CLINICAL PEARLS FOR SUCCESS IN MEDICAL RESPITE

2018 MEDICAL RESPITE TRAINING SYMPOSIUM
PHOENIX, ARIZONA
OCTOBER 1-2, 2018

PRESENTERS:
DAVE MUNSON, MD
MEDICAL DIRECTOR
BOSTON HEALTHCARE FOR THE HOMELESS

KIM DESPRES, RN DHA
RN PROGRAM DIRECTOR CIRCLE THE CITY

NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

LEARNING OBJECTIVES

- Understand the variety of staffing models used in medical respite
- Review admission criteria for medical respite programs
- Discuss specific clinical scenarios and review best practices for successful and safe care

TYPES OF MEDICAL RESPITE

- Apartment/Motel rooms
- Homeless Shelter
- Transitional Housing
- Assisted Living/Nursing Home
- Substance Abuse treatment
- Stand-alone facility

STAFFING MODEL EXAMPLES

- Substance abuse clinic
  → On site clinic
- Nursing home/assisted living
  → Contracted services
  → Potential to utilize existing staff
- Shelter based and transitional housing
  → Contracted services
    - Home care
    - Providers

STAND-ALONE RESPITE STAFFING MODEL

- Providers 7 days a week
  - → Two providers per day for 50 patients
  - → MD on call nights and weekends
- Nurses 24/7
  - → Three nurses (2 LPN's and 1 RN) daily
  - → One LPN at night
- Behavioral Health
  - → Psychiatry: both contracted and employed
  - → Substance abuse mental health counseling

STAND-ALONE RESPITE STAFFING MODEL

- Security
- Health unit coordinators
- Case management
  → Two for 50 patients
- Physical therapy
- Driver
- Respite assistants
  → Two on day and one on nights

STAND-ALONE RESPITE STAFFING MODEL

- Volunteers, Volunteers, Volunteers!!

Edgar

drive

In memory…..Barney

MEDICAL RESPITE: ADMISSION CRITERIA

I KNOW IT WHEN I SEE IT

MEDICAL RESPITE: ADMISSION CRITERIA

- Clinical Considerations
- Behavioral Considerations
- Staffing/facility considerations
- Partnership considerations

ADMISSION CRITERIA: CLINICAL CONSIDERATIONS

- Case: 55F with T2DM, CKD, opioid use disorder (OUD) referred to medical respite from hospital after right below knee amputation. Relevant issues in referral:
  - → Newly on insulin and prescribed QID finger sticks/injections
  - → On short acting pain medication but would like to start treatment for her opioid use disorder
  - → Daily wound care dressings at surgical site
  - → Discharge summary requests weekly labs
  - → Worked with physical therapy in hospital and struggled with transfers. Skilled rehab was recommended but the patient could not be placed.

ADMISSION CRITERIA: CLINICAL CONSIDERATIONS

- Independence with ADLs
- Substance Use Disorders
  → Ability to do detoxification
  → Ability to initiate buprenorphine (x-waiver required)
- Medication independence/safety

ADMISSION CRITERIA: CLINICAL CONSIDERATIONS

- Laboratory monitoring
- Primary psychiatric patients
- Medication independence/safety

ADMISSION CRITERIA: BEHAVIORAL CONSIDERATIONS

- Case: 34M with TBI, alcohol use disorder (AUD) and recurrent cellulitis of his toe referred to medical respite by street medicine team:
  - → Refuses to go to ER/hospital but seems appropriate medically for respite and he wants to come in
  - → There is a potential housing opportunity for him
  - → He is prone to outbursts and during his last time in respite (18 months ago) he was verbally abusive to staff resulting in a bar

ADMISSION CRITERIA: BEHAVIORAL CONSIDERATIONS

- Issue #1: Safety
  → How to ensure that staff feel safe.
  → How to ensure that other patients feel safe
- Issue #2: Bars/Readmission Criteria
  → How long of a bar is long enough
  → What is the process for mitigation
- Issue #3: Support
  → Develop behavioral support plans

ADMISSION CRITERIA: FACILITY CONSIDERATIONS

- Quick Case 1: 56M with COPD on 2L O2 is referred from hospital after a COPD exacerbation
  - → How will you ensure he has enough oxygen?
- Quick Case 2: 64F with morbid obesity is referred for management of RLE cellulitis
  - → Do you have adequate facilities (bed, toilet) to support the patient?
- Quick Case 3: 34M with TBI, PTSD admitted for diabetes management. He has an emotional support dog.
  - → Can you accommodate the patient and his animal

