

A Safe Haven for Healing

OHSU MBA Capstone Project 2022

This project is focused on providing temporary housing with caregiver support to create opportunities for the successful discharge of houseless patients from the Oregon Health and Science University (OHSU) Acute Care setting.

Purpose: To reduce the length of stay and readmission rates for OHSU acute care houseless inpatients by providing temporary housing paired with caregiver support, enabling a medically appropriate discharge.

Background: Current data reveals that there are ~14,655 individuals experiencing houselessness in Oregon on any given day, with over 3,000 unsheltered individuals in Multnomah County alone.^{1,2} When admitted for acute care, OHSU data suggests that these individuals have frequent readmissions and remain in acute care beds up to 14 days longer than medically necessary.³ The extended stays are due to a combination of patients not meeting the criteria to go to a skilled nursing facility while also lacking other safe discharge options. Further complicating discharge for this vulnerable population is the fact that caregiving support is not a covered service for most patients. The goals of our program are:

- Create safe and timely hospital discharges
- Reduce the hospital length of stay and readmission rates
- Improve access to inpatient beds
- Better manage hospital resources
- Give houseless patients the time and space to heal in a medically appropriate setting

Methods:

1. Needs Assessment: It is evident that robust data to track houseless patients discharged from the hospital is lacking. The reasons for lack of data are multifactorial and they include incomplete methods by which to identify housing status and data systems that fail to capture and/or communicate housing status (example: coding not available, poor interoperability).
2. Survey: A survey was conducted, engaging 11 local stakeholders. There was a 55% survey completion rate and the results revealed that organizations lack resources to provide temporary housing and the absence of caregiver support is one of the most consequential barriers in caring for houseless population.
3. Gap Analysis: A Gap Analysis was performed and identified significant gaps (listed below), which helped shape project recommendations moving forward.
 - *Organizational Gaps:* Caregiving resources, Housing options, Coordinated care, Insurance coverage
 - *Motivation Gaps:* Compassion Fatigue, Siloed health systems in Portland metro area
 - *Knowledge and Skill Gaps:* Culturally trained staff, Standardized criteria, Robust data
4. Medical Respite Research: Our research and a literature review revealed that medical respite is an effective model of care that provides temporary housing with caregiver support can help patients heal safely and comfortably, improving health outcomes while managing hospital resources and lowering costs of care.^{4,5,6,7} The respite care model appears underutilized in Oregon with only 2 medical respite facilities in the state, both of which are often at capacity.⁸

Recommendations: We recommend that OHSU create a centralized, collaborative medical respite care program using predefined criteria to identify appropriate patients, locate housing and supportive services, and provide onsite medical caregiver support with social services resources.

Admission Criteria: Housing insecure adults with history of trauma who require minimal amount of caregiver support, can transfer independently, are psychiatrically stable, can pass OHSU screening criteria, and are willing to follow hotel/housing rules & program rules.

Program: Our program recommends renting 5 hotel/housing rooms per month and providing the following support:

- Housing Support: Single room occupancy, ADA accessible, pet friendly, with microwave, refrigerator, and laundry services, near transportation corridor, duration of stay 7-days up to 6 months.
- Medical Support: Caregivers with trauma informed training assist twice a day (60 hours per week in two 4-hour shifts, serve up to 4 to 5 patients per shift), Coordination for transportation and medical appointments, Home Health referral as needed.
- Ancillary Services: Social Worker Specialist support (0.5 FTE), with Nurse Practitioner (0.1 FTE) and Medical Director (0.1 FTE) oversight. Onsite room for caregivers, extra medical supplies, hygiene supplies, shelf stable food.

Impact:

Community: **24** houseless patients' medical needs will be served per year and **55** additional beds will become available at OHSU for acute care needs per year. Additionally, much needed options and resources will be provided for underserved community members, giving them an opportunity for safe healing, and helping them with transition to permanent housing.

Financial: **336** Patient days will be saved and **55** inpatient beds at OHSU can be backfilled due to decreased length of stay. This will translate into an overall positive contribution margin.

Conclusion: Safe Haven for Healing is a viable model for respite care for houseless patients discharged from acute care setting at OHSU, providing benefits to both patients and healthcare systems.

Team members

Jamie Cheshier
Heather Cornell
Nandita Gupta
Janelle Kent
Yolanda Suarez

2022

References

1. United States Interagency Council on Homelessness. (2022). Homeless in Oregon Statistics. Retrieved from <https://www.usich.gov/homelessness-statistics/or/>
2. Mann, D. (2022). Tri-counties release 1st count of Portland area's homeless population since 2019. KGW News. Retrieved from https://www.kgw.com/article/news/local/homeless/portland-point-in-time-count-2022/283-23908a65-a619-4373-92bf-f01907ad1ad8?utm_source=Sailthru&utm_medium=email&utm_campaign=2022.05.06%20PDX&utm_term=PDXtoday%20Subscribers%20-%20MASTER
3. Amos, C. 2022. Senior Director, Post-Acute Care Strategy, OHSU. Developing a Temporary Housing & Caregiver Model. OHSU's Houseless Patient Population. Presentation/Q&A session: January 12, 2022.
4. Biederman, Gamble, J., Wilson, S., Douglas, C., & Feigal, J. (2019). Health care utilization following a homeless medical respite pilot program. *Public Health Nursing (Boston, Mass.)*, 36(3), 296–302. <https://doi.org/10.1111/phn.12589>
5. McCarthy & Waugh / The Commonwealth Fund (2021) MODELS OF CARE FOR HIGH-NEED, HIGH-COST PATIENTS How a Medical Respite Care Program Offers a Pathway to Health and Housing for People Experiencing Homelessness. <https://www.commonwealthfund.org/publications/case-study/2021/aug/how-medical-respite-care-program-offers-pathway-health-housing>
6. Larimer, M.E., Malone, D.K., Garner, M. D. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. *JAMA*, 301(13):1349-1357. doi:10.1001/jama.2009.414
7. N.A. How Decreasing Patient Wait Times and Length of Stay Can Lower Risk of Hospital-Acquired Conditions and Impact the Bottom Line. CenTrak. Retrieved from <https://centrak.com/resources/blog/decreasing-patient-length-of-stay>
8. National Institute for Medical Respite Care. (2022). Program Directory. Retrieved from https://nimrc.org/medical-respite-directory/wpbdp_category/oregon/