JUST *DO IT...*

STARTING SMALL IN MEDICAL RESPITE
INTRODUCTIONS
WHO WE ARE / OVERVIEW OF EACH PROGRAM

• Donna Biederman, DrPH, MN, RN, Associate Professor, Duke University School of Nursing, Durham NC
  • Scattered site respite program

• Randy Pinnelli, PA, Program Director, Care Link – Health Care for the Homeless, Stockton CA
  • Shelter-based respite care program

• Rhonda Hauff, COO / Deputy CEO, Yakima Neighborhood Health Services, Yakima WA
  • Apartment-style, Non- Resident Manager
DUKE UNIVERSITY SCHOOL OF NURSING
CARE LINK – HEALTH CARE FOR THE HOMELESS, STOCKTON CA

Original Respite program – Two down stairs rooms

New Recuperative Care facility with 15 beds
HOW DID YOU START?

• How did you identify / substantiate your need?

• Did you have funding when you started?

• Who were your key stakeholders?
SERVICES YOU PROVIDE

• Inclusion and Exclusion Criteria
• What services do you provide
• What does your staffing look like
• Who are your important partners
FUNDING

• Start-up funding
• Options and types
• Sustainable funding
RESULTS AND OUTCOMES

• What outcomes did you start with?
• Have they changed?
• Unintended benefits and consequences?
• Discharge considerations
IS SMALLER HARDER...

- Are there tough decisions to make when your program is small (10 beds or less)

- Is bigger better?

- What stops you from growing if you want to?
IS IT WORTH IT.. STORIES FROM THE FIELD

Randy’s story  Donna’s story  Rhonda’s story

**In need of care**
Respite program can be a lifesaver, but there are only six beds in Yakima; what will happen as aging homeless population