



EX_SHELTER ADMISSION CRITERIA

Seattle-King County Medical Respite Edward Thomas House at Jefferson Terrace

The Medical Respite Program provides homeless individuals a safe place to recover from acute injury or illness. Short-term shelter, nursing and behavioral health services are the key elements of medical respite's recuperative care. Respite staff use the opportunity provided by daily contact with clients in a safe and structured setting to provide primary medical care, psychosocial assessments and case management services to link clients with housing, ongoing substance abuse and mental health treatment, housing placement and other needed services.



Goals

1. Resolving presenting medical problems;
2. Providing psychosocial assessments and appropriate referrals for entitlements, medical, mental health and substance abuse services; and,
3. Initiating the process of housing stabilization.

The Respite Program is a collaborative project between Health Care for the Homeless Network (HCHN) and Harborview Medical Center's Pioneer Square Clinic. The program facility is located on the 7th floor of Jefferson Terrace, 800 Jefferson St, on First Hill in Seattle. Jefferson Terrace is a residential high rise owned by the Seattle Housing Authority.

Respite is a round-the-clock program of housing and care. Medical practitioners, nursing and mental health staff are present 12 hours/day, seven days/week. Non-clinical evening and night staff assure a safe and quiet environment for clients. The average length of stay in Respite is three to four weeks. Clients' stays are not expected to exceed six to eight weeks.

Admission criteria

Referrals are screened by program admission staff to determine if they are appropriate for the program. A referred client must meet all of the Admission Criteria listed below:

Admission criteria: (Client must meet all)

- Homeless* (see definition below)
- Acute medical problem requiring short-term respite care
- Referred from a health care facility/provider in King County
- Medically and behaviorally stable (not a risk to self or others, appropriate for group setting)

- Independent in mobility, transfer, feeding, not known to be fall-risk at this time
- Agreeable to admission and receiving care from Respite staff
- Must have a primary care provider and a scheduled follow-up appointment

Admission conditions:

- Wheelchair or walker use
- Urinary incontinence with care management plan in place
- Need for limited assistance with showers, dressing, grooming, redirection for mildly confused patients, cueing for medication administration
- Post-contagion/treatment - Hepatitis A, impetigo, TB or influenza
- Alcohol/Drug: From hospital – CIWA < 10
- From outpatient – No DT/seizure expectation
- Methadone – administered at community site
- Bowel prep, 24 hour urines, pre-surgical procedures
- Chemotherapy – administered at community site
- CPAP use
- IV infusion - QD or BID orders (PICC lines must be in place at admission)
- Insulin dependent diabetic
- Wound care – up to TID dressing change
- Wound VAC, if small and attached
- Portable oxygen use

Ineligible conditions:

- Fecal incontinence
- Registered sex offenders [Level 2 or 3] (Respite will screen)
- Contagious air-borne respiratory illness
- Weight more than 500 lbs

Definition of homelessness:

Homeless patients referred to respite must have:

- no stable living environment in which to recuperate, and
- no other community placement options available or appropriate for the person.

Information about an individual's living specific living arrangements is central to the process of classifying someone as homeless. Homeless means that their regular living situation(s) includes sleeping in/on:

- Outside / on the street
- Shelters
- Encampments
- Transitional housing
- Cars
- Abandoned buildings

Doubled-up, living with friends or relatives, or "couch surfing" does not qualify as homeless status. Other placement options for persons who are doubled up can be discussed with Respite staff.

Respite referral guidelines

