

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Maximizing Medical Respite Resources

Standards for Medical Respite Care

1. Safe and quality accommodations
2. Environmental services
3. Safe care transitions into medical respite
4. High quality post-acute clinical care
5. Care coordination and wrap around services
6. Safe care transitions out of medical respite
7. Driven by quality improvement

Standards & Resources

- Each standard includes a list of criteria
- How do we show that we meet these criteria?

Standard 1: Medical respite program provides safe and quality accommodations

Medical respite programs provide patients with space to rest and perform activities of daily living (ADLs) while receiving care for acute illness and injuries. As such, the physical space of medical respite programs should be habitable and promote physical functioning, adequate hygiene, and personal safety.

Criteria:

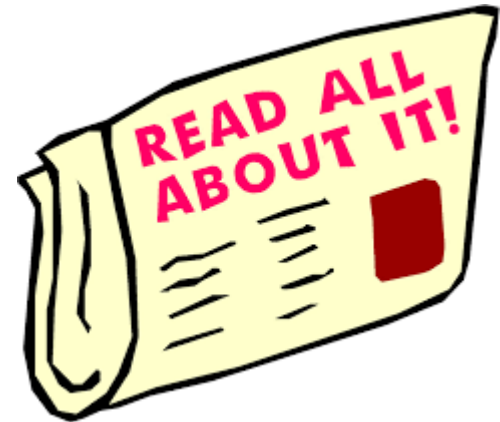
1. A bed is available to each patient for 24 hours a day while admitted to the program.
2. Onsite showering and laundering facilities are available to patients to promote proper hygiene.
3. Clean linens are provided upon admission.
4. The medical respite facility is accessible to people who have mobility impairments and other physical disabilities.
5. The medical respite facility provides access to secured storage for personal belongings and medications (when the program is not authorized to store/dispense medication by applicable governing bodies).
6. Food services meet applicable public health department guidelines for food handling.
Note: If partnering with another organization to provide food services, the partnering organization agrees that they meet this criterion in a written formal agreement.
7. At least three meals per day are provided.
 - a. Non-congregate settings (including private and semi-private rooms in apartments or motels) may provide unprepared food if a fully equipped kitchen is available to the patient. If a kitchen is made available, it is safe and hygienic and includes proper refrigeration and disposal of trash.
 - b. Meals and unprepared food accommodate medical diets.
8. Medical respite programs located in congregate facilities maintain 24-hour staff presence. On-site staff (either clinical or non-clinical) is trained at minimum to provide first aid and basic life support services and communicate to outside emergency assistance.
9. Medical respite programs have 24-hour on-call medical support or a nurse call-line for non-emergency medical inquiries when clinical staff is not on site.
10. The organization has written policies and procedures for responding to life-threatening emergencies.
11. The medical respite program is compliant with local and/or state fire safety standards governing its facility.

NHCHC Website Resources

- Standards Companion
- Standards Self-Assessment Tool
- Medical Respite Program Directory
- Medical Respite Toolkit
 - Practical Planning Guide
 - Program Development Workbook
 - Policy Briefs
 - Sample Policies/Procedures/Job Descriptions
 - Webinars (Medical Respite 101 and Financing Medical Respite Care)

NHCHC Networks & Newsletters

- Join the Respite Care Providers Network
- National Consumer Advisory Board
- Clinician's Network
- NHCHC Newsletter
- Sign-up to receive *The Mobilizer*



Online Courses & Webinars

- Special Considerations in Health Care for the Homeless
- Trauma Informed Care Webinar Series
- Neurobiology of Addiction
- Health Care for the Homeless 101
- Harm Reduction Training
- Documenting Disability for Medical Providers

Technical Assistance & Training

- TA Site Visits
- TA Conference Calls
- National Health Care for the Homeless Conference & Policy Symposium
 - May 22-25, 2019 – Washington, DC
 - *Call for Proposals closes on Monday, October 29 at 11:59 pm Pacific. The theme is JUSTICE*
 - May 2020 – Phoenix, AZ
 - May 2021 – Baltimore, MD



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Lunch Roundtables

Monday 10/1

Emerging Issues by Region

Tuesday 10/2

Mental & Behavioral Health in
Medical Respite Care



U.S. Map of HRSA Regions

