|
| 12/16/2014 | 8     |
| 12/10/2014 | 17    |
| 12/23/2013 | 0     |
| 12/11/2013 | 5     |

## 4.3. APPROPRIATE STAFF CONDUCT A BASELINE ASSESSMENT OF EACH PATIENT

### Vital Signs

#### Height

| <u>Date</u> | <u>Time</u> | <u>ft</u> | <u>in</u> | <u>cm</u> | <u>Last Measured</u> | <u>Method</u> | <u>%</u> |
|-------------|-------------|-----------|-----------|-----------|----------------------|---------------|----------|
| 12/23/2013  | 2:12 PM     | 5         | 4         |           | 12/23/2013           | measured      |          |

#### Weight / BSA / BMI

| <u>Date</u> | <u>Time</u> | <u>lb</u> | <u>oz</u> | <u>kg</u> | <u>context</u>     | <u>%</u> | <u>BMI kg/m2</u> | <u>BSA m2</u> |
|-------------|-------------|-----------|-----------|-----------|--------------------|----------|------------------|---------------|
| 12/23/2013  | 2:12 PM     | 142       |           |           | dressed with shoes |          | 24.37            |               |

#### Blood Pressure

| <u>Date</u> | <u>Time</u> | <u>Bp mm/hg</u> | <u>Position</u> | <u>Side</u> | <u>Site</u> | <u>Method</u> | <u>Cuff Size</u> |
|-------------|-------------|-----------------|-----------------|-------------|-------------|---------------|------------------|
| 12/23/2013  | 2:12 PM     | 160/90          | sitting         | left        |             | automatic     | adult            |

#### Temp / Pulse / Respiration

| <u>Date</u> | <u>Time</u> | <u>Temp F</u> | <u>Temp C</u> | <u>Temp Site</u> | <u>Pulse/min</u> | <u>Pattern</u> | <u>Resp/min</u> |
|-------------|-------------|---------------|---------------|------------------|------------------|----------------|-----------------|
| 12/23/2013  | 2:12 PM     | 98.6          |               |                  | 105              |                | 16              |

#### Pulse Ox / FiO2

| <u>Date</u> | <u>Time</u> | <u>Pulse Ox Rest %</u> | <u>Pulse Ox Amb %</u> | <u>Timing</u> | <u>FiO2</u> | <u>L/min</u> | <u>Delivery Method</u> |
|-------------|-------------|------------------------|-----------------------|---------------|-------------|--------------|------------------------|
| 12/23/2013  | 2:12 PM     | 97                     |                       |               |             |              |                        |

#### Pain Scale

| <u>Date</u> | <u>Time</u> | <u>Pain Score</u> | <u>Method</u> | <u>HAQ Score</u> |
|-------------|-------------|-------------------|---------------|------------------|
| 12/23/2013  | 2:12 PM     | 0/10              |               |                  |

# 4.4. INDIVIDUALIZED CARE PLAN IS DEVELOPED FOR EACH PATIENT, SPECIFYING TREATMENTS, DESIRED OUTCOMES OR GOALS & DISCHARGE INDICATORS

Patient Plan describes the Individual Care Plan and Goals

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

**Assessment/ Plan**  
**Schizoaffective disorder, unspecified** (295.70), Chronic.  
 Pt seen once by me in September, has since seen Ms. Gray - has not yet been seen by mental health I am not comfortable continuing to provide clonazepam to pt until he is evaluated by behavioral health Peg Davenport was consulted and spoke with pt while he was in the clinic and he left when told he would not be receiving a refill on the clonazepam.  
 Will continue to provided rx for Saphris in the short-term in hopes of connecting pt with BHS  
 Recommend f/u in one month but pt left before being scheduled  
**Hypertension, unspec.** (401.9), Uncontrolled.  
 BP is above goal of < 140/90  
 restart atenolol and work on low sodium diet  
 Recheck BP in one month  
**Tobacco use disorder** (305.1), Chronic.  
 Great job on cutting down, keep working on it  
 Needs review of other preventative services at f/u appt.