ADMISSION CRITERIA: PARTNERSHIPS

- Tailor your services to the needs of your partners

ADMISSION CRITERIA: IMPLEMENTATION

- Standardized referral process
- Dedicated staff
- Eyes on the ground

ADMISSION CRITERIA: EYES ON THE GROUND

- Dedicated Nurse - Liaison
  - → Two days a week at major referring hospital
  - → Rounds on homeless inpatients
  - → Coordinates with inpatient teams, ER
  - → Close contact with our admissions office

3 CASES TO DISCUSS AND DEVELOP

- Break into 3 groups

- For your assigned case

1) Discuss any barriers

2) Explain any policies or procedures that would need to be developed

3) Discuss any trainings that staff would need

CLINICAL SCENARIOS AND BEST PRACTICES

- Opioid use disorder
- 52M with AIDS and OUD is referred from hospital for wound care related to an abscess. He has pain related to his dressing change and remains on oxycodone 10mg BID but wants to start MAT during his respite stay.
  - → What processes do you need to be able to accept this patient
  - → What staff trainings and skills are required
  - → Develop a protocol that would allow your program to care for this patient

CLINICAL SCENARIOS AND BEST PRACTICES

- Bed bug infestation
  - → Cleaning staff or nursing assistants started the weekly cleaning of the female dorm
  - → While changing the sheets, they noticed black dots on the box spring cover.
  - → They weren't quite sure what to do

What does your staff do at this point Who do they report this to?

What are next steps?

What is your policy and procedure for detecting and preventing bed bugs?

Were all steps followed?

Lessons learned?

CLINICAL SCENARIOS AND BEST PRACTICES

- IV antibiotics
- 28F with OUD is referred from hospital to complete a 6 week course of IV vancomycin for septic arthritis.
  - → What processes do you need to be able to accept this patient
  - → What staff trainings and skills are required to care for her safely
  - → How would you manage her OUD?
  - → Develop a protocol that would allow your program to care for this patient

BEST PRACTICES – OPIOID USE DISORDER

- Recognize and treat withdrawal
  - → COWS assessment built into EMR
  - → Detox/induction protocol with buprenorphine
- Increase behavioral health support
  - → Daily SUD group, individual counseling as needed
- Support staff!!
  - → Trauma informed care trainings
  - → Small group sessions to address behaviors/burn out

BEST PRACTICES - INFESTATION

BEST PRACTICES: IV ANTIBIOTICS

- Admission criteria
  - → Require central access (PICC vs midline) before admission
  - → Require confirmation
  - → Pharmacy
- Clinical guidelines
  - → Frequency of dosing
  - → Administration of medication
- Teaching and training

Barbara McInnis House
780 Albany Street, Boston, MA 02118
Tel: 857-654-1760
Fax: 857-654-1112

INFORMATION NEEDED ON ALL ADMISSIONS on IV ABX

All IV antibiotics must be infused through a PICC line/ midline

Patient Name: ________________ DOB: ___/___/___

Height: _____ Weight: ______ Allergies: ________________

DIAGNOSIS FOR ANTIBIOTICS: ________________

ANY CONDITIONS?: CHF ☐ DIABETES ☐ KIDNEY DISEASE ☐ HTN ☐

1. TYPE OF CENTRAL LINE: ________________
2. LENGTH OF LINE (in cms): ________ SIZE OF LINE: (ie: 4 French) ________
3. WHEN WAS THE LINE PLACED: ________
4. PLACEMENT CONFIRMED BY: ☐ CXR ☐ ULTRASOUND

   SEND PICC line placement confirmation: ☐ Completed
5. HOW MANY LUMENS: ________
6. LUMENS PATENT: ☐ YES ☐ NO
8. LUMENS LABELLED: ☐ YES ☐ NO
9. NAME OF ANTIBIOTICS: ________________

   Dose: ________ Frequency and Time: ________ STOP DATE: ___/___/___
10. IV DRESSING LAST CHANGED: DATE: ___/___/___
11. TROUGH # _____ DATE: ___/___/___ NEXT TROUGH DUE: ___/___/___
12. BUN: ________ CREAT: ________
13. ON DAY OF DISCHARGE: Timing of last dose: ________________

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Questions/ Discussion