**Medications**

| Brand Name          | Dose  | Sig/Description   | Comments |
|---------------------|-------|---|----------|
| Protonix            | 40 Mg | take 1 tablet by oral route every day   |          |
| Hydroxyzine Pamoate | 50 Mg | take 1 capsule by oral route 4 times every day  |          |
| Saphris             | 10 Mg | place 2 Tablet by sublingual route every bedtime under the tongue and allow to dissolve |          |
| Atenolol            | 50 Mg | take 1 tablet by oral route every day   |          |

**Office Procedures**

| Status    | Order   | Reason | Interpretation | Value |
|-----------|---|--------|----------------|-------|
| completed | Diet plan includes low sodium                     |        |                |       |
| completed | Discussed risk/benefits/side effects of treatment |        |                |       |

**Instructions / Education**

| Status    | Order   | Reason |
|-----------|---|--------|
| completed | Tobacco cessation counseling                  |        |
| completed | Patient understood and made informed decision |        |
| completed | Reviewed medications                          |        |
| completed | Take new medication as prescribed             |        |
| completed | Medication side effects                       |        |
| completed | Risks/ benefits of treatment plan             |        |
| completed | Symptom management                            |        |

**To be scheduled/ordered**

| Status    | Order        | Reason                       | Assessment | Timeframe | Appointment |
|-----------|--------------|------------------------------|------------|-----------|-------------|
| completed | Office visit | Assess response to treatment | 295.70     | -today    | 12/23/2013  |
| completed | Office visit | Follow-up on medication      | 401.9      | -today    | 12/23/2013  |
| ordered   | office visit | blood pressure check         | 4101       | 1 Month   |             |
| scheduled | Office visit | Schedule follow-up visit     | 401.9      | 1 Month   | 12/23/2013  |

**Follow-up**

| Assessment | Follow-up    | Reason                       | Timeframe | Comments   |
|------------|--------------|------------------------------|-----------|------------|
| 295.70     | Office visit | Assess response to treatment |           | -today     |
| 401.9      | Office visit | Follow-up on medication      |           | -today     |
| 4101       | office visit | blood pressure check         |           |            |
| 401.9      | Office visit | Schedule follow-up visit     |           | in 1 Month |

# 4.4. INDIVIDUALIZED CARE PLAN IS DEVELOPED FOR EACH PATIENT, SPECIFYING TREATMENTS, DESIRED OUTCOMES OR GOALS & DISCHARGE INDICATORS

### Case Conference Encounter Form

**Service Date:** 
**Staff ID:** 
**Patient ID:** 
**DOB:** 
**Gender:**

**Case Conference Participants**


|                              |  |
|------------------------------|--|
| Case                         | <input type="text" value="Annette D Rodriguez"/> |
| Community Health Worker      | <input type="text"/>                             |
| Counselor /                  | <input type="text" value="Pedro J Davenport"/>   |
| Dental Personnel             | <input type="text"/>                             |
| Eligibility/Financial Worker | <input type="text"/>                             |
| Health Educator              | <input type="text"/>                             |
| Interpreter Health Promoter  | <input type="text"/>                             |
| Medical Assisant             | <input type="text"/>                             |
| Midwife                      | <input type="text"/>                             |
| Nurse (RN, LPN)              | <input type="text" value="Jean X Scheid"/>       |
| Nutritionist                 | <input type="text"/>                             |
| Outreach Worker              | <input type="text" value="Frank x Navarro"/>     |
| Pharmacist                   | <input type="text"/>                             |
| Physician (MD or DO)         | <input type="text"/>                             |
| Physican's Assistant / ARNP  | <input type="text" value="Nancy D Schwarzkoof"/> |
| Psychologist                 | <input type="text"/>                             |
| Social Worker                | <input type="text"/>                             |
| Other                        | <input type="text"/>                             |

**Case Conference Plan**

Patient delusional and needs support until treatment available. needs coverage through Medicaid before she can be accepted at Bridges. Is willing to stay in respite and will check on daily and provide daily checks until bed is available. BH and nursing support available, PCP agrees patient is stable enough to be left independently and would be better in respite than at the shelter. Outreach to follow up with Medicaid application, contact Comprehensive Mental Health.

# 4.5. EACH PROGRAM PARTICIPANT UNDERSTANDS THE ROLE OF MEDICAL RESPITE CARE AND HELPS TO INFORM HIS/HER INDIVIDUALIZED CARE PLAN

## YNHS Respite Care Resident Agreement

  
YAKIMA NEIGHBORHOOD HEALTH SERVICES  
12 South 8<sup>th</sup> St, PO Box 2605  
Yakima WA 98907-2605  
Phone (509) 454-4143 Fax (509) 454-3651  
www.ynhs.org

|             |                |
|-------------|----------------|
| Name:       | _____          |
| Entry Date: | ____-____-____ |
| HMIS #:     | _____          |
| Exit Date:  | ____-____-____ |

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.

# 4.6. CLINICAL ENCOUNTERS ARE CONDUCTED BASED ON CARE PLANS / CHANGES IN CONDITIONS

Sample documentation of respite care and post-care

HighEdit

|            |                      |                                      |    |                             |                      |
|------------|----------------------|--------------------------------------|----|-----------------------------|----------------------|
| 03/29/2013 | Jean X. Scheid       | Nurse Assessment                     |    | YNHS-H-Res pite             | 10 to 19 min         |
| 03/29/2013 | Jean X. Scheid       | Hypertension Screen                  |    |                             | 10 to 19 min         |
| 03/29/2013 | Jean X. Scheid       | Supportive Listening                 |    | YNHS Res pite Care          | 10 to 19 min         |
| 03/20/2013 | Jean X. Scheid       | Supportive Listening                 |    |                             | 10 to 19 min         |
| 03/20/2013 | Jean X. Scheid       | Hypertension Screen                  |    | YNHS Res pite Care          | 10 to 19 min         |
| 03/19/2013 | Jean X. Scheid       | Hypertension Screen                  |    | YNHS Res pite Care          | 10 to 19 min         |
| 03/14/2013 | Stephanie E. Black   | Care Coordination                    |    | YNHS Res pite Care          | 5 to 9 min           |
| 03/14/2013 | Stephanie E. Black   | Supportive Listening                 |    | YNHS Res pite Care          | 5 to 9 min           |
| 03/14/2013 | Jean X. Scheid       | Hypertension Screen                  |    | YNHS Res pite Care          | 10 to 19 min         |
| 03/13/2013 | Eliel X. Cruz-Brito  | Res pite Meals                       | 21 |                             | 10 to 19 min         |
| 03/13/2013 | Eliel X. Cruz-Brito  | Arizona Self Sufficiency Matrix      |    |                             | up to 60 min         |
| 03/13/2013 | Eliel X. Cruz-Brito  | Program Service Information          | 1  |                             | more than 60 minutes |
| 03/13/2013 | Jean X. Scheid       | Transportation (HCH26)               |    | YNHS Res pite Care          | up to 60 min         |
| 03/13/2013 | Eliel X. Cruz-Brito  | Supportive Listening                 | 1  |                             | more than 60 minutes |
| 03/13/2013 | Jean X. Scheid       | Medication                           |    |                             | up to 60 min         |
| 03/13/2013 | Eliel X. Cruz-Brito  | RCR                                  | 0  | YNHS Res pite Care          | 0                    |
| 03/13/2013 | Jean X. Scheid       | Screening for Res pite               |    | Selah Con.                  | 20 to 29 min         |
| 03/13/2013 | Eliel X. Cruz-Brito  | Initial Intake                       |    | YNHS Res pite Care          | more than 60 minutes |
| 03/05/2013 | Stephanie E. Black   | Supportive Listening                 |    | Selah Conv.                 | 20 to 29 min         |
| 02/28/2013 | Jean X. Scheid       | Welfare Check                        |    | Selah Conval.               | 20 to 29 min         |
| 02/28/2013 | Stephanie E. Black   | Supportive Listening                 |    | Trans itional Housing Other | 10 to 19 min         |
| 02/27/2013 | Jean X. Scheid       | Screening                            |    | Selah conval.               | 40 to 49 min         |
| 02/26/2013 | Stephanie E. Black   | Supportive Listening                 |    | Trans itional Housing Other | 10 to 19 min         |
| 02/21/2013 | Eliel X. Cruz-Brito  | Supportive Listening                 | 1  | Selah Convalens ent Center  | 10 to 19 min         |
| 02/21/2013 | Eliel X. Cruz-Brito  | Care Coordination                    |    |                             | 5 to 9 min           |
| 02/19/2013 | Jean X. Scheid       | Welfare Check                        |    | YVMH                        | 10 to 19 min         |
| 02/19/2013 | Stephanie E. Black   | Care Coordination                    |    | Memorial Hospital           | 10 to 19 min         |
| 02/15/2013 | Eliel X. Cruz-Brito  | Care Coordination, Care Coordination |    | YVMH                        | 10 to 19 min         |
| 02/15/2013 | Eliel X. Cruz-Brito  | Supportive Listening                 | 2  |                             | more than 60 minutes |
| 02/13/2013 | Eliel X. Cruz-Brito  | Program Service Information          |    |                             | 30 to 39 min         |
| 02/13/2013 | Jean X. Scheid       | Nurse Assessment                     |    | YNHS Res pite Care          | 20 to 29 min         |
| 02/13/2013 | Eliel X. Cruz-Brito  | Transportation (HCH26)               |    |                             | more than 60 minutes |
| 02/13/2013 | Eliel X. Cruz-Brito  | Supportive Listening                 |    | YNHS Res pite Care          | more than 60 minutes |
| 02/13/2013 | Jean X. Scheid       | Hypertension Screen                  |    |                             | 20 to 29 min         |
| 02/13/2013 | Eliel X. Cruz-Brito  | Welfare Check                        |    |                             | 5 to 9 min           |
| 02/13/2013 | Eliel X. Cruz-Brito  | Advocacy, Care Coordination          |    |                             | more than 60 minutes |
| 02/13/2013 | Eliel X. Cruz-Brito  | Res pite Meals                       | 21 | YNHS Res pite Care          | 10 to 19 min         |
| 02/12/2013 | Eliel X. Cruz-Brito  | Welfare Check                        | 1  | YNHS Res pite Care          | 5 to 9 min           |
| 02/12/2013 | Eliel X. Cruz-Brito  | Program Service Information          | 1  |                             | more than 60 minutes |
| 02/12/2013 | Eliel X. Cruz-Brito  | Supportive Listening                 | 1  |                             | more than 60 minutes |
| 02/12/2013 | Eliel X. Cruz-Brito  | Advocacy, Care Coordination          |    |                             | more than 60 minutes |
| 02/12/2013 | Eliel X. Cruz-Brito  | Transportation (HCH26)               |    |                             | more than 60 minutes |
| 01/29/2013 | Eliel X. Cruz-Brito  | Program Service Information          |    |                             | 10 to 19 min         |
| 01/29/2013 | Eliel X. Cruz-Brito  | Supportive Listening                 |    | YNHS Res pite Care          | 30 to 39 min         |
| 01/29/2013 | Eliel X. Cruz-Brito  | Transportation (HCH26)               |    |                             | more than 60 minutes |
| 01/29/2013 | Eliel X. Cruz-Brito  | Welfare Check                        | 1  |                             | 5 to 9 min           |
| 01/24/2013 | Jean X. Scheid       | Nurse Assessment                     |    | YNHS Res pite Care          | 50 to 59 min         |
| 01/24/2013 | Annette D. Rodriguez | Initial Intake                       |    | YNHS-H-Res pite             | 30 to 39 min         |
| 01/24/2013 | Stephanie E. Black   | Arizona Self Sufficiency Matrix      |    | YNHS Res pite Care          | more than 60 minutes |
| 01/24/2013 | Stephanie E. Black   | Application Assistance               |    | YNHS Res pite Care          | more than 60 minutes |
| 01/24/2013 | Stephanie E. Black   | Program Service Information          |    | YNHS Res pite Care          | more than 60 minutes |
| 01/24/2013 | Jean X. Scheid       | Transportation (HCH26)               |    | YVMH                        | 50 to 59 min         |
| 01/24/2013 | Annette D. Rodriguez | Initial Intake                       |    | YNHS-H-Res pite             | 30 to 39 min         |
| 01/23/2013 | Jean X. Scheid       | Screening                            |    | YVMH                        | 30 to 39 min         |

# 4.6. CLINICAL ENCOUNTERS ARE CONDUCTED BASED ON CARE PLANS / CHANGES IN CONDITIONS

**Interpreter Needed:** yes

**Interpreter:**

**Primary Language Spoken:** Spanish

**Place of Service:** YNHS-H-Respite

**Time In:**

**Time out:**

**Demographics**

PCP: Schwarzkopf, Nancy Schwarzkopf

PCP Tel#: (509)454-4143

Race: White

Ethnicity: Hispanic Or Latino

Zip Code: 98903

Employment:

Emp Status

unemployed

Occupation

Phone

( ) -

Ext

Retire

Coordination of Care Plan. Respite Patient being discharged to Permanent Supportive Housing

**Homeless Encounter Form**

My first contact with this person. He is in respite waiting for housing at Connections. He has serious Cirrhosis and pain r/t arthritis. I set him up with medication boxes..

Self Management Goal Set Today: unknown

| <u>Service Date</u> | <u>Staff</u>         | <u>Service</u>                  | <u>Qty</u> | <u>Place Of Service</u>       | <u>Time Spent</u>    |
|---------------------|----------------------|---------------------------------|------------|-------------------------------|----------------------|
| 04/15/2014          | Jean X. Scheid       | Medication Management           |            | YNHS-H-Respite                | 10 to 19 min         |
| 04/10/2014          | Eliel X. Cruz-Brito  | YHP                             |            | YNHS-H-Respite                | 4                    |
| 04/10/2014          | Eliel X. Cruz-Brito  | Program Service Information     | 1          |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Initial Intake                  |            | YNHS-H-Respite                | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | RCR                             |            | YNHS-H-Respite                | 4                    |
| 04/10/2014          | Eliel X. Cruz-Brito  | Respite Meals                   | 21         |                               | 10 to 19 min         |
| 04/10/2014          | Eliel X. Cruz-Brito  | Outreach                        |            |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Follow Up Assessment            |            |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Care Coordination               |            |                               | 30 to 39 min         |
| 04/10/2014          | Eliel X. Cruz-Brito  | Supportive Listening            | 1          |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Transportation                  |            |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Housing Assessments / Placement |            |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Case Management                 |            |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Linguistic Services             |            |                               | more than 60 minutes |
| 04/10/2014          | Eliel X. Cruz-Brito  | Arizona Self Sufficiency Matrix |            |                               | more than 60 minutes |
| 03/19/2014          | Annette D. Rodriguez | Housing (General)               |            | YNHS Homeless Resource Center | 30 to 39 min         |
| 03/19/2014          | Annette D. Rodriguez | Program Service Information     |            | YNHS Homeless Resource Center | 30 to 39 min         |
| 07/26/2013          | Irma L. Rodriguez    | HCH Certification               |            |                               | 20 to 29 min         |
| 07/26/2013          | Irma L. Rodriguez    | Program Service Information     |            | YNHS 8th St Clinic            | 20 to 29 min         |
| 08/24/2013          | Ramiro x. Gomez      | Aged, Blind, Disabled (ABD)     |            | Transitional Housing Other    | more than 60 minutes |
| 08/19/2013          | Ramiro x. Gomez      | Aged, Blind, Disabled (ABD)     |            | Transitional Housing Other    | more than 60 minutes |
| 08/19/2013          | Ramiro x. Gomez      | Transportation (HCH26)          |            | Transitional Housing Other    | more than 60 minutes |
| 12/12/2012          | Irma L. Rodriguez    | HCH certification               |            | YNHS 8th St Clinic            | 40 to 49 min         |

## 4.6. INTENDED FREQUENCY



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.



# 4.7. PATIENTS RECEIVE DAILY WELLNESS CHECKS

Posted on Back of Door  
and Noted Each Visit

**Yakima Neighborhood Health Services Housing/Shelter programs (Respite)** HMIS # \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Move in date: \_\_\_\_\_  
(Last) (First) (M.I.)

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Address \_\_\_\_\_  
(Last) (First) (M.I.)

Phone \_\_\_\_\_ Message \_\_\_\_\_ Contact name \_\_\_\_\_

Contact at home? Yes/No \_\_\_\_\_ Move out/exit date: \_\_\_\_\_

| Date/Time | Type of Contact | Progress Notes |
|-----------|-----------------|----------------|
|           |                 |                |
|           |                 |                |
|           |                 |                |
|           |                 |                |

# 4.7. PATIENTS RECEIVE DAILY WELLNESS CHECKS

Dummy Codes Created for EHR

**HOMELESS HOME** Patient: [REDACTED] Age: 61 Gender: Male DOB: [REDACTED]  
Current Provider: Michelle L. Sullivan MSS Current Encounter: 01/23/2015

Visit Type: Established HCH Place of Service: VNHS-H-Respite Time In: Time Out:  
Historian: self

Medications  No Medications  Medications reviewed [Comment](#)

| Medication    | Dose   | Sig                   | Description             | Start Date | Stop Date  |
|---------------|--------|-----------------------|-------------------------|------------|------------|
| METFORMIN HCL | 500 mg | take 1 tablet by oral | route 2 times every day | 01/06/2015 | 03/10/2015 |

Other Medications

| Medication | Start | End |
|------------|-------|-----|
|------------|-------|-----|

Interpreter Needed  Yes  No  
Primary Language Spoken: Spanish

Alerts Patient Service Info

Outgoing Referrals

| Referral Date | Completed | STATUS    | Facility Referred To | Facility Referred To - Other | Specialty           |
|---------------|-----------|-----------|----------------------|------------------------------|---------------------|
| 01/09/2009    | //        | ordered   |                      |                              | Nutrition           |
| 10/19/2009    | //        | scheduled | Wsl.Meat Vicine      |                              | Ophthalmology/Optom |

Homeless Referrals

| Service Date | Completed | Service                  | Place Of Service | Facility Referred To |
|--------------|-----------|--------------------------|------------------|----------------------|
| 01/12/2015   | //        | Substance Abuse Services |                  |                      |
| 01/14/2015   | //        | Substance Abuse Services |                  |                      |

Homeless Services

| Service Date | User Name           | Service                     | Place Of Service | Time    |
|--------------|---------------------|-----------------------------|------------------|---------|
| 01/23/2015   | Eliel X. Cruz-Brito | Welfare Check               |                  | 10 to 1 |
| 01/23/2015   | Eliel X. Cruz-Brito | Supportive Listening        |                  | 10 to 1 |
| 01/23/2015   | Eliel X. Cruz-Brito | Program Service Information |                  | 10 to 1 |

Self Sufficiency Goals

| Encounter Date:Time | 02/12/2014 11:00 AM | 12/30/2014 01:00 PM |
|---------------------|---------------------|---------------------|
| Income              | 1                   | 1                   |
| Employment          | 1                   | 1                   |
| Shelter             | 1                   | 1                   |
| Food                | 1                   | 2                   |

PHQ Score

| Date       | Score |
|------------|-------|
| 03/10/2015 | 13    |
| 12/23/2014 | 3     |
| 05/03/2013 | 0     |
| 05/03/2010 |       |

# 4.7. PATIENTS RECEIVE DAILY WELLNESS CHECKS

Posted on Back of Door – Weekends Providers are Available On-Call



Yakima Neighborhood Health Services  
12 South 8<sup>th</sup> St, PO Box 2605  
Yakima WA 98907-2605  
Phone (509) 454-4143 Fax (509) 823-4416  
www.ynhs.org

## RESPITE 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 4<sup>th</sup> 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



Accredited by The Joint Commission



Patient Centered Medical Home Level 3

RESPITE Welcome #001

## 4.8. EVIDENCE BASED CLINICAL PRACTICE GUIDELINES FOR ADMITTING CONDITION

Sample from YNHS Care Guidelines of EBP  
Could also use Screen Shot from EHR

### **YAKIMA NEIGHBORHOOD HEALTH SERVICES** **GUIDELINES FOR CERVICAL CANCER SCREENING**

#### **Purpose:**

The Pap test is the main screening test for cervical cancer. It is used primarily to detect pre-malignant lesions of the cervix; however, pre-invasive and invasive cervical cancers are also detected by cytological screening. The following guidelines are intended to provide information on the appropriate utilization of the Pap test and the subsequent medical decision-making involved after the Pap smear has been interpreted.

#### **Risk Factors for Cervical Cancer**

The risks for cervical cancer are related to sexual activity and include:

- multiple sexual partners
- early onset of intercourse
- infection with human papilloma virus (HPV) or other sexually transmitted diseases (STD)
- infection with HIV or other immunosuppressed state
- history of other cancers of the lower genital tract

Other risk factors include smoking and low socioeconomic status. Protective factors include the use of barrier methods of contraception and spermicides.

#### **Scope of Screening**

It is recommended that cervical cancer screening begin at the age of 21. Screening should occur according to recommended guidelines. (<http://www.asccp.org/Guidelines>, <http://www.acog.org/>)

# 4.9. ALL DISCIPLINES SHARE THE SAME EHR

The screenshot displays an EHR interface with a patient summary table on the left and a file explorer on the right. Red callout boxes point to specific entries in the file explorer, identifying the disciplines associated with those files.

| Problem Description                             | Onset Date | Chronic | Secondary | Clinical Status | Provider         | Location                     | Notes                                    |
|---|------------|---------|-----------|-----------------|------------------|------------------------------|--|
| Thrombocytopenia                                | 06/25/2012 | Y       | N         |                 |                  |                              | Problem automatica KBM Chronic Condi     |
| Presbyopia                                      | 01/16/2015 | N       |           |                 | Bandza, Milda OD | YNHS Sunnyside Vision Center |  |
| Primary open angle glaucoma                     | 01/16/2015 | N       |           |                 | Bandza, Milda OD | YNHS Sunnyside Vision Center |  |
| Regular astigmatism                             | 01/16/2015 | N       |           |                 | Bandza, Milda OD | YNHS Sunnyside Vision Center |  |
| Liver cirrhosis, alcoholic                      | 06/25/2012 | Y       | N         |                 |                  |                              | Problem automatica Conditions table on   |
| Hepatic encephalopathy                          | 06/25/2012 | Y       | N         |                 |                  |                              | Problem automatica Conditions table on   |
| LBP radiating to right leg                      | 03/14/2011 | Y       | N         |                 |                  |                              | Problem automatica Conditions table on   |
| Hyperammonemia                                  | 06/25/2012 | Y       | N         |                 |                  |                              | Problem automatica Conditions table on   |
| Chronic depressive disorder                     | 12/09/2014 | Y       | N         |                 |                  |                              | Problem automatica Conditions table on   |
| Hematuria, unspec.                              | 02/01/2012 | Y       | N         |                 |                  |                              | Normal cystoscopy 1 in urine (34436003)* |
| Cholelithiasis                                  | 06/25/2012 | Y       | N         |                 |                  |                              | Problem automatica Conditions table on   |
| Congenital abnormality of iris and ciliary body | 01/30/2015 | N       |           |                 | Bandza, Milda OD | YNHS Sunnyside Vision Center |  |
| Clinical stage finding                          | 01/30/2015 | N       |           |                 | Bandza, Milda OD | YNHS Sunnyside Vision Center |  |
| Esophageal varices in alcoholic cirrhosis       | 03/01/2011 | Y       | N         |                 |                  |                              | Problem automatica (309783001)* from KI  |
| Myopia  | 01/16/2015 | N       |           |                 | Bandza, Milda    | YNHS                         |  |

The file explorer on the right shows a list of folders with timestamps and names. Red callout boxes identify the following disciplines:

- Medical PCP
- Permanent Supportive Housing
- Respite Case Manager
- HCH Outreach
- Behavioral Health
- Dental
- Optometrist

# QUESTIONS

- Rhonda Hauff, COO / Deputy CEO
- [rhonda.hauff@ynhs.org](mailto:rhonda.hauff@ynhs.org)
- Yakima Neighborhood Health Services
- Yakima, WA